

# HEALTH AND WELLBEING BOARD AGENDA



2 December 2024

at 10.00am

in Committee Room B  
Civic Centre, Victoria Road, Hartlepool

HEALTH AND WELLBEING BOARD:

**Prescribed Members:**

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

Representatives of NHS North East and North Cumbria Integrated Care Board (NENC ICB) Karen Hawkins (VC) 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, 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 – Dr Deepak Dwarakanath

Representative of Cleveland Police – Detective Chief Inspector Alan O'Donoghue

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 9 September 2024
- 3.2 To receive the minutes of the meeting of the Children's Strategic Partnership held on 27 September 2023
- 3.3 To receive the minutes of the Tees Valley Area ICP Meeting held on 9 August 2024

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

- 4.1 Hartlepool and Stockton Safeguarding Children Partnership Annual Report 2023/24 - *Executive Director, Children's and Joint Commissioning Services*
- 4.2 Teeswide Safeguarding Adults Board Annual Report 2023-24 - *Executive Director of Adults and Community Based Services and Independent Chair of Teeswide Safeguarding Adults Board*
- 4.3 Tobacco Control Strategy – *Director of Public Health*
- 4.4 Director of Public Health (DPH) Annual Report - *Director of Public Health*
- 4.5 Joint Local Health and Wellbeing Strategy 2025-2030 - *Director of Public Health*
- 4.6 Pharmaceutical Needs Assessment (PNA) 2022 - Maintenance and PNA 2025 Progress - *Director of Public Health*

### **5. ITEMS FOR INFORMATION**

- 5.1 Voluntary and Community Sector reports – *Director of Public Health*

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

Date of next meeting – Monday 17 March 2025 at 10.00 am in the Civic Centre, Hartlepool



# HEALTH AND WELLBEING BOARD

## MINUTES AND DECISION RECORD

9 September 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 -  
Katie McLeod (substitute for 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:-**

Representative of Hartlepool Voluntary and Community Sector – Christine Fewster

Representative of Tees, Esk and Wear Valley NHS Trust (TEWV) – Jamie Todd

Representative of GP Federation - Fiona Adamson

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

**Also in attendance:-**

Stacey Hunter, Group Chief Executive Officer - North Tees and Hartlepool NHS  
Foundation Trust and South Tees Hospitals NHS Foundation Trust

James Bromiley Associate Director of Group Development, North Tees and  
Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation  
Trust

Councillor Little, Hartlepool Borough Council

Julian Penton - Co-Lead Officer, Hartlepower Community Trust

Lynsey Wright - Tees, Esk and Wear Valley NHS Trust (TEWV)

Ruth Dalton - Group Director of Communications, North Tees and Hartlepool  
NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust

Claire Robinson - Public Health Principal, Hartlepool Borough Council

Vineeta O'Key – Public Health Registrar, Hartlepool Borough Council

**Officers:-**

Joan Stevens - Statutory Scrutiny Manager

Gemma Jones – Scrutiny and Legal Support Officer

## 11. Apologies for Absence

Apologies for absence were received from Levi Buckley, Christopher Akers-Belcher, Denise McGuckin, Brent Kilmurray, Supt Martin Hopps, Karen Hawkins, Sonya Black, Carl Jorgeson.

## 12. Declarations of interest by Members

Councillor Boddy declared a personal interest as a Governor of Tees Esk and Wear Valley NHS Foundation Trust.

## 13. Minutes of meetings

- (i) The minutes of the meeting held on 8<sup>th</sup> July 2024 were confirmed.

## 14. South Tees Hospital NHS Foundation Trust and North Tees and Hartlepool NHS Foundation Trust Group Model - *(Group Chief Executive Officer and Associate Director of Group Development, North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust)*

A presentation was delivered to the Board to provide an update on the University Hospital Tees (UHT) group model with a focus on:

- UHT Group Governance
- Group Executive and Non- Executive Structure
- Clinical Boards
- Working at scale and with communities
- Looking forward

The Group Chief Executive and the Associate Director of Group Development outlined that the purpose of the group model was to transform outcomes and experiences for patients, staff and the wider population. To allow for joint decision making where possible and to simplify decision making.

A Member referred to reports which included information and data relating to items such as hospital discharges and readmissions which the Representative agreed to continue to provide.

A Member expressed concerns that they were unaware of the appointment for the Group Chief Executive and the implications of the Group Model arrangements on the services in Hartlepool, examples of which were provided. Assurances were provided that the Group Model proposals had been shared with all partners.

A discussion followed with regards to what services would continue to be delivered from the Hartlepool Hospital site and what new services would be brought to the site. Members were advised that the Clinical Boards were reviewing clinical services and all decisions taken would focus on



patient safety. Part of this work included what could be delivered locally and what would be better delivered within specialist sites where the technology and skills were available. It was acknowledged that patient safety was the priority, whilst balancing financial pressures and staff resources was key, examples of which were provided.

Representatives assured Members that there was a commitment to continue delivering services from the Hartlepool Hospital site and any developments would be shared with the Committee. The Statutory Scrutiny Manager agreed to circulate the list of current services currently being delivered from the Hartlepool site.

The Chair acknowledged that it was good to hear that more services are to be brought back to the Hartlepool Site. Members commented on the difficulty of recruitment in specialist areas.

It was explained that it was important to keep pace with innovations and new technology to attract and retain the specialist staff required across the Tees Valley. It was also explained that there is a focus on support in the community and that Hartlepool were ahead of the curve in terms of the community services offered. A representative from the North East and North Cumbria Integrated Care Board referred to the ongoing work in terms of engagement with primary care services.

The Board agreed that the collaboration work was great to hear and that working on the best outcomes for people was crucial.

#### **Decision -**

- (i) The Board noted the contents of the presentation.
- (ii) The Statutory Scrutiny Manager agreed to circulate the list of current services being delivered from the Hartlepool site.

### **15. Local Area Inclusion Plan for Children and Young People with SEND (Special Educational Needs and Disabilities) - *(Executive Director of Children's and Joint Commissioning Services)***

The Board was presented with the Local Area Inclusion Plan including the work being carried out by the wider partnership to support children and young people with SEND. Reference was made to the areas that were currently being tested as detailed on the report. Work was ongoing on the different approaches to investigate how the SEND system could be reformed and advised that some publications were already being piloted and tested. Results would be fed back to the Department for Education, and it is anticipated that the changes will be rolled out more widely.

Thanks was given to the Officers in the development of the plan by the Representative from the Hartlepool Voluntary and Community Sector for ensuring that the family views of those involved were at the heart of the development.

The Executive Director of Children's and Joint Commissioning Services discussed that Autism Spectrum Disorder (ASD) and Social, Emotional, and Mental Health (SEMH) were rising areas and that the common goal was working towards reducing the waiting list for assessments in these areas.

Appreciation was expressed by the Chair for the work in this area.

### **Decision**

- (i) The contents of the report was noted.
- (ii) Consideration was given to how organisations can contribute to
- (iii) meeting the needs of the children and young people with SEND.

## **16. 'Community Transformation' of Adult Mental Health Services - (Co-Lead Officer, Hartlepower Community Trust)**

The Board was given an update with regards to the progress towards changing how support is provided to adults in Hartlepool with mental health issues. The North East and North Cumbria Integrated Care Board has provided additional investment for place based partnerships to deliver community transformation. Community Transformation aims to:-

- Involve people with experience of mental ill-health and using mental health services.
- End the fragmentation of services.
- End "silo working".

This is a move away from the medical model in understanding mental health and instead focuses on the social issues associated with emotional distress. This includes addressing issues such as toxic and stressful environments, problems with accommodation and financial hardship. The second driver is addressing missing skills such as enabling people to build healthy social networks and access employment, taking a more holistic approach to supporting people.

Progress was also outlined in terms of the involvement of people with lived experience. There is now a Hartlepool Lived Experience Forum, who meet 6-weekly, attended by people with current/recent past experience of emotional distress. Members from the forum are also part of the Community Transformation Steering Group.

The Board was also updated on the progress of ending fragmentation of services and the joint working arrangements in place. A resource has been developed involving 40 different organisations pertaining to helping those that are experiencing emotional distress. A series of workshops have also been held providing an opportunity to bring services together.

In terms of joint working arrangements, a weekly "huddle" now takes place at the Council's Central Hub where representatives from the main mental health services and some voluntary organisations meet to share information and ideas.

The Chair welcome the collaborative approach and expressed thanks for the great work being done in this area. A Member asked about the number of people accessing the service and it was advised that this was difficult to answer.

A Member expressed how proud those involved should be regarding the Art Exhibition as part of National Recovery Month and the hope it was providing to families.

Executive Director of Adult and Community Based Services, Hartlepool Borough Council commented that they were pleased to hear that Hartlepool had been identified for this work to take place and this initiative fits well with the work already being undertaken in the Town, explaining that the 'Huddle' was a key part of this.

A question was raised about those that need to be cared for in hospital and the future of Sandwell Park Hospital. A representative from TEWV advised that Sandwell Park had not been a feature of the current health and care infrastructure for a long time. A large part of the current strategy was to continue to deliver as much care as possible whilst people remained in their own homes. However, it was acknowledged that not all ill health can be managed within the community and that hospital intervention is available for those that need it.

The TEWV representative advised that no decision had been made about the future of Sandwell Park Hospital, but assurance was given that the Health and Well Being Board would be consulted.

A suggestion was made by the Chair that Sandwell Park Hospital be a future agenda item.

In response to further concerns raised about those that need hospital treatment for health issues that could not be managed in the community, it was advised that nothing had changed for those with a serious illness that needed hospital intervention. They would continue to be supported back into the community to aid and support discharge; the community transformation only strengthens this.

Members raised concerns that the current hospital provision was out of town and that some family/relatives may experience financial hardship relating to the cost of traveling to hospital visits.

A Member asked what provision was in place to support young people to distinguish between mental health issues and general emotional behaviour. TEWV commented that mental health practitioners are now working out of just under 50% of Hartlepool schools, although they are bidding for funding to have this in all Hartlepool Schools. This work supports teachers and students to differentiate between the different levels of emotional resilience. There are IAPT services in place to support people with talking therapies and that lots of things can be addressed without being medicalised.

A member of Healthwatch commented that this only highlights the significance and importance of the community and voluntary sector and underline the major input that this sector has in the area. They would like to see everyone have the support they need in their own community but there will always be some people that need the care and support in hospital and that some sites are 30 miles away from Hartlepool. Whilst Community transformation gives people access to local care and support, concerns were raised that it was difficult or impossible to visit relatives on a regular basis when they were being cared for outside the town (i.e. in Roseberry Park, West Park or Lancaster House). The Board recognised the need to explore as a matter of urgency the issue of accessibility for the family and friends of the patients, including the future of Sandwell Park.

A representative from the Hartlepool Voluntary and Community Sector noted that wider family support needed to be a consideration especially for unpaid carers. They commented it was important to support those that carer for their family/friends and to look after their mental health.

### **Decision**

- (i) Noted the progress and looked forward to continuing to receive further updates on the progress of Community Transformation.
- (ii) Receive a further report on the future of the Sandwell Park Hospital.

## **17. Healthwatch Hartlepool – Annual Report** *(Chief Executive of Healthwatch Hartlepool)*

A Representative from Healthwatch Hartlepool presented to Board members their published annual report for 2024-25 providing an overview of the work for the year. The report provided Members with an overview of the projects they have been involved with including hospital discharge and the transition of adults with learning disabilities leaving home or supported settings. Healthwatch Hartlepool also make regular representations to service providers and contribute to national decision making whilst influencing future work programmes.

In the discussion following Healthwatch outlined how they ensure recommendations are considered and implemented. Healthwatch Hartlepool work closely with organisations to make sure they are following the recommendations and via a good working relationship with Local Authority and commissioning officers. They also visit regularly and are persistent about the work they do. They are committed to pursuing the progress of recommendations made to each service. Through different approaches taken means they are starting to see how seriously lived experience is being taken.

Executive Director of Adult and Community Based Services, Hartlepool Borough Council noted that the work of Healthwatch regularly feeds into their approach and highlighted the close working relationship with the CQC.

**Decision**

- (i) The contents of the report were noted.

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

The Board received an update on the progress against the Drug and Alcohol strategy Action Plan for Hartlepool covering 4 priorities: -

Priority 1: Prevention and Early Intervention

Priority 2: Reducing alcohol and drug related harms.

Priority 3: Supporting Wider Health Needs

Priority 3: Reducing Drug and Alcohol Related Crime and Disorder

The aim of the document is to summarise activity and priorities, to support joint working and planning of future activities.

In the discussion that followed initiatives such as Naloxone training and the work of the National Recovery Month were welcomed.

It was also discussed that Recovery data, whilst not featured in this plan, could be brought to the board at a later date.

In response to concerns about recurring hospital admissions for drug and alcohol related issues details of the support arrangements in place were outlined. The need for a

Representative of Hartlepool Voluntary and Community Sector outlined the future joint work that could be carried out to improve the support offered to young people.

**Decision**

- (i) The Board noted the report.
- (ii) That Recovery data be brought to a future meeting.

**19. Draft Joint Health and Wellbeing Strategy (LJHWS) Consultation Approval -** *(Director of Public Health)*

Director of Public Health explained that the structure of the Draft Joint Health and Wellbeing Strategy needed to go out for consultation. Areas of the Strategy were highlighted during the discussion and an annual action plan would be developed and brought back the Board in the future. The consultation would also be taken to the Audit and Governance Committee to allow for further debate.

In the discussion that followed Members shared some good news stories and initiatives in relation to health improvements.

**Decision**

- (i) The Board agreed that the Draft Joint Health and Wellbeing Strategy go out for consultation.

Meeting concluded at 12:05 pm

CHAIR

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

27 September 2023

The meeting commenced at 2.00 pm in the Civic Centre, Hartlepool

### **Present:**

Jim Lindridge, HBC  
Sally Robinson, Executive Director of Children's and Joint Commissioning Services, HBC  
Danielle Swainston, Assistant Director (Joint Commissioning), HBC  
Amanda Whitehead, Assistant Director, Education, HBC  
Martin Todd, Changing Futures North East  
James Graham, Tees Esk and Wear Valleys NHS Trust  
John Hardy, Head Teacher, St John Vianney Primary School

Also Present: Councillor Brenda Harrison, HBC

Officers: Claire Robinson, Public Health Principal  
Penny Thompson, Head of Service  
Kate Proctor, Family Hub Manager, HBC  
Denise Wimpenny, Principal Democratic Services Officer

### **9. Apologies for Absence**

An apology for absence was submitted on behalf of Jo Heaney, Integrated Care Board Tees Valley.

### **10. Declarations of Interest**

None

### **11. Minutes of the meeting held on 19 July 2023**

Confirmed.

### **12. Family Hubs – Verbal Update** *(Assistant Director, Joint Commissioning)*

The Family Hub Manager referred to discussions at the last meeting of the Partnership and an update was provided in terms of progress made in relation to the Family Hubs Programme. In relation to recruitment, Members

were advised that a number of staffing positions had been filled with family hub navigators in post, community specialist nurses and peri-natal health specialists due to start shortly and interviews were due to take place for parenting workers. Progress to date was provided regarding training arrangements, family hubs funding, easypeasy app for parents to obtain advice and activity ideas for children from birth to five years as well as how this would be marketed to parents which would include publicising information as widely as possible in schools, details of which were provided.

Priorities for the next few months were provided and included Unicef accreditation, breast feeding, building on peer support arrangements as well as marketing and on-line offer proposals. Marketing material was shared with Partnership Members and it was noted that in addition to the former Children's Centres, now known as Family Hubs, the Windsor Building in Middleton Grange was being explored as an option to be utilised as the main Family Hub.

In the discussion that followed Members debated issues arising from the update and the Assistant Director and Family Hubs Manager responded to issues raised. Emphasis was placed upon the importance of targeting disadvantaged post codes. Clarification was provided in relation to how the programme would be delivered, publication and engagement arrangements, digital and social media campaign proposals to target disadvantaged post code areas and hard to reach families.

### Decision

That the information given be noted.

## 13. **Hartlepool Children and Young People Emotional Mental Health and Emotional Mental Health and Wellbeing Needs Assessment 2023** *(Executive Director, Children's and Joint Commissioning Services)*

The Partnership was advised on the background to the request that a group be re-established to lead the work on understanding the emotional mental health needs of children and young people, understanding service provision and gaps and to make recommendations to the Children's Strategic Partnership on how these should be addressed. A Group had been established (Children and Young People's Mental Health and Wellbeing Group) jointly chaired between Hartlepool Borough Council and Health, the aims of which were included in the report.

Based on the needs assessment the Children's Strategic Partnership should consider the development of a joint Children's and Young People's



Emotional Health and Wellbeing Strategy for Hartlepool with a focus on the following:-

- Increasing access to effective interventions across i-Thrive in particular increasing access to effective interventions, early intervention and prevention targeting specific higher risk groups.
- Workforce development
- Further develop a targeted approach to address inequalities in higher risk groups
- Use data, evidence, research and behavioural insight studies to better understand the needs of children and young people and their families

Members debated at length issues arising from the report and questioned who would undertake the lead role in terms of responsibilities for the health and wellbeing of children and young people, who was responsible for measuring the impact of the assessment and the role of the ICB. Members were of the view that this was potentially within the remit of the ICB given that emotional wellbeing of children and young people was a deliverable priority in the Integrated Care Board Tees Valley Partnership Plan. The Executive Director of Children's and Joint Commissioning provided details of the plan whilst highlighting this may not be the latest version and agreed to provide a copy under separate cover following the meeting. Members expressed a willingness to contribute and support the ICB via a partnership approach in relation to progressing priorities and the Public Health Principal and Assistant Director of Joint Commissioning agreed to explore this with the ICB following the meeting.

Members went on to discuss the factors contributing to poor mental health outcomes for children and young people and commented on the importance of prevention including the need to reduce the contributory risk factors such as school absences which was an issue that required a national approach.

Reference was made to obesity levels as detailed in the needs assessment appended to the report. In response to concerns expressed regarding the obesity levels in the town and the need to encourage physical activity to improve physical as well as mental wellbeing, the Public Health Principal advised that work was ongoing in relation to the wider obesity factors including access to food and physical activities as well as environmental factors, an update of which would be provided following the meeting.

Members raised concerns regarding the level of e-cigarette use in the town particularly in schools. Clarification was provided in relation to the measures in place to support these issues and it was highlighted that a report, including an action plan regarding tobacco control would be submitted to a future meeting of the Health and Wellbeing Board.

### Decision

- (i) The Board considered and supported the recommendations from the needs assessment and the potential development of a future strategy/strategic approach to addressing the needs of children and young people's mental health.
- (ii) The Partnership agreed the continuation of the Children and Young People's Mental Health and Wellbeing Group to deliver the recommendations of the needs assessment.
- (iii) In relation to queries raised around roles and responsibilities, it was agreed that a copy of the Integrated Care Board Tees Valley Partnership Plan be provided following the meeting and that the Public Health Principal and Assistant Director of Commissioning explore this issue with the ICB following the meeting.
- (iv) That further information be provided following the meeting in relation to obesity measures.

### 14. **New Childcare Requirements – Verbal Update** *Assistant Director, Joint Commissioning*

The Head of Service provided a detailed and comprehensive update in relation to the current offer in terms of early years in child care, proposed offer and what this meant for the Council going forward and advised that a copy of the presentation slides, in support of the update, could be made available following the meeting.

Members were advised of the various schemes to subsidise childcare costs and how such support could be obtained. Reference was made to the national child care strategy proposals where working parents would be awarded largely funded early years support, details of which were provided. Given that the new arrangements would be implemented from April 2024 work was ongoing to plan for these changes, the impact of which was outlined. The role for Council staff in implementing these changes were also shared with Members. The Head of Service referred to the draft guidance which had been produced by the Department of Education and was pleased to report that the Council had been given the opportunity to provide input and comment upon. There would be extensive engagement with schools and the voluntary sector and further progress updates would be provided in due course.

Members welcomed the new childcare arrangements and were keen to receive a copy of the presentation slides. Partnership Members commented

on and acknowledged the challenges around recruitment and retention to childcare roles.

### **Decision**

That the information given be noted and a copy of the presentation slides be provided following the meeting.

## **15. Special Educational Needs and Disabilities/Alternative Provision Change Programme – Verbal Update** *Assistant Director, Joint Commissioning*

The Assistant Director, Joint Commissioning was pleased to report that the SEND Inspection in March had been positive. Background information in relation to the reforms was provided. Hartlepool was the chosen lead for the North East, working in partnership with Stockton, Durham and Gateshead to test the reforms. The outcome of the consultation on the green paper had been utilised to develop a national improvement plan and the Council would be requested to test a number of reforms which included standardised template for Education Health Care Plans and developing national standards. It was envisaged this would include testing early years speech, language and communication, details of which were provided.

The Partnership welcomed the programme including Hartlepool's role in the testing process and acknowledged the potential benefits as a result.

### **Decision**

That the information given be noted.

## **16. Care Leavers Covenant** *(Executive Director, Children's and Joint Commissioning Services)*

The Executive Director, Children's and Joint Commissioning Services presented the report which provided background information to the national work to promote the commitment to the Care Leavers Covenant. The covenant advocates a 'whole council' approach to this work, recognising that the responsibility for being a corporate parent does not solely reside with Children's Services. The aim of the Care Leaver Covenant was to provide additional support for those leaving care. In July 2016, the Government published a major policy document "Keep on Caring" aimed at supporting young people from care to independence. The Policy aimed to improve outcomes for care leavers so they were better prepared to live independently, improved access to employment and training, experience stability, improved access to health support and achieve financial stability.

The covenant is a promise made by the private, public and voluntary sectors to provide support for care leavers aged 16-25 to help them to live independently and builds upon the corporate parenting principles that apply to local authorities. Councils may wish to consider how they can promote and engage in this. It is a voluntary scheme which encourages organisations to commit to a Care Leaver Covenant that organisations can sign in a way that makes sense to them. The Partnership was requested to consider signing up to Care Leavers Covenant and identify how they can support care leavers in Hartlepool to sign up to the Care Leaver's Covenant.

The Partnership welcomed the initiative and expressed a commitment to support and promote the covenant within the partnership arrangements.

### **Decision**

That the Care Leavers covenant be supported.

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

It was reported that the next meeting would be held on 13 December 2023 at 2.00 pm.

The meeting concluded at 3.10 pm.

CHAIR

# North East North Cumbria Health & Care Partnership



## CONFIRMED MINUTES

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

Meeting held on: 9<sup>th</sup> August 2024, 12pm – 2pm

Held at: Boardroom, NENC ICB, Trinity Mews, NOHV, Middlesbrough, TS3 6AL

Item No:	Meeting Notes	Action
TVICP/24/01	<p><b>Welcome and Introductions</b></p> <p>Councillor Cook, as Chair, welcomed colleagues to the Tees Valley Area Integrated Care Partnership (ICP) Meeting.</p> <p><b><u>Present:</u></b></p> <ul style="list-style-type: none"> <li>• Councillor Bob Cook (Chair) – Health and Well-being Board Chair &amp; Leader of Stockton Borough Council</li> <li>• David Gallagher – Chief Contracting and Procurement Officer</li> <li>• Martin Short - Director of Delivery, NENC ICB</li> <li>• Karen Hawkins – Director of Delivery, NENC ICB</li> <li>• Mark Adams, Joint Director Public Health Middlesbrough, Redcar &amp; Cleveland</li> <li>• Christopher Akers-Belcher, Regional Co-ordinator, NENC Healthwatch Network</li> <li>• Craig Blundred – Director of Public Health, Hartlepool Borough Council</li> <li>• Geraldine Brown, Head of Policy Development and Public Affairs, Stockton Council</li> <li>• Dominic Gardner, Care Group Director of AMH/MHSOP, Tees Esk and Wear Valleys NHS FT</li> <li>• Stacey Hunter – Group Chief Executive Officer (Joint North and South Tees), North Tees &amp; Hartlepool NHS Foundation Trust &amp; South Tees Hospital Foundation Trust</li> <li>• Brent Kilmurray – Chief Executive of Tees, Esk and Wear Valleys NHS FT</li> <li>• Majella McCarthy, Director of Children's Services, Stockton Council</li> <li>• Richard Morris, Associate Director of Operations, County Durham &amp; Darlington NHS FT</li> <li>• Carolyn Nice – Director of Adult Services, Stockton Council</li> <li>• Julian Penton - Voluntary Sector Lead/3rd Sector, Hartlepower (Hartlepool)</li> <li>• John Sampson – Managing Director and Chief Executive – Redcar and Cleveland Council</li> </ul>	

	<ul style="list-style-type: none"> <li>Ken Ross – Public Health Principal, Darlington Borough Council</li> <li>Patrick Scott, Managing Director for Durah, Tees Valley and Forensics, Tees, Esk and Wear Valleys NHS FT</li> <li>Professor Natasha Vall, Dean – School of Social Sciences, Humanities &amp; Law, Teesside University</li> </ul> <p><b><u>In Attendance:</u></b></p> <ul style="list-style-type: none"> <li>Rachael Long – Governance Lead, NENC ICB</li> <li>Jane Smailes (Note Taker) – PA, NENC ICB</li> <li>Avril Rennard – Corporate Business Assistant, NENC ICB</li> </ul>	
TVICP/24/02	<b>Apologies for Absence</b>	
	<ul style="list-style-type: none"> <li>Dr Naveed Azam, PCN/CD Representative, Middlesbrough PCN</li> <li>Professor Derek Bell – Chair, North Tees &amp; Hartlepool NHS Foundation Trust / South Tees Hospitals NHS FT</li> <li>Sarah Bowman-Abouna – Director of Public Health, Stockton Council</li> <li>Sandra Britten – Chief Executive (Operational) Alice House Hospice</li> <li>Cllr Alec Brown, Joint HWWB Chair, Redcar &amp; Cleveland Council</li> <li>Mayor Chris Cooke – Joint HWBB Chair Live Well South Tees Board – Middlesbrough Council</li> <li>Deb Cornell, Director of Corporate Governance and Board Secretary, NENC ICB</li> <li>Mark Davis, Voluntary Sector Lead, Middlesbrough Voluntary Development Agency (MVDA)</li> <li>Dr Deepak Dwarakanath, Medical Director, North Tees &amp; Hartlepool NHS FT</li> <li>Dr Dharendra Garg – Stockton PCN Representative</li> <li>Dr Teik Goh - PCN/CD Representative, Redcar and Cleveland PCN</li> <li>Mike Greene – Chief Executive – Stockton Borough Council</li> <li>Lorraine Hughes, Director of Public Health, Darlington Council</li> <li>Sue Jacques – Chief Executive, County Durham and Darlington NHS FT</li> <li>Denise McGuckin – Managing Director of Hartlepool Borough Council</li> <li>Jill Harrison - Director of Adult &amp; Community Based Services, Hartlepool Borough Council</li> <li>David Jennings, Chair, Tees Esk and Wear Valleys NHS FT</li> <li>Dr Helen McLeish – PCN Clinical Director, Darlington PCN</li> <li>Dr Jackie McKenzie - PCN/CD Representative, Hartlepool PCN</li> <li>Kerry McQuade – Director of Strategy Planning and Transformation, North East Ambulance Service</li> <li>Rebecca Morgan (RM) – Project Development Manager / Healthwatch Sub-Regional Co-ordinator, Healthwatch</li> </ul>	

	<ul style="list-style-type: none"> <li>• Peter Neal – Voluntary Sector Lead, Redcar &amp; Cleveland Voluntary Development Agency (RCVDA)</li> <li>• Lisa Oldroyd – Chief Executive &amp; Monitoring Officer, Office of the Police and Crime Commissioner for Cleveland</li> <li>• Chris Piercy, Director of Nursing, NENC ICB</li> <li>• Helen Ray – Chief Executive, North East Ambulance Service</li> <li>• Sally Robinson, Director of Children's Services, Hartlepool Council</li> <li>• Richard Scothon, Chair, County Durham &amp; Darlington NHS FT</li> <li>• Jeanette Scott, Director of Nursing, NENC ICB</li> <li>• James Stroyan – Director of People (Children &amp; Adult), Darlington Council</li> <li>• Wade Tovey, Redcar &amp; Cleveland Voluntary Development Agency</li> <li>• Chris Zarraga – Director, Schools North East</li> </ul>	
TVICP/24/03	<b>Declarations of Interest</b>	
	<p>Councillor Bob Cook (BC) reminded colleagues of the importance of the robust management of conflicts of interest and asked individuals to raise any potential conflicts of interest as the meeting progressed. No conflicts of interest were raised.</p>	
TVICP/24/04	<b>Minutes from previous meeting held 2<sup>nd</sup> February 2024</b>	
	<p>The minutes of the meeting, held 2<sup>nd</sup> February 2024, had previously been circulated to members for comment. There were no amendments requested and therefore the minutes were <b>AGREED</b> as an accurate record. Confirmed minutes have also been shared with Health and Wellbeing Boards for information.</p>	
TVICP/24/05	<b>Matters Arising &amp; Action Log</b>	
	<p><b>Action Log</b></p> <p>Actions were noted as complete</p> <p><b>Matters Arising</b></p> <p><u>Water Fluoridation</u></p> <p>David Gallagher (DG) advised the national consultation on water fluoridation for the North East had been extended due to the General Election in June. Generally there had been a good response from the North East and</p>	

	<p>he thanked all those who had responded. DG explained that the outcome of the consultation was pending with any next steps and timescales.</p> <p>There were no other matters arising to note.</p>	
TVICP/24/06	<b>Healthwatch Update</b>	
	<p>The Healthwatch quarterly update (Jan – Mar 2024) had been circulated to members before the meeting.</p> <p>Christopher Akers-Belcher (CAB) highlighted the following key points from the report.</p> <p>Healthwatch held a listening event on 6<sup>th</sup> June 2024 to engage with patients, carers and local communities in respect of the Hospitals Trusts Group Model for North Tees &amp; Hartlepool, and South Tees Hospitals NHS Foundation Trusts. The event was well attended and a report from Healthwatch will be provided to the Hospital Group to aid in its development.</p> <p>The North of England Commissioning Support Unit (NECSU) commissioned a project which sought the views and needs of older adults with Learning Disabilities to help inform future planning to meet their needs as they age and are no longer able to be supported by family. The final report, Growing Older Tees Valley Report, has been sent to NECSU and copied to the NENC ICB. Healthwatch is awaiting feedback regarding the report's recommendations, particularly in relation to housing and communications.</p> <p>Healthwatch were invited by the ICB to review the ICB's Involvement Strategy - 'Communities and People Involvement and Engagement Framework 2022-23'.</p> <p>There have been over 3,500 responses to the region wide surveys regarding provision of NHS dentistry services. Healthwatch County Durham are leading on the data analysis and the report is expected to be available in quarter two.</p> <p>Noting the "access to primary care services" concerns in the report Stacey Hunter (SH) highlighted the collective action that GPs may be undertaking following the recent BMA ballot. This may have a greater impact on access to GP services, though it was too soon to tell what the impact may be locally. SH advised that the hospitals would be monitoring the situation to see if this had an impact on attendance at A&amp;E.</p>	



	<p>Following a query regarding how patients were accessing primary care services CAB confirmed that Healthwatch had been promoting the use of NHS111 for example, however there was inconsistency across the Tees Valley with availability of services.</p> <p>Karen Hawkins (KH) highlighted the work around the Primary Care Access and Recovery Plan including total triage and understanding the routes of access for patients through online or e-booking.</p> <p>David Gallagher (DG) explained there were daily meetings taking place with Primary Care leads, within the ICB, to discuss the impact of the GP collective action. The ICB will share intelligence as and when it becomes available, noting that the collective action began on 1<sup>st</sup> August.</p> <p>Regarding NHS Dentistry services, DG noted that the work done by Healthwatch was helping to inform the work of the ICB, for example, by focussing on urgent treatment rather than routine access. The first urgent dental access centre in NENC has opened in Tees Valley, in Darlington, based in a community centre. This service is accessed through NHS111 or self-referral.</p>	
TVICP/24/07	<b>Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) Transformation- Our Journey to Change</b>	
	<p>The presentation had been circulated to members prior to the meeting. Brent Kilmurray (BK), Patrick Scott (PS) and Dominic Gardner (DG) highlighted the following key areas;</p> <ul style="list-style-type: none"> <li>• What is transformation</li> <li>• A reflection on the TEWV journey so far</li> <li>• Transforming Community Services Adult Planned Care</li> <li>• Urgent Care Transformation</li> <li>• Mental Health Services for Older People</li> <li>• Adult Learning Disabilities Transformation</li> <li>• Children &amp; Young People Transformation – I-Thrive</li> <li>• Areas of Risk and Challenge.</li> </ul> <p>Martin Short (MS) noted that TEWV had been at the forefront of co-creation of services and that there had been an increasing fourfold demand. This necessitated transformation within the system and a Children and Young Peoples whole system approach to reduce demand into specialist services.</p>	

	<p>Further to a comment from Chris Cooke (CC) regarding some of the downgrading of CQC inspection ratings BK advised the one of main areas of focus for TEWV was around improvement in areas of safety and do service users feel safe in the service. TEWV had invested in the service environment with assisted technology and part of the mix to address key safety issues. In relation to staffing significant progress had been made in the last 6 months in filling key staffing roles and looking to convert agency staff to core roles within teams, with a concerted focus on quality and safety. BK noted, in relation to CQC Safe Standard, the TEWV ambition to have all columns be marked 'good'.</p> <p>Stacey Hunter (SH) explained the need to have a realistic discussion regarding staff vacancies. She noted that filling of vacancies was not always about funding and, depending on the role, it could take over 3½ years to have a registered practitioner available. Acknowledging the need for pipeline trainees BK highlighted the work being undertaken at Teesside University who are looking to have a single entry intake.</p> <p>There was a discussion regarding the sustainability and quality of services and that bilateral conversations would reduce the risk of any potential unintended consequence during service changes.</p> <p>There was a discussion regarding the timelines for improving Children's and Young People's services and applying learning from Adults' services for a standard service across the Tees Valley.</p> <p>DG highlighted key areas</p> <ul style="list-style-type: none"> <li>• The need for timelines to help patients gain access to services</li> <li>• Access to core community CAMHS, with TEWV agreeing to share figures for individual area</li> <li>• ADHD services not having the capacity to meet the demand.</li> </ul> <p>KH noted that the TEWV Transformation Journey to Change project had been a significant undertaking and she thanked colleagues for the work to date and their engagement with partners, including 14 Primary Care Network (PCN) organisations. She advised that the other parts of the country had now been in contact about this partnership way of working.</p>	
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TVICP/24/08	Teesside Health innovation Zone	
	<p>The presentation was circulated to members before the meeting.</p> <p>Geraldine Brown (GB) delivered the presentation noting this was a high level introduction to the project and may be brought back to the meeting at a future date. The vision of the project included</p> <ul style="list-style-type: none"> <li>• To breathe new life into Teesdale Business Park and ensure all 50 hectares are fully utilised.</li> <li>• To bring forward the holistic regeneration of the 60 hectares Tees Marshalling Yards site for both employment and housing and other ancillary uses.</li> <li>• To grow all aspects of the health, public-health and social care sector, and their supply chains, on Teesdale Business Park and the Marshalling Yards and make us a recognised UK cluster.</li> <li>• To link the new Care and Health Innovation Zone with Stockton Town Centre, to unlock the potential of the scheme and boost connectivity through transport and active travel links.</li> </ul> <p>The presentation also outlined the potential impact of the development and the high level view of how the vision could be delivered.</p> <p>There was a discussion regarding how this potential development would affect delivery of services, noting that there would be an opportunity to look at current estate configuration and identify what would be needed in the future. Some services would need to be delivered at scale but hub and spoke models would work for some services.</p> <p>SH noted that the Hospitals Trust Group for NTHFT and STHFT was working together to produce a joint strategy that could be used to inform the development of secondary care provision locally. In the meantime the rebuild of the North Tees hospital was in abeyance.</p> <p>The discussions also included the need to think about specialist housing provision across the Tees Valley that created natural communities and the current shortage in children's accommodation. It was noted that children were sometimes needing to be placed in other parts of the country away from family and their community.</p> <p>DG acknowledged that the potential development had challenges but there was also a significant opportunity to</p>	

	look at what would be needed in the next 10 – 25 years' time.	
TVICP/24/09	<b>Tees Valley Anchor Network</b>	
	<p>The presentation was circulated to members before the meeting.</p> <p>Mark Adams (MA) delivered the presentation which included the following</p> <ul style="list-style-type: none"> <li>• Overview</li> <li>• Background</li> <li>• Purpose of a Tees Valley Anchor Network</li> <li>• Results of Mapping</li> <li>• Education / Employment</li> <li>• Procurement</li> <li>• Sustainability</li> <li>• Proposed areas of focus</li> <li>• Next Steps</li> </ul> <p>Julian Penton (JP) stated that the VCS organisations across the Tees Valley would be interested to contribute to the work of the Network, noting that there were between 4 and 5 thousand contacts across the VCS and they could offer a bridge to civil engagement.</p> <p>There was a discussion regarding food providers to local anchor organisations. JP explained that the Hartlepool food partnership had an interactive map which provided details of food providers within 100 miles and this would be available to the Network. MA highlighted the work of FROG (Future Regeneration of Grangetown) who were a trusted VCS organisation and their connection into the community.</p> <p>MA highlighted the different approaches used within the local Anchor organisations, especially in procurement.</p> <p>It was acknowledged that there was a need for local procurement for inward investment across the Tees Valley.</p> <p>It was acknowledged that any public communications regarding the Tees Valley Anchor Network needed to be mindful of the language used, recognising that parts of the area had an average reading age of 10 years old.</p>	
TVICP/24/10	<b>Right Care Right Person</b>	
	This item was deferred to the next meeting.	

TVICP/24/11	<b>Suggested Items for Next Meeting</b>	
	<p>Suggestions for discussion at future meetings included,</p> <ul style="list-style-type: none"> <li>• Primary Care Access including GP access</li> <li>• Right Care / Right Person – deferred from this meeting</li> <li>• Anchor Network</li> <li>• Further Development of the Hospital Group Model, as appropriate</li> <li>• Health Innovation Zone with Tees Valley Combined Authority input</li> <li>• Details on the provision of services for children with neurodiversity (CAB)</li> <li>• Oversight of the vision for Health and Social Care Estate across the 5 local authority areas and possible sharing of buildings / estate</li> </ul> <p>DG noted that future meetings could be a mix of business and workshops and he asked that members continue to bring items to the meeting for discussion and input.</p>	
TVICP/24/12	<b>Any Other Business</b>	
	<p>The Chair noted there were no further items of business advised and thanked members for their attendance and contributions to the meeting.</p> <p><i>The meeting closed at 2pm</i></p>	
	<p><u>Next Meeting</u>  Date: Friday, 8<sup>th</sup> November 2024  Time: 12-2pm  Venue: Dolphin Centre, Darlington</p>	

**Cllr Bob Cook (Chair)**

# HEALTH AND WELLBEING BOARD

2<sup>nd</sup> December 2024



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

**Subject:** HARTLEPOOL AND STOCKTON SAFEGUARDING  
CHILDREN PARTNERSHIP ANNUAL REPORT  
2023/24

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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 present the Annual Report of the Hartlepool and Stockton on Tees Safeguarding Children Partnership (HSSCP) for 2023/24 to Health and Wellbeing Board.

