

HEALTH SCRUTINY FORUM AGENDA



Tuesday, 10 November 2009

at 3.00 pm

**in Council Chamber
Civic Centre, Hartlepool**

MEMBERS: HEALTH SCRUTINY FORUM:

Councillors Barker, Brash, S Cook, A Lilley, G Lilley, Plant, Sutheran, Worthy and Young

Resident Representatives:

Jean Kennedy and Linda Shields

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
 - 3.1 Minutes of the meeting held on 6 October 2009
 - 3.2 Minutes of the meeting held on 27 October 2009 (*to follow*)
- 4. RESPONSES FROM LOCAL NHS BODIES, THE COUNCIL, EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM**

No Items
- 5. CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA SCRUTINY CO-ORDINATING COMMITTEE**

No Items

6. CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY FRAMEWORK DOCUMENTS

No Items

7. ITEMS FOR DISCUSSION

Scrutiny Investigation into Alcohol Abuse – Prevention and Treatment

7.1 Alcohol Abuse – Prevention and Treatment – Setting the Scene:-

- (a) Covering Report – *Scrutiny Support Officer*; and
- (b) Setting the Scene Presentation – *Planning and Commissioning Manager*.

7.2 Evidence from the Authority's Portfolio Holder for Adult & Public Health Services and Portfolio Holder for Children's Services:-

- (a) Covering Report – *Scrutiny Support Officer*; and
- (b) Verbal Evidence from the Portfolio Holder for Adult & Public Health Services and the Portfolio Holder for Children's Services.

7.3 Prevention And Treatment – Alcohol Self Assessment Questionnaire – *Scrutiny Support Officer*

7.4 Evidence From The North East Big Drink Debate – Covering Report – *Scrutiny Support Officer*

8. ISSUES IDENTIFIED FROM FORWARD PLAN

9. FEEDBACK FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

9.1 Tees Valley Health Scrutiny Joint Committee Update– *Scrutiny Support Officer*

10. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

ITEMS FOR INFORMATION

Date of Next Meeting – Tuesday, 1 December 2009 at 3.00 pm in the Council Chamber, Civic Centre, Hartlepool

HEALTH SCRUTINY FORUM

MINUTES

6 October 2009

The meeting commenced at 3.00 pm in the Civic Centre, Hartlepool

Present:

Councillor: Jonathan Brash (In the Chair)

Councillors: Allison Lilley and Geoff Lilley

Officers: Joan Wilkins, Scrutiny Manager
Angela Hunter, Principal Democratic Services Officer

Also present: Celia Weldon, Director of Corporate Development/Assistant
Chief Executive, Stockton on Tees PCT and Hartlepool PCT
Louise Wallace, Acting Director of Health Improvement
Mark Reilly, Assistant Director of Public Health Intelligence
Carole Johnson, Head of Health Improvement

36. Inquorate Meeting

It was noted that the meeting was inquorate.

37. Apologies for Absence

Apologies for absence were received from Councillors Caroline Barker, Shaun Cook, Michelle Plant, Lilian Sutheran and Gladys Worthy and resident representatives Jean Kennedy, Linda Shields and Michael Ward.

38. Declarations of Interest by Members

None.

39. Minutes of the meeting held on 23 September 2009

Confirmed.

40. Responses from Local NHS Bodies, the Council, Executive or Committees of the Council to Final Reports of this Forum

None.

41. Consideration of request for scrutiny reviews referred via Scrutiny Co-ordinating Committee

None.

42. Consideration of progress reports/budget and policy framework documents

None.

43. World Class Commissioning - Update *(Scrutiny Manager/Director of Corporate Development/Assistant Chief Executive North Tees and Hartlepool PCT)*

The Scrutiny Manager informed Members that the Director of Corporate Development/Assistant Chief Executive of North Tees and Hartlepool PCT was in attendance to provide Members with an update in relation to the commissioning of world class services in Hartlepool. A detailed and comprehensive presentation was delivered to Members and included an overview of world class commissioning and the key changes to be implemented to reflect NHS feedback and changes in the economic context. It was noted that assessments of how PCTs were implementing world class commissioning would be undertaken in May 2010 and the results would be published nationally.

The principles behind world class commissioning were detailed in the presentation with the aim of these principles being to deliver better health and well-being for all, better care for all and better value for all which was particularly important this year in view of the current credit crisis.

The timescale for the year 2 assessment process was outlined and included the development of a Strategic Plan and Finance Plan by 30 October 2009 and an Organisational Development Plan by 18 January 2010.

Following completion of the presentation, a discussion ensued which included the following issues:

- (i) A Member sought clarification on how tackling the hard to reach groups was included within the strategic overview. The Acting Director for Health Improvement confirmed that the Joint Strategy Needs Assessment (JSNA) examined a whole range of needs of various groups of people. The JSNA will be used as a vehicle to implement commissioning and look at needs to ascertain what services should be commissioned and this would cover a 3-5 year period. It was confirmed that work was already underway with hard to reach groups including work on substance misuse, drug treatment and with the team around the schools. Members were asked to note that where the potential for young people to be vulnerable was identified the JSNA would ensure that the appropriate agencies were

- involved at the earliest opportunity.
- (ii) The recent investigation into Reaching Families in Need was referred to and the finding that more joined up working was required and the extent to which the voluntary sector, the police and fire authority were involved was questioned. The Acting Director of Health Improvement confirmed that the JSNA was a joint agreement between all appropriate agencies including the voluntary sector and Safer Hartlepool Partnerships.
 - (iii) A Member questioned what focus was placed on connected care and how was this communicated to service users. The Acting Director of Health Improvement confirmed that the JSNA would be launched by the end of October this year and involved LINKs, Primary Care Trust, the Public Involvement Committee and New Deal for Communities.
 - (iv) The funding priorities of the PCT was questioned and whether this should be re-balanced to accommodate more preventative treatment as opposed to reactive treatment, will should ultimately save money. The Director of Corporate Development confirmed that the whole budget would be re-examined to develop disinvestment skills and decommissioning as well as investment. An example of this was to identify people with Chronic Obstructive Pulmonary Disease through their GP and to be proactive in contacting them in relation to changes in the weather that may affect their condition, which in turn should alleviate inappropriate admissions to Accident and Emergency.
 - (v) In relation to decommissioning, clarification was sought on the funding of less than effective projects. The Director of Corporate Development confirmed that this would not affect which services were provided but would examine all services to ensure that the services were being provided in the most appropriate way and targeted to the right area and that finances were being governed appropriately.
 - (vi) A Member commented on health inequalities in Hartlepool and how this was significantly worse than the national level and sought reassurance that funding would be dedicated to those groups whose health was significantly worse. The Director of Corporate Development confirmed that the north east area did have particularly high levels of health inequalities and asked Members to note that world class commissioning would ensure that the focus of service provision met the needs of the local population through reviewing how funds were invested and not by reducing funding.
 - (vii) A Member referred to a particular incident of a consultant referring a patient to another consultant and that this referral had to take place via the patient's GP and it was questioned whether this was an appropriate use of resources. The Director of Corporate Development indicated that this type of issue would be picked up through the review of patient pathways undertaken by GPs and clinicians which looked at quality of care and safety issues. However, the Director of Corporate Development confirmed that she would speak to that Member outside of this meeting to get the details and would look into this particular incident. In view of this query, the Chair suggested that the PCT it may be worthwhile seeking evidence from a GP and feeding back the information to the Forum.
 - (viii) Reference had been made during the presentation to Teesside PCT

and the centralisation of services was questioned. The Director of Corporate Development confirmed that a central management team did operate across all Teesside PCTs but that each PCT had an individual Strategy Board which included non-executive members. The JSNA document would be prepared by the Acting Director of Health Improvement and would be tailored to the needs of Hartlepool residents.

- (ix) A resident representative questioned the publicity and promotion of the walk-in health centre in Victoria Road as some people were still unaware of its existence. The Director of Corporate Development confirmed that leaflets had been distributed throughout the town which listed all the services provided by the PCT including the walk-in centre in Victoria Road but that a further requirement for this would be re-examined.
- (x) A resident representative raised a number of specific issues and the Chair indicated that should anyone wish to pass any details of specific issues or concerns they had direct to him, he would ensure that they were raised with the PCT and a response would be sought.
- (xi) Reference was made to a number of cases of cancer reported in particular areas within the town and the Acting Director of Health Improvement indicated she would take this information from this meeting and would look into it.
- (xii) In response to a question from a resident representative, the Acting Director of Health Improvement confirmed that cancer screening relevant to specific ages was available to the whole population.
- (xiii) It was noted that the Strategic Health Authority had indicated that the provision of health services in the north east regularly out-performs every other region in the country. It was therefore questioned, how an area can have the best services in the country and yet the poorest health. The Director of Health Improvement confirmed that world class commissioning focussed on a 5 year strategy with a vision to enable people in Teesside to live longer, healthier lives. It was about developing services to meet inequalities and focuses on identifying the needs of the local population to ensure service provision was in place for those needs.

Decision

- (i) Members noted the presentation.
- (ii) That the PCT investigate the issue of patient pathways from one consultant to another seeking clarification from a GP or their representative and report back to a future meeting of the Forum.

