

SCRUTINY CO-ORDINATING COMMITTEE AGENDA



Friday 15 April 2011

at 2.00 p.m.

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

MEMBERS: SCRUTINY CO-ORDINATING COMMITTEE:

Councillors C Akers-Belcher, S Akers-Belcher, Cook, Cranney, Griffin, James, London, A Marshall, McKenna, Preece, Richardson, Shaw, Simmons, Thomas and Wells.

Resident Representatives: Evelyn Leck, Linda Shields and Angie Wilcox.

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
No items.
- 4. RESPONSES FROM THE COUNCIL, THE EXECUTIVE OR COMMITTEES OF THE COUNCIL TO REPORTS OF THE SCRUTINY COORDINATING COMMITTEE**
No items.
- 5. CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS FROM COUNCIL, EXECUTIVE MEMBERS AND NON EXECUTIVE MEMBERS**
No items.
- 6. FORWARD PLAN**
No items.
- 7. CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY FRAMEWORK DOCUMENTS**
No items

8. CONSIDERATION OF FINANCIAL MONITORING/CORPORATE REPORTS

No items.

9. ITEMS FOR DISCUSSION

- 9.1 The Provision of Counselling Services for Employees of Hartlepool Borough Council - *Performance Portfolio Holder*
- 9.2
 - (a) Adult and Community Services Scrutiny Forum – Progress Report - *Chair of the Adult and Community Services Scrutiny Forum*
 - (b) Children's Services Scrutiny Forum – Progress Report - *Chair of the Children's Services Scrutiny Forum*
 - (c) Health Scrutiny Forum – Progress Report - *Chair of the Health Scrutiny Forum*
 - (d) Neighbourhood Services Scrutiny Forum – Progress Report - *Chair of the Neighbourhood Services Scrutiny Forum*
 - (e) Regeneration and Planning Services Scrutiny Forum - Progress Report - *Chair of the Regeneration and Planning Services Scrutiny Forum*
 - (f) Scrutiny Coordinating Committee –Progress Report - *Chair of the Scrutiny Coordinating Committee*
- 9.3 Draft Final Report – Provision of Face-To-Face Advice and Information Services in Hartlepool - *Scrutiny Manager*
- 9.4 Draft Overview and Scrutiny Annual Report 2010/11 - *Scrutiny Manager*
- 9.5 Final Report – Adult Safeguarding - *Adult and Community Services Scrutiny Forum*
- 9.6 Final Report – Foreshore Management - *Scrutiny Manager*
- 9.7 Final Report – Connected Care - *Health Scrutiny Forum*
- 9.8 Final Report – Services Available to Male Victims of Domestic Abuse - *Regeneration and Planning Services Scrutiny Forum*
- 9.9 Regional Review of the Health of the Ex-Service Community – Final Report - *Health Scrutiny Forum*
- 9.10 Dust Deposits on The Headland - *Health Scrutiny Forum*
- 9.11 Six Monthly Monitoring of Agreed Scrutiny Coordinating Committee's Recommendations - *Scrutiny Manager*

10. CALL-IN REQUESTS

11. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

SCRUTINY CO-ORDINATING COMMITTEE

15 April 2011



Report of: Performance Portfolio Holder

Subject: THE PROVISION OF COUNSELLING SERVICES FOR
EMPLOYEES OF HARTLEPOOL BOROUGH COUNCIL

1. PURPOSE OF REPORT

To inform Scrutiny Co-ordinating Committee of the outcome of the tender process relating to the provision of counselling services for Hartlepool Borough Council employees.

2. BACKGROUND

- 2.1 At the Performance Portfolio Holder meeting on the 13 August 2010 a report was submitted for consideration in relation to the intention to procure a provider of counselling services. Following consideration of the report provided, the following decisions were made:-

Minute No. 6 – Counselling Services

“The Portfolio Holder noted the content of the report and approved the procurement exercise on the basis of 60% quality and 40% price”

- 2.2 Following the decision on 13 August 2010, as outlined in Section 2.1 above, a Call-In Notice was submitted to the Proper Officer by Members of the Council.

3. CALL IN

- 3.1 As the Call-In Notice met all the constitutional requirements, the Scrutiny Co-ordinating Committee, at its meeting on the 27 August 2010, gave consideration to the signatories view / opinion that the decision had been taken in contravention of the principles of decision making (as outlined in Article 13 of the Constitution). The reason identified in the Call-In Notice being ‘Best value, clarity of aims and desired outcomes: due consideration of options available, efficiency, reasonableness’.

- 3.2 Having considered the content of the Call-In Notice, the Scrutiny Co-ordinating Committee supported the need look closer at how the decision had been made and accepted the Call-In Notice.
- 3.3 It was also agreed that the Call-In would be retained by the Scrutiny Co-ordinating Committee for consideration in a practical and timely manner.
- 3.4 A further meeting of the Scrutiny Co-ordinating Committee was convened on the 24 September 2010 (adjourned and reconvened on the 6 October 2010) to fully consider the 'call-in'. The Committee received evidence from the Performance Portfolio Holder, Chief Customer and Workforce Services Officer and Health, Safety & Wellbeing Manager who were in attendance during the course of the three meetings.
- 3.5 As a result of the discussions a further report was submitted to the Performance Portfolio Holder on 26 October to enable the reconsideration of the decision. The Chair of the Scrutiny Co-ordinating Committee presented the Committee's recommendations which were:

That in reconsidering his decision, the Scrutiny Co-ordinating Committee recommend to the Performance Portfolio Holder that:-

(i) Current arrangements for the provision of counselling services should continue in the short term to allow time for an 'informal' quotations procedure to be undertaken;

(ii) As part of the 'informal' procedure, 3 quotations be sought from local companies to facilitate the award of a 12 month contract for the provision of counselling services on a 60:40 (quality: price) basis;

(iii) During the 12 month duration of the contract, a full evaluation of the counselling service provided be undertaken, including consideration of demand, effectiveness / quality and the impact of external factors (i.e. GP commissioning); and

(iv) At the end of the 12 month contract, the results of the evaluation are used to inform a decision as to whether a 'formal' quotations procedure should be undertaken to award a full / longer term contract.

Following consideration of the Committee's recommendations the Portfolio Holder resolved to reaffirm his original decision.

- 3.6 The Performance Portfolio Holder attended the Scrutiny Co-ordinating Committee held on 12th November 2010 to explain the reasons for reaffirming his original decision.

4. PROCUREMENT EXERCISE

- 4.1 The local authority advertised a restricted tender process in line with the requirements specified in the Contract Procedure Rules. There was a very healthy market response.
- 4.2 The procurement was undertaken in collaboration with Middlesbrough Borough Council. Organisations were invited to bid for a Hartlepool lot, a Middlesbrough lot or both lots.
- 4.3 Twenty organisations submitted pre-qualifying documentation of which eight were invited to tender. Five organisations formally submitted a tender.

5. PROCUREMENT OUTCOME

- 5.1 Following a full evaluation of the tenders received, it is Hartlepool Borough Council's intention to award this contract to Hartlepool MIND.
- 5.2 Following a full evaluation of the tenders received, it is Middlesbrough Borough Council's intention to award this contract to Alliance Psychological Services.
- 5.3 This procurement project will deliver Hartlepool Borough Council (and Middlesbrough Borough Council) cashable savings by reducing the costs of counselling services.
- 5.4 Correspondence was sent to all organisations who were invited to tender informing them of both Councils intention to contract with the aforementioned organisations.
- 5.5 A report has been submitted to Contract Scrutiny Committee informing them of the outcome of the procurement exercise.

6. RECOMMENDATION

- 6.1 That Scrutiny Co-ordinating Committee notes the outcome of this procurement exercise.

7. CONTACT OFFICER

Stuart Langston
Health, Safety and Wellbeing Manager
Workforce Services
Telephone: 01429 523560
E-mail: stuart.langston@hartlepool.gov.uk

SCRUTINY CO-ORDINATING COMMITTEE

15 April 2011



Report of: Chair of the Adult and Community Services Scrutiny Forum

Subject: ADULT AND COMMUNITY SERVICES SCRUTINY FORUM – PROGRESS REPORT

1. PURPOSE OF REPORT

- 1.1 To inform the Scrutiny Co-ordinating Committee of the progress made to date by the Adult and Community Services Scrutiny Forum.

2. PROGRESS OF THE SCRUTINY FORUM

- 2.1 Since the last progress report from this Forum, which was presented to the Scrutiny Co-ordinating Committee on 12 November 2010, the Adult and Community Services Scrutiny Forum has undertaken the following work:-

2.2 Child and Adult Services Department: Budget and Policy Framework 2011/12:

In order to accommodate the revised timescales of the 2011/12 budget and policy framework consultation with Scrutiny, consideration of the proposals were retained in their entirety by the Scrutiny Co-ordinating Committee, with members of the scrutiny forums invited to attend meetings of the Scrutiny Co-ordinating Committee.

- 2.3 Members of the Adult and Community Services Scrutiny Forum attended the meeting of the Scrutiny Co-ordinating Committee on 1 December 2010 to consider budget proposals for the Adult and Community areas of provision within the Child and Adult Services Department. Member views on these initial proposals were discussed by the Scrutiny Co-ordinating Committee on 10 December 2010 and were subsequently considered by Cabinet on 20 December 2010.
- 2.4 Members of the Adult and Community Services Scrutiny Forum Scrutiny Forum considered the response from Cabinet as part of the Scrutiny Co-ordinating Committee meeting on 14 and 21 January 2011. Further views of the Adult and Community Services Forum were considered by Cabinet on 24

January 2011 and 7 February 2011 as part of the response to the budget proposals by the Scrutiny Co-ordinating Committee.

2.5 Proposals for Inclusion in Child and Adult Services Departmental Plan 2011/12:

The Adult and Community Services Scrutiny Forum on 17 January 2011 considered proposals for inclusion in the 2011/12 Child and Adult Services Departmental Plan. The Forum's views on these proposals were reported to the Scrutiny Co-ordinating Committee on the 25 February 2011 and were considered by Cabinet on 4 April 2011.

2.6 Six Monthly Monitoring of Agreed Regeneration and Planning Services Scrutiny Forum's Recommendations:

The Adult and Community Services Scrutiny Forum received an update on the progress made against the recommendations resulting from scrutiny inquiries undertaken by the Adult and Community Services Scrutiny Forum since the 2005/06 Municipal year at their meeting of 28 March 2011, Members noted that 78% of actions were completed, 9% assigned and 13% cancelled.

2.7 Safeguarding of Adults:

The Adult and Community Services Scrutiny Forum have continued their investigation into 'Safeguarding of Adults'.

2.8 The Forum, at its meeting on the 13 December 2010, was delighted to receive evidence from Salford and Middlesbrough Councils in relation to their Care Quality Commission inspections on Adult Safeguarding.

2.9 At the meeting on 28 February 2011 the Forum considered the challenges facing the provision of safeguarding services due to the current economic climate. The Forum also received evidence from a representative of the Teeswide Safeguarding Vulnerable Adults Board and considered written evidence from the Cleveland Police North Tees Vulnerability Unit and the General Practitioner Commissioning Consortium. The Members of the Forum who attended the meeting of the Hartlepool Adult Protection Committee on 15 February 2011 also provided feedback to the Forum regarding the issues discussed at this meeting.

2.10 The Forum completed this investigation on 28 March 2011 with the Final Report submitted to the Scrutiny Co-ordinating Committee at today's meeting, for submission to Cabinet in May 2011.

2.11 Forward Plan:

The Adult and Community Services Scrutiny Forum, at each of its meetings, continue to consider possible issues from the Council's Forward Plan for inclusion within its Work Programme. Since the Forum's last progress report, in 12 November 2010, no specific items have been identified.

3. RECOMMENDATION

- 3.1 It is recommended that the Scrutiny Co-ordinating Committee notes the progress of the Adult and Community Services Scrutiny Forum.

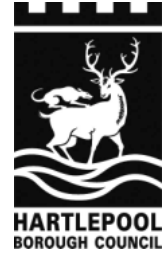
**COUNCILLOR JANE SHAW
CHAIR OF THE ADULT AND COMMUNITY SERVICES SCRUTINY FORUM**

BACKGROUND PAPERS

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

SCRUTINY CO-ORDINATING COMMITTEE

15 April 2011



Report of: Chair of the Children's Services Scrutiny Forum

Subject: CHILDREN'S SERVICES SCRUTINY FORUM –
PROGRESS REPORT

1. PURPOSE OF REPORT

- 1.1 To inform the Scrutiny Co-ordinating Committee of the progress made to date by the Children's Services Scrutiny Forum.