## 3. BACKGROUND

3.1 HSSCP covers the two local authority areas of Hartlepool and Stockton-On-Tees Borough Councils, with a co-terminus Integrated Care Board and Police force. The four statutory (lead) safeguarding partners of the HSSCP, in accordance with Working Together 2023, are:

- Hartlepool Borough Council;
- Stockton-On-Tees Borough Council;
- North East and North Cumbria Integrated Care Board;
- Chief Officer of Cleveland Police; and
- HSSCP Relevant Agencies (agencies that are required to work as part of the HSSCP's arrangements to safeguard and promote the welfare of local children).

- 3.2 The four lead safeguarding partners retain an equal and joint responsibility for their local multi-agency safeguarding arrangements (MASAs). They set the strategic direction, vision, and culture of the local safeguarding arrangements, including agreeing and reviewing shared priorities and the resource required to deliver services effectively.
- 3.3 The HSSCP arrangements were created in April 2019 and have worked collaboratively for the past five years fulfil the responsibilities of the MASA for the Hartlepool and Stockton on Tees area. In the past year, and following the publication of Working Together 2023, the local MASA arrangements have been fully reviewed.

#### 4. PROPOSALS

- 4.1 The Annual Report 2023/24 (**Appendix 1**) is fully compliant with the statutory requirements to publish yearly a joint report on the activity it has undertaken that is transparent and easily accessible to families and professionals. The Annual Report focuses on the multi-agency priorities, learning, impact, evidence and improvement. The Annual Report includes details of the activity of the partnership has undertaken, including child safeguarding practice reviews that have been completed and the effectiveness of the arrangements.

#### 5. OTHER CONSIDERATIONS AND IMPLICATIONS

<b>RISK IMPLICATIONS</b>	None
<b>FINANCIAL CONSIDERATIONS</b>	None
<b>LEGAL CONSIDERATIONS</b>	None
<b>EQUALITY AND DIVERSITY CONSIDERATIONS</b>	None
<b>STAFF CONSIDERATIONS</b>	None
<b>ASSET MANAGEMENT CONSIDERATIONS</b>	None
<b>ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS</b>	None

**6. RECOMMENDATIONS**

- 6.1 Health and Wellbeing Board is asked to consider and note the work of HSSCP to safeguard and promote the welfare of children in Hartlepool during 2023/24.

**7. REASONS FOR RECOMMENDATIONS**

- 7.1 To ensure that the council and its partners are meeting statutory safeguarding duties in relation to children and to promote children's safety and wellbeing.

**8. BACKGROUND PAPERS**

None

**9. CONTACT OFFICERS**

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01429 523910



# Hartlepool and Stockton-on-Tees Safeguarding Children Partnership Annual Report 2023-24





# Executive Summary



As the Independent Chair and Scrutineer for the Hartlepool and Stockton-on-Tees Safeguarding Children Partnership (HSSCP) for 2023 – 2024 it is a privilege to introduce this year's annual report.

Our shared vision is that 'every child in Hartlepool and Stockton feels safe, secure and protected from harm, enabling them to reach their full potential'. The report sets out the key successes and achievements over the last year, against our overarching priorities:

- That we continue to work together, to reduce the impact and harm that Neglect has on children's lives.
- That we Strengthen Assurance, embedding the learning from case reviews into practice and, identifying the difference made by the partnership, to improve children's outcomes.
- That we strengthen the Engagement of Children and Young People, ensuring that children's voices and lived experiences influence and steer the work of the HSSCP.

The Annual Report of the Independent Scrutineer for 2022/23 helped shape these priorities, against which progress, pace and impact have been tested during 2023/24.

This report sets out the breadth of work that has been undertaken by the HSSCP, with strong evidence of highly effective multi agency safeguarding arrangements.

We will build upon the tremendous progress that has been made this year to drive forward our priorities for 2024/2025, strengthening further children and young people's Voice and Influence of our safeguarding arrangements and priorities; introduce new performance and quality assurance arrangements to better evidence the demonstrable impact that learning has upon improving multi-agency practice; reduce the harm that neglect has on children's lives and, safeguard children vulnerable to harm outside of the home.

The HSSCP is in a strong position to take forward the changes introduced in Working Together to Safeguard Children 2023 including arrangements for one of the Delegated Safeguarding Partners to Chair the HSSCP Executive.

Underpinning the HSSCP is a system wide, shared responsibility to safeguard and promote the welfare of all children in Hartlepool and Stockton-on-Tees. My thanks to all the skilled and highly committed practitioners, managers and colleagues across the partnership, as well as the dedicated HSSCP Business Unit, who work together daily, to achieve this outcome.

A handwritten signature in blue ink that reads 'Mel John-Ross'.

Mel John-Ross  
HSSCP Independent Chair  
and Scrutineer



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# About The Partnership



HSSCP MEMBERSHIP

HSSCP Lead Safeguarding Partners

HSSCP covers the two local authority areas of Hartlepool and Stockton-On-Tees Borough Councils, with a co-terminus Integrated Care Board and Police force. The four statutory (lead) safeguarding partners of the Hartlepool and Stockton-On-Tees Safeguarding Children Partnership, in accordance with Working Together 2023 (and Children and Social Work Act 2017), therefore include:

- Hartlepool Borough Council
- Stockton-On-Tees Borough Council
- North East and North Cumbria Integrated Care Board
- Chief Officer of Cleveland Police



The four lead safeguarding partners retain an equal and joint responsibility for their local multi-agency safeguarding arrangements (MASAs). They set the strategic direction, vision, and culture of the local safeguarding arrangements, including agreeing and reviewing shared priorities and the resource required to deliver services effectively.

The lead safeguarding partners have identified delegated safeguarding partners (DSPs) who have responsibility for the delivery of multi-agency safeguarding functions and processes. Other agencies that are required to work as part of the HSSCP’s arrangements to safeguard and promote the welfare of local children have been identified and are known as ‘relevant agencies’. HSSCP Relevant Agencies have a statutory duty to cooperate with the HSSCP’s [published arrangements](#).

HSSCP Relevant Agencies



*N.B: The full list of relevant agencies can be found in HSSCP’s published arrangements.*

With the publication of ‘Working Together to Safeguard Children, 2023’, HSSCP have commenced a review of their Multi-agency Safeguarding Arrangements, including how they will work with relevant agencies, such as education providers and the VCS. The updated multi-agency safeguarding arrangements will be published in December 2024.



## HSSCP GOVERNANCE STRUCTURE

### The Chief Executives Group

The Lead Safeguarding Partners (LSPs) for HSSCP are the Chief Executives of both Hartlepool and Stockton-on-Tees Local Authorities, the Chief Executive of the ICB, and Chief Officer of Cleveland Police force. The LSPs meet with their delegated safeguarding partner (DSPs) quarterly to maintain strategic oversight and governance of the MASAs, to assure themselves that their local arrangements are effective and keep children safe and to undertake their core functions as set out in Working Together to Safeguard Children, 2023 (p27).

### The HSSCP Executive

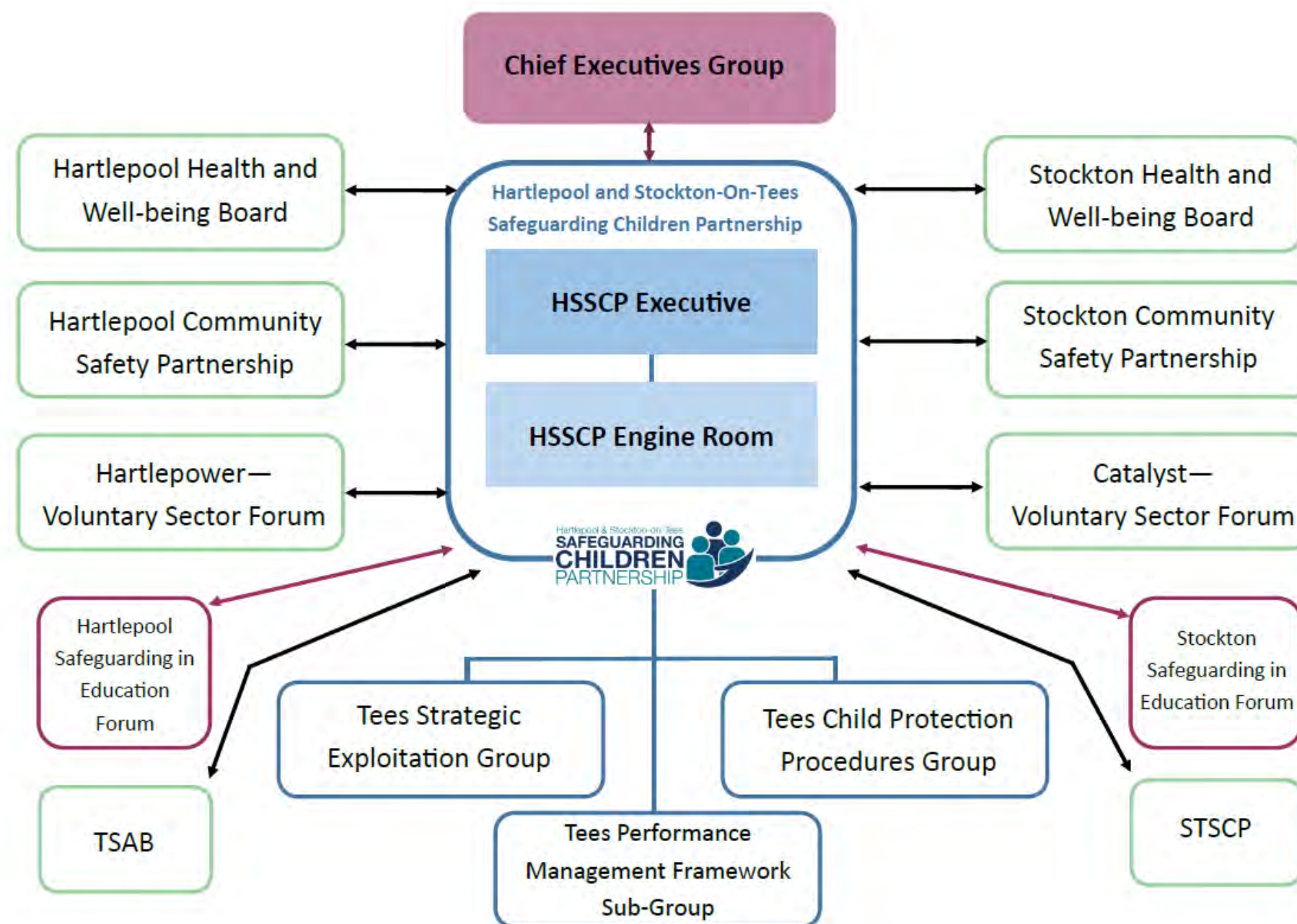
The HSSCP Executive is made up of the delegated safeguarding partners from the four statutory agencies and selected relevant agencies, including education and the VCS. They meet bi-monthly to ensure delivery and monitoring of multi-agency priorities and procedures to protect and safeguard children in the local area, in compliance with published arrangements and thresholds.

The Executive is accountable to the Chief Executives Group and is responsible for ensuring delivery of the agreed HSSCP business plan.

### The HSSCP Engine Room

The Engine Room, made up of representation from the four statutory safeguarding partner agencies and selected relevant agencies, meets every 6 weeks and is accountable to the HSSCP Executive. The functions of the Engine Room carried out on behalf of the Executive include:

- Planning and undertaking learning activity; including Rapid Reviews, learning reviews and multi-agency audits
- Identifying and commissioning training following findings from review activity
- Identifying and ensuring dissemination of learning and good practice
- Identifying task and finish groups needed to deliver work on behalf of the partnership
- Impact testing – monitoring and reviewing change for improvement / learning





## HSSCP VISION, AIMS AND OBJECTIVES

**Every child in Hartlepool and Stockton will feel safe, secure and be protected from harm, enabling them to reach their full potential.**



HSSCP's vision is to ensure that **“Every child in Hartlepool and Stockton feels safe, secure and protected from harm, enabling them to reach their full potential”** and aims to ensure that everyone who works with children across Hartlepool and Stockton-on-Tees has the protection of vulnerable children and young people at the heart of what they do.

In order to achieve this the Partnership aims to understand what is working well in its collective safeguarding practice, to identify what needs further development and to ensure effective and co-ordinated multi agency working across our whole system. This 'Active learning' approach has the child at its core and harnesses the importance of working with practitioners to influence front line safeguarding practice in order to learn and improve together.



### The Partnership's Objectives are to:

- achieve the best possible outcomes for children and families and provide the right services that meet need in a co-ordinated way;
- improve safeguarding practice across all partners thus impacting positively on the lives of children;
- improve safeguarding practice, via identification and analysis of issues/ threats / barriers to effective multi agency working;
- enable shared learning with front line staff across all partner agencies;
- establish and embed peer challenge as a process for learning and improvement;
- embrace a culture of challenge with organisations and agencies holding one another to account;
- share information effectively to facilitate more accurate and timely decision making for families; and
- deliver on key elements that inform the basis of effective safeguarding practice i.e.:
  - ◊ Effective governance
  - ◊ Quality assurance and intelligence; and
  - ◊ A culture of learning and improvement

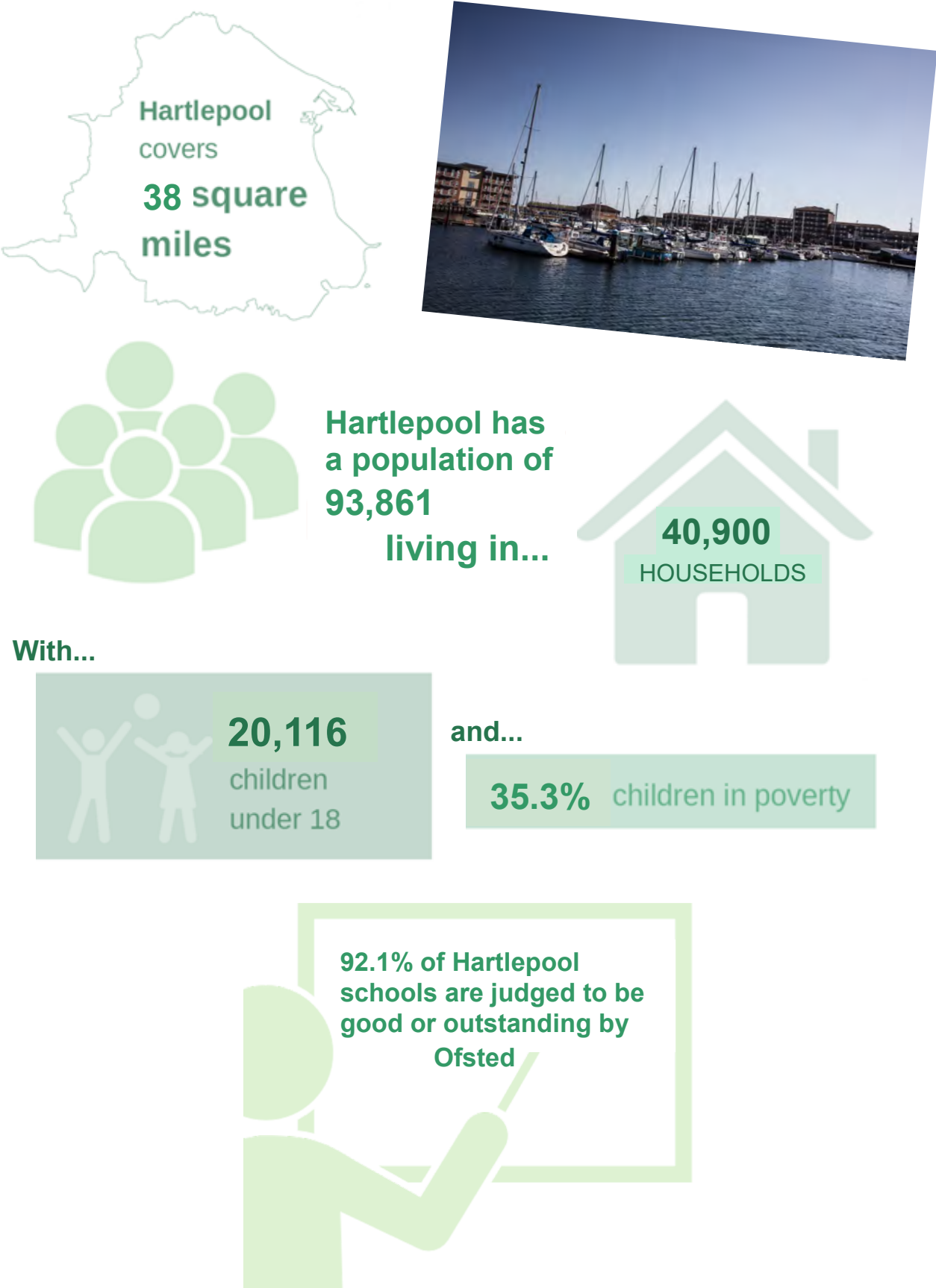
FINANCIAL ARRANGEMENTS





# About Hartlepool

HARTLEPOOL DEMOGRAPHICS



Hartlepool Context

There are **40 schools** in Hartlepool with 30 mainstream primary, 5 mainstream secondary, 2 special schools (one primary, one secondary), 2 Independent School and 1 Pupil Referral Unit. With **92.1%** of Hartlepool schools judged to be good or better by Ofsted, the potential for children achieving positive outcomes is high. The **number of children who are home educated is 206** which, although small when compared to all children accessing school, is monitored and reviewed by the Partnership annually to ensure oversight of this cohort of children and young people. Based on 2024 January School Census, **19.5%** of the Hartlepool compulsory school age population were **SEND** (EHCP and SEN Support). The number of children with Education, Health and Care (EHC) Plans or Statements of SEN issued by Hartlepool (January school census) is 600 (224 primary age, 324 secondary and 52 post 16).

In 2023, the End Child Poverty data shows the proportion of **children living in poverty being 35.3%**, compared to 35% across Teesside and 31% nationally. Living in an area of high deprivation, the children and young people of Hartlepool, their families and the professionals who work to support them, therefore face many challenges. There is a large body of evidence and research to show that **children who live in poverty are more likely to face additional traumatic experiences** or be exposed to a range of risks that can have a serious impact on their mental health and life chances. It is therefore important for the Safeguarding Partnership to be fully aware of this cohort of children and young people and ensure that these are considered within aspects of the partnerships work programme.



HARTLEPOOL SAFEGUARDING SNAPSHOT



Throughout 2023-24 there were approximately:  
**20,116** children & young people under 18

**35.3%** of children living in poverty

**38%** of primary school children in receipt of free school meals (the national average is 24.6%)

**669** average contacts to the Children's Hub\* per Month

**2190** referrals to children's social care

**24.9%** were re-referrals

**497** Early Help assessments completed

**129** Early Help cases escalated to Social Care



**1487** open Child in Need cases

**158** children subject to a Child Protection Plan

**2959** children and young people receiving services through Special Educational Needs and Disability (SEND) support

**28** children and young people identified as being at risk of Child Sexual Exploitation

**38** children and young people identified as being at risk of Child Criminal Exploitation

**865** missing episodes by 290 young people

**332** missing episodes by 54 Hartlepool looked after young people

**334** children and young people looked after



**1182** children present during a domestic abuse incident

**252** domestic abuse incidents witnessed by children within 12 months of a similar incident

**204** cases discussed in MARAC (Multi-Agency Risk Assessment Conference)

**443** children involved in MARAC

**53** referrals in relation to allegations against staff working with children and young people

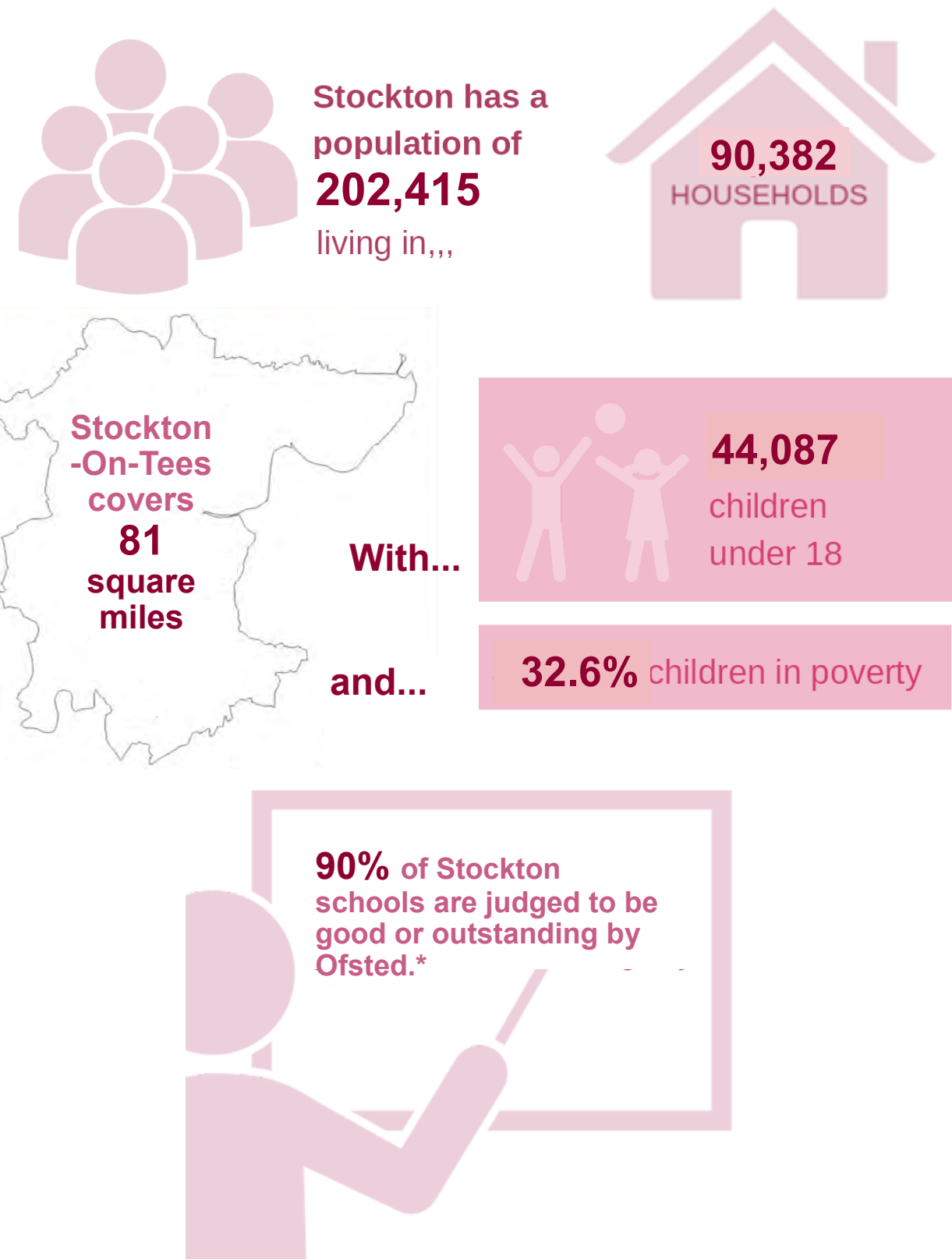
**2** new Private Fostering arrangements reported

\* NB: The Children's Hub is the multi-agency front door for referrals into Children's Social Care.

# About Stockton-on-Tees



STOCKTON-ON-TEES DEMOGRAPHICS



**Stockton Context**

There are 90 schools in Stockton with 68 primary (43 academy, 16 maintained, 6 special and 3 independent schools), 22 secondary (12 academy, 1 maintained, 6 special and 3 independent schools). 6 of the schools cover both primary and secondary provision (2 independent and 4 special). With 90% of Stockton schools judged to be good or better by Ofsted, the potential for children achieving positive outcomes is high. The **number of children who are home educated is 330** which, although small when compared to all children accessing school provision, is monitored and reviewed by the Partnership annually to ensure oversight of this cohort of children and young people. Based on the School Pupil Spring Census January 2024, **17.74% of the school population were SEND** (Special Education Needs and Disabilities). This figure includes those that had an Education Health Care Plan (EHCP) /Statement and those that have SEN support. The number of children with Education, Health and Care (EHC) Plans or statements of SEN in Stockton is 2182 (917 primary age children, 894 secondary, 371 post-16) .

The latest available data from End Child Poverty (June 2023) shows **32.6% of children are living in poverty in Stockton-on-Tees** (after housing costs are included), compared to an average of 35% in the North East and 31% nationally. Living in an area of high deprivation, the children and young people of Stockton-on-Tees, their families and the professionals who work to support them, therefore face many challenges. There is a large body of evidence and research to show that **children who live in poverty are more likely to face additional traumatic experiences** or be exposed to a range of risks that can have a serious impact on their mental health and life chances. It is therefore important for the Safeguarding Partnership to be fully aware of this cohort of children and young people and ensure that these are considered within aspects of the partnerships work programme.



STOCKTON-ON-TEES SAFEGUARDING SNAPSHOT



Throughout 2023-24 there were approximately:

**44,087** children & young people under 18

Which equates to:

**22%** of the total population



**32.6%** of children living in poverty  
(Source - End Child Poverty data May 2021)

**27.1%** of mainstream primary school children in receipt of free school meals (the national average is 23.8%)

**1125** average contacts to the Children's Hub per month

**4032** referrals to children's social care

**24%** were re-referrals

**4565** new Early Help episodes

**363** Early Help cases escalated to Social Care



**2131** open Child in Need cases

**247** children subject to a Child Protection Plan

**4216** children and young people receiving services through Special Educational Needs and Disability (SEND) support

**16** children and young people identified as being at risk of Child Sexual Exploitation

**1892** missing episodes by 489 young people

**816** missing episodes by 94 Stockton looked after young people

**581** children and young people looked after

**7** new Private Fostering arrangements reported

**2121** children present during a domestic abuse incident

**261** cases discussed in MARAC (Multi-Agency Risk Assessment Conference)

**544** children involved in MARAC

**128** referrals in relation to allegations against staff working with children and young people

# Key Successes and Achievements



## PRIORITIES

### KEY PRIORITY - NEGLECT

#### PRIORITY 1.1: Evidencing the Child's Lived Experience

##### What HSSCP sought to achieve:

- An improvement across the multi-agency workforce on understanding the child's lived experience
- A strengthened understanding across the multi-agency workforce of:
  - how to evidence what life is like for a child living with neglect
  - how to fill the gaps in what is known to build a bigger (cumulative) picture
  - how to evidence the impact of neglect on children
  - the impact of ACEs on parenting
  - how to evidence cumulative vulnerability and risk

##### What HSSCP has done to achieve this:

- Recruited a 'Project and Engagement Officer' to add capacity to the partnership to co-ordinate and drive the priority
- Established a 'Neglect Champions' group to support the delivery of this key priority across organisations, to champion the topic and key messages arising from this and help to drive the priority.
- Delivered a programme of trauma-informed (ACEs and neglect) training to the multi-agency workforce
- Delivered active learning sessions with a focus on seeking, capturing and evidencing the child's lived experience
- Refreshed and relaunched the Neglect Framework (Statement of Intent) and Six Question Tool, promoted through active learning events
- Promoted the key messages of HSSCPs Neglect priority (Being curious, understanding what life is like for the child, cumulative impact of neglect) via a communications and campaigns

##### Impact and Evidence - What HSSCP has seen as a result:

- A fostered curiosity in the multi-agency workforce
- Partners effectively identifying early signs of neglect and taking action to safeguard and promote child's welfare
- The child's lived experience and how neglect affects their life being articulated within records, referrals and assessments
- A workforce confident in identifying neglect for all ages of children
- A workforce demonstrating professional curiosity in their questioning and exploration of presenting issues that evidences an in depth understanding of the child's lived experience of neglect and the impact on him/her





## PRIORITIES

### KEY PRIORITY - NEGLECT

#### PRIORITY 1.2: Assessing and Intervening with Neglect – Understanding and Responding to the Impact of Neglect

##### What HSSCP sought to achieve:

- An improvement in the understanding of and response to cumulative vulnerability and risk (including the impact of Adverse Childhood Experiences upon ability to parent) in assessments across partner agencies and the multi-agency workforce
- A stronger approach to addressing the root causes of neglect and evidence-based interventions within plans and multi-agency meetings
- A strengthened understanding across the multi-agency workforce of:
  - how to analyse cumulative vulnerability and risk
  - how to evidence parental motivation and ability to change
  - the impact of neglect on children and the impact of ACEs on parenting
  - how to work in a trauma-informed way

##### What HSSCP has done to achieve this:

- Recruited a 'Project and Engagement Officer' to add capacity to the partnership to co-ordinate and drive the priority
- Refreshed and relaunched the Neglect Framework (Statement of Intent) and Six Question Tool, promoted through active learning events
- Refreshed and relaunched guides to assessment and planning
- Planned a Neglect conference / event that is scheduled to take place later in 2024
- Refreshed and relaunched the programme of neglect training
- Delivered active learning sessions with a focus on assessment, cumulative vulnerability and risk and evidence-based planning and intervention
- Promoted the key messages of HSSCPs Neglect priority (Assessing impact of neglect, cumulative vulnerability and risk, evidence-based planning and intervention) via a communications and campaigns

##### Impact and Evidence - What HSSCP has seen as a result

- Assessments with analysis that identifies needs
- Plans based on a change journey for children



#### PRIORITY 1.3: Neglect Communication and Engagement

##### What HSSCP sought to achieve:

- Strengthened lines of communication from HSSCP to the multi-agency workforce and partner agencies
- Develop mechanisms of communication with children and young people
- Strengthen communication with the public to make HSSCP a recognised body within the community
- Strengthen engagement of partners in the work of the partnership
- Strengthen engagement of children and young people in the work of the partnership

All of the above undertaken within the focus of the key priority: Neglect

##### What HSSCP has done to achieve this:

- Developed and delivered a communications project plan
- Commissioned the development of a mechanism for communicating and engaging with children and young people
- Implemented a method of communicating and engaging with children and young people

##### Impact and Evidence - What HSSCP has seen as a result

- Partners clear about the key priorities of the partnership; mirroring and driving the key points of focus across their own organisations
- Partners at all levels engaging with and promoting the work of the partnership with a shared sense of purpose
- Improved visibility of the partnership across organisations and with represented children and young people.
- Mechanisms in place for seeking, hearing, capturing and acting on the views of children and young people

## PRIORITIES

### KEY PRIORITIES - Engagement and Assurance

#### PRIORITY 2.1: Engagement with Children and Young People

##### What HSSCP sought to achieve:

- An increased capacity within the HSSCP Business Unit to allow for dedicated resource around engagement activity
- Strengthened links with children and young people so that they can be routinely consulted with and actively involved in the work of the partnership
- Strengthened communication and engagement strategies and plans, taking on board the view of young people

##### What HSSCP has done to achieve this:

- Recruited a Project and Engagement Officer
- Commissioned a voluntary and community group to develop a mechanisms for communication with children and young people
- Developed a representative group of young people from Stockton and Hartlepool to act as young ambassadors for the partnership
- Developed a HSSCP Engagement Plan to strengthen the HSSCP engagement with C&YP
- Worked with young people to review the HSSCP website and create content for young people, by young people
- Planned consultation and engagement events alongside young people in order that they can input into the work of the partnership.

##### Impact and Evidence - What HSSCP has seen as a result

- Improved links with children and young people
- Children and young people are being consulted with and involved in the work of the partnership
- The partnership is capturing the views of children and young people

##### What we still want to achieve:

- Deliver the planned consultation / engagement events alongside children and young people
- Co-produce an annual forward plan with children and young people for consultation, engagement events and HSSCP activities that children and young people can contribute to
- Co-produce child-friendly versions of key HSSCP documentation
- Review the HSSCP Media Strategy alongside children and young people to strengthen/increase proactive media, awareness raising campaigns for children, young people and their families



#### PRIORITY 3.1: Strengthening Assurance

##### What HSSCP sought to achieve:

- A strengthened PMF dataset to enable the partnership to evidence impact
- Strengthened quality assurance processes

##### What HSSCP has done to achieve this:

- Established a Tees Task & Finish Group to review and develop a revised PMF and QA Framework
- Introduced quarterly reporting for all subgroups, to the HSSCP Executive
- Introduced a Neglect Champions Group to drive the priorities, objectives and activities across the entire HSSCP, to secure evidence of improved impact and outcomes for children and young people

##### Impact and Evidence - What HSSCP has seen as a result

- Improved quality and assurance processes
- Strengthened draft PMF dataset

##### What we still want to achieve:

- Following the outcome of the Tees PMF and QA Review, a Quality Assurance Subgroup will be established, to strengthen scrutiny and assurance of both quantitative and qualitative measures, evidencing the effectiveness of the HSSCP, areas of learning, strong practice and improved outcomes for C&YP across Stockton and Hartlepool.
- Agency safeguarding escalations to be systematically submitted to the HSSCP and Independent Scrutineer, to evidence timely professional resolution and, positive outcomes for the child/ren.



## CASE REVIEWS - Local Child Safeguarding Practice Review

### LCSPR - Joe

#### Context

Joe was 17 years old at the time of the significant incident but had been known to services across different Local Authority areas dating back to his early years. Prior to the incident, there were concerns over his friendship groups, periods of missing, antisocial and criminal behaviours and disengagement from education. Joe had been made subject to a Protection Plan for Neglect and was identified as High Risk of Exploitation. Legal plans to secure his safety and well-being were made and a residential placement secured. The seriousness of the matter and the risks to Joe were so high that a Secure Order was made. After being returned to his mother's care, Joe was reported missing and subsequently associated with an incident of Grievous Bodily Harm. A further application for Secure was made but the grounds were not met. A Strategy Meeting was held when Joe had been missing for a significant period of time and was associated with a number of burglaries and was sighted as carrying a knife. Within two months of the strategy, the significant incident occurred.



### Systems Learning

Strategic Exploitation Group multi systemic operating model

VEMT - processes and expertise

Risk management

Categorisation - victim and perpetrator/enforcement and support

Educational needs

Pathways to harm - trauma and adversity

Pathways to protection - prevention and support

Trauma informed approach



### Practice Learning

Seeing the child first

Critical thinking- reflective supervision and challenge

Accessing professional expertise

Professional curiosity - asking the right questions

Knowledge and skills :-

- Understanding pathways to harm/ pathways to prevention
- Trauma informed approaches
- Contextual safeguarding- multi systemic
- CCE and youth violence

Critical /reachable moments



#### What has been done?

- Undertaken an Independent Scrutiny review of the MACE / VEMT arrangements across Tees
- Developed and delivering training to the multi-agency workforce on working with 'Difficult to Engage Children Through a Exploitation Lens'
- Included 'Harm Outside of the Home' as a key priority for HSSCP in 2024-25
- Reviewing and developing the Tees Safeguarding Partnership's Exploitation Sub-Group

#### Impact and Evidence - What HSSCP has seen as a result

- Clear recommendations identified for improvement and consistency across Tees in relation to MACE / VEMT arrangements
- Positive evaluations from the multi-agency workforce in relation to new training being delivered
- An agreed, shared commitment to prioritising Harm Outside of the Home

You can access the full report [here](#)



## CASE REVIEWS - Local Child Safeguarding Practice Review

### LCSPR - Roo

#### Context

Seven month old Roo died whilst sleeping in his cot at home, where he was living with his mother and two siblings. Roo and his siblings were subjects of interim care orders at the time of his death.

Roo was born prematurely (30 weeks) and spent the first 4 weeks of his life in hospital. An ultrasound of his head done routinely due to his prematurity showed a small bleed on his brain. This bleed was typical of those seen in premature babies and was unlikely to cause any problems clinically. At age 5 months, Roo was admitted to hospital with poor weight gain. It was noted that his head was large in circumference and therefore an ultrasound scan was booked as an outpatient. The ultrasound took place four weeks later. This showed evidence of subdural collections. These were subjected to further exploration and a second opinion from a specialist hospital. The conclusion was that these were bleeds on the brain and were not due to Roo's prematurity. While these exploratory investigations were ongoing, the Local Authority implemented a safety plan whereby a family friend supervised mother's care of the children in the family home.

Medics confirmed that the cause of the two bleeds in the brain was more than likely inflicted injury and the Local Authority issued care proceedings, with a plan to place the children outside of mother's care with a family member. The Guardian challenged the plan. An interim care order was agreed but with the children remaining in mother's care, subject to the supervision and safety plan which had already been in place. Father had been living outside of the family home for approximately 2 months. An exclusion order was granted with the interim care orders to prohibit him from attending the address. Roo died 1 week later.



#### What has been done?

- Commenced a review of existing training to ensure key messages and themes arising from the review are included
- Planned training on understanding child protection medical reports to support risk assessment and multi-agency decision making for delivery throughout 24-25
- Reviewed and amended the existing 'Bruising in Non-Mobile babies' procedure

#### What we still want to achieve:

- Deliver and evaluate impact of refreshed training in light of recommendations and learning themes
- Develop a glossary of medical language used in child protection medical reports - to be used within planned training and to assist professionals in risk assessment and multi-agency decision making
- Undertake a deep dive audit to evaluate how the child's lived experience is reflected in assessment and care planning.

You can access the full report [here](#)



CASE REVIEWS - Audit

Independent Scrutiny Deep Dive

Context

The HSSCP Riley Local Child Safeguarding Practice Review (LCSPR) published in November 2022 was in relation to a child that had experienced trauma and abuse throughout early childhood which ultimately led to him being exploited and almost losing his life. One of the recommendations of the review was for the Safeguarding Children Partnership to identify other potential 'Riley's' and ensure that robust multi-agency plans are in place to meet their needs. For Riley, the trauma he had experienced manifested in his behaviour in school which led to him disengaging from education. His behaviour was seen as the problem rather than being seen as a means of communicating the trauma he had experienced. He was identified as having learning difficulties and the focus had been on his SEND rather than any potential safeguarding need.

The purpose of this deep dive was to seek assurance in relation to whether robust multi-agency plans are in place to meet the needs of children that have disengaged from education. For the purposes of the deep dive, 'disengagement from education' was classified as those pupils who have 70% attendance or below and / or 5 days or more suspension. In order to keep this deep dive in line with the Riley case criteria, only pupils who were classified as SEND support were selected. This deep dive was carried out by the partnership's Independent Scrutineer.

