

# CABINET AGENDA



**Monday, 27 September 2010**

**at 9.00 am**

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

MEMBERS: CABINET:

The Mayor, Stuart Drummond

Councillors Brash, Hall, Hargreaves, Hill, Jackson, Payne and H Thompson

**1. APOLOGIES FOR ABSENCE**

**2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

**3. MINUTES**

To receive the Record of Decision in respect of the meeting held on 13<sup>th</sup> September 2010 (previously circulated)

**4. BUDGET AND POLICY FRAMEWORK**

4.1 Revision to the Local Development Scheme – *Director of Regeneration and Neighbourhoods*

**5. KEY DECISIONS**

5.1 Hartlepool Assistive Technology Strategy – *Director of Child and Adult Services*

**6. OTHER ITEMS REQUIRING DECISION**

No items

**7. ITEMS FOR DISCUSSION/INFORMATION**

No items

**8. REPORTS FROM OVERVIEW OF SCRUTINY FORUMS**

- 8.1 Suspension of Greatham Clinic – Final Report and Action Plan – *Health Scrutiny Forum*
- 8.2 Alcohol Abuse – Prevention and Treatment – Final Report – *Health Scrutiny Forum*
- 8.3 Alcohol Abuse – Prevention and Treatment – Action Plan – *Director of Regeneration and Neighbourhoods*

**EXEMPT ITEMS**

Under Section 100(A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information as defined in the paragraphs referred to below of Part 1 of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) Act 1985

**9. EXEMPT KEY DECISIONS**

No items

**10. OTHER EXEMPT ITEMS REQUIRING DECISION**

No items

**11. EXEMPT ITEMS FOR DISCUSSION/INFORMATION**

- 11.1 Equal Pay Risk Update (paras 4 and 7) – *Corporate Management Team*

# CABINET REPORT

27<sup>th</sup> September 2010



**Report of:** Director of Regeneration and Neighbourhoods

**Subject:** REVISION TO THE LOCAL DEVELOPMENT SCHEME

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## SUMMARY

### 1. PURPOSE OF REPORT

To seek approval for a revision to the current Local Development Scheme (LDS) of July 2009 to take account of recent changes within planning at a national and regional level and changing circumstances locally.

### 2. SUMMARY OF CONTENTS

The Local Development Scheme should be kept up to date as far as practicable and revised as circumstances arise. The document should identify milestones which are realistic and achievable.

Since the last revision to the Local Development Scheme in July 2009 a number of new issues have arisen which need to be reflected in the Local Development Scheme programme. These relate not only to changes to the planning system proposed by the new Government, but also specifically to reflect Cabinet's recent decision to prepare a revised Preferred Options Document on the Core Strategy which will now incorporate the Affordable Housing Development Plan Document (DPD). It is also proposed that a Housing Allocations DPD is no longer produced. A number of new Supplementary Planning Documents are also included within the revised LDS. A copy of a revised document of February 2008 is attached as **Appendix 1** for approval.

### 3. RELEVANCE TO CABINET

The Local Development Scheme sets out the Council's programme for the preparation of development plan documents forming part of the Development Plan which is part of the Budget and Policy Framework.

**4. TYPE OF DECISION**

The LDS forms part of the Budget and Policy Framework

**5. DECISION MAKING ROUTE**

Cabinet 27th September 2010.

**6. DECISION REQUIRED**

Cabinet approval is sought for the following:

1. That the Revised Local Development Scheme (September 2010) be approved for consultation with the Planning Inspectorate and, subject to their acceptance of the programme, the revised LDS be submitted to the Secretary of State.
2. To undertake work to produce a Seaton Carew SPD and a Design SPD to the timescales outlined within the LDS.

**Report of:** Director of Regeneration and Neighbourhoods

**Subject:** REVISION TO THE LOCAL DEVELOPMENT SCHEME

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**1. PURPOSE OF REPORT**

- 1.1 To seek approval for a revision to the current Local Development Scheme (LDS) of July 2009 to take account of recent changes within planning at a national and regional level and changing circumstances locally.

**2. BACKGROUND**

- 2.1 The preparation of a Local Development Scheme is a requirement under the new planning system. Its main purpose is to identify a rolling programme for the Council's proposals for producing planning policy documents over the next three years and to highlight the stages in the preparation of planning policy documents particularly with regard to public participation with the community and major stakeholders.
- 2.2 The Secretary of State approved the original Local Development Scheme in March 2005 since when there have been revisions in 2006, 2007, 2008 and 2009.
- 2.3 Nine documents are currently included in the 2009 Local Development Scheme, namely:
- Statement of Community Involvement 2009
  - Core Strategy Development Plan Document (DPD)
  - Housing Allocations Development Plan Document (DPD)
  - Affordable Housing Development Plan Document (DPD)
  - Joint Minerals and Waste Development Plans Documents (two DPDs)
  - Planning Obligations Supplementary Planning Document (SPD)
  - Victoria Harbour Supplementary Planning Document (SPD)
  - Transport Assessment & Travel Plan Guidance Supplementary Planning Document (SPD)

### 3. REVISIONS TO THE LOCAL DEVELOPMENT SCHEME

- 3.1 It is important that the Local Development Scheme is kept up to date and is revised periodically to ensure that it is rolled forward and that milestones are as realistic as possible.
- 3.2 Government Office advises that the LDS is a definitive programme management document which will only expect to be departed from in exceptional circumstances or as agreed in response to the Annual Monitoring Report. Technically, Supplementary Planning Documents do not need to be included within the LDS, however it is considered that their inclusion clearly illustrates the work which is being carried out within the Council and helps in effectively managing workloads. The proposed changes and additions to the Local Development Scheme are as follows:
- 3.3 **Amendment to the Core Strategy DPD**  
There are a number of changes proposed to this document. Given the changes to the planning system, such as the proposed abolition of the Regional Spatial Strategy, the Council's Cabinet (6<sup>th</sup> September 2010) has requested that a 2<sup>nd</sup> Preferred Options Document be produced for public consultation. This clearly impacts on the timescales for the production of this document and these changes are reflected in table 1 within the revised LDF (attached as **Appendix 1**). The other major change proposed to the Core Strategy document is the inclusion of a policy on Affordable Housing. This has been strongly suggested by Government Office as ideally the Core Strategy should be the first DPD adopted as part of the Local Development Framework. The other main benefit to the Council of incorporating the work on the Affordable Housing DPD into the Core Strategy is that it will have cost efficiencies from only having to hold one Examination in Public (EIP).
- 3.4 **Deletion of Housing Allocations DPD from the LDS**  
It is considered that given the relatively small number of housing sites within Hartlepool, that sufficient detail on scale and timing of the delivery of housing sites is included within the Core Strategy. It is therefore considered that this DPD is no longer necessary. The proposed deletion of the Affordable Housing DPD would also have the financial benefit of not needing an EIP.
- 3.5 **Changes to the timetable of the Joint Minerals and Waste Development Plans Documents**  
These DPDs were published in August 2009 to allow public representations on them and some of the responses, together with changed circumstances since that time, mean that further changes are necessary before the DPDs can be submitted to the Secretary of State. The authorities are now publishing these changes for the purpose of public consultation in accordance with Regulation 27 of the Town and Country Planning (Local Development) (England)

(Amendment) Regulations 2008 which has resulted in a slight delay. The LDS reflects the amended timetable for adopting these DPD's.

3.6 **Victoria Harbour Supplementary Planning Document**

This document has been developed to an advanced stage, however, due to changes in circumstances relating to Victoria Harbour and its inclusion within the Core Strategy as a site for port related uses rather than for a mixed use development this document is no longer required. As such it is proposed that it is removed from the LDS.

3.7 **Completed Documents**

The Statement of Community Involvement and the Transport Assessment and Travel Plans SPD have now been formally adopted and no longer need including within the LDS.

3.8 **Supplementary Planning Documents Updates**

The timetable for completion of the Planning Obligations SPD has been re-profiled to allow time to consider changes in legislation relating to Section 106 legal agreements and to consider the introduction of the Community Infrastructure Levy (CIL) by the previous government. The issue around CIL is now further complicated by the new government indicating that it plans to scrap CIL and replace it with an alternative, although no timescales have yet been set for this.

Since the previous LDS in 2009, Cabinet has given approval for a Green Infrastructure SPD and for a Central Area SPD to be produced. The timetables for these documents are now included within this revised LDS.

A further two SPD's are also included within the LDS, namely the Seaton Carew SPD and the Design SPD. The Seaton Carew SPD is needed to help provide direction to the regeneration of the area and the Design SPD will provide guidance to developers on the types of design quality that the Council will expect to see in developments across the town in the future. Cabinet approval is sought to progress these two new pieces of work.

4. **THE DRAFT LOCAL DEVELOPMENT SCHEME 2008**

4.1 A revised LDS which incorporates the proposed chapters outlined above is attached as **Appendix 1**.

4.2 The Revised Local Development Scheme September 2010 needs to be formally agreed with the Planning Inspectorate prior to being formally submitted to the Secretary of State.

## **5. DECISION REQUIRED**

5.1 Cabinet approval is sought for the following:

- i) That the Revised Local Development Scheme (September 2010) be approved for consultation with the Planning Inspectorate and, subject to their acceptance of the programme, the revised LDS be submitted to the Secretary of State.
- ii) To undertake work to produce a Seaton Carew SPD and a Design SPD to the timescales outlined within the LDS.



# **REVISION TO THE LOCAL DEVELOPMENT SCHEME**

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## 1. INTRODUCTION

- 1.1 This Local Development Scheme sets out a rolling programme for the preparation of documents relating to forward planning in Hartlepool. It is specifically concerned with documents being prepared over the next three years or so, but also highlights those which are likely to be prepared beyond this period into the future. The scheme will be reviewed as necessary as circumstances change (see section 10).
- 1.2 The Local Development Scheme was first published in March 2005. It was subsequently reviewed in July 2006 to take account of the proposal to prepare joint Minerals and Waste Development Plan Documents and also to exclude from the programme, the Hartlepool Local Plan, which had been adopted in April 2006. The 2008 review related to changes to the timetable for the preparation of the Planning Obligations SPD and the preparation of a new SPD on Transport Assessment & Travel Plan Guidance. The 2009 review took account of the need to include several new documents including the Affordable Housing Development Plan Document and the Victoria Harbour Supplementary Planning Document. There are a number of reasons for a further 2010 update with the most significant of those being that the Affordable Housing DPD will now be incorporated into the Core Strategy and also that a Housing Allocations DPD will not be produced as this is adequately covered by the housing policies within the Core Strategy.
- 1.3 The Local Development Scheme acts as the starting point for the community, key stakeholders and others with an interest in the development process, who wish to find out about the status of existing and emerging planning policies. It sets out the timetable and highlights the key stages for the preparation of new policy documents and when they are proposed to be, subject to public consultation. Acronyms and terminology used in this document are explained in Appendix 1.
- 1.4 Statutory planning policies for Hartlepool are presently set out in the saved policies of the Hartlepool Local Plan including Mineral and Waste policies (adopted 2006 with certain policies saved beyond 13 April 2009) and the North of England Plan Regional Spatial Strategy published in July 2008 (However the new coalition government will abolish the regional tier of the development plan. This was confirmed by letter from the Secretary of State for Communities and Local Government on the 27<sup>th</sup> May 2010 in a letter to all Chief Planning Officers – Therefore all references to the RSS have now been removed from this LDS).
- 1.5 The Planning and Compulsory Purchase Act 2004 resulted in major changes to the way the planning policy system operates and how the new types of planning document will be prepared. Local Development Documents (LDDs) contained within Local Development Frameworks (LDF) are progressively replacing the Local Plans and Supplementary Planning Guidance. Since the introduction of the changes to the planning system under the 2004 Act further revisions in procedures and requirements have been brought in under the Planning Act 2008 and associated regulations

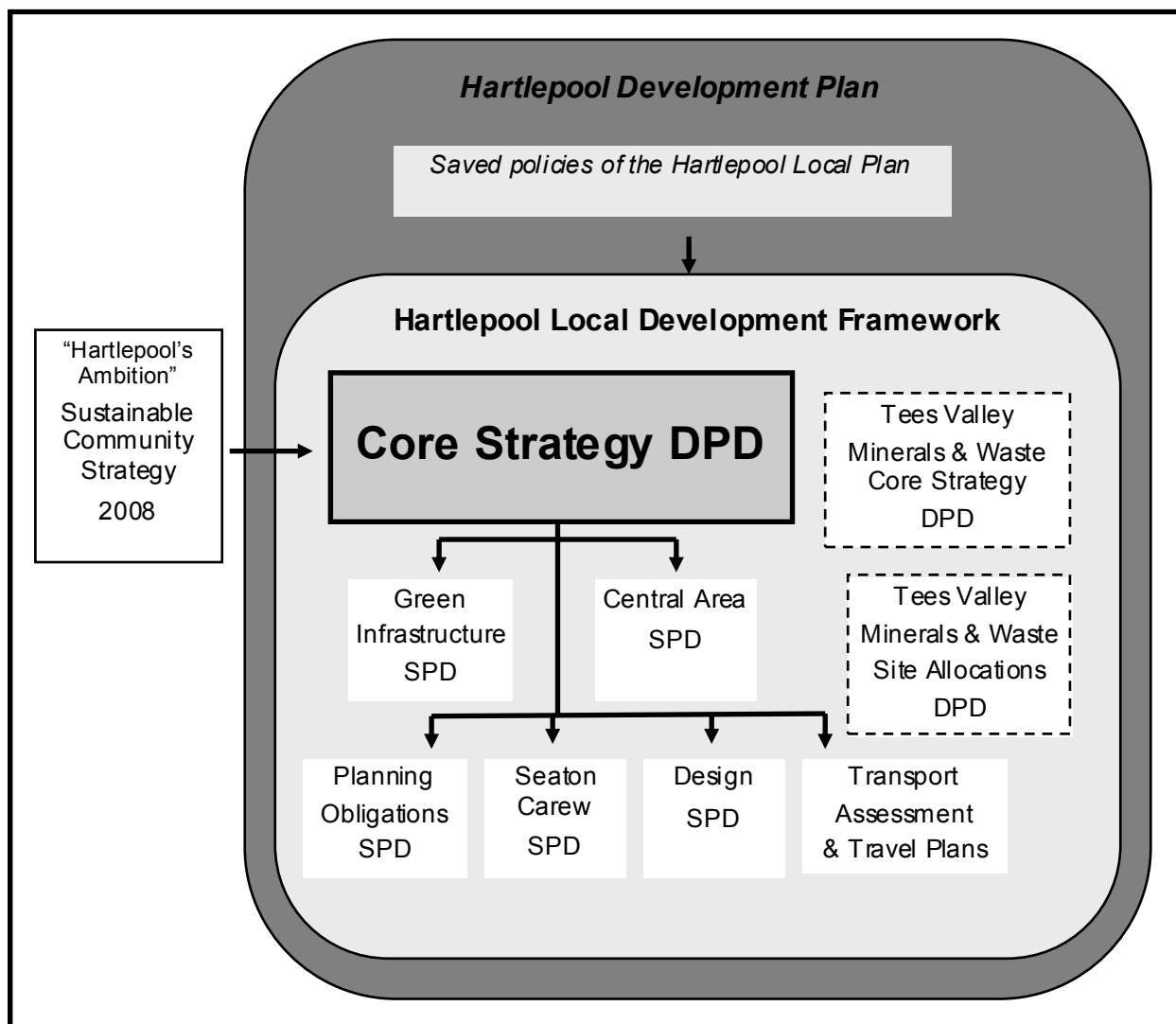
and also in the Planning Policy Statement 12 (Creating Strong, Safe and Prosperous Communities through Local Spatial Planning) 2008.

- 1.6 The Local Development Scheme describes the main features of the new planning system and then sets out the programme for the production of future planning policies. Important aspects related to the process for the development of planning policies are highlighted in sections 4 to 8 of the Scheme and the final section identifies circumstances in which the scheme will be reviewed.

## 2. THE DEVELOPMENT PLANNING SYSTEM

- 2.1 The Local Development Framework comprises a portfolio of Local Development Documents which together deliver the spatial planning strategy for the Hartlepool area (see Diagram 1 below). Initially the Local Development Framework will also include saved policies from the Hartlepool Local Plan 2006.

**Diagram 1: Local Development Framework Documents**



## 2.2 The documents comprising the Local Development Framework include:

- This document – the **Local Development Scheme** (LDS) – sets out the details of each of the Local Development Documents to be commenced over the next three years or so and the timescales and arrangements for their preparation.
- **Development Plan Documents** (DPDs) – Form the statutory Development Plan and deliver the spatial planning strategy for the area. The Development Plan Documents will be subject to independent public examination.

The 2006 Hartlepool Local Plan will be superseded in due course by a number of different types of Development Plan Documents as follows:

- **Core Strategy** setting out the spatial vision, spatial objectives and core policies for the area;
- **Site Specific Allocations** of land such as housing and employment sites;
- **Action Area Plans** (where needed) relating to specific parts of the area where there will be comprehensive treatment or to protect sensitive areas
- **Proposals Map** which will be updated as each new DPD is adopted;
- **DPDs** containing waste and minerals policies;
- together with any other DPDs considered necessary.

All other DPDs must conform with the Core Strategy.

- **Supplementary Planning Documents** (SPDs) – these are non-statutory documents expanding on or providing further detail to policies in a development plan document – they can take the form of design guides, development briefs, master plans or issue-based documents. Although SPDs will be subject to full public consultation, they will not be independently examined.
- **Statement of Community Involvement** (SCI) – this sets out the policy for involving the community and key stakeholders both in the preparation and revision of local development documents and with respect to planning applications.
- **Annual Monitoring Report** – assessing the implementation of the local development scheme and the extent to which policies in local development documents are being achieved.

### 3. THE LOCAL DEVELOPMENT SCHEME

- 3.1 The first Local Development Scheme was prepared by the Council in March 2005 with reviews approved in subsequent years as outlined in paragraph 1.2.
- 3.2 This further review of the scheme sets out the programme for the preparation of a number of new documents and the incorporation of the Affordable Housing DPD into the Core Strategy. It also excludes the former proposal for a Housing Allocations DPD as it is considered that the Core Strategy adequately deals with this issue. Diagrams 2, 3 and 4 provide an overview of the timetable for the production of these documents covering the next three years or so.
- 3.3 Further details on the role and content of proposed Local Development Documents, key dates relating to their production, arrangements for their preparation and review and monitoring are set out in Tables 1 - 8.

#### **Saved Policies**

- 3.4 The Act allows policies in Local Plans to be 'saved' for a period of at least three years from the date the Act came into force (September 2004) or in the case of plans adopted after then, from the date the plan is adopted (i.e. April 2006 for the Hartlepool Local Plan). New policies in development plan documents will progressively replace those saved in the Local Plan.
- 3.5 Appendix 2 lists the policies of the 2006 Hartlepool Local Plan which the Secretary of State has made a direction to save. These saved policies will thus continue to remain effective until the LDF policies are adopted.
- 3.6 The status of Supplementary Planning Guidance following the commencement of the new planning system remains the same as long as relevant saved policies are in place. It will continue to be a material consideration in terms of determining planning applications. The only currently adopted Supplementary Planning Guidance is the Greatham Village Design Statement. This is included in the 2006 Hartlepool Local Plan as a Supplementary Note and will be saved as part of that plan.

#### **Statement of Community Involvement**

- 3.7 The Borough Council's first document prepared under the new planning system was the Statement of Community Involvement (SCI). The SCI document sets out how the council intends to involve the community and other interested parties in the new planning system and provide standards for involving the community in all the different stages of the planning policy process and in the determination of planning applications.
- 3.8 All other local development documents will be prepared in accordance with the arrangements set out in the SCI.

- 3.9 The first SCI was submitted to the Secretary of State in January 2006 and was adopted on 26<sup>th</sup> October 2006. A review of the SCI was recently undertaken and the revised SCI was adopted in January 2010.

### **Development Plan Documents**

- 3.10 The Borough Council has commenced the preparation of Development Plan Documents despite the 2006 Hartlepool Local Plan still providing an appropriate spatial strategy. Furthermore the Local Plan has taken forward those elements of the Hartlepool Community Strategy and the Hartlepool Local Transport Plan that concern physical development and use of land. The first Development Plan Document adopted within Hartlepool was the 2006 Statement of Community Involvement (SCI). This has recently been reviewed and an updated SCI was adopted in January 2010.
- 3.11 The preparation of Development Plan Documents will take account of the Hartlepool Sustainable Community Strategy "Hartlepool's Ambition" (2008). The proposed Development Plan Documents including the Proposals Map, which will be revised as each new development document is prepared, are as follows:
- Core Strategy Development Plan Document
  - The Proposals Map
- 3.12 **Core Strategy Development Plan Document:** The Core Strategy DPD is the key element of the new planning system and all other development plan documents should be in conformity with it so it would be appropriate that this DPD be prepared first. The saved policies of the 2006 Hartlepool Local Plan provides a spatial strategy closely aligned to the Hartlepool Sustainable Community Strategy "Hartlepool's Ambition" (August 2008) and thus should remain relevant for some time.
- 3.13 The Core Strategy will also now incorporate policies on Affordable Housing. The previous work to Preferred Options Stage on the Affordable Housing Development Plan Document will now be stopped and the information will be reflected within the Core Strategy as opposed to a separate DPD. This decision has been made following advice from Government Office and taking account of the similar timescales the two documents were running to. The need to include policies on affordable housing resulted from the Hartlepool Strategic Housing Market Assessment of June 2007 which highlighted a shortfall of affordable dwellings. The inclusion of a policy on affordable housing within the Core Strategy will help to address this shortfall in the Borough in the future. It will identify policies to secure provision of affordable housing as part of residential developments and contribute towards the development of a balanced housing market with maximised housing choice in Hartlepool.



- 3.14 **Housing Site Allocations Development Plan Document:** As a result of the information and evidence gathered as part of the Preferred Options work on the Core Strategy it has been concluded that there is no longer a need for a Housing Sites Allocations DPD as a sufficient level of detail is included within the Core Strategy. This DPD is therefore deleted from this LDS.
- 3.15 **Proposals Map:** The Proposals Map for the 2006 Hartlepool Local Plan will be saved until the first development plan document is adopted at which time it will be amended to reflect the new development plan document and become a development plan document in its own right. It will continue to show saved policies and will be amended as each new development plan is adopted or amended.

#### **Joint Development Plan Documents**

- 3.16 There has been a need to update the waste policies contained in the 2006 Hartlepool Local Plan at an early date to reflect new priorities for sustainable waste management. Core Strategy and Site Allocations DPDs are being prepared with the other Tees Valley authorities, such joint documents to include also minerals. The Tees Valley Joint Strategic Unit is overseeing the preparation of the Joint Minerals and Waste DPDs on behalf of the Tees Valley Authorities although the preparation of these documents has involved the use of specialist consultants.

#### **Supplementary Planning Documents**

- 3.17 Existing supplementary planning guidance can be used as the basis for the preparation of new supplementary planning documents. In this respect, however, the Supplementary Planning Guidance for Proposed Housing Redevelopment in West Central Hartlepool was not replaced with a new document as it would have unnecessarily delayed the process of acquiring and redeveloping the sites concerned.
- 3.18 The Greatham Village Design Statement was adopted as supplementary planning guidance in 1999 and is included as a Supplementary Note in the 2006 Hartlepool Local Plan. There are a number of other supplementary notes in the local plan covering a range of topic areas including trees, conservation, wildlife, planning obligations and parking standards.