44. **Female Life Expectancy in Hartlepool** (*Acting Director for Health Improvement*)

Members were reminded that the issue of female life expectancy was brought to the attention of the Health Scrutiny Forum following the publication of Health Profiles that indicated that life expectancy in Hartlepool for women was one of the lowest across the country. This

publicity led to media interest through the BBC4 programme 'Women's Hour' and subsequently local newspapers. A number of representatives from the local NHS providers were in attendance to give a presentation to Members outlining the issues affecting women's life expectancy.

The Assistant Director of Public Health Intelligence gave a detailed and comprehensive presentation which examined

- the influences on health and quality of life
- the practical impacts on health and how these change over time
- the size of the difference in risk within populations in Hartlepool
- how Hartlepool compares with national average values

It was highlighted that life expectancy was influenced by many processes and stages including differences in:

- Choice
- Opportunity
- Aspiration
- Awareness of risk
- Response to symptoms
- Access to health and social care
- Clinical behaviour

The Head of Health Improvement continued the presentation highlighting a number of initiatives in place to help people to stop smoking, eat more healthily and be more active.

At the conclusion of a very informative presentation, a discussion ensued in which the following issues were raised:

- (i) It was noted that in relation to quitting smoking, there were plenty of services available and yet Hartlepool has one of the lowest national averages of the number of people quitting. The Head of Health Improvement commented that the national statistics were produced on a 4 week quit rate and did not reflect whether the prevalence goes up or down. Despite this national comparison, a lot of work was being undertaken and it was anticipated that this figure would improve.
- (ii) A Member questioned whether the issue of aspiration was key to reducing smoking in young women. The Assistant Director of Public Health Intelligence commented that aspirations included historical reasons, for example how young women had been brought up within their family including their time spent at school.
- (iii) Clarification was sought on the level of take up of breast feeding within Hartlepool which appeared to be extremely low. The Head of Health Improvement confirmed that breast feeding take up needed to be increased across the whole of Teesside, including the acceptance of breast feeding in public and increasing education of the benefits of breast feeding for everyone including health professionals. This included ensuring adequate support was in place to help them and ensure that cycles of behaviour were changed. Members were

reminded that a Breast Feeding Strategy had been approved by Cabinet and included a multi-faceted approach and it was hoped that this would raise the profile of the benefits of breast feeding. It was confirmed that other broad ranging issues such as high pregnancy rates in teenagers and high levels of alcohol abuse did contribute to a lower life expectancy for females. The Acting Director of Health Improvement commented that a Member champion for breast feeding would be welcomed to encourage the uptake of breastfeeding and raise the profile.

- (iv) A resident representative raised an issue that had not been highlighted previously and this was that some young women had commented that smoking kept their weight down.
- (v) In reference to the recent investigation of the Health Scrutiny Forum into Reaching Families in Need, a Member had indicated that it would be useful to have specific areas of concern within the town highlighted to enable key contributory factors such as the environment to be explored. The Assistant Director of Public Health Intelligence confirmed that detailed statistics were publicly available from the index of multi deprivation and local authority statistics which were provided on a ward basis.

In conclusion, it was noted that the issue of life expectancy in females needed a greater focus on promoting issues around health in order to improve. It was suggested that the Forum could approach LINKs to investigate how better to promote strategies for improving health and behavioural issues for females across the town. Should this prove acceptable to LINKs, a report could be submitted to a future meeting of the Forum to enable a formal response to be formulated. As this as such a long term issue, it was suggested that this could form part of the Forum's long term strategy to ensure Members were kept informed of any future changes or improvements.

The Forum wished to pass on their thanks to the representatives from the Primary Care Trusts and National Health Service for their informative presentations and for answering Members' questions.

Decision

- (i) Members noted the presentations.
- (ii) That LINKs be approached to investigate how better to promote strategies for improving health and behavioural issues for females within the town with a view to increasing the life expectancy of females within the town and to submit a report to a future meeting of the Forum.
- (iii) That the Forum continues to monitor the issue of health inequalities in the town and on doing this receive an update report on an annual basis.

45. Issues Identified from Forward Plan

None.

46. Feedback from recent meeting of Tees Valley Health Scrutiny Joint Committee

None.

The meeting concluded at 5.15pm

CHAIRMAN

HEALTH SCRUTINY FORUM

MINUTES

27 October 2009

The meeting commenced at 6.30 pm in the Borough Hall, The Headland,
Hartlepool

Present:

Councillor: Jonathan Brash (In the Chair)

Councillors: Caroline Barker, Alison Lilley, Geoff Lilley and David Young.

In accordance with Council Procedure Rule 4.2 (ii), Councillor Stephen Akers-Belcher attended as a substitute for Councillor Gladys Worthy.

Resident representative:

Jean Kennedy

Officers: Dave Stubbs, Director of Regeneration and Neighbourhoods
Sylvia Tempest, Environmental Standards Manager
Adrian Hurst, Principal Environmental Health Officer

Also in attendance:

Councillors: Peter Jackson, Portfolio Holder for Transport and
Neighbourhoods
Gerard Hall, Portfolio Holder for Adult and Public Health
Services
John Marshall, Tim Fleming and Stephen Allison (St Hilda Ward
Councillors)
Reuben Atkinson, Arthur Preece, Chris McKenna, Sheila Griffin

Resident representatives:

Iris Ryder, John Lynch, John Cambridge, Evelyn Leck, Bob
Farrow, Ted Jackson, Bob Steel and Joan Steel.

Officers: Dave Stubbs, Director of Regeneration and Neighbourhoods
Sylvia Tempest, Environmental Standards Manager
Adrian Hurst, Principal Environmental Health Officer
Joan Wilkins, Scrutiny Manager
James Walsh, Scrutiny Support Officer
Angela Hunter Principal Democratic Services Officer

Ken Smith, PD Ports
Dr Peter Kelly, Director of Public Health
Paul Quayle and Alan Lloyd, Hereema Hartlepool Ltd
John Hill, Environment Agency
Mr Ashby, Ian Baxter, M Bardon, Van Dalen

47. Apologies for Absence

Apologies for absence were received from Councillors Shaun Cook, Michelle Plant, Lilian Sutheran and Gladys Worthy.

48. Declarations of Interest by Members

None.

49. Minutes

None.

50. Responses from Local NHS Bodies, the Council, Executive or Committees of the Council to Final Reports of this Forum

None.

51. Consideration of request for scrutiny reviews referred via Scrutiny Co-ordinating Committee

None.

52. Consideration of progress reports/budget and policy framework documents

None.

53. Dust Deposits on the Headland (*Scrutiny Manager/Director of Regeneration and Neighbourhoods and Director of Public Health*)

The Principal Environmental Officer presented a report which provided background information relating to dust complaints on the Headland and details of work undertaken by Environmental Protection Officers as part of the investigation into 'Dust on the Headland'. It was noted that in June 2009 a Dust Monitoring Exercise was commenced including daily and weekly samples from sites around the Headland, Central Estate and the Marina. This also involved the collection of daily weather reports, daily records of any shipping and cargoes loaded and unloaded in the port along with visual monitoring of port activities. The Principal Environmental Officer confirmed that where any complaints have been received, they have been investigated and the issues resolved. However, there could be no guarantee that there may be recurrences of problems or new problems arising.

Clarification was sought on the dust content of the samples taken. The

Principal Environmental Health Officer confirmed that the samples analysed were no different in content to that of normal dust or soil. As detailed in the report, the annual mean was recorded at $24\mu\text{gm}^3$ which was comfortably within the target objective of an annual mean of $40\mu\text{gm}^3$ and a 24 hr mean of $50\mu\text{gm}^3$.

The Executive Director of Public Health for NHS Tees gave a detailed and comprehensive presentation to the Forum which provided an overview of health on the Headland and the investigation undertaken in response to questions raised by a Ward Councillor. The investigation had used data from the Hartlepool General Hospital and a General practice on the Headland and focussed on respiratory, skin and liver disease data.

The presentation included graphs detailing the cases of dermatitis or eczema, respiratory disease and liver, skin and respiratory diagnoses in 2008 comparing the St Hilda ward patients to the rest of Hartlepool. These graphs indicated that there was no difference in health status for these particular disease measures, between the Headland and either the neighbouring wards or the rest of Hartlepool. The Executive Director of Public Health for NHS Tees indicated that the evidence thus far showed no link between health problems and dust problems on the Headland.

A discussion ensued in which the following issues were raised.

- (i) Clarification was sought on why the illnesses included in the research were focussed on. The Director of Public Health indicated that the respiratory illness and skin problems were focussed on as it was thought that they had the highest potential to be caused by air borne contaminants. In addition to this, investigations were also being undertaken examining the potentially excessive exposure to heavy metals and the possible connection to cancer, but as yet, no evidence had been found to support that claim.
- (ii) A Member questioned whether patients in rest of Hartlepool in areas of less deprivation than the St Hilda ward were factored out in the figures provided. The Director of Public Health confirmed that 1,972 patients included in these figures were from the specific St Hilda ward GP practice and the remaining 4,191 were from other wards in Hartlepool with a handful from Billingham and County Durham.
- (iii) In relation to the statistics provided in the presentation, a Member asked if consideration had been given to lifestyle choices including how many people smoked. The Director of Public Health confirmed that the predominant cause of respiratory illness was smoking and an assumption had been made that due to Hartlepool having a high prevalence of smoking as a town, that this was equal across the town. However, this detailed information had not been included due to the ethical nature of questioning patients as this information was not necessarily collated on the GP data base.
- (iv) A Member sought clarification on whether any studies had been undertaken on the workforce on the site in relation to their health and well-being? The Director of Public Health indicated that he was not aware of any studies having taken place.