Deep Dive Findings

Areas of assurance / strength:

- Tenacious practice with evidence of direct work to engage and understand the child's world.
- Child's voice and lived experience are understood and acted upon
- Strong engagement with parents and families
- Strong engagement with partners
- Strong assessments with good analysis, considering historical intervention and needs, with the potential of cumulative harm.
- Clear plans in place with evidence of contingency planning and the 'bottom line'.
- Appropriate decision making and thresholds, avoiding re-referrals.

Areas for further development:

- HSSCP partners not using the Escalation Procedure, to professionally challenge and escalate decisions that they do not agree with.
- A gap in not consistently recognising the potential for CSE and CE

Impact

- Cases in which assurance was not gained were escalated
- Review of the Tees 'Professional Challenge, Dispute and Escalation' procedure
- Development and roll out of new 'Difficult to Engage Children Through a Exploitation Lens' training for the multi-agency workforce

Multi-Agency Audit - Follow-up from Deep Dive

Context

The 'deep dive' undertaken by the partnership's Independent Scrutineer in June 2023 around the HSSCP Riley LCSPR found some evidence of the following:

- referral, re-referral, repeated assessments and repeated step down to Early Help.
- Family history being considered but not translating into the analysis, decision making and plans, where the pattern of closing and stepping cases down continues, with a gap in analysing the impact on the child of cumulative harm, their future outcomes and, how collectively can we make a difference now to children's lives.
- Consent being a barrier for CSC, with a gap in evidencing tenacious Intervention in engaging families and, the skill to communicate consent to parents, aside from asking a closed, yes/no question.
- Family engagement and consent being a barrier to EH Partners, resulting in re-referrals.
- Where HSSCP partners do not agree with CSC, i.e., to step down or close a case, to use the HSSCP Professional Disagreement/Escalation Protocol in live time, rather than re-referring.
- Step Down Plans to EH not being clearly recorded, i.e., the needs that require addressing, by who, how, when, the lead named agencies, with contingency plans and a 'bottom line'.
- Gaps in evidence-based assessments, social work analysis, decision making and outcome-based planning.

The deep dive recommended a further audit 6 months later to seek assurance in respect of improved practice regarding cases which have recently stepped-down from social care assessment.

Audit Findings

Areas of assurance / strength:

- Plans were in place in all cases on step down to early help with needs of children and family responded to and support given.
- Evidence of good quality assessments
- Evidence of appropriate decision-making , step-down and the right support in place to meet needs
- Tenacious intervention in engaging families

Areas for further development:

- Engagement of Father has been noted as an area of difficulty and although professionals have made best efforts to obtain engagement, this had not been possible in some of the cases.
- Some multi-agency professionals were not always consulted / aware of step down / closure
- Some gaps in assessments including missing multi agency information; outcome-based planning affected

What has been done as a result

- Communicating with agencies about the importance of agencies being informed / aware of the position of the case following step down. Partnership to consider whether a process around this would assist

## TRAINING AND DEVELOPMENT

### Safeguarding Children Training Snapshot:



**66 multi-  
agency  
training  
sessions  
delivered**



**8,635 e-learning  
sessions  
completed**

**1,701 people attended multi-agency training**



**140 practitioners attended the Non Accidental  
Injury in Under 1's & Hidden Partners Conference**

**146 practitioners attended the Learning from  
Reviews Briefings**

**64 practitioners attended the Neglect Active Learning Event**



### Evaluation and Impact:

**I enjoyed the group work with other  
professionals as it is helpful & interesting to  
hear their experiences**

**I feel the whole  
event will have an  
impact on my work  
with young people**

**The trainer provided clear  
explanation of the reasons cases  
progressed & outcomes for  
improving practice**

**The trainer provided real  
life examples that really  
helped me to understand  
and relate this to practice.**

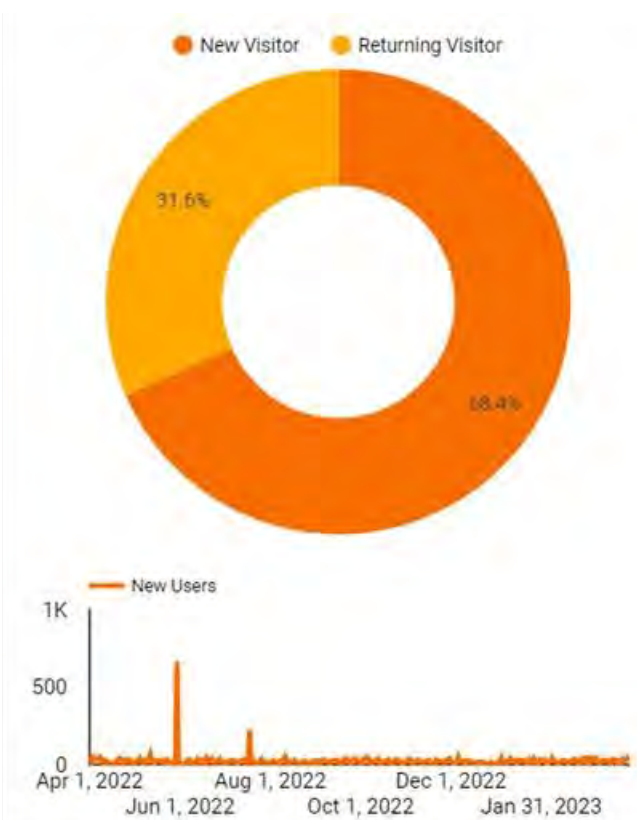
**This training helps you to  
'think outside of the box' and  
use professional curiosity  
when working with children**

**Overall a brilliant day, very  
informative & structured, very  
hard hitting & thought  
provoking –  
excellent conference**

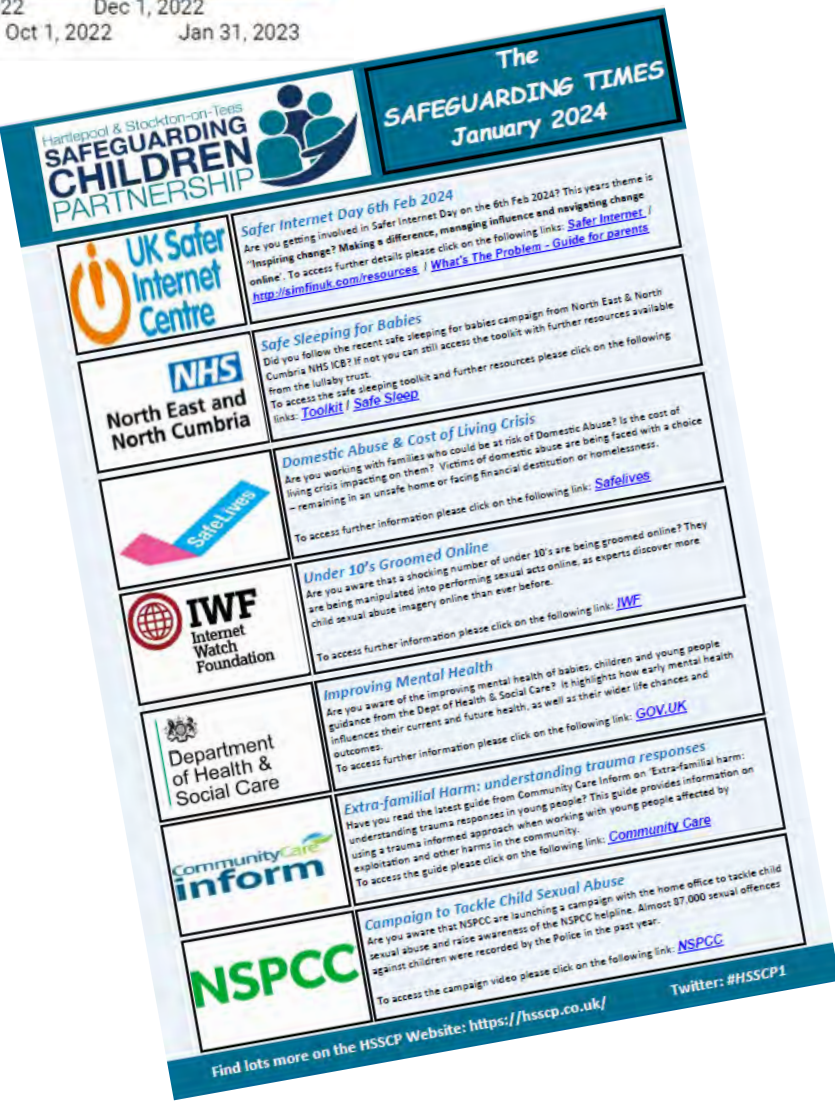
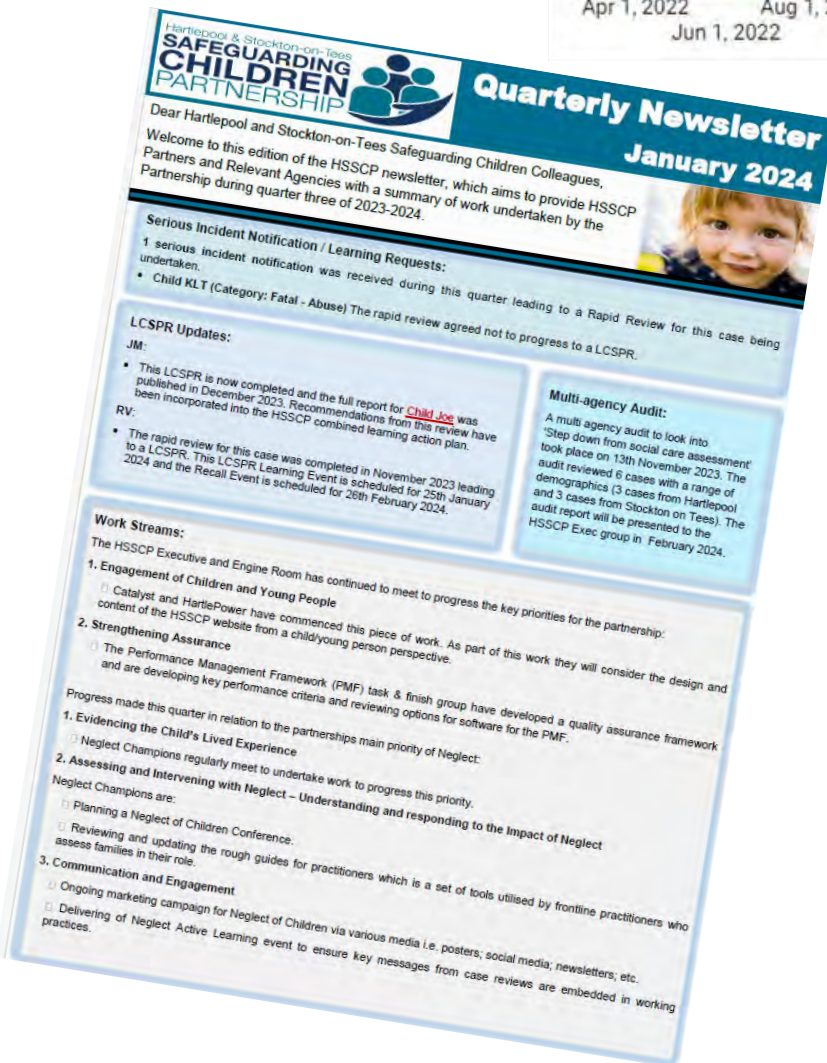


COMMUNICATION AND ENGAGEMENT

HSSCP continued to engage with partners and professionals and share key messages across the multi-agency workforce. The partnership produced and circulated their monthly e-bulletins which provide a range of useful articles, resources and tools on key up-to-date safeguarding issues and themes. Quarterly newsletters, updating professionals on the work undertaken each quarter, were also shared. The HSSCP website continues to be regularly updated with partnership news and publications and key messages are also shared via HSSCP's Twitter account.



- ➡ **9832** visitors to the HSSCP website
- ➡ **21,313** page views on the new HSSCP website
- ➡ **12** Monthly e-bulletins were circulated to **1146** partner representatives for wider distribution. These outlined key messages around pertinent safeguarding themes.
- ➡ **6** Termly Safeguarding Forums were delivered to Designated Leads and Head Teachers across Hartlepool and Stockton Schools.
- ➡ **4** Quarterly newsletters were circulated to partner agencies to communicate HSSCP activity.
- ➡ HSSCP **Twitter** account - [@HSSCP1](#)



# Independent Scrutiny



## Independent Scrutiny

The Independent Scrutineer for the HSSCP completed an Annual Scrutiny Report for 2023 – 2024 using an evidenced based methodology, as set out under the Six Steps for Independent Scrutiny: Safeguarding Children Arrangements by Pearce, J (2019), Institute of Applied Social Research; University of Bedfordshire. The Independent Scrutineer (IS) also referenced the 5 core elements and 6 cross cutting themes from Working Together 2023.

The Annual Report was informed by scrutiny of:

- HSSCP strategic documents, including:
  - HSSCP Annual Report 2022-2023
  - HSSCP Memorandum of Understanding (v2)
  - HSSCP Published Arrangements (V3)
  - HSSCP Communication Strategy
  - HSSCP Media Strategy
- Safeguarding Children Training April 2023 to March 2024
- HSSCP governance arrangements
- All reports to HSSCP Executive meetings
- Chairing the HSSCP Executive Meetings
- Chairing the HSSCP Executive Rapid Review Meetings.
- Attending the HSSCP Chief Executive Meeting.
- One to One meeting's with the Chief Executive, Stockton-On-Tees Council; the Directors of Children's Services, Hartlepool and Stockton-On-Tees Councils; the HSSCP Business Manager
- Scrutiny of Serious Incident Notifications; Rapid Review Meetings and LCSPRs.
- Scrutiny and comparison of best practice across Local Safeguarding Children's Partnership arrangements and JTAI (joint target area inspection) outcomes.

During the reporting period, 01/04/2023 – 31/03/2024 the Independent Scrutineer carried out the following qualitative scrutiny activities:

- A Deep Dive Thematic Post LCSPR (Riley) Audit; June 2023
- An Independent Scrutiny Review of Tees Multi Agency Child Exploitation (MACE) and Vulnerable, Exploited, Missing and Trafficked (VEMT) Arrangements
- Direct observation of multiagency front door arrangements in The CHUB, Hartlepool
- Direct observation of Stockton-On-Tees Children's Homes; meeting with Stockton-On-Tees SMT and Children's Leadership Team

The HSSCP Independent Scrutiny Report for 2023-24 identifies areas of significant strength, including strong governance for the multi-agency safeguarding arrangements (MASA).

### Areas of Strength

**Step 1:** The four core statutory partner leads are actively involved in strategic planning and implementation – Multi Agency Safeguarding Arrangements (MASA), Leadership & Governance.

**Step 2:** The wider safeguarding partners (including relevant agencies) are actively involved in safeguarding children – Working in Partnership.

**Step 5:** There is a process for identifying and investigating learning from local and national case reviews – A Learning Culture; Impact & Scrutiny.

**Step 6:** There is an active program of multiagency safeguarding children training.



## Independent Scrutiny

### Areas of Strength

There is strong evidence of effective strategic leadership and collaborative working, with a shared commitment and responsibility for the partnership.

The wider safeguarding partners (including relevant agencies) are appropriately informed of and engaged with the safeguarding children partnership arrangements, actively contributing to the HSSCP priorities, as set out under the HSSCP Business Plan 2022-24.

Governance has been strengthened further, by the re-establishment of the HSSCP Chief Executive Meeting, intended for the Lead Safeguarding Partners (LSP), as defined under Working Together 2023.

Despite national and local workforce challenges alongside high levels of need, the children's workforce across the partnership is highly motivated and deeply committed to safeguarding children.

HSSCP coordinate and deliver a comprehensive and effective Safeguarding Children Training Programme. Learning activities are delivered across various media, including live training events, E-Learning and Bitesize Briefings.

The co-ordination, administration and delivery of Tees-wide Safeguarding Procedures are managed extremely well by the HSSCP Business Unit.

The HSSCP is open to respectful challenge, an indicator of a strong and mature partnership, as well a shared commitment to develop and strengthen further arrangements.

The governance, leadership and the shared responsibility for identifying and investigating learning from local and national case reviews is robust.

The Independent Scrutineer would cite this as an example of exemplary practice, where strategic leaders take full responsibility and ownership of the learning from serious incidents. Equally, Rapid Review meetings evidence strongly, a culture of system wide learning.

Arrangements are in place for twice yearly, HSSCP Multi-Agency Audit Events, involving the four statutory agencies together with relevant partner agencies.

A Neglect Champions Group has been established. The Tees Safeguarding Children Partnerships' Procedures set out clear guidance and a Neglect Framework and Practice Guidance, with Neglect Tools are accessible for practitioners. Equally, significant training and resources are available.

The Independent Scrutineer is aware that there is significant activity, but less clear about what is being achieved. As set out above, the Independent Scrutineer has not seen any assurance reporting to the HSSCP from the Neglect Group, during the reporting period of this report, 2023-2024.

### Areas for Continuous Development

**Step 3:** Children, young people and families are aware of and involved with plans for safeguarding children – Voice & Influence.

**Step 4:** Appropriate quality assurance procedures are in place for data collection, audit and information sharing.

The Independent Scrutineers recommended that the HSSCP consider pace and progress in respect of:

- Demonstrating how the voices and experiences of children and families shape and influence the HSSCP strategic priorities, the co-production of HSSCP strategic documents, service design and the delivery of local arrangements.
- Strengthen assurance of the demonstrable impact on practice and outcomes for children, as a result of learning.

The HSSCP Executive accepted the recommendations of the Independent Scrutineer, agreeing to review the Project Plan for Voice and Influence in light of the investment and commissioning of the VCS to consult and engage with young people, having not progressed at pace.

A review of the Quality Assurance and Performance Management Framework has been completed, led by a Director of Children's Services, which will strengthen assurance of the impact on practice, outcomes for children, the difference that the Partnership are making.

The HSSCP accepted the recommendations from the Independent Scrutiny Review of Tees Multi Agency Child Exploitation (MACE) and Vulnerable, Exploited, Missing and Trafficked (VEMT) Arrangements. The commissioning of the joint review and the shared commitment by strategic leaders across both Partnerships to progress the recommendations, is a strength.



# Next Steps

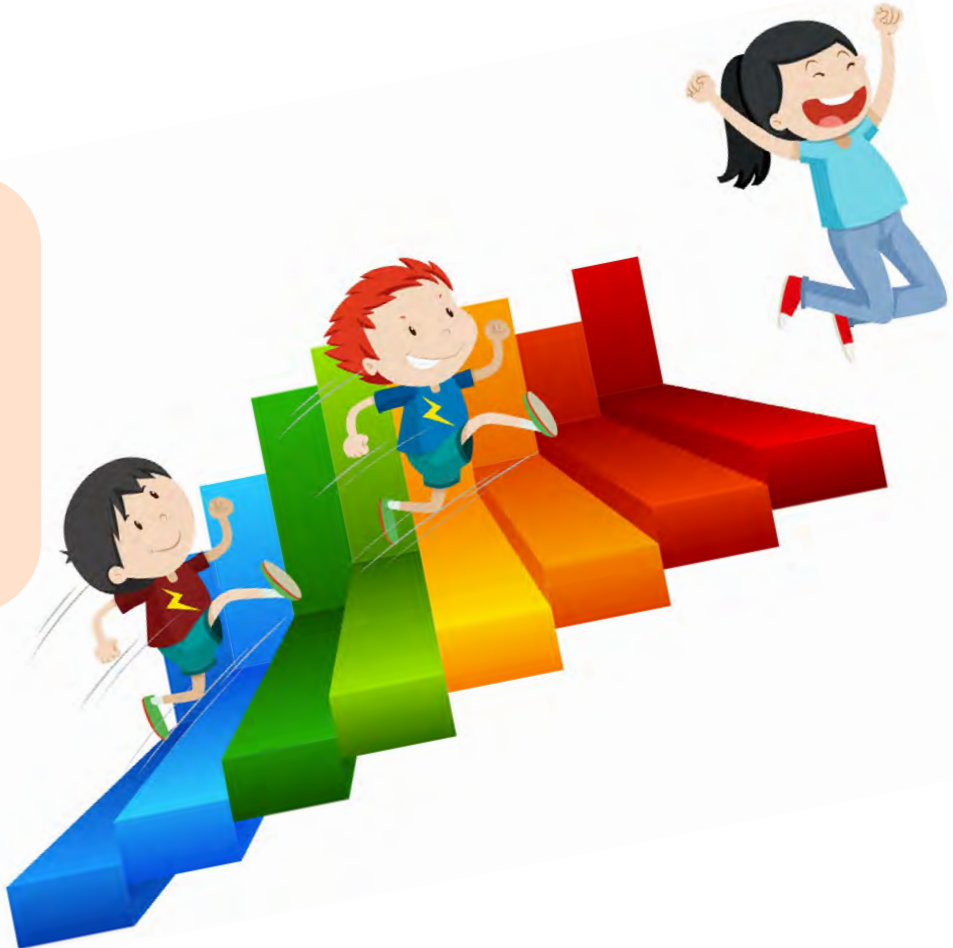


## NEXT STEPS

### HSSCP Priorities for 2024-25

HSSCP Have agreed for the 23-24 priorities to carry over into 2024-25, with the addition of 'Harm Outside of the home as a priority. HSSP's 24-25 priorities are therefore:

1. **Neglect**
2. **Engagement with Children and Young People**
3. **Strengthening Assurance**
4. **Harm Outside of the Home**



#### Priority 1: Neglect

The HSSCP Neglect Champions will continue to meet to drive forward this priority. Work throughout 2024-25 will involve planning and delivering a neglect conference in conjunction with children and young people and further promotion of the neglect key messages via active learning events.

#### Priority 2: Engagement with Children and Young People

HSSCP aim to undertake consultation / engagement events alongside children and young people and capture the input of young people to help shape the HSSCP priorities. An annual forward plan will be co-produced with children and young people for engagement events and HSSCP activities that children and young people can contribute to as well as co-production of child-friendly versions of key HSSCP documentation.

#### Priority 3: Strengthening Assurance

Following the outcome of the Tees PMF and QA Review, a Quality Assurance Subgroup will be established, to strengthen scrutiny and assurance of both quantitative and qualitative measures, evidencing the effectiveness of the HSSCP, areas of learning, strong practice and improved outcomes for C&YP across Stockton and Hartlepool.

#### Priority 4: Harm Outside of the Home

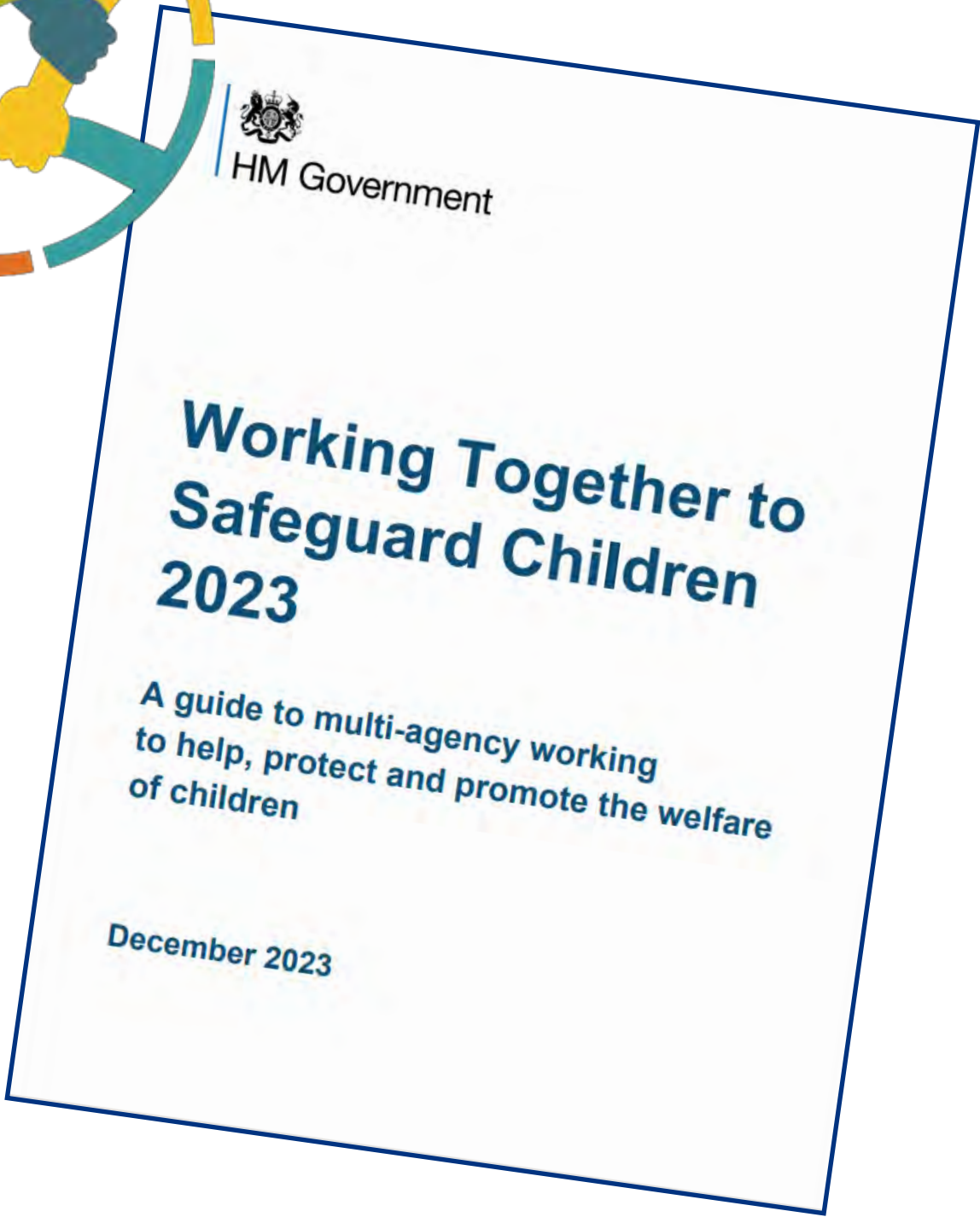
This is a newly added priority for 24-25. This will involve a review of existing Tees Strategic Exploitation group and will develop and deliver a new Tees Harm Outside of the Home strategy and plan.



## NEXT STEPS

### Implementation of Working Together 2023

With the publication of the updated 'Working Together to Safeguard Children' in December 2023, HSSCP have developed an implementation plan. As part of this, HSSCP will undertake a partnership health check and will be reviewing and redesigning their partnership arrangements for publication in December 2024.





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# HEALTH AND WELLBEING BOARD

2<sup>nd</sup> December 2024



**Report of:** Executive Director of Adult and Community Based Services and Independent Chair of Teeswide Safeguarding Adults Board

**Subject:** TEESWIDE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2023/24

## 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 present to the Health & Wellbeing Board the Teeswide Safeguarding Adults Board Annual Report 2023/24.

## 3. BACKGROUND

- 3.1 The Teeswide Safeguarding Adults Board (TSAB) was established in order to meet the requirements of the Care Act 2014, which created a legal framework for adult safeguarding, requiring all Local Authorities to set up Safeguarding Adults Boards (SABs) for their areas.
- 3.2 The four Tees Local Authorities have worked together for a number of years along with strategic partners to promote cooperation and consistency in relation to safeguarding adults work, and this collaborative working continues, with the statutory responsibility now resting with the TSAB.
- 3.3 As part of the TSAB governance arrangements, the annual report is presented to both the Adult & Community Based Services Committee and the Health & Wellbeing Board.



#### 4. PROPOSALS

- 4.1 It is a requirement of the Care Act 2014 that a SAB publishes an annual report that sets out:
- what it has done during that year to achieve its objective;
  - what it has done during that year to implement its strategy;
  - what each member has done during that year to implement the strategy;
  - the findings of any safeguarding adults reviews which have concluded in that year;
  - any reviews which are ongoing at the end of that year;
  - what it has done during that year to implement findings of reviews; and
  - where it decides during that year not to implement a finding of a review, the reasons for its decision.
- 4.2 The Teeswide Safeguarding Adults Board Annual Report for 2023/24 is attached as **Appendix 1**.

#### 5. RISK IMPLICATIONS

- 5.1 There are no risk implications in relation to this report.

#### 6. FINANCIAL CONSIDERATIONS

- 6.1 Statutory partners (Local Authorities, the Integrated Care Board and Cleveland Police) make an annual contribution to the running costs of the TSAB and the associated Business Unit.
- 6.2 There are no financial considerations associated with this report.

#### 7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations specifically associated with this report. The Council's statutory duties in relation to Safeguarding Adults Board arrangements are delivered through TSAB.

#### 8. EQUALITY AND DIVERSITY CONSIDERATIONS

- 8.1 There are no equality and diversity implications associated with this report.

#### 9. STAFF CONSIDERATIONS

- 9.1 There are no staffing considerations associated with this report. The Teeswide Safeguarding Adults Board Business Unit staff are employed by Stockton Borough Council on behalf of the strategic partners.



## **10. ASSET MANAGEMENT CONSIDERATIONS**

- 10.1 There are no asset management considerations associated with this report. The TSAB Business Unit staff are hosted by Stockton Borough Council on behalf of the strategic partners.

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

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

## **12. RECOMMENDATIONS**

- 12.1 It is recommended that the Health & Wellbeing Board notes and endorses the Teeswide Safeguarding Adults Board Annual Report 2023/24.

## **13. REASONS FOR RECOMMENDATIONS**

- 13.1 Safeguarding adults is fundamental to the work of the Council and strategic partners. The Teeswide Safeguarding Adults Board Annual Report 2023/24 provides assurance regarding how statutory requirements are being delivered.

## **14. CONTACT OFFICER**

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# Annual Report

## 2023-24

Our safeguarding arrangements will effectively prevent  
and respond to adult abuse

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## Introduction from Adrian Green, Independent Chair

Welcome to the Teeswide Safeguarding Adults Board's Annual Report for the period 2023-2024. The Care Act 2014 requires the Board to have a three-year strategic plan and report upon it annually. In this report you will find the agreed priorities of the Board and the updates on what the partnership has achieved together with our continuing efforts to improve the safety of our vulnerable people whilst preventing emerging issues.

The report includes updates on independent Safeguarding Adults Reviews commissioned by the Board where it felt there were learning opportunities to prevent future reoccurrence of abuse or neglect. The report also updates you on the progress made against the recommendations of already published reviews.

The Board continues to make great efforts to engage with the public, carers and practitioners to raise awareness and ensure people can recognise abuse and know how to prevent and report it. Our training offer and the raising of awareness during 'National Safeguarding Adults Week' are some of the great examples of engagement and awareness raising for our professionals and communities that we can be proud of. With an increasingly diverse and aging population enduring more complex social and health needs, involving people, their families and carers in the decisions being made about their care, continues to be a golden thread running through our practice and I am pleased with the progress made to date on making safeguarding personal.

This year saw the previous chair, Darren Best leave for new challenges and on behalf of myself and the Board I would like to put on record our appreciation for all Darren has achieved whilst chair and we wish him well for the future. This report is a testament to his efforts and commitment together with everyone else who looks after and protects the vulnerable within our communities.

I would like to take this opportunity to thank everyone involved in safeguarding within the Teeswide area, especially the people who work in our business unit who provide great support to the Board together with our partners and the members of our sub-groups, who undertake vital work in addition to their full-time roles and are the drivers of the Board's business.

Looking ahead, there are many safeguarding challenges and developing issues that the Board and our many partners will look to address, to improve practice, raise awareness and keep the vulnerable people in our communities safe from abuse and neglect.

Thank you for taking the time to read this annual report. I hope you find it easy to read, informative and above all reassuring.



Adrian Green.  
Teeswide Safeguarding Adults Board Independent Chair.

## What does the Board do?

The Teeswide Safeguarding Adults Board (TSAB) is a statutory body responsible for protecting adults' rights to live independent lives, free from abuse and neglect. The Board works collaboratively with partners to set the strategic direction for adult safeguarding in Tees and seeks assurance from partners that they have appropriate and robust safeguarding arrangements in place.

## Board Member Organisations

### 6 Statutory Partners:

- Cleveland Police
- Hartlepool Borough Council
- Middlesbrough Council
- NHS North East and North Cumbria Integrated Care Board
- Redcar & Cleveland Borough Council
- Stockton-on-Tees Borough Council

### 24 Non-Statutory Partners:

- A Way Out
- Beyond Housing
- Care Quality Commission
- Catalyst Stockton-on-Tees (Voluntary Development Agency)
- Cleveland Fire Brigade
- Department for Work and Pensions
- Hartlepool & Stockton-on-Tees Safeguarding Children Partnership
- Hartlepower
- Healthwatch Hartlepool
- Healthwatch South Tees
- Healthwatch Stockton-on-Tees
- HMP Holme House Prison
- Middlesbrough Voluntary Development Agency
- North East Ambulance Service
- North Tees & Hartlepool NHS Foundation Trust
- Office of the Police and Crime Commissioner for Cleveland
- People First
- Probation Service
- Redcar & Cleveland Voluntary Development Agency
- South Tees Hospitals NHS Foundation Trust
- South Tees Safeguarding Children Partnership
- Tees Esk & Wear Valleys NHS Foundation Trust
- Teesside University
- Thirteen Housing



## Board Structure

The Board has continued to engage with key strategic partnerships across Tees including the Local Safeguarding Children Partnerships, Health & Wellbeing Boards, Community Safety Partnerships, Tees Strategic Exploitation Group (formerly known as Vulnerable Exploited Missing and Trafficked) and the Cleveland Anti-Slavery Network as well as regional and national Safeguarding Adults groups.

## Sub-Groups

The Board has a number of Sub-Groups leading on key pieces of work in order to achieve the aims and objectives set out in the Board's Strategic Business Plan 2023/24. The purpose of the Sub-Groups are summarised below.

### **Communication & Engagement (CE)**

Leads the development, implementation and evaluation of a multi-agency strategy aimed at increasing awareness of safeguarding adults and promoting the involvement of adults at risk, carers and advocates in the Teeswide safeguarding adults processes.

### **Learning Training & Development (LTD)**

Leads the development, implementation and evaluation of a multi-agency learning, training and development strategy.

### **Operational Leads (OL)**

To provide a forum to enable safeguarding adults operational leads from TSAB partner agencies to share good practice, problem-solve, access peer support and engage in multi-agency audits. The Sub-Group also provides qualitative data to inform the development of person-centred policies, procedures and strategies.

### **Performance, Audit & Quality (PAQ)**

Leads the development and implementation of a performance framework and provides an audit and quality assurance function on behalf of the TSAB.

### **Safeguarding Adult Review (SAR)**

Leads on the development and implementation of the Teeswide SAR Policy and Procedures to ensure that learning from any reviews undertaken locally and nationally is disseminated appropriately. The Sub-Group also considers notifications for SARs and makes recommendations to the Independent Chair.

### **Task & Finish Groups**

During 2023/24 there were a number of Task & Finish Groups to look at specific work streams:

- Adult Exploitation Strategy
- Adult Sexual Exploitation (ASE) Toolkit
- National Safeguarding Adults Week
- Policy, Procedures and Practice
- Team Around the Family (TATF) Review

## Some of our key achievements over the past year...

**April-June  
2023**

- Multi-Agency Audits completed on Sexual Abuse & Modern Slavery
- Awareness raising at Teesside University's Transition Event
- Adult K SAR published
- PowerBi License granted
- Adult Sexual Exploitation SAR Thematic Analysis Report published
- Three SAR Learning & Reflection workshops
- Stephen and Adult C action plans signed off by the Board

**July - September  
2023**

- Housing Round Table Discussion
- Awareness raising at the Tees Valley Infrastructure meeting
- Session with Independent Voices on safeguarding and wellbeing
- High Risk Adults Panel agreed at TSAB
- Modern Slavery themed discussion at OLSG
- Multi-Agency Audits undertaken on Incidents Between Residents
- Molly SAR and Thematic ASE Analysis presented at STAGE Webinar
- Joint Adults and Children's Working Protocol agreed

**October - December  
2023**

- A Spotlight on Modern Slavery and Sexual Exploitation Campaign
- First Adult Safeguarding Complex Cases Training Course
- National Safeguarding Adults Week & Carers Rights Day
- Adult Sexual Exploitation Practitioners Toolkit published
- Awareness raising at Stockton Wellbeing Festival for Over 50s
- James and SK SARs published

**January - March  
2024**

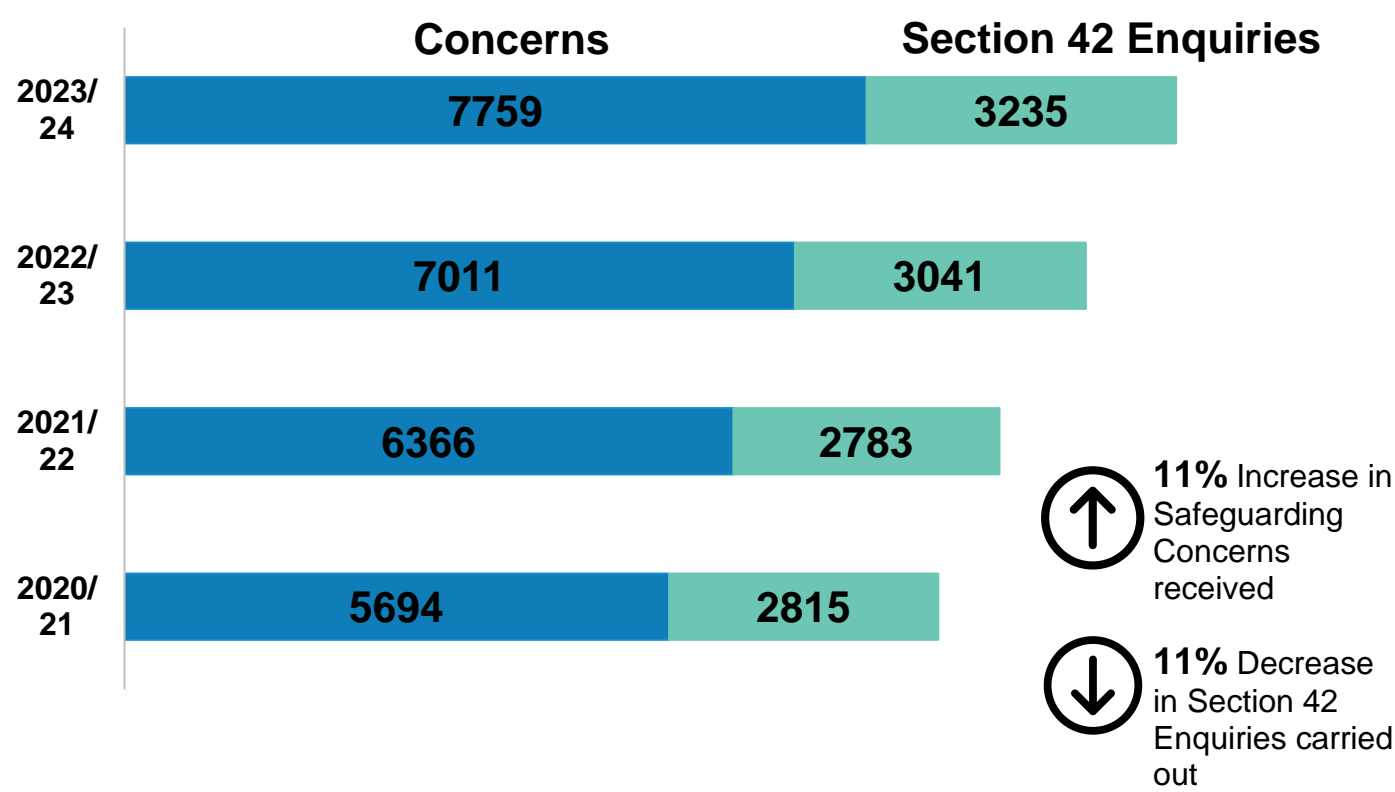
- Bernadette SAR published
- Multi-agency Audit undertaken on s117 Aftercare
- First Trauma Informed Practice training webinar
- Sexual Abuse and Sexual Violence Awareness Week
- Safeguarding Champions Event
- Launch of Adult Sexual Exploitation Briefing

# Safeguarding Data 2023-24

## Concerns and Section 42 Enquiries<sup>1</sup>

**Safeguarding Concern** - a report made to the lead agency for the safeguarding process to raise concerns of adult abuse/ neglect.