2. PROGRESS OF THE SCRUTINY FORUM

- 2.1 Since the last progress report from this Forum was presented to the Scrutiny Co-ordinating Committee on 12 November 2010, the Children's Services Scrutiny Forum has undertaken the following work:-
- 2.2 Child and Adult Services Department: Budget and Policy Framework 2011/12: The Scrutiny Co-ordinating Committee at its meeting of 15 October 2010 approved a revised process and timetable for the budget process, with consideration of the proposals retained in their entirety by the Scrutiny Co-ordinating Committee. All Scrutiny Members were invited to attend a meeting of the Scrutiny Co-ordinating Committee on 1 December 2010 to consider budget proposals for both the Regeneration and Neighbourhoods Department and the Child and Adult Services Department. Members views on these initial proposals were discussed and agreed by the Scrutiny Co-ordinating Committee on 10 December 2010 and were subsequently considered by Cabinet on 20 December 2010.
- 2.3 At the Scrutiny Co-ordinating Committee meetings of 14 and 21 January 2011, Members considered the response from Cabinet to these proposals. Further views of the Scrutiny Co-ordinating Committee were then considered by Cabinet on 24 January 2011 and 7 February 2011.

- 2.4 'Think Family – Early Intervention and Prevention Services': The Children's Services Scrutiny Forum has continued their investigation into 'Think Family – Early Intervention and Prevention Services'. Families, young people and children were invited along to the meeting of 18 January 2011. Discussion focused on the impact that Think Family services have on children, including children on the cusp of care, children living in poverty, young people and their families. Three activities were organised for the following age ranges, 5 to 11 year olds; 12 to 16 year olds and adults. The groups discussed their views and experiences in relation to Think Family services.
- 2.5 The Forum at its meeting of 31 January 2011 considered the feedback from the group exercises with partner organisations / parents held on 19 October 2010; the Conference held on 10 December 2010; the activity sessions with families held on 18 January 2011 and written feedback received from a number of questionnaires.
- 2.6 The Forum approved the Final Report at their meeting of 22 March 2011 and by the Scrutiny Co-ordinating Committee at their meeting of 25 March 2011. The Forum are scheduled to present the Final Report at Cabinet of 18 April 2011, as planned.
- 2.7 Regional 'Early Intervention and Prevention' Conference: The Children's Services Scrutiny Forum hosted an early intervention and prevention conference which took place on 10 December 2010 at the Belle Vue Sports and Youth Centre. Members of the Forum attended, along with 40 plus delegates from several other regional local authorities. The programme of events for the day included guest speakers Nicola Doyle from the Department for Education; Iain Wright MP; and Alison Edwards, Deputy Headteacher of High Tunstall College of Science. Following the guest speakers, attendees attended two workshops. The workshops demonstrated Think Family models being developed in several local authorities.
- 2.8 Schools White Paper: The Forum at its meeting of 31 January 2011 received a presentation from the Assistant Director of Performance and Achievement on the 'Schools White Paper'. The Forum noted the presentation and sought clarification on relevant issues from the Assistant Director.
- 2.9 Proposals for Inclusion in the 2011/12 Child and Adult Services Departmental Plan: The Children's Services Scrutiny Forum on the 18 January 2011 considered the proposals for inclusion in the 2011/12 Child and Adult Services Departmental Plan. The Forum reported its views back to the Scrutiny Co-ordinating Committee on the 25 February 2011 which will subsequently be considered by Cabinet in April 2011.
- 2.10 Membership of the Children's Services Scrutiny Forum: As detailed in the last progress report the membership of the Children's Services Scrutiny

Forum includes two co-opted parent governor representatives, one primary and one secondary governor. A nomination was received for the secondary governor vacancy and was approved by Council on 29 November 2010.

- 2.11 No nominations to date have been received for a representative from the Church of England diocese; or for a School Council representative; or a primary parent governor, therefore the positions remain vacant.
- 2.12 Investigation into Youth Involvement / Participation: The young people's representatives on the Forum provide an update at every meeting on the progress they have made on their investigation into 'Youth Involvement / Participation'. The young people have looked at social networking sites such as Facebook and have considered the safeguarding implications in using these networking sites. The young people presented their Final Report at the Forum meeting of 22 March 2011 and the report was received by the Scrutiny Co-ordinating Committee at their meeting of 25 March 2011. The Young People's Representatives are scheduled to present the Final Report at Cabinet of 18 April 2011, as planned.
- 2.12 Six Monthly Monitoring of Agreed Children's Services Scrutiny Forum's Recommendations: The Children's Services Scrutiny Forum considered the scrutiny recommendations monitoring report at its meeting of 22 March 2011.
- 2.13 Forward Plan – The Children's Services Scrutiny Forum, at each of its meetings, continues to consider possible issues from the Council's Forward Plan for inclusion within its Work Programme. Since the Forum's last progress report, in November 2010, no specific items have been identified.

3. RECOMMENDATION

- 3.1 It is recommended that the Scrutiny Co-ordinating Committee notes the progress of the Children's Services Scrutiny Forum.

**COUNCILLOR CHRIS SIMMONS
CHAIR OF CHILDREN'S SERVICES SCRUTINY FORUM**

BACKGROUND PAPERS

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

SCRUTINY CO-ORDINATING COMMITTEE

15 April 2011



Report of: Chair of the Health Scrutiny Forum

Subject: HEALTH SCRUTINY FORUM – PROGRESS REPORT

1. PURPOSE OF REPORT

- 1.1 To inform the Scrutiny Co-ordinating Committee of the progress made to date by the Health Scrutiny Forum.

2. PROGRESS OF THE SCRUTINY FORUM

- 2.1 Since the last progress report from this Forum was presented to the Scrutiny Co-ordinating Committee on 12 November 2010, the Health Scrutiny Forum has undertaken the following work:-
- 2.2 Accident and Emergency at University Hospital of Hartlepool – The issue of the proposed closure of the Accident and Emergency Department at the University Hospital of Hartlepool has been a major focus for Members of the Health Scrutiny Forum. After the last update to the Scrutiny Co-ordinating Committee, Members received notification that the closure of A&E was suspended pending an Independent Review into A&E services.
- 2.3 At the Health Scrutiny Meeting of 23 November 2010, the Forum agreed to be involved in the independent review supported by the Strategic Health Authority for the North East. With myself and the Vice Chair sitting on the review panel, which met 26-27 January 2011. Findings of the Independent Review were presented to the Health Scrutiny Forum by the Medical Director (SHA North East) at their meeting of 29 March 2011. We are awaiting the response from NHS Hartlepool and North Tees & Hartlepool NHS Foundation Trust, with a hope that we can move forward on this issue.
- 2.4 Female Life Expectancy in Hartlepool – When Members met on 23 November 2010, they received an update on women's life expectancy in Hartlepool from the Head of Health Improvement, NHS Hartlepool. There was some good news that Hartlepool was no longer the worst Town for women's life expectancy in the country, but more work is still to be done on improving life expectancy and the Forum will continue to monitor improvements.

- 2.5 Minimum Price Per Unit of Alcohol – The Assistant Director for Public Health, NHS Hartlepool attended the Health Scrutiny Forum meeting of 23 November 2010 in relation to a request from the Director of Public Health for support for a minimum price per unit of alcohol. Having considered the evidence presented in front of them, Members felt that there was more work to be done before they could formally support such an initiative.
- 2.6 Connected Care – The Forum's main investigation for the 2010/11 was into Connected Care and Members agreed the scoping report for their investigation at their meeting of 23 November 2010.
- 2.7 When Members met on 1 February 2011 they received a detailed setting the scene report from the Connected Care Manager and the Chair of the Connected Care Steering Group, highlighting the work that was being co-ordinated through Connected Care and the details of a comprehensive study undertaken by Durham University.
- 2.8 For their final evidence gathering meeting on 1 March 2011, the Forum heard compelling evidence from partner organisations involved in the delivery of services under the banner of Connected Care. In addition Members heard evidence from a Focus Group held to gather the views of individuals who had been involved in Connected Care, all of whom spoke both warmly and passionately about how Connected Care had made a difference to their lives.
- 2.9 The Health Scrutiny Forum agreed the Draft Final Report at their meeting on 29 March 2011, with the Final Report on the agenda of today's meeting before presentation to Cabinet at the start of the 2011/12 Municipal Year.
- 2.10 Service Transformation Project – Due to their involvement in the independent review into A&E Services, Members agreed to a proposal to postpone update information on the Service Transformation Project emanating from the Momentum: Pathways to Healthcare Programme.
- 2.11 Dust Deposits on the Headland – The Health Scrutiny Forum invited Members of the Neighbourhood Services Scrutiny Forum to join them at their meeting of 1 February 2011 to hear the evidence from the Director of Public Health, NHS Tees into the health of people living on the Headland, following the previous investigations into the health and environmental impacts of dust deposits on residents of the Headland. The findings of the Director of Public Health are on the agenda of today's meeting.
- 2.12 Quality Account - Members received details of North Tees and Hartlepool NHS Foundation Trust's Quality Account for 2011/12 when they met on 1 February 2011. Members were very pleased to hear of reductions in mortality in hospital, inpatient fractures and cases of clostridium difficile & MRSA bacteraemia, although some caution was voiced in terms of not overlooking diet and feeding of in-patients.

- 2.10 Suspension of Greatham Clinic – On 1 March 2011 the Health Scrutiny Forum received a progress report in terms of the NHS Hartlepool Board decision over service provision in Greatham following the suspension of Greatham Clinic and the subsequent Health Scrutiny investigation during the 2009/10 Municipal Year. Members were informed that non-clinical services were being delivered to residents, but that without suitable premises the Board had decided not to implement any clinical services.
- 2.11 Breastfeeding – The Breast Feeding Co-ordinator provided a very informative presentation to the Forum on 1 March 2011. Members noted that progress in this area was still at an early stage, but some encouraging signs were already emerging in terms of increasing breast feeding figures from a very low base of around 36% in 2009.
- 2.12 Teenage Pregnancy – Forum Members were interested in hearing from the Teenage Pregnancy Co-ordinator, who was present at their meeting on 1 March 2011. The Teenage Pregnancy Co-ordinator informed Members that although teenage pregnancy levels in the Town had improved there was still more to be done in this area and Members made a number of suggestions to continue to work at tackling this issue.
- 2.13 Health of the Ex-Service Community – I am pleased to report that the regional report into the Health of the Ex-Service Community is now complete. The Final Report was discussed by Members at their meeting of 1 March 2011 and is on the agenda at today's meeting.
- 2.15 Six Monthly Monitoring of Agreed Health Scrutiny Forum's Recommendations: The Health Scrutiny Forum was pleased to receive the scrutiny recommendations monitoring report at its meeting of 29 March 2011, Members noted the high number of recommendations achieved and on target.
- 2.16 Forward Plan – The Health Scrutiny Forum, at each of its meetings, continues to consider possible issues from the Council's Forward Plan for inclusion within its Work Programme. Since the Forum's last progress report no specific items have been identified.

3. RECOMMENDATION

- 3.1 It is recommended that the Scrutiny Co-ordinating Committee notes the progress of the Health Scrutiny Forum.

**COUNCILLOR STEPHEN AKERS-BELCHER
CHAIR OF THE HEALTH SCRUTINY FORUM**

BACKGROUND PAPERS

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

SCRUTINY CO-ORDINATING COMMITTEE

25 March 2011



Report of: Chair of the Neighbourhood Services Scrutiny Forum

Subject: NEIGHBOURHOOD SERVICES SCRUTINY FORUM
– PROGRESS REPORT

1. PURPOSE OF REPORT

- 1.1 To inform the Scrutiny Co-ordinating Committee of the progress made to date by the Neighbourhood Services Scrutiny Forum.

2. PROGRESS OF THE SCRUTINY FORUM

- 2.1 Since the last progress report from this Forum was presented to the Scrutiny Co-ordinating Committee on 12 November 2010, the Neighbourhood Services Scrutiny Forum has undertaken the following work:-
- 2.2 Regeneration and Neighbourhoods Department: Budget and Policy Framework 2011/12: The Scrutiny Co-ordinating Committee at its meeting of 15 October 2010 approved a revised process and timetable for the budget process, with consideration of the proposals retained in their entirety by the Scrutiny Co-ordinating Committee. All Scrutiny Members were invited to attend a meeting of the Scrutiny Co-ordinating Committee on 1 December 2010 to consider budget proposals for both the Regeneration and Neighbourhoods Department and the Child and Adult Services Department. Members views on these initial proposals were discussed and agreed by the Scrutiny Co-ordinating Committee on 10 December 2010 and were subsequently considered by Cabinet on 20 December 2010.
- 2.3 At the Scrutiny Co-ordinating Committee meetings of 14 and 21 January 2011, Members considered the response from Cabinet to these proposals. Further views of the Scrutiny Co-ordinating Committee were then considered by Cabinet on 24 January 2011 and 7 February 2011.

