

# **ADULTS AND PUBLIC HEALTH SERVICES PORTFOLIO DECISION SCHEDULE**



**Monday 12<sup>th</sup> October 2009**

**at 10.00 am**

**in Committee Room B,  
Civic Centre, Hartlepool**

Councillor G Hall, Cabinet Member responsible for Adults and Public Health Services will consider the following items.

**1. KEY DECISIONS**

- 1.1 Reducing Health Inequalities Through Tobacco Control – *Director of Child and Adult Services*

**2. OTHER ITEMS REQUIRING DECISION**

- 2.1 Health and Safety Service Plan 2009/10 – *Head of Procurement, Property and Public Protection*

**3. ITEMS FOR INFORMATION**

- 3.1 Communities for Health Funding 2009/10 – *Director of Child and Adult Services*

# **ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO**

Report To Portfolio Holder  
12 October 2009



**Report of:** Director of Child and Adult Services

**Subject:** REDUCING HEALTH INEQUALITIES  
THROUGH TOBACCO CONTROL

---

## **SUMMARY**

### **1. PURPOSE OF REPORT**

To seek Portfolio Holder approval of projects to defray the £100,000 Department of Health funding for reducing health inequalities through tobacco control.

The report also provides an update on smoking cessation services and success rates in the town.

### **2. SUMMARY OF CONTENTS**

The report provides details of the nine proposed projects which have been recommended by the Smoke Free Hartlepool Alliance

### **3. RELEVANCE TO PORTFOLIO MEMBER**

Impacts on all areas of the town

### **4. TYPE OF DECISION**

Key Decision (Test i)

### **5. DECISION MAKING ROUTE**

Adult and Public Health Services Portfolio – 12 October 2009

**6. DECISION(S) REQUIRED**

The Portfolio Holder is requested to approve the proposed allocations

**Report of:** Director of Child and Adult Services

**Subject:** REDUCING HEALTH INEQUALITIES  
THROUGH TOBACCO CONTROL

---

## **1. PURPOSE OF REPORT**

- 1.1 To seek Portfolio Holder approval for projects to defray the £100,000 Department of Health funding for reducing health inequalities through tobacco control. The report also provides an update on smoking cessation services and success rates in the town.

## **2. BACKGROUND**

- 2.1 The Portfolio Holder was briefed on 16 July 2009 regarding the purpose and background to the grant (attached as **Appendix 1**). This report details the projects suggested and ratified by the Smoke Free Hartlepool Alliance at their meeting of 25 August 2009.
- 2.2 The report also provides an update on smoking cessation services and success rates in the town.

## **3. PROJECT PROPOSALS**

- 3.1 A number of projects have been submitted by the PCT Smoking Cessation Service and the Hartlepool Borough Council Public Protection Division. A brief summary of the projects is as follows:
1. Smoking Cessation Service – Smoke Free Ramadan Campaign (PCT) – Funding for advertising this campaign in the Hartlepool Star. This project will engage the BME Community, and promote healthier lifestyles. The advert will cost £452.64.
  2. Marketing Posters (PCT) – New posters are to be purchased to target routine and manual workers, with a powerful message. Routine and Manual workers are a key target area of the programme. The posters will be used in businesses across the town and will be customised to promote the Hartlepool service. Two designs will be purchased. Cost of 500 posters - £1086.

3. Marketing – Beer Mats (PCT) – The beer mats will promote the Hartlepool Stop Smoking Service and is again aimed at the routine and manual worker. This is a joint project with Cameron's Brewery 25000 beer mats will be provided at a cost of £500.
4. Smoking Cessation in Burbank (£1200) – To provide nurse practitioner input into Burbank to provide smoking cessation
5. Stop Smoking Service – Drop in within young person's contraceptive clinic (PCT) – The project will offer smoking information and Nicotine Replacement Therapy (NRT) prescriptions to young people (and their partners) who attend the contraceptive and sexual health clinic held at Caroline Street. This project will target an age group who have high smoking prevalence and low quit success rates. The project will also aim to impact on the smoking in pregnancy rate, which is currently 23.9% as opposed to the national figure of 14%. The total cost of the project is £2400 and would run in Year 2 also (6 months Year1).
6. Rewards Scheme for Pregnant Women (PCT) – There is a strong evidence base for a reward plus social support strategy in helping smoking pregnant women to stop. The project will cost £5100 to cover gift vouchers and will extend the life of an existing pilot project.
7. Smoking Cessation in Schools drama project (PCT) – This project builds on previously successful drama workshops run by Gibber which provide stimulating and effective Stop Smoking messages. The project will be backed by resources, and class discussion. Costs cover the drama company (£10,500), supply teachers costs (£7000), resources, packs and catering (£7,000). Total cost £24,500. All year 7 pupils will be targeted (approximately 3360 pupils over 2 years).
8. Tobacco Control (Hartlepool Borough Council) – This project will provide a dedicated officer and additional time for existing staff to obtain intelligence and carry out enforcement work on smoke free, underage sales and illicit tobacco. The costs would be £41,593 Year 1 and £42845 Year 2.
9. Smoking Cessation – Health Promotion (Hartlepool Borough Council) – The residual allocation would cover a part time post within the Environmental Standards team, and would focus on smoke free home campaigns, community development.

- 3.2 Portfolio Holder is requested to note that £100,000 will be allocated in 2010/2011 financial year, and proposals for the defrayal of this expenditure will be considered at the smoke free Hartlepool Alliance and reported to Portfolio Holder.
- 3.3 Summary details of all the projects appear at **Appendix 2** with the project outlines at **Appendix 3**. It is recognised that not all the projects will spend to allocation in Year 1, however the Department of Health recognise that there will slippage due to the late allocation of the grant.
- 3.4 In Hartlepool we have spent time consulting with partners and getting the agreement of the Smoke Free Hartlepool Alliance to the projects to ensure that the progress fits in with the overall strategy and the issues in the Joint Strategic Needs Assessment (JSNA). Early approval is required to enable projects to commence as soon as possible. Further updates will be provided on Year 2 allocations.

#### 4 **SMOKING CESSATION / SUCCESS RATES**

- 4.1 For year ending 31<sup>st</sup> March 2009 in Hartlepool
- 2692 people set a quit date - 2026 of these from NRF/NDC
  - 1140 people quit at 4 weeks – 831 of these from NRF/NDC
  - The target number of 4-week quitters for the year for Hartlepool – 1307 (shortfall of 167 quitters)
  - Vital Signs Performance measuring 4 week quitters for year per 100,000 of population aged 16 or over –
 

○ Target –	1769
○ Achieved	1561
○ England average	813
- 4.2 Targets were particularly challenging, based on success over the past 3 years. Although local targets were not reached Hartlepool achieved the second highest 4-week quit rate in the Country.
- 4.3 The town now has, in total, 13 drop in facilities operating at a wide variety of times, including out of hours providing a 6 day a week service. The drop ins are sited to accommodate areas of high disadvantage and are all in community venues including a pub, church hall, leisure centre (A list of all session and venues are attached as **Appendix 4**).
- 4.4 In addition, a pilot scheme involving 4 local pharmacies providing a one stop shop approach, supported by the Stop Smoking Service, is underway. The Hartlepool pharmacies are in Asda, Boots in Middleton Grange, Clayfields in Oxford Road and M & J in Seaton.

- 4.5 Other new innovations include an Enhanced Support to Quit programme for those smokers with long term conditions, have repeatedly failed quit attempts or are particularly heavy smokers. This is a one to one session provided by the Stop Smoking Service held in Asda pharmacy consulting room on the Marina on a Wednesday afternoon.
- 4.6 There are now specialist staff in post to develop initiatives aimed at targeting specific settings or groups such as workplaces, the mental health trust, foundation trust, black and ethnic minority community, young people, routine and manual workers and pregnant women.
- 4.7 Plans are in place to carry out spirometry testing in the drops in for those fulfilling specific criteria, to screen smokers for early signs of chronic obstructive pulmonary disease. This should lead to early diagnosis and earlier treatment.
- 4.8 It is pleasing to report that the percentage of pregnant women smoking at time of delivery dropped from 27.7% to 23.9% by the end of 08/09. To further reduce smoking in pregnancy numbers a rewards and incentives scheme, based on a sound evidence base, was started in July of this year.

## **5. RECOMMENDATIONS**

- 5.1 Portfolio Holder approves the approved allocation.
- 5.2 Portfolio Holder notes the progress with smoking cessation initiatives.

CONTACT OFFICER: Margaret Hunt, Development Manager

# **ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO**

Report To Portfolio Holder  
9 July 2009



**Report of:** Director of Adult and Community Services

**Subject:** REDUCING HEALTH INEQUALITIES  
THROUGH TOBACCO CONTROL

---

## **SUMMARY**

### **1. PURPOSE OF REPORT**

To advise Portfolio Holder of the £100,000 Department of Health allocation to Hartlepool Borough Council to reduce health inequalities through tobacco control in 2009/2010 (with a further allocation in 2010/2011)

### **2. SUMMARY OF CONTENTS**

The report outlines the context to the grant allocation and the proposed mechanisms to ensure the most effective use of the grant monies. The report also outlines the local context and mechanisms which will be used to identify appropriate projects. The grant is to cover smoking cessation activities and tobacco control.

### **3. RELEVANCE TO PORTFOLIO MEMBER**

The Portfolio holder has responsibility for health initiatives.