**S42 Enquiries** - The Care Act 2014 (Section 42) requires that each Local Authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse and/or neglect.



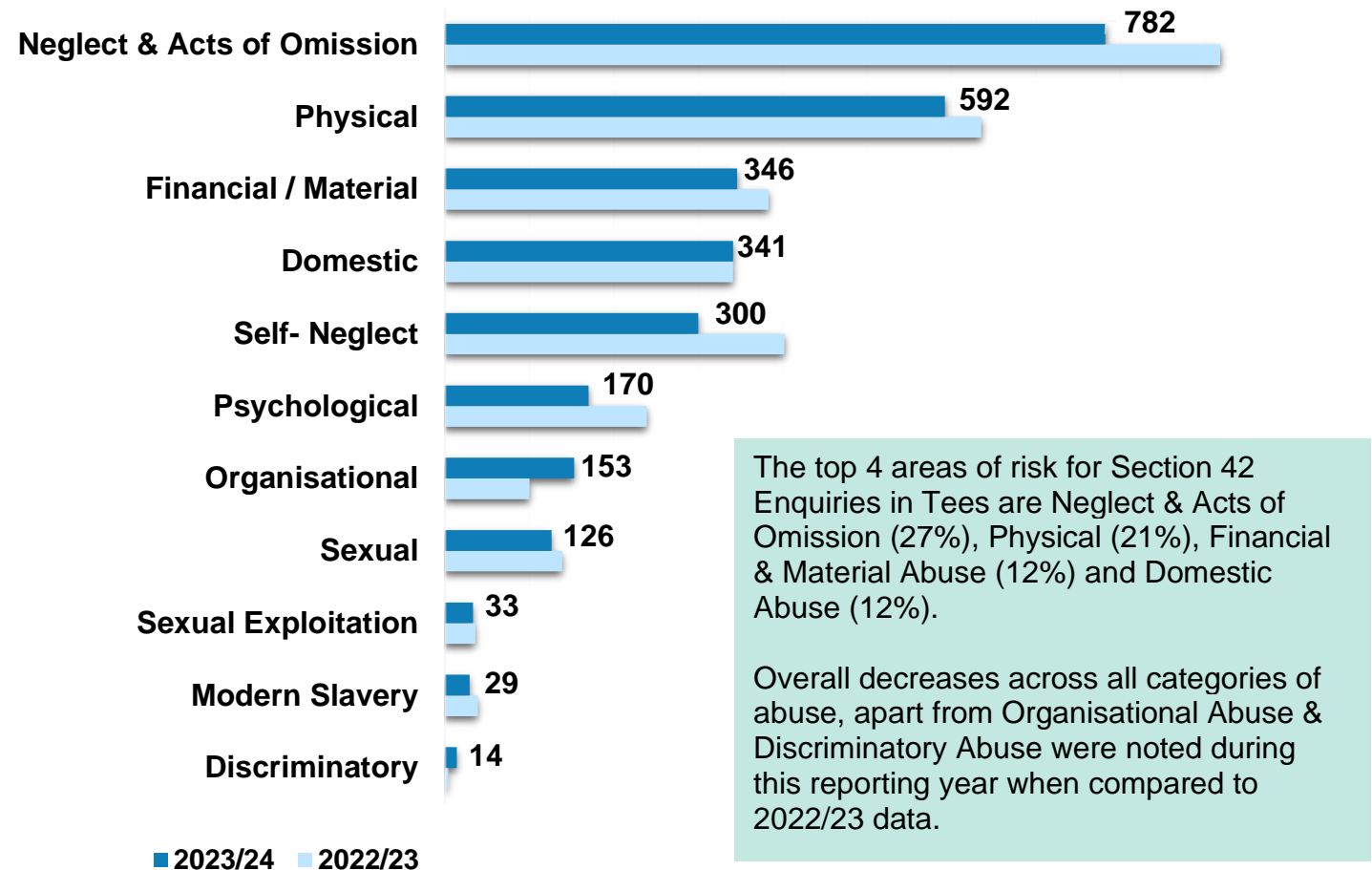
### Location of Risk: Section 42 Enquiries



A person's Own Home continues to be the most prevalent location of risk in Tees, with a similar figure being reported in the National data.

<sup>1</sup> Data on this page relates to Section 42 Enquiries commenced

Types of Risk: Section 42 Enquiries



Safeguarding Concerns Received

149

Concerns were received, on average per week across Tees

Care Homes	26%
NHS Secondary Care	12%
Social Care	12%
Family / Friend / Self	6%
Police	6%

*\* % of Concerns received from organisations*

**23% increase** in Concerns received from a family member, friend or from the individual at risk

**12% increase** in Concerns received from NHS Secondary Care

Section 42 Enquiries Commenced


56

Section 42 Enquiries were carried out, on average, per week across Tees

**18% decrease** in Own Home category

**53% of ALL Section 42 Enquiries** relate to an adult aged over 65

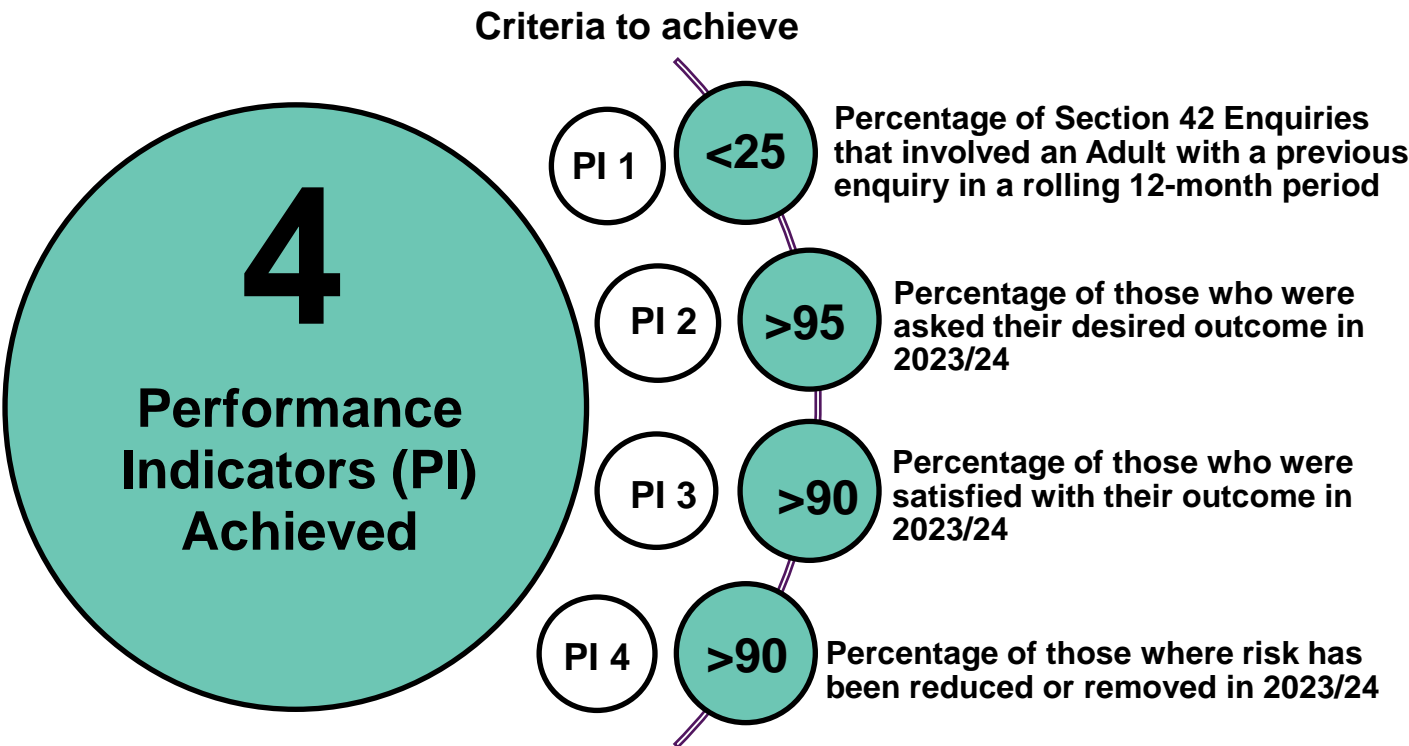
**3% decrease** in the number of Section 42 Enquiries relating to people aged over 65



**61% of ALL Section 42 Enquiries** related to females; similar figure reported to last year

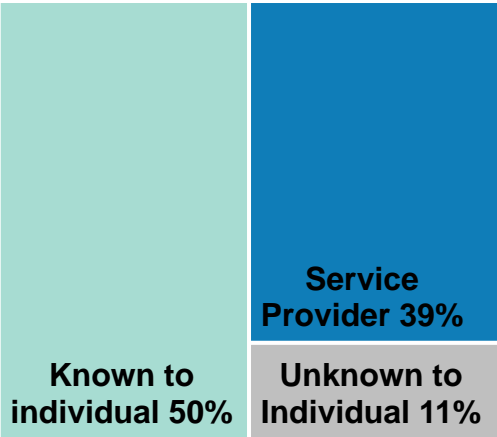


Performance Indicators (PI)

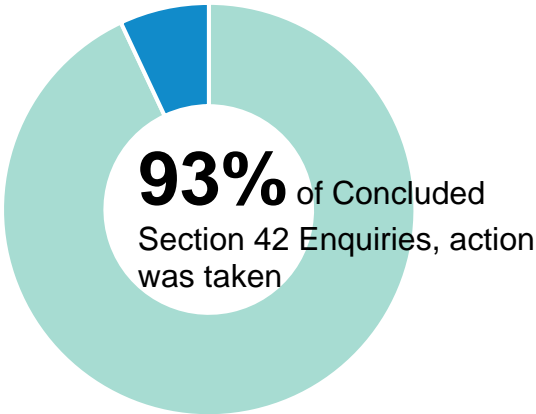


Outcomes of Concluded Sections 42 Enquiries

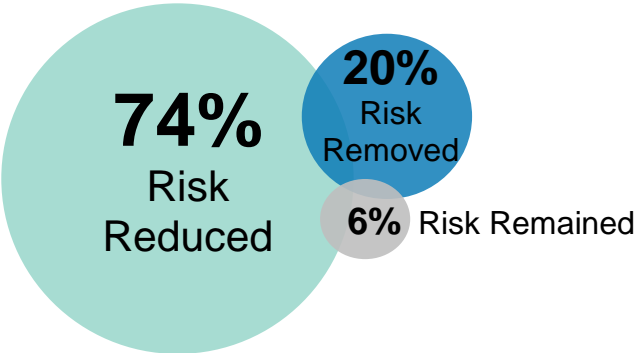
Source of risk to the adult



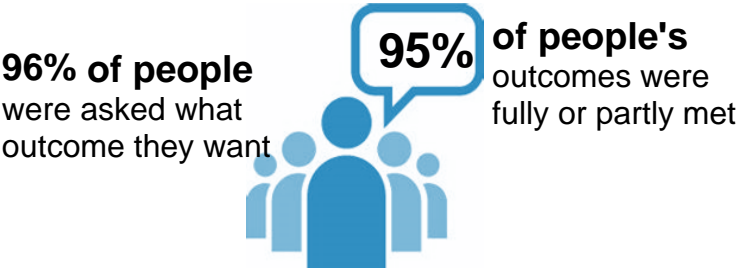
Safeguarding Action



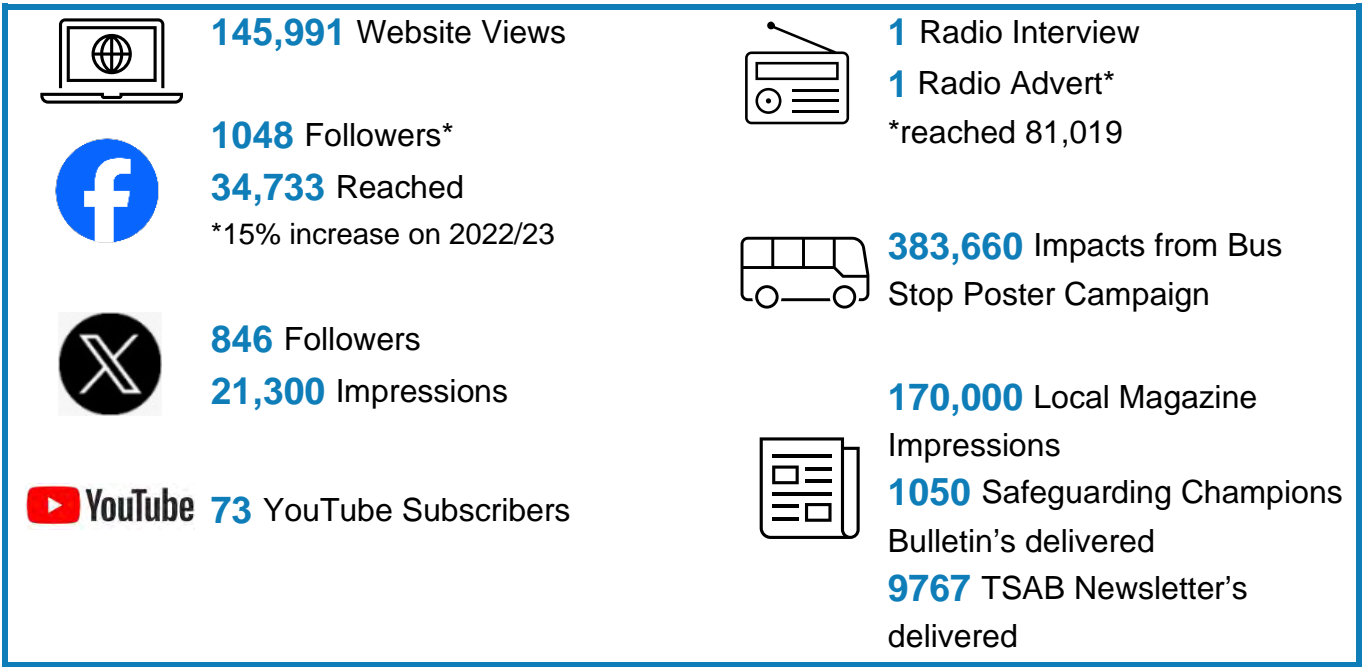
Safeguarding Outcome



Adults Voice



# Communication and Engagement



## Awareness Raising Campaigns

Throughout the year, the Board engaged collaboratively with partners in a wide range of awareness raising activities, utilising multiple communication and engagement methods with the aim of engaging professionals, members of the general public, harder to reach groups and digitally excluded individuals.

The Board participated in a number of national campaigns including National Safeguarding Adults Week, as well as facilitating two local “spotlight” campaigns. National Safeguarding Adults Week (NSAW) continues to be a key event for the Board, featuring a comprehensive communication and engagement plan of activity. This included a social media campaign and a bus stop campaign as well as a radio advert on TFM, and a radio interview with the Board’s Independent Chair. There was attendance across a number of in-person events, articles featured in local resident magazines, information displayed on digital screens and partners displaying TSAB literature across venues in Tees (including an easy read poster developed with the support of independent advocacy group, Independent Voices).

The Board’s spotlight campaigns included “A Spotlight on Modern Slavery and Sexual Exploitation” featuring a half day online conference attended by **380** professionals and a “Spotlight on Sexual Abuse and Sexual Violence” as part of Sexual Violence Awareness Week.

## Safeguarding Champions

Successful campaigns throughout the year have increased the profile of TSAB, including an increase in the number of Safeguarding Champions by 66%. The Board currently has **363** Safeguarding Champions who receive quarterly e-bulletins to support them with communicating important safeguarding messages throughout their networks and communities. The Board hosted a Safeguarding Champions event attended by **76** existing and prospective Safeguarding Champions, featuring a number of informative presentations.

## Safe Place Scheme

There are currently **89** [Safe Place](#) locations Teeswide. The Steering Group operating under the governance of the Board continue to oversee the scheme, meeting twice per year.



## Involving individuals with lived experience

The Board seeks to provide opportunities for members of the general public and those with lived experience to directly influence the work and priorities of the Board.

In 2023/24 the Board:

- Published the Annual Survey to provide members of the public, including those who have accessed adult social care services, the opportunity to directly influence the future direction of the Board's Priorities.
- Hosted a Modern Slavery and Sexual Exploitation Conference for 380 professionals, featuring a presentation from an individual with lived experience. Fantastic feedback was received, highlighting the impact of including the voice of adults with lived experience.
- Engaged with independent advocacy group, Independent Voices, to produce a new Easy Read Resource for National Safeguarding Adults Week. The group supported with delivering the posters in their local communities as well as recording videos for social media about what they do to feel good and to stay safe from abuse.
- Developed two new webpages, "[Carers](#)" and "[Working with Autistic Adults](#)" and provided opportunities for local specialist services to provide feedback.
- Hosted a Safeguarding Champions Event, featuring a presentation delivered by Independent Voices. The group shared examples of safeguarding awareness activities they had completed with the Board over a number of years as well as explaining the Safe Place Scheme.

“

*“Thoroughly enjoyed the conference all information received was excellent. Amy's story was very emotional and also empowering.”*

**Modern Slavery and Sexual Exploitation Conference attendee**

”



“

*“Great event thank you! Also really useful to hear from the Self Advocacy Group with info on how to help others understand what safeguarding is.”*

**Safeguarding Champion Event attendee**

”



## You said, we did...

In 2022/23 236 professionals and 178 members of the public completed our annual survey. You can see below some examples of how these responses have helped to inform the work of the Board in 2023/24:

### You said...

Professionals and members of the public felt less informed about Sexual Exploitation and Modern Slavery.

### We did...

In October 2023 the board hosted a week-long campaign "A Spotlight on Modern Slavery and Sexual Exploitation" featuring an online conference for professionals.

### You said...

Professionals felt less informed (when compared to the general public) about Sexual Abuse.

### We did...

In February 2024, as part of Sexual Abuse and Sexual Violence Awareness Week, the board held a weeklong campaign raising awareness of Sexual Abuse, including an online event for Safeguarding Champions.

### You said...

Strengthen links with organisations, Children's Partnerships and Community Safety Partnerships at a strategic and local level to embed a 'think family' approach to safeguarding.

### We did...

Developed a Tees Safeguarding Adults and Children Joint Working Protocol and began work on an Adult Exploitation Strategy.

### You said...

Work more closely in engaging with local communities to report abuse and neglect.

### We did...

Increased our Safeguarding Champions cohort by 66% and attended a number of in-person events to raise awareness of Safeguarding.

### You said...

Continue to improve general awareness of safeguarding and how people can protect themselves.

### We did...

Held a number of awareness campaigns throughout the year, shared information on social media, attended in-person events and strengthened relationships with local services.



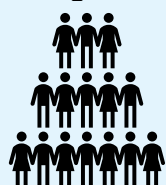
## Training

The Board provides free multi-agency training, designed to supplement single agency training provision. The Board continued to deliver its existing training programme as well as commissioning additional courses.

### Me-Learning

The Board commissions the e-Learning platform (Me-Learning) in conjunction with the local Safeguarding Children Partnerships. There are often crossovers between children and adult safeguarding work and therefore it is recognised that people who work with children and/or adults greatly benefit from having access to a wide range of safeguarding courses available in one place.

The figures below are based on all learners across children and adults.



**5570** learners

of which **3112** were new learners

From **1444** organisations



Registered for **21,743** e-learning courses\*

\*91% completion rate

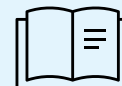


**1206** learners completed  
Safeguarding Adults  
Level 1

**956** delegates attended virtual  
and face to face training courses



**113** workbooks completed



The suite of Legal Literacy training sessions was refreshed for 2023/24 to incorporate a dedicated session on Complex Cases.

The new session was attended by **38** delegates from **19** different organisations.

### New Webinars In 2023/24

- **Digitally Assisted Stalking Webinar**  
Held in conjunction with the Children's Partnerships.  
**5** sessions took place and **88** delegates who work with adults attended.
- **Trauma Informed Practice Webinar**  
Introduced in January 2024. **2** sessions were held  
**56** delegates attended from **26** organisations  
A further 4 sessions are scheduled as part of the 2024/25 training plan.

*"I have been able to apply a trauma informed approach with a young person I am currently supporting. This has enabled me to ask appropriate questions and not questions which may trigger the young person. This has had a positive impact on the person and has encouraged her to take actions she previously felt unable to."*

**Trauma Informed Practice Delegate**

### New Workbook in 2023/24

- **Trauma Informed Practice**  
Introduced in March 2024, the new [Trauma Informed Practice Workbook](#) features information to support practitioners and organisations to be more Trauma Informed. The workbook also features practical tools that can be utilised in everyday practice to help support the physical and emotional safety of an individual accessing a service.

## Priority 1: Joint Working

**Aim: We will develop a whole system approach to safeguarding adults which is responsive to individuals' needs, views and wishes.**

### What we said we would do:

1. Ensure Board partners work together in an effective manner to protect adults from all forms of abuse and neglect.
2. Consider and act upon the impact of new legislation and statutory guidance on safeguarding practice, for example, Liberty Protection Safeguards, Domestic Abuse Act 2021.
3. Engage and Collaborate with the Local Safeguarding Children Partnerships, Community Safety Partnerships, Domestic Abuse Steering Groups, Health and Well-being Boards, Tees Exploitation Group (TEG) and partners to deliver joint priorities and objectives.
4. Engage and collaborate with the multi-partnership and multi-agency development work regarding Missing Adults, Transitions, Contextual Safeguarding and Adult Sexual Exploitation.
5. Further embed trauma informed practice, strengths based and person-centered approaches to all safeguarding adults' work.
6. Explore different safeguarding operating models and joint protocols to enhance partnership working and information sharing.

### What we did:

- The Team Around the Individual process was fully reviewed in consultation with partners. The new and re-branded High Risk Adults Panel (HRAP) was launched.
- A new Policy, Procedure and Practice (PPP) Sub-Group was reinstated to review the necessary TSAB policies and procedures. This included a thorough review of the Decision Support Guidance.
- A Joint Working Protocol outlining the relationship and working arrangements between the TSAB, Hartlepool and Stockton Safeguarding Children Partnership (HSSCP) and South Tees Safeguarding Children Partnership (STSCP) was developed to support effective joint working, to safeguard and promote the welfare of children and adults.
- Following the Molly Safeguarding Adult Review publication in June 2022 which highlighted that further work was required in the region to address adult sexual exploitation, a Task and Finish Group was convened to develop an Adult Sexual Exploitation Toolkit, Risk Screening Tool and Referral Pathway which was published in November 2023. A Task & Finish Group continues into 2024/25 to produce a Teeswide Exploitation Strategy.
- An "Introduction to Trauma Informed Practice" was delivered by South Tees Trauma Informed Practice Project Lead to 36 professionals, as part of NSAW.
- A Trauma Informed Practice Workbook with practical resources including safety plans, reflective practice sheets, and grounding techniques was launched.
- Cleveland Police provided a comprehensive update to Board on their response to Missing From Home.

**“**With Operation Aidant, Cleveland Police have combined with regional and national partners in a multi-agency response to adult sex workers... to identify criminal offences, signs of Modern Slavery and Human Trafficking and address safeguarding concerns.  
**Cleveland Police**

**”**

## Priority 2: People

**Aim: We will ensure the workforce is well trained, supported and equipped to safeguard the most vulnerable people within our communities.**

### What we said we would do:

1. Seek assurance from partners that staff understand the legislative framework and the principles of trauma informed practice to ensure the best outcomes for adults at risk.
2. Seek assurance from partners that staff are provided with single agency Safeguarding Adults training in accordance with the TSAB Training Strategy.
3. Seek assurance from partners that staff are provided with support and training, particularly in relation to the management of high risk/complex cases and with consideration of vicarious trauma.
4. Learn from the findings of local, regional, and national Safeguarding Adult Reviews (SAR), Learning Lessons Reviews (LLR), applicable Domestic Homicide Reviews (DHR), and Safeguarding Children Practice Reviews (SCPR) and implement action plans.
5. Provide opportunities for partners to share learning and best practice in all aspects of safeguarding adults work which will promote staff and public confidence.

### What we did:

- The Board's spotlight campaign on Modern Slavery and Sexual Exploitation featured a presenter with lived experience, sharing her story of exploitation. The feedback on the event evidenced the impact of this session in driving change in professional practice for those who attended.
- The Multi-Agency Training programme continues to evolve and incorporate learning from SARs and wherever possible uses local SARs as case studies.
- A new [Adult Sexual Exploitation Toolkit](#) was launched, featuring an infographic produced by A Way Out that included the voices of adults who have experienced sexual exploitation.
- The Quality Assurance Framework Self-Audit Tool was reviewed to ensure the necessary assurance was sought as part of the commencing audits with Non-Statutory partners.
- Members of the Board attended an exploitation thematic analysis event that involved 4 young people.
- TSAB carried out some national research and published the Thematic Analysis of SARs involving ASE report in April 2023. This report was shared widely on a local, regional and national level, resulting in the delivering of presentations at various events.
- Good news stories, including Hartlepool Borough Council's work with Hartlepool Deaf Centre and Thirteen Housing Group winning a National SAB Excellence Award for their excellent Self-Neglect and Domestic Abuse training, were shared in the Board's Newsletter.

**“** We put a strong emphasis on staff training across Adult Social Care, but also what is important, the offer is extended to other employees, such as Personal Assistants: *‘Teeswide Safeguarding has been an incredible resource for me starting out in healthcare. I am grateful to have had this available to me through my previous employer’*  
**Stockton-on-Tees Borough Council**

**”**

## Priority 3: Communication

**Aim: We will provide accessible and clear information, advice and support that helps people to understand what abuse is, how to prevent abuse from happening, how to seek help and how to engage with the work of the Board.**

### What we said we would do:

1. Ensure mechanisms are in place that enable adults, their families, and their carers to better inform the future direction and priorities of Adult Safeguarding across Tees
2. Ensure that all public-facing materials are accessible and understandable.
3. Ensure adults and/ or their representatives or advocates who use safeguarding services are asked what they want as outcomes from the safeguarding process and that their views actively inform what happens.
4. Provide tools and resources to facilitate engagement with adults in need of safeguarding support.
5. Ensure the Safeguarding Champions initiative continues to improve engagement with local communities, harder to reach groups, the seldom heard and create stronger links with the Voluntary, Community and Social Enterprise sector.
6. Ensure robust information sharing across and between agencies and partnerships to ensure the best outcomes for adults using safeguarding services.

### What we did:

- The Annual Consultation Survey<sup>2</sup> was reviewed and launched, providing opportunities for professionals and members of the public to inform the future direction and priorities of the Board. Responses were received from 530 people; 367 of which were professionals and 163 from members of the public (inclusive of 87 surveys submitted via the easy read survey). The total number of people completing the survey continues to grow year on year, with a 28% increase this year when compared to 2022/23.
- A new [easy read poster](#) promoting safeguarding and wellbeing was designed following engagement with independent advocates from Independent Voices.
- The PAQ Sub-Group members reviewed the Performance Indicators with a new monitoring format in place as part of the TSAB Performance Reports.
- Two 'Spotlight on' awareness campaigns took place across the year and were successful in raising awareness of Modern Slavey, Sexual Exploitation and Sexual Abuse.
- The Board hosted a Safeguarding Champions Event featuring a range of guest speaker presentations.
- The Board continues to use engagement opportunities with professionals to recruit Safeguarding Champions. A Learning from SARs session was held with 40 GPs resulting in the recruitment of 14 Safeguarding Champions.

*"We know that ensuring safeguarding is seen as everyone's business across the directorate helps us to share this information with our local communities and to respond effectively to abuse and neglect."*  
**Middlesbrough Council**

<sup>2</sup> Results from the Annual Consultation Survey can be found in the [Annual Communication and Engagement Report](#).



## Priority 4: Services

**Aim: Services are commissioned and provided by our partners to meet the individual needs of adults who are most at risk of abuse or neglect**

### What we said we would do:

1. Ensure that adults at risk of neglect and/or abuse can access support services and schemes such as the Safe Place Scheme and Ask ANI.
2. Seek regular assurance from our partners on the safe commissioning and delivery of services.
3. Implement our new performance monitoring processes and systems to obtain accurate, current, and validated information.
4. Provide opportunities to share information about innovative services and solutions for working with people with complex needs
5. Work with the Voluntary, Community and Social Enterprise sector to understand and share the range of services and support available to meet the needs of adults most at risk of abuse and neglect.

### What we did:

- The Board continues to have oversight of the governance arrangements for the Teeswide Safe Place Scheme. During National Safeguarding Adults Week the scheme was promoted widely by partners, resulting in the most hits on this webpage since the page was first published.
- The “Find Support in your Area” continued to be reviewed, updated and promoted during campaigns, with a slight increase in hits on this webpage when compared to 2022/23.
- Multi-agency audits took place across the year. Themes included: TATI, Sexual Abuse, Modern Slavery, Incidents Between Residents, Hospital Discharge and s.117 Aftercare.
- A new system (Power Bi) was implemented to produce high quality performance reports which will support the analysis and further development of multi-agency safeguarding practice.
- A representative from the Board’s Business Unit held a stall at the Annual Catalyst Conference & Awards Event and Stockton’s Interfaith Forum to promote safeguarding materials and resources.
- A ‘spotlight on services’ was included in the TSAB Newsletter and Safeguarding Champions Bulletin to strengthen links with voluntary sector and to promote the fantastic service offer in Tees.
- The Board worked alongside Hartlepower who went on to hold a Co-Production session which was attended by 3 representatives from the Board.

*Working in collaboration with Healthwatch South Tees and our service users we have developed our Patient Experience and Involvement Strategy in 2023. We have continued to work with Public Health looking at the health inequalities dashboard. Part of this work resulted in the development of a six-month pilot which involved calling service users from our most deprived areas two weeks before their appointment and offering support to attend where required.*  
**South Tees Hospitals NHS Foundation Trust**

# Safeguarding Adult Reviews (SAR)

A SAR is undertaken when agencies who worked with an adult who has been subject to abuse or neglect, come together to find out if they could have done things differently and prevented serious harm or death from happening. A SAR does not blame an individual or organisation for their actions, its purpose is to learn from what happened and to consider what can be changed so that harm is less likely to happen in the same way to other people in the future.

The Care Act 2014 says that Safeguarding Adult Boards must arrange a SAR when an adult dies or is seriously harmed as a result of suspected or known abuse or neglect and there is reasonable cause for concern about how, or if partners worked together to safeguard the adult.

**In 2023/24 a total of 4 SARs were published: Adult K, James, SK and Bernadette.**

## SAR Sub-Group Activity

The role of the Sub-Group is to consider new SAR notifications, oversee any ongoing SARs or other reviews, ensure any learning from reviews (locally, regionally or nationally) is considered by TSAB partners and taken forward in their own organisations, and to oversee the implementation of action plans arising from review activity across Tees. Membership of the Sub-Group comprises of senior managers from our key partner organisations. The SAR Sub-Group met on a bi-monthly basis, with bi-monthly notification meetings in between to ensure the 28-day timescale for the consideration of a new SAR Notifications could be met.

## SAR Data 2023/24

3 SAR Notifications Considered	2 progressed to a SAR	1 deferred pending LeDeR <sup>3</sup>
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## SAR Sub-Group Achievements

- Monitored 11 open cases (as of 31<sup>st</sup> March 2024)
- Signed off 2 action plans as complete.
- Considered the learning from 8 reports on Regional and National SARs.
- Considered the findings from the Safe Care at Home Review.
- 10 learning reports regarding Care Providers who have been subject to the Responding to and Addressing Serious Concerns (RASC) Protocol were considered.

## North East SAR Champions Network

- Following a recommendation from TSAB’s ASE Report, the categorisation process for the National SAR Library was changed to improve search functionality on the website.
- A regional webinar on Diabetes and the Links to SARs was held as part of National Safeguarding Adults Week.
- Work began to produce Cross-Boundary Guidance to effectively coordinate SARs that involve multiple SABs. Work continues into 2024/25.
- Effectiveness of the SAR Escalation Protocol was raised nationally.
- Provided group feedback on the Social Care Institute of Excellence (SCIE) SAR Quality Markers Checklist.
- TSAB reviewed the North East SAR Champions Self-Neglect Guides incorporating learning from Adult K, James, SK, JJ and Bernadette SARs.

<sup>3</sup> Learning from Life and Death Reviews of people with a learning disability and autistic people

## **Published Safeguarding Adult Reviews 2023-24 (full reports are available [online](#))**

### **Adult K SAR**

Adult K was under the care of Mental Health and the Local Authority when a non-fatal fire occurred. The agencies had observed clutter in the home, including dirty dishes, soiled carpets, and discarded cigarette ends on the floor. Following the non-fatal fire, a safeguarding adult concern was raised.

The key themes highlighted in this review included self-neglect and fire risks, impact of Covid-19 and declining support, understanding and applying legal frameworks, safeguarding and making safeguarding personal.

### **James SAR**

James was a 34-year-old white British male who died at home from alcoholic ketoacidosis. James had several long-term conditions that affected his life with communication being a particular issue. He had dyslexia, Attention Deficit Hyperactivity Disorder, Borderline Learning Disability and was deaf, wearing a single hearing aid. James also suffered with type two diabetes as well as anxiety. James was alcohol dependent and used cannabis.

The key themes identified in this review included trauma, self-neglect, substance misuse, mental and physical health, safeguarding, multi-agency working, mental capacity and family/carer support.

### **SK SAR**

SK was a 53-year-old man with a diagnosis of autism with features of pathological demand avoidance (PDA). Following a significant bereavement, SK became very depressed leading to being detained under the Mental Health Act when he was 44. SK moved to a residential care home to support him within the parameters of his needs based around his mental health. Three months before SK died, there was a significant change in his presentation, leading to a hospital admission. Initially deemed fit for discharge, SK deteriorated 12 days after admission whilst awaiting an alternative placement, SK became seriously unwell and was admitted to the Intensive Care Unit where he died four days later. The cause of death was recorded as Cerebrovascular accident (stroke), Severe Left Ventricular Dysfunction and associated Asperger's Syndrome and Chronic Kidney Disease.

The key themes identified in this review included multi-agency working, safeguarding, self-neglect in a care setting, mental capacity and supporting autistic people.

### **Bernadette SAR**

Bernadette was a 32 year old white female and lived in rented accommodation with a male partner and at times, an unidentified female friend. Bernadette had a history of drug and alcohol abuse, she also suffered from depression. She had a number of physical health issues including diabetes, pains in her leg, falls and seizures. Bernadette was known to a number of services prior to her death, this included being an open case to adult social care. Bernadette had been identified as a victim of domestic abuse and had previously been subject of the MARAC, (Multi-Agency Risk Assessment Conference) process.

The key themes identified in this review included domestic abuse, substance misuse, self-neglect, professional curiosity, mental capacity and considering executive functioning, lack of consent and when to share information.

## Partner Activity

**Hartlepool Borough Council (HBC)** chair two of the Board's Sub-Groups (Communication & Engagement and Safeguarding Adult Reviews) and through these groups, and participation in other Sub-Groups and the wider work of the Board, they aspire to improve their adult safeguarding response through effective engagement in line with the core safeguarding principles. HBC invited Partners in Care & Health (an independent organisation working across the Local Government Association and the Association of Directors of Adult Social Services) to review their safeguarding provision. The learning from the review was shared with the Board and informed the review of the TSAB Decision Support Guidance as well as operational changes within the Council. Learning from multi agency peer audits has resulted in improvements being made to forms and processes and the continued development of Power BI reporting has improved how data is used to give us a better understanding of the nature, type and location of abuse. This supports trend analysis and a more proactive approach to prevention. Having observed a sharp rise in self-neglect in the community HBC worked with VCSE partners to create a new deep clean, declutter and post-intervention psychological support service 'Clean Sweep'. This is delivered in collaboration between a local Community Interest Company and a mental health charity and has already supported 18 people.



**Middlesbrough Council (MBC)** have been firmly committed to multi-agency working to develop their safeguarding practice. Their Head of Access and Safeguarding co-chaired the review of the Team Around The Individual Panel which resulted in the panel being re-launched as the High Risk Adults Panel in November 2023. They have also been committed to working to develop the Adult Exploitation Strategy. In 2023/2024 they re-commissioned their trauma informed practice course led by Dr Wendy Shepherd. Feedback from practitioners has been excellent and they can see that this is supporting their Social Workers and Social Care Workers to manage some of their most challenging work whilst also supporting them to manage the vicarious trauma that they can experience as a result of their work. They also developed a provider engagement event as part of National Safeguarding Adults Week. This provided an opportunity for providers to meet their safeguarding team and to hear presentations in relation to the adult LADO process, Safe Places, Deprivation of Liberty Safeguards, My Sister's Place domestic abuse service, Victim Support and their Medicines Optimisation Team. Providers have asked for this to be an annual event and due to the excellent attendance, this year in Safeguarding Adults Week they will be building on their success and moving to a bigger venue.



**Redcar and Cleveland Borough Council (RCBC)** continued to support the Board to achieve the aims and objectives of the Strategic Plan. They chaired the Learning & Development Sub-Group, the Adult Exploitation Strategy Working Group and actively contributed to the Board's other Sub-Groups. During the year, they initiated a Peer Challenge organised by the Local Government Association focusing on how well they deliver their duties under the Care Act 2014, including how they keep adults safe. Many positive observations were made, but following the feedback they have developed a new process to evidence and assure themselves that they have embedded the learning from Safeguarding Adult Reviews. They have also implemented the High Risk Adults Panel and contributed to the initial review and evaluation of the process.