3.19 There is one Supplementary Planning Document which is already adopted, that being:

- The Transport Assessment and Travel Plans SPD

3.20 An SPD for Victoria Harbour has been developed to an advanced stage, however, this SPD is currently being re-evaluated following the decision in late 2009 by PD Ports to focus on the development of the renewable energy technologies on the Victoria Harbour site. Should any future decisions be made which would see Victoria Harbour develop as a mixed use development, the work which has been carried out would be used to inform and guide any proposals which come forward.

3.21 Other Supplementary Planning Documents currently either in production or due to begin this financial year include the following:

- Planning Obligations SPD
- Hartlepool Green Infrastructure SPD
- Hartlepool Central Area SPD
- Seaton Carew Regeneration SPD
- Design SPD

**Diagram 2: Timetable of Hartlepool Development Plan Document**

Year	Month	Core Strategy DPD
2009	J	Preferred Options and Draft Policies
	A	
	S	
	O	
	N	
	D	
2010	J	Consultation on Preferred Options (Reg 25)
	F	
	M	
	A	Consideration of representations and changes to the Planning System under the new government
	M	
	J	
	J	
	A	
	S	
	O	Consultation on Preferred Options Version 2 (Reg 25)
	N	
	D	
2011	J	Consideration of representations
	F	
	M	
	A	
	M	Draft Policies approved by Council
	J	Publication of DPD (Reg 27)
	J	Consultation on Published document
	A	
	S	
	O	Submission of DPD (Reg 30)
	N	
	D	
2012	J	Pre examination meeting Commencement of Public Examination
	F	
	M	
	A	
	M	
	J	
	J	Inspector's Report Fact Check Inspector's Final Report Adoption and revised proposals map
	A	
	S	
	O	

**Diagram 2: Timetable of Tees Valley Joint Development Plan Documents**

Year	Month	Tees Valley Joint Minerals and Waste Core Strategy DPD	Tees Valley Joint Minerals and Waste Site Allocations DPD
2008	F	Consultation on Preferred Options (Reg 25)	Consultation on Preferred Options (Reg 25)
	M		
	A		
	to	Consideration of representations	Consideration of representations
	D		
2009	J		
	F		
	M		
	A		
	M		
	J		
	J		
	A	Publication of DPD (Reg 27)	Publication of DPD (Reg 27)
	S	Consultation on Published document	Consultation on Published document
	O		
	N		
	D		
2010	J		
	F		
	M		
	A		
	M		
	J		
	J		
	A	Publication 2 of DPD (Reg 27)	Publication 2 of DPD (Reg 27)
	S	Consultation on Published document	Consultation on Published document
	O	Submission of DPD (Reg 30)	Submission of DPD (Reg 30)
	N	Pre examination meeting	Pre examination meeting
	D	Commencement of Public Examination	Commencement of Public Examination
2011	J		
	F		
	M		
	A		
	M	Inspector's Report Fact Check	Inspector's Report Fact Check
	J	Inspector's Report Final	Inspector's Report Final
	J	Adoption of DPD	Adoption of DPD
	A		

**Diagram 4: Timetable of Hartlepool Supplementary Planning Documents**

Year	Month	Planning Obligations SPD
2008	F	Commencement Evidence gathering and initial community and keystoneholder involvement
	M	
	A	
	M	
	J	
	J	
	A	
	S	
	O	
	N	
	D	
2009	J	Draft SPD issued for consultation
	F	
	M	
	A	
	M	
	J	
	J	
	A	
	S	
	O	
	N	
	D	
2010	J	Consideration of representations responses and assessment of implications of new legislation
	F	
	M	
	A	
	M	
	J	
	J	
	A	
	S	
	O	
	N	
	D	
		Adoption of SPD

Year	Month	Green Infrastructure SPD	Central Area SPD	Seaton Carew SPD
2010	F	Commencement Evidence gathering and initial community and key stakeholder involvement		
	M			
	A			
	M			
	J		Commencement Evidence gathering and initial community and key stakeholder involvement	
	J			
	A			
	S			
	O			Commencement Evidence gathering and initial community and key stakeholder involvement
	N			
	D			
2011	J	Draft SPD issued for consultation	Draft SPD issued for consultation	Draft SPD issued for consultation
	F			
	M			Consideration of representations
	A			
	M			Adoption of SPD
	J			
	J			
	A			
	S			
	O	Consideration of representations	Consideration of representations	
	N	Adoption of SPD	Adoption of SPD	
	D			
2012	J			
	F			
	M			
	A			
	M			
	J			
	J			
	A			
	S			
	O			
	N			
	D			

Year	Month	Design SPD
2010	F	
	M	
	A	
	M	
	J	
	J	
	A	
	S	
	O	
	N	
	D	
2011	J	Commencement Evidence gathering and initial community and keystoneholder involvement
	F	
	M	
	A	
	M	
	J	
	J	
	A	
	S	Draft SPD issued for consultation
	O	
	N	
	D	Consideration of representations responses
2012	J	
	F	Adoption of SPD
	M	
	A	
	M	
	J	
	J	
	A	
	S	
	O	
	N	
	D	

<b>Table 1: CORE STRATEGY DPD</b>	
<b>OVERVIEW</b>	
<b>Role and content</b>	To set out the vision and spatial strategy for Hartlepool and the objectives and primary policies for meeting the vision.
<b>Geographical Coverage</b>	Borough-wide
<b>Status</b>	Development Plan Document
<b>Conformity</b>	Must reflect the Hartlepool Community Strategy and be in line with National Planning Guidance.
<b>TIMETABLE / KEY DATES</b>	
<b>Stage</b>	<b>Date</b>
Production of Preferred Options (including Draft Policies) and sustainability report	March 2009 - December 2009
Consultation on Preferred Options (Eight Weeks) (Reg 25)	January – March 2010
Consideration of representations and changes to the planning system. Further discussions with community and key stakeholders	April – August 2010
The Council's Cabinet request a revised Preferred Options Document be published due to the abolition of the RSS and incorporation of Affordable Housing DPD into Core Strategy.	September 2010
Revised Preferred Options Document Published for consultation (eight weeks) (reg 25)	November 2010 – January 2011
Consideration of representations	January – May 2011
Publication of DPD and final sustainability report (Reg 27)	June 2011
Consultation on Published document	June – August 2011
Submission to Secretary of State of Core strategy (Reg 30)	November 2011
Pre examination meeting	February 2012
Commencement of Public Examination	March 2012
Receipt of Inspector's Report for checking	July 2012
Inspector's Final report	August 2012
Adoption of DPD and revised proposals map	September 2012
<b>ARRANGEMENTS FOR PRODUCTION</b>	
<b>Lead Organisation</b>	Hartlepool Borough Council
<b>Management arrangements</b>	The management arrangements are set out in section 9. Key documents will be approved by Cabinet and ratified by full Council.
<b>Resources Required</b>	Primarily internal staffing resources with use of consultants if necessary for any special studies required
<b>Community and Stakeholder Involvement</b>	In accordance with the Statement of Community Involvement
<b>POST PRODUCTION / REVIEW</b>	



The effectiveness of the primary policies in relation to the vision and objectives of the core strategy will be assessed in the Annual Monitoring Report and where necessary reviewed. The Core Strategy DPD will be reviewed as a whole in the following circumstances:

- A further review of the Community Strategy
- A significant amendment to the Council's Corporate Vision

<b>Table 2: TEES VALLEY JOINT MINERALS &amp; WASTE CORE STRATEGY DPD</b>	
<b>OVERVIEW</b>	
<b>Role and content</b>	To set out the vision, spatial strategy and strategic policies for meeting known and anticipated waste management and mineral working requirements to 2021
<b>Geographical Coverage</b>	Tees Valley-wide including Hartlepool
<b>Status</b>	Development Plan Document
<b>Conformity</b>	With national planning policy
<b>TIMETABLE / KEY DATES</b>	
<b>Stage</b>	<b>Date</b>
Consultation on Preferred Options and sustainability report (Reg 25)	February – March 2008
Consideration of representations	April – December 2008
Publication of Draft DPD (Reg 27)	August 2009
Consultation on Published Document (Reg 28)	August – September 2009
Revised Publication Stage of DPD (Reg 27)	August 2010
Consultation on Revised Publication DPD (Reg 28)	August – September 2010
Submission of DPD & final sustainability report (Reg 30)	October 2010
Pre examination meeting	November 2010
Commencement of Public Examination	December 2010
Inspector's Report Fact Check	May 2011
Inspector's Report Final	June 2011
Adoption of DPD	July 2011
<b>ARRANGEMENTS FOR PRODUCTION</b>	
<b>Lead Organisation</b>	Tees Valley Unlimited
<b>Management arrangements</b>	The DPD is undertaken jointly by the five Tees Valley authorities with Tees Valley Unlimited leading in its preparation. The DPD will be adopted by each local authority individually. Hartlepool BC will adopt the DPD after resolution of the full Council (see section 9).
<b>Evidence Required</b>	To be determined on commencement in consultation with key stakeholders
<b>Resources Required</b>	Consultants appointed to undertake key research, analysis and preparation.
<b>Community and Stakeholder Involvement</b>	In accordance with the Statement of Community Involvement
<b>POST PRODUCTION / REVIEW</b>	
Monitored on an annual basis and subject to review if the monitoring highlights a need. Otherwise the document will be formally reviewed at least once every five years	

<b>Table 3: TEES VALLEY JOINT MINERALS &amp; WASTE SITE ALLOCATIONS DPD</b>	
<b>OVERVIEW</b>	
<b>Role and content</b>	To set out the vision, spatial strategy and strategic policies for meeting known and anticipated waste management and mineral working requirements to 2021
<b>Geographical Coverage</b>	Tees Valley-wide including Hartlepool
<b>Status</b>	Development Plan Document
<b>Conformity</b>	With national planning policy
<b>TIMETABLE / KEY DATES</b>	
<b>Stage</b>	<b>Date</b>
Consultation on Preferred Options and sustainability report (Reg 25)	February – March 2008
Consideration of representations	April – December 2008
Publication of Draft DPD (Reg 27)	August 2009
Consultation on Published Document (Reg 28)	August – September 2009
Revised Publication Stage of DPD (Reg 27)	August 2010
Consultation on Revised Publication DPD (Reg 28)	August – September 2010
Submission of DPD & final sustainability report (Reg 30)	October 2010
Pre examination meeting	November 2010
Commencement of Public Examination	December 2010
Inspector's Report Fact Check	May 2011
Inspector's Report Final	June 2011
Adoption of DPD	July 2011
<b>ARRANGEMENTS FOR PRODUCTION</b>	
<b>Lead Organisation</b>	Tees Valley Unlimited
<b>Management arrangements</b>	The DPD is undertaken jointly by the five Tees Valley authorities with Tees Valley Unlimited leading in its preparation. The DPD will be adopted by each local authority individually. Hartlepool BC will adopt the DPD after resolution of the full Council (see section 9).
<b>Evidence Required</b>	To be determined on commencement in consultation with key stakeholders
<b>Resources Required</b>	Consultants appointed to undertake key research, analysis and preparation.
<b>Community and Stakeholder Involvement</b>	In accordance with the Statement of Community Involvement
<b>POST PRODUCTION / REVIEW</b>	
Monitored on an annual basis and subject to review if the monitoring highlights a need. Otherwise the document will be formally reviewed at least once every five years	

<b>Table 4: PLANNING OBLIGATIONS SPD</b>	
<b>OVERVIEW</b>	
<b>Role and content</b>	Will set out guidance and standards on the use of commuted sums through planning agreements, including the circumstances when an agreement will be sought and its basis.
<b>Geographical Coverage</b>	Borough-wide
<b>Status</b>	Non-statutory Supplementary Planning Document not subject to independent examination
<b>Conformity</b>	With national guidance and the saved Local Plan policy GEP9
<b>TIMETABLE / KEY DATES</b>	
<b>Stage</b>	<b>Date</b>
Commencement – evidence gathering and initial community and key stakeholder involvement	September 2007 – September 2009
Draft and associated sustainability report issued for consultation	October 2009 – January 2010
Consideration of consultation responses and changes to legislation	January 2010 – September 2010
Adoption and publication	November 2010
<b>ARRANGEMENTS FOR PRODUCTION</b>	
<b>Lead Organisation</b>	Hartlepool Borough Council (Policy Team)
<b>Management arrangements</b>	The management arrangements are set out in section 9. Key documents will be approved by Cabinet and ratified by full Council
<b>Resources Required</b>	Internal staffing resources
<b>Community and Stakeholder Involvement</b>	In accordance with the Statement of Community Involvement
<b>POST PRODUCTION / REVIEW</b>	
The effectiveness of the provisions of the document will be assessed in the annual monitoring report. The document will be reviewed when the annual monitoring report highlights a need or if there is any change in government legislation, policy or advice.	

**Table 5: CENTRAL AREA SPD**

<b>OVERVIEW</b>	
<b>Role and content</b>	Will focus on the regeneration of the town centre and the surrounding areas including the Innovation and Skills quarter in the east central area. It will look to form a basis for the future economic performance of the area.
<b>Geographical Coverage</b>	Central Area of Hartlepool
<b>Status</b>	Non-statutory Supplementary Planning Document not subject to independent examination
<b>Conformity</b>	With national guidance and saved Local Plan policy Com1 to Com4.
<b>TIMETABLE / KEY DATES</b>	
<b>Stage</b>	<b>Date</b>
Commencement – evidence gathering and initial community and key stakeholder involvement	June 2010 – June 2011
Draft and associated sustainability report issued for consultation	July 2011
Consultation period	July 2011 – August 2011
Consideration of consultation responses	September 2011 – October 2011
Adoption and publication	November 2011
<b>ARRANGEMENTS FOR PRODUCTION</b>	
<b>Lead Organisation</b>	Hartlepool Borough Council (Policy Team)
<b>Management arrangements</b>	The management arrangements are set out in section 9. Key documents will be approved by Cabinet and ratified by full Council
<b>Resources Required</b>	Internal staffing resources
<b>Community and Stakeholder Involvement</b>	In accordance with the Statement of Community Involvement
<b>POST PRODUCTION / REVIEW</b>	
The effectiveness of the provisions of the document will be assessed in the annual monitoring report. The document will be reviewed when the annual monitoring report highlights a need or if there is any change in government legislation, policy or advice.	

**Table 6: SEATON CAREW SPD**

<b>OVERVIEW</b>	
<b>Role and content</b>	Will provide a framework for the regeneration of the core area of Seaton Carew with a particular focus on the built environment and the tourism and leisure industries.
<b>Geographical Coverage</b>	Borough-wide
<b>Status</b>	Non-statutory Supplementary Planning Document not subject to independent examination
<b>Conformity</b>	With national guidance and saved Local Plan policies including Policy To3
<b>TIMETABLE / KEY DATES</b>	
<b>Stage</b>	<b>Date</b>
Commencement – evidence gathering and initial community and key stakeholder involvement	September 2010 – December 2010
Draft and associated sustainability report issued for consultation	January 2011 – February 2011
Consideration of consultation responses	March 2011
Adoption and publication	April 2011
<b>ARRANGEMENTS FOR PRODUCTION</b>	
<b>Lead Organisation</b>	Hartlepool Borough Council (Policy Team)
<b>Management arrangements</b>	The management arrangements are set out in section 9. Key documents will be approved by Cabinet and ratified by full Council
<b>Resources Required</b>	Internal staffing resources
<b>Community and Stakeholder Involvement</b>	In accordance with the Statement of Community Involvement
<b>POST PRODUCTION / REVIEW</b>	
The effectiveness of the provisions of the document will be assessed in the annual monitoring report. The document will be reviewed when the annual monitoring report highlights a need or if there is any change in government legislation, policy or advice.	

**Table 7: GREEN INFRASTRUCTURE SPD**

<b>OVERVIEW</b>	
<b>Role and content</b>	Will provide a green infrastructure framework for the town which will reflect the strategic priorities identified at a sub-regional level whilst providing more detail on specific green infrastructure resources throughout Hartlepool and identifying key areas of need for future investment.
<b>Geographical Coverage</b>	Borough-wide
<b>Status</b>	Non-statutory Supplementary Planning Document not subject to independent examination
<b>Conformity</b>	With national guidance and the Tees Valley Green Infrastructure Strategy
<b>TIMETABLE / KEY DATES</b>	
<b>Stage</b>	<b>Date</b>
Commencement – evidence gathering and initial community and key stakeholder involvement	February 2010 – June 2011
Draft and associated sustainability report issued for consultation	July 2011 – August 2011
Consideration of consultation responses	September 2011 – November 2011
Adoption and publication	December 2011
<b>ARRANGEMENTS FOR PRODUCTION</b>	
<b>Lead Organisation</b>	Hartlepool Borough Council (Policy Team)
<b>Management arrangements</b>	The management arrangements are set out in section 9. Key documents will be approved by Cabinet and ratified by full Council
<b>Resources Required</b>	Internal staffing resources
<b>Community and Stakeholder Involvement</b>	In accordance with the Statement of Community Involvement
<b>POST PRODUCTION / REVIEW</b>	
The effectiveness of the provisions of the document will be assessed in the annual monitoring report. The document will be reviewed when the annual monitoring report highlights a need or if there is any change in government legislation, policy or advice.	

**Table 8: DESIGN SPD**

<b>OVERVIEW</b>	
<b>Role and content</b>	The Design SPD will produce a set of design, heritage, sustainability and safety principals for all new developments within Hartlepool. It will set out what the Council expects in relation to location, orientation, scale, form, visual amenity and type of new residential and non residential development in Hartlepool.
<b>Geographical Coverage</b>	Borough-wide
<b>Status</b>	Non-statutory Supplementary Planning Document not subject to independent examination
<b>Conformity</b>	With national guidance
<b>TIMETABLE / KEY DATES</b>	
<b>Stage</b>	<b>Date</b>
Commencement – evidence gathering and initial community and key stakeholder involvement	January – August 2011
Draft and associated sustainability report issued for consultation	September – November 2011
Consideration of consultation responses	December 2011 – February 2012
Adoption and publication	March 2012
<b>ARRANGEMENTS FOR PRODUCTION</b>	
<b>Lead Organisation</b>	Hartlepool Borough Council (Policy Team)
<b>Management arrangements</b>	The management arrangements are set out in section 9. Key documents will be approved by Cabinet and ratified by full Council
<b>Resources Required</b>	Internal staffing resources
<b>Community and Stakeholder Involvement</b>	In accordance with the Statement of Community Involvement
<b>POST PRODUCTION / REVIEW</b>	
The effectiveness of the provisions of the document will be assessed in the annual monitoring report. The document will be reviewed when the annual monitoring report highlights a need or if there is any change in government legislation, policy or advice.	



## **4. SUSTAINABILITY APPRAISAL**

- 4.1 The Planning and Compulsory Purchase Act requires that Local Development Documents should contribute to the achievement of sustainable development. Furthermore, European Union (Strategic Environmental Assessment) Directive 2001/42/EC requires that a formal strategic environmental assessment is carried out for certain plans and programmes likely to have a significant effect on the environment including planning and land use documents.
- 4.2 Most Local Development Documents will therefore be subject to a Sustainability Appraisal which will incorporate the requirements of the Sustainable Environment Assessment (SEA). This will be a continual and integrated process starting when a new (or revised) local development document is to be prepared. Appraisal at each stage of a document's preparation will inform the direction adopted at the next stage and sustainability appraisal reports will be subject to consultation alongside the document as it is developed.

## **5. APPROPRIATE ASSESSMENT**

- 5.1 Under the Conservation (Natural Habitats Etc) (Amendment) Regulations 2007, Development Plan Documents are subject to Appropriate Assessment screening process to enable the Local Planning Authority to ascertain that any Development Plan Document will not adversely affect the integrity of a European protected site. In the event of the screening process stage highlighting the impact on the integrity of a European site a full Appropriate Assessment will be carried out to indicate mitigation or necessary compensatory measures required to minimise the effects on the relevant protected site. Should a full Appropriate Assessment be required the date of the final adoption of the DPD will need to be adjusted accordingly.

## **6. LINKS TO OTHER STRATEGIES**

- 6.1 Local Development Documents contained within the Local Development Framework should reflect the land use and development objectives of other strategies and programmes. The 2006 Hartlepool Local Plan was developed in close collaboration with in particular the Hartlepool Community Strategy and the Hartlepool Local Transport Plan and gives spatial expression to the elements of these and other strategies that relate to the development and use of land.
- 6.2 Development documents will also take account of and reflect other strategies and programmes - local, sub-regional and regional. A list of such strategies and programmes currently in place which may be of relevance is attached at Appendix 3.

## **7. EVIDENCE BASE**

- 7.1 Local planning authorities are required to keep under review the main physical, economic, social and environmental characteristics of their area in order to inform the development of planning policies. Tees Valley Unlimited maintains much base information on behalf of the constituent Borough Councils, including in particular information on the size, composition and distribution of population and other matters covered by the Censuses of Population and Employment. In addition Hartlepool Council maintains information on many other matters including the regular monitoring of housing and employment land availability and of new developments.
- 7.2 The planning system requires that Local Development Documents should be founded on sound and reliable evidence which will identify opportunities, constraints and issues in the area. Much of this evidence is already in place although some will need to be updated in relation to the preparation of local development documents.
- 7.3 In terms of on-going and proposed development of the evidence base, the Hartlepool Housing Regeneration Strategy was completed in mid 2005 and the Hartlepool Low Density Housing Study which examined high quality, low density housing and the effects of new housing development on migration and the socio-economic balance in the town was completed in July 2005. The Hartlepool Retail Study was updated in August 2009. The Hartlepool Strategic Housing Market Assessment was published in July 2007. A Strategic Flood Risk Assessment (in association with the other Tees Valley authorities) was completed in February 2007 but is currently being updated. Given the abolition of the RSS a Housing Provision paper has been produced to justify a yearly housing need for the town.
- 7.4 A list of current and proposed reports is attached at Appendix 4. The need for additional studies and updating of existing studies will be kept under review as part of the annual monitoring process.

## 8. MONITORING AND REVIEW

- 8.1 Monitoring and review are key aspects of the Government's "plan, monitor and manage" approach to planning and should be undertaken on a continuous basis.

### **Annual Monitoring Report**

- 8.2 A requirement of the new planning system is to produce an Annual Monitoring Report to assess the implementation of the Local Development Scheme and the extent to which policies in Local Development Documents are being met. The first Annual Monitoring Report was published in December 2005 and subsequent reports issued in 2006, 2007, 2008 and most recently in December 2009.
- 8.3 The implementation of the Local Development Scheme is assessed in each annual monitoring report in terms of the extent to which the targets and key dates (milestones) for the preparation of local development documents have been met and to ensure the reasons for any failure to meet these are explained. Any adjustments required to the key milestones for document preparation will need to be incorporated in a subsequent review of the local development scheme.
- 8.4 The Annual Monitoring Report 2005 & 2006 assessed the policies of the 1994 Hartlepool Local Plan. The subsequent Annual Monitoring Reports assessed the policies of the 2006 Local Plan from April 2006 particularly in relation to the indicators and targets contained within that plan. The annual monitoring report also assesses the impact of local plan policies on relevant national and regional/sub-regional indicators and targets.
- 8.5 As a result of the assessment of policies, the Annual Monitoring Report may highlight areas where policy coverage is insufficient or ineffective or where it does not accord with the latest national or regional policy. In this event it will suggest action that needs to be taken such as the early review of existing documents or preparation of new documents. As a consequence the local development scheme will be amended to reflect such action to amend the local development framework.

## **9. MANAGING THE PROCESS**

- 9.1 The Local Development Scheme has been drawn up having regard to resources (both staff and financial), Council processes and an assessment of the likely interest of key stakeholders and the community. Nevertheless there are risks that the timetables set out in this document may slip, for instance if the Comprehensive Spending review impacts on the service area. The risks have been assessed in this respect but given the size of the authority and its resources not all can be readily overcome.