- (v) A Member questioned what the age range was of the people included within the investigation? The Director of Public Health commented that the figures include all ages and added that the vast majority of admissions to hospital with respiratory illnesses were middle age plus adults, but this information could be disseminated should this be felt necessary, although it was thought that this would add very little to the figures.
- (vi) It was commented that the scrap referred to had been located where the current Jacksons Landing building was in the centre of the town around 1970-1990. It was suggested that an investigation be undertaken examining people who had lived near this area. The Director of Public Health indicated that it would be difficult to track people from 20 years ago and added that during this time period, the number of people smoking was up to 40% of the population and this would add to the difficulty in factoring out the effects of smoking on respiratory diseases and in proving the health impact of dust from the scrap pile that current evidence could not conclude.
- (vii) A resident representative sought clarification on how the control group was chosen given that the surrounding areas could also have been subject to the same dust deposits? The Director of Public Health responded that the choice of control group was dictated by:-
 - (i) where the source was and the prevailing wind, which evidence showed was not moving dust to the control group areas; and
 - (ii) The need to explore other factors, such as lifestyle
- (viii) There was concern among residents about the high levels of instances of cancer on the Headland compared to the rest of the town. The Director of Public Health indicated he was currently undertaking an investigation examining this issue and reassured residents that his primary concern was the protection and improvement of the health of the public and was looking at this issue very seriously. However, he did concede that given the evidence already compiled regarding other illnesses he would not expect to find a link between dust and cancer.
- (ix) A resident asked why only a selection of samples were chosen and sent away for analysis. The Principal Environmental Health Officer confirmed that a selection of samples were sent as it was not manageable to send all samples taken, but reassurances were given that samples analysed were taken from several different areas and in different weather conditions to ensure that every possible outcome was taken into account. Residents were asked to note that the analysts had confirmed that the content of the dust was no difference to dust anywhere else and they had specifically looked for heavy metals within the dust.
- (x) In response to a question from a resident, the Chair confirmed that no-one was denying there was an issue with dust coming off the site, but the fact that there were claims that this dust had health implications was what needed to be explored. The Director of Public Health confirmed that the investigations undertaken so far, had not

- found any evidence to suggest that there were any health implications from this dust emanating from this site.
- (xi) A resident confirmed that problems had been raised at the liaison group that had been created. The Principal Environmental Health Officer indicated that these issues had been reported to Van Dalen who had instigated improvements to operations on the site.
 - (xii) In response to residents' concerns a representative from the Environment Agency (EA) confirmed that any complaints received would be investigated to try and substantiate the complaints. In addition to this, the EA did make announced and unannounced visits to the Van Dalen site to monitor the operation of the site. However, the EA were aware that there were issues with the management of the run off from the site and they were working with Van Dalen to rectify this issue.
 - (xiii) Two residents of the Town Wall, read detailed and comprehensive statements which highlighted the problems faced by residents in the area and the responses received from the EA, Van Dalen and Tees and Hartlepool Port Authority (THPA). In addition, a DVD was played at the meeting which showed the operation of the Van Dalen site at various times of the day and night, including dust emissions from the operation of the grabbers. At this point in the meeting, a petition was handed to the Chair and a file containing photographs of the operation within the Van Dalen site was circulated to the Forum.
 - (xiv) The representative from PD Ports indicated that this was a working dock and that every effort had been made to ensure that the best techniques were used to minimise dust emissions, including the investment in new grabber machines. He added that there were procedures and working practices in place with the health and safety and training records leading within the field of that industry.
 - (xv) A Member questioned whether the operation of the site was causing a nuisance under the environmental protection regulations and whether this could be enforced. The Principal Environmental Health Officer confirmed that Van Dalen operate under a permit which was regulated by the EA. The representative from the EA confirmed that work was being undertaken with Van Dalen to ensure that the operation of the site had minimum impact on the area around it. He confirmed that as far as he was aware, the current permit did not require variation at this point in time.
 - (xvi) A Member commented that in the DVD shown to the Forum, the workers operating the machinery did not wear masks or any kind of safety protection and it was questioned whether the EA look at the health and safety of the workers on the site.
 - (xvii) A Member noted the level of frustration felt by residents of the area and indicated that there appeared to have been a breakdown in communication and trust between residents and officers and he was concerned as it was difficult to imagine a quick resolution to this problem whilst this mistrust existed.
 - (xviii) In response to a request from the Chair for an apology to officers for comments made in an email circulated prior to the meeting, the Ward Councillor concerned indicated he was not willing to say that

- he had trust in the representatives around the table with the exception of Dr Peter Kelly.
- (xix) Members were grateful for all the detailed information provided at the meeting which would help them formulate a view and create recommendations to Scrutiny Co-ordinating Committee and Cabinet.
 - (xx) A resident questioned if the Council's legal section could look at whether any action could be taken under *Wylams and Fletcher*.

In conclusion, the Chair commented that it was absolutely clear that some of the working practices were exacerbating the problem of dust in the area and this needed further investigation. It was noted that in light of all the information and evidence provided to this meeting, further discussion on this issue was required, although it was acknowledged that at this point in time, there had been no evidence presented to link the dust issue to any health implications. In addition, as referred to in the discussions the mistrust between residents and officers needed to be resolved to enable a resolution to be found and for this matter to be taken forward in a positive way. The Chair asked everyone in attendance to note that people do care about this issue and as part of this Forum's report to Scrutiny Co-ordinating Committee and Cabinet, every effort would be made to ensure the best possible outcome for the residents of the Headland was achieved.

The Chair confirmed that everyone who had attended and signed in at this meeting would be kept informed of progress on this issue. All the representatives and residents in attendance were thanked for their input into the discussions and for highlighting the level of feeling on this issue from residents in the area.

Decision

That the Forum was of the view that:-

- (i) Based on the outcome of investigations undertaken so far no evidence could currently be found to suggest that dust deposits on the Headland had any link to health problems;
- (ii) The analysis of dust samples to date had proven that the content was the same as would be found in every day dust, elsewhere in the town;
- (iii) They wished to receive the results of further investigations currently being undertaken by the Director of Public Health in response to residents requests and the outcome of analysis of the most recently gathered dust samples;
- (iv) A further investigation be undertaken to:-
 - (a) examine the operation of the site from an environmental perspective to ascertain any potential damage to properties, the environment and any possible statutory nuisance;

- (b) explore possible options available in terms of enforcement ensuring that any operational deficiencies on the site are not repeated; and
- (c) explore the role of the Environment Agency as the legally responsible body for the regulation of the operating permit..

54. Issues identified from Forward Plan

None.

55. Feedback from recent meeting of Tees Valley Health Scrutiny Joint Committee

None.

The meeting concluded at 9.20 pm

CHAIRMAN

HEALTH SCRUTINY FORUM

10 November 2009



Report of: Scrutiny Support Officer

Subject: ALCOHOL ABUSE – PREVENTION AND
TREATMENT - SETTING THE SCENE
PRESENTATION – COVERING REPORT

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with an introduction to the 'Setting the Scene' Presentation, which will be delivered at today's meeting by the Planning and Commissioning Manager, as part of this Forum's investigation into 'Alcohol Abuse'.

2. BACKGROUND INFORMATION

- 2.1 The Planning and Commissioning Manager will be in attendance at today's meeting to deliver a presentation, as part of this Forum's investigation into 'Alcohol Abuse' in relation to the following issues:-
- (a) A definition of the terms alcohol use, misuse and abuse;
 - (b) The scope of the alcohol abuse problem (locally and nationally);
 - (c) A summary of how the problem is treated;
 - (d) The Cultural aspects of the problem (locally and nationally); and
 - (e) A summary of the implications / impact of the problem

3. RECOMMENDATIONS

- 4.1 That Members note the content of this report and the presentation, seeking clarification on any relevant issues from the Planning and Commissioning, where felt appropriate.

Contact Officer:- James Walsh – Scrutiny Support Officer
Chief Executive's Department – Corporate Strategy
Hartlepool Borough Council
Telephone Number: 01429 523647
E-mail – james.walsh@hartlepool.gov.uk

BACKGROUND PAPERS

There were no background papers referred to in the preparation of this report.

HEALTH SCRUTINY FORUM

10 November 2009



Report of: Scrutiny Support Officer

Subject: SCRUTINY INVESTIGATION INTO ALCOHOL ABUSE – PREVENTION AND TREATMENT – EVIDENCE FROM THE AUTHORITY'S PORTFOLIO HOLDER FOR ADULT & PUBLIC HEALTH SERVICES AND PORTFOLIO HOLDER FOR CHILDREN'S SERVICES – COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To inform Members of the Forum that the Portfolio Holders for Adult & Public Health Services and Children's Services have been invited to attend this meeting to provide evidence in relation to the ongoing investigation into 'Alcohol Abuse – Prevention and Treatment'.

2. BACKGROUND INFORMATION

- 2.1 Members will recall that at the meeting of this Forum on 1 September 2009, the Terms of Reference and Potential Areas of Inquiry / Sources of Evidence were approved by the Forum for this scrutiny investigation into 'Alcohol Abuse – Prevention and Treatment'.
- 2.2 Consequently, the Authority's Portfolio Holders for Adult & Public Health Services and Children's Services have been invited to this meeting to provide evidence to the Forum in relation to their responsibilities, and views on 'Alcohol Abuse – Prevention and Treatment'.
- 2.3 During this evidence gathering session with the Authority's Adult & Public Health Services and Children's Services Portfolio Holders, it is suggested that responses should be sought to the key questions below:-

- (a) What is your role and responsibility in relation to tackling alcohol abuse in Hartlepool?