Their safeguarding procedures have been redesigned so that they now capture Making Safeguarding Personal information at the end of the safeguarding enquiry as well as at the beginning. They promote the training opportunities available through the Board with their internal and provider staff and their voluntary sector partners.



**Stockton-on-Tees Borough Council (SBC)** was actively involved in the partnership working in order to support a message of 'safeguarding is everyone's business'. The safeguarding team has well established morning huddles with the Police, TEWV, Change Grow Live, Thirteen Housing and Accent Housing. In addition, a Peer Advocacy Project was created and is led by Recovery Connections, where some of the most vulnerable adults referred via the Safeguarding Team and the High Risk Adult Panel are provided with support through outreach work. The RASC procedure is very well embedded into practice with the aim of service improvement across their commissioned services leading to increased safety for service users and better trained staff. They use technology to their advantage to raise the awareness of adult safeguarding on their platforms, such as X or Facebook to ensure communities are able to recognise what constitutes abuse and how to report it. SBC also supported the Board with one of the Safeguarding Adult Reviews (SAR), which was undertaken by their Adult Safeguarding Lead and brought together agencies from across the system, which has resulted in some valuable learning. During Safeguarding Adults Week, they held a series of events, both face to face and in the form of webinars where SBC staff, partners and service users, carers and their families came together.



Stockton-on-Tees  
BOROUGH COUNCIL

**Integrated Care Board (ICB)** has continued to work collaboratively with their partners to deliver the strategic aims and priorities of TSAB. The ICB has contributed to the Adult Sexual Exploitation and Adult Exploitation Task and Finish groups supporting TSAB to develop Teeswide strategies around exploitation. The ICB submitted the TSAB Quality Assurance Framework (QAF) in November 2023 which provided assurance to the Board that the ICB has effective safeguarding processes in place which help to support and protect the people they serve. Working to the NHS Accountability and Assurance Framework the ICB continues to support and work with services they commission to ensure that statutory safeguarding functions are achieved. In the final quarter of 2023/24 the ICB and NHS Trusts across Tees started to utilise the Patient Safety Incident Response Framework (PSIRF) which sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. The ICB has continued to support Primary Care (GPs) relating to both Adult and Children's Safeguarding and has provided a number of GP engagement sessions, some attended by over 100 GP practice staff, where various Adult and Children Safeguarding topics have been delivered. The ICB has identified 4 priority areas of safeguarding work- neglect, transitions, domestic abuse and children in care, which support some of the TSAB's priorities.



North East and  
North Cumbria

**Cleveland Police** have worked closely with the Teeswide Safeguarding Adults Board (TSAB) to support and implement the priorities identified in the strategic plan. This has been evident both in daily collaboration but also in subject matter expertise support in review work. The Local Policing Command work closely with relevant Local Authorities to build upon the TSAB priorities with collaborative morning meetings where information is shared, risks highlighted and problems solved in real time. There is ongoing collaborative work in Middlesbrough and Stockton as part of Clear, Hold, Build to ensure safeguarding of those within the relevant areas. Cleveland Police have continued the good work of TSAB around stalking, embedding two

Independent Stalking Advocacy Caseworker's from Suzy Lamplugh Trust within their organisation to offer victims in the area additional support. They have also arranged for over one thousand of their officers to receive training in stalking and harassment from the Suzy Lamplugh Trust enhancing knowledge and understanding in this area. Cleveland Police have established Modern Day Slavery safety centres in each geographical area within Cleveland to provide a safe place for victims. Cleveland Police have worked collaboratively with partners across the region to support in the creation of a dedicated Cleveland-wide victim care pathway to enable partnerships to identify victims of modern slavery and refer them for appropriate support. Cleveland Police have also applied for and been successful in their first Slavery and Trafficking Risk Order this year.



**Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)** continue to support the work of TSAB to effectively prevent and respond to adult abuse. They delivered bespoke training/support to Trust staff to further embed safeguarding within their services. TEWV hosted an internal Safeguarding Adults week dedicated to Self-Neglect after recognising this was a particular area that featured in recent Safeguarding Adults Reviews. They further embedded Safeguarding into internal governance structures across the Trust to ensure it is integral to everything they do and commenced work to ensure that safeguarding referrals are of a good quality to enable sound decision making whilst thinking whole family. TEWV contributed to the work of TSAB through multi-agency audits, promotion of new guidance, training and learning from reviews.



**North Tees & Hartlepool NHS Foundation Trust (NTHFT)** completed the Quality Assurance Framework (QAF) and were rated as 'Good'. Areas identified for improvement are all underway and the action plan is almost complete. Learning from SARs was distributed widely throughout the organisation via governance routes and weekly reports. The Vulnerability Unit at North Tees have adopted a theme of 'Trauma Informed Practice' for the year ahead to share this approach as widely as possible. University Hospitals Tees group (NTHFT and STHFT) held a safeguarding conference to further build on the work of the Board on the theme of exploitation. This was open to the staff from both trusts and multiagency partners from TSAB, including the Local Authorities and the ICB.



**South Tees Hospitals NHS Foundation Trust (STHFT)** have worked together with partner agencies to identify and support individuals experiencing, or at high risk of abuse. Within their Emergency Department (ED) there are two Navigators as part of the Serious Violence Duty. These roles provide non-judgemental advice and support to individuals who have presented in the department with a violence related injury. The new Alcohol Care Team (ACT) offers a 7-day service to identify, assess and engage with patients who attend with alcohol related primary or secondary issues. The Transitions Safeguarding Nurse post provides supervision and support to the ED Navigators and ACT staff members. University Hospitals Tees group held their first Safeguarding conference in March 2024 which was well attended and received very positive feedback. The mandatory Safeguarding programme has continued to be updated to reflect learning from local and national SARs. The trust is represented at the High Risk Adults Panel (HRAP) by a member of the Safeguarding Team who have additionally attended the TSAB's subgroups and participated in partner agency Task and Finish groups developing and revising TSAB policy and procedures.



**Healthwatch Stockton** continue to support the Board in promoting awareness campaigns, the annual survey and the TSAB Newsletter on social media. Healthwatch Stockton also promote TSAB material, including courses, surveys and campaigns in their own Newsletter which is sent to over 440 members. As part of National Safeguarding Adults Week, Healthwatch Stockton held a coffee morning at Change Grow Live (CGL).



**Healthwatch Hartlepool** completed the TSAB Quality Assurance Framework. They found the process to be useful and beneficial and were reassured by the general content of their feedback which recognised the importance they place on safeguarding in their day-to-day activity. They are also actioning recommendations received. Healthwatch Hartlepool continues to use the TSAB Safeguarding e-learning offer, and both staff and volunteers have accessed and completed a wide range of modules. Healthwatch Hartlepool regularly promotes the work of the Board and shares information via their website, social media platforms and newsletter. They also share the TSAB newsletter across community and voluntary sector networks in Hartlepool.



**Hartlepower Community Trust** organised a workshop on “Co-production”, to which TSAB contributed towards the workshop design. The workshop featured co-production academic, Professor Brett Smith of Durham University, who clarified the concept of co-production and gave examples from his own work. TSAB representatives attended and will return to a follow-up co-production workshop early in 2025 – in which attendees will contribute feedback on each organisation’s engagement with co-production.



**Thirteen Group** continue to support the Board in promoting awareness campaigns, the annual survey and the TSAB Newsletter on social media. As part of ensuring support to colleagues they relaunched their Safeguarding Champion group. The aim of the group is to give colleagues advice, guidance and support when dealing with a safeguarding concern. They called for volunteers and 45 colleagues from across the business have signed up as Safeguarding Champions, undertaking additional e-learning training via the Me-Learning modules. Some also agreed to become Safeguarding Champions under the TSAB banner and receive bulletins and newsletters from TSAB. Twenty-one members of Thirteen staff also secured places on TSAB one/two-day training courses on a variety of topics. As a TSAB partner agency Thirteen is required on a bi-annual basis to complete a self-audit to provide assurance to TSAB about their approach to adult safeguarding. They have recently just completed their third submission and have again achieved a Green Rating: this is fully achieved, and they do this consistently well within their agency with evidence of good practice.



## Our Priorities 2024-25

### Joint Working

We will develop a whole system approach to safeguarding adults which is responsive to the individual's needs, views and wishes.

### People

We will ensure the workforce is well trained, supported and equipped to safeguard the most vulnerable people within our communities.

### Communication

We will provide accessible and clear information, advice and support that helps people to understand what abuse is, how to prevent abuse from happening, how to seek help and how to engage with the work of the Board.

### Services

Services are commissioned and provided by our partners to meet the individual needs of adults who are most at risk of abuse or neglect.

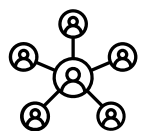
The **six safeguarding principles** set out in the Care Act 2014 will underpin the Board's strategic aims and objectives and all aspects of safeguarding adults work across Tees:

1. Empowerment
2. Proportionality
3. Partnership
4. Prevention
5. Protection
6. Accountability

The Board's Strategic Business Plan 2022-25 has been updated following feedback from the Annual Consultation Survey 2023/24 and feedback from the Board's Development Day. The top 3 priorities identified by professionals, service users and the general public included within the Strategic Plan are as follows:



1. Make sure individual's needs are listened to and information is shared appropriately and in a timely way with the organisations involved in protecting them.



2. Strengthen links with organisations, children's partnerships and community safety partnerships at a strategic and local level to embed a 'think family' approach to safeguarding.

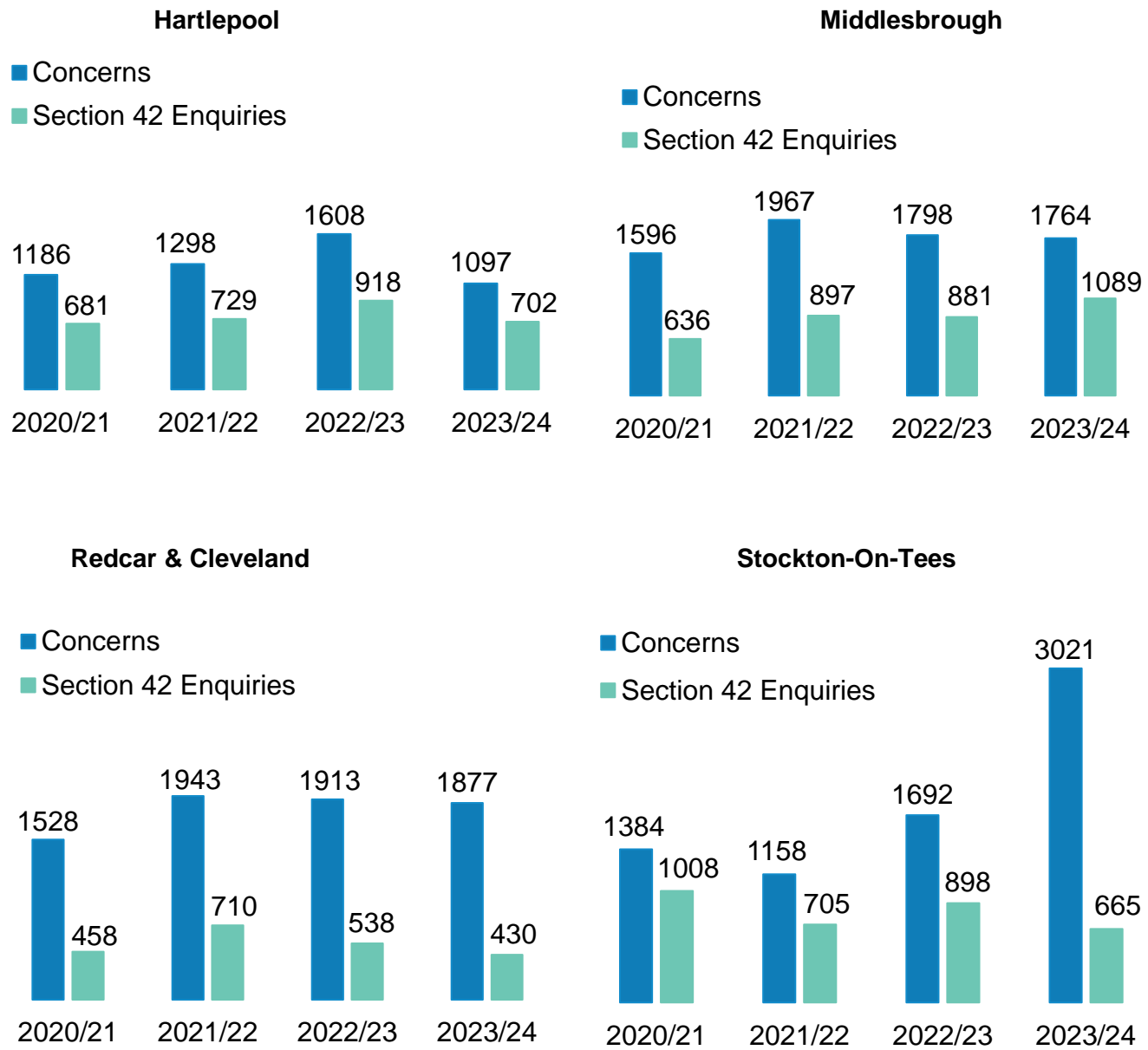


3. Work more closely in engaging with local communities to report abuse and neglect.



# Appendix 1

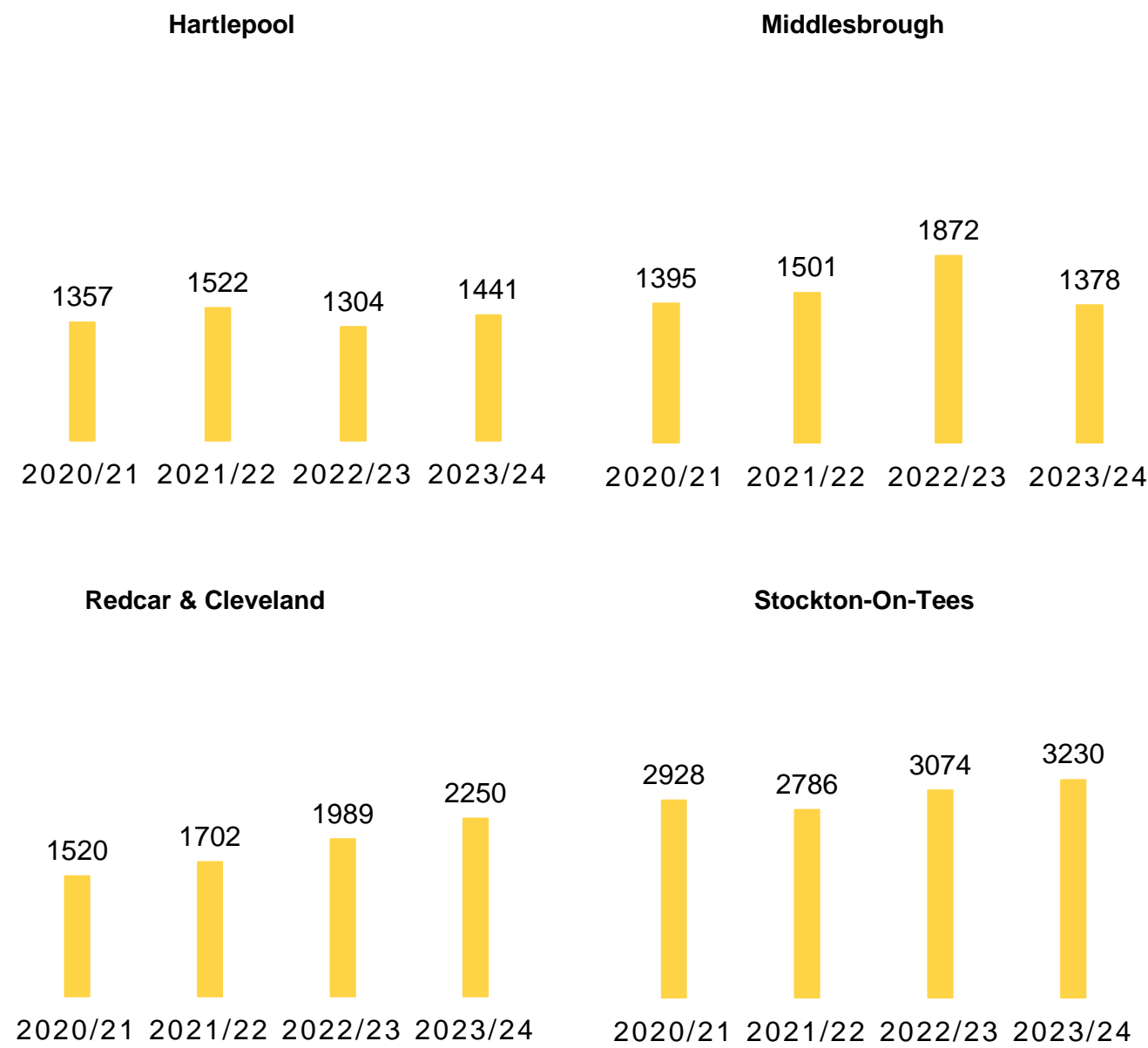
## Concerns and Section 42 Enquiries by Local Authority in Tees:



## Appendix 2

The Deprivations of Liberty Safeguards, under The Mental Capacity Act 2005, provide legal protection for those individuals who are 18 years old and above and who are, or may become deprived of their liberty in a hospital or care home.

**Total Number of Deprivation of Liberty Safeguards (DoLS) Applications Received:**



## Glossary

**Ask ANI** - The Ask for ANI (Action Needed Immediately) codeword scheme has been developed by the Home Office to allow victims of domestic abuse to access support from the safety of their local pharmacy. Participating pharmacies will display the Ask ANI logo. If a person asks for ANI or a Safe Space, staff will give the person access to their consultation room, where they can make a phone call to police, domestic abuse helpline or local support service for example.

**ASE (Adult Sexual Exploitation)** - Sexual exploitation is the sexual abuse of an adult in exchange for attention, affection, food, drugs, shelter, protection, other basic necessities and/or money, and could be part of a seemingly consensual relationship. It involves someone taking advantage of an adult, sexually, for their own benefit through threats, bribes, and violence.

**Domestic Homicide Review (DHR)** - a review held under Section 9 of the Domestic Violence, Crime and Adults Act 2004 and is coordinated by the local Community Safety Partnership. DHRs review the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by:

- *a person to whom they were related, or had been in an intimate personal relationship with or*  
*a member of the same household*

**DoLS (Deprivation of Liberty Safeguards)** - are part of the Mental Capacity Act (MCA) 2005. The Safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

**HRAP (High Risk Adults Panel)** - The purpose of the High Risk Adults Panel is to work in collaboration with a core group of multi-agency professionals and extended members to reduce/remove or manage the risk of 'our' most vulnerable individuals who are identified as being complex and at high risk of harm.

**Learning Disability Mortality Review (LeDeR)** – In May 2015 a LeDeR Programme was established to learn from deaths of people with a learning disability to address the health inequalities people with learning disabilities often face.

**Making Safeguarding Personal (MSP)** - is an initiative which aims to develop a person-centred and outcomes focus to safeguarding work in supporting people to improve or resolve their circumstances. MSP is applicable to all agencies working with adults in relation to safeguarding, including those at the initial stages of a Safeguarding Concern being identified.

**MARAC (Multi-Agency Risk Assessment Conference)** - information sharing and action planning meeting for victims of domestic abuse who are at risk of serious harm or death.

**Power BI** – Power BI is a data visualisation tool that pulls together information to produce high quality performance reports.

**RASC (Responding to and Addressing Serious Concerns)** - a TSAB policy and procedure which sets out the framework for dealing with serious concerns of care providers on a multi-agency basis.

**Safeguarding Adult Reviews** - A Safeguarding Adults Review is a statutory requirement of the Care Act 2014 (Section 44). The purpose of a SAR is to:

- Determine what the relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death
- Learn lessons from the case and apply the learning to future cases to prevent similar harm occurring again
- Explore examples of good practice where this is likely to inform and improve inter-agency practice.

The Care Act 2014 sets out the criteria for carrying out a SAR and SABs **must** carry out a review if:

- There is reasonable cause for concern about how the Safeguarding Adult Board (SAB), its members or other persons involved worked together to safeguard the adult; **and**
- The adult has died, and it is known or suspected that the death resulted from abuse or neglect, including self-neglect; **or**
- The adult is alive, but it is known or suspected that they have experienced serious abuse or neglect, including self-neglect

**Safeguarding Champions** - volunteers from a broad range of organisations that are far reaching and able to link directly with the community and clients they support.

**Safe Place Scheme** - Safe Place Scheme locations are venues in the community where people who need extra support can go if they need some help. This 'help' can range from a phone call to home or help with directions.

The idea is that vulnerable people can use these venues if they are feeling unsafe, whilst out in the community. Many who benefit from the scheme may never actually need to use it, but the existence of the 'Safe Place' venues allows people to feel safer, and go out and about more (live more independently).

**Service User** – someone who uses health and/or social care services.

**TATI (Team Around the Individual)** - a multi-agency approach to supporting work on complex and/or high-risk cases, including but not limited to chaotic lifestyles, self-neglect, hoarding, fire risk, alcohol & substance misuse.

**Vicarious Trauma** – is sometimes referred to as 'secondary trauma'. Anyone who engages empathetically with survivors of traumatic incidents can be affected and experience trauma themselves through their connection with the person.

**X Impressions** – the number of times a Tweet has been seen.





[www.tsab.org.uk](http://www.tsab.org.uk)



Neighbourhood 1.1 - Adults and Health and Wellbeing, Dunedin  
House Columbia Drive, Thornaby, Stockton-on-Tees, TS17 6BJ



01642 527263



@TeeswideSAB



@TeeswideSAB



## See it, report it!

If you suspect a neighbour, friend or family member is being neglected or abused,  
or you need help yourself.

Call **Cleveland Police** 101 or 999 in an emergency.  
Call your local Adult Social Care Team:

<b>Hartlepool:</b>	01429 523 390	<a href="mailto:iSPA@hartlepool.gov.uk">iSPA@hartlepool.gov.uk</a>
<b>Middlesbrough:</b>	01642 065 070	<a href="mailto:adultaccessteam@middlesbrough.gov.uk">adultaccessteam@middlesbrough.gov.uk</a>
<b>Redcar &amp; Cleveland:</b>	01642 771 500	<a href="mailto:AccessAdultsTeam@redcar-cleveland.gov.uk">AccessAdultsTeam@redcar-cleveland.gov.uk</a>
<b>Stockton-on-Tees:</b>	01642 527 764	<a href="mailto:FirstContactAdults@stockton.gov.uk">FirstContactAdults@stockton.gov.uk</a>
<b>Evenings and Weekends:</b>	01642 524 552	

# HEALTH AND WELLBEING BOARD

2<sup>nd</sup> December 2024



**Report of:** Director of Public Health

**Subject:** TOBACCO CONTROL STRATEGY

## 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 an updated Tobacco Control Strategy Action Plan (**Appendix 1**) and the progress made against this and to update the Health and Wellbeing Board on the new Specialist Smoking Service for Hartlepool.

## 3. BACKGROUND

- 3.1 Smoking is the leading cause of death and illness in the UK and a key contributor to avoidable health inequalities in Hartlepool. There are still 6 million adult smokers in England and every year around 74,600 people die from smoking, with many more living with debilitating smoking- related illnesses. Smoking increases the risk of developing more than 50 serious health conditions.
- 3.2 The costs of smoking to society are significant 'towards a smoke-free generation: tobacco control plan for England' identified that smoking is estimated to cost our society in England £17.3 billion, including a significant cost to the NHS and social care.
- 3.3 In Hartlepool, there are still 13.5% of our adult population smoking and this is estimated to cost Hartlepool £94.7 million per annum.

- 3.4 The strategy and action plan was shared with the Health and Wellbeing Board (HWBB) in 2023 and it was agreed it would be updated and shared thereafter every six months.

#### 4. PROPOSALS

Below is a summary of key deliverables between April – November 2024 against the Tobacco Control Strategy Action Plan (Appendix 1 which includes further detailed information and proposals up until March 2025):

##### 4.1 **Priority 1- Building infrastructure, skills and capacity for local tobacco control delivery.**

Deliver the priorities of the Tobacco Strategy and action plan through the Tobacco Alliance for Hartlepool with a focus on: Reducing health inequalities caused by smoking and support vulnerable groups to be Smoke free and protecting children and young people from tobacco and encourage Smoke free pregnancies

- Tobacco Alliance meetings are held quarterly. Partners working with targeted groups are referring to Community Navigators and there are NCSCT trained staff within housing, START who have a supply of voucher codes/vapes to provide to service users as part of the pathfinder scheme.
- Presentation delivered to Social Prescribers across GP practices to come on board with delivery of the vape offer, in an aim to reach a larger proportion of the targeted groups.
- Clear pathway developed for Swap to Stop/delivery of the vape offer.

Utilise the support of Fresh partnership website [www.fresh-balance.co.uk](http://www.fresh-balance.co.uk) in the development of the Alliance to ensure we have access to the latest tools and resources

- A local media campaign, involving a Hartlepool family has been produced with FRESH. This aired from 16/9/24 on ITV/radio and it has been adapted locally and shared across Council buildings and social media.

Develop a follow up pathway post pregnancy of benefits of maintained quits and those wanting to quit

- Carbon Monoxide monitoring training arranged for 0-19 staff in line with the North East & North Cumbria Tobacco Dependency in Pregnancy & the Postnatal Period Pathway.

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

Ensure there is continued vigilance around the tobacco industry and frontline groups and that we adhere to Article 5.3 as set out within the framework Convention on Tobacco Control (FCTC).

- Tobacco Tactics Toolkit about complying with article 5.3 and tobacco industry influence information sent to Tobacco Alliance.

Identify and share local case studies on action on tobacco and encourage the sharing of “real people” stories to bring to life the human side of tobacco control.

- Community Navigators have collected case studies and work is ongoing with Communications to share these publicly.
- FRESH attended a Parliamentary event focused on building support for a smoke free nation and took along Hartlepool family (Debbie and Sadie), amongst other 'Smoking Survivors' to allow them to share their stories with MP's.

#### **4.3 Priority 3- Reducing exposure to tobacco smoke and normalising smokefree environments**

Develop a locality strategic approach to reducing exposure to tobacco smoke and normalising smoke free environments using briefings and support from Fresh.

- Alliance members asked to consider what they are doing to promote ‘smoke free environments’ and feedback.

Share training resources and campaign materials on the dangers of second hand smoke with Hartlepool Tobacco Alliance for use by frontline staff to deliver standardised messages.

- Toolkit sent to Alliance around second hand smoke in October 2024.
- FRESH provided an update at October Alliance meeting.

Work with partners to ensure workplace policies on smoking are up to date and they recognise Vaping as a means to help smokers quit.

- A stakeholder group has been formed to support businesses within the Better Health at Work Award (BHAWA) and a package/toolkit is going to be produced to support workplaces to write or review their smoking policies - ensuring vaping is evident in all.
- HBC smoking policy has been started to be updated.



Utilise the Better Health at Work Award (BHAWA) framework to ensure the effectiveness of their smoke free policies and share training resources on the dangers of second hand smoke.

- Tobacco and smoking aspect of BHAWA reviewed & reworded as a region to make user friendly for businesses.
- Second hand smoke toolkit sent out to BHAWA workplaces.

#### **4.4 Priority 4 - Year round, media communications and education**

Organise themed discussions for locality partners, with support from Fresh to map and develop communication channels which will amplify regional campaigns by ensuring that toolkits are shared with partners and local messaging mirrors that of mass media campaigns.

- Local campaign Toolkit shared with Alliance members.
- Stoptober local photoshoot shared across local platforms and shared via FRESH regionally.

Provide professionals across the locality system access to online training to support behaviour change from the National Centre for Smoking Cessation and Training (NCSCT). This includes core competencies required to support a quit attempt.

- Additional staff member in Young Person's team has completed training to deliver support to people wanting to stop smoking.
- NCSCT training links have been shared amongst Alliance staff members again. Register of staff who have completed the training currently being developed.
- Communications Action Plan is currently being developed with HBC Communications and North Tees and Hartlepool NHS Foundation Trust

#### **4.5 Priority 5 - Supporting smokers to stop and stay stopped and also to reduce harm**

Develop services that target those most at risk and focus our support on priority groups not already supported by existing NHS pathways.

- Current Swap to Stop Pathfinder is ongoing and will run until March 2025. This is a 12 week behavioural support offer to support targeted groups – patients who live in the top 1-3 IMD areas eligible for a NHS health check and are smokers, patients who are part of the lung health pilot within a GP surgery and patients who are part of the waiting well pilot, awaiting elective surgery. In addition, those using drug and alcohol services and those who are accessing support for homelessness are also being supported with the offer.

- To date, 412 referrals have been made into Community Navigators, 285 appointments have been attended and 81 successful 4 week quitters.
- Within housing, 31 have attended appointments and 10 have successfully quit at 4 weeks.

Government proposals allocated further funding to Public Health to develop further stop smoking support to decline the proportion of smokers in targeted groups in Hartlepool.

- The procurement process for a Specialist Smoking Service was initiated earlier in the year and the contract was awarded to North Tees and Hartlepool NHS Foundation Trust to deliver a specialist smoking support service across Hartlepool.
- The service is currently in the mobilisation phase and referrals should be accepted with clinics running from November 2024.
- The Specialist Smoking Service will offer;
  - 12-week support programme (including nicotine replacement therapies, pharmacotherapy and/or an e-cigarette)
  - Face-to-face clinics across the community
  - Telephone consultations
  - Home visits for housebound patients
  - Workplace clinics
- Work is ongoing with FRESH and Pharmacy Advisors to develop a regional PGD for Varenicline and Cytisine, to make this more accessible for service users

#### **4.6 Priority 6- Raise price and reduce illicit trade**

Use local data to target activity in geographical areas as well as population groups, e.g. using data to target illicit tobacco supply, illegal tobacco sales and high smoking prevalence.

Provide support to trading standards colleagues' in partnership with Fresh to inform their approaches to addressing illicit trade.

- Trading Standards work in line with the Trading Standards Service Plan and Public Protection Enforcement Policy.
- During 2023/24 they have secured closure orders against premises that sold illicit tobacco and worked with Cleveland Police on numerous seizures and investigations.
- Fresh facilitate regional response to consultations on illicit and access to tobacco products including vapes.

#### **4.7 Priority 7- Tobacco and nicotine regulation including reducing tobacco promotion**

Process developed and agreed by Tobacco control alliance members for alerting involvement of tobacco companies.

- Updates provided at Alliance meetings by Trading Standards representative.
- FRESH Keep it Out reporting procedure discussed and sent as a reminder to Alliance in October.
- Contributions to consultation on measures to reduce the appeal and availability of vapes to children, whilst ensuring they remain available to help adult smokers quit. This has led to the Government confirming the date for implementation of the ban on the sale of single use vapes – June 2025.

#### **4.8 Priority 8 - Data research and public opinion**

Use clearly defined data to ensure we are using targeted approaches to address health inequalities.

- Clinics to be held in areas where those within targeted groups are already utilising services (START, work places with routine and manual workers, Family Hubs).

Use qualitative insight work led by Fresh on attitudes towards tobacco, with a particular focus on exploring motivations for behaviour change, to inform local campaign development. This will also include understanding the needs of people who smoke and routes and barriers to quitting.

Utilise findings from public opinion surveys, which monitor behaviours, attitudes, policy support linked to Tobacco to inform local campaigns.

- A Bluegrass study on smokers' insights was completed and work is going to be done with FRESH in order to effectively deliver results to the Alliance and see how this can inform our local Specialist Smoking Service.

### **5. RISK IMPLICATIONS**

5.1 No risk implications identified.

### **6. FINANCIAL CONSIDERATIONS**

6.1 Funding has been allocated to Public Health to enhance the provision of stop smoking support and therefore North Tees and Hartlepool NHS Foundation Trust have been commissioned to deliver a specialist smoking service.

Funding is based around quit dates set and currently figures are showing these targets will be met for Year 1.

6.2 FRESH contract to be reviewed March 2025.

## **7. LEGAL CONSIDERATIONS**

7.1 No legal considerations identified.

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

8.1 No equality and diversity issues have been identified, although the stop smoking support will target and aim to reduce inequalities and address those at most risk.

## **9. STAFF CONSIDERATIONS**

9.1 HBC smoking policy is being updated and therefore will be sent to HR for comment and staff considerations.

## **10. ASSET MANAGEMENT CONSIDERATIONS**

10.1 No considerations at this time.

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

11.1 N/A

## **12. RECOMMENDATIONS**

12.1 The strategy and action plan will be brought to the Health and Wellbeing board six monthly to demonstrate action against priorities.

12.2 That the board note the progress against the Tobacco Control Action.

## **13. REASONS FOR RECOMMENDATIONS**

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



## **14. BACKGROUND PAPERS**

### **14.1 Action Plan – Appendix 1.**

## **15. CONTACT OFFICERS**

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Tobacco Control Strategy							
Priority 1. Building infrastructure, skills and capacity for local tobacco control delivery						Updated Sept 2024	Ongoing Sept - March 2025
	How	Who	Regional/Local	Outcomes	Completed	Ongoing April - Sept 2024	Ongoing Sept - March 2025
Deliver the priorities of the Tobacco Strategy and action plan through the Tobacco Alliance for Hartlepool with a focus on: <ul style="list-style-type: none"> <li>Reducing health inequalities caused by smoking and support vulnerable groups to be Smokefree</li> <li>Protecting children and young people from tobacco and encourage Smokefree pregnancies</li> </ul>	Work with Alliance partners to: <ul style="list-style-type: none"> <li>Agree annual priorities based on the action plan</li> <li>Develop a data monitoring dashboard</li> <li>Work with partners to enhance and develop a support offer for specific targeted groups based on the findings of the needs assessment and evidence base (population approach to stop smoking support document Nov 2023)</li> <li>Use communications targeted at specific groups including: pregnant mums, partners</li> </ul>	Public Health, Alliance partners	Regional and Local	Reduction in people smoking in the general population/ Reduction in smoking in targeted groups, i.e. smoking in pregnancy/increase in numbers accessing support to stop smoking	Themed sessions have been delivered to alliance members, namely vaping, communications and illicit tobacco sessions.	<ul style="list-style-type: none"> <li>Tobacco Alliance meetings are held quarterly. Partners working with targeted groups are referring to Community Navigators and there are NCST trained staff within housing, START and the Young Person's team, who have a supply of voucher codes/vapes to provide to service users as part of the pathfinder scheme</li> </ul>	Power BI dashboard for smoking is being developed based on JSNA data & this can also be developed for new SSS data we collate from NT&H.
Utilise the support of Fresh partnership website <a href="http://www.fresh-balance.co.uk">www.fresh-balance.co.uk</a> in the development of the Alliance to ensure we have access to the latest tools and resources	Access Fresh support around key areas – <ul style="list-style-type: none"> <li>Media campaigns / year round and significant events.</li> <li>Guidance around action planning.</li> <li>Support advocacy planning</li> <li>Support evidenced based practice</li> </ul>	Public Health, Alliance & Fresh	Regional and Local	Fresh quarterly report Numbers of media campaigns Reach of campaigns – social media, press Numbers accessing website	Delivered themed Alliance sessions- Vaping, Communications, Illicit tobacco delivered.	<ul style="list-style-type: none"> <li>A local media campaign, involving a Hartlepool family has been produced with FRESH. This aired from 16/9/24 on ITV/radio and it has been adapted locally and shared across Council buildings and social media. FRESH shared the ASH Read Reckoner tool and the costs smoking has to society which was also sent out to the Alliance.</li> </ul>	Continue to liaise with colleagues from FRESH to access latest tools. Promotion of current campaign due to having local resonance/ Regional toplice will be looking at developing a regional app, improving communications and further work into Bluegrass Insight work.
Use evidence based tool kits with Alliance partners to help with local planning and delivery of actions.	Work with partners to ensure the use of toolkits to assist with their approaches to address priorities.	Public Health, Alliance & Fresh	Regional and Local	Audit results of toolkits used in order to understand service improvements	Toolkits circulated and information in relation to vaping and children and young people		Review toolkits sent out and reach out to the Alliance for feedback.
Share national, regional and local updates and develop opportunities to share knowledge and practice across systems in Hartlepool	Share updates with partners via email distribution. Use workshops, alliance events to share practice and learning within the locality.	Public Health & Smoking Alliance	Local	Increased numbers of partners attending workshops	Information circulated to all Alliance members and wider partners including national consultation information	Attending meetings including task and finish groups with Regional Stop Smoking Commissioners, North East Tobacco Commissioners Quarterly Meeting, Fresh Local Tobacco Control Network Meeting and we will be also setting up Contract Management Meetings with North Tees.	Attendance at Best Practice Event: Embedding and Sustaining Treating Tobacco Dependency in the NHS now and in the future - recordings to be shared with Alliance when available. Sir Robert West - 'Modelling how to get down to 5%? What is the data telling us and what will be key to achieving this?' recording sent out to Alliance as an update, alongside ASH Ready Reckoner and costs to society.
Audit smoking pathways, documentation and data across stakeholders, Alliance partners and communities	Develop a robust process for data/ information collection and analysis.	Public Health & Alliance partners	Local	Data shows quality service provision Case studies used for client experience audits.		Case studies have been gathered from Navigator service which evidence quality service provision/Data has been gathered regarding success of Swap to Stop/pathfinder scheme and evidences quit date targets are being met.	Data analysis to be completed on Swap to Stop data & new SSS data against National return and KPI's
Work with partners to enable them to complete CLeaR assessment tools relevant to their service areas, to include maternity, drugs and alcohol, , illicit tobacco and mental health services to identify improvements for service delivery	Agree timescales with partners for completing the following CLeaR assessments – <ul style="list-style-type: none"> <li>Maternity</li> <li>Drug and alcohol</li> <li>Illicit tobacco</li> <li>Mental health services</li> </ul> Identify gaps in current service provision for targeted groups.	Public health & Alliance partners	Local	Clear assessments completed within timescales	CLeaR assessment completed May 2023 – further assessment to be completed a year into new SSS.		To be completed Oct/Nov 2025
Work with partners to agree and implement a collaborative approach to enhance existing stop smoking support in particular the pathways for staff, in patients and mental health services, in line with the NHS Long Term Plan.	Develop a support offer to address service provision gaps  Develop specific vape offer for targeted adult population	Public Health & service providers	Local	Increased provision of support for people wanting to stop smoking including vape offer  Increase in the numbers of quit attempts  Increase in numbers of people achieving 4 week quit attempt Numbers of people achieving quit at 12 week review	Vape offer now available (see Priority 5)	Originally pathfinder was aimed at targeted groups but then opened up to everyone (now have Community Navigators, 5 staff in START, 1 staff in housing delivering the project, 1 staff member in YP) • Clear pathway developed for Swap to Stop/delivery of the vape offer	Development of Stop Smoking Service (see Priority 5)/ Liased Tess Moore regards social prescribers completing training to deliver the vape offer and presenting the offer to Staff in November 2024/ Community mental health services to be approached to discuss vape offer
Develop a follow up pathway post pregnancy of benefits of maintained quits and those wanting to quit	CO training to be given to 0-5 staff in order to follow TDIP pathway	Public Health, Health Visitors/Family Hubs		Increase in numbers of long term quits >12 weeks			• Carbon Monoxide monitoring training arranged for 0-19 staff (January 2025) in line with the North East & North Cumbria Tobacco Dependency in Pregnancy & the Postnatal Period Pathway.
Identify and develop 'champions' within organisations to increase the profile of the tobacco control agenda	Work with Alliance partners, specifically VCS to identify champions to share passion for tobacco control and strategy wider	Public Health & Local organisations	Local	Increased knowledge around Tobacco Control Strategy and services offered throughout Hartlepool			Liased with Ruth Jackson to discuss community champions in VCS. To liaise with Marnie and Sue around those in BHAWA.