### **4. TYPE OF DECISION**

Non key

### **5. DECISION MAKING ROUTE**

Adult and Public Health Services Portfolio – 9 July 2009

### **6. DECISION(S) REQUIRED**

To note the recommendations of the report.



**Report of:** Director of Adult and Community Services

**Subject:** REDUCING HEALTH INEQUALITIES  
THROUGH TOBACCO CONTROL

---

## **1. PURPOSE OF REPORT**

- 1.1 The report outlines the context of the grant allocation to Hartlepool Borough Council from the Department of Health to Reduce Health Inequalities through Tobacco Control.
- 1.2 A grant of £100,000 has been granted to Hartlepool Borough Council for the 2009/2010 financial year, with a similar allocation for 2010/2011.
- 1.3 The Council was awarded this grant as smoking preventative rates in Hartlepool are within the highest 25 in the country.
- 1.4 The report will detail the locally and regional groups including the smoke free Hartlepool Alliance, and Fresh which will help inform the development of appropriate projects.

## **2. BACKGROUND**

- 2.1 Smoking is one of the principal causes of health inequality and continues to be one of this country's most significant public health challenges, with smoking-related diseases causing 87,000 deaths each year. International evidence shows that the implementation of an integrated and comprehensive tobacco control programme is the key to driving down smoking prevalence in communities.
- 2.2 Local government has a crucial role to play in tobacco control and should be on the agenda of every local authority seeking to improve the health and wellbeing of local communities. Implementation of comprehensive tobacco control at a local level across multiple community and health settings will be necessary to deliver the local reductions in prevalence required to hit the Government's PSA targets.
- 2.3 In the above context the Department of Health (DH) and the Local Government Association (LGA) have agreed a "Reducing Health Inequalities through Tobacco Control Programme" to support local authorities with the highest estimated smoking prevalence in England and an interest in reducing health inequalities. To this effect, the Department of Health has made available a grant of £100,000 to

Hartlepool from the financial year 2008-2009, the Treasury has confirmed funding for 2010/2011 with the possibility of a similar amount of additional funding for 2011/2012.

- 2.4 As part of the programme, grant recipient authorities will work within their local health partnerships to develop and implement integrated and comprehensive tobacco control programmes locally. To date, local smoking cessation work has concentrated almost exclusively on developing Stop Smoking Services with some provision of marketing activities to complement Department of Health national campaigns. This programme presents an opportunity to take additional and more varied partnership action on tobacco control. The Department of Health's national marketing campaign targeted at routine manual smokers also needs to be supported and amplified at the local level.
- 2.5 IDeA will manage the programme on behalf of the Department of Health and the Local Government Association and will facilitate collaborative practice between participating authorities and the wider local government sector, and disseminate the good practice.

### **3. OUTLINE OF THE CONDITIONS OF FUNDING**

#### **3.1 Project Delivery**

- 3.1.1 Hartlepool Borough Council will take part in the "Reducing Health Inequalities through Tobacco Control Programme" through delivering relevant project activity by 31 March 2010 in line with and to support the key programme milestones.

#### **3.2 Contribution to Department of Health Programme Vision and "High Impact Changes"**

- 3.2.1 The Department of Health vision for the programme is:

"A reduction in health inequalities achieved as a result of a structure of effective, integrated local support, to implement comprehensive local tobacco to reduce RM smoking prevalence through:

- An increase in the number of successful smoking quitters amongst those would be quitters who are routine and manual workers (RM), and with a focus on pregnant women;
- Action to reduce the uptake of smoking amongst the young by reducing the appeal and supply of tobacco
- The objectives above will include an effective structure of local action on illicit tobacco (underage, counterfeit, and non-duty paid)

- 3.2.2 Grant recipient authorities will be expected to deliver and report on project activity which contributes towards achieving the above vision.

3.2.3 In addition, project activity will be focussed on the 10 'High Impact Changes' developed by the Department of Health Tobacco National Support Team and which, according to the best possible evidence, constitute good practice. These are:

- Work in partnership
- Gather and use the full range of data to inform tobacco control
- Use tobacco control to tackle health inequalities
- Deliver consistent, coherent and coordinated communication
- An integrated stop smoking approach
- Build and sustain capacity in tobacco control
- Tackle cheap and illicit tobacco
- Influence change through advocacy
- Helping young people to be tobacco free
- Maintain and promote smoke-free environments

3.2.4 Authorities in spearhead areas are also encouraged to promote synergy between the tobacco control programme and the existing local "Communities for Health" activities.

### 3.3 Raising Awareness of Best Practice and Sharing Learning

3.3.1 The council will work with the IDeA, throughout the life of programme, to make the beneficial outcomes repeatable by other local authorities and on raising awareness and sharing practice across the local government sector.

3.3.2 This will be likely to include the following activities:

- Proactive engagement of the council in the programme's Community of Practice (CoP) and occasional attendance at relevant meetings (e.g. programme summit of 10 / 11 June 2009).
- Proactive engagement of the Council in the programme's "peer support" initiatives
- Providing IDeA and the other councils participating in the programme, with reasonable access to project documentation / information and occasional project reports highlighting any issues arising
- Providing the necessary information and access to develop documented case studies and good practice guides
- Working with the IDeA to help share the learning across the sector by participating in related seminars, help-lines, workshops and hosting open days for peers
- Actively contributing, through the Community of Practice, to problem solving and, development and testing of solutions
- Supporting IDeA in evaluating the programme through performance indicators agreed and developed with participating councils.

- 3.3.3 By signing this Memorandum of Understanding, Hartlepool Borough Council confirms that the Department of Health, the Local Government Association and IDeA are free to publish and use the materials provided to them about their project(s).

#### **4. LOCAL POSITION**

- 4.1 Hartlepool has excellent smoking cessation services, but the key issue is high smoking prevalence rates in the town. There is an Active Smoke Free Alliance group in Hartlepool who are part of the Public Health workstream of the JSNA, and Health and Wellbeing Partnership.
- 4.2 A small subgroup (comprising the local authority lead, PCT lead and Local Authority Tobacco Control lead) has been set up to share information and good practice. Illicit tobacco is a key priority and the grant provides the opportunity to tackle this, as well as further develop smoking cessation initiatives.
- 4.3 There are also significant advantages in partnership working. There are opportunities if more staff become aware of tobacco control issues, and how to signpost to smoking cessation services. There may be some synergies with the IDeA Healthier Communities project, which includes an awareness session.
- 4.4 It is suggested that a seminar be set up to map activities, analyse gaps and prioritise areas. The programme of activity will link into Regional activity coordinated through Fresh, to capitalise on any regional social marketing campaigns.
- 4.5 It is proposed that the Health and Wellbeing Partnership would receive regular reports on the progress with this project. Some peer support from the IDeA is also available.

#### **5. FINANCIAL IMPLICATIONS**

- 5.1 There is no risk to the Authority regular reports will be made to IDeA who are managing this programme.

#### **6. RECOMMENDATIONS**

- 6.1 The Portfolio Holder is requested to note the contents of this report, further reports will be presented in the future outlining proposals for the projects to be supported.

**Department of Health  
Tobacco Control Projects**

<b>Smoking Cessation Service</b>	<b>Organisation</b>	<b>Year 1 £</b>	<b>Year 2 £</b>
Smoke free Ramadan Campaign – advert in Hartlepool Star to promote this campaign	Primary Care Trust	452.64	
Marketing: • Posters • Beer Mats (to be confirmed)	Primary Care Trust	1,086.00 500.00	
Smoking Clinic in Burbank	Primary Care Trust	1,200.00	
Young Person's Drop in Contraceptive Clinic	Primary Care Trust	1,200	1200
Reward Scheme Pregnant Women	Primary Care Trust	5,100	
Smoking Cessation in Schools – drama project	Primary Care Trust	24,500	13500
Tobacco Enforcement (Hartlepool Borough Council)	Hartlepool Borough Council	41,593	42,845
Residual allocation – Hartlepool Borough Council dedicated officer		24,000	24,000
<b>TOTAL</b>		<b>99,631.64</b>	

## PROPOSAL FOR COMMUNITIES FOR HEALTH FUNDING

Project: **Tobacco Control/Smoking issues**

Description of project & outcomes:

Smokefree Ramadan Campaign - funding for advertising to engage the BME community in Hartlepool area. (hard to reach audience)

Advertise the **Ramadan Poster** in the '**Hartlepool Star**' which is a **free** publication to the community, **home delivered every Thursday** and reaches approximately 35,000 people of which the target audience would be the BME communities. Ramadan runs for 4 weeks from 22-08-09 till 19-09-09.

The 2001 census figures are the most up to date figures as these are actual figures, rather than projections.

Statistics taken from the 2001 census show that the general population of Hartlepool is **91,400**, of which **1,042 are from a BME background**. Therefore **1.2%** of the Hartlepool population are from a BME background and would be the target audience of this advertising.

*Outcome:* Engage the BME community and promote the Smokefree Ramadan Campaign to encourage a healthier lifestyle.

How the investment links to national / local priorities, including reference to Public Health priorities that this will contribute to:

\* NICE public health guidance 9- community engagement

Linking in to this guidance, the investment would be strengthening community engagement with the BME community, which is a hard to reach sector. Health promotion and encouraging a healthier choice/ lifestyle would be promoted with this investment. This would help reduce health inequality between different communities in Hartlepool.