- (b) What more do you think the Authority and partner organisations could do to help prevent and treat those people who abuse alcohol?
- (c) Do you have any other views / information which you feel maybe useful to Members in forming their recommendations?

3. RECOMMENDATIONS

- 3.1 That Members of the Forum consider the views of the Portfolio Holders for Adult & Public Health and Children's Services in relation to the questions outlined in section 2.3.

Contact Officer:- James Walsh – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523647
Email: james.walsh@hartlepool.gov.uk

BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

- (i) Report of the Scrutiny Manager titled 'Scrutiny Investigation into 'Alcohol Abuse – Prevention and Treatment' – Scoping Report,' presented at the meeting of the Health Scrutiny Forum of 1 September 2009.

HEALTH SCRUTINY FORUM

10 November 2009



Report of: Scrutiny Support Officer

Subject: SCRUTINY INVESTIGATION INTO ALCOHOL ABUSE – PREVENTION AND TREATMENT – ALCOHOL SELF ASSESSMENT QUESTIONNAIRE

1. PURPOSE OF REPORT

- 1.1 To inform Members of the Forum that a voluntary anonymous questionnaire will be circulated for completion during the meeting.

2. BACKGROUND INFORMATION

- 2.1 Members will recall that at the meeting of this Forum on 1 September 2009, the Terms of Reference and Potential Areas of Inquiry / Sources of Evidence were approved by the Forum for this scrutiny investigation into 'Alcohol Abuse – Prevention and Treatment'.
- 2.2 Consequently, during today's meeting a voluntary questionnaire will be circulated for Members to complete. The results of this self assessment are designed to raise personal self awareness and results will not be released unless Members wish to divulge them. However, it is hoped by completing the questionnaire that it will enhance Member discussion around the concept of alcohol 'use, misuse and abuse'.

3. RECOMMENDATIONS

- 3.1 That Members of the Forum note the contents of this report, complete the voluntary questionnaire to be circulated at today's meeting and participate in discussions around the concept of alcohol 'use, misuse and abuse'.

Contact Officer:- James Walsh – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523647
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BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

- (i) Report of the Scrutiny Manager titled 'Scrutiny Investigation into 'Alcohol Abuse – Prevention and Treatment' – Scoping Report,' presented at the meeting of the Health Scrutiny Forum of 1 September 2009.

HEALTH SCRUTINY FORUM

10 November 2009



Report of: Scrutiny Support Officer

Subject: SCRUTINY INVESTIGATION INTO ALCOHOL ABUSE – PREVENTION AND TREATMENT – EVIDENCE FROM THE NORTH EAST BIG DRINK DEBATE – COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To inform Members of the Forum of the results from the North East Big Drink Debate as carried out by Balance, the North East alcohol office.

2. BACKGROUND INFORMATION

- 2.1 Balance, the North East alcohol office launched the North East Big Drink Debate on 16 June 2009, the idea of which was to carry out:-

“A comprehensive study of the region’s attitudes towards, and relationships with, alcohol...[by encouraging]...members of the public to fill in a questionnaire.”¹

- 2.2 The information gathered from this study was collated and the findings released on 22 October 2009 and are attached to this report as **Appendix A**.

3. RECOMMENDATIONS

- 3.1 That Members of the Forum note the content of this report and the findings of the North East Big Drink Debate as attached as **Appendix A** to this report.

¹ Hartlepool Mail, 2009

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BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

- (i) Hartlepool Mail (2009) 'Have your say in the Big Drink Debate', *Hartlepool Mail*, 15th June, [online] Available from <http://www.hartlepoolmail.co.uk/health-matters/Have-your-say-in-the.5366408.jp> (Accessed 28 October 2009)

North East Big Drink Debate results

The Big Drink Debate, conducted by Balance, the North East alcohol office, has provided a wealth of information and insight into drinking behaviour and attitudes held towards alcohol across the North East, including how much, how often and where we are drinking.

Setting out the attitudes towards and relationships with alcohol of 11,000 North East residents, it also investigates why we drink, what situations encourage us to drink more or less and our personal and social concerns about the misuse of alcohol. (NB Almost 13,000 people completed the survey, but some were received after the deadline for analysing the data.)

1. Level of alcohol consumption

The findings suggest that, overall, 87% of the North East population drink alcohol. Alcohol consumption levels are higher than average amongst younger age groups and men. Levels of consumption are fairly consistent across the region's 12 local authority areas.

Compared to the North East total, instance of drinking alcohol is *higher than average amongst those aged 18 – 54 years*, whilst *lower than average amongst those aged 65plus*.

	Total	18-24	25-34	35-44	45-54	55-64	65+
Drink alcohol	87%	93%	93%	93%	89%	86%	74%
Do not drink alcohol	13%	7%	7%	7%	11%	14%	26%
Base	11000	1316	1518	1899	1808	1615	2165

2. Frequency of alcohol consumption

Drinking two to three times a week is most typical amongst North East drinkers, cited by over 1 in 3. 1 in 4 drink more frequently. Younger age groups drive the tendency to drink alcohol two to three times weekly. Frequency of consumption varies by age. When compared to the North East total:

- Those aged under 35 years are more likely to drink 2-4 times a month
- Those aged 18-34 years are more likely to drink 2-3 times a week
- Those aged 35-54 years are marginally more likely to drink 4-5 times a week
- The 65plus age group is more likely to drink daily or almost daily

	Total	18-24	25-34	35-44	45-54	55-64	65+
Monthly or less	12%	11%	10%	11%	11%	14%	13%
2 – 4 times a month	26%	31%	31%	24%	25%	23%	21%
2 – 3 times a week	36%	42%	40%	38%	36%	34%	25%
4 – 5 times a week	16%	11%	14%	18%	19%	18%	16%
6 or more times a week	10%	6%	5%	9%	9%	11%	25%
Base	9564	1221	1405	1766	1617	1387	1605

Frequency of alcohol consumption within the 12 local authority areas is generally in line with the overall North East picture.

	Total	Darlington	Durham	Gateshead	Hartlepool	Middlesbrough	Newcastle	North Tyneside	Northumberland	Redcar	South Tyneside	Stockton	Sunderland
Monthly or less	12%	12%	12%	15%	13%	11%	14%	10%	13%	8%	9%	11%	12%
2 – 4 times a month	26%	24%	30%	24%	30%	27%	23%	24%	21%	32%	27%	30%	23%
2 – 3 times a week	36%	37%	35%	35%	35%	34%	37%	39%	36%	35%	37%	35%	37%
4 – 5 times a week	16%	14%	15%	14%	15%	16%	14%	16%	17%	16%	16%	12%	20%
6 or more times a week	10%	13%	8%	12%	8%	12%	11%	11%	12%	10%	11%	11%	8%
Base	9564	392	1913	762	379	461	933	769	1114	583	549	677	1031

3. Unit consumption

Instance of drinking alcohol is typically higher at weekends, as is level of unit consumption.

- 30% of those who drink alcohol in the North East do not typically do so on a weekday.
- Just under half typically consume 5 or more units of alcohol on an average weekend day, compared to roughly 1 in 5 on an average weekday.
- Those more likely (than the North East average) to drink on a weekday are those aged 65 plus and men. On a weekday, *younger age groups [those aged under 35] are more likely to not drink any alcohol units*
- At weekends, unit consumption is higher amongst younger age groups (under 35 years) and men, whilst older age groups (most notably those 55plus) and women are typically more moderate:
 - *On a weekend day, those aged 34 and below are more likely to drink 7 or more units of alcohol. Consumption of 1-4 units of alcohol is higher amongst older age groups – most notably those aged 55 and above.*
- Geography within the region does not generally impact on unit consumption, other than:
 - Consumption is slightly higher than average in Sunderland, with a higher proportion of residents stating that they drink 10 or more units of alcohol, on a weekday and weekend day
 - There are also indications that weekday unit consumption is slightly higher in Redcar and South Tyneside, with a higher than average proportion drinking 5 or more units of alcohol on a typical weekday

How many units of alcohol do you typically drink...	Total		18-24		25-34		35-44	
	Weekd ay	Weeken d	Weekd ay	Weeken d	Weekd ay	Weeken d	Weekd ay	Weeken d
0	30%	8%	34%	6%	36%	7%	30%	7%
1 – 2	27%	21%	24%	14%	25%	15%	27%	18%
3 – 4	17%	20%	18%	12%	16%	16%	18%	19%
5 – 6	9%	14%	10%	13%	10%	15%	9%	16%
7 – 9	6%	14%	6%	17%	5%	18%	7%	16%
10 or more	7%	20%	7%	37%	6%	27%	8%	22%
Base	9564	9564	1221	1221	1405	1405	1766	1766
How many units of alcohol do you typically drink...	Total		45-54		55-64		65+	
	Weekd ay	Weeken d	Weekd ay	Weeken d	Weekd ay	Weeken d	Weekd ay	Weeken d
0	30%	8%	30%	8%	28%	10%	20%	10%
1 – 2	27%	21%	29%	22%	29%	25%	30%	32%
3 – 4	17%	20%	16%	20%	19%	24%	19%	27%
5 – 6	9%	14%	9%	15%	9%	15%	9%	10%
7 – 9	6%	14%	5%	14%	8%	12%	6%	8%
10 or more	7%	20%	8%	17%	4%	11%	8%	4%
Base	9564	9564	1617	1617	1387	1387	1605	1605

1 in 5 of those who drink alcohol in the North East have never consumed 6/8 or more units on a single occasion in the past 6 months. 3 in 10 have consumed 6/8 or more units weekly in the last six months and 1 in 20 have consumed 6/8 units or more on a single occasion daily or almost daily. Younger age groups (those aged 18-34) and men, have a greater propensity to drink these volumes regularly.