### **Staff Resources**

- 9.2 The prime responsibility for delivering the Local Development Framework lies with a small Planning Policy team within the Department of Regeneration and Neighbourhoods. This team has close working relationships with, and makes full use of the expertise and experience of other sections of the department including development control, regeneration, housing renewal, community strategy, landscape, ecology and conservation.
- 9.3 In addition, the Planning Policy team, as in the past, will continue to liaise closely with officers of other departments of the council including in particular the transport and countryside services teams.
- 9.4 Full use will be made of consultants to provide independent specialist advice or to undertake necessary studies contributing to the information base necessary for the preparation of local development documents.
- 9.5 An in-house multi-discipline team having expertise in the various aspects of sustainable development will carry out the sustainability appraisals although consideration will also be given in this respect to the use of consultants if necessary.

### **Financial Resources**

- 9.6 Resources have been allocated within the Council's mainstream budget to cover the anticipated costs of initial work on local development documents. Provisional costs for future years have been factored into the Council's longer-term budget review. Housing Planning Delivery Grant has been used in the past to fund the use of consultants for the preparation of much of the evidence base, however under the coalition government this will no longer be an available source of revenue funding.

### **Programme Management**

- 9.7 The current arrangements for the management of the forward planning process will continue. Basically this comprises weekly meetings of the Core Team and reporting to senior management as necessary. This team will also manage the programme for the production of local development documents.

### **Political Process**

- 9.8 The new planning system is increasingly being brought to the attention of Members with a view to their full involvement in the production of local development

documents. This is being encouraged by the use of Seminars, regular reports to the Cabinet and Council and by the setting up of a Member's Group.

- 9.9 Decisions at key stages during the reparation of all the Local Development Documents (including those prepared jointly by the five Tees Valley Authorities) will be made by Cabinet and ratified by full Council.

**Risk Assessment and Contingencies**

- 9.10 The programme for the preparation and production of local development documents set out in the local development scheme is based on a realistic assessment of the capacity of the Council to undertake the work and of the extent and depth of the local community and stakeholder involvement and interest likely to be generated by each document. However, there are two main types of risk that could result in a failure to meet this programme. The first relates to resources (both human and financial) and the second to delays in the process primarily due to external factors.
- 9.11 As noted in paragraph 9.5 above, the Council has endeavoured to ensure that there will be sufficient financial resources made available within its budgetary framework. However, in view of the relatively small size of the Council and thus of its staff, the effect of, for example, redundancies as part of overall Council budget cuts, long-term sickness, of officers obtaining employment elsewhere or of other unforeseen work coming forward, is significant. Should any of these instances occur, whilst every effort would be made to meet the deadlines set, some delay may occur.
- 9.12 Account has been taken of the political process relating to the approval of planning documents at the various stages of production. Whilst the Council's formal scrutiny process provides an open forum for the consideration of issues, it is not possible to predict that Cabinet recommendations will be endorsed at Full Council.
- 9.13 The potential for a delay due to the inability of the Planning Inspectorate to undertake the Examination of Development Plan Documents at the programmed time is minimised by the production of this Local Development Scheme and the associated service level agreement with the Inspectorate.
- 9.14 However, there are risks that adoption of a development plan document could be delayed if the Examination Inspector finds that it is unsound and recommends major changes, or if the Secretary of State intervenes on the basis that it raises issues of national or regional significance. The Council will therefore seek to ensure that the document is sound and conforms as necessary with national policy through close liaison with the Government Office. The risk of a legal challenge to a document will be minimised by ensuring that it has been produced in accordance with the regulations.
- 9.15 The uncertainty about the timing of certain major regeneration schemes and the possibility of new major strategic development coming forward from the private sector has impacted on the preparation of the Local Development Framework. The Council recognises this risk and will review the Local Development Scheme should this be necessary.

## **10. REVIEW OF THE LOCAL DEVELOPMENT SCHEME**

10.1 The Local Development Scheme sets out the position with respect to the development of planning policies as it is envisaged at a particular point of time. It will normally be reviewed annually, but it can be readily reviewed when necessary. In particular it will need to be reviewed in the following circumstances:

- a slippage in the timetables caused by exceptional circumstances
- when a need is identified for a new local development document
- if monitoring establishes that an existing document should be reviewed.

**APPENDIX 1****LIST OF ACRONYMS AND TECHNICAL TERMS USED IN THIS REPORT**

<b>Acronym</b>	<b>Expanded Name</b>	<b>Definition Explanation</b>
<b>AAP</b>	Action Area Plan	A type of Development Plan Document relating to specific areas of major opportunity and change or conservation.
<b>AMR</b>	Annual Monitoring Report	Report submitted to Government on the progress of preparing the Local Development Framework and the extent to which policies are being achieved.
<b>Circular</b>		A government publication setting out policy approaches
<b>Core Strategy</b>	Core Strategy Development Plan Document	A Development Plan Document setting out the spatial vision and objective of the planning framework for the area, having regard in particular to the Community Strategy. All other development plan documents must conform with the core strategy.
<b>Development Plan</b>		Documents setting out the policies and proposals for the development and use of land and buildings. Under the new planning system it comprises the Regional Spatial Strategy and Development Plan Documents, whilst under the transitional arrangements it comprises the Structure Plan and Local Plan.
<b>DPD</b>	Development Plan Document	A local development document in the local development framework which forms part of the statutory development plan. The core strategy, documents dealing with the allocation of land, action area plans and the proposals map are all development plan documents.
<b>LDD</b>	Local Development Document	An individual document in the Local Development Framework. It includes Development Plan Documents, Supplementary Planning Documents and the Statement of Community Involvement.
<b>LDF</b>	Local Development Framework	The overarching term given to the collection of Local Development Documents which collectively will provide the local planning authority's policies for meeting the community's economic, environmental and social aims for the future of the area where this affects the development and use of land and buildings. The LDF also includes the Local Development Scheme and the Annual Monitoring Report.
<b>LDS</b>	Local Development Scheme	A public statement setting out the programme for the preparation of local development documents. Initially it will also identify the programme for the completion of the local plan and also which policies of the local and structure plan are to be saved and/or replaced.
<b>Local Plan</b>		A statutory development plan prepared under previous legislation, or being prepared under the transitional arrangements of the new Act.

Acronym	Expanded Name	Definition Explanation
<b>National policy</b>		Government policy contained within Planning Policy Guidance (PPG) and Planning Policy Statements (PPS).
<b>PPG</b>	Planning Policy Guidance	Government documents providing policy and guidance on a range of planning issues such as housing, transport, conservation etc. PPGs are currently being replaced by Planning Policy Statements.
<b>PPS</b>	Planning Policy Statements	Government documents replacing PPGs and designed to separate policy from wider guidance issues.
<b>Proposals Map</b>		Illustrating on an Ordnance Survey base the policies and proposals of development plan documents and any 'saved' policies of the local plan.
<b>RPG</b>	Regional Planning Guidance	Planning policy and guidance for the region issued by the Secretary of State. RPG became the Regional Spatial Strategy upon commencement of the Act.
<b>RSS</b>	Regional Spatial Strategy	Prior to revocation, was the statutory regional planning policy forming part of the Development Plan and prepared by the regional planning body.
<b>Saved Policies</b>		Policies within the Local Plan and the Structure Plan that remain in force for a time period pending their replacement as necessary by development plan documents.
<b>SA</b>	Sustainability Appraisal	Identifies and evaluates social, environmental and economic effects of strategies and policies in a local development document from the outset of the preparation process. It incorporates the requirements of the Strategic Environmental Assessment (SEA) Directive.
<b>SCI</b>	Statement of Community Involvement	Sets out the standards to be achieved in involving the community and other stakeholders in the preparation, alteration and review of local development documents and in significant development control decisions
<b>SEA</b>	Strategic Environmental Assessment	A generic term used internationally to describe environmental assessment as applied to policies, plans and programmes
<b>SPD</b>	Supplementary Planning Document	A local development document providing further detail of policies in development plan documents or of saved local plan policies. They do not have development plan status.
<b>SPG</b>	Supplementary Planning Guidance	Provide additional guidance expanding policies in a local plan. SPGs will remain relevant where they are linked to saved policies but will ultimately be replaced by supplementary planning documents.



**4.1 Appendix 1**

Acronym	Expanded Name	Definition Explanation
<b>Structure Plan</b>		A statutory development plan which previously set out strategic policies for environmental protection and development and providing the more detailed framework for local plans. The Tees Valley Structure Plan was superseded by the Regional Spatial Strategy.
<b>The Act</b>	Planning and Compulsory Purchase Act 2004	Government legislation introducing a new approach to development planning.
<b>Transport Assessments</b>		A process setting out transport issues relating to a proposed development identifying measures to be taken to improve accessibility and safety for all modes of travel, particularly alternatives to the car. Such as walking, cycling & public transport
<b>Travel Plans</b>		A package of measures to assist in managing transport needs of an organisation principally to encourage sustainable modes of transport and enable greater travel choice.
<b>Transitional Arrangements</b>		Government regulations describing the process of development plans begun before, and to be completed after, the Planning and Compulsory Purchase Act 2004

## APPENDIX 2

### Schedule of Hartlepool Local Plan Saved Policies

Direction Under Paragraph 1(3) of the Schedule to the Town & Country Planning Act 2004  
Policies contained in the Hartlepool Local Plan including Waste & Minerals Policies

**18 December 2008**

#### **GENERAL ENVIRONMENTAL PRINCIPLES**

GEP1	General Environmental Principles
GEP2	Access for All
GEP3	Crime Prevention by Planning and Design
GEP7	Frontages of Main Approaches
GEP9	Developers' Contributions
GEP10	Provision of Public Art
GEP12	Trees, Hedgerows and Development
GEP16	Untidy Sites
GEP17	Derelict Land Reclamation
GEP18	Development on Contaminated Land

#### **INDUSTRIAL AND BUSINESS DEVELOPMENT**

Ind1	Wynyard Business Park
Ind2	North Burn Electronics Components Park
Ind3	Queens Meadow Business Park
Ind4	Higher Quality Industrial Estates
Ind5	Industrial Areas
Ind6	Bad Neighbour Uses
Ind7	Port-Related Development
Ind8	Industrial Improvement Areas
Ind9	Potentially Polluting or Hazardous Developments
Ind10	Underground Storage
Ind11	Hazardous Substances

#### **RETAIL, COMMERCIAL AND MIXED USE DEVELOPMENT**

Com1	Development of the Town Centre
Com2	Primary Shopping Area
Com3	Primary Shopping Area – Opportunity Site
Com4	Edge of Town Centre Areas
Com5	Local Centres
Com6	Commercial Improvement Areas
Com7	Tees Bay Mixed Use Site
Com8	Shopping Development
Com9	Main Town Centre Uses
Com10	Retailing in Industrial Areas
Com12	Food and Drink
Com13	Commercial Uses in Residential Areas
Com14	Business Uses in the Home
Com15	Victoria Harbour/North Docks Mixed Use Site
Com16	Headland – Mixed Use

**TOURISM**

To1	Tourism Development in the Marina
To2	Tourism at the Headland
To3	Core Area of Seaton Carew
To4	Commercial Development Sites at Seaton Carew
To6	Seaton Park
To8	Teesmouth National Nature Reserve
To9	Tourist Accommodation
To10	Touring Caravan Sites
To11	Business Tourism and Conferencing

**HOUSING**

Hsg1	Housing Improvements
Hsg2	Selective Housing Clearance
Hsg3	Housing market Renewal
Hsg4	Central Area Housing
Hsg5	Management of Housing Land Supply
Hsg6	Mixed Use Areas
Hsg7	Conversions for Residential Uses
Hsg9	New Residential Layout – Design and Other Requirements
Hsg10	Residential Extensions
Hsg11	Residential Annexes
Hsg12	Homes and Hostels
Hsg13	Residential Mobile Homes
Hsg14	Gypsy Site

**TRANSPORT**

Tra1	Bus Priority Routes
Tra2	Railway Line Extensions
Tra3	Rail Halts
Tra4	Public Transport Interchange
Tra5	Cycle Networks
Tra7	Pedestrian Linkages: Town Centre/ Headland/ Seaton Carew
Tra9	Traffic Management in the Town Centre
Tra10	Road Junction Improvements
Tra11	Strategic Road Schemes
Tra12	Road Scheme: North Graythorp
Tra13	Road Schemes: Development Sites
Tra14	Access to Development Sites
Tra15	Restriction on Access to Major Roads
Tra16	Car Parking Standards
Tra17	Railway Sidings
Tra18	Rail Freight Facilities
Tra20	Travel Plans

## **PUBLIC UTILITY AND COMMUNITY FACILITIES**

PU3	Sewage Treatment Works
PU6	Nuclear Power Station Site
PU7	Renewable Energy Developments
PU8	Telecommunications
PU10	Primary School Location
PU11	Primary School Site

## **DEVELOPMENT CONSTRAINTS**

Dco1	Landfill Sites
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## **RECREATION AND LEISURE**

Rec1	Coastal Recreation
Rec2	Provision for Play in New Housing Areas
Rec3	Neighbourhood Parks
Rec4	Protection of Outdoor Playing Space
Rec5	Development of Sports Pitches
Rec6	Dual Use of School Facilities
Rec7	Outdoor Recreational Sites
Rec8	Areas of Quiet Recreation
Rec9	Recreational Routes
Rec10	Summerhill
Rec12	Land West of Brenda Road
Rec13	Late Night Uses
Rec14	Major Leisure Developments

## **THE GREEN NETWORK**

GN1	Enhancement of the Green Network
GN2	Protection of Green Wedges
GN3	Protection of Key Green Space Areas
GN4	Landscaping of Main Approaches
GN5	Tree Planting
GN6	Protection of Incidental Open Space

## **WILDLIFE**

WL2	Protection of Nationally Important Nature Conservation Sites
WL3	Enhancement of Sites of Special Scientific Interest
WL5	Protection of Local Nature Reserves
WL7	Protection of SNCIs, RIGSs and Ancient Semi-Natural Woodland

## **CONSERVATION OF THE HISTORIC ENVIRONMENT**

HE1	Protection and Enhancement of Conservation Areas
HE2	Environmental Improvements in Conservation Areas
HE3	Developments in the Vicinity of Conservation Areas
HE6	Protection and Enhancement of Registered Parks and Gardens
HE8	Works to Listed Buildings (Including Partial Demolition)
HE12	Protection of Locally Important Buildings
HE15	Areas of Historic Landscape

**THE RURAL AREA**

Rur1	Urban Fence
Rur2	Wynyard Limits to Development
Rur3	Village Envelopes
Rur4	Village Design Statements
Rur5	Development At Newton Bewley
Rur7	Development in the Countryside
Rur12	New Housing in the Countryside
Rur14	The Tees Forest
Rur15	Small Gateway Sites
Rur16	Recreation in the Countryside
Rur17	Strategic Recreational Routes
Rur18	Rights of Way
Rur19	Summerhill- Newton Bewley Greenway
Rur20	Special Landscape Areas

**MINERALS**

Min1	Safeguarding of Mineral Resources
Min2	Use of Secondary Aggregates
Min3	Mineral Extraction
Min4	Transport of Minerals
Min5	Restoration of Mineral Sites

**WASTE**

Was1	Major Waste Producing Developments
Was2	Provision of 'Bring' Recycling Facilities
Was3	Composting
Was4	Landfill Developments
Was5	Landraising
Was6	Incineration

## APPENDIX 3

### STRATEGIES AND PROGRAMMES TO BE CONSIDERED

#### REGIONAL STRATEGIES:

- Making It Happen: The Northern Way -Feb. 2004
- Regional Spatial Strategy (July 2008)
- North East Regional Housing Strategy - July 2005
- Regional Economic Strategy - Unlocking our Potential

#### SUB REGIONAL STUDIES / STRATEGIES

- Tees Valley Vision
- Tees Valley Living - Building Sustainable Communities in Tees Valley
- Tees Valley Sub Regional Housing Market Renewal Strategy (January 2006)
- Tees Valley Sub-Regional Housing Strategy (under preparation)
- The Tees Valley Forest Plan 2000
- Tees Valley Biodiversity Plan
- Joint Waste Management Strategy for Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton-on-Tees Borough Councils.
- Hartlepool Cycling Strategy
- Tees Valley Tourism Strategy - February 2003
- Coastal Arc Strategy (Phase 1 – 200 4- 07, Updated 2006-2008)
- Business Link Tees Valley Plan
- Tees Estuary Management Plan
- Cleveland Police Policing Plan
- Strategic Flood Risk Assessment (2007)
- Tees Valley Strategic Housing Market Assessment (2008)
- North Tees & South Tees Study

#### LOCAL STRATEGIES AND PROGRAMMES

##### Generic

- Hartlepool Community Strategy (Review 2007/09)
- Neighbourhood Renewal Strategy
- Neighbourhood Action Plans

##### Housing

- Hartlepool Strategic Housing Market Assessment (2007)
- Hartlepool Housing Regeneration Strategy (May 2005)
- Hartlepool Housing Strategy
- NDC Community Housing Plan (2003)
- North Central Hartlepool Masterplan (August 2004)

##### Jobs and the Economy

- Hartlepool Economic Strategy
- Hartlepool Central Area Investment Framework (2008)
- Southern Business Zone Investment Framework (February 2009)

##### Tourism

- Hartlepool Tourism Strategy - March 2004
- Seaton Carew Tourism Strategy: 2003 – 2008

##### Environment and the Arts

- Shoreline Management Plan 1999 Seaham Harbour to Saltburn by the Sea
- Longhill and Sandgate Industrial Estate Landscape Masterplan
- Contaminated Land Strategy
- Hartlepool's Cultural Strategy (April 2003)
- Headland Environmental Improvement and Public Art Strategy

##### Transport

- Hartlepool Local Transport Plan 2006 – 2011

**Recreation**

- Hartlepool Playing Pitch Strategy
- Sports Development Strategy
- Hartlepool Rights of Way Strategy
- Outdoor Equipped Play Facilities Strategy 2001

**Lifelong Learning**

- Connexions Strategy
- Cleveland College of Art & Design Strategic Plan
- Hartlepool Adult Learning Plan
- Hartlepool College of Further Education Strategic Plan
- Hartlepool Education Development Plan
- Hartlepool Library Plan
- Hartlepool Sixth Form College Strategic Plan
- Hartlepool Youth Service Strategy
- Learning & Skills Council Tees Valley Strategic Plan

**Health**

- Vision for Care
- Hartlepool CHD Strategy
- Hartlepool Public Health Strategy
- Hartlepool Teenage Pregnancy Strategy
- Hartlepool Drug Action Team Strategy

**Community Safety**

- Hartlepool Community Safety Strategy

## APPENDIX 4

### REPORTS CONTRIBUTING TO THE EVIDENCE BASE FOR NEW LOCAL DEVELOPMENT DOCUMENTS

#### HOUSING AND HOUSING REGENERATION

Hartlepool Housing Dynamics Study (NLP)	April 2000
Hartlepool Housing Aspirations Study (NLP)	December 2002
West Central Hartlepool NDC Housing Study (NLP)	2000
West Central Hartlepool NDC Options Report (NLP)	March 2002
Hartlepool Housing Urban Capacity Study (C/RG)	May 2002
NDC Community Housing Plan (NLP/SRB)	May 2003
NDC Area Assessment Report (HA)	August 2004
North Central Hartlepool Masterplan	August 2004
Victoria Harbour Housing Demand Study (RTP)	June 2004
Hartlepool Low Density Housing Study (NLP)	July 2005
Hartlepool Housing Regeneration Strategy (NLP)	Mid 2005
Regional Housing Aspirations Study	March 2005
Hartlepool Strategic Housing Market Assessment (DC)	June 2007
Tees Valley Strategic Housing Market Assessment	December 2008
Hartlepool Strategic Housing Land Availability Assessment	August 2009

#### ECONOMY

Tees Valley Strategic Employment Land Review (JSU)	Draft May 2003-
Hartlepool Employment Land Review	December 2008
'Strategic Improvements to Hartlepool Southern Business Zone'(Ec)	February 2009
Central Area Investment Framework (Gn)	March 2009
Hartlepool Retail Study (DJ)	August 2009
North Tees South Tees Study (PB)	Autumn 2009

#### ENVIRONMENT

Hartlepool Landscape Assessment	November 1999
Local Air quality management action plan	
National Land Use Database	March 2009
Sustainability Appraisal Scoping Report	October 2007
Strategic Flood Risk Assessment (JBA )	February 2007
Strategic Flood Risk Assessment (JBA ) Update	Summer 2009

#### RECREATION AND LEISURE

Outdoor Equipped Play Facilities Strategy	2001
Audit and Assessment of Allotment Provision in Hartlepool	May 2004
Playing Pitch Strategy	March 2004
Multi-Use Games Area Strategy	April 2006
PPG 17 Audit of Open Space (CS)	2008
Hartlepool Sports Facilities Strategy	Commenced Dec 2006

NLP	Nathaniel Lichfield & Partners	C/RG	Chesterton and Ron Grieg
SRB	Social Regeneration Consultants	HA	Halcrow Group
RTP	Roger Tym and Partners	JSU	Tees Valley Joint Strategic Unit
DJ	Drivers Jonas	Ec	Ecotech
Gn	Genecom	JBA	JBA Consulting
DC	David Cumberland	CS	Capita Symonds
PB	Parsons Brinckerhoff		



# CABINET REPORT

27 September 2010



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

**Subject:** Hartlepool Assistive Technology Strategy

---

## SUMMARY

### 1. PURPOSE OF REPORT

To approve the “Hartlepool Strategy for Assistive Technology: - The way forward for Telecare and Telehealth 2010 – 2015” (**Appendix A**) as the direction of travel for developing Assistive Technology across the borough.

### 2. SUMMARY OF CONTENTS

This report outlines the need for Assistive Technology in Hartlepool and describes the need for a coordinated approach between assistive technology and other community based service.

### 3. RELEVANCE TO CABINET

The use of Assistive Technology will affect all areas of the town

### 4. TYPE OF DECISION

Key Decision (Forward Plan Reference Number CAS80/10). The strategy will have a significant impact on communities living or working across the whole town.

### 5. DECISION MAKING ROUTE

Cabinet

### 6. DECISION(S) REQUIRED

That Cabinet approve the Assistive Technology Strategy

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

**Subject:** Hartlepool Assistive Technology Strategy

---

## 1. PURPOSE OF REPORT

To approve the “Hartlepool Strategy for Assistive Technology: The way forward for Telecare and Telehealth 2010 – 2015” (Appendix A) as the direction of travel for developing Assistive Technology across the Borough.

## 2. BACKGROUND

- 2.1 Assistive Technology is a collective term used to describe a variety of services that use information and communication technology (ICT) and linked response services to support people to live in their own homes. Other terms are also used for this such as: telecare, telehealth, tele-monitoring and telemedicine. They are often used interchangeably with telecare being the name in most common usage.