\*Also links in to the NHS Stop Smoking Services- service and monitoring guidance 2009- 2010, as some BME communities have a high smoking prevalence rate as compared with the general population.

Advertising would increase the service uptake by smokers from the local BME communities. Rates are much higher among Bangladeshi and Pakistani males. Bangladeshi and Pakistani males of the community would be the main target audience of this advertising campaign, as Ramadan applies to all mainstream Muslims, and would therefore apply to the majority of Bangladeshis and Pakistanis living in Hartlepool.

Costs (break down to identify staff and non staff costs) over 2009/10:

Ramadan Poster as Runner up in the '**Hartlepool Star**' for £113.16 per week for 4 weeks (the Ramadan duration).

Size of advert = **15cm x 9 cm** (width = 9cm by height = 15cm)

£113.16 x 4 weeks = **£452.64**

Exit strategy:

This is a one off opportunity for the year as Ramadan comes around once a year, and lasts for a 4 week period. This opportunity would raise awareness, educate and promote healthier choice/ lifestyles for people from BME communities in Hartlepool.

Start date: 24<sup>th</sup> August 2009

Lead manager: Pat Marshall / Rafeed Rashid

Date submitted: 24<sup>th</sup> August

For Finance Use (following approval by PPF Project Board)

Date of Approval:	
Cost Centre / Budget:	

**PROPOSAL FOR COMMUNITIES FOR HEALTH FUNDING**

Project: <b>Tobacco Control/Smoking issues</b>	
<b>Description of project &amp; outcomes:</b> <ul style="list-style-type: none"> <li>Ongoing work with Camerons Brewery to produce beer mats advertising the Stop Smoking Service, aimed at routine and manual workers. Money would be to fund or part fund the beer mats depending on whether the cost is shared with Camerons, and we advertise on one side and Camerons advertise on the other. The decision on this and the price is a work in progress.</li> </ul>	
<b>How the investment links to national / local priorities, including reference to Public Health priorities that this will contribute to:</b> <ul style="list-style-type: none"> <li>Promotes the Stop Smoking Service in highly populated routine and manual areas.</li> <li>Promotes a positive working relationship and link with the local community</li> <li>Working specifically to target routine and manual populations, links well to recommendations made in the in the NHS Stop Smoking Services Service and Monitoring guidance for 2009/10. The guidance states that routine and manual workers are one of the priority population groups and make up 44% of the overall smoking population. Given that national campaigns are designed to have the greatest possible impact on routine and manual smokers, consistent use of innovative national campaign materials, with strong messages will add significant weight to local promotions.</li> </ul>	
<b>Costs (break down to identify staff and non staff costs) over 2009/10:</b> <ul style="list-style-type: none"> <li>Estimated price projections for 25,000 beer mats</li> <li>Based on 2 pence per beer mat - £500.00</li> </ul>	
<b>Exit strategy:</b> <ul style="list-style-type: none"> <li>No exit strategy is required as this is a one off opportunity to purchase promotional materials advertising the Stop Smoking Service amongst routine and manual workers</li> </ul>	
Start date:	
Lead manager:	
Date submitted:	
For Finance Use (following approval by PPF Project Board)	
Date of Approval:	
Cost Centre / Budget:	



**PROPOSAL FOR COMMUNITIES FOR HEALTH FUNDING**

<b>Project: Tobacco Control/Smoking issues</b> Pilot a drop in clinic in the Burbank area of the town	
<b>Description of project &amp; outcomes:</b>  To respond to expressed need it is planned to establish a drop in clinic in Burbank Community Centre on a Wednesday morning between 9.30 and 11.30 am for a trial period of 3 months. The session will be manned by a nurse prescriber and/or a specialist smoking cessation advisor along with a Health Trainer, designated to work within that area.  The project will look to develop links to a district nurse also in attendance on a Wednesday morning, to encourage stop smoking clients to undertake a blood pressure checks and vice versa	
<b>How the investment links to national / local priorities, including reference to Public Health priorities that this will contribute to:</b>  Reducing smoking prevalence and addressing health inequalities are both major public health priorities.  Narrowing the gap in smoking prevalence between the most disadvantaged wards and the rest of Hartlepool is a target within the Local Area Agreement.  The results of the latest Mori poll show that smoking prevalence in Burbank stands at 56%. Hartlepool Borough at 30%, with a national average of 22%	
<b>Costs (break down to identify staff and non staff costs) over 2009/10:</b>	
<b>Exit strategy:</b>  The pilot to run for 3 months to monitor uptake of services and levels of success in terms of 4-week quits. The results will indicate whether the need and success for this service has been established.	
<b>Start date: mid October 2009</b>	
<b>Lead manager: Pat Marshall, Stockton and Hartlepool Stop Smoking Service</b>	
<b>Date submitted: 28<sup>th</sup> September 2009</b>	

For Finance Use (following approval by PPF Project Board)

<b>Date of Approval:</b>	
<b>Cost Centre / Budget:</b>	

**PROPOSAL FOR COMMUNITIES FOR HEALTH FUNDING**

**Project: Tobacco Control/Smoking issues.**

Establish a Stop smoking Drop-In within a young person's contraceptive clinic.

Description of project & outcomes:

Plan to work within an established young persons contraceptive & sexual health clinic, held at Caroline St H/C, Hartlepool. Where 30-40 young women attend each week up to 24yrs of age.

Aim – to offer stop smoking information and prescriptions for NRT treatments to those smoking and their partners.

How the investment links to national / local priorities, including reference to Public Health priorities that this will contribute to:

Currently 2/3rds of smokers state they started smoking before they were 18yrs old. 36% of girls 11-15yrs smoked and 31% of boys. The 18-34yr group make up over 31% of Local stop smoking quit attempts who have a low success rate in their quit attempt to stop, (40% instead of around 50% in other age groups). Motivation to quit is much poorer, face to face contact and social support is known to enhance this success rate.

By reducing the number of young women smoking this in turn would reduce the number of pregnant women smoking at delivery in Hartlepool, which currently stands at 23.9%. The National average being 14% in 2008-09. The White Paper 'Smoking Kills' (DOH 1998) requires a drop in the number of pregnant women smoking at delivery to 15% by 2010. This proposal also links with the 'Hartlepool Public Health Strategy – Action plan' / Smoke Free Hartlepool Alliance and also the 'Better Health, Fairer Health, A strategy for 21<sup>st</sup> Century Health and Wellbeing in the North of England 2008'.

Costs (break down to identify staff and non staff costs) over 2009/10:

Prescribers costs would be £20.0 per hour for 1. ½ hrs = £30.0.

Over 52 weeks = £1,560.

Co-ordinator costs would be £ 10.0 per hr for 1.1/2 hrs =£15.0

Over 52 weeks = £780.

Total = £2,340.

Storage data boxes and printing £60.0

Room Hire : Free

Grand Total = £2,400. For 1 year, to start ? Sept 09 and ongoing if possible for year 2.

Exit strategy:

The Pilot Project will run from end Sept 09 - 2010 for 1 year so that statistics for young women smoking in Hartlepool and successful quit rates can be matched with previous years (2007-08).

If successful, the service will apply to Hartlepool PCT for further funding to continue the project.

Start date: 22 <sup>nd</sup> September 2009
Lead manager: Judith Rees & Wendy Martindale. Pat Marshall.
Date submitted: 25/8/2009

For Finance Use (following approval by PPF Project Board)

Date of Approval:	
Cost Centre / Budget:	

## PROPOSAL FOR COMMUNITIES FOR HEALTH FUNDING

**Project: Tobacco Control/Smoking issues**  
**Continuation of an Incentives and Rewards Scheme for Pregnant women to assist their quit attempt. 'YOU' scheme.**

### **Description of project & outcomes:**

Women who continue to smoke during pregnancy are identified as a difficult to reach group. Standard interventions to support pregnant women to stop smoking have poor success rates. The evidence-base describing the "*reward plus social support*" strategy reports a 4 times higher success rates than other interventions for this group. It is proposed that an incentive scheme that delivers a *reward plus social support* intervention for pregnant smokers currently underway in Hartlepool is continued for a further year. The development will continue with involvement of staff from the Maternity Department and Nurse Prescribers at the Drop In clinics. Local colleges have offered free beauty treatments also, to encourage engagement with the educational establishment. A range of weekly gifts, Boots vouchers and beauty treatments are currently used as incentives.

### **How the investment links to national / local priorities, including reference to Public Health priorities that this will contribute to:**

Cigarette smoking in pregnancy is common, amongst populations with low income and social disadvantage. A major priority of the government is to reduce inequalities in health, with a **Public Service Agreement (PSA)** target: by 2010 to reduce inequalities in Health by 20% as measured by infant mortality and life expectancy at birth. The North East region's '**Health and Wellbeing Strategy**' recently published for consultation stresses the importance of smoking as a factor in the regions general poor health. Smoking is the first mentioned specific area for action, with particular priority given to reducing smoking before, during and after pregnancy.

This proposal also links with '**Better health, Fairer Health, A strategy for 21<sup>st</sup> Century Health and Wellbeing in the North of England 2008**'. **Action Plans for the North of Tees Stop Smoking in Pregnancy Steering group and Hartlepool Public health Strategy – Action plans of Smoke Free Hartlepool Alliance.**

A major contributor to health inequalities the smoking prevalence is also targeted in the '**Priorities and Planning Framework**' policy for which set Primary Care Trusts (PCTs) a target to achieve a one percentage point reduction in the numbers of women in their populations smoking throughout pregnancy.