Consideration of behaviour by age indicates that younger age groups more often consume 6/8 or more units of alcohol in one session. For example, when compared to the North East total older age groups (55plus) are more likely to have never consumed 6/8 or more units on a single occasion in the past 6 months and a higher proportion of the 18-24 and 25-34 age groups consume above 6/8 or more units on single occasion monthly and weekly. Interestingly, no one age group is driving the 5% of the population that drink 6/8 or more units daily or almost daily.

	Total	18-24	25-34	35-44	45-54	55-64	65+
Never	21%	6%	9%	13%	22%	31%	47%
Less than monthly	25%	22%	25%	27%	25%	29%	25%
Monthly	18%	24%	25%	19%	17%	12%	11%
Weekly	31%	43%	38%	35%	29%	23%	13%
Daily or almost daily	5%	4%	4%	5%	6%	5%	4%
Base	9564	1221	1405	1766	1617	1387	1605

Findings for the 12 North East localities are typically in line with the North East average, with only a few differences apparent. Compared to the North East total:

- A higher proportion of Sunderland residents drink 6/8 or more units on one occasion *weekly or daily/almost daily*
- A higher proportion of Durham residents have *never* consumed the quantity of alcohol in one sitting
- A higher proportion of Stockton residents drink 6/8 or more units on one occasion *less than monthly*
- A higher than average proportion of South Tyneside residents drink the amount *monthly*

	Total	Darlington	Durham	Gateshead	Hartlepool	Middlesbrough	Newcastle	North Tyneside	Northumberland	Redcar	South Tyneside	Stockton	Sunderland
Never	21%	23%	25%	19%	21%	22%	20%	21%	24%	16%	15%	20%	19%
Less than monthly	25%	30%	24%	28%	26%	22%	26%	27%	24%	26%	23%	31%	21%
Monthly	18%	16%	15%	20%	15%	18%	19%	21%	22%	18%	27%	17%	14%
Weekly	31%	24%	31%	30%	33%	34%	30%	26%	25%	35%	33%	28%	38%
Daily or almost daily	5%	6%	4%	3%	5%	4%	5%	5%	4%	4%	2%	4%	8%
Base	9564	392	1913	762	379	461	933	769	1114	583	549	677	1031

4. Preferred place to drink alcohol

The findings suggest that North East residents typically drink alcohol at home (1 in 2) or in bars, clubs and pubs (1 in 3). Behaviour is influenced by socio-demographic factors:

- Drinking at home is more prevalent amongst older age groups (35plus).
- Drinking most often in bars, clubs and pubs is more prevalent amongst younger age groups (specifically 18-34 years) and men.

5. Preferred place to purchase alcohol

Overall, North East residents purchase alcohol most often in supermarkets, cited by approximately 1 in 2. This is followed by bars, clubs and pubs, cited by 3 in 10.

- Purchasing alcohol in supermarkets is higher than average amongst those aged 35 plus and women.
- Purchasing alcohol in bars, clubs and pubs is higher than average amongst those aged 18-34 years and men.

6. Motivations to drink alcohol

Overall, the main motivations to drink alcohol are to relax, unwind and socialise. Approximately 7 in 10 of those who drink alcohol do so for these reasons.

However, a sizeable proportion of North East drinkers are motivated by other factors:

- 1 in 4 drink alcohol to *forget worries and concerns*
- Approximately 1 in 5 do so to *get drunk*
- Approximately 1 in 6 drink alcohol because *friends do; to relieve boredom; to boost confidence*

Age has an influence on motivations to drink alcohol. The findings indicate that, compared to the North East total:

- *Younger people (typically those under 35) are more likely to be motivated by more "negative" factors such as relieving boredom, to be given confidence and to get drunk.*
- *Those under 35 years are also more likely to be motivated to drink alcohol because friends do.*
- *Older people are less likely to be motivated by "negative" factors, with likelihood decreasing across the age brackets.*

Please note: the above narrative is based on mean scores. Mean scores represent the average opinion and take into account not only the positive and negative, but also the strength of positive and negative feeling. For reference, a table outlining the mean score findings, by age is provided below, with those segments displaying higher than average agreement with the statement highlighted in red. A second table indicating the proportion stating 'agree' or 'strongly agree' is also provided as another way of looking at the data.

Motivations to drink alcohol, by age - mean scores (average opinion)

	Total	18-24	25-34	35-44	45-54	55-64	65+
To relax and unwind	3.78	3.81	3.93	3.94	3.85	3.77	3.51
To socialise	3.74	4.01	3.89	3.80	3.71	3.62	3.35
To forget my worries and concerns	2.41	2.81	2.70	2.54	2.35	2.12	1.80
To get drunk	2.16	3.18	2.67	2.21	1.80	1.52	1.24
To relieve boredom	2.15	2.57	2.30	2.10	1.96	1.87	1.76
To give me confidence	2.15	2.77	2.41	2.15	1.93	1.71	1.56
Because all my friends do	2.19	2.61	2.35	2.20	1.99	1.91	1.79

1 = Strongly disagree, 3 = Neutral, 5 = Strongly agree

Motivations to drink alcohol, by age - % agreeing / strongly agreeing with each statement

% stating 'agree' or 'strongly agree'	Total	18-24	25-34	35-44	45-54	55-64	65+
To relax and unwind	74%	75%	82%	82%	78%	75%	61%
To socialise	72%	81%	80%	75%	73%	68%	55%
To forget my worries and concerns	25%	36%	33%	30%	24%	17%	8%
To get drunk	19%	49%	29%	17%	8%	3%	1%
To relieve boredom	18%	29%	20%	16%	13%	11%	7%
To give me confidence	16%	33%	21%	14%	10%	5%	4%
Because all my friends do	16%	30%	21%	15%	11%	8%	6%

Opinion across the 12 localities is generally reflective of the overall North East average, although some differences do exist. For example, when compared to the North East total:

- Middlesbrough residents are more likely to agree that they drink alcohol to get drunk
- South Tyneside residents are more likely to agree that they drink alcohol 'because their friends do', whilst agreement is lower than average in Northumberland
- Northumberland residents are also less likely than the average to agree that they drink to gain confidence
- Sunderland residents are more likely to agree that they drink alcohol to forget worries and concerns, whilst North Tyneside residents are less likely to agree
- Those living in Middlesbrough, Redcar and Sunderland are more likely to agree that they drink alcohol to relieve boredom, whilst those in North Tyneside, Northumberland and Stockton are less likely to agree that this is a motivation to drink alcohol

Please note: the above narrative is based on mean scores. Mean scores represent the average opinion and take into account not only the positive and negative, but also the strength of positive and negative feeling. For reference, a table outlining the mean score findings, by location is provided below, with the cells in red highlighting the areas more likely than the average to be motivated by the factor and the cells in green highlighting those less likely to be motivated by the factor. A second table indicating the proportion stating 'agree' or 'strongly agree' is also provided as another way of looking at the data.

Motivations to drink alcohol, by location - mean scores (average opinion)

	Total	Darlington	Durham	Gateshead	Hartlepool	Middlesbrough	Newcastle	North Tyneside	Northumberland	Redcar	South Tyneside	Stockton	Sunderland
To relax and unwind	3.78	3.80	3.77	3.77	3.68	3.73	3.81	3.82	3.80	3.73	3.72	3.79	3.81
To socialise	3.74	3.74	3.68	3.81	3.72	3.79	3.83	3.82	3.74	3.68	3.65	3.73	3.75
To forget my worries and concerns	2.41	2.42	2.37	2.47	2.44	2.51	2.39	2.22	2.40	2.50	2.39	2.36	2.57
To get drunk	2.16	2.14	2.08	2.18	2.22	2.34	2.23	2.07	2.05	2.08	2.37	2.17	2.25
To relieve boredom	2.15	2.12	2.14	2.20	2.19	2.27	2.13	1.99	1.97	2.33	2.26	1.99	2.36
To give me confidence	2.15	2.14	2.07	2.25	2.22	2.25	2.15	2.11	2.01	2.12	2.31	2.18	2.21
Because all my friends do	2.19	2.23	2.12	2.25	2.22	2.24	2.26	2.20	2.06	2.05	2.43	2.17	2.21

1 = Strongly disagree, 3 = Neutral, 5 = Strongly agree

Motivations to drink alcohol, by location [% agreeing / strongly agreeing with each statement]