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

	How	Who	Regional/Local	Outcomes	Completed	Ongoing April - Sept 24	Ongoing Sept - March 2025
Utilise support from Fresh to work with Hartlepool Tobacco Alliance members to ensure there is an understanding of tobacco industry influences and how to avoid interference	Work with Fresh deliver dedicated session to increase partner understanding of Tobacco industry influences	Alliance & Fresh	National, regional & local	Partners have increased knowledge.  Mechanism for recording incidents is developed	Alliance members are aware of how to contact and report industry influences		Tobacco Tactics, Toolkit about complying with article 5.3 and tobacco industry influence information sent to Tobacco Alliance
	Share Fresh communications with partners to ensure a consistent approach						
Ensure there is continued vigilance around the tobacco industry and frontline groups and that we adhere to Article 5.3 as set out within the framework Convention on Tobacco Control (FCTC)		Alliance & Fresh	National, regional & local		Information shared with partners		Tobacco Tactics, Toolkit about complying with article 5.3 and tobacco industry influence information sent to Tobacco Alliance - from FRESH
	Share updates amongst partners and front line services. Deliver a dedicated session on tobacco influences			Partners have increased knowledge.  Incidents are shared amongst partners for awareness			
Identify and share local case studies on action on tobacco and encourage the sharing of “real people” stories to bring to life the human side of tobacco control.	Develop Template for detailing case studies.	Alliance	Local	Case study portfolio collected across service provision.	Stoptober case studies shared	Liaised with Community Navigators to encourage service users to be part of Stoptober campaigning & attend stalls	Case studies to be continued to be collected from service users using vape offer and stop smoking service every 6 months / case studies to be shared with Alliance members and to be shared via comms & with FRESH/ FRESH attended Parliamentary event focused on building support for a smoke free nation a and took along Hartlepool family (Debbie and Sadie), amongst other 'Smoking Survivors' to allow them to share their stories with MP's.
	Case studies shared as part of Tobacco Control Alliance agenda			Numbers of people with lived experience attending events			
	Invite community reps to Tobacco Alliance meetings to share their lived experiences						

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

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

	How	Who	Regional/Local	Outcomes	Completed	Ongoing April - Sept 2024	Ongoing Sept - March 2025
Develop a locality strategic approach to reducing exposure to tobacco smoke and normalising smoke free environments using briefings and support from Fresh.	Develop a new plan for smoke free places, particular around young people, for example - • Education settings • Parks • Sports clubs • Work places .	Alliance / fresh	Regional and Local	Locality smoke free plan agreed for delivery by partners  Reduction in exposure to second hand smoke identified in key environments			To reach out to departments within HBC such as sport and rec, parks and workplaces to see what they are doing to promote smoke free environments • Alliance members asked to consider what they are doing to promote 'smoke free environments' and feedback - more smoke free signing required?
Smoke free school gates - implement and monitor local policy	Develop a smokefree toolkit which can be shared with school across Hartlepool (based on original Toolkit by Wales)	Alliance	Local	Raised awareness of the policy in the community and an environment where children and young people do not see parents and carers smoking at school gates.			Develop a smokefree toolkit and attend headteachers meeting to deliver and send out to schools
Share training resources and campaign materials on the dangers of second hand smoke with Hartlepool Tobacco Alliance for use by frontline staff to deliver standardised messages.	As part of Alliance communications strategy –  Resources will be shared in the locality.  Dates agreed for coordinated approach to deliver campaigns	Fresh, Alliance partners, wider communities & work places	Regional and Local	Standardised materials accessed by partners  Coordinated approach to campaigns delivered across localities.	Standardised resources distributed to Alliance members for Stoptober activities. Links to regional and national campaigns for Stoptober in use to compliment local activity. Local communications via social media channels, Hartbeat and press reports have shared quotes from Hartlepool smokers who have successfully stopped smoking.		Toolkit sent to Alliance around second hand smoke. Presentation to be shared with Alliance members (Lisa Holland and Becca Scott - youtube). Lisa Holland (FRESH) provided an update at October Alliance meeting.
Work with partners to ensure workplace policies on smoking are up to date and they recognise Vaping as a means to help smokers quit.	Work with partners to review smoking policies are up to date and reflect evidence based practice for supporting stopping smoking  Identify areas of good practice and share with partners and workplaces.	PH BHAWA lead, Alliance partners. ? Regeneration Team/ business forums  H&S team	Local	Increased numbers of places with effective up to date work place policies.  Reduction of smoking in the work place  Increased support/opportunities for people wanting to stop smoking  Increased campaign promoting stop smoking support in workplaces monitored through the BHAWA			Stakeholder group has been formed and a package/toolkit is going to be produced to support workplaces to write or review their smoking policies - ensuring vaping is evident in all.  HBC smoking policy has started to be updated and has been sent to Environmental Health for review - to consider; - Policy around HBC workplace vehicles - Position statements around vaping and evidence based information
Utilise the Better Health at Work Award (BHAWA) framework to ensure the effectiveness of their smoke free policies and share training resources on the dangers of second hand smoke.	Engage with workplaces as part of BHAWA framework to review and audit current work place policies around smoking/vaping.  Share resources and good practice approaches to tackle second hand smoke in the work place.  Share information about stop smoking support across Hartlepool  Identify proposals to develop a workplace stop smoking support offer	PH lead for BHAWA & work places (SL)	Local	Increased numbers of work places with effective smoke free policies.  Increased support/opportunities for people wanting to stop smoking  Increased campaign promoting stop smoking support in workplaces monitored through the BHAWA  Workplaces in the locality will be smoke free			Work with SL (BHAWA lead) and MR to develop a toolkit for businesses wanting to run a campaign. BHAWA reviewed & reworded as a region/ Second hand smoke information sent out to BHAWA workplaces.

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

	How	Who	Regional/Local	Outcome	Completed	Ongoing April - Sept 2024	Ongoing Sept - March 2025
Include communications as a key part of the Alliance utilising support from Fresh to inform the development of a coordinated local communication plan.	Host a specialist communication session for partners supported by Fresh	Comms rep for alliance / alliance & public health	Local and Regional	Specialist comms session delivered with local input.	Communication lead identified to attend Alliance meetings	Local campaign around smoking survivors – Launched 16th Sept & campaign toolkit shared with Alliance.	Stoptober promotion sent out to partners. Promote case studies gathered via FRESH and local comms - case study sent across to Andy Lloyd within FRESH with consent • Stoptober local photoshoot shared across local platforms and shared via FRESH regionally
	Work with Tobacco Alliance partners to develop a communications strategy.			Communications strategy with action plan agreed	Session facilitated by Fresh re: communication – May 2023		
	Agree a communications plan across Hartlepool			Standardised material used.			
Organise themed discussions for locality partners, with support from Fresh to map and develop communication channels which will amplify regional campaigns by ensuring that toolkits are shared with partners and local messaging mirrors that of mass media campaigns.	Link with Fresh to hold a themed session on communication to promote awareness of tool kits available	Public Health, alliance partner's & Fresh	Local and Regional	Local communication strategy and action plan developed	Communication session held for Alliance Members	Campaign Toolkit shared with Alliance members Sept 2024/ Stoptober regional photoshoot.	Action plan/strategy to be completed with Julian & comms N'Tees
	Map existing local communication methods to identify development opportunities for new communication channels.			Communications messages promoted through a variety of channels			
	Develop a communication strategy and action plan for delivering messages that mirrors national mass media campaigns.			Local communications, campaigns mirror mass media campaigns.			
	Agree a calendar of events as part of the Tobacco control communication strategy.			Calendar of events promoted across partners.			
	Use different communication channels to maximise reach to motivate smokers to stop and stay stopped.			Resources shared, using accessible methods for different groups			
	Plan and distribute campaign materials whilst engaging with local communities.			Case histories, photographs, filming of events used to capture and share successes.			
	Include www.freshquit.co.uk is shared for public information.						
Ensure the Fresh campaign website www.freshquit.co.uk to be included in all relevant public facing communications.		Communication lead Local & Alliance		All communications will include www.freshquit .co.uk		This has been included in public facing communications & recent printing/social media coverage.	This has been included in public facing communications & recent printing/social media coverage.
Provide clear guidance to professionals and public on the use of e-cigarettes/vapes including: • Use of e-cigarettes/vapes as an approved harm reduction technique for adults who are current smokers • The potential risk of continued nicotine addiction. • Advice and information relating to the use of vapes in children and young people.	Support partners in the use of tool kits, share latest reports and evidence for wider dissemination regarding vaping.	Alliance partners Fresh	Local, Regional and National	Numbers of people accessing themed sessions	Learning resources and tool kits shared to all education settings/ youth services/ 0-19 services on Children and young g people vaping (March 23 & July23)	ADPHNE Position Statement on Nicotine Vaping sent to Alliance - Oct 24.	DHSC fact sheet on vaping and smoking sent across to Tobacco Alliance - Nov 24.
	Hold specialist sessions on vaping for all partners.			Register kept of training accessed and completed			
	Share link with partners and recommend further learning by accessing on line specialist modules on vaping available at the National Centre for Smoking Cessation and Training (NCSCT)			Audit of current school support and support plan agreed	Meeting with Head teachers to look at work in relation to support schools and young people vaping – further dedicated session to be held		
	Share specific resources with education and youth settings and look at providing dedicated sessions identifying additional support needs				Vaping information session for professionals delivered		
					Training links sent to social prescribers – Hartlepool Clinical networks and hospital waiting well team – August 2023		
Provide topic specific training sessions for professionals.	Agree sessions for specific areas, utilising expert support to deliver for example • Vaping • Communications • Illicit tobacco	Tobacco Control Alliance & fresh	Local and Regional	Sessions delivered – face to face & remote  numbers attending sessions Numbers of sessions delivered annually	Themed sessions have been delivered utilising expert support on vaping, communications and illicit tobacco – all well attended by alliance members and wider community reps.		Send out vaping video to schools again? Inclusion meeting – deliver a presentation on vaping? See what schools are doing
Provide professionals across the locality system access to online training to support behaviour change from the National Centre for Smoking Cessation and Training (NCSCT). This includes core competencies required to support a quit attempt		Tobacco Control Alliance All partners providing stop smoking support	Local and National	All staff providing stop smoking support have completed NCSCT on line training  Register of staff who have completed the training maintained	NCSCT training link shared amongst alliance members. Register of staff who have completed training developed	2 further staff in START have commenced NCSCT training to help deliver pathfinder/ NCSCT training links have been shared amongst Alliance staff members again. Register of staff who have completed the training currently being developed.	Push NCSCT training amongst partners & share training link again/ Update register for those who have completed the training • Additional staff member in Young Person's team has completed training to deliver vape offer, in order to reach out to 18-25 year olds using drug and alcohol services
	Share NCSCT on line training link, stating it is as a mandatory required baseline for providers delivering support to stop smoking. As part of SLA with partners, maintain register of training accessed – baseline and specialist modules						
Ensure that key pieces of work, including locality media campaigns, are evaluated as appropriate and learnings are implemented to improve delivery in the future	Fresh to share campaign evaluations quarterly as part of their quarterly reporting	Fresh	Local and Regional	Quarterly report from Fresh shared with Alliance	Ongoing reporting/contracting monitoring with Fresh to share evaluation of local campaigns	HBC Communications review how many people have viewed media resources online via Facebook and X / Ongoing reporting from FRESH	FRESH continue to provide quarterly report which is reviewed by AM



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

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

	How	Who	Regional/Local	Outcome	Completed	Ongoing April - Sept 2024	Ongoing Sept - March 2025
Develop services that target those most at risk and focus our support on priority groups not already supported by existing NHS pathways.	Using the needs assessment to identify those groups most at risk to target resources/ service developments.	Public health, Alliance, North Tees and Hartlepool NHS Foundation Trust	Local	Resources targeted at service gaps not covered by current service pathways for stop smoking support.	A support offer of 4 week vape kit and behavioural support developed to targeted groups -Patients who live in the top 1-3 IMD areas eligible for a NHS health check and smoke, patients who are part of a lung health pilot within a GP surgery and patients who are part of the waiting well pilot, awaiting elective surgery. Vape pilot commenced August 2023.	EOI in August 2024 was successful to Swap to Stop and now obtained further 500 stock of vapes which can be used by new SSS. • The procurement process for a Specialist Smoking Service was initiated earlier in the year and the contract was awarded to North Tees and Hartlepool NHS Foundation Trust to deliver a specialist smoking support service across Hartlepool. • The Specialist Smoking Service will offer; - 12-week support programme (including nicotine replacement therapies, pharmacotherapy and/or an e-cigarette) - Face-to-face clinics across the community - Telephone consultations - Home visits for housebound patients - Workplace clinics • Work is ongoing with FRESH and Pharmacy Advisors to develop a regional PGD for Varenicline and Cytisine, to make this more accessible for service users	Mobilisation of the new service, ensuring it supports HBC current vape offer. Staff to be in post and clinics to be held by end of Nov 24.
Target work to support those with smoking related conditions particularly in relation to cancers, cardio vascular disease (CVD) and chronic obstructive pulmonary disease (COPD)	Develop a support offer of 4 week vape kit and behavioural support to targeted groups – • Patients who live in the top 1-3 IMD areas , are eligible for a NHS health check and smoke • Patients who are part of a lung health pilot within a GP surgery • Patients who are part of the waiting well pilot, awaiting elective surgery.			Vape pilot offer developed and active from 1st August to targeted groups.			
Work to continue the decline in the proportion of smokers in routine and manual occupations in Hartlepool.	Be part of the national pathfinder for the Vape Swap to Stop project. At risk groups identified for priority support include - • 0-19 service (adult offer) to support the maternal pathway • People who access substance misuse services • People who access housing provision. • People with a diagnosed mental health illness in the community. • People accessing primary care. • HBC staff			Swap to stop pathfinder project commenced 2023	Further GP practice added October 2023		
Work with colleagues delivering the maternity pathway to look at how we provide ongoing support to new mothers, partners and their families to ensure they are given continued support to stop and remain stopped following delivery. Develop a stop smoking offer for people who access substance misuse services	Analyse data/information from targeted areas for key learning to inform future planning of services			Reduction of smoking in groups most at risk	Vape pathfinder expression of interest submitted (October) which will target vulnerable and those needing extra support to stop smoking. The offer will include free vapes, access to digital app and behavioural support via telephone, face to face and / or text message for 4 weeks plus.		
Communicate the evidence base for vaping and help facilitate discussions and understanding around this with local partners using resources and support form Fresh.	Ask partners to use shared Fresh publications/ resources and links to NCSCST specialist vaping modules. Invite partners to Vaping themed sessions with Fresh supporting	Public Health, alliance, Fresh	Local and Regional	Increased provision of support for people wanting to stop smoking including vape offer	Recent government proposals (October23) has allocated further funding to public health to develop further stop smoking support to enhance current provision.		Share information from webinar attended on vaping with Alliance?
Encourage all partners to adopt an evidence based approach to vaping and cascade approved resources aligned with regional position statement(s)	Partners to use shared Fresh publications/ resources and links to NCSCST specialist vaping modules.	Public health, alliance and Fresh	Local, Regional and National	Increase in the numbers of quit attempts	Session held for wider partners		
				Increase in numbers of people achieving 4 week quit attempt			
				Numbers of people achieving quit at 12 week review			
				Increased sharing of Vape resources and training materials shared.			
				Dedicated Vaping session held for partners.			
				Dedicated work to look at supporting education and youth settings			
				Vaping resources and training materials shared.	Circulated		To share again with Alliance.

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### Priority 6. Raise price and reduce illicit trade

	How	Who	Regional/Local	Outcomes	Completed	Ongoing April - Sept 2024	Ongoing Sept - March 2025
Develop an illicit tobacco plan with partners to coordinate action using the 8 key strand for addressing illicit tobacco (enforcement of underage sales, illicit tobacco) <a href="http://www.illicit-tobacco.co.uk/strategicframework/index.html">http://www.illicit-tobacco.co.uk/strategicframework/index.html</a> .	Partners to attend specialist session on illicit tobacco to raise awareness of the issue	Trading standards, public health, alliance	Local	Specialist session held facilitated by Fresh and local enforcement team.  Illicit tobacco plan developed monitored by Tobacco Control alliance  Review of licensing processes to look at illicit tobacco/vape use	An Illicit tobacco session was held in October raising awareness of the issue in Hartlepool, the session included details of the recent proposals by the government to strengthen enforcement activity. Group discussions and suggestions for priority actions were captured to develop a partner approach action plan to tackle illicit tobacco.	Trading Standards work in line with our Trading Standards Service Plan and Public Protection Enforcement Policy.	Unsure if this needs to remain an action – TS work collaboratively with FRESH and in line with their strategic framework.
Work with trading standards colleagues and wider partners to assess needs and gaps and develop an action plan to tackle illicit tobacco in Hartlepool including licensing processes							
Use local data to target activity in geographical areas as well as population groups, e.g. using data to target illicit tobacco supply, illegal tobacco sales and high smoking prevalence.	Gather data, local intelligence with trading standards colleagues and wider partners including licensing processes	Trading standards, public health, alliance partners ( police )	Local	Activity targeted at specific population groups and geographical areas.  Activity data monitored for reoccurrence of illicit trading  Number of representations made in licensing process	Trading Standards work are intelligence lead. Trading Standards receive intelligence from members of the public, traders and other regulatory services.	During 2023 -24 Trading Standards have secured closure orders against premises that sold illicit tobacco and worked with Cleveland Police on numerous seizures and investigations.	
Provide support to trading standards colleagues' in partnership with Fresh to inform their approaches to addressing illicit trade.	Agree areas to target activity to address illicit tobacco as part of the illicit tobacco plan for Hartlepool						
Deliver a dedicated themed session for the Alliance around illicit tobacco use.	Work with Fresh to develop a session about illicit tobacco	Public Health, Fresh & Trading standards	Local and Regional	Illicit tobacco session	Illicit Tobacco Session held October 2023		
Support the work of Fresh and ASH to recommend that Government toughen vape regulation.	Fresh information and support requests shared with Tobacco Control Alliance	Tobacco control alliance	Local and Regional	Local input into national consultation and guidance	Circulation of national consultation opportunities		FRESH to provide updates which can be circulated to Alliance • Fresh facilitate regional response to consultations on illicit and access to tobacco products including vapes.

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

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

	How	Who	Regional/Local	Outcomes	Completed	Ongoing April - Sept 2024	Ongoing Sept - March 2025
Work with Licensing/Trading Standard to ensure ongoing compliance monitoring around all tobacco regulations as well as age of sale, proxy purchasing and point of sale displays.	Public health to use a standard operation procedure to support licencing / trading standards departments with licensing and illicit tobacco compliance	Public health, trading standards / licensing	Local	Support given to licensing / trading standards to ensure compliance of all tobacco regulations through licensing process	Licensing SOP developed for alcohol license applications to be reviewed in terms of illicit tobacco and vape regulations. Actions from recent government proposals concerning raising the age of sale for cigarettes by one year every year from 2027 to be included.	Participation encouraged to all alliance members, wider community, schools, in the consultation on measures to reduce the appeal and availability of vapes to children whilst ensuring they remain available to help adult smokers quit.	Review If SOP is required & 'Stubbing out the problem' - Alliance aware of how to report illicit sales etc.
Share compliance monitoring data, outlining trends and risks and maintain effective links with regulatory colleagues, providing advice and guidance to partners and working collaboratively to share best practice.	Trading Standard representative to share compliance / monitoring data at quarterly alliance meetings	Trading standards Tobacco Control alliance	Local and Regional	Awareness of local issues amongst partners.  Agreement tackle issues collaboratively using best practice.  Compliance of Tobacco regulations increase s across the locality.	Attendance agreed at Alliance meetings	Updates provided during Tobacco Alliance Meetings.	TS representative attended Oct 2024 meeting and provided an update to partners
Alert Trading Standards and Fresh if situations arise where involvement of tobacco companies maybe suspected.	Process developed and agreed by Tobacco control alliance members for alerting involvement of tobacco companies.	Fresh, Trading standards & Alliance	Local and Regional	Process used by Tobacco Control Alliance members to escalate situations where involvement of tobacco companies maybe suspected.  A register of notifications will be kept to monitor trends / risks.	<a href="#">Document-1-Process-Map-Article-5.3-Toolkit.pdf (ash.org.uk)</a>	Trading Standards to be alerted via e-mail or telephone. Fresh via keep it out.  No reports have been received from the Tobacco Control Alliance members during this period.  Register is kept by trading standards around complaints made, test purchases done, tobacco/vapes seized etc.	Reminders at Alliance meetings by Trading Standards representative/ Keep it Out reporting procedure discussed and sent as a reminder to Alliance

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

### Priority 8. Data research and public opinion

	How	Who	Regional/Local	Outcome	Completed	Ongoing April - Sept 2024	Ongoing Sept - March 2025
Use clearly defined data to ensure we are using targeted approaches to address health inequalities	Data from needs assessment, inequalities data, and local data is used to identify approaches for service provision.	Public Health, Public Health data analyst, Tobacco Control Alliance, OHID	Local, Regional and National	Increased support offer including vapes  Increased targeting of services at to reduce inequalities  Decrease in the numbers of people smoking  Increase in numbers starting a quit attempt	Targeted groups identified in order to address health inequalities		• Clinics to be held in areas where those within targeted groups are already utilising services (START, work places with routine and manual workers, Family Hubs)
Use qualitative insight work led by Fresh on attitudes towards tobacco, with a particular focus on exploring motivations for behaviour change, to inform local campaign development. This will also include understanding the needs of people who smoke and routes and barriers to quitting.	Share insight findings with Tobacco Control alliance from Fresh to shape campaign development and delivery of messages.  Share public opinion surveys and intelligence linked to tobacco behaviours. Ask Tobacco control alliance partners to consider the findings when planning events / campaigns.	Fresh, Tobacco Control Alliance and Community Champions	Local and Regional	Tobacco Control Alliance members will use the findings to develop and target messages as part of public facing campaigns as part of the communication plan.  Campaigns will be delivered using recommendations for greatest reach, understanding and engagement.		Bluegrass study on smokers insights was completed and work is going to be done with FRESH to deliver results to Alliance and see how this can inform our local SSS.	Bluegrass results to be shared with Alliance - Joanna Feeney (FRESH) is going to set up a workshop on how to do this best
Utilise findings from public opinion surveys, which monitor behaviours, attitudes, policy support linked to Tobacco to inform local campaigns.	Share local insights / intelligence from service user provision, local campaign evaluations and community champions to contribute to planning of campaigns.			Campaigns will be delivered at appropriate times, settings and be accessible for all.			
Work with Fresh to share key pieces of research on a broad range of topics with local partner's and also work collaboratively with key academics on the evaluation of the delivery of stop smoking support	Look for research funding opportunities to work with academics to understand the barriers and facilitators and service model for stop smoking support to maximise engagement and impact on smoking habits,	Fresh, Public Health Tobacco Control alliance	Local, Regional and National	Research funding secured to develop a research study to understand barriers, facilitators and a service model for stop smoking support in Hartlepool.  Findings from the study will inform future service development.  Service provision shows an increase in numbers of those accessing support to stop smoking.			Researcher post which will help to evaluate stop smoking support offered in Hartlepool.  NIHR funding - Three Schools funding to help evaluate SSS
Work with education and youth service colleagues to better understand the numbers of young people who smoke/vape to inform approaches and interventions using evidenced based approaches and resources.	Audit education settings using questionnaires to understand the numbers of young people who smoke / vape. Extend to youth groups  Share Fresh toolkits and resources about young people and vaping / smoking.  Develop an audit to understand the use of the toolkits within education and youth settings. Sharing recommendations for future developments.  Work with education settings and youth settings to understand the needs and support required	Education, trading standards, Smoking Alliance	Local and Regional	Data reports show the numbers of young people taking up smoking / vaping.  Analysis of questionnaires to be shared with Tobacco Control Alliance and support action plan developed.  Tool kits shared March and July to education and youth settings.  Analysis will detail experiences and recommendations for future resources targeting education settings and youth groups around vaping / smoking.	Feedback from Youth Groups positive in using the tool kit with youth groups across Hartlepool  Further dedicated session with Head Teachers to support their role in supporting young people who currently smoke/vape		See if this information/data is available from HRBQ?/Link in to headteachers meeting / Contact Youth Service colleagues for discussion

# HEALTH AND WELLBEING BOARD

2<sup>nd</sup> December 2024



**Report of:** Director of Public Health

**Subject:** DIRECTOR OF PUBLIC HEALTH (DPH) ANNUAL REPORT

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## 1. PURPOSE OF REPORT

- 1.1 To present to the Board the 2024 DPH annual report (attached at **Appendix A** and accessible via the following link [www.hartlepool.gov.uk/DPH-Annual-Report-2024](http://www.hartlepool.gov.uk/DPH-Annual-Report-2024))

## 2. BACKGROUND

- 2.1 The DPH Annual Report is an important vehicle for providing advice and recommendations on population health to both professionals and public – providing added value over and above intelligence and information routinely available.
- 2.2 The requirement for the Director of Public Health to write an Annual Report on the health status of the town, and the Local Authority duty to publish it, is specified in the Health and Social Care Act 2012.
- 2.3 The 2024 report follows on from the previous two reports which explored data, and first hand views from a number of local residents, in relation to three key stages of life: “the best start in life”, “living well” and “living well in later life”. The following year I looked at people of working age and focused on work, skills and health. I also looked at economic opportunities in the town, employment opportunities and focusing on work we are doing to improve health and wellbeing in workplaces

## 3. REPORT FOR 2024

- 3.1 This year’s report will look at how we address the key early years to give our children the best start in life. There is strong evidence that the first 1001 days of a child’s life from conception to age 2 are critical in providing the foundations needed to build a healthy life in the future. Every family in



Hartlepool deserves appropriate support that ensures their baby will grow and develop healthily in their early years.

This report highlights some of the key areas where this support is provided and provides an overview of a number of activities that are

- 3.2 The report takes a similar format to the previous two reports and includes a range of videos, data and intelligence.
- 3.3 The final version of the report is attached to this paper.

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

- 4.1 None noted.

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

- 5.1 None noted.

#### **6. LEGAL CONSIDERATIONS**

- 6.1 The council is required to publish the DPH report annually.

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

- 7.1 None noted.

#### **8. STAFF CONSIDERATIONS**

- 8.1 None noted.

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

- 9.1 None noted.

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

- 10.1 None noted.

#### **11. RECOMMENDATIONS**

- 11.1 To approve the 2024 Director of Public Health annual report.

**12. REASONS FOR RECOMMENDATIONS**

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

**13. BACKGROUND PAPERS**

DPH Report 2024 - [www.hartlepool.gov.uk/DPH-Annual-Report-2024](http://www.hartlepool.gov.uk/DPH-Annual-Report-2024)

**14. CONTACT OFFICERS**

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



# **HARTLEPOOL DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2024**



**START**



# Introduction by Craig Blundred

Director of Public Health for Hartlepool

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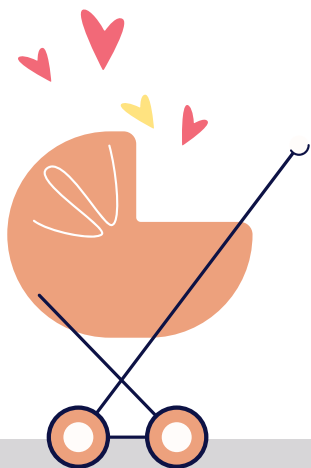


Video introduction by Craig Blundred

# Welcome to our Hartlepool town

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

EARLY YEARS



FAMILY SUPPORT / FAMILY HUBS



SCHOOL READINESS





# EARLY YEARS

## Why is a good start in life important?

There is strong evidence that the first 1,001 days of life, from conception to the age of two, set the foundations for cognitive, emotional and physical development in children. Hartlepool is committed to ensuring that every baby gets the best start in life. We believe that every family deserves access to support that will help their baby grow and develop healthily in their early years and throughout their childhood and the team have increased health visitor reviews at 12 months in Hartlepool which have increased to 95% in the year 2022/23, from 89% five years earlier.

In order to achieve this, our Early Years team comprise experienced and specialised staff, including Health Visitors, Specialist Health Visitors, Staff Nurses, Nursery Nurses, Family Support Workers and Parenting Support Workers. This team works with local families to provide:

- prenatal care
- promoting child development
- improving child health outcomes
- ensuring that families at risk are identified at the earliest opportunity



Lisa Adams  
Head of Service Early Help, Hartlepool Borough Council

**Prenatal**  
(28 weeks)

**Antenatal Contact**

Antenatal care and screening

Health and social care assessment

**Birth**  
to 8 weeks

**New Birth Review**

6-8 weeks review

High impact areas:

- transition to parenthood and the early weeks
- breastfeeding
- maternal mental health

**Aged 1**

**9-12 Month Review**

High impact areas:

- healthy weight, healthy nutrition
- managing illness and unintentional injuries

**Aged 2**  
ready to learn

**2 to 2.5 Year Review**

High impact areas:

- healthy and wellbeing and development aged 2

## THE PICTURE IN HARTLEPOOL

One of the best ways to protect babies and children against diseases like measles, rubella, tetanus and meningitis is through immunisations. As well as protecting the baby and child they also protect others by preventing the spread of the disease. Vaccinations are offered free of charge in the UK as part of the routine NHS childhood immunisations programme. Our data for childhood immunisations in Hartlepool tells a mixed story.

We are performing in line with the national/regional average with above 90% coverage for vaccinations offered at 1 year old, including:

- Meningitis B vaccine
- Pneumococcal booster
- Rotavirus vaccine
- Pertussis (whooping cough), diphtheria, tetanus and polio vaccine

We are performing in line with the national/ regional average with above 90% coverage for vaccinations offered at 2 years old, including:

- Measles, mumps and rubella (MMR) first dose
- Meningitis B booster
- Hib (Haemophilus influenza Type B) and Meningitis C booster

We are performing well, with above 95% coverage, for:

- Pneumococcal conjugate vaccine (PCV)
- Measles, mumps and rubella (MMR) first dose at 5 years old

For the second dose of the measles, mumps and rubella vaccine (MMR) offered at 5 years old, Hartlepool has the second lowest rate of coverage in the North East - 84.5% compared with the regional average of 90.4%.

The Pertussis (whooping cough), diphtheria, tetanus and polio booster coverage, which is also offered at 5 years old, is second lowest in the region - 82.5% compared with the regional average of 89.4%.

The flu vaccine, offered to children between 2 and 3 years old, has coverage of 37.2% - the second lowest in the region.

For more information click [here](#).



# INFANT FEEDING

Supporting families to breastfeed and increasing the number of babies who are breastfed offers the best possible start in life. Breastfeeding improves infant and maternal health and wellbeing in both the short and longer term, and has significant lifelong benefits for both mother and child. Some of these benefits include a reduced risk of gastro-intestinal problems and respiratory infections, lower rates of hospital admissions for babies, and improved emotional attachment.

Breastfeeding and infant feeding can be challenging for many families, who are often aware of the importance of breastfeeding but face significant barriers to successfully using this approach to infant feeding. Breastfeeding rates at 6-8 weeks are now at 26% in Hartlepool which is the second lowest in England, with eight out of ten women stopping breastfeeding before they want to.

In January 2024 Hartlepool Borough Council Health Visiting & Family Hubs service were successful in gaining the UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative Stage 1 accreditation and are now working towards Stage 2 over the upcoming years. The Baby Friendly Initiative is a global programme of UNICEF and the World Health Organisation which works with public services to improve practice so that parents are enabled and supported to make informed choices about how they feed and care for their babies.

**RCPCH - Maternal and Perinatal Health - Breastfeeding.**

**Breastfeeding JSNA**

**UNICEF - Breastfeeding in the UK - Baby Friendly Initiative**



Michelle Readhead  
Infant Feeding Specialist Nurse, Hartlepool Borough Council



# SUPPORTING GOOD MENTAL HEALTH

## Perinatal mental health

Nearly 1 in 5 women are affected by mental health problems either during pregnancy or in the 12 months after giving birth, such as anxiety, depression, postpartum psychosis and post-traumatic stress disorder (PTSD). Poor mental health can have a significant impact on breastfeeding and a mother's ability to bond with her baby, including being sensitive and attuned to the baby's emotions and needs. As a result, this can impact on a mother's ability to bond with her baby.

Preventing and intervening early to address attachment issues will have an impact on ability to form trusting relationships, resilience and physical, mental and socio-economic outcomes in later life.

The specialist Infant Feeding Team and Perinatal Mental Health Team have lots of support in place with both teams providing general support groups, specialist weaning and introduction.

## NHS England Perinatal Mental Health



Michelle Ince  
Specialist Nurse Perinatal & Infant Mental Health,  
Hartlepool Borough Council





# FAMILY SUPPORT / FAMILY HUBS



## Why is working with families important for children's development?

There are approximately 400 family hubs now open in England, providing a one-stop-shop for a variety of universal and specialist support services for families with children aged 0-19, or up to 25 for young people with Special Educational Needs and Disabilities.

In Hartlepool there are four family hubs in accessible locations across the town: Rossmere Family Hub, Hindpool Family Hub, Middleton Grange Family Hub and Miers Avenue Family Hub. There is a range of information on the Family Hubs' Facebook and website to promote classes, groups and support available including resources to support parents, carers, and guardians virtually.

Getting early help and support at the right time is vital for parents, carers and families.

### **Hartlepool Family Hubs**

### **Facebook - Hartlepool Family Hubs**



Kate Proctor  
Family Hubs Transformation Manager



# THE PICTURE IN HARTLEPOOL

- Number of Child In Need assessments due to abuse or neglect up 52% in 10 years from 2013 to 2023.
- In 2022/23 just over half of domestic violence cases in Hartlepool were in households with children, and in just under 1 in 4 domestic violence cases in Hartlepool a child was present to witness it.
- Around 1 in 3 substance misuse service users in 2023/24 were living with children, and just over half of the substance misuse service caseload are parents who do not live with their children.
- Percentage of children at expected level in Personal, social and emotional development at end of Early Years in 2022/23 - 78.7% which is the second lowest in the North East.

## Children in Need JSNA



# PARENTING SUPPORT

Hartlepool Borough Council's partnership with the Solihull Approach means we can offer free online courses that provide advice and practical tips to boost the confidence of parents and to help families strengthen their relationships.

A variety of courses are available to gain knowledge, confidence and key skills. All the courses can be completed flexibly and each course takes around 15 to 20 minutes to complete. The courses can also be accessed in over 90+ languages.

We know that sometimes dads may feel a little left out in the early stages of a baby arriving, with the focus sometimes being on mum and baby, but in Hartlepool we recognise the importance of engaging dads within our groups and family, with some of the groups specifically for dads and baby.

Getting early help and support at the right time is vital for parents, carers and families.



James Sinclair  
Family Hub Lead, Hartlepool Borough Council



Jill Coser  
Parenting Coordinator, Hartlepool Borough Council

# SCHOOL READINESS

## What is school readiness and why is it important?

School readiness is a term used to describe the child's preparedness to engage in school. This includes children's language and literacy skills, social and emotional and cognitive abilities. Therefore school readiness reflects the ability of a child to meet the expectations and demands of school, helping towards a smooth transition into school education and beyond. There are many aspects of school readiness. This report focuses on two of those – speech and language and active travel.

Preparing a child for school readiness can include skills such as:

- Early Literacy: Encourage reading and storytelling to develop language skills and a love of books.
- Numeracy Skills: Introduce basic numeracy concepts through play and everyday activities.
- Fine Motor Skills: Drawing, colouring and playing with toys like building blocks.
- Social Skills – Helps social interactions and supports communication skills.
- Emotional development – helps children manage emotions.

School readiness is therefore a key indicator of a child's health and development and their ability to meet early academic milestones, which in turn have been associated with a range of better social, economic, and health outcomes into adulthood.

## THE PICTURE IN HARTLEPOOL

- School readiness – Good level of development at Reception - 64.5% - fourth lowest in the North East.
- School readiness – Expected level of communication skills at Reception – 76% - second lowest in the North East
- Data from the Active lives Survey on how active children are, which includes active travel to school, in 2022/23 saw Hartlepool achieve 52.1% of children classified as active, above both the North East and England figures, and only 24.8% of children were classified as less active, again below the North East and England, and the lowest in the Tees Valley.
- Speech and language - the percentage of children achieving at least the expected level of development in communication, language skills at the end of Reception is 66.1% in Hartlepool compared with the national average of 79.7%.

### Education JSNA





# SPEECH AND LANGUAGE DEVELOPMENT

One of the key areas for school readiness is a child's ability to communicate effectively. In Early Years, speech, language and communication challenges are the highest locally, regionally and nationally. The percentage of children achieving at least the expected level of development in communication, language skills at the end of Reception is 66.1% in Hartlepool compared with the national average of 79.7%.

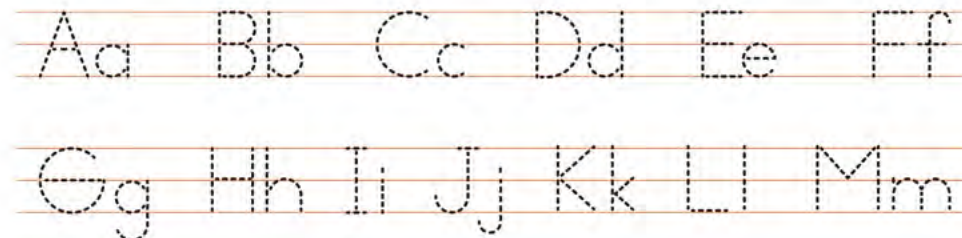
Hartlepool has received funding from the Department for Education and NHS England to pilot the Early Language and Support for Every Child programme (ELSEC).

This is a 2 year project which has funded innovative workforce models to improve early identification and support for children and young people with speech, language and communication needs. This programme is a Partnership model between Hartlepool Family Hubs, the NHS and Speech and Language UK.