In Hartlepool 273 out of 1,140 maternities smoked in 2008- 2009, currently 23.9% of women smoking at delivery, a decrease since 2003/04 when 40% were recorded as smoking at delivery.

Although the underlying rate is decreasing this decrease will not be sufficient to achieve the '**Smoking Kills**' White Paper targets (December 1998) which contained a key target for reducing the proportion of women who smoke during pregnancy. This was to reduce the percentage of women smoking during pregnancy nationally from 23% to 15% by the year 2010.

**Costs (break down to identify staff and non staff costs) over 2009/10:**

An estimate of the cost of the service per quitter at one year for this group is around £87.85 per client for 150 participating women (£37.85 Antenatal & £50.00 Postnatal). To continue this project across Hartlepool anticipated numbers would be for 150 women for one year.

There is currently a 50% drop out rate after the 4 week period so the quantity of vouchers was reduced.

Stocks ordered last year were Vouchers = £4,525.

Toilet bags & toiletries = £1,928.0

Grand total = £6,500.

For one year from Feb 2010 – Feb 2011. These quantities are measured on the higher end of quit attempts and in reality these stocks may last much longer. This amount would therefore be a one only request.

**Exit strategy:**

The project would be compared to previous years quit rates and funding would be applied for from other agencies based on successful quitters.

Start date: Feb 2010 untill Feb 2011, as current provisions exist until ?Jan 2010.

Lead manager: Judith Rees/ Pat Marshall.

Date submitted: 25<sup>th</sup> Aug 2009.

For Finance Use (following approval by PPF Project Board)

Date of Approval:	
Cost Centre / Budget:	

**PROPOSAL FOR COMMUNITIES FOR HEALTH FUNDING**

Project: <b>Tobacco Control/Smoking issues</b>
<p>Description of project &amp; outcomes:</p> <p>Primary prevention and education on tobacco in schools through effective evidenced based approaches delivered in school by trained teachers supported by Theatre in Education (TiE) adding value to the school curriculum.</p> <p>The project will increase the efficacy of teachers delivering tobacco education at Year 7, provide a framework and lesson plans for the delivery of effective tobacco education/prevention and ensure that the TiE input adds value to the schools tobacco curriculum. The lessons will reflect the expectations within the DCSF document Drugs: Guidance for schools (DfES 2004) and training will be delivered to those teachers (either year group or specialist teams) delivering tobacco education with cross curricular links provided so that additional work may be carried on in other curriculum areas. The TiE will explore approaches used by the tobacco industry to encourage smoking and contains a global dimension supporting the citizenship agenda within schools.</p> <p>Training on tobacco, lesson plans and resources will be delivered by the Drug Education Team and Health Development across a number of half day sessions with resources and materials provided for use within schools. Evaluations will take place on the training to demonstrate the achievement of improved feelings of efficacy around delivering tobacco education and evaluative/assessment tools will be built into the lessons.</p> <p>Parent sessions will also be provided with additional homework activities for pupils to complete with parents/carers/siblings</p>
<p>How the investment links to national / local priorities, including reference to Public Health priorities that this will contribute to:</p> <p>Links to: CYPP, LAA, NI 115, PSA 12; 25, Healthy Schools Business Plan</p> <p>Data from Tellus reports, additional Social Norms data currently taking place within 80% of secondary schools in Hartlepool</p>
<p>Costs (break down to identify staff and non staff costs) over 2009/10:</p> <p>Gibber £10,500 (+ vat)</p> <p>Supply costs – year 7 tutors (10 x 7 (including PRU and Catcote) @ £100 = £7000</p> <p>Resources – SmokeScreen £75 x 7 = 525</p> <p>Storyboard £100 x 7 = 700</p> <p>Puppet £50 x 10 x 7 = 3500</p>

Venue/catering	£ 1000
Production of packs	£ 1275
Total	£ 24,500
Exit strategy:	
<p>This projects provides a sustainable approach to tobacco education within schools, staff will be trained to a high level with continued support from the existing Health Development Team, Drug Education Team and Healthy Schools Team. The Gibber contribution adds value to the programme but the programme will not be dependant on the Gibber input in the future, schools will be able to opt into that in subsequent years should they feel it is “value for money” or if additional funding becomes available.</p>	
Start date: Jan 2010 – Dec 2010	
Lead manager: Simon Richardson/Kate Watson	
Date submitted:	

For Finance Use (following approval by PPF Project Board)

Date of Approval:	
Cost Centre / Budget:	

## PROPOSAL FOR REDUCING HEALTH INEQUALITIES THROUGH TOBACCO CONTROL FUNDING

**Project: Tobacco & Smokefree enforcement**

Description of project & outcomes:

To provide a dedicated officer / additional time-out for existing staff to obtain intelligence & carry out enforcement work on smoke free underage sales and illicit tobacco within Hartlepool.

The Officer / additional staff time would work in partnership with other agencies to provide co ordinated enforcement and share intelligence.

The outcomes for the project would include:

- Inspection of vehicles under smoke free legislation 36 exercises each year
- Inspect all retailers of tobacco products each year checking for illicit tobacco and obtaining intelligence
- Carry out underage sales checks every month
- Work in partnership with other agencies exchanging intelligence and carrying out enforcement

This project meets the following criteria in the reduction in health inequalities through tobacco control programme

1. Action to reduce the uptake of smoking amongst the young by reducing the supply of tobacco
2. Action to reduce the availability of illicit tobacco
3. Action to tackle non compliance of smoke free legislation in vehicles

Costs (break down to identify staff and non staff costs) over 2009/10 & 2010/11

	2009/10	2010/11	<b>Total</b>
Officer Salary	31200	32200	63400
Additional staff costs	8393	8645	17038
Resources	2000	2000	4000
<b>Total</b>	<b>41593</b>	<b>42845</b>	<b>84438</b>

Exit strategy:

The aim of the project is to provide better intelligence sharing with partner agencies. Once links are established this role would be sustainable

Successful enforcement in relation to underage sales should result in improvements in retailers awareness of requirements of legislation and progressively fewer sales over time.



Start date: 2009
Lead manager: Sylvia Pinkney Hartlepool Borough Council
Date submitted: August 2009

For Finance Use (following approval by PPF Project Board)

Date of Approval:	
Cost Centre / Budget:	

**PROPOSAL FOR COMMUNITIES FOR HEALTH FUNDING**

Project: **Tobacco Control/Smoking issues**

Description of project & outcomes:

To provide a dedicated part-time officer / additional training and time-out for existing staff to build capacity and enhance the delivery of the regional second-hand smoking training to frontline HBC and PCT staff and promote the smoke-free homes / families initiative for Hartlepool.

The Officer / additional staff time would also (enable) work with the Hartlepool Workplace Health Improvement Specialist to develop tobacco control elements of the HBC Wellbeing Strategy, review HBC and PCT Smoking Policy and provide continued training and awareness-raising to managers and staff of the smoke free legislation and enforcement within the workplace and work vehicles.

The Officer / additional staff time would also (enable) work in partnership to identify best practice for frontline HBC and PCT staff visiting clients within their own homes and reducing the risks of second-hand smoke.

The outcomes for the project would include:

- Increased capacity for delivery of the regional second-hand smoking training through increased registered trainers
- 10 regional second-hand smoking training sessions delivered
- 150 frontline staff receiving the regional second-hand smoking training
- 10 smoking legislation awareness raising sessions delivered
- Review of HBC and PCT Smoking policy
- 5 awareness raising sessions and distribution of Smoke-free homes / families materials

How the investment links to national / local priorities, including reference to Public Health priorities that this will contribute to:

The project would contribute to various objectives within the local action plan including:

- Promoting 'Smoke Free' Hartlepool
- Reducing exposure to Second-hand tobacco smoke
- Supporting delivery of the regional FRESH training

Costs (break down to identify staff and non staff costs) over 2009/10:

	Year 1	Year 2	Total
Officer Salary	£22,000.00	£22,660.00	44,660.00
Resources	£2000.00	£1340.00	3340.00
<b>Total</b>	<b>£24,000.00</b>	<b>£24,000.00</b>	<b>£48,000.00</b>

Exit strategy:

The aim of the project is to provide training which will build capacity amongst key staff to promote the risks of second-hand tobacco and ultimately reduce exposure of second-hand smoking especially the most vulnerable. This will allow key messages to be consistent and to be continued after the project.

The initial promotion of the smoke free families / homes campaign will involve working in partnership to identify key officers who could continue with a programme of promotional work.

Work on smoking policy and Wellbeing Strategy would ensure that HBC and PCT staff are community leaders in reducing the risk to staff from second-hand smoke and achieving compliance with the legislation.