- 2.4 Proposals for Inclusion in the 2011/12 Regeneration and Neighbourhoods Departmental Plan: The Neighbourhood Services Scrutiny Forum on the 19 January 2011 considered the proposals for inclusion in the 2011/12 Regeneration and Neighbourhoods Departmental Plan. The Forum reported its views back to the Scrutiny Co-ordinating Committee on the 25 February 2011 which will subsequently be considered by Cabinet in April 2011.
- 2.5 '20's Plenty – Traffic Calming Measures': The Neighbourhood Services Scrutiny Forum has continued their investigation into '20's Plenty – Traffic Calming Measures' and since the last progress report, the Forum has considered evidence from the Regeneration and Neighbourhoods Department on current and future budgetary restrictions. In addition to this, Members discussed the feedback received from the three Neighbourhood Consultative Forums and their site visit to Newcastle City Council to gather good practice evidence.
- 2.6 The Final Report was approved by the Forum on 19 January 2011, considered by the Scrutiny Co-ordinating Committee on 25 February 2011 and by Cabinet on 21 March 2011.
- 2.7 'Foreshore Management': The Neighbourhood Services Scrutiny Forum at its meeting of 19 January 2011 approved the Aim, Terms of Reference and Timetable for its investigation into 'Foreshore Management'.
- 2.8 The Forum at its meeting on the 19 January 2011 began the evidence gathering process. During this meeting, the Forum received a setting the scene presentation from the Assistant Director of Neighbourhood Services on the overall aim of foreshore management services and how they are currently provided in Hartlepool and the legislative and policy requirements.
- 2.9 At the meeting of 23 February 2011, Members received evidence from a number of partner organisations on their roles and responsibilities in relation to foreshore management and how each organisation works in partnership with the Council. The Forum also explored the balance between conservation and tourism in relation to how the foreshore is managed while continuing to stimulate economic growth.
- 2.10 The Forum is on track to complete its investigation by the 11 April 2011 so that the Final Report can be submitted to the Scrutiny Co-ordinating Committee on 15 April 2011, for submission to Cabinet in the new Municipal Year.
- 2.11 Six Monthly Monitoring of Agreed Neighbourhood Services Scrutiny Forum's Recommendations: The Neighbourhood Services Scrutiny Forum considered the scrutiny recommendations monitoring report at its meeting of 23 March 2011.
- 2.12 Forward Plan – The Neighbourhood Services Scrutiny Forum, at each of its meetings, continues to consider possible issues from the Council's Forward

Plan for inclusion within its Work Programme. Since the Forum's last progress report, in November 2010, no specific items have been identified.

3. RECOMMENDATION

- 3.1 It is recommended that the Scrutiny Co-ordinating Committee notes the progress of the Neighbourhood Services Scrutiny Forum.

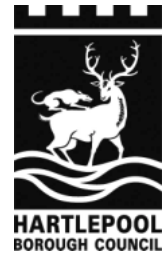
**COUNCILLOR STEPHEN THOMAS
CHAIR OF NEIGHBOURHOOD SERVICES SCRUTINY FORUM**

BACKGROUND PAPERS

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

SCRUTINY CO-ORDINATING COMMITTEE

15 April 2011



Report of: Chair of the Regeneration and Planning Services
Scrutiny Forum

Subject: REGENERATION AND PLANNING SERVICES
SCRUTINY FORUM - PROGRESS REPORT

1. PURPOSE OF THE REPORT

- 1.1 To inform the Scrutiny Co-ordinating Committee of the progress made to date by the Regeneration and Planning Services Scrutiny Forum, since the last progress report to this Committee.

2. PROGRESS OF THE FORUM

- 2.1 Since the last progress report from this Forum, which was presented to the Scrutiny Co-ordinating Committee on 12 November 2010, the Regeneration and Planning Services Scrutiny Forum has undertaken the following work:-
- 2.2 Regeneration and Neighbourhoods Department: Budget and Policy Framework 2011/12:
In order to accommodate the revised timescales of the 2011/12 budget and policy framework consultation with Scrutiny, consideration of the proposals were retained in their entirety by the Scrutiny Co-ordinating Committee, with members of the scrutiny forums invited to attend meetings of the Scrutiny Co-ordinating Committee.
- 2.3 Members of the Regeneration and Planning Services Scrutiny Forum attended the meeting of the Scrutiny Co-ordinating Committee on 1 December 2010 to consider budget proposals for the Regeneration and Planning areas of provision within the Regeneration and Neighbourhood Services Department. Member views on these initial proposals were discussed by the Scrutiny Co-ordinating Committee on 10 December 2010 and were subsequently considered by Cabinet on 20 December 2010.
- 2.4 Members of the Regeneration and Planning Services Scrutiny Forum considered the response from Cabinet as part of the Scrutiny Co-ordinating Committee meeting on 14 and 21 January 2011. Further views of the Regeneration and Planning Services Forum were considered by Cabinet on

24 January 2011 and 7 February 2011 as part of the response to the budget proposals by the Scrutiny Co-ordinating Committee.

2.5 Proposals for Inclusion in Regeneration and Neighbourhoods Departmental Plan 2011/12:

The Regeneration and Planning Services Scrutiny Forum on 20 January 2011 considered proposals for inclusion in the 2011/12 Regeneration and Neighbourhoods Departmental Plan. The Forum's views on these proposals were reported to the Scrutiny Co-ordinating Committee on the 25 February 2011 and were considered by Cabinet on 4 April 2011.

2.6 Six Monthly Monitoring of Agreed Regeneration and Planning Services Scrutiny Forum's Recommendations:

At their meeting of 31 March 2011 the Regeneration and Planning Services Scrutiny Forum received an update on the progress made against the recommendations resulting from scrutiny inquiries undertaken by the Regeneration and Planning Services Scrutiny Forum since the 2005/06 Municipal year. Members noted that 91% of all recommendations had been completed with the remaining 8% assigned and 1% overdue.

2.7 Working Neighbourhoods Fund:

The Regeneration and Planning Services Scrutiny Forum has continued their investigation into the 'Working Neighbourhoods Fund'. Since the last progress report the Forum has heard evidence from the Economic Development Team regarding the impact of the Comprehensive Spending Review. Member also considered the views of internal and external jobs and the economy themed service providers on the effect the withdrawal of the WNF would have on their ability to deliver services and guide people back into work.

2.8 The final report was considered by the Scrutiny Co-ordinating Committee on 25 February 2011 and by Cabinet on 21 March 2011, where all recommendations were accepted.

2.9 Tall Ships Evaluation & Economic Impact Report

At the meeting of the Regeneration and Planning Services Scrutiny Forum on 20 January 2011 Members were pleased to received a overview of the Tall Ships Evaluation and Economic Impact Report produced by Spirul.

2.10 Services Available to Male Victims of Domestic Violence:

The Regeneration and Planning Services Scrutiny Forum on the 20 January 2011 approved the Aim, Terms of Reference and Timetable for its investigation into 'Services Available to Male Victims of Domestic Violence'.

2.11 The Forum, at its meeting on the 3 February 2011, gathered evidence in relation to the investigation. During the meeting the Forum received a 'Setting the Scene' presentation from the Community Safety Manager. Members also received verbal evidence from representatives of Housing Hartlepool, Harbour, Victim Support and Cleveland Police. In addition written evidence

was received from the Probation Service, the Youth Offending Services and the Child and Adult Services Department.

2.12 Members of the Forum considered information from other local authorities and regional and national organisations and were pleased to receive case studies from local residents who were affected by domestic violence.

2.13 The Forum completed this investigation on 31 March 2011 with the Final Report being submitted to the Scrutiny Co-ordinating Committee at today's meeting, for submission to Cabinet in May 2011.

2.14 Referrals from Scrutiny Co-ordinating Committee:

The Regeneration and Planning Services Scrutiny Forum at each of its meetings considers requests for scrutiny reviews referred via Scrutiny Co-ordinating Committee. The following issue was raised at the Forum meeting of 9 September 2010: -

- (i) Decision Reference RN 34/10 Housing Adaptations Policy (2010-2013)
A joint meeting of the Regeneration and Planning Services, Children's Services and Adult and Community Services Forums was held on 27 September 2010 to consider the Housing Adaptations Policy (2010 – 2013) and to allow Members to participate in the consultation process. The Forums recommendations were noted by Scrutiny Co-ordinating Committee on 15 October 2010 and were noted by Cabinet on 10 January 2011.

2.15 Forward Plan: –

The Regeneration and Planning Services Scrutiny Forum at each of its meetings, continues to consider possible issues from the Council's Forward Plan for inclusion within its Work Programme. Since the Forum's last progress report, in November 2010, no specific items have been raised.

3. RECOMMENDATION

It is recommended that the Scrutiny Co-ordinating Committee notes the progress of the Regeneration and Planning Services Scrutiny Forum.

**COUNCILLOR KEVIN CRANNEY
CHAIR OF REGENERATION AND PLANNING SERVICES SCRUTINY FORUM**

BACKGROUND PAPERS

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

SCRUTINY CO-ORDINATING COMMITTEE

15 April 2011



Report of: Chair of the Scrutiny Co-ordinating Committee

Subject: SCRUTINY CO-ORDINATING COMMITTEE –
PROGRESS REPORT

1. PURPOSE OF REPORT

- 1.1 To inform the Members of the Scrutiny Co-ordinating Committee of the progress made by this Committee, since my last progress report on 12 November 2010.

2. PROGRESS ON THE OVERVIEW AND SCRUTINY WORK PROGRAMME 2010/11

- 2.1 I am pleased to inform Members that with consideration of the reports presented at today's meeting, the Overview and Scrutiny Work Programme for 2010/11 will have been delivered to the prescribed timescales.

3. PROGRESS OF THE SCRUTINY CO-ORDINATING COMMITTEE

- 3.1 Medium Term Financial Strategy (MTFS) 2011/12 To 2014/15 – Proposals (Consultations) – The Scrutiny Co-ordinating Committee at its meeting of 15 October 2010 approved a revised process and timetable for the budget process, with consideration of the proposals retained in their entirety by the Scrutiny Co-ordinating Committee. Between December 2010 and January 2011, the Scrutiny Co-ordinating Committee met on 7 occasions to formulate a formal Scrutiny response to Cabinets budget and policy framework proposals.

The responses formulated by Scrutiny were considered by Cabinet on the 20 December 2010 and 24 January 2011 and contributed significantly to the formulation of the budget approved unanimously by Council on the 10 February 2011.

- 3.2 The Corporate Plan, Hartlepool Partnership Plan and Departmental Plans 2011/12 - The Scrutiny Co-ordinating Committee at its meeting on the 14 January approved the process for Scrutiny involvement in the development of the Corporate Plan, Hartlepool Partnership Plan and Departmental Plans.

Responsibility for consideration of each departments plan was referred to the relevant Scrutiny Forum and responses from each were reported back to the Scrutiny Co-ordinating Committee on the 25 February 2011. The formal Scrutiny response will subsequently be considered by Cabinet on the 8 April 2011. As the outcome of the Cabinet meeting was not known in time for circulation of this report, a verbal update will be provided at today's meeting.

- 3.3 Six Monthly Monitoring of Agreed Scrutiny Forum's Recommendations: The Scrutiny Co-ordinating Committee was pleased to receive the scrutiny recommendations monitoring report at its meeting of 12 November, 2010. Members noted the high number of recommendations achieved and are eagerly anticipating the next monitoring report which will be considered at today's meeting.
- 3.4 Update Report – Members Attendances Working Group: The Scrutiny Co-ordinating Committee at its meeting of 25 February 2011, received and approved the recommendations of the Members Attendances Working Group. These recommendations are to be considered by Council on the 14 April 2011.
- 3.5 The Provision of Face to Face Financial Advice and Information in Hartlepool - Investigation – The Scrutiny Co-ordinating Committee at its meeting on the 3 September 2010 commenced its investigation in to 'the provision of face to face financial advice and information in Hartlepool' with a detailed 'setting the scene' report. Further evidence was provided over a series of meeting, with the Committee completing its investigation on the 25 March 2011. The Committee final report is to be considered at today's meeting.
- 3.6 Forward Plan – The Scrutiny Co-ordinating Committee, at its meetings on the 10 December 2010 and 11 March 2011, considered the identification of possible issues from the Council's Forward Plan for inclusion within its Work Programme. Whilst no specific items were identified, the Committee raised a number of questions, the answers to which have since been circulated by the relevant officers and where requested are outlined in the report at Item 9.3 of today's agenda. The Committee also requested the referral the following issues to the Council Working Group:
- Child Poverty Needs Assessment and Updated Child Poverty Strategy; and
 - Review of Concessionary Fares Payment to Bus Operators for 2001/12.
- 3.7 Call-In's:-
- i) Counselling Services - An update in relation to this issue will presented to the Scrutiny Co-ordinating Committee, at today's meeting, by the Performance Portfolio Holder.
 - ii) Telephony Services - This Call-in was concluded at the meeting held on the 28 January 2011 and the Committees recommendations approved by

the Finance and Procurement Portfolio at his meeting on the 7 March 2011.