In this strategy the following definitions are used:

- **Telecare** is “the remote or enhanced delivery of health and social services to people in their own homes by means of telecommunications and computerised systems.”
  - **Telemedicine (inc Telehealth & Tele-monitoring)** is “the remote exchange of physiological data between a patient at home and medical staff at hospital (Clinic) to assist in diagnosis and monitoring, using a home unit to monitor vital health signs via a phone line or wireless technology
- 2.2 Telecare systems can respond to crisis, e.g., if a service user has experienced a fall or has become disorientated, an alarm or message will alert the control centre who in turn may initiate a home visit. It can be preventative, e.g., recording the reduced use of a cooker or refrigerator or the increase or decrease of a person’s movement within their home, which can indicate an adverse change in a person’s condition. Telehealth systems can help people manage their own health conditions but can also allow practitioners to remotely monitor and predict the need for treatment.
- 2.3 In its simplest form Assistive Technology can be just a basic community alarm system but is usually used as additional support to a health or social care package to prolong and maintain a person’s independence. Some examples might include:
- Alarms e.g. siren or flashing light.
  - Sensors that detect flood or fire

- Sensors that turn off a cooker or turn on a table light during the night.
- Sensors that shut off a gas supply or provide an alert for flooding.
- Monitors that send a message to a carer and or the control centre as an alert.
- Live/voice communication that maintains an open line to a control centre for the user to talk to in an emergency.
- Additional or secondary responses for other emergency services e.g. carer to visit, ambulance service.
- Reminders to take medication
- Monitoring of long term medical conditions remotely by health care practitioners

This is not an exhaustive list and new equipment is being developed all the time.

- 2.4 Initial government advice was that assistive technology would most benefit older people and their carers and people experiencing “long term conditions” such as diabetes, asthma, high blood pressure and arthritis. However, assistive technology is increasingly being used to improve the quality of life for people with dementia or learning disabilities.

### **3. THE VISION FOR ASSISTIVE TECHNOLOGY**

- 3.1 In Hartlepool, the vision of personal support is based on the principles of “personalisation” to enable the majority of people who need support to live as independently as possible in their own homes, for as long as they are able and wish to do so. As part of promoting independence, choice and quality of life, assistive technology is playing an increasing role. This strategy identifies means of doing this as part of an integrated ‘whole systems’ approach.

- 3.2 The assistive technology concept is simple:

- Technology does what technology is good at (constant monitoring and automatic feedback.)
- Staff are freed up to do what they are good at – the human touch.

- 3.4 Assistive technology plays two main roles:

- a preventative role where it can be used independently
- maintaining a person’s independence as part of an integrated support system in combination with existing health and social care services.

Whilst assistive technology reduces unwanted or unnecessary intrusion by carers it is not a substitute for personal support when it is needed. Technology can never be a substitute for human contact.

#### **4. NATIONAL AND LOCAL POLICY DRIVERS**

- 4.1 National policies and guidance relevant to assistive technology includes:
- Our Health, Our Care, Our Say (Department of Health, 2006)[
  - Putting People First concordat (Department of Health, 2007)
  - Living well with dementia: A National Dementia strategy (Department of Health, 2009)
  - Carers Strategy: Carers at the heart of 21st century families and communities (Department of Health, 2008)
- 4.2 These policies collectively identify the need for better services in the community that help people to live independently and stay healthy and, when needed, receive the right support at the right time in the right place.
- 4.3 Locally, the Joint Strategic Needs Assessment (JSNA) builds on these policies and they in turn are reflected in local policies such as:
- Older People's Housing Care and Support Strategy (2008),
  - Extra Care Strategy (2004),
  - NHS Tees' Strategy, North of Tees Health and Social Care Long Term Conditions (LTC) Strategy 2008-2011
  - Hartlepool Supporting People Strategy 2008 - 2011.
- 4.4 All share a common theme that is described in "Putting People First" as older people, people with a disability or who have mental health problems sharing the right to demand equality of citizenship in all aspects of life. Assistive technology is able to make a significant impact in meeting all these drivers as it provides a foundation for people to be as independent as they are able.

#### **5. DEMOGRAPHIC SHIFT**

- 5.1 The make up of the population is changing significantly. In Hartlepool, over the next 20 years the number of older people, especially those over the age of 80, will nearly double from 3600 to 6,700 and increase significantly as a proportion of the overall population from 3.9% to 6.6%. Experience shows that this group of people are more likely to need support. The numbers of people with illness and disability will rise also.
- 5.2 At the same time the number of people likely to be unpaid carers will not increase in line with the demand and may even reduce. This means that there will be growth in people needing care but not in carers. Assistive technology has a vital role if we are to be able to cope.

## 6. CURRENT PROVISION AND STRATEGIC SHIFT

- 6.1 Telecare is delivered as a **non-contribution service**. Costs for the service are currently **not** included in resource allocation for service users' Personal Budgets and support plans. The continued development of "extra care housing" in Hartlepool includes telecare overlays and use of the 'Tele' response services but using different response services.
- 6.2 Funding has been agreed to expand telehealth provision, particularly focusing on supporting patients with long term conditions in care homes and extra care facilities. This will require additional equipment but one unit could serve multiple patients.
- 6.3 There is now significant evidence for the successful use of assistive technology to use resources more efficiently. Where notable successes have been achieved the approach to assistive technology has changed significantly, with it moving to the centre of mainstream care and assessment processes and being seen as a "first option" not a "supporting player." This approach requires a reprioritisation of existing health and social care resources.
- 6.4 In some areas of the country, such as in North Yorkshire, these changes in philosophy have been made and significant saving are claimed for their pilot projects. Their analysis of people using telecare showed a 38% reduction in costs against traditional care models, either delaying or avoiding residential care or reducing the level of domiciliary care required. This equated to a net average annual efficiency saving across the North Yorkshire pilot areas of £3,654 per person.
- 6.5 The Care Services Efficiency Delivery (CSED) programme's review of a sample of 20 people with dementia in Staffordshire, who utilised a system called "Just Checking" reported likely cashable efficiencies across the wider health and social care system. The installation, costing £14 per week (equivalent to one hour of home care) enabled better assessment and review, resulting in "made to measure" flexible support which accurately reflected people's lifestyles. The sample of 20 people demonstrated net annual savings of £6,000 per person.

## 7. OUTCOMES AND CONSULTATION

- 7.1 Hartlepool's Strategy identifies 5 strategic outcomes of the effective use of assistive technology which will lead the strategic shift of assistive technology to a mainstream service. They are:

**Outcome 1**

Increase opportunities for people to live independently in their own homes and choose the type of home environment best suited to their needs and have greater choice and control over their own lives.

**Outcome 2**

Improve people's quality of life by enabling people to be active citizens whose voices are heard, and when necessary receive the right high-quality care in the right place at the right time (24/7 where needed).

**Outcome 3**

Improved quality of life and reassurance for carers and reduce the burden on their lifestyle.

**Outcome 4**

Optimise health gains, reduce health inequalities and enable people to lead healthy, safe and independent lives including those with long term health needs.

**Outcome 5**

Maximise the efficient use of, and target, resources where they will be most effective by reducing unnecessary admissions to hospital and residential care, reducing accidents and falls in the home or medical "crises" and assisting timely hospital discharge and intermediate care

- 7.2 Collectively these five outcomes provide a clear direction of travel for assistive technology in the next 5 years. They have been subject to a consultation process which recognised that the views and comments of as wide a range of different stakeholders would make the strategy more robust and purposeful. The following stakeholders were identified as playing a central role in this process.

- Service users/patients and informal carers
- Elected Members and Non Executive /Executive members of the Partners
- Local implementation teams leading the development of services for all adults
- Staff within Partner organisation such as:
  - NHS care providers
  - Housing providers
  - Voluntary groups, voluntary organisations and community groups
  - Providers of independent sector care homes and community based care

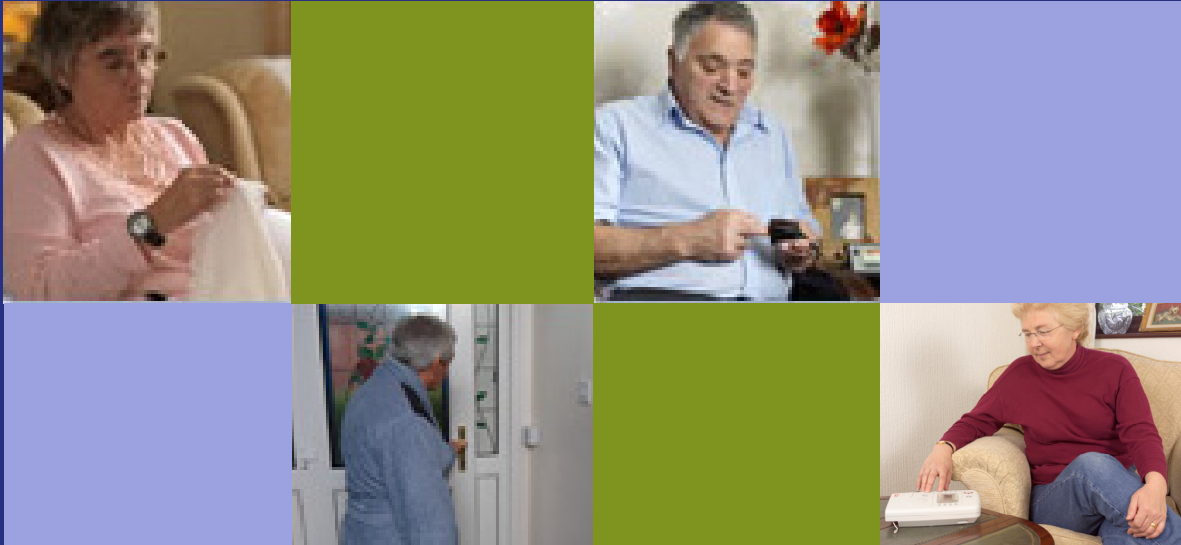
- 7.3 The consultation occurred during August and September 2010. The closing date for responses was 17<sup>th</sup> Sept.

## **8. RECOMMENDATIONS**

It is requested that Cabinet:

- 8.1 approve the Strategy as a basis for the development of Assistive Technology for the next 5 years
- 8.2 receive periodic reports of progress on the action plan

# Hartlepool Strategy for Assistive Technology 2010 – 2015



The way forward for Telecare and Telehealth  
(inc. Tele-monitoring and Telemedicine)



# Contents

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# 1. Introduction



## » What is Assistive Technology

Assistive Technology is a collective term used to describe a variety of services that use information and communication technology (ICT) and linked response services to support people to live in their own homes.

Other terms are also used for this such as:

■ telecare    ■ telehealth    ■ tele-monitoring and telemedicine

They are often used interchangeably. In this strategy the following definitions are used:

Telecare is “the remote or enhanced delivery of health and social services to people in their own homes by means of telecommunications and computerised systems.”

Telecare systems can be used to respond to crisis, for example if a service user has experienced a fall or has become disorientated an alarm or message will alert the control centre who in turn may initiate a home visit. It can be also be used preventatively by for example, recording the decreasing use of a cooker or refrigerator or the increase or decrease of a person’s movement within their home, which can indicate an adverse change in a person's condition.

Telemedicine [inc Telehealth & Tele-monitoring] is “the remote exchange of physiological data between a patient at home and medical staff at hospital (Clinic to assist in diagnosis and monitoring, using a home unit to monitor vital health signs via a phone line or wireless technology.

Telehealth systems can help people manage their own health conditions but can also allow practitioners to remotely monitor and predict the need for treatment.

In its simplest form Assistive Technology can be just a basic community alarm system but is usually used as additional support to a health or social care package to prolong and maintain a person’s independence and not as a replacement for direct care support. Telecare support for a service user or carer might include:

- Alarms e.g. siren or flashing light.
- Sensors or triggers that turn off a cooker or turn on a table light during the night.
- Sensors that shut off a gas supply or provide an alert for flooding.
- Monitors that send a message to a carer and or the control centre as an alert.
- Live/voice communication that maintains an open line to a control centre for the user to talk to in an emergency.
- Additional or secondary responses for other emergency services e.g. carer to visit, ambulance service.
- Reminders to take medication
- Monitoring of long term medical conditions remotely by health care Practitioners

This is not an exhaustive list and new equipment is being developed all the time.

Guidance from the Dept of Health suggests that the main beneficiaries of assistive technology would be older people and their carers and people experiencing “long term conditions” such as diabetes, asthma, high blood pressure and arthritis. However, assistive technology is increasingly being used to improve the quality of life for people with dementia or learning disabilities.

## 2. What are our values



Hartlepool Borough Council's Adult and Community Services Dept have an agreed value statement known as RESPECT.

What we need to demonstrate	Values
Accountability	R esponsibility
Diversity and inclusion	E quality and Fairness
Supportive	S upported
Team working	P artnerships and pride
Honesty and openness	E mpowerment
Valuing staff	C ontributions
Integrity	T rust

These are the values that we strive to achieve. They were developed in 2007. The RESPECT values statement is displayed in all departmental buildings.





### 3. What is our vision

In Hartlepool, our vision of personal support is to enable the majority of people needing support to live as independently as possible in their own homes, for as long as they are able and wish to do so. This includes older people, people with disabilities or mental health problems and other vulnerable people. Our aim is to promote independence, choice and quality of life. Assistive technology is playing an increasing role in promoting independence and improving the quality of support as part of an integrated 'whole systems' approach.



The Assistive Technology concept is simple:

- Technology does what technology is good at (constant monitoring and automatic feedback)
- Staff are freed up to do what they are good at – the human touch.

Assistive technology must be a part complementary of the support offered by existing health and social care services, not a substitute for that support. Assistive technology reduces unwanted or unnecessary intrusion by carers but is not a substitute for personal support when it is needed. Technology can never be a substitute for human contact.

Our vision in Hartlepool builds on this and focuses on the following outcomes for people:

- Outcome 1  
Increase opportunities for people to live independently in their own homes and choose the type of home environment best suited to their needs and have greater choice and control over their own lives.
- Outcome 2  
Improve people's quality of life by enabling people to be active citizens whose voices are heard, and when necessary receive the right high-quality care in the right place at the right time [24/7 where needed].
- Outcome 3  
Improved quality of life and reassurance for carers and reduce the burden on their lifestyle.
- Outcome 4  
Optimise health gains, reduce health inequalities and enable people to lead healthy, safe and independent lives including those with long term health needs.
- Outcome 5  
Maximise the efficient use of and target resources where they will be most effective by reducing unnecessary admissions to hospital and residential care, reducing accidents and falls in the home or medical "crises" and assisting timely hospital discharge and intermediate care.

## 4. Why the need for change and development

### » The National Picture

There are 4 key national policy themes that effect Assistive Technology.

“Our Health, Our Say” [White Paper] identifies 6 themes to which link to Assistive technology:

- More services in the community.
- Greater prevention.
- Enhanced access to general practice and community services.
- Better support to people with long-term conditions.
- Integrating health and social care.
- Providing people with a louder voice.

“Putting People First,” sets out a shared vision to transform social care and maximise people’s choice and control. Its key outcomes are to assist people to:

- Live independently
- Stay healthy and recover quickly from illness
- Exercise maximum control over their life
- Sustain a family unit
- Participate as active and equal citizens
- Have the best possible quality of life irrespective of illness and disability
- Retain dignity and respect

The 2009 Strategy [Living well with dementia: A National Dementia strategy](#) identifies that people who have dementia and their carers should be included in the development of housing options and assistive technology.

The Dept of Health’s “National Strategy for Carers at the Heart of 21<sup>st</sup> Century Families and Communities 2008” says that assistive technology provides carers with, “peace of mind and a degree of freedom based on the knowledge that the people being cared for still have support in place if they are not there.

It can also allow carers to go about their daily activities: shopping, hanging out the washing or simply spending a bit of time on their own or with friends, which can be so important.

Assistive technology is able to make significant impacts on all these outcomes.



Continued on page 7 ....

## 4. Why the need for change and development

### » The Local Picture

Hartlepool's approach to telecare is a practical one, based on learning from both national and local experiences. It reflects objectives in the Joint Strategic Needs Assessment and other strategies and reports, such as; the Older People's Housing Care and Support Strategy, Extra Care Strategy, NHS Tees' Strategy, North of Tees Health and Social Care Long Term Conditions (LTC) Strategy 2008-2011 and Hartlepool Supporting People Strategy. All share a common theme that is described in Putting People First as older people, people with a disability or who have mental health problems sharing the right to demand equality of citizenship in all aspects of life.

Nationally the make up of the population is changing, Hartlepool is no different. Over the next 20 years there will be a significant increase in the number of older people who are living longer. The rest of the population will grow but not at the same rate. [see fig. 1].

Fig. 1

<b>Estimated population of Hartlepool 2009 to 2030</b>					
	<b>2009</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>
<b>People aged 0 - 17</b>	21,200	20,900	21,900	22,300	22,000
<b>People aged 18 - 64</b>	56,200	57,400	57,400	57,400	57,200
<b>People aged 65+</b>	14,900	16,800	18,300	20,100	22,500
<b>People aged 65-69</b>	4,000	5,300	5,100	5,600	6,400
<b>People aged 70-74</b>	4,100	3,800	4,900	4,700	5,200
<b>People aged 75-79</b>	3,200	3,400	3,300	4,300	4,200
<b>People aged 80-84</b>	2,000	2,400	2,700	2,600	3,500
<b>People aged 85 +</b>	1,600	1,900	2,300	2,900	3,200

By 2030 the numbers of older people, especially those over the age of 80, will nearly double [3600 to 6,700] and increase significantly as a proportion of the overall population [3.9% to 6.6%.] This is important because experience shows that these people are more likely to need support. The numbers of people with illness and disability will rise also.

At the same time the number of people likely to be unpaid carers will not increase in line with the likely demand and may even reduce. The 2001 Census found that there were 5.2 million carers in England and Wales, approximately 10% of the population, with over a million of them providing more than 50 hours support a week. The largest proportion of people who provide care were people in their fifties. Figures suggest that this group is unlikely to grow significantly locally. This means that there will be growth in people needing care but not in carers. Assistive technology has a vital roll if we are to be able to cope.

## 5. What are we going to do? - Benefits and Strategic outcomes



### » Outcome 1

Increase opportunities for people to live independently in their own homes and choose the type of home environment best suited to their needs and have greater choice and control over their own lives.

### » Outcome 2

Improve people's quality of life by enabling people to be active citizens whose voices are heard, and when necessary receive the right high-quality care in the right place at the right time [24/7 where needed].

#### ■ What we are doing now?

the

- Ensure that Assistive technology is offered as a main stream service
- Piloting new ways of supporting people to stay independent using new technology as it becomes available e.g., we are currently involved in a pilot project to assist people with dementia to access community by defining safe areas for them and activating an alarm when they go outside these areas and tracking where they are so help can be sent to them

#### ■ What are we going to do?

- Move assistive technology from its current role as "additional support" to a central consideration in all support packages
- Evaluate evidence on current tele and physical response services to inform future policy and Provision

### » Outcome 3

Improved quality of life and reassurance for carers and reduce the burden on their lifestyle.

#### ■ What we are doing now?

- Giving carers' peace of mind by exploring telecare's preventative potential, so that they know that the person they care for is "safe", and will get an immediate and timely response if the person does need support

#### ■ What are we going to do?

- Build on pilot activity to encourage people, to consider having minimal support as a preventative measure so that they are familiar with the technology as their needs increase and require more equipment

Continued on page 9 ....

## 5. What are we going to do? - Benefits and Strategic outcomes

### » Outcome 4

Optimise health gains, reduce health inequalities and enable people to lead healthy, safe and independent lives including those with long term health needs.

#### ■ What we are doing now?

A telehealth pilot programme utilises a joint approach between community services and GP practices to:

- identify suitable patients for monitoring within their own home, with a particular focus on COPD and heart failure patients – as these are the patient groups that have seen most benefit during the pilot
- Daily monitor their health through Telehealth single user monitors
- Provide appropriate targeted interventions.

#### ■ What are we going to do?

We propose to expand telehealth, particularly focusing on supporting a larger number of patients with long term conditions in particularly in care homes and extra care facilities. This would require additional equipment but one unit could serve multiple patients.. This would include:

- additional single user units to support a greater number
- Use 3G mobile phone technology to increase access – previously patients needed a telephone line which restricted access within the pilot schemes
- Provide multi-user units to support patients within residential care and extra care facilities; multi user cards allow one machine to be utilised by up to 250 people in nursing or residential care homes

Continued on page 10 ....



## 5. What are we going to do? - Benefits and Strategic outcomes

### » Outcome 5

Maximise the efficient use of all resources and target support where it was most effective by reducing unnecessary admissions to hospital and residential care by reducing accidents and falls in the home or medical “crises,” and assisting timely hospital discharge and intermediate care.

#### ■ What we are doing now?

- We are researching the opportunities offered by more wholesale use of assistive technology in other areas of the country. Where notable successes have been achieved the approach to the assistive technology has change significantly as it moves to the centre of mainstream care management and assessment process and is seen as the first option not a supporting player

#### ■ What are we going to do?

- Construct a revised business case to reprioritise existing health and social care resources based on the principle of “invest to save.” This has already happened in some areas of the country where substantial cashable savings are claimed when compared with the use of “traditional” services with the technology as their needs increase and require more equipment

Further information about the development of Assistive Technology provision can be found in the accompanying appendix document on pages 11 - 14 which contains 3 appendices:

- Appendix 1 Historical development of Assistive technology in Hartlepool
- Appendix 2 Funding of Assistive Technology in Hartlepool
- Appendix 3 Consultation approach

# Appendix 1: Historical development of Assistive Technology in Hartlepool

- Hartlepool's first draft Assistive Technology Strategy, compiled in 2006, set out a 'route map' to develop Telecare and Telehealth services in the town and proposed new ways of meeting health and social care need using technology. That has now largely been achieved. However there have been huge developments in both the technology and the innovative ways of using it. This strategy reflects this and builds on the experience gained to date both locally and nationally.
- The Hartlepool approach to Assistive Technology is a collaborative one. HBC and Housing Hartlepool have been directly involved in both telecare's 'call response service' and 'physical response services.' NHS Hartlepool is piloting Telehealth for people with chronic obstructive pulmonary disease [COPD] through the community respiratory service provided by North Tees and Hartlepool NHS Foundation Trust and has plans to expand the service further. People who use services and their carers have also been involved in consultation throughout the development.
- In 2008, the Older People's Housing Care and Support strategy identified the delivery of Telecare and Telehealth as key components of the larger picture for offering care and support and confirmed its relevance as part of a modern innovative range of services.
- In April 2009 a review of contracting arrangements led to the separation of the 'tele' and physical responses. The 'tele' response is now provided by Housing Hartlepool and the 'physical' response is now provided by Adult Social Care services Direct Care and Support Team.
- Telehealth was first introduced in Hartlepool in July 2009 as a pilot scheme to develop opportunities of self-care for patients with COPD. Telehealth allows for personalised care closer to home and educates and empowers the patient to monitor and manage their own condition, thus promoting independence and improving quality of life.
- Technology has advanced significantly and the Housing Care and Support Strategy has paved the way for several extra care schemes to be operational in the town which utilise telecare.
- Telecare

Since the introduction of Assistive Technology in 2006 the utilisation of the service has steadily increased. There are currently 615 Telecare installations in the town which exceeds the 2009 – 2010 target. The performance target for 2010/2011 is 700. Current capacity for Telecare to be provided in an extra care setting stands at 242 units. With the completion of planned extra care schemes at Laurel Gardens and other sites around the town in 2010 it is envisaged that Telecare will continue to rise significantly in the coming years

In May 2008 an electronic referral system for Telecare was introduced. This allowed for a member of staff covering the administration function of the service to be re-allocated to other duties.

In 2009 a user satisfaction survey was introduced for Telecare. This showed a 96% of respondents rating the telecare service as good or excellent. This survey will be repeated annually and the outcomes used as supportive evidence for reporting to government.

Continued on page 12 ....

# Appendix 1: Historical development of Assistive Technology in Hartlepool

- The following example of someone who used telecare demonstrates how it can work well. BS is 84 years old and has problems controlling her blood pressure along with mobility problems. She gave an example of how the service helped her:

“Before Telecare was installed I had fallen a few times in the house. One time I was on the floor for seven hours before anyone came. Since Telecare was installed I now have my pendent and falls detector and feel safe because of the service.”