Start date: January 2010

Lead manager:

Emma Thompson

Hartlepool Borough Council

Date submitted: August 2009

For Finance Use (following approval by PPF Project Board)

Date of Approval:

Cost Centre / Budget:

# STOP SMOKING

## Sessions 2009

### HARTLEPOOL

<b>Monday</b>	<b>Rossmere Youth Centre</b>	<b>5.00 – 7.00 pm</b>
<b>Tuesday</b>	<b>People's Centre (Old Police Station)</b>	<b>9.30 – 11.30 am</b>
	<b>Bellevue Sports Centre</b>	<b>10.00 – 12.00 noon</b>
	<b>St George's Church Hall (Pregnancy Advisor Available)</b>	<b>1.30 – 3.30 pm</b>
	<b>St Mark's Church (next to Gillen Arms pub)</b>	<b>4.30 – 6.30 pm</b>
<b>Wednesday</b>	<b>Greatham, 11 Front Street</b>	<b>2.00 – 4.00 pm</b>
	<b>Borough Hall (Headlands)</b>	<b>4.30 – 6.30 pm</b>
	<b>Fens Pub</b>	<b>6.00 – 8.00 pm</b>
<b>Thursday</b>	<b>Rossmere Way (SureStart)</b>	<b>1.00 – 3.00 pm</b>
	<b>Hindpool Close (SureStart) Central Estate</b>	<b>4.30 – 6.30 pm</b>
<b>Friday</b>	<b>Miers Ave (SureStart)</b>	<b>10.00 – 11.30 am</b>
	<b>Owton Rossmere Resource Centre</b>	<b>2.00 – 4.00 pm</b>
<b>Saturday</b>	<b>Mill House Leisure Centre</b>	<b>10.00 – 12.00 noon</b>
<b>PLEASE DROP IN AT ANY OF THE ABOVE VENUES FOR HELP &amp; ADVICE</b>		

*Please Note:* CLINICS ARE SUBJECT TO CHANGES -

**TO CONFIRM AVAILABILITY, RING  
THE STOCKTON & HARTLEPOOL STOP SMOKING SERVICE**



**ON 01642 635650**

Please note that clients should arrive at least  
20 minutes before the stated end times above  
in order to be assessed



## **ADULT & PUBLIC HEALTH SERVICES PORTFOLIO**

Report to Portfolio Holder  
12 October 2009



**Report of:** Head of Procurement, Property and Public Protection

**Subject:** HEALTH AND SAFETY SERVICE PLAN 2009/10

---

### SUMMARY

#### **1. PURPOSE OF REPORT**

To consider the Health and Safety Service Plan for 2009/10, which is a requirement under section 18 of the Health and Safety at Work etc Act 1974.

#### **2. SUMMARY OF CONTENTS**

The report gives details of the Health and Safety enforcement service and the service plan for 2009/10.

#### **3. RELEVANCE TO PORTFOLIO MEMBER**

The Portfolio Holder for Adult and Public Health has responsibility for this service.

#### **4. TYPE OF DECISION**

Non key.

#### **5. DECISION MAKING ROUTE**

Adult and Public Health Services Portfolio.

#### **6. DECISIONS(S) REQUIRED**

That the Portfolio Holder approves the Health and Safety Service Plan for 2009/10.

**Report of:** Head of Procurement, Property and Public Protection

**Subject:** HEALTH & SAFETY SERVICE PLAN 2009/10

---

**1. PURPOSE OF REPORT**

- 1.1 To consider the Health and Safety Service Plan for 2009/10, which is a requirement under section 18 of the Health and Safety at Work etc Act 1974.

**2. BACKGROUND**

- 2.1 The Health and Safety Executive has a key role in overseeing local authority enforcement activities. They have duties to set and monitor standards of local authorities as well as carry out audits of enforcement activities to ensure that authorities are providing an effective service to protect public health and safety.
- 2.2 The Health and Safety Executive has issued section guidance to Local Authorities, which provides information on how local authority enforcement service plans should be structured and what they should contain. Service plans developed under this guidance will provide the basis on which local authorities will be monitored and audited by the Health and Safety Executive.
- 2.3 The service planning guidance ensures that key areas of enforcement are covered in local service plans, whilst allowing for the inclusion of locally defined objectives.
- 2.4 The Health and Safety Service Plan for 2009/10 is attached as **Appendix 1** and takes into account the guidance requirements.

**3. THE HEALTH & SAFETY SERVICE PLAN**

- 3.1 The Service Plan for 2008/09 has been updated to reflect last year's performance.
- 3.2 The revised 2009/10 Service Plan covers the following:
- (i) Service aims and objectives.
  - (ii) The background to the authority, including the scope and demands on the health and safety service.
  - (iii) Service delivery, including inspection programmes, service requests, complaints, advice, liaison and promotion.

- (iv) Resources, including financial allocation, staff allocation and staff development.
- (v) Quality assessment.
- (vi) Details of the review of the plan.

#### 4. ISSUES

- 4.1 The number of programmed Health and Safety inspections carried out in 2008/09 was below target at 65%. This was due to the service having experienced significant staffing difficulties during the year. All performance outcomes are reported to HSE as part of a statutory return. Whilst performance is below target it is not expected that this will raise any concerns. Outstanding inspections will be added to the programme for 2009/10 with more resources being available to achieve targets.
- 4.2 Topic based inspections were introduced in 2005/06, ensuring that all inspections focus on falls from a height, workplace transport, slips and trips, musculoskeletal disorders and work related stress.
- 4.3 We have actively participated in the Health and Safety Partnership working closely on various initiatives with other local authorities and the Health and Safety Executive. This work will continue in 2009/10 with our participation in the following campaigns
- Noise at Work in the Entertainment Sector – Promotion of industry led guidance for the music and entertainment industry
  - Violence and Aggression in the retail sector
  - Slips, Trips and Falls from height in the retail sector
  - Compactor and Balers
- 4.4 Section 18 of the Health and Safety at Work etc Act 1974 (HSWA) puts a duty on the Health and Safety Executive (HSE) and Local Authorities (LAs) to make adequate arrangements for enforcement. New Section 18 guidance was issued in 2008 requiring Enforcing Authorities, from 1st April 2008, to work towards compliance with the principles and standards. From 31st March 2011, compliance is mandatory.
- 4.5 During 2008/09 work commenced on meeting the requirements of the amended Section 18 guidance and this will continue in 2009/10.
- 4.6 The section has lost 3 posts in order to achieve 2008/09 efficiency savings, one of which was a health and safety enforcement post. As a result it has been necessary to distribute their workload to the remaining workforce, consequently the targets in 2009/10 will be extremely challenging.
- 4.7 The credit crunch is having an impact on standards. Financial pressures as a result of the recession have resulted in some businesses failing to carry out essential maintenance / repairs; consequently there has been an increase in the

number of contraventions found. We anticipate that this trend of reduction in standards is likely to continue until the economic climate improves.

- 4.8 The service is committed to focussing its resources on carrying out interventions at those businesses which are deemed not to be compliant through offering advice, support and, where necessary, enforcement.

## **5. RECOMMENDATIONS**

- 5.1 That the Portfolio Holder approves the Health and Safety Service Plan for 2009/10.

## **6. CONTACT OFFICER**

- 6.1 Sylvia Pinkney  
Consumer Services Manager  
Hartlepool Borough Council - Level 3  
Civic Centre

Tel: (01429) 523315

Email: [sylvia.pinkney@hartlepool.gov.uk](mailto:sylvia.pinkney@hartlepool.gov.uk)



## APPENDIX 1



**HARTLEPOOL**  
BOROUGH COUNCIL

# Hartlepool Borough Council

## Health & Safety Service Plan

# 2009/10

## HEALTH & SAFETY SERVICE PLAN 2009/10

This Service Plan accords with the requirements of the section 18 guidance issued by the Health and Safety Executive, and sets out the Council's aims in respect of its health and safety enforcement service and the means by which those aims are to be fulfilled. Whilst focussing primarily on the year 2009/10, where relevant, longer-term objectives are identified. Additionally, there is a review of performance for 2008/09 and this aims to inform decisions about how best to build on past successes and address performance gaps.

### 1. **Background Information**

Hartlepool is situated on the North East coast of England. The Borough consists of the town of Hartlepool and a number of small outlying villages. The total area of the Borough is 9,390 hectares.

Hartlepool is a unitary authority, providing a full range of services. It adjoins Durham County Council to the north and west and Stockton on Tees Borough Council to the south. The residential population is 90,161 of which ethnic minorities comprise 1.2% (2001 census).

### 2. **Service Aims and Objectives**

Hartlepool Borough Council aims:

- To carry out our enforcement duties and deliver high quality services through the efficient and effective use of resources.
- To supplement our enforcement role by providing targeted education and advice
- To encourage innovation through actively seeking out best practice and working in partnership with other agencies
- To actively contribute towards achieving the Health and Safety Executives (HSE) Revitalising Health and Safety targets.

In its delivery of the service the Council will have regard to directions from the Health and Safety Executive (HSE), Health and Safety / Local Authority Liaison Committee (HELA), Approved Codes of Practice, the Regulators Code of Practice, and guidance from Local Authorities Co-ordinators of Regulatory Services (LACORS).

Service delivery broadly comprises:

- Programmed inspection of premises for health and safety
- Accident investigation
- Topic based inspections
- Provision of advice, educational materials and courses to businesses
- Interventions around the Fit3 programme

- Initiating enforcement action where appropriate, including Improvement Notices, Prohibition Notices, Simple cautions and Prosecutions
- Promotional and advisory work
- Responding to asbestos notifications

Effective performance of the health and safety service necessitates a range of joint-working arrangements with other local authorities and agencies such as the Health and Safety Executive (HSE). The Council aims to ensure that these joint-working arrangements are in place and that officers of the service contribute and are committed to the on-going development of these arrangements.