- iii) Senior Management Review - This Call-in was concluded on the 12 November 2010 and following consideration of the Committee recommendations Cabinet on the 29 November 2010 reaffirmed its original decision.
- iv) Appointment of Local Authority representatives governors to serve on school Governing Bodies - Seaton Carew Nursery School - This Call-in will have been considered at the Scrutiny Co-ordinating Committee meeting on the 7 April 2011. As the outcome of the meeting was not known in time for circulation of this report, a verbal update will be provided at today's meeting.
- v) Community Pool 2011/12 – This Call-in was accepted by the Scrutiny Co-ordinating Committee, at its meeting on the 25 March 2011, and a Working Group created to take the issue forward. Arrangements for this Working Group are in the process of finalised.
- vi) Jacksons Landing - This Call-in will have been considered at the Scrutiny Co-ordinating Committee meeting on the 7 April 2011. This Call-in was withdrawn on the basis that the business case options be referred to Scrutiny Co-ordinating Committee and discussions be held with Council in relation to the financial implications of the proposal prior to any formal decision being taken by Cabinet and ultimately Council.

The business case options were subsequently considered by the Scrutiny Co-ordinating Committee on the 25 March 2011, at which time it was recommended that the issue be added to the work programme for the Council Working Group.

3.8 Referrals:-

- i) Bus Services in Hartlepool (Referral from Portfolio Holder for Regeneration and Economic Development) – This referral was accepted by the Scrutiny Co-ordinating Committee, at its meeting on the 25 March 2011, and a Working Group created to take the issue forward. The first meeting of this Working Group took place on the 31 March 2011 and work is now ongoing in preparation for a further meeting (the date of which has yet to be finalised).
- ii) Revenues and Benefits Service Delivery Option Report (Referral from the Business Transformation Programme Board) - This referral was accepted by the Scrutiny Co-ordinating Committee, at its meeting on the 10 December 2010. Details of the referral were subsequently considered on the 17 December 2010 and the Committees recommendations formulated on the 7 January 2011. The Committee recommendations were considered by Cabinet on the 24 January 2011 and were instrumental in Cabinets decision, at the meeting on the 7

February 2011, to refer more detailed proposals for the provision of the services back to Scrutiny.

- iii) Business Transformation Programme II – Proposals for the Provision of the Revenues and Benefits Service (Referral from Cabinet) - This referral was accepted by the Scrutiny Co-ordinating Committee, at its meeting on the 25 February 2011. The Committee met on the 18 March 2011 to consider the detail of the referral and agreed its recommendations, for consideration by Cabinet on the 8 April 2011. As the outcome of the Cabinet meeting was not known in time for circulation of this report, a verbal update will be provided at today's meeting.
- 3.9 Safer Hartlepool Partnership's Draft Strategy 2011-2014 – In accordance with the agreed process for scrutiny involvement in the consultation process around budget and policy framework documents, the above draft strategy was considered by the Scrutiny Co-ordinating Committee on the 21 January 2011. Member's comments were subsequently considered by Cabinet on the 7 February 2011 in its endorsement of the draft strategy.
- 3.10 Crime and Disorder (Overview and Scrutiny) Regulations 2009 – The Scrutiny Co-ordinating Committee, at its meeting on the 21 January 2011, approved the process for inclusion of the requirements of the above regulations within Hartlepool's Scrutiny arrangements.
- 3.11 'Directorship' Model – The Scrutiny Co-ordinating Committee at its meeting on the 25 March 2011 consider the potential of exploration of options for the introduction of a Directorship model in Hartlepool. Members agreed that the item would be included as an item for the 2011/12 Scrutiny Work Programme.
- 3.12 Council Assisted Scheme for the Provision of Household White Goods/Furniture – As part of the Scrutiny Co-ordinating Committee's investigation into Child Poverty and Financial Inclusion, reference was made to the potential benefits of the scheme in the generation of a revenue income stream from the provision of furniture and white goods to families in receipt of benefits. Following further discussion by the Committee on the 23 July 2010, and the 15 October, a further report was considered at the Scrutiny Co-ordinating Committee meeting on the 7 April 2011.
- 3.13 Informal Meetings of the Scrutiny Chairs – I am pleased to report that informal meetings with the Scrutiny Chairs continue to be held on a regular basis (23 November 2010 and 25 February 2011). To ensure openness and transparency is maintained, I am pleased to inform Members that the following issues were discussed during the course of these meetings:-
- i) Joint Cabinet / Scrutiny Meetings - Discussions on the Way Forward
 - ii) Scrutiny Work Programme Setting Process for 2011/12 - Discussions on the Way Forward

- iii) Scrutiny Involvement in the Budget Setting Process - Discussions on the Way Forward
- iv) Evaluation of the Scrutiny Process (*Verbal Update*)
- v) Purdah Details (25 March to 5 April) (*Verbal Update*)
- vi) Annual Report (*Verbal Update*)
- vii) NEREO Joint Scrutiny Member/Officer Network (Scrutiny Manager)
- viii) Circulation of Large Documents as Part of Scrutiny Agendas – Views on Process (*Verbal*)
- ix) Senior Management Review - Call-In (*Verbal Update*)
- x) Health Issues:-
 - (i) Health White Paper Update; and
 - (ii) Update - Regional Health Scrutiny / Draft Regional Health Protocol / Health of the ex-Service Community Investigation.

The date of the next informal meeting of the Scrutiny Chairs has yet to be set

4. RECOMMENDATION

- 4.1 It is recommended that the Scrutiny Co-ordinating Committee notes the content of this report.

**COUNCILLOR MARJORIE JAMES
CHAIR OF THE SCRUTINY CO-ORDINATING COMMITTEE**

BACKGROUND PAPERS

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

SCRUTINY CO-ORDINATING COMMITTEE

15 April 2011



Report of: Scrutiny Manager

Subject: DRAFT FINAL REPORT – PROVISION OF FACE TO FACE ADVICE AND INFORMATION SERVICES IN HARTLEPOOL

1. PURPOSE OF REPORT

- 1.1 To inform Members of the Scrutiny Co-ordinating Committee that the Draft Final Report into 'The Provision of Face to Face Financial Advice and Information Services in Hartlepool' will be presented at today's meeting.

2. BACKGROUND INFORMATION

- 2.1 In accordance with the Authority's Access to Information Rules, it has not been possible to include the 'The Provision of Face to Face Financial Advice and Information Services in Hartlepool' Draft Final Report within the statutory requirements for the despatch of the agenda and papers for this meeting. The report will be circulated under separate cover in advance of this meeting.

3. RECOMMENDATION

- 3.1 Members are requested to note the content of this report and agree the Draft Final Report into 'The Provision of Face to Face Financial Advice and Information Services in Hartlepool', which will be circulated under separate cover in advance of this meeting.

Contact Officer:- Joan Stevens – Scrutiny Manager
Chief Executive's Department – Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

BACKGROUND PAPERS

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

CO-ORDINATING COMMITTEE

15 April 2011



Report of: Scrutiny Co-ordinating Committee

**Subject: DRAFT FINAL REPORT – THE PROVISION OF
FACE TO FACE FINANCIAL ADVICE AND
INFORMATION SERVICES IN HARTLEPOOL**

1. PURPOSE OF REPORT

- 1.1 To present the findings of the Scrutiny Co-ordinating Committee following its investigation into the provision of face to face financial advice and information services in Hartlepool.

2. SETTING THE SCENE

- 2.1 During 2009/10, as part of the Council's commitment to meeting the Government's target for the eradication of child poverty by 2020, the Scrutiny Co-ordinating Committee undertook a detailed 'Child Poverty' investigation. As part of this investigation, it had been shown that poor financial management and debt is one of the key issues impacting on poverty in families. It was also noted that families with limited financial resources could have their situations made worse by an inability to access "mainstream" credit facilities and as a result may make use of loan sharks or purchase arrangements that charge huge interest rates.
- 2.2 In identifying its Work Programme for the 2010/11 Municipal Year, the Scrutiny Co-ordinating Committee, identified the need to build on the outcome of this investigation, and was drawn in particular to the importance of face to face financial advice and information services as a vital support mechanism to provide all Hartlepool families with access to the financial advice / help they need.
- 2.3 The Committee felt strongly that an evaluation of the way in which these services are provided in Hartlepool should be undertaken, including the potential need for:
- expansion to meet growing demand;
 - contraction to reflect reducing funding; and
 - Alternative delivery mechanisms in order to do the best within the resources available.

- 2.4 On this basis, the Scrutiny Co-ordinating Committee at its meeting on the 23 July 2010 approved an investigation in to 'The provision of Face to Face Financial Advice Services in Hartlepool' as the main focus of its work programme for 2010/11.

3. OVERALL AIM OF THE SCRUTINY INVESTIGATION

- 3.1 The overall aim of the Scrutiny investigation was, as part of the child poverty eradication agenda, to explore and evaluate the provision of face to face financial advice and information 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 how 'face to face' financial advice and information services are provided in Hartlepool (including areas of partnership working);
- (b) To examine how effective / efficient the provision of 'face to face' financial advice and information services in Hartlepool are in meeting the needs of Hartlepool residents;
- (c) To seek the views of service users and the groups / bodies that are responsible for the provision of 'face to face' financial advice and information services in Hartlepool;
- (d) To identify and compare examples of good practice in the provision of face to face financial advice and information services;
- (e) To gain an understanding of the impact of current and future budget pressures on the way in which face to face financial advice and information services are provided in Hartlepool; and
- (f) To explore how face to face financial advice and information services could be provided in the future, giving due regard to:-
 - (i) Improving the effectiveness and efficiency of the way in which the service is currently provided; and
 - (ii) If / how the service could be provided at a reduced financial cost (within the resources available in the current economic climate).

5. MEMBERSHIP OF THE SCRUTINY CO-ORDINATING COMMITTEE

- 5.1 The membership of the Scrutiny Co-ordinating Committee was as detailed overleaf:-

Councillors: C Akers-Belcher, S Akers-Belcher, Cook, Cranney, Flintoff, Griffin, James, London, A Marshall, McKenna, Preece, Richardson, Shaw, Simmons, Thomas and Wells.

Resident Representatives: Evelyn Leck, Linda Shields and Angie Wilcox

6. METHODS OF INVESTIGATION

6.1 Members of the Scrutiny Co-ordinating Committee met formally from the 3 September 2010 to the 25 March 2011 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 reports supplemented by verbal evidence;
- (b) Evidence from Leeds City Council as an example of good practice in the provision of financial inclusion and in turn face to face financial advice and information;
- (c) Site visit, facilitated by Stockton CAB, to gain an understanding of their operating practices and activities;
- (d) Evidence received from the town's Member of Parliament;
- (e) The views of local residents and service users; and
- (f) Evidence from Linda Evans, Regional Financial Inclusion Champion.
- (g) Evidence from Groups / bodies who provide face to face financial advice and information services:

- Hartlepool Citizens Advice Bureau (CAB);
- West View Advice and Resource Centre;
- Manor Residents (Connected Care);
- TBI Solicitors – limited free advice; and
- Credit Union
- Hartlepool Financial Inclusion Partnership
- Hartlepool Borough Council (Revenues & Benefits Team)
- TMJ Legal Services.

- (h) Representatives from Groups / bodies who navigate individuals towards face to face financial advice and information service providers;

- Jobcentre plus;
- The Council's Benefits team;
- Families Information Service;
- Age UK Teesside;
- The Families Information Service;
- The Albert Centre; and
- Job Smart Consortium (now called 'Hartlepool Works').

*Please note that the above list is not exhaustive as there are a number of other workers e.g. children's centres family workers and Team around the Primary School that would signpost to the main providers.

FINDINGS

7 HOW 'FACE TO FACE' FINANCIAL ADVICE AND INFORMATION SERVICES ARE PROVIDED AND FUNDED IN HARTLEPOOL

7.1 As a starting point for the investigation, it was important for the Committee to gain a clear understanding of how face to face advice services are provided in Hartlepool. In doing this, Members learned that the provision of advice is split into two stages, navigation and provision. The differentiation between these two groups being that navigators can assist with an initial discussion about financial support but are not sufficiently trained to actually provide the advice needed.

7.2 Following consideration of the Committee's earlier child poverty investigation by Cabinet, a 'mapping' exercise was undertaken of independent advice and guidance provided across all sectors in Hartlepool. This exercise had shown that there are currently over 500 workers who navigate residents to financial advice. These workers are located across many groups, including Children's Centres and the Teams Around the Schools, however, the main provision of navigation activities is through:-

- Jobcentre plus;
- Jobsmart;
- Age concern;
- Albert Centre;
- Benefits team; and
- Families Information Service Hartlepool (FISH).
- Connected Care

7.3 The Committee learned that whilst there are many 'navigating' organisations in Hartlepool, there are only 4 main providers of face to face financial advice and information services in Hartlepool.

7.4 The Committee was encouraged to discover that all organisations that provide face to face financial advice and information are required to be licensed through the Office of Fair Trading, and in order to acquire these licences rigorous training / qualifications are required.

How Face to Face Advice and Information Service 'Providers' Operate

7.5 Members explored with interest the role, remit and activities of Hartlepool's four key providers of face to face advice and information. In doing this, the Committee at its meeting on 28 January 2010 and 11 March 2011, considered evidence from each of the groups (including questionnaires) and welcomed input from service users. Details of the services provided are outlined in the table over the page.