## ■ Telehealth

- The pilot has focused on patients with long term conditions and at present this has included patients diagnosed with COPD and heart failure. The Telehealth service is co-ordinated by community services across both Hartlepool and Stockton. There are currently 20 monitors installed and in use across Stockton & Hartlepool. Feedback from the majority of patients is positive.

- Work is currently underway to identify diabetic patients on the Community Matrons' caseloads who could benefit from the Telehealth service. This will enable the service to review how patients with Long Term Conditions other than COPD and Heart failure could benefit from the Telehealth service.

- Evaluating the service purely on cost effectiveness and reduced emergency admissions alone is somewhat difficult; this is mainly due to the small numbers of patients able to access the pilot, the limited amount of previous emergency admissions the chosen patients have had and the deteriorating nature of the disease.

- Focusing on one patient who has previously had secondary care contact on average every other month for the last 2 years; resulting in 9 A&E attendances during 08/09 and 5 emergency inpatient episodes in the same period. The signs since the patient has been assigned on Telehealth (May 09) are promising. Results show that no secondary care admissions have occurred in the last three month period. This is a considerable achievement considering the patients' medical history and condition. Feedback from family carers whom offer care and support to the Patient have indicated that the Telehealth monitoring service gave them peace of mind that additional support was in place when they were not present.

## Appendix 2: Funding of Assistive Technology in Hartlepool

### ■ Telecare

■ Core funding is allocated from revenue budget to cover elements of the service such as equipment purchase and strategic management. There is a contract in place with Housing Hartlepool for the tele response part of the service. Operational staffing for the physical response service is met through the home care budget and delivered by the direct care support team. There is currently no allocated funding to increase the service provision and any further expansion would need redirected funding.

■ In August 2009 three separate bids to the Regional Improvement and Efficiency Partnership were made in respect of Telecare and all were successful. These are:

### ■ Safer Walking Project [Funding £4024]

The Safer Walking Project aims to support at least 10 people diagnosed with dementia to continue their community life for as long as possible. This utilises GPS tracking where a perimeter or set journey can be established to ensure that a safe area can be set for users. When a user walks outside of the specified area an alert is sent to the control centre and an appropriate response is made. Hartlepool through further funding from the Carers Strategy Group has decided to widen this service to people with a learning disability. 56 units of GPRS equipment have been procured locally for implementation across these client groups.

### ■ Tees Wide People with Learning Disability helped into Settled Care [Funding £20,000]

Working in partnership with the Tees Commissioning Group funding was allocated to procure Telecare to support people with learning disabilities who are currently placed out of borough or in unsettled placements to return to their local areas or move to more appropriate accommodation that meets their needs. Twenty users are expected to return to Hartlepool by March 2011. This is part of a larger Tees-wide programme involving the other 3 boroughs in the Tees valley involving 80 people in all.

### ■ Over 85's Telecare Project [Funding £20,600]

It is recognised that the highest proportion of people who fall in the home and are subsequently admitted to hospital are those aged over 85 years. Funding has been secured to provide up to 150 units of Telecare to be placed with over 85's. The aim is to reduce falls and associated admissions and hopefully generate savings in use of hospital beds and Residential care placements.

## Appendix 2: Funding of Assistive Technology in Hartlepool

### ■ Teleheath

- Telehealth is used by several PCTs nationally and has delivered cost-efficiency savings by helping to reduce unplanned hospital admissions (up to 75% reduction in Blackpool) and create time efficiency savings for GPs and Community Matrons through more effective caseload management.
- The successful existing pilot has reduced emergency admissions and enabled more patients to stay in their own homes. Some examples of this are:
  - One patient in the pilot had 7 emergency admissions relating to COPD in the period 12 months prior to the start of the pilot (May 08-June 09), which equated to £15,851 in costs. In the 7 months the pilot has been live, the patient has only had 2 COPD admissions.
  - one patient whom had previously had secondary care contact on average every other month for the last 2 years, resulting in 9 A&E attendances during 08/09 and 5 emergency inpatient spells in the same period; since the patient has been assigned on Telehealth (May 09) no emergency secondary care admissions had occurred in a four month period.
- A business case and application for funding has been submitted to expand the Telecare service to 68 units over the next 3 years

## Appendix 3: Strategy for Consultation

- We recognise that the views and comments of a range of different perspectives will our proposals more robust and purposeful. The following stakeholders have been identified as playing a central role in the process.
  - Service users/patients and informal carers
  - Elected Members and Non Executive /Executive members of the Partners
  - Staff employed by all Partners
  - Local implementation teams leading the development of services for older people and adults
  - General practitioners and others involved in practice based commissioning
  - Providers of Acute NHS care
  - Housing providers
  - Voluntary groups, voluntary organisations and community groups
  - Professional associations and trade unions
  - Providers of independent sector residential and community based care



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# Hartlepool Strategy for Assistive Technology 2010 – 2015

The way forward for Telecare and Telehealth  
(inc. Tele-monitoring and Telemedicine)



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Living well with dementia: A National Dementia strategy can be found at  
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# CABINET REPORT

27 September 2010



**Report of:** Health Scrutiny Forum

**Subject:** SUSPENSION OF GREATHAM CLINIC – FINAL  
REPORT AND ACTION PLAN

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## SUMMARY

### 1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to outline the findings, conclusions and action plan of the Health Scrutiny Forum's investigation into the 'Suspension of Greatham Clinic'.

### 2. SUMMARY OF CONTENTS

- 2.1 The Final Report outlines the overall aim of the scrutiny investigation, terms of reference, methods of investigation, findings, conclusions, and subsequent recommendations.
- 2.2 The Action Plan (**Appendix A**), outlines the recommendations agreed with NHS Hartlepool in response to the Scrutiny Forum's investigation.

### 3. RELEVANCE TO CABINET

- 3.1 Cabinet are requested to consider the Final Report and note the Action Plan (**Appendix A**)

### 4. TYPE OF DECISION

- 4.1 Non-Key.

### 5. DECISION MAKING ROUTE

- 5.1 The Action Plan and the progress of its implementation will be reported to the Health Scrutiny Forum by NHS Hartlepool on 12 October 2010.



**6. DECISION REQUIRED**

- 6.1 That Members of the Cabinet note the Final Report and Action Plan (**Appendix A refers**) in response to the recommendations of the Health Scrutiny Forum's investigation into the 'Suspension of Greatham Clinic'.



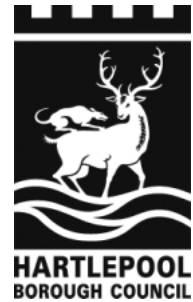
## HEALTH SCRUTINY FORUM

### FINAL REPORT SUSPENSION OF GREATHAM CLINIC

September 2010

# CABINET

27 September 2010



**Report of: Health Scrutiny Forum**

**Subject: FINAL REPORT – SUSPENSION OF GREATHAM CLINIC**

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## 1. PURPOSE OF REPORT

- 1.1 To present the findings of the Health Scrutiny Forum following its investigation into the 'Suspension of Greatham Clinic'.

## 2. SETTING THE SCENE

- 2.1 The Health Scrutiny Forum met on 1 December 2009, where concerns were raised by Members that the Health Centre in Greatham (Greatham Clinic) had been closed without notification to residents, Members and staff working at Greatham Clinic.
- 2.2 Following the Health Scrutiny Forum of 1 December 2009, notification was received by the Chair of the Health Scrutiny Forum, from NHS Hartlepool (Hartlepool PCT), that the service from Greatham Clinic had not been withdrawn, but that 11 Front Street in Greatham, had been assessed as inappropriate for delivery of clinical treatments and that alternative arrangements were being sought, with interim measures in place for the delivery of the baby clinic from Greatham Community Centre and adult patients offered a home visit.
- 2.3 On 23 December 2009, the Chair of the Health Scrutiny Forum contacted NHS Hartlepool in relation to the interim delivery measures requesting clarification on a number of points, attached as **Appendix A** to this report. Subsequently a response was received from NHS Hartlepool, attached as **Appendix B** to this report.
- 2.4 In response to the level of concerns from residents and the Ward Councillor to the feasibility of interim arrangements continuing, the Chair of the Health Scrutiny Forum agreed that this issue should be investigated by the Health Scrutiny Forum.

### **3. METHODS OF INVESTIGATION**

- 3.1 Members of the Health Scrutiny Forum met formally on 19 February 2010 at Greatham Community Centre to receive evidence relating to the historical context behind the suspension of Greatham Clinic, the current interim arrangements and the future delivery options. A detailed report of the issues raised during this meeting is available from the Council's Democratic Services.

### **4. MEMBERS IN ATTENDANCE AT THE HEALTH SERVICES SCRUTINY FORUM**

- 4.1 Detailed below is the attendance list for the Health Scrutiny Forum meeting held on 19 February 2010:-

Councillors Brash, A E Lilley and G Lilley

Resident Representatives: Jean Kennedy

### **FINDINGS**

### **5. THE SUSPENSION OF GREATHAM CLINIC FROM 11 FRONT STREET**

- 5.1 In order to be in a position to assess current interim arrangements, Members of the Health Scrutiny Forum wished to understand the reasons behind the suspension of services for Greatham Clinic from 11 Front Street, Greatham.
- 5.2 The Health Scrutiny Forum met on 19 February 2010 and Members received detailed verbal evidence from the Clinical Director of Community Services at North Tees and Hartlepool NHS Foundation Trust (NTHFT) covering the history behind the development of Greatham Clinic and the reasons behind the suspension of delivery from 11 Front Street, Greatham.
- 5.3 Members were reminded that Greatham Clinic was launched in 2002 in order to address the needs of the people of Greatham and those in the South of the Town who, at that time, had limited access to primary care services such as a pharmacy, a GP practice and community nursing. In 2002 Hartlepool PCT (now NHS Hartlepool) had been the deliverers of the service from Greatham Clinic, but due to the changes and the development of World Class Commissioning NHS Hartlepool were now the commissioners of Greatham Clinic and it was the NTHFT who provided the service delivery.

- 5.4 The Clinical Director of Community Services informed the Forum that there had been many changes to regulations surrounding clinical excellence, that had not only been originally implemented to raise building standards for the delivery of clinical services, but also to halt the rising number of cases of MRSA (Meticillin-resistant Staphylococcus Aureus) infection in Acute (Hospital) Settings.
- 5.5 Members were reminded that the Care Quality Commission (CQC) had been set up in April 2009 and that registration by health care organisations was required by the end of January 2010 in order that they could continue to deliver services from April 2010.
- 5.6 In preparation for registration with CQC and as a result of the changes to regulations that now applied to community based health care services, the Assistant Director of Adults at NTHFT, informed Members of the Health Scrutiny Forum that in December 2009 a quality review had highlighted serious issues in relation to infection control and health and safety, the latter was concerned with issues surrounding lone working, alarms and fire extinguishers. Although it was recognised that the health and safety issues could be addressed at relatively low cost, the serious clinical control issues were sufficient to warrant the immediate suspension of Greatham Clinic from its premises at 11 Front Street.
- 5.7 The representatives from the NTHFT and NHS Hartlepool agreed that communication between the provider (NTHFT) and the commissioner (NHS Hartlepool) had been poor and this had subsequently meant that the residents of Greatham, the Ward Councillor and the Health Scrutiny Forum had received information that was unclear and did little to alleviate concerns regarding the future for Greatham Clinic.
- 5.8 There was also recognition that a response to the Ward Councillor from a representative of NHS Hartlepool that facilities would be up and running in Greatham by December 2009, was based on a overly optimistic desire to quickly replace services for Greatham Clinic from a 'new' venue, however, in hindsight and after consideration of the options available, it became quickly apparent that this timescale was unachievable and that the interim measures were likely to last for some considerable time.
- 5.9 In response to a suggestion that the decision to suspend Greatham Clinic was financial, the Director of Health Systems and Estates Development highlighted to Members that NHS Hartlepool were the financiers of Greatham Clinic and the decision to suspend service delivery from 11 Front Street was taken by the NTHFT based on clinical and safety issues, without NHS Hartlepool being immediately informed of the decision. Members, of the Health Scrutiny Forum present at their meeting of 19 February 2010, were informed that future options of the restoration of a service that met all clinical and safety standards would have to take cost and value for money into consideration to ensure appropriate use of public funds, but that this decision would be taken by NHS Hartlepool's Board.

**6. CURRENT POSITION OF DELIVERY OF GREATHAM CLINIC'S SERVICES**

- 6.1 Members of the Health Scrutiny Forum recognised that there were currently interim arrangements in place for the delivery of Greatham Clinic's services that were previously dispensed from 11 Front Street.
- 6.2 At their meeting of the 19 February 2010, those Members present received detailed information in relation to the current provision of services available to the residents of Greatham. The Director of Health Systems and Estates Development reminded Members of the significant recent investment in additional and varied primary care services available across the Town intended to improve accessibility. The investment in services was demonstrated in the development of the new GP services at the Fens, Hartfields, the Walk-in Centre in the centre of the Town and the extended hours each GP practice had been commissioned to provide.
- 6.3 In addition to the service provision available throughout Hartlepool, Members were pleased to hear that the baby clinic was operating from Greatham Community Centre and that home visits were being offered to those residents of Greatham who found themselves 'house bound' or had other mobility problems that prevented them accessing the same services on offer outside of Greatham village. This fitted the picture of an integrated service operated by locality teams and the Assistant Director of Adults provided detailed evidence to Members of how this service operated in the Town and applied to the situation that residents in Greatham now found themselves.
- 6.4 However, it was made very clear to Members of the Health Scrutiny Forum, that the residents of Greatham had passionate feelings about the holistic approach provided at Greatham Clinic from 11 Front Street and in particular the role of the Health Visitor based there. Through attendance at the meeting on 19 February 2010 and via written communication to the Chair of the Forum, Greatham residents were very clear that the current service delivery was a long way from meeting their expectations and that there was grave concerns amongst residents about what the future delivery model for Greatham Clinic would look like.

**7. FUTURE FOR DELIVERY OF SERVICES FROM GREATHAM CLINIC**

- 7.1 Members of the Health Scrutiny Forum were particularly interested to hear what the long-term plans were for the delivery of services in Greatham. When the Forum met on 19 February 2010 the Director of Health Systems and Estates Development reassured those present that no final decisions had been made for the future of Greatham Clinic, although there was now an opportunity for future delivery to meet more closely the changing health needs of the residents of Greatham.

- 7.2 The Director of Health Systems and Estates Development provided statistics for the usage of Greatham Clinic which are detailed in Table1 below:-

**Table1: Statistics for usage of Greatham Clinic**

<b>Reason for Attendance</b>	<b>Percentage of Total Usage</b>
Immunisations / Injections	16%
Blood Pressure	15%
Smoking Cessation	13%
Dermatology	10%

Members highlighted that for services such as blood pressure and smoking cessation, the need for a setting the met clinical standards was not a necessity. The Director of Health Systems and Estates Development agreed that for the majority of service users accessing Greatham Clinic a non-clinical service could be provided from a suitable venue in Greatham.

- 7.3 The Health Trainer from NTHFT, who was present at the meeting of the Forum on 19 February 2010, revealed to Members that the Health Trainer Team were in a position to offer a managed intervention service for the residents of Greatham. This service could operate from a community centre and would provide advice and support around many of the issues that residents of Greatham had used Greatham Clinic for. This community based team would provide a link into the integrated locality care team highlighted in paragraph 6.3. The Health Trainer agreed to investigate how residents could influence the services offered via a steering group that could agree what Greatham residents want and need.
- 7.4 In relation to the clinical services that Greatham Clinic offered the Director of Health Systems and Estates Development presented figures relating to the number of service users utilising Greatham Clinic over a two year period for clinical reasons, these figures are highlighted in Table2 below:-

**Table2: The number of service users accessing Greatham Clinic for clinical reasons 2007-09**

<b>Clinical Service Accessed</b>	<b>Number of Users</b>
Changing Dressings	83
Blood Taken	164

The above figures compared with non-clinical usage during the same period of 279 users having blood pressure checks.

- 7.5 The Director of Health Systems and Estates Development stated that the number of people accessing Greatham Clinic for clinical reasons did not present a compelling case for a resurrection of a full service, although residents would be involved in a consultation and a decision would be taken by the NHS Hartlepool Board based on the desire of the residents of Greatham and the health needs of those people.

- 7.6 In assessing the health needs of the people of Greatham the Director of Health Systems and Estates Development highlighted, to the Members of the Health Scrutiny Forum present at their meeting of 19 February 2010, that statistical evidence established obesity as being of significant concern in the Greatham Ward in comparison to the rest of Hartlepool. Members noted that the statistical evidence of the health needs of the community would be one of the factors, which would help shape the development of Greatham Clinic to better meet the needs of the residents of Greatham Village. There was, however, some disquiet that the figures for Greatham Ward were not necessarily reflective of Greatham Village as the Ward also included South Fens and that statistical evidence in relation to the health needs of the residents of Greatham Village, would be a better measure in advising what the future service delivery model could be for Greatham Clinic.

## **8. CONCLUSIONS**

### **8.1 The Health Scrutiny Forum concluded:-**

- (a) That communication between the provider (NTHFT) and the commissioner (NHS Hartlepool) was slow, with information released to the Ward Councillor and the Health Scrutiny Forum before the commissioner was aware of the closure;
- (b) That a need to rapidly act where situations of serious issues arise was important, but that communication on the suspension of the Clinic had been particularly poor, with Greatham residents left in a confused position about how they could access a continuation of service when Greatham Clinic was suspended;
- (c) That it was recognised that the changes in clinical standards had necessitated the suspension of services from 11 Front Street and that the decision taken was not based on financial considerations; and
- (d) That from the evidence provided it was concluded that:-
  - (i) The current interim arrangements did not meet the holistic approach that Greatham residents had enjoyed at Greatham Clinic when it was operational from 11 Front Street; and
  - (ii) That the long-term future of Greatham Clinic had not been agreed and there was opportunity for the restoration of the non-clinical elements on offer at the Clinic and that residents could be involved in the development of services.



## **9. RECOMMENDATIONS**

9.1 The Health Scrutiny Forum has taken evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations. The Forum's key recommendations to NHS Hartlepool are as outlined below:-

- (a) That a limited non-clinical service is introduced as a matter of urgency and:-
  - (i) That residents in Greatham are informed when this service is operational, what this service will provide and what options are available for accessing other health services including the clinical elements not currently provided for; and
  - (ii) That the feasibility of Greatham residents forming a steering group to influence the services to be provided be assessed.
- (b) That options are drawn up for delivering clinical services with:-
  - (i) Consultation being carried out with all Greatham residents; and
  - (ii) The outcome of the consultation being shared with the Health Scrutiny Forum.

## **ACKNOWLEDGEMENTS**

The Committee is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:-

### External Representatives:

Sharon Bartram – Health Trainer, North Tees and Hartlepool NHS Foundation Trust

Jenny Jones – Health Visitor, North Tees and Hartlepool NHS Foundation Trust

John Lovatt – Assistant Director of Adults, North Tees and Hartlepool NHS Foundation Trust

Linda Watson – Clinical Director of Community Services, North Tees and Hartlepool NHS Foundation Trust

Ali Wilson – Director of Health Systems and Estates Development, NHS Hartlepool

All those residents of Greatham who took the time to attend the Health Scrutiny Forum of 19 February 2010 held in Greatham Community Centre.

**COUNCILLOR JONATHAN BRASH  
CHAIR OF THE HEALTH SCRUTINY FORUM**

**September 2010**

**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 consulted or referred to in the preparation of this report:-

- (a) Report of the Scrutiny Support Officer entitled 'Suspension of Greatham Clinic from 11 Front Street, Greatham – Covering Report' presented at the meeting of the Health Scrutiny Forum of 19 February 2010.
- (b) Report of the Director of Health Systems and Estates Development entitled 'Greatham Clinic: Update on review of premises and options for service delivery. Prepared by NHS Hartlepool in collaboration with North Tees and Hartlepool NHS Foundation Trust' presented at the meeting of the Health Scrutiny Forum of 19 February 2010.
- (c) Minutes of the Health Scrutiny Forum of 1 December and 19 February 2010.

**Appendix A**

**Councillor Jonathan Brash (Chair, Health Scrutiny Forum)**  
**16 Eamont Gardens**  
**Hartlepool**  
**TS26 9JD**

23 December 2009

Mrs A Wilson  
Director of Health Systems and Estates Development  
Hartlepool Primary Care Trust  
Teesdale House  
Westpoint Road  
Thornaby  
Stockton on Tees  
TS17 6BL



Dear Ali

**GREATHAM HEALTH CENTRE**

I know we have already spoken on the topic of the current issues surrounding delivery of services at Greatham Health Centre and thank you for keeping me up to date of developments.

However, Councillor Geoff Lilley has asked me in my position as Chair of the Health Scrutiny Forum to seek answers to the following questions on his behalf:-

- (i) Did the building, which until recently housed Greatham Health Centre, meet the various criteria when it was first opened in 2002?
- (ii) What has changed since the building was first opened in 2002?
- (iii) How often are buildings checked to ensure they meet access and health and safety criteria?
- (iv) When and where will the 'new' health centre serving Greatham be opened and will all the original services be delivered from this 'new' venue?

I would appreciate a response as soon as possible so that the answers can be shared with Councillor Geoff Lilley.

Yours sincerely



**Councillor Jonathan Brash**  
**CHAIR OF THE HEALTH SCRUTINY FORUM**

cc Councillor Geoff Lilley [by email]

a healthier hartlepool



Our Ref: AW/ed/0013

8 January 2010

Councillor Jonathan Brash  
16 Eamont Gardens  
Hartlepool  
TS26 9JD

Teesdale House  
Westpoint Road  
Thornaby  
Stockton-on-Tees  
TS17 6BL

Tel: 01642 666700  
Fax: 01642 666701

Dear Jonathan

**RE: Greatham Health Centre**

Please find below a response to the questions raised in your correspondence dated 23<sup>rd</sup> December 2009.

The building was opened in 2002 and at that time was fit for purpose, however as the service has evolved and legislation has changed this means the premises do not meet DDA requirements and more specifically requirements set by the Care Quality Commission, which now includes community premises.

A risk assessment should be carried out each year by the provider occupying the building. A risk assessment was carried out in December 2009 by North Tees and Hartlepool NHS Community Services at this time that the PCT was alerted to the issues that have been raised.

We are in the process of developing an options appraisal with regard to a new facility. This should be completed by the end of January 2010.

It is interesting to note that since the facility was temporarily suspended the number of home visits have been very few. This may be because we now have a primary care facility within Fens. In light of the current situation we have asked the current provider to review utilisation of the drop in clinic as it may be more efficient for patients and staff to continue with a home visiting service.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ali Wilson'.