### 3. **Policy Content**

This service plan fits into the hierarchy of the Council's planning process as follows:

- Hartlepool's Community Strategy - the Local Strategic Partnership's (the Hartlepool Partnership) goal is "to regenerate Hartlepool by promoting economic, social and environmental wellbeing in a sustainable manner."
- Corporate (Best Value Performance) Plan
- Neighbourhood Services Departmental Plan
- Public Protection Divisional Plan
- Consumer Services Service Plan
- Health and Safety Enforcement Service Plan - sets out how the Council aims to deliver this statutory service and the Consumer Services section's contribution to corporate objectives

The Council's Community Strategy sets out its vision for 'a prosperous, caring, confident and outward looking community realising its potential in an attractive environment'. This Health and Safety Service Plan contributes towards the vision and the Council's main priorities in the following ways:

#### **Jobs and the Economy**

By providing advice and information to new and existing businesses to assist them in meeting their legal requirements with regard to health, safety and welfare, and avoid potential costly action at a later stage.

#### **Lifelong Learning and Skills**

By providing advice to both as regards what training is appropriate for particular jobs. This advisory role is supplemented with enforcement action where necessary to ensure that the appropriate training is provided to employees. The team also provides seminars on current health and safety issues to the wider community.

## **Health and Care**

By ensuring that businesses meet their obligations as regards health and safety the well being of both employees and the public will be protected.

## **Community Safety**

By encouraging awareness amongst businesses of the role they can play in reducing problems in their community by keeping premises in a clean tidy and safe condition.

## **Environment**

By encouraging businesses to be aware of environmental issues which they can control, such as proper disposal of hazardous waste.

## **Culture and Leisure**

By exploring ways to promote high standards of compliance with health, safety and welfare law in hotels, other tourist accommodation, public houses and other catering and retail premises. This also applies to ensuring events to which the public are admitted are held safely.

## **Strengthening Communities**

By developing ways of communicating well with all customers, including proprietors of businesses whose first language is not English, and ensuring that we deliver our service equitably to all.

## **Other Plans and Policies**

This Health and Safety Law Enforcement Service Plan similarly contributes to the vision set out in the Neighbourhood Services Department Plan “to work hand in hand with communities and to provide and develop excellent services that will improve the quality of life for people living in Hartlepool neighbourhoods”.

The Council has in place a Health and Safety Law Enforcement Policy which has been revised and subsequently approved by the Adult and Public Health Services Portfolio Holder on 21 March 2005.

The Council is committed to the principles of equality and diversity. The Health and Safety Service Plan consequently aims to ensure that the same high standards of service is offered to all, and that recognition is given to the varying needs and backgrounds of its customers.

#### 4. **Legislative Powers and other actions available**

The Council has a wide range of duties and powers conferred on it in relation to health and safety functions.

The Health and Safety at Work etc Act 1974 requires that the Council appoint inspectors, having suitable qualifications and competencies, for the purposes of enforcing the Act and its associated provisions.

The most effective means of checking compliance with statutory requirements is through the inspection of businesses and premises. This is reflected in guidance issued by the Health and Safety Executive that requires Councils to draw up and implement an annual programme of risk-based inspections.

The powers of authorised officers to conduct inspections are derived from Section 20 of the Health and Safety at Work etc Act 1974. The standards of health, safety and welfare in businesses are generally covered by the Health and Safety at Work etc. Act 1974 but more detailed requirements are contained in regulations.

The enforcement of health and safety legislation in business premises is split between two main agencies; the Health and Safety Executive (HSE) who are a national body funded by central government and are responsible for inspecting construction sites, chemical plants and manufacturers and local authorities who enforce health and safety standards in retailers, wholesalers and a large part of the leisure industry. The split is formalised in the Health and Safety (Enforcing Authority) Regulations 1989 with further guidance provided by Health and Safety / Local Authority Liaison Committee (HELA) which is the formal enforcement liaison committee between the HSE and Local Authorities.

It is recognised that whilst the inspection process is the primary means of securing compliance with health and safety legislation, this can be enhanced by the provision of advice, educational materials and training courses.

The service is obliged to investigate complaints relating to the condition of premises such as the lack of basic welfare facilities such as hot water for washing hands or excessive temperature in the summer months. In some instances officers only become aware of serious accidents when they are contacted by an injured person's solicitor following a compensation claim.

In addition to legislative requirements as above, local authority health and safety services are required to have regard to guidance issued by the Health and Safety Executive.

There is currently a requirement to report to the Health and Safety Executive annually on performance in relation to health and safety enforcement activities.

## 5. Service Delivery Mechanisms

### Inspection Programme

Inspections carried out for health and safety are carried out in accordance with the Council's policy and procedures on health and safety premises inspections and relevant national guidance.

Information on premises liable to health and safety inspections is held on the APP computerised system. An inspection schedule is produced from this system at the commencement of each reporting year.

The health and safety programme is risk-based systems that accord with current guidance. The current premises profile is shown in the table below:

### Health and Safety:

Risk Category	Frequency of Inspection	No of Premises
A	12 months	9
B1	18 months	33
B2	2 years	101
B3	3 years	262
B4	5 years	271
C	Other interests	478
Un-rated		79
Total		1233

The inspection programme for 2009/10 comprises the following number of scheduled health and safety inspections:

Risk Category	Frequency of Inspection	No of Inspections
A	12 months	9
B1	18 months	22
B2	2 years	74
B3	3 years	87
B4	5 years	43
C	Other interests 5 years	114
Un-rated		57
Total		406

An estimated 10% of programmed inspections are of premises where it is more appropriate to conduct inspections outside the standard working time hours. Arrangements are in place to inspect these premises out of hours by making use of the Council's flexible working arrangements, lieu time facilities and, if necessary, paid overtime. In addition, these arrangements will permit the occasional inspection of premises which open outside of, as well as during standard work time hours.

As a follow-up to primary inspections, the service undertakes revisits in accordance with current policy. It is estimated that such revisits are required in 30% of instances. For the year 2009/10, the inspection programme would generate an estimated 50 revisits. A number of these premises revisits will be undertaken outside standard working hours and arrangements are in place as described above to facilitate this.

It is anticipated that consistent, high quality programmed inspections by the service will, over time, result in a general improvement in standards, reducing the frequency for recourse to formal action.

The performance against inspection targets for all health and safety inspections is reported monthly as part of the Neighbourhood Services Department internal performance monitoring. In addition, performance against inspection targets is reported quarterly to the Adult and Public Health Services Portfolio Holder as part of the Neighbourhood Services Department plan update.

#### Alternative Enforcement Strategy for Low Risk Health and Safety Premises

An alternate enforcement strategy via 'self assessment' may be employed for low risk health and safety premises, i.e. those rated as health and safety risk category C, in accordance with HELA guidance. Self-assessment usually consists of questionnaires for these businesses and a subsequent evaluation of the results of this self-assessment by officers. A percentage of those businesses returning questionnaires are visited to validate the information received, as are those businesses who do not respond. Inspection visits may also be made where a low risk business is the subject of complaint and where notification of change of business use or proprietorship is received. It is considered that the best use of resources at this time is to continue to carry out inspections at these low risk premises. These inspections often cover other legislation such as Food Hygiene and Food Standards.

#### Health and Safety Inspections

The purpose of health and safety inspection is to check that the premises comply with health and safety requirements and provide a safe and healthy workplace. In some cases specific targeted inspections are undertaken, for example a stock storage survey may be undertaken in the run up to Christmas to ensure that excessive stock is not being stored.

#### Provision of advice and educational materials to businesses

The Authority considers that assistance to business, to help them to comply with the requirements of legislation, is one of our core activities. For health and safety issues the Authority has a policy of offering comprehensive advice to any business for which we are, or are likely to become, the enforcing authority for any part of the business based within our area.

The service is committed to focussing its resources on carrying out interventions at those businesses which are deemed not to be compliant through offering advice, support and where necessary enforcement.

Although our resources have not allowed this to be done on a proactive basis, to any significant degree, we have contacts with businesses on a daily basis. These contacts are made on visits to premises to carry out inspections and investigations, when the businesses can be given advice and guidance on a one-to-one basis, and by telephone. In addition, an extensive range of advisory leaflets is made available to business proprietors, many of which are selectively left with the business at the time of an inspection or campaign visit.

The service will carry out a limited amount of programmed occupational health and safety promotion during the year focussing on the HSE's revitalising targets and 'Beyond Fit3' Strategic Delivery Programme.

The national targets for Health and Safety agreed by the Health and Safety Executive and Government as set out in the Revitalising Health and Safety Strategy Statement (June 2000) are that by 2010 there will be a:

- Reduction in the number of working days lost due to health and safety failure by 30%,
- Reduction in the rate of work related ill health by 20%,
- Reduction in the incidence rate of fatal and major injury accidents by 10%.

In order to achieve the revitalising targets the HSE have endorsed a number of new strategies which along with the topic based approach to inspections, are key to reducing the number of accidents and days lost through work related ill health. The HSE have specifically directed Councils and HSE to give high priority to focused initiatives such as the evidence based Fit3 programme of campaigns rather than routine inspections.