Organisation	Services Provided	How Services are Provided
Hartlepool Citizens Advice Bureau (CAB)	<ul style="list-style-type: none"> - Face to face advice. 	<ul style="list-style-type: none"> - Only offer on site appointments. - Outreach limited to Hartlepool Carers Group.
West View Advice and Resource Centre	<ul style="list-style-type: none"> - Face to face advice. - SLA with Housing Hartlepool for referred clients. - Advice & support relating to specific Health Conditions. - Budgetary / Debt / Welfare Benefit Advice. - Personal/Family Matters 	<ul style="list-style-type: none"> - On site appointments. - Extensive outreach (Town Wide) - 11 Outreach Surgeries in venues throughout Hartlepool identified as being in the top 30% super output areas for deprivation). - A comprehensive service at our Main Office in Miers Avenue available Monday to Friday. - Home Visits for the Housebound. - Hospital / Hospice visits. - Engages through Money Matter Road Shows.
Manor Residents (through Connected Care)	<ul style="list-style-type: none"> - Face to face advice. - Navigator Service. - Handyman Service. - Benefits/Welfare Advice. - SAILS Project. - Meals on Wheels. - Supported Living Project (Glamis Walk) 	<ul style="list-style-type: none"> - Community lead programme. - Predominantly offering outreach in the South of the town. (Roll out due to take place to cover the whole of Hartlepool) - Support people in other areas if requested. - Provide the people of South Hartlepool with a holistic approach to their issues and help them access all the information, support and guidance they need. - Anyone who lives in South Hartlepool can access Connected Care. Particularly those who:- <ul style="list-style-type: none"> a) Have multiple or complex needs. b) Are in contact with services but are experiencing difficulties. c) Aren't in contact with any services. d) Are hard to reach or feel excluded.

		<ul style="list-style-type: none"> - Encourage co operation between services. - Connected Care has facilitated numerous successful events that have attracted many residents. Partner Agencies have used these events as a forum to promote services etc.
Jobcentre Plus	- Benefit advice for jobseekers only.	
Other smaller advice providers		
<p>TBI Solicitors - limited free advice.</p> <p>TMJ Legal Services - limited free advice (this company ceased to be funded for outreach work mid-way through the investigation).</p> <p>HMRC (Her Majesty's Revenue and Customs) - a telephone helpline and email support.</p>		

- 7.6 In addition to the work undertaken by the providers outlined above, Members noted with interest the work of the Financial Inclusion Partnership (FIP). The Committee acknowledged the importance of the partnerships activities in the delivery of a number of Money Matters Road Shows and the production of Money Matters publications. Members welcomed the success of these activities in encouraging residents to seek advice and information to address their money or debt concerns, and were exceptionally supportive of the role of the partnership in maximising the up-take of welfare benefits and promoting the pitfalls associated with high interest lenders and unlicensed lenders (Loan Sharks).

How Hartlepool's Four Key Providers of Face to Face Advice and Information Are Funded

- 7.7 The Committee learned that resources for the provision of face to face advice in Hartlepool is provided / obtained through a variety of sources and were please to find that organisations are not wholly reliant on funding from the local authority. Details of funding sources are outlined in the table overleaf.
- 7.8 Members are strongly of the view that given the tightening of local authority budgets, the continued identification / attraction of alternative funding will be crucial. It is also felt that the creation of a system / structure in Hartlepool that facilitates access to all types and levels of available funding will be a key role for the local authority.

Organisation	Funding Source and Amount	What Funding is Used For?
Hartlepool Citizens Advice Bureau (CAB)	<p>Council 'Community Pool' Funding:-</p> <p>£80.035 (2009/10) £80.289 (2010/11) £36.130 (2011/12) – 6 month allocation only)</p> <p>Government's Financial Inclusion Fund (continuation of this funding was confirmed during the course of the investigation)</p> <p>Also - Legal Services Commission, Financial Services Authority and the Northern Rock Foundation</p>	<p>2 FTE dedicated debt caseworkers (funded from the Governments Financial Inclusion Fund)</p> <p>Services from: Main Office, Hartlepool Carers Centre and Hartlepool County Court (Housing Issues Only).</p> <p>The focus of our services is giving advice and assistance with Debt Advice, Housing Advice, Employment Law, Welfare Benefits, Consumer Advice, Money Guidance. Taxes and a variety of other subjects and topics.</p>
West View Advice and Resource Centre	<p>Relies heavily on grant funding from Charitable foundations.</p> <p>Council 'Community Pool' Funding:-</p> <p>£29,443 (2009/10) 29,118 (2010/11) £13,103 (2011/12 – 6 month allocation only)</p> <p>Sure Start - very small amount of funding to deliver bespoke service at Sure Start Centres.</p>	<p>Community Pool grant - Contribution to the salary costs of an Advice Manager, Tribunal Disability Worker, Home Disability Worker and a General Advice Worker.</p> <p>SLA's with Belle Vue & Housing Hartlepool.</p> <p>Contract with HBC for Children's Centres, Agreement with Macmillan Cancer Support</p> <p>Services from: Main Office & Stranton CC, Lynfield CC, Hindpool, CC, Chatham CC, Rift House CC, Rossmere CC, St John Vianney CC, Belle Vue Centre, Central Library, Wynyard House, home visits for the housebound.</p>

Manor Residents (through Connected Care)	<p>Predominantly funded by PCT through HVDA core grants to voluntary sector.</p> <p>Joint Council / PCT funding in the region of £50,000.</p> <p>Council 'Community Pool' Funding:- £5,684 (2009/10); No funding applied for (2010/11 or 2011/12)</p>	<p>Community Pool grant - Contribution to insurance and accountancy costs</p> <p>Services from: Main Office</p> <p>The service runs five days a week, with six appointments each day, however demand is such that we could operate to full capacity with two advisors on full time basis</p>
--	--	--

- 7.9 In looking at the arrangements within the Council, Members discussed links between financial inclusion and health and well-being. Members acknowledged the importance of information sharing and the expansion of existing staffs knowledge and were of the view that the Council's Contact Centre must play a key role in the 'joined up' provision of advice services. Members welcomed indications that staff development programmes were currently being examined with a view to providing basic awareness sessions to front line and benefits staff.

Partnership Working in the Provision of Face to Face Advice and Information Services in Hartlepool

- 7.10 During the course of the investigation it was apparent to Members that a key element in the provision of effective advice and information services is partnership working. It was also evident that partnership working was to become even more important given the reducing level of resources and the growing demand for services resulting from the current economic climate.
- 7.11 In looking at how partnership working in the provision of face to face advice operates in Hartlepool, the following was of particular interest:

i) **The Financial Inclusion Partnership**, which operates as a sub group of the Economic Forum (a theme partnership of the Local Strategic Partnership). This partnership works to provide a co-ordinated, targeted cross agency response to financial inclusion. It offers the opportunity to pool resources to deliver projects and aims to bring advice, information and agencies "closer to communities" to reach the most vulnerable in accessible non threatening venues. The partnership has:

- Delivered a number of Money Matters Road Shows and produced Money Matters publications to encourage residents to seek advice and information to address their money or debt concerns and to maximise the up-take of welfare benefits;
- Taken a lead role in promoting the pitfalls associated with high interest lenders and unlicensed lenders (Loan Sharks);

- Linked with the DWP Financial Inclusion Champions Initiative; and
- Provide a mentoring role to local agencies and partners in respect of increasing their understanding of issues related to financial exclusion.

ii) **The West View Advice and Resource Centre**, which operates a close working relationships and partnerships with both statutory and voluntary sector. Examples of this being:

- Department of Works and Pensions;
- Hartlepool Borough Council;
- Surestart Centres;
- Housing Hartlepool;
- Macmillan;
- Belle Vue Community Centre; and
- Hartlepool Financial Inclusion Partnership.

iii) **Connected Care** which operates close working relationships with:

- Manor Residents Association;
- OFCA;
- Child and Adult Services (HBC);
- Accent Foundation;
- Homeless Tea;
- Cleveland Police;
- Intra Health;
- Strengthening Families Programme;
- Fire Brigade;
- Hartlepool Mind;
- Job Centre Plus;
- Housing Hartlepool; and
- Neighbourhood Services (HBC).

iv) **Families Information Service Hartlepool (FISH)**, which operates close partnerships with statutory, voluntary and private organisations, including:

- Jobcentreplus (working alongside a Jobcentreplus outreach advisor half a day per week);
- Hartlepool Financial Inclusion Partnership (contributed to and distribute the “Money Matters” information booklet); and
- Housing Benefit and Council Benefit teams.

7.12 The Committee welcomed input from ‘providers’ and ‘navigators’ and was pleased to find that a wide variety of types and levels of partnership working are being undertaken. Members welcomed indications from the organisations / groups in attendance that they viewed partnership working, and the sharing of information and resources, as the way forward in the provision of face to face advice and information services. There was, however, some concern that not all organisations were fully integrating with

the ethos of partnership working and Members felt strongly that this could not be allowed to continue.

- 7.13 In developing partnership Members welcomed the opportunity to develop a joint staff development and awareness programme had been identified and that this was to be delivered through key partners by the end of March 2011. The Committee was also pleased to find that the opportunity to work with the national charitable organisation (Child Poverty Action Group (CPAG)) had arisen to access basic training in financial support for families. In terms of this opportunity for training from CPAG for specific workers, the Committee felt strongly that it should also be extended to voluntary organisations.
- 7.14 It was also apparent to the Committee that, whilst a wide variety of services are provided, which could be effectively tapped into, not all organisations were aware of the services available. In light of this, Members were of the view that a more joined up approach would be beneficial, through the sharing of information, building upon the 'mapping' exercise of services undertaken following the Committee's previous 'Child Poverty' investigation.
- 7.15 The overall view of the Committee was that the provision of face to face advice needed to be expanded in partnership with other organisations, with an emphasis on the availability of services to all communities across the town. It was, however, recognised that the ability to do this would be reliant on the availability of resources and the identification of an effective operating structure.

8 MEETING THE NEEDS OF HARTLEPOOLS RESIDENTS

- 8.1 In order for the Committee to effectively ascertain if face to face advice services are being provided effectively in Hartlepool, it was necessary for the Committee to gain a true understanding of residents needs. Members noted that households are categorised into three groups when talking about financial inclusion. These are as follows:-

- 1) On the Breadline estimated as **26.8%** of all Hartlepool households.

The definition of this being:

- Young lone parents and single people living on benefits or earning low incomes and who have poor financial capability. They struggle to cope with unexpected household expenses due to a lack of savings or realisable assets.
- Live in the lowest value council, housing association and rented properties. High proportion of households have no full-time earner, majority pay no tax due to their low earnings/income.
- Shop in discount stores and are high spenders on childcare products and services such as utilities – prepayment arrangements.
- Find it difficult to obtain banking facilities and credit and as a result are most likely to default.

2) Credit Hungry Families estimated as **13.1%** of all Hartlepool households.

The definition of this being:

- Typically couples in their 20's – 30's with young or school aged children. Little or no ability to save. Income is below average with a high proportion being used to fund existing debts – no reserves for emergencies – low financial awareness.
- Use credit extensively from a variety of sources to maintain their lifestyle often 'maxing out' credit cards and taking on loans for luxuries, holidays and have goods on hire purchase agreements.
- Live in low value housing terraced/semi's, but large number have mortgages, other typically rent from council, private landlords, etc.
- Will often run out of cash before next payday so may use wage advance companies. This group are the largest risk for debt defaults.

3) Elderly Deprivation estimated as **15.2%** of all Hartlepool households

The definition of this being:

- Pensioners living in poor circumstances and almost completely dependent upon state income. During their working lives were unable to make provision for old age.
- Manage their finances well to but still struggle to meet basic necessities such as rent, food, utilities – if they have any savings at all this would be set aside for their funeral.
- Majority live alone in small rented flats or sheltered accommodation.
- Have poor access to transport – so shop locally. Socially isolated due to lack of money for leisure/interests, some may have access to family support.

8.2 In addition to the above information, the Committee noted with concern that in Hartlepool:

- i) Personal insolvencies have increased from 10.9 per 10,000 of the population in 2005 to 30.1 per 10,000 of the population in 2009.
- ii) 10,000 households in Hartlepool are involved in financial arrangements with home credit companies. The Financial Inclusion Partnership has estimated that if the poorest families were removed from Doorstep lending arrangements, this would release at least £4 million into the local economy.
- iii) According to HMRC 3,715 families in Hartlepool are not claiming essential Working Family Tax Credits that they are entitled to.
- iv) The number of children living in families claiming income support/ job seekers allowance is 4,925 of these 3,555 live with a lone parent.
- v) The Basic Bank Account Report published recently by the Financial Inclusion Taskforce confirmed that the number of un-paid or 'returned items' (e.g. standing orders and direct debits) due to a lack of available

funds on deposit in an individuals account at the time payment is requested, is rising. This is a significant problem for people with incomes of under £15,000 per annum.

- vi) 28.6% of children in Hartlepool are living in families on key benefits.
- vii) In Hartlepool, 10.5% of adults with children are lone parents.
- viii) There are 56,100 working age adults in Hartlepool (worklessness currently stands at 33.8%).