Ali Wilson  
Director  
Health Systems and Estates Development

## OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN

### 8.1 Appendix A

**NAME OF FORUM:** Health Scrutiny Forum

**NAME OF SCRUTINY ENQUIRY:** Suspension of Greatham Clinic

**DECISION MAKING DATE OF FINAL REPORT:** September 2010

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	LEAD OFFICER	DELIVERY TIMESCALE
<p>(a) That a limited non-clinical service is introduced as a matter of urgency and:-</p> <p>(i) That residents in Greatham are informed when this service is operational, what this service will provide and what options are available for accessing other health services including the clinical elements not currently provided for; and</p>	<p>Interim service are in place leaflet to all households completed. Interim services consist of;</p> <p>The Health Bus which is run by Hartlepool Families First, a registered charity has added Greatham to its stops. The bus will be in the village (opposite The Green) every Monday between 4pm and 6pm. The attached leaflet gives details of what the Health Bus can offer. For further details please contact Families First on 01429-867016 or email <a href="mailto:info@hartlepoolfamiliesfirst.org.uk">info@hartlepoolfamiliesfirst.org.uk</a></p> <p>Residents of Greatham who would have previously attended the drop-in clinic can also access the district</p>	<p>Richard Harrety</p>	<p>Complete</p>

## OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN

### 8.1 Appendix A

**NAME OF FORUM:** Health Scrutiny Forum

**NAME OF SCRUTINY ENQUIRY:** Suspension of Greatham Clinic

**DECISION MAKING DATE OF FINAL REPORT:** September 2010

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	LEAD OFFICER	DELIVERY TIMESCALE
(ii) That the feasibility of Greatham residents forming a steering	<p>nursing service for any reason that would have normally resulted in a visit to the nurse drop-in clinic by requesting a home visit by contacting the District Nurse either through their GP or directly on 078017818</p> <p>The health trainers are providing advice and support to anyone over 18 years of age who wants to adopt a healthier diet, get more active or stop smoking. Residents can access the health trainer service by calling the central office 01642 853998, or directly to Denise Murphy on 01429-285558 or 07748 112784 or email <b>denise.murphy@nhs.net</b></p> <p>Steering group was set up in June 2010 and has been meeting regularly.</p>	Richard Harrety	Complete

## 8.1 Appendix A

**NAME OF FORUM:** Health Scrutiny Forum

**NAME OF SCRUTINY ENQUIRY:** Suspension of Greatham Clinic

**DECISION MAKING DATE OF FINAL REPORT: September 2010**

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	LEAD OFFICER	DELIVERY TIMESCALE
<p>group to influence the services to be provided be assessed.</p>			
<p>(b) That options are drawn up for delivering clinical services with:-</p> <p>(i) Consultation being carried out with all Greatham residents; and</p> <p>(ii) The outcome of the consultation being shared with the Health Scrutiny Forum.</p>	<p>Options have been drawn up with the steering group and were presented for feedback from local residents on a meeting held on the 6<sup>th</sup> September. Next steps are to consult with local GP's and present final report to the November Board meeting.</p> <p>Upone decision by board, presentation will be given to Health Scrutiny Forum</p>	<p>Richard Harrety</p> <p>Richard Harrety</p>	<p>GPconsultation 22/09/10</p> <p>Board Report 25/11/10</p> <p>Expected January 2011</p>

# **CABINET REPORT**

**27 September 2010**



**Report of:** Health Scrutiny Forum

**Subject:** ALCOHOL ABUSE – PREVENTION AND  
TREATMENT – FINAL REPORT

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## **SUMMARY**

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

- 1.1 The purpose of this report is to outline the findings and conclusions of the Health Scrutiny Forum's investigation into Alcohol Abuse – Prevention and Treatment.

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

- 2.1 The Final Report outlines the overall aim of the scrutiny investigation, terms of reference, methods of investigation, findings, conclusions, and subsequent recommendations.

### **3. RELEVANCE TO CABINET**

- 3.1 It is Cabinet's decision to approve the recommendations in this report.

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

- 4.1 This is a Non-key decision.

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

- 5.1 The final report was approved by Scrutiny Co-ordinating Committee on 23 April 2010. Cabinet is requested to consider, and approve, the report at today's meeting.

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

- 6.1 Cabinet is requested to approve the recommendations outlined in section 15.1 of the bound report, which is attached to the back of the papers for this meeting.





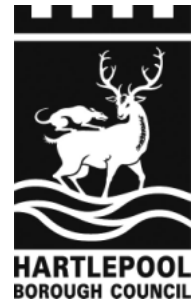
## HEALTH SCRUTINY FORUM

### FINAL REPORT ALCOHOL ABUSE – PREVENTION AND TREATMENT

September 2010

# **CABINET**

**27 September 2010**



**Report of: Health Scrutiny Forum**

**Subject: FINAL REPORT – ALCOHOL ABUSE –  
PREVENTION AND TREATMENT**

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## **1. PURPOSE OF REPORT**

- 1.1 To present the findings of the Health Services Scrutiny Forum following its investigation into 'Alcohol Abuse – Prevention and Treatment'.

## **2. SETTING THE SCENE**

- 2.1 At the meeting of the Health Scrutiny Forum on 16 July 2009, Members determined their work programme for the 2009/10 Municipal Year. The topic of 'Alcohol Abuse – Prevention and Treatment' was selected as the major scrutiny topic for consideration during the current Municipal Year.
- 2.2 Although most people in the UK who drink do not become alcoholic, at least 15%<sup>1</sup> of those who do are at risk of developing a serious problem which impacts relationships, health, work and the quality of life. Research has also shown that, for men over 40 and women after the menopause, having one or two small drinks a day can help prevent coronary heart disease<sup>2</sup>. However, it is estimated that nearly one in three adults in the UK are risking their health by drinking more than the recommended daily amount of alcohol<sup>3</sup>.
- 2.3 In the short term, we are all familiar with the side effects of alcohol (loss of inhibitions, physical co-ordination) and that in large amounts it can lead to unconsciousness, coma and even death. In the longer term, however, its misuse/ abuse can cause physical damage, increase the risk of getting some diseases and make other diseases worse.

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<sup>1</sup> NHS, 2009

<sup>2</sup> British Heart Foundation

<sup>3</sup> Drinkaware, 2009

2.4 Excessive drinking over time is associated with<sup>4</sup>:-

- (i) hepatitis and cirrhosis of the liver;
- (ii) gastritis (inflammation of the stomach lining) or pancreatitis (inflammation of the pancreas);
- (iii) high blood pressure (which can lead to stroke);
- (iv) certain types of cancer, including mouth and throat;
- (v) damage to the brain;
- (vi) heart failure;
- (vii) neurological problems such as epilepsy; and
- (viii) certain types of vitamin deficiency

2.5 Excessive drinking has also been linked to<sup>4</sup>:-

- (i) obesity;
- (ii) sexual problems;
- (iii) infertility;
- (iv) muscle disease; and
- (v) skin problems.

**3. OVERALL AIM OF THE SCRUTINY INVESTIGATION**

- 3.1 The overall aim of the Scrutiny investigation was to investigate the provision and effectiveness of alcohol abuse prevention and treatment services in Hartlepool.

**4. TERMS OF REFERENCE FOR THE SCRUTINY INVESTIGATION**

- 4.1 The Terms of Reference for the Scrutiny investigation were as outlined below:-

- (a) To gain an understanding of national recommendations relating to the provision / delivery of alcohol abuse prevention and treatment services;
- (b) To gain an understanding of the alcohol abuse prevention and treatment services available in Hartlepool and how they are being delivered;
- (c) To seek the views of people who use services, and other interested groups / individuals, on the provision and delivery of alcohol prevention and treatment services in Hartlepool';
- (d) To seek and compare good practice from another comparable local authority in relation to the provision and delivery of alcohol abuse prevention and treatment services; and

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<sup>4</sup> Know Your Limits, 2009

- (e) To identify suggestions for improvements to the way in which alcohol abuse prevention and treatment services are delivered in Hartlepool.

## **5. MEMBERSHIP OF THE REGENERATION AND PLANNING SERVICES SCRUTINY FORUM**

- 5.1 The membership of the Scrutiny Forum was as detailed below:-

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

Resident Representatives: Mary Green, Jean Kennedy and Linda Shields.

## **6. METHODS OF INVESTIGATION**

- 6.1 Members of the Health Scrutiny Forum met formally from 1 September 2009 to 13 April 2010 to discuss and receive evidence relating to this investigation. A detailed record of the issues raised during these meetings is available from the Council's Democratic Services.

- 6.2 A brief summary of the methods of investigation are outlined below:-

- (a) Detailed Officer presentations supplemented by verbal evidence;
- (b) Evidence from the Cabinet Members and Portfolio Holders for Public Health Services and Children's Services;
- (c) Evidence from the Acting Director of Health Improvement, NHS Hartlepool;
- (d) Evidence in relation to treatment services from Hartlepool MIND, The Albert Centre and Intrahealth;
- (e) Evidence from the District Commander, Hartlepool Police; and
- (f) The views of people accessing the alcohol treatment services.

## **FINDINGS**

### **7. BASELINE STATISTICAL EVIDENCE IN TERMS OF ALCOHOL ABUSE**

- 7.1 In order to determine a definition of alcohol abuse and to examine the statistical evidence for the scale of the problem in Hartlepool, information gathered by Members is detailed overleaf:-

## The definition of Alcohol Abuse

- 7.2 At their meeting of 10 November 2009, the Members of the Health Scrutiny Forum gathered evidence in relation to the definition of the levels of alcohol consumption that were medically harmful to the body and could be classed as alcohol abuse or misuse. Members were informed that the Department of Health recommended the following levels of alcohol consumption<sup>5</sup>:-

- (i) Men should not regularly drink more than 3-4 units of alcohol per day; and
- (ii) Women should not drink more than 2-3 units of alcohol per day.

Members were somewhat concerned that the use of the phrase 'unit' caused confusion amongst drinkers, although the Forum recognised that differing strengths of drinks made it impossible to simplify the expression to 2½ -3 pints (per day for men), when this only applied to beer / lager / cider that was 3-4% alcoholic volume.

- 7.3 The Forum also heard evidence at their meeting of 10 November 2009, from the Planning and Commissioning Manager, that drinkers could be classified in a number of different sectors:-

- (i) Sensible;  
Low risk drinkers who drink at or below the recommended safe limits.
- (ii) Hazardous;  
Risky drinkers who drink above the recommended safe limits, but are not yet demonstrating that they are causing harm to themselves or others.
- (iii) Harmful;  
Drinkers who are consuming 50 units or more for Men and 35 or more units for Women per week and are likely to be causing significant harm to themselves or others.
- (iv) Dependent;  
Drinking well above sensible levels and at a stage in which not only is the drinking harmful to themselves and others, but where they are becoming mild, moderate or severely dependent on alcohol.

- 7.4 During the Health Scrutiny Forum meeting of 1 December 2009, Members were provided with an encapsulated view by the Director of Balance North East of the impact of alcohol abuse on society as detailed below:-

- (i) More people die from alcohol related causes, than breast cancer, cervical cancer and MRSA combined;

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<sup>5</sup> DoH, 2009

- (ii) The North East has the highest alcohol-related admissions in the UK;
- (iii) There are 50 times more deaths from drinking every year than there are deaths from illegal drugs;
- (iv) Almost half of all violent crime and domestic abuse is drink related; and
- (v) Alcohol related deaths are 45% higher in deprived areas.

### Level of Alcohol Consumption in Hartlepool

- 7.5 Having defined what constituted alcohol abuse and misuse (see paragraphs 7.2-7.3), Members of the Health Scrutiny Forum focussed on the levels of alcohol consumption in Hartlepool. The Planning and Commissioning Manager provided Members on 10 November 2009 with a breakdown of the drinking behaviour of the people in Hartlepool as detailed in Table1 below:-

**Table1: Classification of Drinking Behaviour in Hartlepool (December 2008)**

Drinking Behaviour	Number of People	Percentage
Non-drinkers	8,556	12.0%
Low Risk Drinkers	43,065	60.4%
Hazardous Drinkers	15,330	21.5%
Hamful Drinkers	4,349	6.1%

Source: North West Public Health Observatory

The evidence in Table1 highlighted to Members that nearly 30% of the drinking population in Hartlepool were consuming alcohol at a level above the recommended limits.

- 7.6 In addition to the evidence in relation to the drinking behaviour of the people of Hartlepool, Members also received evidence in relation to the level of dependency that drinkers were at in Hartlepool as highlighted in Table2 below:-

**Table2: Level of Dependency of Alcohol Dependent Drinkers in Hartlepool (2007)**

Dependency Level	Number of People	Percentage
Mildly	4,777	6.7%
Moderately	285	0.4%
Severely	71	0.1%

Source: Adult Psychiatric Morbidity Survey

- 7.7 Members of the Health Scrutiny Forum also looked at evidence gathered from the North East Big Drink Debate, carried out by Balance; who were the North East Alcohol Office and the only one of its kind in the country. The North East Big Drink Debate was launched on 16 June 2009 and aimed 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.”<sup>6</sup>

The results from questionnaires completed by 335 people who lived in Hartlepool are detailed in Table3 below:-

**Table3: North East Big Drink Debate Comparison between Hartlepool and North East<sup>7</sup>**

<b>Findings</b>	<b>Hartlepool</b>	<b>North East</b>
Drink Alcohol	87%	87%
Drink 2-3 Times a Week	35%	36%
Admit Binge <sup>8</sup> Drinking	33%	30%
Drink at Home	45%	50%
Drink in Pubs	34%	33%
Buy Alcohol from Supermarkets	56%	53%

- 7.8 The Forum recognised that alcohol abuse was difficult to quantify and that the evidence in Tables 1, 2 and 3 (paragraphs 7.5-7.7); relating to the drinking behaviour of people in Hartlepool; could only be considered an estimate of the problem, although Members acknowledged that evidence was sufficient to point towards Hartlepool having a problem with alcohol consumption.
- 7.9 The Planning and Commissioning Manager highlighted to Members, at the meeting of the Health Scrutiny Forum of 10 November 2009, the comparison of Hartlepool to national indicators in terms of the health effects of alcohol on the population of Hartlepool as detailed below:-
- (i) Hartlepool has one of the worst rates of alcohol attributed deaths amongst females in the country (Ranked 352 out of 354);
  - (ii) Hartlepool has one of the biggest rates of alcohol attributable hospital admissions amongst females in the country (Ranked 335 out of 354);
  - (ii) Hartlepool has one of the worst rates of female deaths as a result of chronic liver disease in the country (Ranked 343 out of 354);
  - (iv) Hartlepool has one of the biggest rates of alcohol attributable hospital admissions amongst males in the country (Ranked 324 out of 354);

<sup>6</sup> Hartlepool Mail, 2009

<sup>7</sup> Balance, 2009

<sup>8</sup> Binge drinking is defined as 8 units or more for men and 6 units or more for women in one session.

- (v) Hartlepool has one of the highest rates of alcohol attributable hospital admissions amongst under 18s in the country (Ranked 310 out of 354); and
- (vi) Hartlepool has one of the highest rates of binge drinking in the country (ranked 341 out of 354)

## **8. NATIONAL RECOMMENDATIONS RELATING TO ALCOHOL ABUSE PREVENTION AND TREATMENT SERVICES**

8.1 The Health Scrutiny Forum met on 10 November 2009, where they received a detailed setting the scene presentation by the Planning and Commissioning Manager who highlighted to Members the two main national strategies to help combat the dangers of alcohol abuse:-

- (i) Alcohol Harm Reduction Strategy for England (2004)<sup>9</sup>; and  
The target of this strategy was to improve education and communication, better treatment, better enforcement of crime and disorder powers and encouraging the drinks industry to promote responsible drinking.
- (ii) Safe, Sensible Social: The Next Steps in the National Alcohol Strategy (2007)<sup>10</sup>.  
The focus of this strategy surrounded a reduction in alcohol related violent crime and a reduction in chronic and acute ill health caused by alcohol abuse.

8.2 Members were informed that the national recommendations in tackling the harm of alcohol had led to the development of a number of local and regional strategies to tackle the issue. In formulating a partnership approach to tackle the issues surrounding alcohol abuse and misuse, Members were reminded of the development of the Hartlepool Alcohol Harm Reduction Strategy which aimed:-

- (i) To provide adequate service for treating alcohol misuse as experienced by individuals, their families and carers;
- (ii) To reduce underage drinking and challenge the prevailing culture of binge drinking;
- (iii) To develop effective multi agency interventions to tackle alcohol related crime, focusing on both enforcement and the underlying reasons for alcohol misuse; and
- (iv) To ensure Hartlepool is a safe place to live, work and learn.

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<sup>9</sup> Cabinet Office, March 2004

<sup>10</sup> DoH, June 2007



- 8.3 Despite the development of the Hartlepool Alcohol Harm Reduction Strategy, Members were disappointed to learn that under the new Comprehensive Area Assessment (CAA) Hartlepool had been given a red flag in relation to its partnership approach to “tackling the harm caused by alcohol.”<sup>11</sup>

## **9. HOW ALCOHOL PREVENTION SERVICES ARE DELIVERED IN HARTLEPOOL**

- 9.1 The Members of the Health Scrutiny Forum gathered evidence from a number of different sources in relation to alcohol prevention service delivery in Hartlepool. Information considered by Members is detailed as follows:-

### **Evidence from NHS Hartlepool**

- 9.2 The Health Scrutiny Forum met on 1 December 2009 and received evidence from the Acting Director of Health Improvement into the role of NHS Hartlepool in the prevention of alcohol abuse and misuse. Members learnt that the role of the NHS Hartlepool was shaped by direction from the Regional Public Health Strategy and had become a key priority as part of NHS Hartlepool’s World Class Commissioning role.
- 9.3 Members recognised that the General Practitioner (GP) was one of the key facets in providing a role which aimed to prevent people from becoming alcohol abusers or recognised the signs that may lead a patient to become more dependent on alcohol. The Acting Director of Health Improvement informed the Health Scrutiny Forum that many of the GPs offered a Directed Enhanced Service which aimed to:-
- (i) Screen all newly registered patients using the AUDIT tool;
  - (ii) Provide brief interventions as required; and
  - (iii) Refer patients into treatment services where required.
- 9.4 Members were interested in finding out more about the AUDIT (Alcohol Use Disorders Identification Test) and Members were provided a copy of the AUDIT sheet for their confidential self evaluation, attached as **Appendix A** to this report. Members noted that depending on the AUDIT score, the GP was better placed to refer or provide advice patients in order to promote safe and sensible drinking.

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<sup>11</sup> Oneplace, 2009

- 9.5 In addition to the role of the GP, the Health Scrutiny Forum gathered evidence on the role of the Community Pharmacy in the alcohol abuse and misuse prevention. The Acting Director of Public Health highlighted to Members that:-
- (i) As part of the annual health promotion schemes, community pharmacies take part in health promotional campaigns in relation to alcohol consumption; and
  - (ii) As part of the core pharmacy services, community pharmacies provide lifestyle advice and signposting to relevant alcohol prevention and treatment services.

### **Evidence from Children's Services Department**

- 9.6 When the Health Scrutiny Forum met on 1 December 2009, Members received evidence from the Parenting Commissioner about the focus of the Children's Services Department in tackling the problems of young people and alcohol misuse. The evidence gathered by Members indicated that there had been a good history of preventative services in relation to young people and alcohol misuse through the local initiative Straightline to the development of Stay Safe; which aimed on Friday nights to identify young people at risk of abusing alcohol and took them to a place of safety.
- 9.7 The Parenting Commissioner informed Members that there were a number of priorities that the Authority had towards tackling the problems of young people and alcohol, which were outlined as follows:-
- (i) Integrating specialist services into local processes;
  - (iii) Establishing greater individual and corporate responsibilities for the identification and support for young people with substance misuse issues;
  - (iii) Developing intelligence led approaches to interventions; and
  - (iv) Reviewing specialist services in relation to the current operational and financial context.
- 9.8 Members were informed that often a pattern developed in young people and those already exhibiting 'risky' behaviour (e.g. teenage pregnancy) went on to become abusers of alcohol, however, all of these prevention services came at a financial cost and the Children's Services Department was currently assessing if they could provide the same services more efficiently and effectively.

- 9.9 In concluding their evidence from the Council's Children's Services Department, the Forum recognised that young people were probably the main group that would affect any cultural shift needed in attitudes towards alcohol consumption. However, Members were left with the thoughts of the difficult choices that parents faced, to either approve alcohol consumption by young people in the home where they were 'safe', or let young people out onto the 'streets' where they may acquire alcohol in 'unsafe' situations.

### **Evidence from the Regeneration and Neighbourhoods Department**

- 9.10 Members of the Health Scrutiny Forum received evidence at their meeting of 1 December 2009 from the Assistant Director (Community Safety and Protection) into the role of the Council as part of the Safer Hartlepool Partnership in preventing the harm caused by alcohol. The majority of the work carried out to tackle alcohol abuse came in the form of early intervention services. Members had already gathered evidence in relation to the role of the Straightline service (see paragraph 9.6), but Members were also informed about the issuing of AS13 Forms for those young people exhibiting examples of anti-social behaviour. Members discovered that:-
- (i) 650 AS13s were issued in 2008;
  - (ii) 253 (39%) involved alcohol; and
  - (iii) 63 young people were stopped more than once for an alcohol related offence.
- 9.11 Members were pleased to hear that where adults were arrested for alcohol related offences, as like the young people picked up through operation Stay Safe (see paragraph 9.6), they were offered brief interventions to help tackle the harm that alcohol was causing to them and others. These brief interventions were voluntary, although the Forum noted that around 45% of all arrests in Hartlepool were alcohol related.
- 9.12 Along with the police powers that were applied to alcohol related offences, the Forum was interested to seek evidence of preventative measures that are applied to change attitudes towards alcohol. The Assistant Director (Community Safety and Protection) provided the Health Scrutiny Forum with details of some of the activities that were co-ordinated through the Safer Hartlepool Partnership including:-
- (i) ASBAD (Anti-Social Behaviour Awareness Day);  
Aimed at Year 8 pupils and involved role playing around the dangers of alcohol.
  - (ii) Test Purchasing; and  
This included both the use of underage children to try and purchase alcohol from licensed premises, but also through testing adults to see if they would buy alcohol on behalf of underage children.

- (iii) Publicity Campaigns.  
(see Picture1 below)



**Picture1: Example of a Safer Hartlepool Partnership Advertisement**

### **Evidence from Balance**

- 9.13 Members were very interested to hear evidence from the Director of Balance North East, who was present at the Health Scrutiny Forum meeting of 1 December 2009. Members had already gathered evidence from the North East Big Drink Debate (see paragraph 7.7) that had been organised by Balance when the Forum met on 10 November 2009. However, the Director of Balance provided Members with a brief overview of the creation of Balance as the North East alcohol office and its work in terms of preventative services.
- 9.14 The Director of Balance North East informed Members that their biggest tool in terms of preventative measures were founded in the Alcohol Awareness Week and its adoption of a call from the Chief Medical Officer for a minimum price per unit of alcohol. Balance had also been involved in the production of a number of campaigns that were designed to inform, educate and influence people as demonstrated in Picture2 overleaf:-



Picture2: Example of Balance's Advertisement

## 10. HOW ALCOHOL TREATMENT SERVICES ARE DELIVERED IN HARTLEPOOL

- 10.1 The Members of the Health Scrutiny Forum dedicated their meeting on 2 February 2010 to examine the delivery of alcohol treatment services in Hartlepool. Evidence gathered during this process is detailed as follows:-

### Evidence from Children's Services Department

- 10.2 The Parenting Commissioner provided Members of the Forum with evidence in relation to young people and substance misuse at the meeting of the Health Scrutiny Forum of 2 February 2010. Members learnt that the Children's Trust Board was now responsible for tackling substance misuse amongst young people and that for young people in Hartlepool alcohol was the substance which was misused the most, followed by cannabis.
- 10.3 Members discovered that the work of the Children's Trust Board was to ensure that the 'Young People's Specialist Substance Misuse Treatment Plan' was submitted to the National Treatment Agency (NTA). The role of the NTA was to increase the capacity and effectiveness of drug treatment in England, so it was very important that the Children's Trust Board had identified the key objectives in tackling substance misuse.
- 10.4 The key objectives identified by the Children's Trust Board mirrored the evidence Members gathered in relation to prevention services (see paragraph 9.7), but that the Children's Trust Board were looking towards creating a processes of governance between itself and the Safer Hartlepool Partnership to ensure that the needs of young people were focussed in any changes to the future delivery of treatment services.