	Total	Darlington	Durham	Gateshead	Hartlepool	Middlesbrough	Newcastle	North Tyneside	Northumberland	Redcar	South Tyneside	Stockton	Sunderland
To relax and unwind	74%	76%	73%	74%	69%	70%	76%	75%	75%	68%	74%	72%	76%
To socialise	72%	73%	69%	74%	71%	73%	77%	74%	70%	71%	68%	73%	74%
To forget my worries and concerns	25%	23%	24%	24%	24%	27%	26%	20%	26%	29%	23%	22%	32%
To get drunk	19%	19%	17%	19%	17%	25%	21%	18%	16%	15%	27%	22%	20%
To relieve boredom	18%	15%	17%	18%	16%	20%	18%	14%	13%	25%	21%	13%	24%
To give me confidence	16%	15%	13%	18%	16%	16%	17%	16%	13%	18%	20%	20%	18%
Because all my friends do	16%	17%	14%	19%	18%	17%	16%	14%	13%	15%	25%	15%	17%

7. Factors influencing amount of alcohol consumed

2 in 3 North East drinkers feel that driving a car would reduce the amount of alcohol they consume, and is the biggest single factor influencing volume of alcohol consumed, for all segments of the population. Other factors that influence levels of consumption are:

- For over 2 in 5, having a child would reduce the amount of alcohol consumed, especially for women and young people.
- For approximately 2 in 5:
 - Information on health risks would reduce the amount of alcohol consumed, especially for older people (65plus) and women.
 - Increased alcohol prices would reduce the amount consumed, especially for women (but only marginally).
- For 1 in 3, discounts and drinks promotions would increase the amount of alcohol consumed, especially for younger people (most notably those aged 18-24).
- For 1 in 10, extended licensing hours would increase the amount consumed. Again, this is particularly the case for younger people [18-24s].
- For 1 in 3, experiencing stress would also increase the amount of alcohol consumed, especially for those aged 44 years and below and women.

Please note, the above narrative is based on mean scores. Mean scores represent the average opinion and take into account not only the positive and negative, but also the strength of positive and negative feeling. For reference, a table outlining the mean score findings, by age is provided below. In this table the cells highlighted in green illustrate those groups more likely to feel the factors would reduce the amount of alcohol consumed. The cells highlighted in red illustrate those groups more likely to increase the amount of alcohol consumed. A second table indicating the proportion stating that the factor would reduce/increase alcohol consumption 'to some extent' or 'to a large extent' is also provided as another way of looking at the data.

Factors influencing amount of alcohol consumed, by age – mean scores (average opinion)

	Total	18-24	25-34	35-44	45-54	55-64	65+
If you were driving	1.37	1.40	1.38	1.32	1.29	1.28	1.47
Having a child	1.90	1.63	1.72	1.86	2.00	2.13	2.30
More information on health risks	2.50	2.61	2.57	2.53	2.48	2.44	2.29
Increased alcohol prices	2.54	2.55	2.57	2.59	2.53	2.56	2.50
Personal experience of alcohol related harm	2.29	2.24	2.25	2.28	2.25	2.27	2.43
Strong religion / faith	2.76	2.61	2.72	2.79	2.80	2.77	2.82

1 = Reduce amount drinking to a large extent, 3 = No impact, 5= Increase amount drinking to a large extent

	Total	18-24	25-34	35-44	45-54	55-64	65+
Periods of increased stress	3.30	3.41	3.40	3.41	3.31	3.19	3.05
Discounted alcohol / drinks promotions	3.34	3.78	3.44	3.31	3.22	3.10	3.05
Extended licensing hours	3.05	3.32	3.10	3.03	2.98	2.88	2.91

1 = Reduce amount drinking to a large extent, 3 = No impact, 5= Increase amount drinking to a large extent

Factors influencing amount of alcohol consumed, by age - % stating reduce / increase

% stating 'reduce amount to some extent' or 'reduce amount to a large extent'	Total	18-24	25-34	35-44	45-54	55-64	65+
If you were driving	66%	69%	70%	70%	67%	64%	61%
Having a child	45%	64%	66%	54%	39%	28%	21%
More information on health risks	42%	37%	41%	42%	43%	42%	47%
Increased alcohol prices	41%	46%	44%	40%	41%	39%	37%
Personal experience of alcohol related harm	39%	48%	44%	37%	39%	36%	28%
Strong religion / faith	10%	14%	11%	8%	9%	9%	8%
% stating 'increase amount to some extent' or 'increase amount to a large extent'	Total	18-24	25-34	35-44	45-54	55-64	65+
Periods of increased stress	34%	43%	42%	42%	35%	28%	17%
Discounted alcohol / drinks promotions	32%	65%	43%	31%	23%	17%	9%
Extended licensing hours	11%	32%	13%	7%	5%	3%	2%

In the main, findings by location are generally in line with the North East average, although a few differences do exist. For example, when compared to the North East overall:

- Sunderland residents are less likely to be influenced by information about the health risks of drinking too much alcohol.
- Extended licensing hours would have a greater impact on drinking habits in Sunderland, South Tyneside and Newcastle.
- Newcastle residents are more likely to feel that the amount of alcohol they consume would increase when experiencing periods of increased stress.

Please note, the above narrative is based on mean scores. Mean scores represent the average opinion and take into account not only the positive and negative, but also the strength of positive and negative feeling. For reference, a table outlining the mean score findings, by location is provided below. In this table the cells highlighted in green illustrate those areas more likely to feel the factors would reduce the amount of alcohol consumed. The cells highlighted in red illustrate those areas who feel the factors would be more likely to increase the amount of alcohol consumed. A second table indicating the proportion stating that the factor would reduce/increase alcohol consumption 'to some extent' or 'to a large extent' is also provided as another way of looking at the data.

Factors influencing amount of alcohol consumed, by location – mean score (average opinion)

	Total	Darlington	Durham	Gateshead	Hartlepool	Middlesbrough	Newcastle	North Tyneside	Northumberland	Redcar	South Tyneside	Stockton	Sunderland
If you were driving	1.37	1.37	1.34	1.35	1.39	1.52	1.43	1.58	1.32	1.15	1.18	1.42	1.39
Having a child	1.90	1.88	1.96	1.82	1.98	2.00	1.78	2.01	1.87	1.82	1.87	1.87	1.87
More information on health risks	2.50	2.58	2.48	2.50	2.41	2.49	2.50	2.51	2.44	2.59	2.42	2.48	2.58
Increased alcohol prices	2.54	2.55	2.53	2.49	2.53	2.61	2.52	2.57	2.59	2.53	2.44	2.52	2.61
Personal experience of alcohol related harm	2.29	2.41	2.25	2.39	2.38	2.35	2.21	2.34	2.23	2.28	2.36	2.24	2.33
Strong religion / faith	2.76	2.74	2.77	2.84	2.77	2.64	2.69	2.78	2.77	2.81	2.77	2.72	2.79

1 = Reduce amount drinking to a large extent, 3 = No impact, 5= Increase amount drinking to a large extent

	Total	Darlington	Durham	Gateshead	Hartlepool	Middlesbrough	Newcastle	North Tyneside	Northumberland	Redcar	South Tyneside	Stockton	Sunderland
Periods of increased stress	3.30	3.34	3.27	3.27	3.28	3.35	3.38	3.23	3.28	3.25	3.33	3.31	3.35
Discounted alcohol / drinks promotions	3.34	3.35	3.35	3.36	3.30	3.37	3.40	3.24	3.28	3.41	3.44	3.24	3.34
Extended licensing hours	3.05	3.04	3.03	3.02	3.02	3.08	3.11	2.99	3.02	3.06	3.17	2.99	3.11

1 = Reduce amount drinking to a large extent, 3 = No impact, 5= Increase amount drinking to a large extent

Factors influencing amount of alcohol consumed, by location - % stating reduce / increase

% stating 'reduce amount to some extent' or 'reduce amount to a large extent'	Total	Darlington	Durham	Gateshead	Hartlepool	Middlesbrough	Newcastle	North Tyneside	Northumberland	Redcar	South Tyneside	Stockton	Sunderland
If you were driving	66%	68%	70%	60%	58%	67%	60%	61%	68%	71%	74%	70%	65%
Having a child	45%	47%	44%	43%	39%	45%	50%	41%	42%	44%	53%	48%	48%
More information on health risks	42%	35%	42%	44%	43%	42%	44%	41%	44%	35%	47%	42%	38%
Increased alcohol prices	41%	40%	44%	47%	40%	37%	44%	39%	38%	40%	46%	43%	37%
Personal experience of alcohol related harm	39%	36%	42%	39%	36%	39%	44%	34%	41%	35%	38%	41%	36%
Strong religion / faith	10%	10%	10%	7%	8%	14%	12%	9%	9%	7%	10%	12%	9%
% stating 'increase amount to some extent' or 'increase amount to a large extent'	Total	Darlington	Durham	Gateshead	Hartlepool	Middlesbrough	Newcastle	North Tyneside	Northumberland	Redcar	South Tyneside	Stockton	Sunderland
Periods of increased stress	34%	35%	34%	31%	31%	36%	41%	32%	33%	27%	39%	36%	35%
Discounted alcohol / drinks promotions	32%	28%	32%	32%	35%	36%	35%	27%	29%	37%	34%	28%	30%
Extended licensing hours	11%	7%	9%	8%	10%	16%	14%	9%	9%	9%	19%	8%	14%

8. Experiencing a risky situation

Overall, 1 in 3 of those who drink alcohol in the North East have been in a risky situation as a result of drinking too much alcohol. This is especially the case for younger people (34 years and below) and men.

	Total	18-24	25-34	35-44	45-54	55-64	65+
Experienced risky situation	33%	52%	48%	38%	27%	20%	9%
Have not experienced risky situation	67%	48%	52%	62%	73%	80%	91%
Base	9564	1221	1405	1766	1617	1387	1605

Instance of experiencing a risky situation as a result of drinking too much alcohol within the 12 localities is in line with the North East total.