8.3 It was clear to the Committee that the information provided reinforced the perceived need within Hartlepool's communities for financial help and advice, with a continuing increase in demand for debt advice. Members were concerned, that despite the considerable efforts of all groups and organisations involved, there continued to be a significant amount of unmet need and were particularly concerned regarding:

- i) The number of Hartlepool households involved in financial arrangements with home credit companies;
- ii) The level of unclaimed benefits; and
- iii) The situation affecting many **elderly women** who, following the death of their husbands, have their pensions cut by half and find themselves in poverty.

8.4 It was also clear to the Committee that all those organisations / groups involved were subject to a number of barriers to the take up of face to face advice services. These included:-

- i) The **stigma** attached to debt and peoples reluctance to own up and to and seek advice. How this could be addressed was something that the Committee felt needed to be explored further and Members were particularly concerned to find that reticence to seek help is especially prevalent amongst the elderly (particularly relevant given the elderly deprivation figures referred to in Section 8.1 above;
- ii) **Raising awareness** of the services available;
- iii) **Unclaimed benefit entitlements**. Particular concern was expressed in relation to people's reluctance to apply for family tax credits, given anecdotal evidence regarding over payments and the subsequent size of repayments required from claimants. In relation to this, the Committee acknowledged that failure to promptly report changes to family circumstances played a significant part in such errors. Members felt strongly that a key factor in encouraging prompt notification of changes would be the removal of the perception that the reporting would always result in a reduction in benefits.

- iv) The availability of **funding** and its impact on the level and type of services that can be provided.
- 8.5 In relation to reducing funding, Members were concerned to find that a key area of impact related to the provision of support for people attending tribunals. A particular example of this being to impact on the large number of people who were currently having their Disability Living Allowance (DLA) reassessed, with the potential of a benefit cut. The results of the funding cuts being that many people were finding themselves having to go to the appeal tribunal unsupported.
- 8.6 Members placed great emphasis throughout the investigation on the mechanisms in place to raise awareness of the services available and felt strongly that a wide variety of mechanisms should be implemented. Concern was expressed regarding a reliance on accessing information through the internet and the need to recognise that some people who need services may have communication difficulties.
- 8.7 Attention was also drawn to the ways in which information is relayed to young people and Members were very pleased to learn that links had been established with colleges and work was ongoing regarding the provision of money skills / management sessions, in partnership with Bardays Money Skills Project and the Financial Inclusion Partnership. Members were, however, concerned that no funding was allocated to support this initiative in the future and felt that in placing emphasis on the importance of prevention funding needed to be secured.
- 8.8 Members acknowledged the role of the Money Matters booklet as an effective means of communication and supported its circulation as widely as possible

Effectiveness of the Face to Face Advice Services Provided

- 8.9 In exploring the effectiveness of the face to face services provided, Members considered a wide variety of sources of information; these included operational details of providers and navigators, case studies and service user satisfaction, through questionnaires and face to face evidence from a number of clients across the three providers.
- 8.10 Case studies considered by Members demonstrated the wide variety of issues dealt with by providers and the positive outcome their activities have on the lives of service users. Members were also delighted to receive personnel evidence from service users which, whilst reinforcing the vital importance of face to face advice, highlighted waiting times for appointments as a significant barrier to the provision of these excellent services. Details of case studies considered by the Committee are outlined overleaf.

Case Study 1 - Health Case Study

- Client Diagnosed With Terminal Cancer
- Married With 3 Children And Homeowner With Mortgage
- Due to our assistance now in receipt of the following:
 - DLA High Care High Mobility totaling £121.25 each week;
 - ESA awarded of £96.85 per week;
 - Tax Credits now increased to £132 per week;
 - Now receives full Council Tax benefit and has even received a refund of £200 which following benefit award meant account was in credit; and
 - Macmillan Grant awarded to repair boiler.

Client was very emotional and so very grateful. Said that they are “dumbstruck” at the help they received.

Case Study 2 - Timing Problems Case Study

Waiting time for first available appointment - 4 weeks.

- Client extremely distressed as two weeks after approaching our centre for an appointment they received a County Court Judgement (CCJ) for non-payment of their water rates.
- Client's only debt is to Hartlepool Water for over £2000 in outstanding water rates.
- Client advised us that they has been suffering from alcoholism for some time and had neglected to pay the water bills. Client advised that they are now in recovery through support from the Albert Centre (who referred them to us) and would like to start paying off this debt.
- Application completed to the Anglian Water Assistance Fund for a grant to clear these outstanding water arrears.
- Letter received from the Anglian Water Assistance Fund confirming that client Y had been successful and a provisional award had been made.
- Six months later we received a letter from the Anglian Water Assistance Fund confirming that award had been paid as client Y had showed commitment to paying the water over the past six months. Water arrears cleared in full.

Client had worked all of life until this recent diagnosis and that all they want to do is to look after partner and family and keep a roof over their heads.

Case Study 3

Carla was elderly, lonely and depressed and living in squalor, with no contact from the outside world

Actions:-

- Connected Care made initial contact and built up trust.
- Handyman service made first steps in cleaning the home.
- Client was placed on SAILS project and accessed Meals on Wheels.
- Navigator coordinated services / referral to agencies.

Carla's conclusion:-

- I can't thank Connected Care enough.
- I now know that there's someone out there for me. My life is worth living!
- All I needed was someone to start the ball rolling. I had the courage to admit I needed help and Connected Care was only happy to support me and co ordinate my access to a variety of services”.

Case Study 4

June was sinking further into depression, at risk of loosing her home, seriously ill and a high risk of taking her own life.

Actions:-

- Benefits Advice Service ensured that benefits were maximised.
- Connected Care liaised with Housing Hartlepool to discuss arrears.
- Supported Client in attending court.
- Co-ordinated medical, debt and emotional support.

Carla's conclusion:-

- I am now able to sleep at night.
- I no longer feel suicidal and I don't take as much medication. I am now receiving the correct benefits, my benefits are in place and I'm in receipt of Discretionary Housing Payments to support me paying my arrears. If it wasn't for Connected Care I would not be here!

Case Studies 1 and 2 (provided by the West View Advice and Resource Centre), Case Studies 3 and 4 (provided by Manor Residents – through Connected Care)

- 8.11 The Committee was interested to find that evaluations / surveys had been undertaken by a number of the organisations providing services. Members were particularly impressed with results in relation to the activities of West View Advice and Resource Centre in that 80% of their clients had seen their income improve, 60% felt more able to cope and perhaps most importantly 46.6% felt that Health/Mental Wellbeing had improved.
- 8.12 Similar work had been undertaken by Hartlepool Citizens Advice Bureau showing that customer satisfaction with their services was good, it was also shown that during 2009/10 new enquiries had increased by 44%, specific debt enquiries had increased 66% and there had been a significant increase in the number of young people seeking debt advice. Members were concerned to discover that the upward trends identified by the CAB were mirrored across all providers.
- 8.13 During the course of discussion, the Committee looked in detail at how services are currently provided, and may be provided in the future. In relation to the CAB, Members were concerned to receive indications that the continuation of face to face debt advice by the CAB would be dependent on the organisations obtaining financial inclusion fund resources. The Committee noted with interest that whilst other providers were facing similar financial challenges, they had indicated that the provision of debt advice would continue to be a priority. The Committee felt strongly that regardless of funding, this should be the stance expected of all providers, especially those who were also receiving Council Community Pool funding.
- 8.14 The Committee was, however, pleased to learn that the continuation of funding through the Financial Inclusion Fund was to continue in 2011/12. In relation to Community Pool funding, the Committee considered the issue of value for money in relation to the services provided and was clear in its view

that funding should be utilised as a priority for the provision of front line services and not directed towards the provision of management / back office services.

- 8.15 On an operational basis, Members considered a number of issues in relation to the staffing and operation of the organisations. In relation to Hartlepool **Hartlepool CAB**, the Committee felt strongly that the offer of 'self help' services was not the way forward for the provision of face to face advice and in relation to the number of enquiries dealt with, against employment levels, noted with interest fluctuations in levels of support from volunteers. Members were encouraged to see that arrangements were in place to expand the number of volunteers, however, it was recognised that there was a need for caution in filling the advice gap in this way, as a result of the temporary nature of voluntary workers and the need for specialist training in order to be truly effective.
- 8.16 The Committee was interested to find, in relation to the **West View Advice and Resource Centre**, that in 2010/11 debt advice continues to be the main source of advice sought and that 2,026 clients referrals had been dealt with over a 6 month period, with an average of £123,000 new debt enquiries dealt with per month. Members noted with concern that whilst previously the most common debts had involved door step lenders, this had changed in recent years, with personal loans/credit card debts now being the more common problem.
- 8.17 Members found that the only source of funding would be from the Council's community pool (as detailed earlier in the report) and were impressed with the 'value for money' obtained from their activities.
- 8.18 In relation to **Connected Care**, emphasis was placed upon the cross community nature of their activities for all Hartlepool residents and whilst concern was expressed regarding the potential impact of reduced public funding on services of this type, the organisation remained committed to the provision of face to face advice. The committee was impressed to find that approximately 2,500 clients per year were supported by Connected Care, often with multiple needs, of these 6 per week were debt advice related.
- 8.19 Members were also impressed with the 'value for money' obtained from Connected Care activities and noted with interest that they had achieved their aims with no Council Community Pool funding since 2009/10.
- 8.20 The Committee gave further consideration to the activities of navigators, in addition to other providers. Evidence from **Age UK (Teesside)** showed that whilst no face to face financial advice was provided information, advice and guidance was provided to the over 50s age group. Members noted with interest that the type of advice provided was mainly signposting individuals, carers and supporters and acknowledged that although the service was provided mainly by volunteers, there were a number of resource implications in terms of ensuring volunteers were adequately trained and sources of information were up to date and accurate.

- 8.21 Evidence provided by **Families Information Service Hartlepool**, highlighted to the Committee the breadth of services provided by navigators, (in this case the provision of specialist advice on child care issues, tax credit advice, advice for young parents who may wish to continue in education and signposting individuals to relevant organisations). Attention was also drawn to the groups success in referring, over the previous 12 months, 28 families to organisations such as WVARC, CAB and Children's Centres where all or part of the package of support involved financial assistance.
- 8.22 The breadth of services offered by navigators was further reinforced by evidence from the **Albert Centre and Job Centre Plus**. In relation to the activities of Job Centre Plus, it was also brought to the attention of Members that as part of the various sources of face to face advice provided by Job Centre Advisors (to specific client groups as a route back to employment) there is an eagerness to go out and provide advice in various community settings. Members were surprised to find that other bodies were unaware of these services and that on a broader level, there was room for improvement in the transmission of information between organisations in terms of the services available.
- 8.23 Members were particularly interested in evidence provided in relation to the activities of Job Smart Consortium, which facilitated the transmission of information to the public in the most appropriate manner, and how the sharing of information between over 40 agencies providing similar support met methods of communicating information to the public. Members recognised the importance of establishing working links, and the support from voluntary and private sector organisations, in enabling this service to operate and reiterated the potential for this ethos to form the basis of a system for face to face advice provision in the future.

9 VIEWS OF RESIDENTS AND SERVICE USERS

- 9.1 In addition to the information already provided in relation to the effectiveness of face to face advice services, Members noted that anecdotal evidence from the 'mapping' exercise previously undertaken showed that services offering face to face financial advice are overstretched with waiting lists for appointments. In exploring further the effectiveness of advice and information services, the Committee carried out a survey through the key providers to further ascertain service user's views.
- 9.2 Members noted that whilst it was acknowledged that the sample size was relatively small (with 75 questionnaires returned); it was felt that the results of the survey gave a 'snapshot' view of service provision. It was also noted that responses from Hartlepool CAB had missed the deadline for inclusion in the evaluation. Whilst this was disappointing, the Committee was satisfied that it had received evidence on performance and service user's views earlier in the investigation, through the results of the CAB Client Profile Survey (2010).