## **Evidence from Safer Hartlepool Partnership**

- 10.5 The Health Scrutiny Forum met on 2 February 2010, where the Planning and Commissioning Manager provided Members with a background to the models of care available to people in Hartlepool. Key to the ability to direct people to the appropriate pathway for treatment of alcohol abuse was the AUDIT sheet which Members were already au fait with (see paragraph 9.4).
- 10.6 Members were given a detailed description to the alcohol treatment and support care pathway that existed for people in Hartlepool as attached as **Appendix B** to this report. With the focus very much of the GP being the essential cog in the system in identifying and correctly signposting people who were abusing or misusing alcohol. Members were pleased to hear that the model of delivery for alcohol treatment services in Hartlepool, allowed a person requiring treatment to work with a series of providers even if their AUDIT score seemed to restrict which service provider they could access
- 10.7 To further expand on the numbers of people becoming part of the Hartlepool Alcohol Treatment and Support Care Pathway, Members considered the following evidence, for Hartlepool residents from 2008/09, provided by the Planning and Commissioning Manager:-
- (i) There were 588 alcohol related admissions to hospital;
  - (ii) There were 214 people who were accessing community treatment for alcohol misuse;
  - (iii) There were 111 people who were discharged from community treatment for alcohol misuse;
  - (iv) There were 209 young people referred into Straightline; and
  - (v) There were 97 young people referred into HYPED (Hartlepool Young Persons Drugs), which is operated by DISC (Developing Initiatives Supporting Communities)

## **11. HOW THE DELIVERY AND PROVISION OF ALCOHOL PREVENTION AND TREATMENT IS VIEWED IN HARTLEPOOL**

- 11.1 Members of the Health Scrutiny Forum were interested in hearing the views of people at the forefront of the delivery of alcohol prevention and treatment services in Hartlepool. Evidence gathered by Members is detailed as follows:-

### **Evidence from Hartlepool MIND**

- 11.2 The Alcohol Project Co-ordinator from Hartlepool MIND was in attendance when the Health Scrutiny Forum met on 2 February 2010 to provide evidence on how Hartlepool MIND delivered alcohol treatment services and

to provide a case study of one person who Hartlepool MIND had helped. The Alcohol Project Co-ordinator informed Members that the role of Hartlepool MIND was very much steeped in a community wellbeing service which looked to reintegrate people back into the community by a recovery model approach to their mental health.

- 11.3 The Alcohol Project Co-ordinator voiced his positive views in relation to the model of care available for treatment services in Hartlepool and highlighted a case study, which demonstrated that through joint work with the Albert Centre, the case study in question had addressed a physical dependency on alcohol. In addition to addressing the physical dependency, the case study had received therapy to cope with depression and was currently in a position where the case study had left the service abstinent from alcohol and in work.

### **Evidence from the Albert Centre**

- 11.4 The Albert Centre's Chief Executive Officer attended the Health Scrutiny Forum meeting on 2 February 2010, to provide Members with an insight to the work of the Albert Centre in terms of alcohol treatment and its partnership approach to achieve its aims.
- 11.5 In addition to the Hartlepool Alcohol Treatment and Support Care Pathway, the Albert Centre accessed a facility called Cargom, which was a six bed dry house that could be utilised by referral from any of the partner agencies such as Intrahealth or the Hospital's A&E unit; the latter operated their own detox bed. The Chief Executive Officer informed Members that although Cargom had been extremely useful at helping people with long-term problems with alcohol, it was under threat due to funding restrictions.
- 11.6 The Chief Executive Officer from the Albert Centre informed Members what was particularly beneficial and unique in Hartlepool was a Specified Activities Programme which operated between the Albert Centre and Hartlepool MIND. The role of the Specified Activities Programme was based on a 'cycle of change' involving group work, education, alcohol and offending behaviour and one-to-one sessions. The significant impact of this programme had been a reduction in re-offending which was warmly welcomed by Members.

### **Evidence from Intrahealth**

- 11.7 The Medical Director at Intrahealth attended the meeting of the Forum on 2 February 2010 to provide evidence on the role of Intrahealth as the next stage for those people who were abusing alcohol to an extent that psychosocial interventions, specific medical interventions or medically assisted detoxification was needed. The Medical Director informed Members of the Health Scrutiny Forum that medical intervention was an extreme measure, with the likes of Disulfiram having the potential to cause reactions in the patient to alcohol based products like mouth wash and deodorant.
- 11.8 The Medical Director from Intrahealth advised Members that it was felt that developments in the past two years had been immense and the treatment

service provision in Hartlepool was very good. However there were a number of areas that needed to be considered for the long-term continuation of the service and these were detailed to Members as follows:-

- (i) Funding;  
Although the service model had been in existence for two years and was showing positive outcomes for abusers of alcohol in Hartlepool, there was no security of investment.
- (ii) Supply and Demand; and  
In addition to the issues surrounding funding, there was an issue of increasing demand for services that could not be met at the current level of provision and that providers were in a position where they dare not advertise the service for fear of being swamped.
- (iii) Role of GPs,  
Although it is recognised that GPs are one of the most important facets to the delivery of the alcohol prevention and treatment model in Hartlepool, GPs in Hartlepool do not seem particularly interested in their role in the system and that there should be more GP involvement when a patient enters and exits the alcohol treatment pathway.

## **12. EXAMPLES OF GOOD PRACTICE IN RELATION TO THE PROVISION AND DELIVERY OF ALCOHOL PREVENTION AND TREATMENT SERVICES**

- 12.1 Members of the Health Scrutiny Forum were keen to examine any evidence of good practice in relation to the delivery of models of alcohol prevention and treatment. Evidence gathered is detailed below:-

### **Evidence from Joseph Rowntree Foundation**

- 12.2 The Forum had been signposted to an investigation carried out by the Joseph Rowntree Foundation into young people and their relationship with alcohol and how to prevent excessive use. Evidence gathered by the Joseph Rowntree Foundation pointed to a confused pattern of key influences on young people's relationship with alcohol, although family cohesion and sibling behaviour were important factors when considering young people's relationship with alcohol. The overall conclusion by the Joseph Rowntree Foundation was that what would be most appropriate to tackling the problem of young people and alcohol would be, an "integrated, planned and implemented community prevention system".<sup>12</sup>

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<sup>12</sup> Joseph Rowntree Foundation, 2009



## **Evidence from the Cardiff Model**

12.3 When the Health Scrutiny Forum met on 9 March 2010, Members received detailed evidence from the District Commander from Hartlepool Police in relation to the adoption of the Cardiff Model by Hartlepool. The District Commander explained that the Cardiff Model was a partnership approach from the Crime and Disorder Reduction Partnership (CDRP) with the Accident and Emergency (A&E) department sharing information about locations of violence, weapon use, assailants and day / time of violence. The evidence gathered through this partnership approach could then aid the targeting of police resources, reduce the number of licensed premises and reduce A&E violent related attendances. This approach had reduced violence in Cardiff by 40% since 2002.

12.4 The District Commander explained that the Cardiff Model was introduced into Hartlepool on 1 May 2009 and informed Members that between 1 October and 31 December 2009, there had been 247 Assault Presentations at the A&E Department of the University Hospital of Hartlepool. In relation to these Assault Presentations:-

- (i) 48% were alcohol related; and
- (ii) 25% were linked to licensed premises.

Members also noted that the Cardiff Model confirmed that over a 12 month period that 60% of Assault Presentations occurred between Friday-Sunday and of these:-

- (iii) 46% of these are alcohol related; and
- (iv) 8% involved the patient being transferred to A&E by the Police.

The District Commander highlighted that statistic 12.3(iv) meant that often two police officers were taken off the street in order to transfer a patient to A&E.

12.5 To supplement the evidence gathered through the introduction of the Cardiff Model, the District Commander highlighted that from 1 October-31 December 2009 213 offences were committed in Hartlepool by someone either in a licensed premise or under the influence of alcohol. Members were informed that these 213 offences constituted a 4% increase on the same period during 2008 and 81% of these offences were classed as violence against the person.

## Evidence from Licensing

- 12.6 Members were keen to see how Hartlepool compared to other local authorities in relation to the provision of licensed premises. The Principal Licensing Officer attended the Health Scrutiny Forum meeting on 9 March 2010 and highlighted to Members that Hartlepool had 18 licensed premises with 4am (or later) terminal hour, which compared to 7 for Darlington and 17 for Middlesbrough. In addition to the provision of late licences Members received details in relation to the number of alcohol licensed premises per population as detailed in Table4 below:-

**Table4: Number of Alcohol Licensed Premises Compared to Population (November 2009)**

Authority	Population (,000s)	On-sales <sup>13</sup>	Average population per premise	Off-sales <sup>14</sup>	Average population per premise
Durham City	88	206	427	79	1113
Hartlepool	91	199	457	82	1109
Darlington	100	205	487	107	935
Redcar & Cleveland	140	195	718	105	1333
Middlesbrough	139	187	743	130	1069
Stockton	191	235	812	139	1374
Easington	94	106	886	111	846

In relation to its immediate neighbouring Local Authorities, Members noted that only Durham had a higher number of on-sale licensed premises per head of population.

## 13. SUGGESTIONS FOR IMPROVEMENT TO THE DELIVERY OF ALCOHOL PREVENTION AND TREATMENT SERVICES IN HARTLEPOOL

- 13.1 The Members of the Health Scrutiny Forum recognised that through their evidence gathering process a number of recommendations had arisen for suggestions into how the delivery of alcohol prevention and treatment services in Hartlepool might be improved. However, Members gathered evidence from a number of sources detailed as follows that specifically focussed minds on what could be done in relation to trying to improve prevention or treatment services:-

### Evidence from Portfolio Holders

- 13.2 When the Health Scrutiny Forum met on 10 November 2009, Members welcomed both the Portfolio Holder for Children's Services and the Portfolio Holder for Adult and Public Health Services, to provide evidence on their thoughts in terms of tackling the problem of alcohol abuse in Hartlepool.

<sup>13</sup> Premises where alcohol can be bought and consumed on the licensed premises

<sup>14</sup> Premises where alcohol can be bought, but must be consumed off the licensed premises

- 13.3 The Portfolio Holder for Children's Services highlighted the important job of communicating the health benefits that reductions in alcohol consumption can cause. The Portfolio Holder also relayed to Members concerns over the impact of the extension to the licensing hours and in particular when this was combined with 24hour opening times and the provision of cheap alcohol in supermarkets.
- 13.4 The Portfolio Holder for Adult and Public Health Services shared with Members of the Health Scrutiny Forum the benefits of a partnership approach to addressing alcohol health related issues, ensuring that the development of any strategy took into consideration licensing laws, public order, minimum pricing issues and increasing the level of awareness.

### **Evidence from Balance**

- 13.5 The Director of Balance focussed the thoughts of the Forum on the minimum price per unit campaign when he provided a presentation to Members on 1 December 2009. The Director of Balance suggested some compelling extrapolated evidence for what an introduction of 50p per unit of alcohol; as supported by the Chief Medical Officer; might mean nationally:-
- (i) 6.9% fall in the amount of consumption per drinker, with heavy and younger drinkers seeing larger falls in consumption;
  - (ii) 97,900 fewer hospital admissions;
  - (iii) 10,300 fewer violent crimes;
  - (iv) £1.37bn saving for the NHS over a 10 year period; and
  - (v) £413m saving in relation to crime over a 10 year period.

### **Evidence from Licensing**

- 13.6 At the Forum meeting of 9 March 2009, the Principal Licensing Officer highlighted to Members the important role of the multi-agency organisation called the Night-time Economy Group (NEG). The NEG was made up of representatives from the Police, Fire Brigade, A&E Department as well as the Council. The NEG had been very successful in making a number of recommendations to create a safer night time environment including:-
- (i) Removal of planters in Church Street, where a vast majority of the licensed premises were based and alcohol related problems occurred in Hartlepool;
  - (ii) Cutting back trees to improve CCTV coverage of problem areas; and
  - (iii) Improved street lighting and provision of taxi ranks.

- 13.7 The Principal Licensing Officer highlighted to the Forum that one of the major problems in Hartlepool was the number of late licenses that had resulted out of the Licensing Act 2003. The theory of the Licensing Act 2003 was to create an environment where drinkers were not leaving licensed premises at the same time and that there would be a staggered approach that would reduce alcohol fuelled problems. Members were informed that the reality was that all the Licensing Act 2003 seemed to have caused in Hartlepool was a delay of the problem, which was support by the District Commander from Hartlepool Police who informed Members that police officers were often extremely busy dealing with alcohol related offences much later into the evening / early morning.
- 13.8 To support the views provided in paragraph 13.4, the Principal Licensing Officer drew Members attention to an independent study into Hartlepool's Night Time Economy (NTE) undertaken by an organisation called Evidence Led Solutions. The conclusion of Evidence Led Solutions to their study which looked at the changes to Hartlepool's NTE since 2005 was that:-
- "The later opening of licensed premises and the moving back of the NTE...have been most significant...There is general agreement from stakeholders and licensees that this has had a negative impact on the town and on local services...Licensees are staying open later but are generally reporting that they...are having to employ door staff and bar staff longer and are finding that customers tend to spend less" (Brown et al, p.62)
- 13.9 The Principal Licensing Officer provided Members of the Health Scrutiny Forum with the control powers that the Authority had to deal with alcohol related problems, but often it was very hard to revoke licenses when either people were arriving in the Town Centre already intoxicated with alcohol consumed at home, or were visiting a number of licensed premises and the resulting alcohol related incident could not be targeted at one single establishment. However Members gathered evidence that the following measures could be applied:-
- (i) Saturation Policy;  
Where an area of the Town was already saturated with licensed premises, the burden can be placed on any new applicant to prove that by introducing their licensed premise that it won't make matters worse.
  - (ii) Alcohol Disorder Zone (ADZ);  
This allows a Local Authority to levy an additional charge all to licensed premises within a designated ADZ where alcohol related incidents occur. However, the Government had advised the Authority against using this power and that nationally there were no ADZs in place.
  - (iii) Purple Flag; and  
Similar to the blue flag scheme for beaches, the purple flag was seen as demonstrating that the Town Centre offered a positive experience to users of the NTE.

(iv) Reduced Late Night Opening.

Although there were no powers for the Authority to impose earlier closing times on licensed premises, it was noted that a voluntary code could be adopted by licensees.

- 13.10 In relation to the measures identified under paragraph 13.6, Members were advised that there was a Saturation Policy applied to Victoria Road, but that the local plan said that Church Street should be available for late night developments. Also in relation to a earlier closing times, Members were drawn back to the study by Evidence Led Solutions which said that:-

“A view from a majority of stakeholders and from some licensees that licensed premises should move their closing times back to 3.00am – 3.30am. However, a voluntary agreement to do this has already been tried once and failed, and if all premises don’t agree to it, then none will.” (Brown et al, p.62)

## **14. CONCLUSIONS**

14.1 The Health Scrutiny Forum concluded:-

- (a) That there was a major cultural change needed within the Town in relation to its attitude towards alcohol;
- (b) That the continuation of funding for treatment services was essential to provide much needed intervention for those people who found themselves involved in risky behaviour in relation to alcohol consumption;
- (c) That the changes to the licensing hours had made a major impact on the timing of alcohol related incidents in the Town, which has had a knock-on effect in terms of the allocation of police resources;
- (d) That Hartlepool is not unique in having a problem in relation to alcohol problems, but that the red flag under CAA had pushed the issue of dealing with the problem of alcohol abuse to the top of many partner’s agendas;
- (e) That irresponsible drink promotions and the relative cheap cost of alcohol from certain sources exacerbated the problem of alcohol abuse;
- (f) That the introduction of a minimum price per unit of alcohol may have some impact on the impact of the number and degree to which people abuse alcohol, but there was contradictory evidence that suggested that increasing the price of a product doesn’t necessarily deter people from continuing to buy that product;
- (g) That a collective agreement was needed to be encouraged from licensees to trial the adoption of voluntary earlier closing times and

that it that if all licensees agreed to it there should be no real loss in finance;

- (h) That GPs in the Town needed to realise their important role in the alcohol treatment pathway and an emphasis placed on GPs playing an active part to any patient entering or exiting the alcohol treatment pathway;
- (i) That treatment services in Hartlepool were extremely good, however they suffered from:-
  - (i) A lack of sustainable long-term funding; and
  - (ii) The capacity to provide the same good quality service to more patients, due to financial restrictions that otherwise would allow them to expand service provision.
- (j) That as role models to younger people, adult drinkers needed to demonstrate the promotion of safe and sensible drinking; and
- (k) That any communication strategy or campaign addressing the issue of alcohol abuse, needs to learn from the successful work undertaken in reducing smoking, by focusing more heavily on the serious negative impact of such behaviour on others and to utilise qualitative data rather than quantitative evidence.

## **15. RECOMMENDATIONS**

15.1 The Health Scrutiny Forum has taken evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations. The Forum's key recommendations to the Cabinet are as outlined below:-

- (a) That Hartlepool Borough Council set up an 'Alcohol Task Force' linking all major stakeholder including Licensing, GPs, Cleveland Police, Cleveland Fire Authority, relevant voluntary groups and major off- and on- licensed retailers in the Town;
- (b) That in addition to recommendation (a) the Council appoint an elected member to chair this group and to oversee and promote its work throughout every community in the town;
- (c) That on the formation of an 'Alcohol Task Force' under recommendation (a), this group:-
  - (i) Works together to investigate what changes can be made as a collective to addressing the issue of alcohol abuse;
  - (ii) Looks to pool resources in the treatment and prevention of alcohol related problems;

- (iii) Undertakes specific work in conjunction with on-licensed premises and major off-licence retailers to look at the issue of the pricing and promotion of the very cheapest alcohol; and
  - (iv) Develops a communication strategy that not only keeps the Health Scrutiny Forum update on progress, but also references conclusion (k), around alcohol misuse conjoining with all local community groups so that it effectively targets all of parts of Hartlepool.
- (d) That Hartlepool Borough Council as the Licensing Authority completes a full review of its licensing policy with the aim of:-
  - (i) Reducing opening hours of on-licensed premises as and when they come forward;
  - (ii) Tasking Cleveland Police, Licensing and other stakeholders to gather detailed evidence to feed into the review, to enable licensees that are contributing to alcohol related violence to be held properly accountable; and
  - (iii) Ensuring that any new powers from central Government are used to their fullest extent so as to assist in reducing opening times.
- (e) That NHS Hartlepool reassesses its funding of alcohol treatment services to ensure that:-
  - (i) The funding of alcohol treatment and prevention services is ring-fenced and mirrors illegal drug treatment and prevention; and
  - (ii) The current delivery model is made sustainable and the ability to increase the capacity of providers, whilst maintaining the current high standard, is prioritised.
- (f) That NHS Hartlepool work with GPs in the Town to:-
  - (i) Address the problem of why people exhibiting risky behaviour in terms of alcohol don't utilise their GP as their first point of contact; and
  - (ii) Ensure that all GP practices are trained in terms of brief interventions.
- (g) That licensees are encouraged to participate in a trial period of early closing and that the impact on alcohol related incidents is recorded; and

- (h) In promoting safe, sensible drinking, that the Council be encouraged to evaluate any opportunities to work towards recognising the Town Centre as a Purple Flag zone.

## **ACKNOWLEDGEMENTS**

The Forum is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:-

### Hartlepool Borough Council:

Councillor Ged Hall – Portfolio Holder for Adult and Public Health Services

Councillor Cath Hill – Portfolio Holder for Children's Services

Alison Mawson – Assistant Director (Community Safety and Protection)

John Robinson – Parenting Commissioner

Chris Hart – Planning and Commissioning Manager

Ian Harrison – Principal Licensing Officer

### External Representatives:

Prof. Peter Kelly – Executive Director of Public Health, NHS Tees

Tom Livesey – Alcohol Project Co-ordinator, Hartlepool MIND

Dr Paul McGorran – Medical Director, Intrahealth

Andy Summerbell – District Commander, Hartlepool Police

Colin Shevills – Director, Balance North East

Louise Wallace – Acting Director of Health Improvement, NHS Hartlepool

Kevin Wilson – Chief Executive Officer, The Albert Centre

**COUNCILLOR JONATHAN BRASH  
CHAIR OF THE HEALTH SCRUTINY FORUM**

**September 2010**



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## BACKGROUND PAPERS

The following background papers were consulted or referred to in the preparation of this report:-

- (a) Report of the Scrutiny Manager entitled 'Scrutiny Investigation into 'Alcohol Abuse – Prevention and Treatment' – Scoping Report' presented at the meeting of the Health Scrutiny Forum of 1 September 2009.
- (b) NHS (2009) 'A Quarter of Adults in England are Hazardous Drinkers', The *NHS Information Centre*, 20<sup>th</sup> May, [online] Available from <http://www.ic.nhs.uk/news-and-events/press-office/press-releases/may-2009/a-quarter-of-adults-in-england-are-hazardous-drinkers> (Accessed 22 March 2010)
- (c) British Heart Foundation *Alcohol and Heart Disease*, Available from [http://www.bhf.org.uk/keeping\\_your\\_heart\\_Healthy/healthy\\_eating/alcohol\\_advice.aspx](http://www.bhf.org.uk/keeping_your_heart_Healthy/healthy_eating/alcohol_advice.aspx) (Accessed 22 March 2010)
- (d) Drinkaware (2009) *Up to One in Three Adults is at Risk of Alcohol-Related Liver Disease*, Available from <http://www.drinkaware.co.uk/facts/did-you-know/up-to-one-in-three-adults-are-drinking-enough-to-risk-developing-alcohol-related-liver-disease> (Accessed 22 March 2010)
- (e) Know Your Limits (2009) *Know...The Effects of Alcohol*, Available from <http://www.knowyourlimits.info/TheEffectsOfAlcohol.aspx> (Accessed 22 March 2010)
- (f) Department of Health (2009) *Alcohol Misuse*, Available from [http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Alcoholmisuse/DH\\_072581](http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Alcoholmisuse/DH_072581) (Accessed 23 March 2010)
- (g) Hartlepool Mail (2009) 'Have your say in the Big Drink Debate', *Hartlepool Mail*, 15<sup>th</sup> June, [online] Available from <http://www.hartlepoolmail.co.uk/health-matters/Have-your-say-in-the.5366408.jp> (Accessed 28 October 2009)
- (h) Balance (2009) *North East Big Drink Debate Results*, Available from [http://www.balancenortheast.co.uk/media\\_documents/REPORT%20FINAL1.pdf](http://www.balancenortheast.co.uk/media_documents/REPORT%20FINAL1.pdf) (Accessed 28 October 2009)
- (i) Cabinet Office (March 2004) *Alcohol Harm Reduction Strategy for England*, Available from

<http://www.cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/caboffice%20alcoholhar.pdf> (Accessed 23 March 2010)

- (j) Department of Health (June 2007) *Safe. Sensible. Social. The Next Steps in the National Alcohol Strategy*, Available from [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_075219.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_075219.pdf) (Accessed 23 March 2010)
- (k) Oneplace (2009) *Green and Red Flags for Hartlepool*, Available from <http://oneplace.direct.gov.uk/infobyarea/region/area/pages/flags.aspx?region=52&area=356> (Accessed 23 March 2009)
- (l) Joseph Rowntree Foundation (2009) *Children, Young People and Alcohol: How they learn and how to prevent excessive use*, Available from <http://www.jrf.org.uk/sites/files/jrf/children-and-alcohol-use.pdf> (Accessed 13 January 2010)
- (m) Report of the Scrutiny Support Officer entitled 'Alcohol Abuse – Prevention and Treatment – Setting the Scene Presentation – Covering Report' presented at the meeting of the Health Scrutiny Forum of 10 November 2009.
- (n) Report of the Scrutiny Support Officer entitled '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' presented at the meeting of the Health Scrutiny Forum of 10 November 2009.
- (o) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Alcohol Abuse – Prevention and Treatment – Alcohol Self Assessment Questionnaire' presented at the meeting of the Health Scrutiny Forum of 10 November 2009.
- (p) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Alcohol Abuse – Prevention and Treatment – Evidence from the North East Big Drink Debate – Covering Report' presented at the meeting of the Health Scrutiny Forum of 10 November 2009.
- (q) Presentation by the Planning and Commissioning Manager entitled 'Investigation into Alcohol Abuse, Prevention and Treatment – Setting the Scene' delivered at the meeting of the Health Scrutiny Forum of 10 November 2009.
- (r) Report of the Scrutiny Support Officer entitled 'Alcohol Abuse – Prevention and Treatment – Preventative Services – Covering Report' presented at the meeting of the Health Scrutiny Forum of 1 December 2009.
- (s) Presentation by the Director of Balance North East entitled 'Debating Alcohol's Impact on Hartlepool' delivered at the meeting of the Health Scrutiny Forum of 1 December 2009.