The ELSEC pilot explores new ideas and ways of working in order to enable more children to access speech and language support in the early years, which will support with children being ready for school by: supporting the development and launch of an Early Years language and communication pathway, to embed universal key messaging around how babies learn to talk, Introduce targeted support for parents of 2 year old children: Tots Talking and establish targeted evidence based intervention for children aged 3-4 years.



Clare Wright  
Clinical Lead Early Help, Hartlepool Borough Council



# ACTIVE TRAVEL

The term Active Travel is often used to describe ways of travel such as walking and cycling, but active travel can also include other forms, such as scooters, skateboards and adapted cycles – any form of travel where you have to use your own energy to move!

Building healthy habits starts at a young age. In children and young people, physical activity is linked to improved learning and attainment and also better mental health. We know being physically active can help improve heart health and general fitness, and can contribute to achieving a healthy weight. Some of the work Public Health is involved with to improve overall health is to promote physical activity of all kinds and this includes active travel. We do this by working with our colleagues within the Council and also with our colleagues and partners in our communities. A good example of partnership working to encourage active travel is 'Move Mania'. This is a free resource from Hartlepool Sport and the PFC Trust for use by families with primary school age children. Move Mania aims to make the journey to and from school more fun and therefore encourage children and families to be more physically active.

Being physically active has lots of health benefits. The Chief Medical Officer for England recommends 60 minutes of physical activity for children and young people over 5 years old per day and to aim for 180 minutes of activity per day for the under 5s. This is because it can help improve their overall health and wellbeing for children and young people. There are several other benefits of Active Travel – not only for our physical and mental health, but also the environmental benefits of cleaner air from cutting the use of petrol and diesel vehicles as well as the economic benefits of reduced transport costs for families.



Beverley Hall-Jones  
Advanced Public Health Practitioner, Hartlepool Borough Council

## **UK Chief Medical Officer's Physical Activity Guidelines**

### **NICE - Physical Activity: Walking and Cycling**



Conclusion by Craig Blundred



## WHAT WE CAN DO TOGETHER

This year's report provides a summary of the key challenges faced in the early years of a child's life and how the early years of life from conception to entering adulthood are critical for wellbeing.

During pregnancy there are opportunities to ensure and promote healthy behaviours. Good support in the early years is vital in helping parents access support for their child's needs, but also for employment opportunities and housing which help to reduce child and family poverty.

The report also identifies school readiness as key and how schools are also vitally important in, improving the health behaviours of children and young people and ensuring high levels of achievement and ambition to help chances throughout life.

The videos included in this report capture the great work we are doing across Hartlepool to support our families

However the report also provides a summary of data which identifies key challenges; in particular in childhood vaccination rates. This is something we are working hard with partners to improve and create opportunities to work together with our families to ensure we give every child in Hartlepool the best start in life.



Conclusion by Craig Blundred  
Director of Public Health for Hartlepool

# ACKNOWLEDGEMENTS

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

**Claire Robinson** - Public Health Principal, Hartlepool Borough Council

**Danielle O'Rourke** - Advanced Public Health Practitioner, Hartlepool Borough Council

**Beverly Hall-Jones** - Advanced Public Health Practitioner, Hartlepool Borough Council

**Dean Langstaff** - Public Health Intelligence Specialist, Hartlepool Borough Council

**Vineeta O'Key** - Public Health Registrar, Hartlepool Borough Council

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

**Lisa Adams** - Head of Service Early Help, Hartlepool Borough Council

**Michelle Readhead** - Infant Feeding Specialist Nurse, Hartlepool Borough Council

**Michelle Ince** - Specialist Nurse Perinatal & Infant Mental Health, Hartlepool Borough Council

**Kate Proctor** - Transformational Manager Family Hubs, Hartlepool Borough Council

**James Sinclair** - Family Hub Lead, Hartlepool Borough Council

**Jill Coser** - Parenting Coordinator, Hartlepool Borough Council

**Clare Wright** - Clinical Lead Early Help, Hartlepool Borough Council

**Ashley Musgrave** - Advanced Public Health Practitioner, Hartlepool Borough Council

# HEALTH AND WELLBEING BOARD

2<sup>nd</sup> December 2024



**Report of:** Director of Public Health

**Subject:** JOINT LOCAL HEALTH AND WELLBEING STRATEGY 2025-2030

## 1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
- where people are enabled to live healthy, independent and prosperous lives.
- where those who are vulnerable will be safe and protected from harm.
- of resilient and resourceful communities with opportunities for all.
- that is sustainable, clean, safe and green.
- that has an inclusive and growing economy.
- with a Council that is ambitious, fit for purpose and reflects the diversity of its community.

## 2. PURPOSE OF REPORT

- 2.1 To present the Health and Wellbeing Board (HWBB) Strategy refresh for approval (**Appendix 1**).

## 3. BACKGROUND

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

health and wellbeing strategies’ to ‘joint local health and wellbeing strategies’ (JLHWSs).

- 3.2 Health and wellbeing boards continue to be responsible for the development of joint strategic needs assessments (JSNA) and JLHWS.
- 3.3 Health and wellbeing boards will need to decide for themselves when to update or refresh JLHWSs or undertake a fresh process to ensure that they are able to inform local commissioning plans over time.
- 3.4 The decision was made by HWB on the 5 September 2022 for Public Health to lead the refresh of the current 2018-2025 strategy.
- 3.5 A stocktake of the previous strategy was undertaken in 2022/23.
- 3.6 Meetings between the DPH and HWBB representatives commenced 2023 setting out the approach to refreshing the strategy.
- 3.7 Consultation was incorporated into the councils ‘Big Conversation’ consultation December 2023 - January 2024. This helped inform the priorities of the JLHWS- for Hartlepool. This alongside the presentation of the reviewed strategy to the relevant public committees fulfils the Council’s Face the Public obligations under Part 1, Section 7, of the Constitution.
- 3.8 Further consultations have been undertaken with council committees and with the ICB Place committee for Hartlepool, September to November 2024.

#### 4. PROPOSALS

- 4.1 The JLHWS is attached to the papers and outlines the key priority areas for the next five years. These give a nod to the previous strategy as they are based on Marmot principles to tackle health inequalities. They are:
  - **Starting Well** – All Children and young people living in Hartlepool have the best start in life.
  - **Live well** - People live and work in connected, prosperous and sustainable communities.
  - **Age well** - People live healthier and more independent lives, for longer.
- 4.2 Alongside these key work areas we have five principles which the strategy will adhere to. These are:
  - **Tacking inequalities:** Inequalities are avoidable differences in outcomes, access to services, risks or wider determinants. By addressing inequalities and their causes we will improve the health of our population.
  - **Empowering local communities:** We want to ensure we build healthy resilient communities from the ground up.

- Shared responsibility: This strategy has been developed with partners and we all have a responsibility to engage with the strategy.
- Integrated approaches: This strategy has been developed in line with the key strategies from partners in the NHS and other sectors. By ensuring this strategy is aligned with other sector's strategies we will be able to develop integrated approaches to delivery.
- Building Health: For too long we have talked about tackling poor health – whilst this is important, this strategy realigns the narrative so we focus on building good health for all.

- 4.3. The strategy will inform the development of a detailed action plan and outcome framework which will be the responsibility of the HWBB to oversee and monitor. This will be an annual plan and will be reviewed each year to take into account policy changes and any emerging health related issues. The action plan will be aligned with the financial years and we will spend the time between strategy approval and the end of March 2025 developing the action plan for 2025/26.

## **5. RISK IMPLICATIONS**

- 5.1 The main risk is that the strategy is not refreshed within the timescales - It is a requirement of the HWBB to publish their Joint Health and Wellbeing Strategy setting out their priorities. This needs to be completed prior to 2025.

## **6. FINANCIAL CONSIDERATIONS**

- 6.1 None.

## **7. LEGAL CONSIDERATIONS**

- 7.1 None.

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

- 8.1 This will be developed alongside the strategy.

## **9. STAFF CONSIDERATIONS**

- 9.1 None.

## **10. ASSET MANAGEMENT CONSIDERATIONS**



10.1 None.

**11. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS**

11.1 None.

**12. RECOMMENDATIONS**

12.1 To agree the strategy.

12.2 To support the joint development of the 2025/26 action plan.

**13. REASONS FOR RECOMMENDATIONS**

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

**14. BACKGROUND PAPERS**

None

**15. CONTACT OFFICERS**

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# Joint Local Health and Wellbeing Strategy



**HARTLEPOOL**  
**BOROUGH COUNCIL**

# 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.

# Contents

Welcome from the Chair

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# Welcome from the Chair



Our new Joint Health and Wellbeing Strategy presents a real opportunity to make a difference to the health and wellbeing of everyone in Hartlepool together with partners and communities.

The Strategy has been produced in collaboration with Health and Wellbeing Board partners and feedback from the 'Big Conversation' consultation. Much has happened since the last Strategy was implemented in 2018; the impact of the Covid-19 pandemic combined with rising living costs and significant pressures in the health and care systems and the public sector are continuing to impact on people's lives.

We have set out high level ambitions for the next five years. This Strategy sets out our commitments and vision for improving health and wellbeing for the people of Hartlepool. Members of the Joint Health and Wellbeing Board will play a key role in delivering the Strategy locally. We will make sure that action plans have been tailored to meet local needs and build on the strengths of our communities.

**Councillor Brenda Harrison**

Leader of Hartlepool Borough Council



# What makes us healthy

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



## Links to local/national plans



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



**Hartlepool Borough Council Plan W**



**NHS Long Term Plan v1.2 August 2019 ([england.nhs.uk](https://www.england.nhs.uk/longterm/))**



**North East and North Cumbria Joint Forward Plan 2023-2028**



**North East and North Cumbria Health & Care Partnership 'Better Health and Wellbeing for All'**

# What we know - Health in Hartlepool

## Starting Well - Why is this important?

The early years of life from conception to entering adulthood are critical for wellbeing.

During pregnancy there are opportunities to ensure and promote healthy behaviours. Good support in the early years is vital in helping parents access support for their child's needs, but also for employment opportunities and housing which help to reduce child and family poverty. Schools are also vitally important in improving the health behaviours of children and young people and ensuring high levels of achievement and ambition to help chances throughout life.

## In Hartlepool we know:

### Starting Well

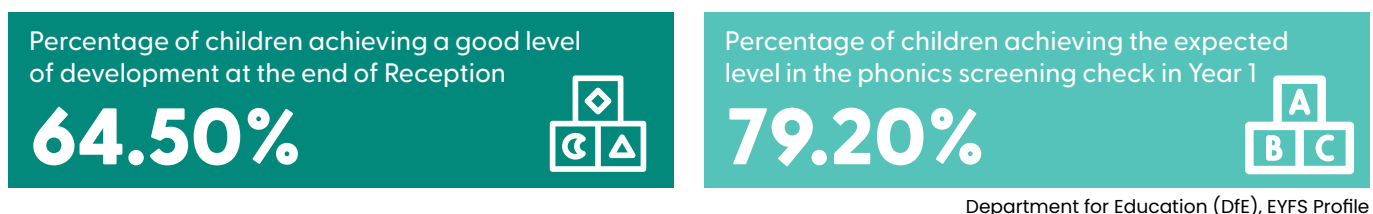
The National Child Measurement Programme (NCMP) 2022-23



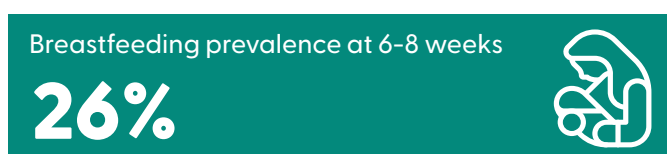
### Low income households



### School readiness



### SATOD/Breastfeeding



## Living Well – Why is this important?

Unemployment, wages and employment are all factors which influence people's health. Similarly, our local communities, and the regeneration that takes place, provide opportunities to improve health and wellbeing and build resilient, sustainability communities and tackle the wider determinants of health. We must work together to provide support to people.

### In Hartlepool we know:

## Starting Well

### Fuel Poverty

Households in fuel poverty

**14.30%**



Department for Business, Energy and Industrial Strategy

### Unemployed

Percentage of the working age population claiming out of work benefit

**14.30%**



NOMIS, Official Census and Labour Market Statistics

### Physically active adults

Percentage of physically active adults

**59.50%**



Percentage of physically inactive adults

**28.60%**



Active Lives Adult Survey, Sport England

### Depression

Depression prevalence 18+

**14.80%**



QOF

### Smoking

Current smokers 15+

**18.80%**



Current smokers 18+

**17%**



## Ageing Well – Why is this important?

Older age can and should be an opportunity for an active, independent and thriving time of life however the likelihood of having one or more long-term conditions does increase with age. In particular the older population has particular health needs, which may include falls and dementia. The local health system including primary, hospital and community care is essential to health.

### In Hartlepool we know:

## Age Well

### Healthy life expectancy

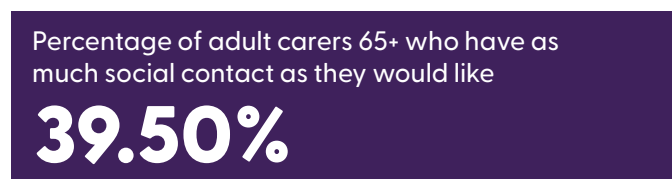


### Dementia



NHS

### Isolation



ASCOF

### Reablement support



# Our Principles

## Tackling inequalities

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

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

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

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

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## Shared responsibility

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

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## Integrated approaches

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

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## Building health

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



# What people said

We held a Big Conversation to find out people's thoughts and ideas about the type of place they wanted Hartlepool to be in the future. In the context of health and wellbeing, this is what they told us:

The Big Conversation ran for 12 weeks from 22nd November 2023 until 14th February 2024 and we had over 1,600 engagements with residents, our employees and partners from the public, private, voluntary, community and social enterprise (VCSE) sectors. This was through online and in person events.

Summary of responses included:



## What do you think is going well in Hartlepool?

Having easy access to the outdoors, nature and green spaces is a big benefit of living in Hartlepool, although some felt we don't make enough of these. People also liked that there is a strong VCSE sector in Hartlepool with a support group or charity to help with every need. They also felt that there is a really strong, friendly community who support each other in adversity. Though some felt community cohesion was declining.

## What would make Hartlepool a better place to live?

People were very concerned about the impact of drugs both from a health perspective and also in terms of associated crime and anti-social behaviour, which many people said made them feel unsafe and reduced their enjoyment of outdoor spaces. A stronger stance on drugs in Hartlepool would be welcomed. Additionally, people felt that they could make more use of our outdoor spaces for exercise and wellbeing if they were safer, cleaner, better maintained and had more facilities. Difficulties in accessing local healthcare, particularly GPs, dentists and hospital services, was also an area of major concern.





### How can we work together to make a difference?

People wanted agencies to work together more closely, share information more and to see action being taken. They also felt that agencies should involve residents and young people more in decision-making. In terms of actions; people wanted to see more availability of better quality housing, particularly in the social and private rental sectors. They also wanted actions to reduce inequalities (particularly in relation to poverty, warm homes, healthy diets and healthy lifestyles). Disabled respondents said they wanted Hartlepool to be more disabled-friendly, especially in terms of accessible/adapted housing, transport and access to services.

### What would help to improve your health and wellbeing?

The two key areas that people highlighted were that they wanted a greater range of leisure activities (including more affordable activities and more availability in the evenings and at weekends – note “leisure” does not just mean sport and many different activities were mentioned). They said that this would improve their health and fitness as well as allow them to make and maintain social connections and stay independent. The second area was they wanted better and easier access to health services, particularly increased availability of GP appointments and NHS dentists. Easier access to mental health services was also mentioned.



# Our priorities

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

### **We Will:**

- Work together to improve the mental health outcomes of the children and young people of Hartlepool
- Ensure every child has the 'Best Start' in life
- All children, whatever age, are supported in order to prepare them to start school and are ready to learn
- Work together to tackle childhood poverty
- Ensure Hartlepool is a safe place for children and families to grow and thrive
- Ensure that all services are person centred and family focused
- A focus on prevention and shifting to a social determinants of health approach
- Increase the uptake of childhood vaccinations

## Live well – People live healthier and more independent lives, for longer

### **We Will:**

- Reduce the numbers of people taking up and continuing to smoke
- Reduce the numbers of people using substances and work to reduce the number of substance-related deaths
- Promote access to good nutrition and access to physical activity opportunities including green spaces in order to reduce levels of obesity
- Work with partners to address levels of anti-social behaviour and violent crimes
- Grow the numbers of businesses engaged in addressing workplace health
- Promote mental and physical health, and prevent ill health
- Work together so more families will be living in decent homes with good opportunities for work
- Develop a coordinated approach to community resilience
- Work to address the health impacts of poverty

## Age well – People live healthier and more independent lives, for longer

### **We Will:**

- Support people with a long-term health condition to manage their condition
- Fewer older people will feel socially isolated, and more will be actively participating in community life
- Provide early prevention and detection, and coordinated care in older age
- Reduce the numbers of people who experience falls, and those who do will be enabled to feel confident and remain independent
- Support people to remain independent and able to make decisions about the health and social care services they receive
- Increase the opportunities for older people to participate in physical activity
- Include and support people in their end-of-life care choices

# Cross Cutting

## **Resilient, sustainability communities**

Healthy and sustainable places and communities – we will ensure that our communities and places have the right building blocks for health in place to build stronger, more resilient communities to ensure we support those conditions necessary for people to be healthy adopting a culture of health which encompasses a broader vision of what it means to be healthy, extending beyond health care to include work, family, and community life.

## **Life Course Approach**

The life course approach is an approach to understand people's life's over time and across generations and helps us to understand and explain health and disease patterns and the impact of early life and life transitions on health outcomes from birth to death and is critical in improving health and health equity.

## **Wider determinants of health approach**

The wider determinants of health are a diverse range of social, economic and environmental factors which influence people's mental and physical health. Variation in these factors is an important driver of the health inequalities.

# Measure of Success – Delivering the Strategy and Monitoring Impact

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

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

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

# References

<sup>i</sup> <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>

<https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/core20plus5-cyp/>

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<sup>ii</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/768979/A\\_guide\\_to\\_community-centred\\_approaches\\_for\\_health\\_and\\_wellbeing\\_full\\_report\\_.pdf#:~:text=There%20is%20extensive%20evidence%20that%20connected%20and%20empowered,a%20positive%20impact%20on%20people%E2%80%99s%20health%20and%20wellbeing.](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768979/A_guide_to_community-centred_approaches_for_health_and_wellbeing_full_report_.pdf#:~:text=There%20is%20extensive%20evidence%20that%20connected%20and%20empowered,a%20positive%20impact%20on%20people%E2%80%99s%20health%20and%20wellbeing.)

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<sup>iii</sup> [https://assets.publishing.service.gov.uk/media/5d0759f1e5274a0b82d62f2f/Quality\\_in\\_public\\_health\\_shared\\_responsibility\\_2019.pdf](https://assets.publishing.service.gov.uk/media/5d0759f1e5274a0b82d62f2f/Quality_in_public_health_shared_responsibility_2019.pdf)

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

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<sup>v</sup> <https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-6-wider-determinants-of-health>



# HEALTH AND WELLBEING BOARD

2<sup>nd</sup> December 2024



**Report of:** Director of Public Health

**Subject:** PHARMACEUTICAL NEEDS ASSESSMENT (PNA)  
2022 – MAINTENANCE and PNA 2025 PROGRESS

## 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 update the Board in accordance with the process for statutory maintenance of the Pharmaceutical Needs Assessment 2022 (link to PNA - [https://www.hartlepool.gov.uk/info/20015/social\\_care\\_and\\_health/768/pharmaceutical\\_needs\\_assessment\\_2022/1](https://www.hartlepool.gov.uk/info/20015/social_care_and_health/768/pharmaceutical_needs_assessment_2022/1)).
- 2.2 To receive notification of applications, decisions or other notice of changes to pharmaceutical services in Hartlepool from the ICB NENC or Primary Care Support England (PCSE) since the date of the last Health and Wellbeing Board Maintenance Report (9<sup>th</sup> September 2024).
- 2.3 To determine approval for publication of any Supplementary Statement to the PNA 2022 required as a consequence of those reported changes to pharmaceutical services.
- 2.4 To report process towards statutory publication of a new PNA by 30<sup>th</sup> September 2025.

## 3. BACKGROUND

- 3.1 The Health and Wellbeing Board (HWB) published its Pharmaceutical Needs Assessment on 30<sup>th</sup> September 2022. A link to the PNA is provided in Section 12.1.
- 3.2 The HWB are reminded of their statutory duties and responsibilities<sup>1</sup> for maintenance following publication of the PNA 2022 which are, in summary, they must:

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

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

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

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

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

#### **4. NOTIFICATION OF ACTION, APPLICATIONS OR DECISIONS MADE SINCE THE LAST MEETING OF THE HEALTH AND WELLBEING BOARD**

4.1 In accordance with the agreed process for the approval of actions noted in 2.4 a, b and c above, the Board is advised that no new Supplementary Statements have been issued under delegated authority since the last meeting of the Board in July 2023.

4.2 A Supplementary Statement was not issued following the inclusion in the Pharmaceutical List for Hartlepool of the new 'distance-selling' pharmacy at Unit 5, Enterprise Court, Queens Meadow Business Park, Hartlepool, TS25

2FE. This is because although the opening of this new pharmacy does result in a change to the availability of pharmaceutical services to that published in the current PNA for Hartlepool dated 2022, a distance selling pharmacy is not considered to be likely to be relevant to the granting of an new application to join the pharmaceutical list in Hartlepool, therefore a Supplementary Statement does not need to be issued. The map showing the premises at which pharmaceutical services are provided has been updated.

- 4.3 There have been no further notifications of any changes to pharmaceutical services located in Hartlepool. However, on 20 September 2024, PCSE notified of a change to opening hours of a pharmacy in Wingate, County Durham, TS28 5PZ which will no longer be open before 9am weekdays or on a Saturday from 9am to 12 noon. This pharmacy is one those offering choice outside of the town to some Hartlepool residents or visitors e.g., in the north / north west of the town (including Hart and Elwick), where a journey to Wingate or Blackhall should take less than 20 minutes by car.

## **5. PROCESS LEADING TO PUBLICATION OF A NEW PHARMACEUTIAL NEEDS ASSESSMENT FOR 2025**

- 5.1 In July 2024 the Board confirmed that the process of preparing a new PNA has commenced, towards publication before 30<sup>th</sup> September 2025. The Steering Group and various working groups are meeting and actively taking forward the plans outlined in July 2024, updating Table 1.
- 5.2 Collaborative working with colleagues supporting PNA processes in HWB across the NENC geography has progressed agreement to provide access to a variety of essential data held by NENC ICB, and the North East Commissioning Support (NECS). Community Pharmacy Tees Valley also support access to data and facilitate formal engagement with pharmacy contractors via the PharmOutcomes platform.
- 5.3 Tools and processes for public/ professional engagement have been completed with the support of Healthwatch Hartlepool and the communication teams within the local authority. The engagement process is underway; members of the Board are encouraged to contribute, and share tools in response to invitations to do so.
- 5.4 The draft PNA will require approval ahead of the statutory 60 day Public Consultation process in the New Year.

## **6. OTHER CONSIDERATIONS**

<b>FINANCIAL CONSIDERATIONS</b>	
<b>LEGAL CONSIDERATIONS</b>	To fulfil the requirements of Section 128A of the National Health Service Act 2006 (NHS Act 2006) for each Health and Wellbeing Board to publish a Pharmaceutical Needs Assessment (PNA)

<b>EQUALITY AND DIVERSITY CONSIDERATIONS</b>	<b>None</b>
<b>STAFF CONSIDERATIONS</b>	<b>None</b>
<b>ASSET MANAGEMENT CONSIDERATIONS</b>	<b>None</b>
<b>ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS</b>	<b>None</b>

## 7. RECOMMENDATIONS

### 7.1 Health and Wellbeing Board to note:

- i) No supplementary statements to the Hartlepool PNA 2022 have been issued since the last report in July 2024 and no further changes to pharmaceutical services in Hartlepool have been notified.
- ii) Progress towards the publication of a new PNA by September 2025.

## 8. REASONS FOR RECOMMENDATIONS

### 8.1 Included in the body of the report.

## 9. BACKGROUND PAPERS

- 9.1 Pharmaceutical Needs Assessment 2022 (link to PNA - [https://www.hartlepool.gov.uk/info/20015/social\\_care\\_and\\_health/768/pharmaceutical\\_needs\\_assessment\\_2022/1](https://www.hartlepool.gov.uk/info/20015/social_care_and_health/768/pharmaceutical_needs_assessment_2022/1))
- 9.2 National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 SI 2013/349 as amended (the 2013 regulations).
- 9.3 The National Health Service (Pharmaceutical Services, Changes and Prescribing) (Amendment) Regulations 2016 as amended
- 9.4 [The NHS \(Pharmaceutical and Local Pharmaceutical Services\) \(Amendment\) Regulations 2023](#) (the 2023 regulations).

## 10. CONTACT OFFICERS

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[Joan.Stevens@hartlepool.gov.uk](mailto:Joan.Stevens@hartlepool.gov.uk)

Table 1. Outline Plan for Process to Publication of PNA 2025 at November 2024

Date	Task	Action
Ongoing	Continue maintenance of the PNA 2022 in the interim in response to notifications from ICB/PCSE and wider information	Reporting continues at each HWB. No Supplementary Statements since July 2024
April - Sept 2024	i) Ensure pharmaceutical advice to support this process towards publication of a new PNA (2025) by the statutory due date.	i) To be provided by Dr P Walters (Pharmaceutical Lead)
	ii) Publish Statement of Intent to complete new PNA 2025.	ii) Intent confirmed by HWB 8 July 2024 and statement of intent published on HBC website.
	iii) Establish a PNA 2025 Steering Group/ Working Groups with new Terms of Reference	iii) Steering Group includes DPH (Chair), PW, Healthwatch Hartlepool, with representatives from: <ul style="list-style-type: none"> <li>– Planning</li> <li>– Housing</li> <li>– Public Health teams including Data Analyst</li> <li>– Consultation / Engagement</li> <li>– Communications</li> <li>– Economic Development</li> <li>– NENC ICB (via regional meetings with Pharmacy PH Leads)</li> </ul> Working groups as required including; Public Health and pharmacy services with Community Pharmacy Tees Valley; Consultation/Engagement; Data group; Planning
	iv) Begin requests for/ updating information that does not require stakeholder engagement (e.g. from local/ national datasets and sources) and plan to maintain	iv) Working collaboratively with the Pharmaceutical Public Health Leads for NENC and North Yorks via the established Network. Data requests submitted to the ICB and NECs. Work with NENC ICB around common requirements. Some data received via NECs and CPTV (LPC). NENC ICB data outstanding
	v) Forward Plan entry	v)
	vi) Commence update review of services, background and potential need	vi) On going. Maps and data work proceeding. Planning maps /narrative proceeding
Aug – October 2024	i) Agree engagement plan and develop tools for engagement.	i) Pre-engagement activity ii) Plan developed / updated by working group iii) Produce engagement documentation – completed during October 2024 for activity November 2024
Nov-Dec 2024	<u>The Engagement Phase (Stage 1)</u>  (4 weeks - patients/members of the public, stakeholders and pharmacy contractors)	i) Circulate engagement activity (4 wks) ii) To gain an understanding of patient experiences, pharmacy contractor views and public views of pharmacy services. <ul style="list-style-type: none"> <li>- An online patient survey and 'stories' (closing 16<sup>th</sup> Dec 2024) <a href="https://yoursay.hartlepool.gov.uk/pharmaceutical-needs-assessment-consultation-2024-25">https://yoursay.hartlepool.gov.uk/pharmaceutical-needs-assessment-consultation-2024-25</a></li> <li>- Paper copies made available via Hubs</li> <li>- Healthwatch activity</li> <li>- Pharmacy contractor engagement survey via PharmOutcomes</li> <li>- stakeholder views by direct contact with clinical and other professionals on behalf of the 'client group' they represent.</li> </ul>



		Including (but not limited to) those included in the required Statutory Consultation, patients and the public, commissioners, providers and their representatives to contribute to the revised Needs Assessment. See the list at Stage 2 with whom the Statutory Consultation must consult
October - Jan 2024	<ul style="list-style-type: none"> <li>i) Produce a draft PNA 2025</li> <li>ii) interim report/ recommendations to be considered at HWB November 2024</li> <li>iii) Approval required by the HWB for release to formal consultation or use existing delegation to DPH/ Chair of HWB updated as agreed at Nov'24 HWB</li> <li>iv) Update /create new Survey and processes for statutory consultation including circulation list</li> </ul>	<ul style="list-style-type: none"> <li>i) PW with contributions from all Stakeholders/ Working groups</li> <li>ii) Update report ing at HWB; data incomplete; recommendations still to be updated</li> <li>iii) Delegation for approval of release for Consultation tbc</li> <li>iv) Steering/working group and comms/engagement teams</li> </ul>
Feb-Mar 2025	Draft PNA – Stage 2 Formal 60 Day Consultation	<p>Statutory Consultation must consult:</p> <ul style="list-style-type: none"> <li>(a) any Local Pharmaceutical Committee for its area;</li> <li>(b) any Local Medical Committee for its area;</li> <li>(c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;</li> <li>(d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;</li> <li>(e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area; and</li> <li>(f) any NHS trust or NHS foundation trust in its area;</li> <li>(g) the NHSCB; and</li> <li>(h) any neighbouring HWB.</li> </ul> <p>Plus survey circulation to include updates from engagement distribution (draft):-</p> <ul style="list-style-type: none"> <li>i) engagement panel or equivalent-</li> <li>ii) Varied Public / Stakeholders contact points including: <ul style="list-style-type: none"> <li>All Stakeholder organisations</li> <li>All HBC Councillors</li> <li>All HBC Staff</li> <li>All members of the HWB</li> <li>Local health action groups</li> <li>All HWB partners also asked to publicise with their staff/contacts</li> <li>The Youth Council, education contacts, existing adult forums (e.g. the Learning Disability partnership Board and the Mental Health Forum) and other community groups (incl. access to less well-represented parts of the people or organisations who might access pharmaceutical services in Hartlepool). Hartlepool VCS Organisations</li> <li>Hartlepool Care homes</li> <li>PCNs</li> </ul> </li> </ul>

		<p>All pharmacies located Hartlepool or near neighbours for onward contact to their superintendents/ head offices</p> <p>3) Other Consultation Promotion tbc to consider :-</p> <ul style="list-style-type: none"> <li>i) physical poster/ e-displays encouraging completion of surveys displayed in: <ul style="list-style-type: none"> <li>- All Local Authority buildings (inc. sports facilities, community centres and HUBS)</li> <li>- The University Hospital of Hartlepool and the One Life Centre</li> <li>- GP surgeries (through the GP Federation)</li> <li>- Pharmacies</li> </ul> </li> <li>iii) Press releases</li> <li>iv) Social media promotion</li> </ul> <p>4) Hard copies to be made available via Hubs.</p> <p>5) A&amp;G (LA Scrutiny) to be included in the consultation.</p>
March/ April 2025		<p>Interim update report HWB March 2025</p> <p>Revise and update draft PNA following consultation (allowing time for another 60 days if necessary)</p>
May June July 2025		<p>Revise and update following consultation and March HWB and submit final PNA to HWB for approval July/August 2025.</p>
Latest Sept 2025		<p>Publication before the due date of 30<sup>th</sup> September 2025</p>

# HEALTH AND WELLBEING BOARD

2<sup>nd</sup> December 2024



**Report of:** Director of Public Health

**Subject:** VOLUNTARY AND COMMUNITY SECTOR  
REPORTS

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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 To present to the Board a number of reports produced by the Voluntary and Community Sector (VCS).

## 3. BACKGROUND

- 3.1 The VCS produces reports on wide range of topics. The following reports have been brought to the attention of the Chair as being of interest to the Board and are attached for information / discussion.

- The Haven, service information (**Appendix A**)
- Urban Sport & Urban Play Summer Activity Report (**Appendix B**)
- Pumpkins in the Park 2024 (**Appendix C**)

## 4. RECOMMENDATIONS

- 4.1 That the Health and Wellbeing Board receive and note the reports outlined in Section 3.1 above.

## 5. REASONS FOR RECOMMENDATIONS

- 5.1 Included in the body of the report.

## 6. BACKGROUND PAPERS

None

## 7. CONTACT OFFICERS

Craig Blundred, Director of Public Health,  
Hartlepool Borough Council  
[craig.blundred@hartlepool.gov.uk](mailto:craig.blundred@hartlepool.gov.uk)



18 Victoria Road  
Hartlepool  
TS26 8DD  
01429 222252

Email: [info@havenhartlepool.onmicrosoft.com](mailto:info@havenhartlepool.onmicrosoft.com)

### **Who we are**

- Registered counselling charity (No 1111978) established 2004
- Provide free, face-to-face, open-ended, confidential counselling
- 5 Board members
- 1 Project Co-ordinator, 2 volunteers and 1 Clinical Supervisor
- Based in Hartlepool
- Meeting a gap in local service provision
- Organisational member of the British Association for Counselling and Psychotherapy (BACP)

### **Who do we work with**

- Young People aged 11-25 years
- Experiencing mental health and emotional distress
- We engage 'hard to reach' young people who may be unable or unwilling to access statutory services
- We help young people who are at risk of disrupting their lives to address their difficulties and develop coping strategies
- Counselling improves relationships, learning, training and employment opportunities helping young people reach their full potential
- Issues are varied and include school avoidance, stress, anxiety, bullying, loneliness, relationship issues, self-harm, confidence and abuse

### **How to make a referral**

- Taken by telephone, through our website: [www.havenhartlepool.org](http://www.havenhartlepool.org) or email
- Services refer if unable to continue working with young person or young person does not meet criteria for service
- Sources of referrals:
  - self, parents/grandparent/carers, CAMHS, social workers, schools, police, other voluntary organisations

### **How we are funded**

- All our funding to enable the service to remain open is obtained through small charitable grants

### **Service user feedback**

*"Haven has supported me in many ways and always made me feel that I was welcome to talk and just say how I felt"* Female Aged 14 years.

*"I think counselling has been very helpful to me and they listen very well to what you have to say. I would recommend this to kids who are having problems"* Male Aged 13 years.

*"I really enjoy coming to Haven because I'm getting the support I need. Haven has really helped me find healthy ways how to cope with my stress. Haven has also helped me find my self-confidence."* Female 13 years

*"Sessions have been going really well. They help me to cope with problems outside the session. They also help me knowing that I have somewhere to come to talk about how I've been feeling. In general, it's a nice atmosphere".* Male Aged 15 years.

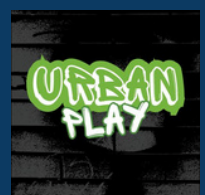
*"I have found it helped because it lets me understand my thoughts and feelings better. Also because it has helped me organise my relationships with friends and know that if I am not happy with them I shouldn't be friends with them"* Female aged 14

*"It has been a great experience attending The Haven. I feel as if it has helped me cope with some problems, I also really like my counsellor".* Female aged 11



# Urban Sport & Urban Play Summer Activity Pilot Report

26.7.24 - 29.8.24





# 01 Background & Context



Over the summer of 2024, Hartlepool Sport/The PFC Trust held ten free, town wide, pop up events aimed at getting families more physically active and promoting a love of movement through a series of fun activities and games, irrespective of financial circumstances.

Urban Sport utilised the Hartlepool Sport Club Network with grass roots clubs delivering sports tasters and skill games from mainstream sports like rugby, athletics and basketball to more niche activities like cheerleading and martial arts, all aimed at getting the whole family involved.



Urban Play on the other hand, included activities and games designed to challenge and reshape families' perceptions of what physical activity is and target the self proclaimed 'coach potatoes' and reluctant sporty types through activities and games such as bubble blowing, chalk obstacle courses, target games and trails.

**The rationale behind the Urban Sport and Urban Play initiative was as follows:**

- To address some of the barriers to sport and physical activity in Hartlepool.
- To help tackle the obesity crisis by promoting a sit less, move more culture across Hartlepool.
- To provide free activities for all, over the summer holidays, not limited to families in receipt of free school meals.
- To create opportunities for the whole family to be active and move together in a fun way.
- Build positive collaborative working relationships with local sports clubs and like-minded organisations and grow the charity.



**To address some of the barriers to sport and physical activity in Hartlepool.**

There have never been so many sports and physical activities in Hartlepool for those who can travel across town, afford the kit and the session fees.

However, the reality is that a lot of families simply cannot access sports clubs, classes or groups that promote physical activity due to cost, travel, location, time, special educational needs... to name just a few of the barriers preventing them from doing so.

Hartlepool Sport have had many discussions with StreetGames about their ‘Doorstep Sport’ model (Figure 1), which aims to remove barriers to sport and physical activity through the delivery of activities at the right place, at the right time etc. with a look to how we could implement it through the Urban Sport & Urban Play initiative.

Figure 1.



A key principle was to utilise existing ‘locally trusted organisations’ such as sports clubs and work collaboratively to activate community spaces, and create seamless pathways into continued activities.

### To help tackle the obesity crisis by promoting a sit less, move more culture across Hartlepool.

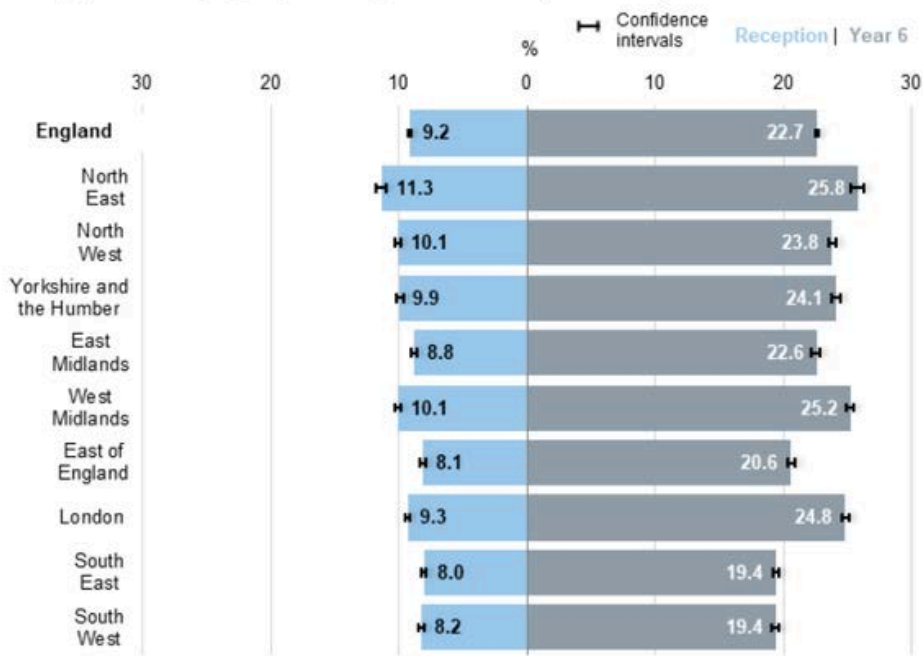
According to the most recent data from the NCMP - National Child Measurement Programme, more than 1 in 5 children aged 4 to 5 years and more than 3 in 10 aged 10 to 11 years are overweight or living with obesity in England.