9.3 The results of the survey showed that:-

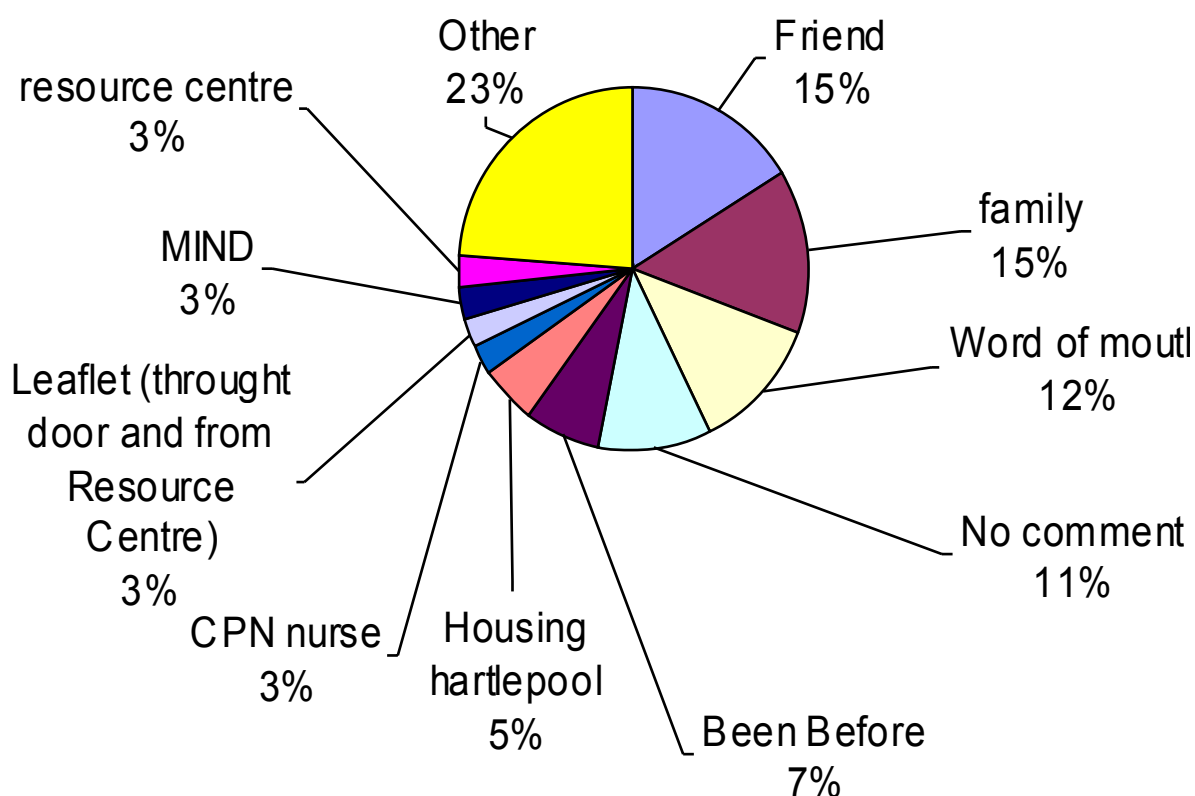
1) Advice had been received from:

- West View Advice and Resource Centre (WVARC) (64%);
- Connected Care (32%);
- Other (Families Information Service, Credit Union, Miers Avenue Resource Centre) (4%).

2) When asked **if the service received could be improved**, the responses received were:

- 23% felt that the service they received could be improved;
- 69% felt that the service they received could not have been improved;
- 8% had no view.

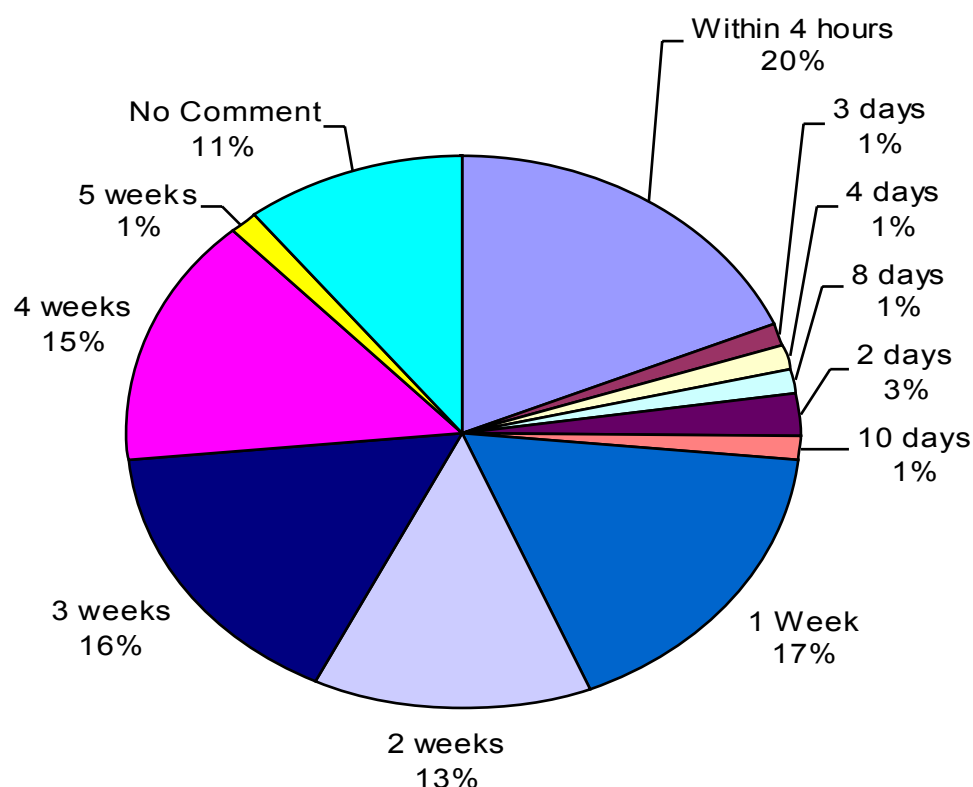
3) How did you find out where to get face to face advice?



Other Includes - Chatam House Notice Board, Civic Centre, Councillor, Colleague, Community Centre, Credit Union, DWP Referral, Employment Link, McMillan Nurse, Hartlepool Book, Hartlepool Mail, Kilmarnock Road Centre, Library, OC Health, Phoenix Centre, Support Worker, Sure Start, OFCA.

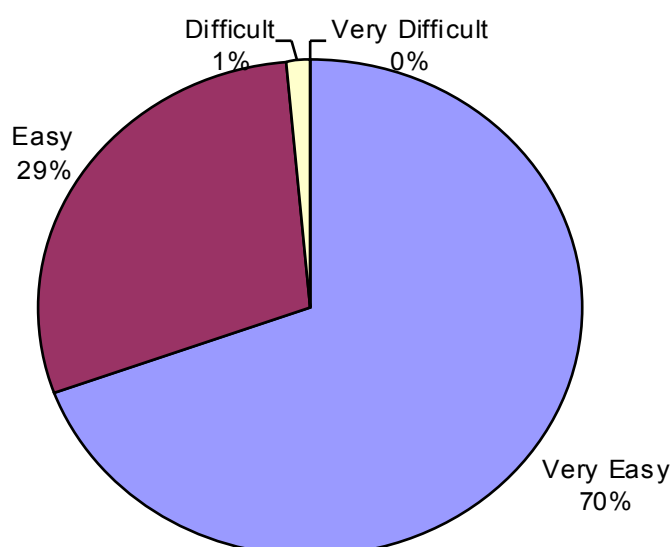
9.4 The Committee noted with particular interest the high number of individuals who found out about the services through family / friends or word of mouth, rather than any formal mechanism.

4) How long did you wait between your initial assessment and formal advice appointment?

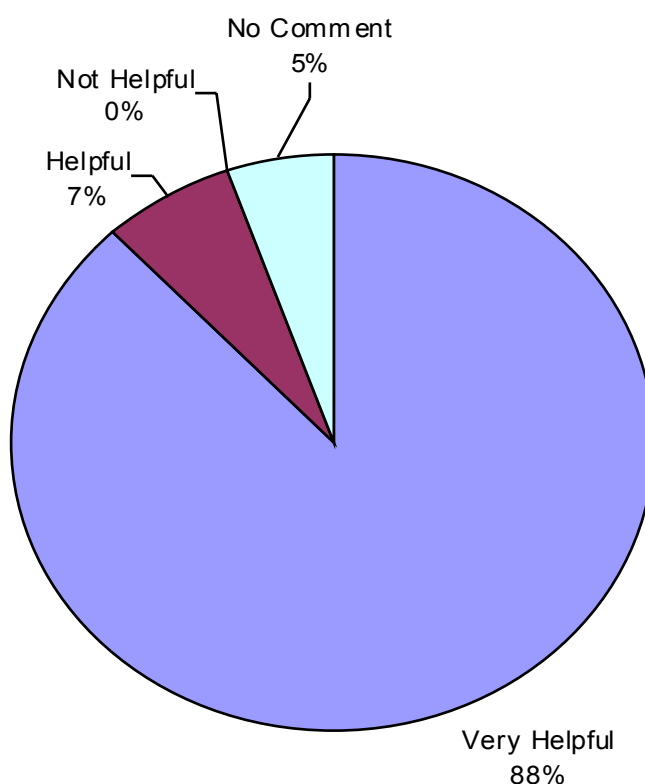


9.5 It was clear to the Committee that the results of the survey supported the views found throughout the rest of the investigation, in that demand and the availability of resources was resulting in the majority of people waiting weeks rather than days for appointments. Members felt strongly that this was unacceptable and needed to be reduced to properly meet resident's needs.

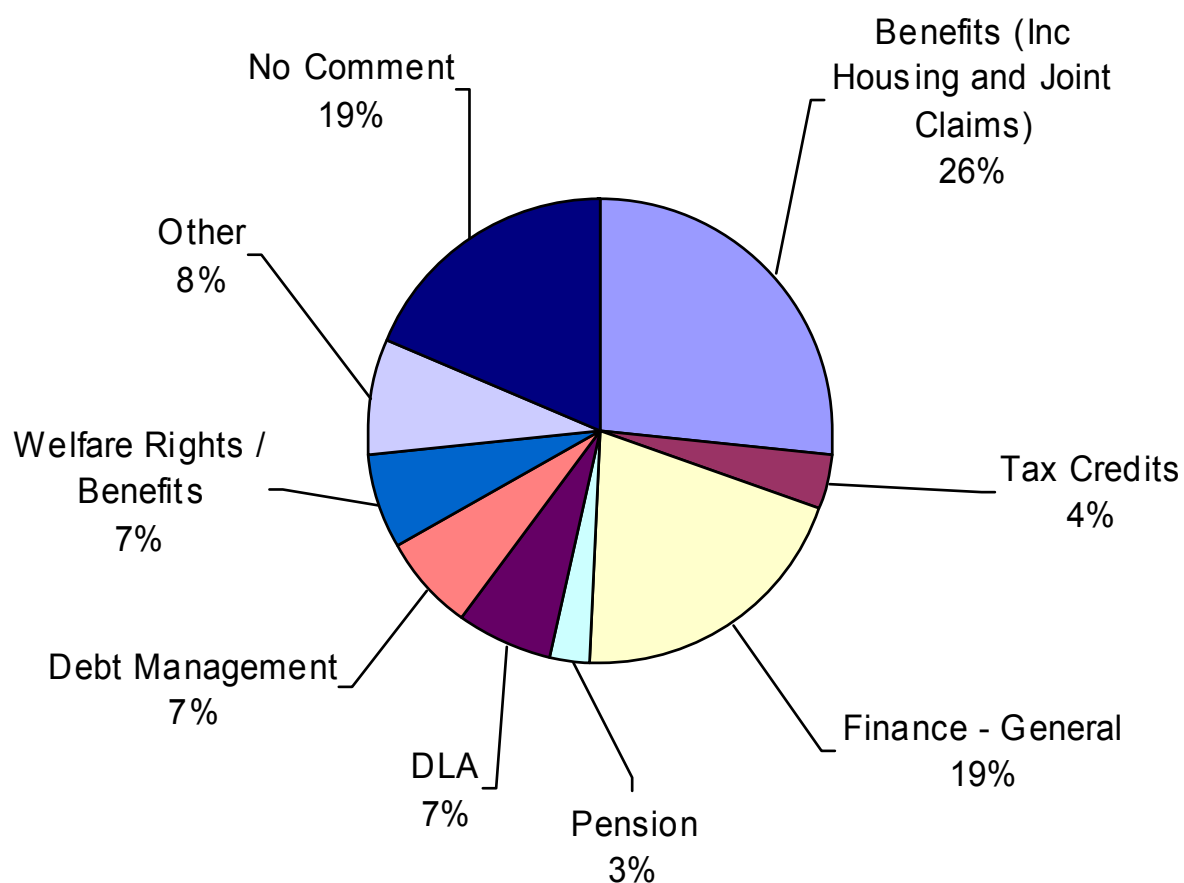
5) How easy / difficult was it to find the financial advice you received?



6) How helpful was the financial advice you received?



7) What type of advice was received?



- 9.6 Members were exceptionally pleased to find that the vast majority of those asked had found face to face advice services easy to access and that the advice provided made a significant improvement to people's lives. It was also noted that the survey clearly showed that resources need to be focused on the provision of benefits advice and debt management.

10 GOOD PRACTICE IN THE PROVISION OF FACE TO FACE FINANCIAL ADVICE AND INFORMATION SERVICES

- 10.1 As part of the Forum's investigation into the provision of face to face advice and information services in Hartlepool, Leeds City Council was identified as an example of good practice. During the course of discussions with a representative from Leeds, Members noted with interest the effectiveness of their services and the emphasis placed upon partnership working and development of an effective financial inclusion model.
- 10.2 A key aspect of this was the provision of face to face advice and the Committee was particularly interested in the processes utilised to clearly identify areas / categories of need (in order to effectively focus the provision of resources and advice) and the gearing of provision to meet individual community's needs. Members felt strongly that the focusing of resources and the establishment of a process that provides community specific services will be essential to the successful provision of face to face advice in the future.