The Fit 3 campaign has now been superseded by the 'Beyond Fit 3' programme of work. The 'Beyond Fit 3' programme of work focuses on similar priority areas to the historical Fit 3 campaign but also includes new priorities. 'Beyond Fit 3' includes the following campaigns;

- Reducing Slips and Trips in Care Homes and Catering Premises
- Duty to Manage Asbestos
- Asthma in small bakeries, supermarket bakeries and catering businesses
- Violence at Work
- Improving health and Safety in Care Homes
- Loading and Unloading: Inspection and awareness raising of activities in land around loading bays
- Construction Engagement
- Vulnerable workers
- Musculoskeletal Disorders
- Stress at Work
- Skin Diseases



During 2009/10 the Authority has agreed to participate in the following campaigns; -

- Noise at Work in the Entertainment Sector - Promotion of industry led guidance for the music and entertainment industry
- Violence and Aggression in the retail sector
- Slips, Trips and Falls from height in retail sector
- Compactor and Balers

The 'Beyond Fit3' programme of work will include a mix of interventions, ranging from the innovative and original to the well tried and proven. Whilst some of this work can be incorporated into programmed inspections additional planning is required for example to organise seminars, additional visits and to put together campaign packs.

### Dealing with Accidents

Some accidents must be reported under the Provisions of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. To co-ordinate the reporting of these accidents nationally is the Incident Contact Centre, which receives notification and arranges for these to be notified to the appropriate enforcing authority.

Once a notification is received it is accessed from a secure website during working hours and a decision made as to whether the matter requires further investigation is then made using selection criteria by a senior officer.

Out of hours contact is arranged through Richard Court, telephone number (01429) 869424.

In the event of an accident that results in someone being fatally injured then the Police Service would be involved. However, in this situation the guidance contained in the publication Work-Related Deaths a Protocol for Liaison would be followed.

### Health and Safety Complaints and Service Requests

It is intended that every complaint / request for service is responded to within 2 working days.

However, the initial response is determined after assessment of the information received, and is based on the risk arising from the conditions that are the subject of the complaint.

All complaints that are received are recorded and assessed for further action. The potential actions that are available are included in the Health and Safety Enforcement Policy, and are usually determined by the investigating officer in consultation, where appropriate with the line manager.

The type of response is determined by guidance contained in Local Authority Circular 22/13 'Incident Investigation Selection Procedures', which deals with targeting effort at the more significant events so as not to distort the balance between proactive and reactive work and HELA circular 67/1 (rev 3) which also contains advice on priority planning.

Criteria for selecting complaints for investigation should take account of:

- the potential of the circumstances to cause injury, ill health or death;
- the imminence of the risk;
- the types and numbers of persons at risk
- track record of the undertaking, if known;
- reliability of information received;
- informants attempt at self resolution;
- practicality of investigation;
- political sensitivity and public aversion to risk.

Responses to complaints vary from the provision of advice to the complaint, often after liaison with businesses, to full prosecution procedures in line with the Council's Enforcement Policy. Officers also have regard to the Enforcement Management Model (EMM) when making enforcement decisions.

Based on the number of complaints in 2008/09 it is estimated that approximately 25 such complaints will be received in 2009/10.

### Complaints Against our Staff

Anyone who is aggrieved by the actions of any of our staff should, in the first instance, contact the line manager. Details of who and how to make contact are contained in the inspection report left at the time of an inspection.

Alternatively, the Council has a corporate complaint procedure.

No complaints have been made during 2008/09.

### Liaison arrangements

The Authority is committed to ensuring the Service is consistent with that of neighbouring authorities. As a consequence the Authority supports a number of national and local liaison groups to secure this aim.

The Authority receives and takes cognisance of guidance from a number of bodies but principally the Health and Safety Executive, Local Authority Unit and the Chartered Institute of Environmental Health.

For health and safety issues the Authority is a member of the Tees Valley Health and Safety Liaison Group. We have actively participated in the Health and Safety Partnership working closely with other Local Authorities and the Health and Safety Executive.

The service acts as a Statutory Consultee for applications relating to Premises Licences made under the Licensing Act 2003 and are consultees for commercial planning applications.

Lead Authority Partnership Scheme (LAPS) / Large Organisations Partnership Pilot (LOPP)/Primary Authority Scheme

It is the Council's policy to comply with HSE's mandatory guidance in respect of the lead authority partnership scheme (LAPS), large organisations partnership pilot (LOPP) and Primary Authority Scheme. In particular the Authority will contact the Lead/Primary Authority and liaise over:

- any proposed formal enforcement action
- service of prohibition notices
- shortcomings in the companies policies that have wide implications
- death, major injury, work related ill health or dangerous occurrences reportable under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations

It is recognised that the benefits of the scheme are as follows:

- greater enforcement consistency;
- increased efficiency and reduced enforcement duplication;
- preventative enforcement through advice on compliance;
- resolution of conflicts between different authorities and between Authorities and businesses;
- better understanding and awareness of commercial issues;
- increased understanding of local businesses; and
- enhanced technical and audit expertise.

There are currently no formal Lead Authority arrangements in place however the service works closely with some local businesses on an informal basis.

The level of resourcing will have to be reviewed if an opportunity to enter into a formal Lead Authority arrangement arises.

Contact

The delivery point for the health and safety enforcement service is at:

Civic Centre  
Victoria Road  
Hartlepool  
TS24 8AY

Members of the public and businesses may access the service at this point from 08.30 - 17.00 Monday to Thursday and 08.30 - 16.30 on Friday.

A 24-hour emergency call-out also operates to deal with Environmental Health emergencies which occur out of hours.

## 6. **Resources**

### Staffing Allocation

The Director of Neighbourhood Services has overall responsibility for the delivery of the health and safety service. The Head of Procurement, Property and Public Protection has responsibility for ensuring the delivery of the Council's Environmental Health service, including delivery of the health and safety service, in accordance with the service plan. The Consumer Services Manager, with the requisite qualifications and experience, is designated as lead officer in relation to the health and safety function and has responsibility for the day to day management of the service.

The resources determined necessary to deliver the service in 2009/10 are as follows:

1 x 0.15 FTE Consumer Services Manager (with responsibility also for Food, Licensing and Trading Standards)

1 x 0.33 FTE Principal Environmental Health Officer Commercial (with responsibility also for Food and Animal Health)

3 x 0.25 FTE EHO (with requisite qualifications and experience)

1 x 0.10 FTE Part-time EHO

1 x FTE Technical Officer HSW

The Consumer Services Manager has responsibility for planning service delivery and day to day management of the Health and Safety service, Food, Licensing, Public Health, Water Quality, Trading Standards, Animal Health and Welfare and I.T. as well as general management responsibilities as a member of the Public Protection Management Team.

The Principal EHO (Commercial Services) has responsibility for the day to day supervision of the Health and Safety Service, Food, Public Health, Water Quality and Animal Health and Welfare.

The EHO's have responsibility for the performance of the health and safety premises inspection programme as well as the delivery of all other aspects of the health and safety service, particularly more complex investigations. In addition these officers undertake Food enforcement.

The Health and Safety Technical Officer is responsible for inspections, as well as revisits, investigation of less complex complaints and investigation of accidents.

Administrative support is provided by Support Services within Neighbourhood Services department.

All staff engaged in health and safety law enforcement activity will be suitably trained and qualified and appropriately authorised in accordance with guidance and internal policy.

Staff undertaking educational and other support duties will be suitably qualified and experienced to carry out this work.

### Financial Resources

The annual budget for the Consumer Services section in the year 2008/09 is:

	£000
Employees	608.8
Other Expenditure	442.4
Income	(243.5)
Net Budget	807.6

This budget is for all services provided by this section i.e. Health and Safety, Licensing, Trading Standards and resources are allocated in accordance with service demands.

### Equipment and Facilities

A range of equipment and facilities are required for the effective operation of the health and safety service.

The service has a computerised performance management system, Authority Public Protection (APP). This is capable of maintaining up to date accurate data relating to the activities of the health and safety service. A documented database management procedure has been produced to ensure that the system is properly maintained, up to date and secure. The system is used for the generation of the inspection programmes, the recording and tracking of all health and safety activities, the production of statutory returns and the effective management of performance.

### Training Plans

The qualifications and training of staff engaged in health and safety enforcement are prescribed and this will be reflected in the Council's policy in respect of appointment and authorisation of officers.

It is a mandatory requirement for officers of the health and safety service to maintain their professional competency. This is achieved by training each year through attendance at accredited short courses, seminars or conferences. This is also consistent with the requirements of the relevant professional bodies.

The Council is committed to the personal development of staff and has in place Personal Development Plans for all members of staff.

The Staff Personal Development Plan Scheme allows for the formal identification of the training needs of staff members in terms of personal development linked with the development needs of the service on an annual basis. The outcome of the process is the formulation of a Personal Development Plan that clearly prioritises training requirements of individual staff members. The Personal Development Plans are reviewed six monthly.

The details of individual Personal Development plans are not included in this document but in general terms the priorities for the service are concerned with ensuring up to date knowledge and awareness of legislation, building capacity within the team with particular regard to developing the role of the Health and Safety Officer, and training and development of new staff joining the team.

Detailed records are maintained by the service relating to all training received by officers.

## **7. Service Review and Quality Assessment**

### **Quality Assessment**

The Council is committed to quality service provision. To support this commitment the health and safety service seeks to ensure consistent, effective, efficient and ethical service delivery that constitutes value for money.

A range of performance monitoring information will be used to assess the extent to which the health and safety service achieves this objective and will include on-going monitoring against pre-set targets, both internal and external audits and stakeholder feedback.

Specifically the Principal EHO (Commercial) will carry out accompanied visits with officers undertaking inspections, investigations and other duties for the purpose of monitoring consistency and quality of the inspection and other visits carried out as well as maintaining and giving feedback with regard to associated documentation and reports.