To make matters worse, as of 2022/23, the highest levels of Reception and Year 6 aged children living with obesity were both recorded in the North East (see Figure 2).

Furthermore, Hartlepool has the second highest number of recorded Reception aged children living with obesity and the fifth highest number of recorded Year 6 aged children living with obesity compared to areas of a similar demographic (see Figure 3, 4 & 5).



Obesity prevalence by region (based on postcode of child) and school year, 2022/23



For more information: Table 3b National Child Measurement Programme, England, 2022/23 School Year

Figure 2.

Prevalence of obesity in Hartlepool by age  
National Child Measurement Programme 2022 to 2023

In 2022 to 2023, 12.7% in reception (aged 4 to 5 years) were living with obesity



In 2022 to 2023, 27.5% in year 6 (aged 10 to 11 years) were living with obesity



Figure 3.

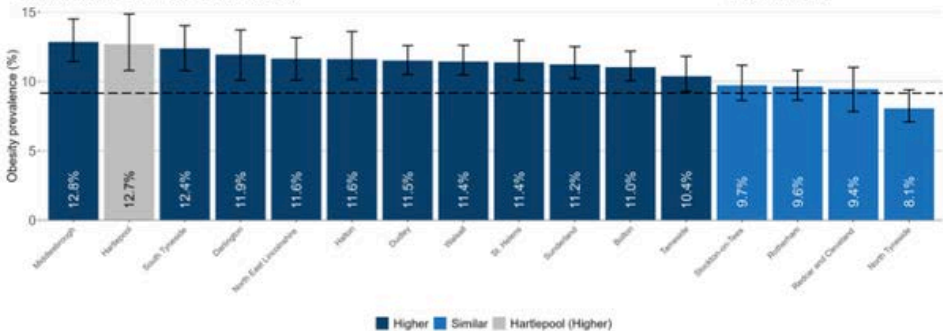
Office for Health Improvement and Disparities

Child obesity in Hartlepool

Prevalence of obesity, National Child Measurement Programme 2022 to 2023  
Hartlepool compared to its statistical nearest neighbours, CIPFA 2021

Children in reception (aged 4 to 5 years)

England: 9.2%



CIPFA lookup not available for geographic areas that were created since April 2023  
Local authorities are compared to England value shown as a dashed line on the chart

95% confidence intervals are shown

Office for Health Improvement and Disparities

## Child obesity in Hartlepool

Prevalence of obesity, National Child Measurement Programme 2022 to 2023  
Hartlepool compared to its statistical nearest neighbours, CIPFA 2021

Children in year 6 (aged 10 to 11 years)

England: 22.7%

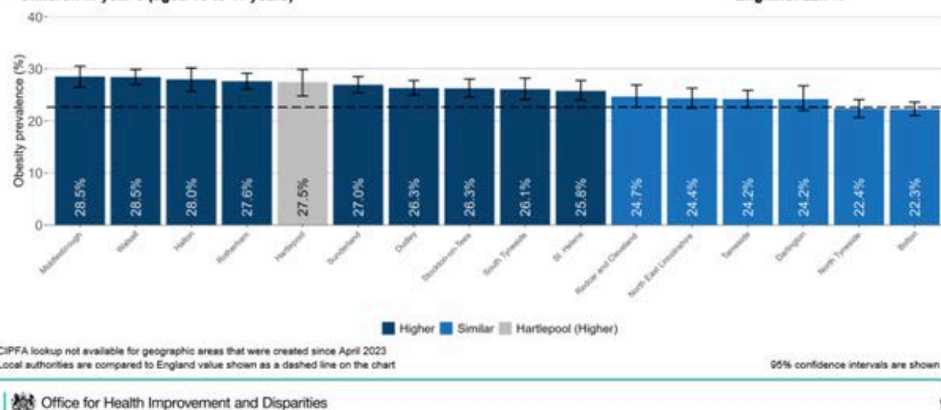


Figure 5.

Therefore, when you consider the facts relating to childhood obesity rates in Hartlepool and then also factor in that children's activity levels have a tendency to drop during school holidays when days are less structured, the reality is that some children face an annual, six week, summer of inactivity - a contributing factor to an obesogenic lifestyle.



*'Children's activity levels usually drop during the holidays when they no longer have daily PE sessions, playtime at school, and no travel to and from school.'*  
**Former Public Health Minister Maggie Throup in an article for GOV.UK**

As Hartlepool Sport's mission is to 'help support the wider aims of helping people lead healthy and active lifestyles', we wanted to do something about this and created the Urban Sport & Urban Play initiative in response.

While tackling obesity remains one of the greatest long-term health challenges faced by the country, Public Health England's latest Better Health Campaign identifies that 'moving more' is a key behaviour change that needs to be addressed if people are to lose weight and prevent or delay the onset of serious diseases such as obesity.



*'The campaign aims to reach millions of people who need to lose weight, encouraging them to make behaviour changes to eat better and move more to prevent or delay the onset of serious diseases.'*  
**Department for Health & Social Care - Tackling Obesity; Empowering Adults and Children to Live Healthier Lives**

Urban Play was designed with behaviour change in mind as our aim was to redefine what people perceive physical activity to be, which for most conjures up images of hot, sweaty school PE lessons or gruelling gym workouts and instead, shift their thinking to view all movement as physical activity.

Combine this way of thinking with activities and games that are fun and pique people's interest and the result is that more people are motivated to move because they want to.



An example of how Urban Sport & Urban Play implemented this two-pronged, 'all movement is physical activity and can be fun' approach is through our Imposter Trails (a nod to the popular Among Us computer game) whereby families had to find all the trail markers around the park or space to work out which character on their trail sheet was missing and not on the trail, hence the imposter.

We also included popular themes and pop culture e.g. dinosaurs, Olympics and minibeasts within trail designs to appeal to more families.



**To provide free activities for all, over the summer holidays, not limited to families in receipt of free school meals.**

Recent changes to the Holiday Activity Fund has meant that only children in receipt of free school meals are eligible for free, HAF funded activities during the summer holidays.

This has had serious implications for children with working parents as those that have previously relied on free HAF activities as a way for their child to be active or socialise with others during the holidays, have had to pay for their child's place, putting unwanted strain on the purse strings.

However, for some parents paying for a place is simply not an option due to the serious financial pressure they are under with the cost of living being at an all time high, leaving them with little choice but to keep their children at home or look for alternative free activities.



*'One in five parents/carers said they were using free activities for their children to socialise with friends instead of paid, while 12% said they'd reduced the regularity of paid activities.'*

**Active Lives Children and Young People Survey 2022-23**





*'Children and young people from the least affluent families are the least likely to be active, with only 44% meeting the Chief Medical Officers' guidelines – compared to 55% of those from the most affluent families.'*  
Active Lives Children and Young People Survey 2022-23

By running Urban Sport & Urban Play over summer, we provided free activities for all families, regardless of their financial circumstances. Thus providing families, who otherwise could not afford to pay for activities or days out for their children, ways to be active or socialise for free in wake of a reduced free activity offering across Hartlepool.



**To create opportunities for the whole family to be active and move together in a fun way.** According to figures from the [Health Survey for England](#), 33% of men and 45% of women aged 16 and over do not meet the UK Chief Medical Officer's physical activity guidelines of 150 minutes of moderate physical activity per week.

Undoubtedly, parents are one of the biggest influencers in their children's lives so when children see their parents perform a certain type of behaviour they are likely to imitate and follow suit. This is also true for physical activity, which is why a whole family approach to physical activity is necessary if we are to make real change and increase the number of adults and children meeting the UK Chief Medical Officer's physical activity guidelines.



*'As a parent, you act as a role model for your children. When they see you being active – and especially if you're positive about it – they're more likely to want to take part.'*

BUPA - The benefits of exercising as a family this summer

However, a survey we put forward to our Social Prescribers Network, revealed that there is a gap in provision when it comes to physical activities aimed at whole family involvement in Hartlepool (see Figure 6).

4. In your opinion, what physical activities do you feel there is a lack of across the town or have previously had difficulty signposting patients to?

[More Details](#)

- Female only groups 1
- Male only groups 0
- Physical activities aimed at the ... 3
- SEND and inclusive physical acti... 0
- Pickleball/Spikeball/Whiffle 1
- Other 1



**Figure 6.**

To plug this gap, at least over summer, Urban Sport & Urban Play adopted a whole family approach, encouraging parental and multigenerational involvement in the activities and games.

For most parents, it became obvious that physical activity was a by-product to the fun and quality time spent with their families as they hunted high and low for minibeasts, explored areas looking for trail markers, threw beanbags into the mouth of a T-Rex and gave new sports like pickleball a go,

There were even tears from one little girl when it was time to go at one of the events because she did not want to leave.

Examples of cherished memories like this one, have a lasting impact on families and as a result, parents will seek out other Urban Sport & Urban Play events or similar experiences over summers to come.



### **Build positive collaborative working relationships with local sports clubs and like-minded organisations and grow the charity.**

Hartlepool is fortunate to have so many amazing sports clubs and community organisations, doing great pockets of work across the town that it made sense to look at how we could link up and work together to reach more people and achieve our similar engagement aims and objectives.

For sports clubs, Urban Sport & Urban Play provided a paid platform to showcase what they do best and an opportunity for them to recruit new members for their club and grow their communities thus giving families and young people something to do and somewhere to go where they can be physically active and socialise, long after summer has ended.

For organisations such as Explore Hartlepool, Play Out Hartlepool and Hartlepool Borough Council, we complimented their events by extending the activity offer and creating a greater 'menu of choice' so families had more activities and games to choose from on the day. It also looked good from a participation perspective on social media since a range of organisations were plugging the same event on their channels and as a result reached a wider audience.



By engaging the communities of other sports clubs and organisations in this way, we are able to shine a spotlight on the work Hartlepool Sport and The PFC Trust do, which in turn increases brand awareness and creates cheerleaders of the charity with the potential to translate into future patrons or volunteers.



# Engagement & Impact 02

## **Sports clubs and activities:**

### **1. West Hartlepool Rugby Club**

West Hartlepool Rugby Football Club played a crucial role in offering rugby sessions tailored to different age groups and skill levels. Their involvement included fundamental skills and the ABC of physical exercise and movement were well-received by participants of all ages. Their expertise helped foster a love for rugby and promote teamwork and sportsmanship.

**Number of events attended: 3**



### **2. Hartlepool Hawks Cheerleading Academy**

The Hartlepool Hawks Cheerleading Academy brought a burst of energy and enthusiasm to the programme with their cheerleading sessions. These sessions provided children with the opportunity to learn cheerleading routines, improve coordination and balance, and build confidence.

**Number of events attended: 9**

### **3. Huskies Basketball**

Huskies Basketball contributed to the programme by offering basketball skills. These sessions were designed to improve participants' dribbling and shooting. The interactive and dynamic nature of these activities helped engage young people and promote a healthy lifestyle through sport.

**Number of events attended: 8**



### **4. Inspire Coaching**

Inspire Coaching provided a variety of football based skill sessions. Their involvement ensured that the programme catered to diverse interests and skill levels, providing high-quality coaching and support. Their sessions emphasised fun and inclusivity, encouraging all participants to take part and enjoy the benefits of physical activity.

**Number of events attended: 1**

### **5. Hartlepool Wadokai**

Hartlepool Wadokai offered karate sessions that introduced participants to martial arts techniques and self-discipline. Their involvement was particularly beneficial for developing focus, respect, and physical fitness. The karate classes were structured to accommodate various skill levels, making them accessible to newcomers and experienced practitioners alike.

**Number of events attended: 5**



## 6. New Perspectives - North East

### Wellness Walking Group



New Perspectives - North East Wellness Walking Group is a walking group where everyone feels welcome. They offer a variety of activities to suit all needs and abilities, from gentle strolls to invigorating hikes. Their activity is designed to enhance walkers' well-being while building community connections and enjoying nature. Led by trained professionals, their walks ensure safety, enjoyment, and opportunities for relaxation and socialising.

**Number of events attended: 1**

#### Engagement and Impact - Urban Sport & Urban Play

Date	Location	Medal Packs	Trail Sheets	SS - Stealth Steps	Mid-Point Headcount	Trials or New Members
Fri 26th July	Headland	58	28	1096	80	
Sun 28th July	King George V Field	18	11	1052	63	
Tue 30th July	Rossmere Park	80	14	1019	66	
Sun 3rd August	Grange School					
Wed 7th August	Summerhill Country Park	56	N/A	N/A	41	
Fri 9th August	Greyfields	16	7	924	50	
Tue 13th August	Hartlepool Supporters Club	36	9	516	49	
Wed 14th August	Seaton Carew	60	15	536	46	
Thu 15th August	Clavering Park					
Wed 21st August	Headland	16	10	1096	32	
Fri 27th August	Rossmere Park	14	12	1019	16	
Thu 29th August	Ward Jackson Park	25	2	1401	58	
	<b>Totals</b>	<b>379</b>	<b>108</b>	<b>8659</b>	<b>501</b>	<b>41+</b>
	<b>Ratio 1:3</b>		<b>324</b>			

Please note - Events in red, did not go ahead due to the Headland Carnival Parade or there was a yellow weather warning in place. Had these events gone ahead, the totals will have been notably higher.

From the data, we are able to estimate that over the ten days, we managed to engage between 379 and 501 adults and children, clock up 8659 Stealth Steps and have 41+ young people went on to trial or become members at the sports clubs or organisations.

For further information regarding data, consult the infographic on the next page.

More information relating to the data we collected e.g. Medal Packs, Trail Sheets, SS - Stealth Steps, Mid-Point Headcount and Trials or New Members, will be covered in subsequent pages.





HARTLEPOOL  
SPORT

URBAN SPORT & URBAN PLAY



# DATA INFOGRAPHIC



Summer Activity Report Pilot

26.7.2024 - 29.8.24

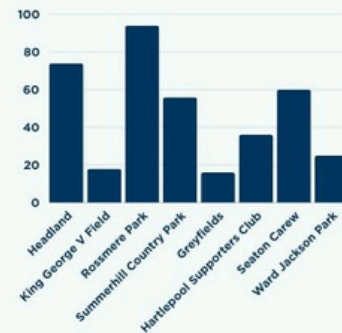


All six sports clubs involved in Urban Sport & Urban Play want to collaborate and work with Hartlepool Sport in the future.



of participants went on to trial or become new members at a sports club.

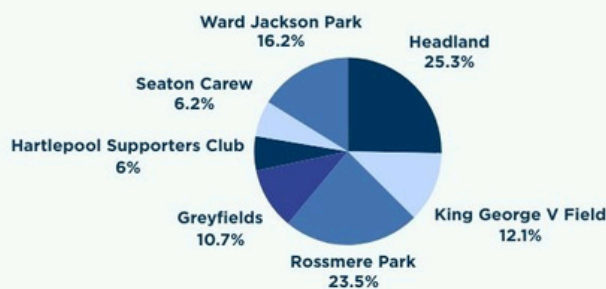
The number of medal packs handed out over the eight locations:



**108** trail sheets were issued over ten days.

**324** adults and young people took part in the trails.

The percentage of Stealth Steps completed at seven of the locations:



**379-501**

Adults and young people took part over the ten days.



**62.6**

The average headcount at the midway point of an event.

### Mini Olympics Medal Packs

As the Urban Sport & Urban Play initiative coincided with the 2024 Olympics and Paralympics, we wanted to bring the spirit of the games to Hartlepool.



One way we did this was through our Mini Olympics Medal Packs, which were issued to children at the events and contained a bouncy ball, sporty sticker, a block of air dry clay, a ribbon, ideas for Mini Olympic events that could be played at home and instructions for how to make an Olympic Medal.

Our aim was to use the Olympics as a vehicle to build positive relationships around sport by exposing families to lesser known ones such as breaking, footgolf etc., and applying our 'activity by stealth' approach to ensure physical activity remained secondary to fun and putting everyone on a level playing field having not tried the sports before.

For some, this translated as chasing and running after the bouncy ball and for others, a friendly competition of sibling vs. sibling or kids vs. parents in a game of garden volleyballoon.

We also ran an Olympic, two week theme so families were able to try some of the activities and games at the events including bubble discus and pool noodle fencing.

By exciting and inspiring children through sport in this way, we hope families will be more open to trying sporty experiences in the future.

Furthermore, we also ran a competition over the summer that encouraged families to take photos or videos of themselves completing the Mini Olympic activities at home, participating in activities and games at the Urban Sport & Urban Play events and of their medals so even the most 'sportsphobic' of families, were drawn in by the lure of a craft or a chance to win a prize.



## Trail Sheets

Physical copies of the trail sheets were handed out to families at each of the events. However, it is worth noting that one trail sheet did not equate to one player (1:1) as multiple players or family members were often working together to find the trail markers and working from one trail sheet. For example, the highest recorded number of players in a single party was ten and the lowest recorded number of players in a single party was one.

Therefore, by applying the rule of 1:3 (one trail sheet equating to three players, roughly one parent and two children) as per the national average of children per household - 1.9 according to the Office of National Statistics, we can estimate the number of players that took part on each of the days.

## SS - Stealth Steps

SS are the number of steps it took for the average 39-year old, fairly active, 5'2, female to complete the trail at each of the locations. However, it is important to bear in mind that the location of the trail markers were known, unlike the families who had to look for them.

With these steps counting towards the [NHS' guidelines](#) of 150 minutes of moderate physical activity a week for adults aged between 19 - 64 and an average of at least 60 minutes of moderate or vigorous intensity physical activity a day across the week for 5 - 18 year olds.

The SS figures are really useful in finding out what proportion of this was achieved through the 'activity by stealth' activities and games.



## A Mid-Point Headcount

A physical count of attendees at the halfway point of the event (around the one hour mark).

## Trials and New Sports Club Members

A figure attained through follow ups with sports clubs that were involved in the Urban Sport & Urban Play initiative that will help to shape the Exit Strategy and future collaborative work.





# 03 Feedback



Top fan

Cindy Stringer

We attended this event yesterday and had a really good Afternoon. Kept the kids entertained. It's absolutely amazing what you're doing ❤️

6w Love Reply

2 ❤️

The feedback we received from families, young people, sports clubs and the organisations involved was overwhelmingly positive.

Videos of some of the events can be found on the Hartlepool Sport Facebook page.



Gail Parker

Such a great event. My boys had all the sporting fun. Thank you to all the clubs and coaches involved for a lovely few hours. X



You, Gemma Louise, Sarah Parker and 7 others

1 comment 3 shares

Love

Comment

Copy

Share



Sarah Parker

Thank you! We loved being involved with your sessions this summer and look forward to more shared work in the future!

5d Love Reply

4 ❤️

“

*It was lovely to see families and kids actively participating; Esther and I particularly enjoyed the bug trail and basketball with Huskies Basketball. This is a fantastic program, and we look forward to seeing everyone again at the next event on August 27! - **Quewone Bailey-Fleet, Rossmere Ward Councillor***



”



Christine Creamer  
We had a fab day x



5w Like Reply

“

*I would like to thank you all for the several events that you have provided FREE OF CHARGE for the residents of Hartlepool. Many Mams need events like yours across the town to help entertain their children.*

*I've heard lots of positive feedback from parents, from the art and craft activities to the sports tasters including tennis, basketball, karate and football.*

*The timed lap games that both parents and children could join in with were not only fun, but also good for mental health and wellness - **Sue Little, Seaton Ward Councillor***

”



“

A new starter joined our over 50's session and when I asked how they had found out about us, they said it was through one of the Urban Sport & Urban Play events that they had taken their grandchildren to - **Hartlepool Wadokai, Sensei Amy.**

”

“

We had 3 young girls at the Headland who stayed through the full day and literally begged their grandma (who's not from the town) to bring them to sessions the very next day and they all came along and loved it! - **Huskies Basketball, Coach John.**



”



**Huskies Basketball**

Always a pleasure to work with Hartlepool Sport and the incredible team that are working so hard to give young people such brilliant experiences. Keep up the great work...we're <sup>100</sup> with you in providing opportunities to support the health and wellbeing of the people of Hartlepool! 🐾🍷💙

5d Love Reply



**Flwrs Becca**

My little boy started after coming to one of the play out sessions and it's his favourite sport activity and I think it's fantastic. Very inclusive and the coaches seem very kind and encouraging

5d Love Reply

“

I had the pleasure of attending an Urban Play event, and I was truly impressed by the innovative concept.

The initiative to offer free play sessions in urban areas, ensuring children have access to engaging activities during school holidays, is both commendable and essential.

As a leader of New Perspectives, I am grateful to have been asked to be involved and deeply appreciate the positive impact this program has on the community.

Congratulations to all those involved for delivering such a meaningful and accessible opportunity for children - **New Perspectives North East Wellness Walking Group, Director Natalie.**

”



**Explore Hartlepool**

6 days ago · 🌐

Thank you **Hartlepool Sport!** You have brought joy and excitement to children and families across Hartlepool this summer. 🌞 We can't wait to team up with you again in the future! 🌞

#explorehartlepool #communitypartners #summeractivities #hartlepoolsport



# Conclusion and Review

# 04

The Urban Sport & Urban Play initiative was a resounding success, achieving several key outcomes:

- **Increased Participation** - The initiative saw accessibility of free sessions in local parks and open spaces. One young man asked if he and his friends could use the Headland Town Moor football and basketball courts at any time as he was unaware they are free to use and open to the public.
- **Community Engagement** - The programme fostered a sense of community by bringing together individuals and families from different backgrounds. The collaborative nature of the initiative, involving local clubs and organisations such as Explore Hartlepool and Play Out Hartlepool, strengthened community ties and created a supportive environment for all.
- **Health and Wellbeing** - Participants benefited from physical activity. The variety of activities available ensured that there was something for everyone, hopefully promoting a lifelong appreciation for sport and exercise.
- **Skill Development** - Through engaging with different sports and activities, participants developed new skills and improved existing ones.



Furthermore, the 41+ young people that went on trial or became members at the sports clubs is fantastic. For those 41+ families and young people, they now have something to do and somewhere to go on a regular basis, not just for summer.

What is more, many of the sports clubs and organisations involved expressed an interest in collaborative working and wanted to join forces again in the future.

This will be an opportunity to explore ways of increasing the activity provision for families to be physically active together in Hartlepool on a regular basis, not just over summer using the Urban Sport & Urban Play model and could help raise the profile of other Hartlepool Sport initiatives such as Join the Movement as more organisations join the network.

Finally, the Urban Sport & Urban Play events created opportunities for the young coaches or volunteers that came along with the clubs to take on supportive roles, helping younger children or adults new to the sport and unsure of what to do.

Therefore, similar initiatives could be used as mentoring opportunities and a way to upskill volunteers with an interest in sport or working with families.

# 05 Challenges

As is the nature of most pilots, not everything ran smoothly.

There were a few challenges we faced in getting Urban Sport & Urban Play off the ground and ensuring a good turnout:

- **Limited time frame** - The quick turnaround time from appointing two new members of the team to planning and delivering the Urban Sport & Urban Play initiative was a little over a month, which did not give us a lot of time to pitch the initiative to sports clubs and advertise the events to the wider public.
- **Licencing and Permissions** - Despite the events running in public parks and green spaces at no cost, the issuing of licences was a drawn out process with lots of back and forth communication between the council and the team. Not only was this time consuming, but there was no clear policy or procedure outlining exactly what was needed and why.
- **Inconsistent Branding and COMM's** - As we were juggling the running of the Urban Sport & Urban Play initiative with our day to day work, some events were not publicised on our Facebook page until the day of or not at all. Also, the physical signage we put up, part way through the initiative, should have been put up in advance so people could plan their visits to coincide with the events.



- **Litter and dirty nappies** - At a couple of the sites, the team were faced with overflowing litter bins in areas frequented by children so we had to take time to clear the site before it could be used. While we're happy to do our bit to make Hartlepool a better place, it did eat into our set-up time so an idea may be to invite Hartlepool Big Town Tidy Up to come along to other Hartlepool Sport community events and have families carry out litter picking as an activity using gloves and litter pickers.
- **Weather** - Unfortunately, we had to cancel an event due to heavy rain and a yellow weather warning. Moving forward, it may be useful to have a Plan B so in the eventuality of rain, we have an indoor option that we can redirect people to with ample notice.
- **Event Clash** - There was one event that ran at the same time as the annual Headland Carnival Parade, this was an oversight on our part and in the future, we will be mindful of wider events.



# 06 Special Mentions



Hartlepool Sport and The PFC Trust would like to thank all of the sports clubs and organisations that took part in the Urban Play/Urban Sport initiative, their contributions made it something really special.

## **We would like to thank:**

- Explore Hartlepool
- Hartlepool Borough Council
- Hartlepool Hawks
- Hartlepool Wadokai
- Huskies Basketball
- Inspire Coaching
- New Perspectives North East - Wellness Walking Group
- Play Out Hartlepool
- West Hartlepool Rugby Club

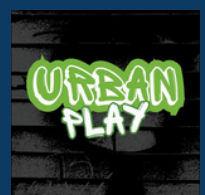


We would also like to extend our thanks to all the families and young people that came along to the events, we hope you made some fantastic memories this summer!



**For more information about Hartlepool Sport and The PFC Trust, go to the Hartlepool Sport or The PFC Trust Facebook pages or alternatively, visit - [www.hartlepoolsport.co.uk](http://www.hartlepoolsport.co.uk) or [www.thepfctrust.org](http://www.thepfctrust.org).**

Report Written by Louise George, Phil Wallis and the Hartlepool Sport Team.





# Pumpkins in the Park Report 2024

Thursday 31st October 2024



# 01 Background



Off the back of last year's success, we wanted to bring Pumpkins in the Park back, bigger and better for 2024!

Sports clubs, groups and organisations were again invited to participate in a pumpkin carving competition with their pumpkins forming a trail around the park for families to complete and vote for their favourite design.



**The PFC Trust**  
Supporting people to  
improve lives and life  
chances

Grants were awarded to sports clubs, groups and organisations, whose pumpkins placed first, second and third. With grants being invested back into the community and impacting even more people.

Pumpkins in the Park 2024 was held on Thursday 31st October, 5pm – 7pm at the Headland Town Moor Playground at a time that would typically see a rise in anti-social behaviour, particularly during the school holidays in an area of Hartlepool with the highest level of anti-social behaviour according to Local Insight Tool and Police UK data with a value of 57.0 (Anti-social behaviour 12 month total - rate per 1,000 per population).

Hartlepool Sport believe that activity and sport can have powerful positive, transformative effects not only for mental and physical health, but also in the reduction of anti-social behaviour.

By serving as a free, fun platform for sports clubs, groups and organisations, the event was an opportunity for coaches and members to meet people and showcase what they do and why it is great to be a part of their community.

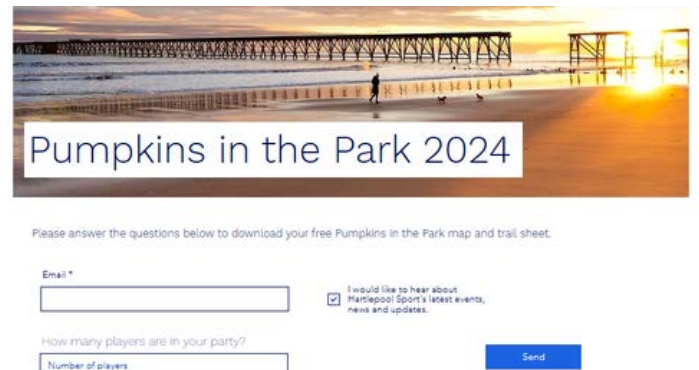
Linking up in this way, enabled clubs, groups and organisations to increase their reach thus increasing the likelihood of them attracting new members and giving more people something to do and somewhere to go regularly, not just for Halloween.



# Engagement & Impact 02

## Pre Event

To promote Pumpkins in the Park 2024, we took to social media and used the Hartlepool Sport Facebook page to publicise the event. In social media posts, we included a link to the Hartlepool Sport website - [www.hartlepoolsport.co.uk](http://www.hartlepoolsport.co.uk) to allow participants to sign up to receive the trail map and sheet by registering their email address, stating the number of players in their party and having the option to opt out of being on the Hartlepool Sport mailing list.



We also created QR Code flyers, leaflets and posters that were distributed in and around the Headland and Harbour Ward to local businesses, schools and other partners so that participants without social media could open the camera app on their mobile device and point it at the QR Code, which then automatically directed them to the sign-up questions on the Hartlepool Sport website.

Activities On Prescription 14 items	Contact Us 0 items	Move Mania Data Capture 34 items
Play in the Park 22 items	<b>Pumpkins In the Park 2024 309 items</b>	Registration 2 items

A total of 88 participants (309 - 221) signed up to receive the Pumpkins in the Park 2024 map and trail sheet. However, this does not translate to a ratio of 1:1 as the highest number of players in a single party recorded was 8 and the lowest number of players in a single party recorded was 1. Therefore, we used an average of 1:3 (one email address, equates to 3 players - roughly one parent and two children as the national average of children per household is 1.9 according to the Office of National Statistics) to estimate that 264 players signed up pre-event to participate.

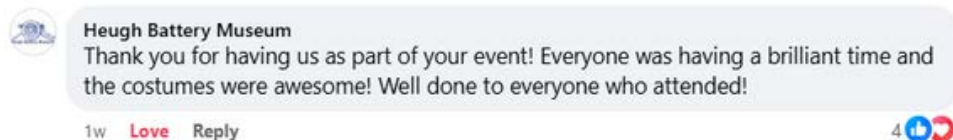
## Post Event



On the evening of the event, we issued a total of 70 paper copies of the map and trail sheet. Therefore, by applying the principle of 1:3 as above, we can estimate that somewhere between 210-264 players took part.

A physical headcount of 233+ was also taken on the night, which supports these figures.

Diane Stephens manager of The Heugh Battery Museum – the UK's only First World War battlefield site, who had agreed to open Poppy Tea Rooms especially for the event, confirmed that 57 people came into the tea rooms and made a purchase while many others wandered in to use the toilets or to sit down and warm up in the huts.



This year, Councillor Quewone Bailey-Fleet of Rossmere Ward, reached out to Hartlepool Sport as she also wanted to run free, Halloween activities for families around Rossmere Park.

We provided Councillor Quewone Bailey-Fleet with her own version of the Imposter Trail, which she set up and ran with her team of volunteers around Rossmere Park, from 4pm - 6pm on the same evening with a total of 200+ players taking part.

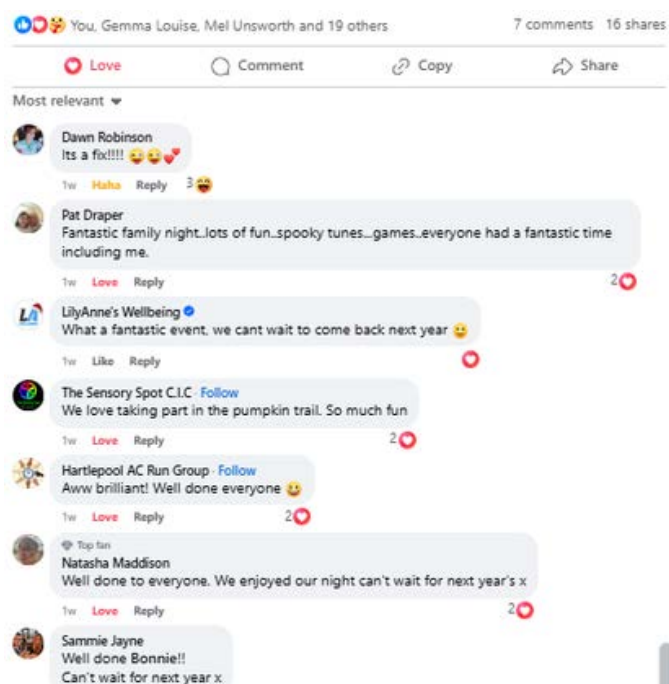
**Bringing the total number of players across both sites to 433+**



While we were involved, Councillor Quewone Bailey-Fleet created a local partnership including, a local café and petrol station to extend this activity to Rossmere residents, proving the model that businesses and community organisations can be a force for social good.



# 03 Feedback



The feedback we received from attendees was overwhelmingly positive. The highlight was certainly the 360 photo booth with many families commenting that the event had 'far exceeded their expectations'.

**"Fantastic event! We had a great time, so much so we didn't take any photos. We will be back next year!" - Mel**

**"Absolutely brilliant ! Will definitely be coming next year ! Kids loved it !" - Rachel**

**"Absolutely brilliant! Didn't even know it was on and turned out to be a very fun surprise! We all loved it and definitely can't wait to come again next year!" - Kristen**

A video round up of the event can be found on the Hartlepool Sport Facebook page.





Sarah Parker  
Admin All-star contributor · 7 November at 09:42 · 🌐

<https://fb.watch/vih76fPPJ/>

Thanks to Hartlepool Sport for organising this great event! And to the wonderful winners of the Pumpkin Trail - great work 🍂  
You might catch a glimpse of our new recruit, Darcey, gloriously wearing a traffic cone and dancing in this video of the event!



Hartlepool AC Run Group  
31 October at 17:10 · 🌐

Hartlepool Sport's pumpkins in the park trail on the headland, pop along and see us and our skeleton mascot 🍂🍂🍂🍂  
(Playground just near to the Heugh museum)



Kim Lawson  
Well done everyone involved, great event!

2w Like Reply

Amber Jukes  
Absolutely fantastic tonight ! Way better than I was expecting, can't wait for next year, Thank you 🍂🍂

2w Love Reply



Top fan  
Natasha Maddison  
My two boys loved it all the pumpkins were fab. Plus everyone who dressed up for the night were amazing. Fingers crossed it returns next year.



1w Love Reply 4 🍂🍂🍂🍂



Pets4People  
Thank you for having us, you put so much effort into a great event. Was nice to see such a turnout and looking forward to being back next year 🍂🍂

1w Love Reply Edited 3 🍂🍂

Victoria Ward Community Engagement  
The kids from Geek Retreats SEN night really enjoyed carving their pumpkins, glad you had a good night. Thank you. 🍂🍂

1w Love Reply Edited 2 🍂🍂



# Exit Strategy and Future 04

The event was a resounding success, proving bigger and better than last year with more sports clubs, groups and organisations getting involved, an even spookier atmosphere with the addition of extra lighting and the WOW Factor of the 360 photo booth capturing precious Halloween memories.

Two of the biggest successes to come from the event were:

Firstly, a young boy had arrived during set up (about 3pm) and was shooting hoops on the basketball court. After speaking to the boy, he told us he had previously attended our Urban Sport & Urban Play session over summer and since learning of the basketball court, came to practice regularly. It turns out, the boy had come along that afternoon to meet the Huskies Basketball coaches as he had seen on social media that they were involved and wanted to find out more about the club with a look to joining.



This highlights the need for community events like Urban Sport & Urban Play and Pumpkins in the Park and their ability to activate and open up green spaces. Paired with collaborative and partnership working with local clubs, groups and organisations, these become powerful platforms to introduce more adults and young people to activity and sporting communities right on their doorstep allowing them to see for themselves, why it is to their benefit to be a part of it. This is so important as it gives people something to do and somewhere to go regularly, not just for the day, while having a positive impact on health, wellbeing and anti-social behaviour.





**Councillor Quewone Bailey-Fleet - Rossmere ward** is at **Rossmere Park.**

31 October at 20:53 · Hartlepool · 🌐

🍂 WOW, Rossmere – you absolutely smashed it!

Our Spooky Trail was a massive success, with a turnout that far exceeded all expectations! Seeing the joy on the children's faces as they explored the trail and collected treats was priceless.

A huge congratulations to our Best Costume winner – the terrifying Scary Nun! 🏆

This incredible event wouldn't have been possible without the support of our fantastic community and generous sponsors:

- [The PFC Trust & Hartlepool Sport](#) for providing the trail sheets
- [Hartlepool Service Station](#) for the delicious food and refreshments
- [The Rossmere Park Cafe](#) for hosting and bringing everyone together
- Our dedicated volunteers [Councillor Tom Feeney - Rossmere Ward Councillor Rachel Creevy](#) [Councillor Gary Allen - Victoria Ward Councillor Corinne Male - Burn Valley ward](#)
- And, of course, our amazing residents who donated sweets and decorations!

Couldn't be prouder of Rossmere! The turnout and community spirit made this Halloween truly unforgettable. 🍂

Mark my words: next year is going to be even BIGGER and SPOOKIER! 🍂

Secondly, Councillor Quewone Bailey-Fleet's willingness to collaborate with Hartlepool Sport demonstrated that it is possible to run two events at the same time, at two different locations across Hartlepool.

It is hoped that next year, more councillors will follow suit and work with us to run their own trails to deter anti-social behaviour across their wards, especially in those that reported cases of anti-social behaviour this year.

Furthermore, the pumpkin carving winners as voted for by members of the public on the night were:

1st place - Sensory Spot C.I.C

2nd place - Hartlepool Athletics Club

3rd place - LilyAnne's Wellbeing Café

Each received a grant to invest in their delivery, equipment or provision, therefore putting money back into the community and continuing to impact even more people.

Next year, we will return with Pumpkins in the Park 2025 and will continue to build on the success of previous years so every year, we return bigger and better!



# 05 Special Mentions



Hartlepool Sport and The PFC Trust would like to thank all of the clubs, groups and organisations that took part in Pumpkins in the Park. We could not have done it without all their effort and hard work.

## **We would like to thank:**

- Sensory Spot C.I.C
- Hartlepool Athletics Club
- Hartlepool Wadokai
- Dawn Robinson and Hartlepool Community Trust
- Geek Retreat Hartlepool
- Play Out Hartlepool
- Pets 4 People
- Hartlepool Big Town Tidy Up
- Street Games
- Huskies Basketball
- LilyAnne's Wellbeing Café
- Active Hartlepool



## **We would also like to give special thanks to:**

- Chris Corkin and B.B.O.B for putting the floodlights on for us.
- Councillor Michael Jorgeson - De Bruce Ward with his help in transporting, unloading and loading the tables needed for the event.
- Diane Stephens and Heugh Battery Museum for opening Poppy Tea Rooms and allowing us to use their toilets.
- Matt Storey - Cleveland Police and Crime Commissioner and the Office of the Police and Crime Commissioner for Cleveland for choosing to support our project by including us in the Autumn Activity Fund.



The background of the page is composed of large, solid-colored geometric shapes. A large purple triangle occupies the top right corner, pointing towards the bottom left. A large orange triangle occupies the bottom right corner, pointing towards the top left. The remaining area of the page is white.

Written by: Louise George and the Hartlepool Sport Team.