	Total	Darlington	Durham	Gateshead	Hartlepool	Middlesbrough	Newcastle	North Tyneside	Northumberland	Redcar	South Tyneside	Stockton	Sunderland
Experienced risky situation	33%	31%	30%	33%	33%	38%	35%	33%	29%	39%	37%	32%	35%
Have not experienced risky situation	67%	69%	70%	67%	67%	62%	64%	67%	71%	60%	63%	68%	65%
Base	9564	392	1913	762	379	461	933	769	1114	583	549	677	1031

9. Support channels

Overall, family, friends and GPs are the preferred sources of help for alcohol related problems. Preferences vary by socio-demographic groups:

- Approaching friends and family is higher amongst younger age groups (18-34 years)
- Approaching GPs is higher amongst older age groups (35plus)

10. Personal concerns

The negative effects alcohol can have on health are perceived to be the main personal concern by those in the North East who drink alcohol, followed by the effects it can have on weight and the cost. Interestingly, only a small proportion describe themselves as *worried* about these issues. For example, whilst 78% of drinkers acknowledge the health impacts of alcohol as a *concern*, it is only a worry for 1 in 5. Some factors are also more of a concern to specific groups. When compared to the North East total:

- The health impacts of drinking too much alcohol are a greater concern for women.
- Weight gain is a greater concern for those aged 25-44 years and women.
- The cost of alcohol is a greater concern for younger age groups (under 35s).
- The impact that alcohol has on behaviour is a greater concern for younger age groups (under 35s)

Some differences in opinion are apparent across age groups. When compared to the North East average:

- *Those aged 25-44 years are more concerned about weight gain.*
- *Those under 35 are more concerned about the cost of alcohol.*

Please note, the above narrative is based on mean scores. Mean scores represent the average opinion and take into account not only the positive and negative, but also the strength of positive and negative feeling. For reference, a table outlining the mean score findings by age is provided below, with those segments displaying higher than average levels of concern highlighted in red. A second table indicating the proportion stating 'It's a concern and one I worry about' is also provided as another way of looking at the data.

Personal concerns regarding alcohol, by age - mean scores (average opinion)

Personal	Total	18-24	25-34	35-44	45-54	55-64	65+
The negative effects it could have on my health	1.98	1.98	2.01	2.01	1.98	1.97	1.90
Drinking alcohol will make me put on weight	1.77	1.80	1.89	1.83	1.76	1.72	1.66
How much it costs	1.73	1.87	1.76	1.70	1.68	1.65	1.64
If I drink too much or too often, I might become dependent on alcohol	1.66	1.61	1.64	1.67	1.70	1.65	1.62
The way alcohol affects my behaviour	1.62	1.77	1.75	1.66	1.57	1.53	1.42

1 = It's not a concern to me at all, 2 = It's a concern but not a major one, 3 = It's a concern and one I worry about

Personal concerns regarding alcohol, by age - % stating "it's a concern and one I worry about"

% stating 'It's a concern and one I worry about'	Total	18-24	25-34	35-44	45-54	55-64	65+
The negative effects it could have on my health	20%	21%	19%	20%	20%	20%	17%
Drinking alcohol will make me put on weight	15%	17%	20%	17%	13%	13%	11%
How much it costs	10%	14%	10%	8%	7%	8%	8%
If I drink too much or too often, I might become dependent on alcohol	14%	13%	13%	14%	15%	13%	12%
The way alcohol affects my behaviour	13%	17%	15%	13%	11%	10%	7%

Attitudes by location are generally in line with the North East average, although some differences are evident. Compared to the North East total:

- Sunderland residents are more concerned about weight gain.
- Darlington residents are less so.
- Darlington and Redcar residents are also slightly less concerned about the negative impacts alcohol can have on health.

Please note, the above narrative is based on mean scores. Mean scores represent the average opinion and take into account not only the positive and negative, but also the strength of positive and negative feeling. For reference, a table outlining the mean score findings, by location is provided below. The cells highlighted in red highlight those displaying higher than average levels of concern, whilst the green cells highlights those displaying lower than average levels of concern. A second table indicating the proportion stating 'It's a concern and one I worry about' is also provided as another way of looking at the data.

Personal concerns regarding alcohol, by location – mean scores (average opinion)

Personal	Total	Darlington	Durham	Gateshead	Hartlepool	Middlesbrough	Newcastle	North Tyneside	Northumberland	Redcar	South Tyneside	Stockton	Sunderland
The negative effects it could have on my health	1.98	1.87	2.00	1.98	2.00	1.96	2.02	1.94	2.00	1.87	2.06	2.00	1.96
Drinking alcohol will make me put on weight	1.77	1.68	1.79	1.84	1.73	1.72	1.77	1.73	1.71	1.68	1.89	1.79	1.86
How much it costs	1.73	1.71	1.73	1.78	1.66	1.70	1.73	1.69	1.74	1.66	1.83	1.66	1.75
If I drink too much or too often, I might become dependent on alcohol	1.66	1.68	1.67	1.70	1.66	1.65	1.63	1.65	1.67	1.63	1.72	1.63	1.61
The way alcohol affects my behaviour	1.62	1.59	1.67	1.58	1.58	1.60	1.65	1.65	1.64	1.58	1.65	1.61	1.58

1 = It's not a concern to me at all, 2 = It's a concern but not a major one, 3 = It's a concern and one I worry about

Personal concerns regarding alcohol, by location

% stating 'It's a concern and one I worry about'	Total	Darlington	Durham	Gateshead	Hartlepool	Middlesbrough	Newcastle	North Tyneside	Northumberland	Redcar	South Tyneside	Stockton	Sunderland
The negative effects it could have on my health	20%	17%	22%	16%	25%	20%	22%	19%	20%	12%	26%	22%	18%
Drinking alcohol will make me put on weight	15%	11%	16%	16%	18%	11%	15%	11%	14%	12%	22%	16%	20%
How much it costs	10%	11%	9%	11%	7%	9%	9%	10%	10%	7%	17%	9%	11%
If I drink too much or too often, I might become dependent on alcohol	14%	14%	15%	13%	17%	12%	14%	15%	15%	9%	14%	13%	13%
The way alcohol affects my behaviour	13%	12%	14%	11%	13%	9%	13%	14%	14%	11%	12%	11%	12%

11. Social concerns

Underage drinking, violence caused by alcohol and people being drunk and rowdy in public are the leading social issues, with each cited as a concern by 9 in 10. Compared to the personal concerns, the social concerns stand out as being more front of mind, of varying importance to different groups:

- Non-drinkers, older age groups (45plus) and women are typically more concerned about the social impacts of alcohol
- Younger age groups (34 and under) are less likely to be concerned with the social impacts of alcohol.

Please note, the above narrative is based on mean scores. Mean scores represent the average opinion and take into account not only the positive and negative, but also the strength of positive and negative feeling. For reference, a table outlining the mean score findings, by age is provided below, with those segments displaying higher than average levels of concern highlighted in red. A second table indicating the proportion stating 'It's a concern and one I worry about' is also provided as another way of looking at the data.

Social concerns regarding alcohol, by age - mean scores (average opinion)

Social	Total	18-24	25-34	35-44	45-54	55-64	65+
Violence caused by people drinking	2.53	2.39	2.46	2.54	2.60	2.65	2.64
The costs to the NHS	2.27	1.94	2.13	2.28	2.37	2.45	2.54
People being drunk and rowdy in public	2.47	2.20	2.36	2.48	2.56	2.65	2.66
Children and young people drinking in parks / on street corners	2.57	2.32	2.49	2.60	2.69	2.74	2.79
Alcohol related litter in my community	2.24	1.92	2.10	2.23	2.30	2.43	2.55

1 = It's not a concern to me at all, 2 = It's a concern but not a major one, 3 = It's a concern and one I worry about

Social concerns regarding alcohol, by age - % stating it's a concern and one I worry about

% stating 'It's a concern and one I worry about'	Total	18-24	25-34	35-44	45-54	55-64	65+
Violence caused by people drinking	61%	51%	54%	61%	66%	70%	69%
The costs to the NHS	42%	26%	31%	40%	46%	53%	60%
People being drunk and rowdy in public	56%	38%	46%	55%	61%	68%	70%
Children and young people drinking in parks / on street corners	66%	48%	58%	67%	74%	77%	80%
Alcohol related litter in my community	38%	21%	28%	35%	40%	49%	59%

Attitudes by location are generally in line with the North East average, although a few differences are apparent. When compared to the North East average:

- Hartlepool residents are more concerned about violence caused by people drinking.
- Redcar residents are less concerned
- North Tyneside residents are more concerned about young people drinking in parks etc.
- Middlesbrough and Redcar residents are less concerned.
- Middlesbrough and Redcar residents are display lower levels of concern regarding people being rowdy in public.
- Redcar residents are also less concerned about alcohol related litter in the community.

Please note, the above narrative is based on mean scores. Mean scores represent the average opinion and take into account not only the positive and negative, but also the strength of positive and negative feeling. For reference, a table outlining the mean score findings, by location is provided below, with the areas displaying higher than average levels of concern highlighted in red and those displaying lower than average levels of concern highlighted in green. A second table indicating the proportion stating 'It's a concern and one I worry about' is also provided as another way of looking at the data.