- (t) Presentation by the Acting Director of Health Improvement entitled 'Alcohol Prevention and Primary Care' delivered at the meeting of the Health Scrutiny Forum of 1 December 2009.
- (u) Presentation by the Assistant Director (Community Safety and Protection) entitled 'Preventing Harm Caused by Alcohol' delivered at the meeting of the Health Scrutiny Forum of 1 December 2009.
- (v) Presentation by the Parenting Commissioner entitled 'Young Persons Alcohol Misuse – Prevention' delivered at the meeting of the Health Scrutiny Forum of 1 December 2009.
- (w) Report of the Scrutiny Support Officer entitled 'Alcohol Abuse – Prevention and Treatment – Treatment Services – Covering Report' presented at the meeting of the Health Scrutiny Forum of 2 February 2010.
- (x) Presentation by the Parenting Commissioner entitled 'Young People's Substance Misuse' delivered at the meeting of the Health Scrutiny Forum of 2 February 2010.
- (y) Presentation by the Acting Director of Health Improvement entitled 'Strategic Context – Commissioning Alcohol Treatment Services' delivered at the meeting of the Health Scrutiny Forum of 2 February 2010.
- (z) Presentation by the Planning and Commissioning Manager delivered at the meeting of the Health Scrutiny Forum of 2 February 2010.
- (aa) Presentation by the Alcohol Project Co-ordinator entitled 'Hartlepool MIND Alcohol Project: An Introduction' delivered at the meeting of the Health Scrutiny Forum of 2 February 2010.
- (bb) Presentation by the Chief Executive Officer of The Albert Centre delivered at the meeting of the Health Scrutiny Forum of 2 February 2010.
- (cc) Presentation by the Medical Director of Intrahealth delivered at the meeting of the Health Scrutiny Forum of 2 February 2010.
- (dd) Report of the Scrutiny Support Officer entitled 'Alcohol Abuse – Prevention and Treatment – Impact and Good Practice – Covering Report' presented at the meeting of the Health Scrutiny Forum of 9 March 2010.
- (ee) Report of the Scrutiny Support Officer entitled 'Alcohol Abuse – Prevention and Treatment – Evidence from the Joseph Rowntree Foundation – Covering Report' presented at the meeting of the Health Scrutiny Forum of 9 March 2010.
- (ff) Presentation by the Principal Licensing Officer entitled 'The Licensing Act 2003' delivered at the meeting of the Health Scrutiny Forum of 9 March 2010.

- (gg) Brown, R., Evans, E. (2009) *The Impact of Night Time Economy in Hartlepool: Changes Since 2005*, Evidence Led Solutions
- (hh) Presentation by the District Commander entitled 'A Police Overview of Alcohol Related Violence in Hartlepool' delivered at the meeting of the Health Scrutiny Forum of 9 March 2010.
- (ii) Minutes of the Health Scrutiny Forum of 16 July 2009, 1 September 2009, 10 November 2009, 1 December 2009, 2 February 2010 and 9 March 2010.

## Appendix A

**AUDIT**

1 How often do you have a drink containing alcohol?

Never ☐ (0)      Monthly or less ☐ (1)      2 to 4 times a month ☐ (2)      2 to 3 times a week ☐ (3)      4 or more times a week ☐ (4)

2 How many standard drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 ☐ (0)      3 or 4 ☐ (1)      5 or 6 ☐ (2)      7 to 9 ☐ (3)      10 or more ☐ (4)

3 How often do you have 6 or more standard drinks on one occasion?

Never ☐ (0)      Less than monthly ☐ (1)      Monthly ☐ (2)      Weekly ☐ (3)      Daily or almost daily ☐ (4)

4 How often during the last year have you found that you were not able to stop drinking once you had started?

Never ☐ (0)      Less than monthly ☐ (1)      Monthly ☐ (2)      Weekly ☐ (3)      Daily or almost daily ☐ (4)

5 How often during the last year have you failed to do what was normally expected from you because of your drinking?

Never ☐ (0)      Less than monthly ☐ (1)      Monthly ☐ (2)      Weekly ☐ (3)      Daily or almost daily ☐ (4)

6 How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?

Never ☐ (0)      Less than monthly ☐ (1)      Monthly ☐ (2)      Weekly ☐ (3)      Daily or almost daily ☐ (4)

7 How often during the last year have you had a feeling of guilt or remorse after drinking?

Never ☐ (0)      Less than monthly ☐ (1)      Monthly ☐ (2)      Weekly ☐ (3)      Daily or almost daily ☐ (4)

8 How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never ☐ (0)      Less than monthly ☐ (1)      Monthly ☐ (2)      Weekly ☐ (3)      Daily or almost daily ☐ (4)

9 Have you or someone else been injured as a result of your drinking?

No ☐ (0)      Yes, but not in the last year ☐ (2)      Yes, during the last year ☐ (4)

10 Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?

No ☐ (0)      Yes, but not in the last year ☐ (2)      Yes, during the last year ☐ (4)

Scoring: The scores for each question are shown under each response. The minimum score (for non-drinkers) is 0, and the maximum possible score is 40

**AUDIT TOTAL SCORE**


Circle	0 – 7, No risk	8 – 15, Hazardous	16 – 19, Harmful	20+ Dependent
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# Hartlepool Alcohol Treatment and Support Care Pathway

May 2009

## Level 1

Front-line services to provide screening using audit tool and brief interventions (score up to 16) also maintain database

GP's & Health Staff

Hospital & A&E

Front-line services  
e.g. Probation,  
Custody, Social Care

Hospital Inreach  
Worker from  
Albert Centre to link  
discharge to community  
services

## Additional Support available at any stage

AA Programme –  
Advice Timetable  
• Abstinence Programme

ADDvance –  
Refer self help  
• Group work and social  
activities

Safe Voices –  
Family support  
And Hidden Harm

PINS –  
• Family & carer self help

Service User  
Co-ordinator  
• Motivational work  
• Activities  
• Referral to support  
• Social network

Prevention & Education  
Workers –  
Campaigns, information  
& training

Carrgomm –  
Social landlord  
accommodation

## Level 2

Where there are physical, mental health or drug issues links with appropriate treatment agencies maintained

(1) Albert Centre  
(Wynyard Road)  
Audit Score 20-24

(2) Hartlepool Mind  
(Tees Road)  
Audit Score 16-20

## Level 3

Specialist intervention to address physical dependency

(3) INTRAHEALTH  
(Wynyard Road)  
Audit Score 24+

## Level 4

Specialist medical interventions

Link & Refer to specialist  
in patient & residential services  
i.e. detox, hospital.

(1) Albert Centre - Severe dependency and dependency with complex needs (Audit Score 20-24) offer Comprehensive Assessment, Structured Counselling, Psychosocial Interventions (Motivational Interview, Solution Focused Therapies & Cognitive Behaviour Therapies)

(2) Hartlepool Mind – Harmful & hazardous drinkers (Audit Score 16-20) offer Comprehensive Assessment, Brief Intervention, Psychosocial Intervention (Motivational Interview, Solution Focused Therapies & Cognitive Behaviour Therapies) \*Adopt a Human Givens approach.

(3) Intrahealth – Specialist treatment, prescribing, home and community detox.



# CABINET REPORT

27 September 2010



**Report of:** Director of Regeneration and Neighbourhoods

**Subject:** ALCOHOL ABUSE – PREVENTION AND  
TREATMENT – ACTION PLAN

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## SUMMARY

### 1. PURPOSE OF REPORT

- 1.1 To agree an Action Plan in response to the findings and subsequent recommendations of the Health Scrutiny Forum's investigation into 'Alcohol Abuse – Prevention and Treatment'.

### 2. SUMMARY OF CONTENTS

- 2.1 The report provides brief background information into 'Alcohol Abuse – Prevention and Treatment' Scrutiny Investigation and provides a proposed Action Plan (**Appendix A**) in response to the Scrutiny Forum's recommendations.
- 2.2 The Cabinet is asked to note that recommendations (e)-(f) in the Action Plan (**Appendix A**) have been agreed with NHS Hartlepool.

### 3. RELEVANCE TO CABINET

- 3.1 To assist the Cabinet in its determination of either approving or rejecting the proposed recommendations ((a)-(d) and (g)-(h) only) of the Health Scrutiny Forum. Attached (as **Appendix A**) is the proposed Action Plan for the implementation of these recommendations which have been prepared in consultation with the appropriate Portfolio Holder(s).

### 4. TYPE OF DECISION

- 4.1 Non-Key.

**5. DECISION MAKING ROUTE**

- 5.1 The Action Plan and the progress of its implementation will be reported to the Health Scrutiny Forum on 12 October 2010 (subject to availability of the appropriate Portfolio Holder(s)).

**6. DECISION REQUIRED**

- 6.1 That Members of the Cabinet approve recommendations (a)-(d) and (g)-(h) of the Action Plan (**Appendix A refers**), in response to the recommendations of the Health Scrutiny Forum's investigation into 'Alcohol Abuse – Prevention and Treatment'.



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**1. PURPOSE OF REPORT**

- 1.1 To agree an Action Plan in response to the findings and subsequent recommendations of the Health Scrutiny Forum's investigation into 'Alcohol Abuse – Prevention and Treatment'.

**2. BACKGROUND INFORMATION**

- 2.1 To assist the Cabinet in its determination of either approving or rejecting the proposed recommendations of the Health Scrutiny Forum's investigation into 'Alcohol Abuse – Prevention and Treatment', attached as **Appendix A** is the proposed Action Plan for the implementation of these recommendations. Recommendations (a)-(d) and (g)-(h) have been prepared in consultation with the appropriate Portfolio Holder(s).
- 2.2 Recommendations (e)-(f) in the Action Plan (**Appendix A**) have been agreed with NHS Hartlepool.
- 2.3 The overall aim of the investigation was to investigate the provision and effectiveness of alcohol abuse prevention and treatment services in Hartlepool.

**3. ACTION PLAN**

- 3.1 As a result of the Health Scrutiny Forum's investigation into 'Alcohol Abuse – Prevention and Treatment,' the following recommendations have been made:-
- (a) That Hartlepool Borough Council set up an 'Alcohol Task Force' linking all major stakeholder including Licensing, GPs, Cleveland Police, Cleveland Fire Authority, relevant voluntary groups and major off- and on- licensed retailers in the Town;
  - (b) That in addition to recommendation (a) the Council appoint an elected member to chair this group and to oversee and promote its work throughout every community in the town;
  - (c) That on the formation of an 'Alcohol Task Force' under recommendation (a), this group:-

- (i) Works together to investigate what changes can be made as a collective to addressing the issue of alcohol abuse;
  - (ii) Looks to pool resources in the treatment and prevention of alcohol related problems;
  - (iii) Undertakes specific work in conjunction with on-licensed premises and major off-licence retailers to look at the issue of the pricing and promotion of the very cheapest alcohol; and
  - (iv) Develops a communication strategy that not only keeps the Health Scrutiny Forum update on progress, but also references conclusion (k), around alcohol misuse conjoining with all local community groups so that it effectively targets all of parts of Hartlepool.
- (d) That Hartlepool Borough Council as the Licensing Authority completes a full review of its licensing policy with the aim of:-
  - (i) Reducing opening hours of on-licensed premises as and when they come forward;
  - (ii) Tasking Cleveland Police, Licensing and other stakeholders to gather detailed evidence to feed into the review, to enable licensees that are contributing to alcohol related violence to be held properly accountable; and
  - (iii) Ensuring that any new powers from central Government are used to their fullest extent so as to assist in reducing opening times.
- (e) That NHS Hartlepool reassesses its funding of alcohol treatment services to ensure that:-
  - (i) The funding of alcohol treatment and prevention services is ring-fenced and mirrors illegal drug treatment and prevention; and
  - (ii) The current delivery model is made sustainable and the ability to increase the capacity of providers, whilst maintaining the current high standard, is prioritised.
- (f) That NHS Hartlepool work with GPs in the Town to:-
  - (i) Address the problem of why people exhibiting risky behaviour in terms of alcohol don't utilise their GP as their first point of contact; and

- (ii) Ensure that all GP practices are trained in terms of brief interventions.
  - (g) That licensees are encouraged to participate in a trial period of early closing and that the impact on alcohol related incidents is recorded; and
  - (h) In promoting safe, sensible drinking, that the Council be encouraged to evaluate any opportunities to work towards recognising the Town Centre as a Purple Flag zone.
- 3.2 An Action Plan in response to these recommendations has now been produced in consultation with the appropriate Portfolio Holder(s) and is attached at **Appendix A** which is to be submitted to the Health Scrutiny Forum on 12 October 2010 (subject to the availability of appropriate Portfolio Holder(s)).

#### 4. RECOMMENDATION

- 4.1 Cabinet is requested to approve the Action Plan for recommendations (a)-(d) and (g)-(h) attached as **Appendix A** in response to the recommendations of the Health Scrutiny Forum's investigation into 'Alcohol Abuse – Prevention and Treatment'.

# OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN

## 8.3 Appendix A

**NAME OF FORUM:** Health Scrutiny Forum

**NAME OF SCRUTINY ENQUIRY:** Alcohol Abuse – Prevention and Treatment

**DECISION MAKING DATE OF FINAL REPORT:** May 2010

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE	
(a)	<p>That Hartlepool Borough Council set up an 'Alcohol Task Force' linking all major stakeholder including Licensing, GPs, Cleveland Police, Cleveland Fire Authority, relevant voluntary groups and major off- and on- licensed retailers in the Town;</p>	<p>Safer Hartlepool Partnership (SHP) Alcohol Strategy Group have the responsibility and membership identified for an 'Alcohol Task Force'. This includes the five responsible authorities the Council (Community Safety and Protection, Licensing Officer, Child and Adult Services), Cleveland Police, Durham and Tees Valley Probation Trust and NHS Hartlepool (PCT). In addition there is a representative from the Licensee Association and communication with the voluntary sector is through an elected member of the Community Empow erment Netw ork.</p> <p>Operational and task groups reporting to the Strategy Group include wider membership of the retailers and voluntary sector including service providers.</p>	None	Alison Maw son	Complete

# OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN

## 8.3 Appendix A

**NAME OF FORUM:** Health Scrutiny Forum

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	RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
(b)	That in addition to recommendation (a) the Council appoint an elected member to chair this group and to oversee and promote its work throughout every community in the town;	A review by the Alcohol Strategy Group in response to the CAA red flag agrees with the recommendation to appoint an elected member as a champion to lead the group. The appointment of an appropriate member to be identified by Cabinet.	None		By December 2010
(c)	That on the formation of an 'Alcohol Task Force' under recommendation (a), this group:-  (i) Works together to investigate what changes can be made as a collective to addressing the issue of alcohol abuse;	(i) Hartlepool Alcohol Strategy and the associated action plans are currently being produced following a comprehensive needs assessment and prioritisation exercise. A visit and recommendations by the NHS National Alcohol Support Team mid October will further strengthen the development of a cross cutting strategy that seeks to address alcohol related prevention, treatment and enforcement issues	None	Alison Mawson	Document will be presented to LSP in October and Cabinet in November

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### 8.3 Appendix A

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RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
(ii) Looks to pool resources in the treatment and prevention of alcohol related problems;	The terms of reference for the Strategy Group and the self assessment/improvement plan confirm a commitment to pool and maximise resources for more effective responses. This will be influenced however by the Government's announcement on funding allocations and governance structures e.g. GP Commissioning and the abolition of Primary Care Trusts, the detail of which is not likely to be known until January 2011.	Not yet known - Need to await the government decision on funding allocations and structures	Alison Mawson/Louise Wallace	Local arrangements and response should be determined by April 2011
(iii) Undertakes specific work in conjunction with on-licensed premises and major off-licence retailers to look at the issue of the pricing and	Police and Licensing Officers have positive relationships with the retailers and have had some success with limiting irresponsible promotions on licensed premises.  Enforcement action will be a priority to address illegal supply of alcohol	None – Licensees are working with police on voluntary basis to curb access to cheap alcohol	Ian Harrison and Inspector Kathy Prudham.	Complete

## OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN

### 8.3 Appendix A

**NAME OF FORUM:** Health Scrutiny Forum

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RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
<p>promotion of the very cheapest alcohol; and</p> <p>(iv) Develops a communication strategy that not only keeps the Health Scrutiny Forum update on progress, but also references</p>	<p>There is national work in hand to try to influence the larger retailers such as supermarkets who can sell alcohol at low cost which is causing licensees major economic pressure and fuelling anti social behaviour.</p> <p>In addition Hartlepool have strong working relationships with Balance and are supporting their regional campaigns and responses to government consultation on minimum pricing.</p> <p>A Communication Strategy has been developed and includes information made available through SHP website; a regular programme of events and campaigns and enhanced reporting arrangements with an annual report and quarterly performance management and progress reports. These reports</p>	<p>None- the production and circulation will be maintained by the Drug and Alcohol team working to the Alcohol Strategy Group and in the main externally funded.</p>	<p>Chris Hart</p>	<p>Introduced from January following Ratification of the Alcohol Strategy.</p>

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### 8.3 Appendix A

**NAME OF FORUM:** Health Scrutiny Forum

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**DECISION MAKING DATE OF FINAL REPORT:** May 2010

RECOMMENDATION		EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
	conclusion (k), around alcohol misuse conjoining with all local community groups so that it effectively targets all of parts of Hartlepool.	will be provided to all major stakeholders, Hartlepool Partnership and the Council (including the Health Scrutiny Forum) as appropriate			
(d)	That Hartlepool Borough Council as the Licensing Authority completes a full review of its licensing policy with the aim of:-  (i) Reducing opening hours of on-licensed premises as and when they come forward;	The current review of the Licensing Policy provides an early opportunity to place crime and disorder in the night time economy higher in the licensing agenda and set a more rigorous tone in a range of conditions that could be applied	None	Ian Harrison	January 2011



## OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN

### 8.3 Appendix A

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RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
	in appropriate cases in Hartlepool. Work is in hand with licensees to reach a voluntary agreement to reduce opening hours.			
(ii) Tasking Cleveland Police, Licensing and other stakeholders to gather detailed evidence to feed into the review, to enable licensees that are contributing to alcohol related violence to be held properly accountable; and	The CAA review process led to improved data sharing and needs assessment on the nighttime economy. There is also an independent study on the impact of the night time economy completed in December 2009, analysis of offending and offenders, and the Cardiff Model (hospital) data has now come on stream providing a more comprehensive understanding of problem areas and need for	No immediate implication- police enforcement from mainstream budgets, data sharing analysis conducted by SHP externally funded staff. Activity may be at risk if government spending cuts	Alison Mawson/Inspector Kathy Prudham.	January 2011 – Annual Strategic Assessment re night time economy and reducing violence conducted annually in Autumn.

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## 8.3 Appendix A

**NAME OF FORUM:** Health Scrutiny Forum

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**DECISION MAKING DATE OF FINAL REPORT:** May 2010

RECOMMENDATION		EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
		focused activity. The responsible authorities are now spearheading joint enforcement activity for the Top Ten problem premises. The Licensing Policy review will be able to take cognizance of this information and activity.	are applied to the alcohol agenda.		
	(iii) Ensuring that any new powers from central Government are used to their fullest extent so as to assist in reducing opening times.	The Licensing Review and guidance from Government will be applied and forms part of the Alcohol Strategy and associated Reducing Violence Strategy and plans.	Not known at this time	Alison Mawson/Inspector Kathy Prudham	March 2011
(e)	That NHS Hartlepool reassesses its funding of alcohol treatment services to ensure that-		NA	Louise Wallace	March 2011

# OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN

## 8.3 Appendix A

**NAME OF FORUM:** Health Scrutiny Forum

**NAME OF SCRUTINY ENQUIRY:** Alcohol Abuse – Prevention and Treatment

**DECISION MAKING DATE OF FINAL REPORT:** May 2010

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
<p>(i) The funding of alcohol treatment and prevention services is ring-fenced and mirrors illegal drug treatment and prevention; and</p> <p>(ii) The current delivery model is made sustainable and the ability to increase the capacity of providers, whilst maintaining the current high standard, is prioritized.</p>	<p>NHS Hartlepool Board considered the recommendations of the investigation at the board meeting in July. It was acknowledged by the PCT Board that alcohol and the funding of treatment services is a key priority. Officers will continue to work to identify resources on a recurring basis through the QIPP programme, particularly as it is recognised that there is a significant pressure on hospital services from alcohol related harm.</p>			
<p>(f) That NHS Hartlepool work with GPs in the Town to:-</p> <p>(i) Address the problem of why people</p>	<p>Work is ongoing to develop the GP Locally Enhanced Service</p>	NA	Louise Wallace	March 2011

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## 8.3 Appendix A

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**DECISION MAKING DATE OF FINAL REPORT:** May 2010

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
(ii) Ensure that all GP practices are trained in terms of brief interventions.	exhibiting risky behaviour in terms of alcohol don't utilise their GP as their first point of contact; and  (LES) to ensure GPs are able to offer effective and appropriate services for people in primary care. The LES has been drafted and is now in the process of being consulted on. Any training issues are expected to be identified through this process. This LES will ensure that GPs are a first point of contact as they will be actively engaging with patients who have hazardous and harmful drinking behaviours.			
(g) That licensees are encouraged to participate in a trial period of early closing and that the impact on alcohol related incidents is recorded; and	Joint work between the Police, the Principal Licensing Officer and Hartlepool Licensees Association continues. Negotiations are reaching a satisfactory conclusion with the potential for a reduction in opening hours and an agreement on an appropriate closing time across establishments in the key	None	Ian Harrison	January 2011

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### 8.3 Appendix A

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RECOMMENDATION		EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
		area of Church Street.			
(h)	In promoting safe, sensible drinking, that the Council be encouraged to evaluate any opportunities to work towards recognising the Town Centre as a Purple Flag zone.	<p>Securing Purple Flag status would be challenging and is an aspiration at this time considering the current level and baseline. Improvements would include not only the participation of licensees but also consideration of the wider night time economy environment which does need significant investment.</p> <p>There is however a tiered development plan in place to work towards this award. This includes more positive engagement with the trade to develop higher standards of customer care; more consideration of safe routes home and closer working with town centre management.</p> <p>One of the first stages is the voluntary adoption of voluntary codes by operators and moving to the introduction of the Best Bar None scheme.</p>	Not identified at this time. Town Centre Management will have a key role in accessing some funding streams.	Ian Harrison	September 2011

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RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
	There will also be a review of the impact of the Transport Interchange.			