It is possible that the Health and Safety Executive may at any time notify the Council of their intention to carry out an audit of the service.

### **Review**

It is recognised that a key element of the service planning process is the rational review of past performance. In the formulation of this service plan a review has been conducted of performance against those targets established for the year 2008/09.

This service plan will be reviewed at the conclusion of the year 2009/10 and at any point during the year where significant legislative changes or other relevant factors occur during the year. It is the responsibility of the Consumer

Services Manager to carry out that review with the Head of Procurement, Property and Public Protection.

The service plan review will identify any shortfalls in service delivery and will inform decisions about future staffing and resource allocation, service standards, targets and priorities.

Any relevant amendments to the Council's Corporate Plan will be incorporated into the service plan together with any matters identified through quality assessment audits.

Following any review leading to proposed revision of the service plan Council approval will be sought.

### Performance Review 2008/2009

This section describes performance of the service in key areas during 2008/09.

During 2008/09 the section experienced significant staffing difficulties having had a health and safety enforcement officer absent on long term sick leave during the second half of the year and having a vacant EHO post up until the final quarter. The situation was further exacerbated by the Full Time Technical Officer (Health and Safety) post remaining vacant throughout 2008/9.

A number of measures were put in place to address the situation and this included appointing one of the student Environmental Health Officers who was in the process of completing their practical training, on a temporary contract as a Technical Officer.

The section has lost 3 posts in order to achieve required efficiency savings during 2008/09. One of these posts enforced health and safety legislation and as a result it has been necessary to distribute their workload to the remaining workforce. This will result in extremely challenging targets in 2009/10.

### Inspection Programme

The health and safety premises inspection programme for 2008/09 did not reach the target of 100%, with 65% of inspections achieved. A total of 283 inspections were carried out and the outstanding inspections will be added to the programme for 2009/10.

The credit crunch is however having an impact on standards. Financial pressures as a result of the recession has resulted in some businesses failing to carry out essential maintenance / repairs, consequently there has been an increase in the number of contraventions found. We anticipate that this trend of reduction in standards is likely to continue until the economic climate improves.

## Service Review

### Promotional Work

Due to the staffing difficulties experienced the service had limited capacity to carry out promotional work during 2008/09.

However, in partnership with the other 4 Tees Valley Authorities (Redcar and Cleveland, Stockton-on-Tees, Middlesbrough and Stockton Borough Councils) and the Health and Safety Laboratories (HSL), work was carried out in relation to noise at work in the entertainment industry.

By working in conjunction with HSL, we were able to gain the use of a number of personal dosimeters, to be attached to staff in order to measure the levels of noise to which they were being exposed at work.

During the summer of 2008, nine premises in total were surveyed across the Tees Valley, four of which were in Hartlepool. As expected, the results confirmed that the Action Levels were being exceeded in the majority of cases. As a result, an awareness-raising event was organised and over 100 people from businesses across the Tees Valley attended to hear presentations on the subject, including advice on how to reduced levels and protect workers against hearing damage.

Working further with the HSL, it was decided to trial different types of ear defenders/hearing protection in some premises in the area. It was hoped that, by conducting trials in a number of pubs and clubs, one or two suitable sets of affordable, comfortable earplugs could be identified as meeting the needs of the staff in these types of business.

One of these premises was in Hartlepool, where five staff took part in a trial in March 2009. These results have now been analysed and certain types of earplugs can be identified and recommended to pubs and clubs in the area.

Priority areas have been addressed during topic based inspections and leaflets etc have been distributed to raise awareness re duty to manage asbestos, dermatitis, slips and trips, falls at height and workplace safety.

### Service Requests

During the year the service dealt with 25 service requests relating to the condition of health and safety and working practice. These requests have been undertaken all within our target of 2 working days; however, they have had some effect on performance of the inspection programme.

### Accidents

The service received 84 accident notifications during the year. All were responded to within 1 working day. Of these notifications 23 involved detailed investigations by enforcement staff.



### Enforcement

During 2008/09, no prosecutions took place, only Simple Cautions were instituted. Whilst there were no Improvement Notices issued it was necessary to issue two deferred Prohibition Notices and one immediate Prohibition Notice.

All three Prohibition Notices were served in relation to hazardous stock storage arrangements.

### Improvement Proposals 2008/2009

The following areas for improvement were identified in the 2008/09 Health and Safety Service Plan.

#### 1. Section 18 Guidance

New Section 18 guidance has been issued by the Health and Safety Executive. Enforcing Authorities are legally required, from 1 April 2008, to work towards compliance with the principles and standards. From 31 March 2011, compliance is mandatory.

Work on meeting this guidance commenced during 2008/09 and will continue during 2009/10.

## **8. Key Areas for Improvement and Challenges for 2009/10**

In addition to committing the service to specific operational activities such as performance of the inspection programme, the service planning process assists in highlighting areas where improvement is desirable. Detailed below are specifically identified key areas for improvement that are to be progressed during 2009/10.

#### 1. Section 18 Guidance

Enforcing Authorities are legally required, from 1st April 2008, to work towards compliance with s18 principles and standards. Although we currently meet many of the aforementioned standards, we will continue working towards full compliance with the requirements of the revised s18 guidance.

#### 2. Staff Competence

To introduce the Regulatory Development Needs Analysis tool for staff competency determination.

3. Flexible Warrants

Work with the other Tees Valley Authorities and the Health and Safety Executive to implement the Flexible Warrant Scheme. Flexible warrants allow Local Authority and HSE inspectors as co-regulators to legally work across boundaries.

This will help to provide an improved response for dealing with 'matters of evident concern' should the need arise and enhance partnership working between Hartlepool Borough Council and the Health and Safety Executive.

## **ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO**

Report to Portfolio Holder  
12 October 2009



**Report of:** Director of Child and Adult Services

**Subject:** COMMUNITIES FOR HEALTH FUNDING  
2009/10

---

### **SUMMARY**

#### **1. PURPOSE OF REPORT**

To inform the Portfolio Holder about projects to be funded from Communities for Health funding in 2009/10

#### **2. SUMMARY OF CONTENTS**

The report provides details of the proposed projects.

#### **3. RELEVANCE TO PORTFOLIO MEMBER**

Communities for Health funding aims to:

- Engage communities in their own health and develop their capacity to support individual behavioural change for healthier lifestyles
- Build partnerships between organisations and communities; and
- Develop innovative practices for community based health improvement

#### **4. TYPE OF DECISION**

Non key

#### **5. DECISION MAKING ROUTE**

Adult and Public Health Services Portfolio – 12 October 2009

**6. DECISION(S) REQUIRED**

Note the allocations and receive future reports regarding progress.

**Report of:** Director of Child and Adult Services

**Subject:** COMMUNITIES FOR HEALTH FUNDING –  
2009/10

---

**1. PURPOSE OF REPORT**

- 1.1 To inform the Portfolio Holder about projects being funded from the Communities for Health funding allocation.

**2. BACKGROUND**

- 2.1 There is £220,000 available within 2009/10 - £100,000 carried forward from a late allocation in 2008/09 plus the £120,000 allocated for 2009/10.

- 2.2 The criteria for the use of this funding are as follows:

- Engage communities in their own health and develop their capacity to support individual behavioural change for healthier lifestyles
- Build partnerships between organisations and communities; and
- Develop innovative practices for community based health improvement

- 2.3 A number of proposals have been submitted to utilise this funding and the approved projects are as follows:

1. Centre for Independent Living (£140,000) – Funding to refurbish and redevelop the Havelock Centre to provide a Centre for Independent Living for Hartlepool. Along with funding secured from other sources, this will enable the Centre to be developed as a hub for voluntary sector organisations, disability support provision and primary care services as well as a community resource.
2. Voluntary Sector Strategy Implementation (£15,000) – Funding for development of training and information for staff, members of the public and the voluntary sector linked to Hartlepool Now.

3. Mill House Leisure Centre Fitness Suite (£48,000) – This project is associated with the £725k improvement and enhancement scheme of some elements of the facilities at the Mill House Leisure Centre site and specifically involves the re-equipping of the Fitness Room facility. Some areas of the Centre date back to 1972 and require updating and modernising, particularly if more people are to be attracted to participate in sport and physical activity.
  4. Waverley Terrace Allotment Project (£10,000) – this is a flagship project to support vulnerable adults but is being hampered by the absence of toilet facilities. This funding would provide a metal clad composting toilet suitable for wheelchair access.
  5. Reminiscence Therapy (£3,600) – The project will produce a minimum of 10 locally relevant reminiscence collections to use within residential homes and other settings with older people. Reminiscence activities encourage social interaction through the stimulation of long term memory and local content will result in higher levels of engagement and provide an enhance experience for all participants.
  6. Daisy Players (£3,400) – This project will improve services to visually impaired users of the home library service through the provision of audio equipment for loan.
- 2.4 A number of proposals were submitted which were deemed more appropriate for consideration by the Community Activities network and were re-directed for consideration through the appropriate route. These included Walking & Cycling Maps, Outdoor Gyms and Green Health Walks.
- 2.5 A further report will be submitted to Portfolio in March 2010 to provide an update on each of the approved projects and the outcomes achieved.

### 3. RECOMMENDATIONS

- 3.1 The Portfolio Holder is asked to note the projects allocated funding and to receive future reports updating on progress.