Social concerns regarding alcohol, by location - mean score (average opinion)

Social	Total	Darlington	Durham	Gateshead	Hartlepool	Middlesbrough	Newcastle	North Tyneside	Northumberland	Redcar	South Tyneside	Stockton	Sunderland
Violence caused by people drinking	2.53	2.57	2.56	2.48	2.66	2.49	2.53	2.57	2.51	2.42	2.61	2.54	2.50
The costs to the NHS	2.27	2.31	2.28	2.27	2.37	2.21	2.24	2.29	2.31	2.20	2.32	2.26	2.23
People being drunk and rowdy in public	2.47	2.51	2.50	2.41	2.54	2.39	2.47	2.47	2.48	2.35	2.53	2.47	2.44
Children and young people drinking in parks / on street corners	2.57	2.64	2.60	2.54	2.66	2.49	2.60	2.65	2.54	2.42	2.56	2.60	2.57
Alcohol related litter in my community	2.24	2.24	2.28	2.22	2.29	2.22	2.25	2.20	2.23	2.13	2.33	2.20	2.27

1 = It's not a concern to me at all, 2 = It's a concern but not a major one, 3 = It's a concern and one I worry about

Social concerns regarding alcohol, by location - % stating it's a concern and one I worry about

% stating 'It's a concern and one I worry about'	Total	Darlington	Durham	Gateshead	Hartlepool	Middlesbrough	Newcastle	North Tyneside	Northumberland	Redcar	South Tyneside	Stockton	Sunderland
Violence caused by people drinking	61%	64%	61%	57%	72%	57%	60%	66%	58%	50%	71%	64%	60%
The costs to the NHS	42%	47%	42%	41%	51%	39%	38%	46%	43%	35%	51%	42%	41%
People being drunk and rowdy in public	56%	58%	57%	52%	62%	50%	56%	56%	56%	43%	64%	58%	55%
Children and young people drinking in parks / on street corners	66%	72%	67%	63%	74%	60%	67%	72%	63%	53%	66%	69%	68%
Alcohol related litter in my community	38%	42%	40%	36%	45%	38%	35%	35%	38%	32%	44%	37%	40%

12. Normalisation of alcohol

A range of scenarios involving drinking behaviour were presented to respondents to gauge perceptions with regard to what is an acceptable amount of alcohol to consume. Of the scenarios tested, a man driving after drinking two pints of lager / beer stands out as the least accepted behaviour, with over 4 in 5 feeling that this is unacceptable. This view is generally reflected across all socio-demographic groups. Opinion, however, is more evenly spread on the other scenarios, with the majority view typically erring on the side of acceptability. For example:

- A woman to drink a bottle of wine when out with friends – Acceptable to 3 in 5
- Two couples to share three bottles of wine when out for dinner – Acceptable to just over one half
- For a man to drink 8 pints of lager/ beer on a night out – Acceptable to just under one half
- For a woman to regularly drink two glasses of wine, five nights a week – Split opinion: acceptable to 38%; unacceptable to 39%

Again, attitudes vary, those who drink alcohol and younger age groups (18-44 years) tend to have more 'relaxed' views as to what is acceptable while older age groups (particularly those 55plus) are the least tolerant of the behaviours. For the drink driving example, opinion is consistent across all age groups.

Please note, the above narrative is based on mean scores. Mean scores represent the average opinion and take into account not only the positive and negative, but also the strength of positive and negative feeling. For reference, a table outlining the mean score findings, by age is provided below. Segments more likely to perceive the behaviour as 'unacceptable' when compared to the average are highlighted in red, whilst those more likely to agree the behaviour is 'acceptable' are highlighted in green.

A second table indicating the proportion stating 'acceptable' and 'unacceptable' is also provided as another way of looking at the data.

Acceptability of drinking behaviour, by age - mean scores (average opinion)

	Total	18-24	25-34	35-44	45-54	55-64	65+
A women in her 20s or 30s drinking a bottle of wine when out with friends	2.33	1.77	1.80	1.99	2.33	2.76	3.21
A man in his 20s or 30s drinking 8 pints of lager or beer when out with friends	2.75	2.02	2.09	2.37	2.79	3.27	3.75
Two couples out for dinner drinking three bottles of wine between them	2.57	2.05	2.10	2.28	2.56	2.85	3.36
A women over 18 regularly drinking two glasses of wine, five nights a week	3.01	2.92	2.78	2.75	2.96	3.20	3.42
A man drinking two pints of beer or lager and then driving home	4.38	4.36	4.31	4.38	4.40	4.40	4.43

1 = Completely acceptable, 3 = Neutral, 5 = Completely unacceptable

How acceptable / unacceptable are the following scenarios, by age

	Total		18-24		25-34		35-44	
	Acceptable	Unacceptab le	Acceptable	Unacceptab le	Acceptable	Unacceptab le	Acceptable	Unacceptab le
A women in her 20s or 30s drinking a bottle of wine when out with friends	63%	21%	82%	8%	82%	7%	75%	11%
A man in his 20s or 30s drinking 8 pints of lager or beer when out with friends	49%	34%	73%	14%	72%	13%	61%	20%
Two couples out for dinner drinking three bottles of wine between them	54%	27%	71%	14%	70%	13%	64%	17%
A women over 18 regularly drinking two glasses of wine, five nights a week	37%	40%	40%	39%	45%	32%	44%	31%
A man drinking two pints of beer or lager and then driving home	8%	84%	8%	85%	9%	83%	7%	84%
	Total		45-54		55-64		65+	
	Acceptable	Unacceptab le	Acceptable	Unacceptab le	Acceptable	Unacceptab le	Acceptable	Unacceptab le
A women in her 20s or 30s drinking a bottle of wine when out with friends	63%	21%	62%	18%	48%	32%	32%	45%
A man in his 20s or 30s drinking 8 pints of lager or beer when out with friends	49%	34%	46%	33%	31%	48%	17%	68%
Two couples out for dinner drinking three bottles of wine between them	54%	27%	53%	25%	45%	35%	27%	51%
A women over 18 regularly drinking two glasses of wine, five nights a week	37%	40%	38%	38%	32%	46%	25%	50%
A man drinking two pints of beer or lager and then driving home	8%	84%	7%	86%	9%	84%	7%	85%

About Balance

Balance is the North East of England's alcohol office – the first of its kind in the UK.

Following commitments made in the regional public health strategy, 'Better Health, Fairer Health', Balance has been set up to inspire changes in the way we drink alcohol so that people in the region can still enjoy a good time while reducing their consumption: the end result – happier and healthier people living in safer communities.

To achieve that we will raise the profile of alcohol-related issues; coordinate good practice across the region and push for appropriate changes in laws, regulations and pricing policy. Key to achieving our goals will be close partnership working with the region's PCTs, police, local government and other agencies and stakeholders.

We will co-ordinate media campaigns to raise alcohol misuse in the minds of people in the North East, pointing out its influence on health, crime and disorder and the economy of the region. We will champion the good services and campaigns being delivered at a local level within the region, and raise the needs of the North East on a national level.

Our aim is not to judge or stop people enjoying a drink, but to help people find the right balance. We're here to help make sure you are safe when you do drink and that you understand the dangers if you don't treat alcohol with respect. We're here to tell you all about alcohol so that you can get the true measure of it.

For further information on this report please contact:

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HEALTH SCRUTINY FORUM

10 November 2009



Report of: Scrutiny Support Officer

Subject: TEES VALLEY HEALTH SCRUTINY JOINT
COMMITTEE - UPDATE

1. PURPOSE OF THE REPORT

- 1.1 To inform Members of issues discussed at meetings of the Tees Valley Health Scrutiny Joint Committee held since the last meeting of the Health Scrutiny Forum on 12 October 2009.

2. BACKGROUND INFORMATION

- 2.1 A summary is provided below of the issues discussed at a recent Tees Valley Health Scrutiny Joint Committee Meeting held on 12 October 2009. Further information on these issues is available from the Scrutiny Support Officer and where appropriate clarification can be sought from Hartlepool's Tees Valley Health Scrutiny Joint Committee representatives who are present at today's meeting:-

- (i) Momentum Project – A Progress Report – The Joint Committee received a joint presentation by the Director of Strategic Development / Deputy Chief Executive at North Tees & Hartlepool NHS Foundation Trust and the Director of Health Systems & Estates Development at Hartlepool PCT & Stockton-on-Tees Teaching PCT. The presentation covered a wide variety of developmental issues, including artist's impressions of room layouts, patient and public flow into and within the new hospital and the current position of the Service Transformation plans. The Joint Committee was also informed of positive feedback from Stockton-on-Tees Borough Council towards the planning application and the fact that on the afternoon of 12 October 2009 the new hospital plans were due to be presented to Hartlepool Borough Council's Planning Committee. It is hoped that a Momentum Programme progress report will be presented to Members of this Forum at the meeting on 1 December 2009.

- (ii) North East Ambulance Service (NEAS): Capacity of the Service Across the Tees – The Members of the Joint Committee agreed that a working party should be created to progress work on the NEAS capacity across the Tees. One nomination was sought from each Local Authority serving on the Joint Committee and Hartlepool Borough Council's representative on the working party will be Councillor Geoff Lilley.

3. RECOMMENDATION

- 3.1 That Members note the content of the report and outline any possible comments in relation to the issues discussed which they would like the Chair to relay back to the Joint Committee on their behalf.

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BACKGROUND PAPERS

No background papers were used in the preparation of this report.