Visit to Stockton CAB

- 10.3 The operational activities of activities of Stockton Citizens Advice Bureau (CAB) were also identified, by the Regional Financial Inclusion Champion, as of value for consideration by the Committee. On this basis, Members of the Committee undertook a site visit on the 9 February 2011.
- 10.4 During the course of the visit, Members noted with interest that whilst the provision of debt advice is not specifically included within the package of core activities required of all CAB's, Stockton places great importance on its provision. In doing this, Stockton have in place 9 specialist case workers and, given the upward trend in debt enquiries (up 60% from the year), have actively increased emphasis on financial inclusion / prevention / education.
- 10.5 Members were impressed with the focus of the CAB's activities on prevention and education and highlighted other key issues / factors around enabling people financially to return to work. On the basis of the latter, the Committee was pleased to find that options were already being explored with Job Centre Plus around financial capability and preparing people to return to work.
- 10.6 The Committee was concerned to find that the upward trend in the debt enquiries was being mirrored across the region. Members were also interested to discover that in Stockton, as in Hartlepool, the highest number

of overall queries now related to debt and benefits, and more specifically to store/credit card and unsecured personal loan debts.

- 10.7 Whilst uncertainty around the availability of future funding and waiting times were also issues for Stockton, the Committee was impressed with their commitment to continued provision of financial advice services, regardless of potential funding allocations (all be it with a pro rata reduction in the number of specialist case workers). In dealing with funding uncertainties, the Committee commended the CAB on its activities in tapping in to local and national funding (including Northern Rock and Bardaycard funding) and felt that the utilisation of the CAB brand would be crucial in Hartlepool's future activities to access all possible available funding steams / sources.
- 10.8 In the award of funding through the Council, Members noted that in Stockton there is strong emphasis on accountability in the use and focus of funding for the attainment of very clear aims around the provision of face to face advice. The Committee had through its investigation identified a need for this to be mirrored in the criteria for the award of any funding (i.e. Community Pool Funding) and that emphasis must be place on accountability in the provision of the agreed aims / objectives.
- 10.9 Throughout the investigation, emphasis had been placed upon the importance of outreach and partnership working. The Committee expressed concern that practices in relation to these activities differed from CAB to CAB and felt strongly that this was an area of potential improvement which needs to be explored by Hartlepool's CAB. Attention was also drawn that availability of a centralised CAB case management database and it was felt that this could be a powerful tool in focusing services / resources and the identification of ward specific advice packages / mechanisms.
- 10.10 In looking to the future, in order to meet increasing demand and reduced conventional funding sources, the Committee supported fully the need to re-think 'what' and 'who' provides services. In light of this, and the importance of partnership working, it was felt that the viability of using the lessons learned from Stockton CAB in the provision of effective face to face financial advice services should be explored. These included the:-
- i) Training members of tenant / community groups who could go back to their groups and deliver advice / help; and
 - ii) The establishment of "One Stop" style Job Clubs where advice on welfare benefits, financial capability, employment and training advice could be provided.

Evidence from Linda Evens, the Regional Financial Inclusion Champion

- 10.11 As part of the Committee's investigation Members welcomed the views of Linda Evens, the Regional Financial Inclusion Champion. Evidence provided reinforced the importance of educating/training for front line staff and the need to:

- i) Establish a co-ordinated partnership approach between providers; and
 - ii) Explore various funding opportunities including combined and external funding.
- 10.12 In relation to the importance of training, the Committee noted with interest that following the mapping exercise, the opportunity to develop a joint staff development and awareness programme was also identified. The intention of this programme was to cut across all those relevant organisations that provide service to individuals and families and ensure that a more holistic knowledge of financial inclusion matters is provided. Members were fully supportive of this programme, which was to be led and co-ordinated by the Financial Inclusion Partnership and delivered through key partners by the end of March 2011.
- 10.13 The Committee also learned that, as part of the research, the opportunity had been identified to work with the national charitable organisation Child Poverty Action Group (CPAG) to access basic training in financial support for families. This training was targeted by CPAG at specific workers within Sure Start together with their partners. Members were again supportive of this training and welcomed indications that the availability of other training from CPAG was being explored.

11 EVIDENCE FROM IAIN WRIGHT, MEMBER OF PARLIAMENT FOR HARTLEPOOL

- 11.1 As part of the evidence gathering process the Committee, at its meeting on the 28 January 2011, welcomed evidence from Iain Wright, MP. During the course of discussions, Members were encouraged to learn that the MP:-
- i) Acknowledged, and fully supported, the need and importance of providing face to face financial advice services to the residents of Hartlepool;
 - ii) Shared their concerns regarding:
 - The importance of providing strong / effective face to face advice services in the future, in order to deal with increased demand as a result of the increasingly uncertain economic climate;
 - The impact of reduced public funding at a time when demand for such services was going to increase and commented on the need to explore how face to face financial advice could be maintained with reduced public funds.
- 11.2 The MP was vocal in his support for the excellent quality, and level, of face to face advice services provided in Hartlepool and felt strongly that their retention / enhancement would be essential to the future wellbeing of Hartlepool residents. It was, however, highlighted that in order to achieve

this' alternative ways of providing the service, whilst retaining expertise and enhancing capacity, would have to be explored.

- 11.3 The MP also emphasised the benefits of early intervention and investing in preventative services, views which were supported by Members, and importance of providing accurate independent, impartial financial advice and information to all sectors of the community.

12 **HOW FACE TO FACE FINANCIAL ADVICE AND INFORMATION SERVICES COULD BE PROVIDED IN THE FUTURE**

- 12.1 It was recognised by the Committee that current and future budget pressures would play a key role in development of a mechanism for the provision of face to face financial advice and information services in the future. Members were also acutely aware of the need to ensure the provision of a face to face financial advice services that meets increasing demand in the most effective / efficient way, whilst also achieving 'value for money' in an environment where funding is under continuing pressure.
- 12.2 It was clear to the Committee that services provided in Hartlepool are vital to the wellbeing of residents and is generally provided well across the board. However, the implications of the current economic climate in terms of increased demand, reduced council funding and reduced external grants (with more organisations bidding for smaller pots of money), would require a new way of thinking around how services are provided and how funding is targeted and obtained.
- 12.3 The Committee recognised that in addition to increased demand as a result of the wider economic climate, changes in welfare benefits were likely to further increase demand for support e.g. migration from Incapacity Benefits to ESA/JSA, Housing Benefit reductions, etc. Compounding the situation, organisations are already working to full capacity.
- 12.4 It was evident through the investigation that the public and 'navigator' preference is for the commissioning / provision of outreach face to face advice services as a priority. It was also clear to Members that:-
- i) A vast resource of expertise exists across the town and that improved partnership mechanisms to facilitate the sharing of this expertise, and information on the availability of services, would be a way of improving the effectiveness of existing services;
 - ii) Partnership working is vital and providers need to work together with the Financial Inclusion Partnership to identify local issues and formulate custom made packages of service to meet the very different needs of individual communities;
 - iii) That a town wide approach is needed to the development of projects and that this would contribute considerably to the type and success of future

funding bids. Success already achieved in obtaining People's Millions funding in this way was recognised, however, Members felt strongly that as funding sources tighten up / disappear this route of funding was to become increasingly important.

12.5 The Committee requested from each of the organisation involved in the investigation, and those residents who had kindly contributed, suggestions as to how they feel services could be better provided in the future. Members noted with interest the following suggestions for the way forward:-

- i) Pooling of resources between organisations (consortium working);
- ii) Reduction in waiting times, through proper resourcing and increasing availability of expertise;
- iii) More advocacy work on behalf of clients;
- iv) Up skilling of the workforce to deal with increasing demands as some services cease;
- v) Identification of gaps in provision and the need for a flexible service that will cope with an ever changing world;
- vi) The provision of effective training to enable staff to better assess a clients situation and to raise awareness of benefits available;
- vii) The provision of services in locations that are easily accessible to residents within their own communities and the sharing of building / facilities to reduce overheads;
- viii) The provision of a dedicated team who are actively involved in the shaping of the services and willingness to be proactive in their job role; and
- ix) Improved awareness of services through improved advertising (i.e. regularly in papers and / or on community centre notice boards).

12.6 Taking in to consideration all of the information provided, it was apparent to the Committee that face to face financial advice services are currently provided well. There is, however, a need in order to ensure the provision of effective services in the future to think laterally about the how services are configured / provided.

12.7 Members felt strongly that the focusing of resources and accountability for the provision of services supported by local authority funding would be essential. The establishment of a process which focuses on the provision of a core 'holistic' set of baseline face to face financial advice services was supported by the Committee, with the added ability to 'bolt' on other services that are specific to the needs of individual communities.

- 12.8 The Committee was of the view that with effective partnership working, this approach would create a fully co-ordinated approach to the provision of services and that this should be done under the very effective banner of Connected Care. Members felt that this would also enable the commissioning of custom made service packages, enable the effective monitoring of provision through commissioning arrangements and provide greater weight and focus to future funding bids.

13 CONCLUSIONS

13.1 The Scrutiny Co-ordinating Committee concluded:-

- (a) That current face to face financial advice services are effective in Hartlepool and that providers and navigators should be commended on their commitment to improving the health and wellbeing of residents;
- (b) That in order to ensure the continued provision of effective face to face financial advice services in the future, HBC needed to think laterally about the how services are configured / provided;
- (c) That key barriers to the take up of face to face financial advice services are the stigma attached to debt and peoples reluctant to own up to and seek advice, awareness of services and the availability of sufficient funding to meet increasing demand;
- (d) That in relation to raising awareness of the service available, a wide variety of mechanisms should be implemented, with over reliance on accessing information through the internet avoided;
- (e) That the provision of face to face advice needs to be expanded in partnership with other organisations, with emphasis on the availability of services to all communities across the town;
- (f) That emphasis needs to be placed on prevention as a way forward and in doing this, the provision of education for Hartlepool's young people to change financial behaviour would be essential;
- (g) That the establishment of links with colleges, and the work being undertaken around the provision of money skills / management sessions, in partnership with Bardays Money Skills Project, was welcomed. However, there was concern regarding the allocation of future funding for this initiative;
- (h) That the establishment of working links with, and support from, voluntary and private sector organisations, will be essential for the future provision of an effective face to face financial advice service;

- (i) That the utilisation of the CAB brand would be beneficial in the future as part of an overall package to enable organisations in Hartlepool to access all possible funding streams / sources;
- (j) That not all navigating bodies are fully aware of the face to face financial advice services provided by their partners and as such there is room for improvement in the transmission of information between organisations;
- (k) That a vast resource of expertise exists across the town and that improved partnership mechanisms to facilitate the sharing of this expertise, and information on the availability of services, would be a way of improving the effectiveness of existing services;
- (l) That a mechanism is required for the future provision of face to face financial advice services that focuses on the provision of core 'holistic' baseline services, with the ability to 'bolt' on other identified services that are specific to the needs of individual communities;
- (m) That the provision of (k) above, would create a fully co-ordinated approach to the provision of services and that this should be done under the very effective banner of Connected Care;
- (n) That as part of the criteria for the award of funding from the Council (i.e. Community Pool Funding) emphasis must be placed upon accountability, and as part of this the need for clearly defined aims around the provision of face to face financial advice, which can be easily monitored;
- (o) That the commissioning of custom made service packages through effective partnering arrangements would enable the effective monitoring of provision and provide greater weight and focus to future funding bids; and
- (p) That the centralised CAB case management database could be a powerful tool in helping to focus services / resources and identify ward specific advice packages.

14 RECOMMENDATIONS

14.1 The Scrutiny Co-ordinating Committee has taken evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations. The Committees key recommendations to the Cabinet are as outlined below:-

- (a) That, in thinking laterally about the how face to face financial advice services can be configured / provided in the future, a mechanism be put in place, under the banner of 'Connected Care', that focuses on the provision of core 'holistic' baseline services with the ability to 'bolt' on other services to meet the specific needs of individual communities;

- (b) That as part of the review of the criteria for the award of funding from the Council (i.e. Community Pool Funding), emphasis be placed upon accountability and the inclusion of clearly defined aims for the provision of face to face financial advice which can in turn be easily monitored;
- (c) That the centralised CAB case management database be utilised to help focus the provision of face to face financial advice services / resources and identify potential issues for inclusion in ward specific advice packages;
- (d) That work be undertaken to improve the transmission of information between all organisations (navigators and providers);
- (e) That in light of the vast resource of expertise that exists across the town, ways of improving partnership mechanisms to facilitate the sharing of this expertise, and information on the availability of services, need to be explored;
- (f) That in recognition of the importance of preventative services, funding should be found to enable the continued provision of money skills / management sessions in schools, in partnership with Barclays Money Skills Project / Hartlepool Financial Inclusion Partnership.
- (g) That consideration be given to creating a generic Information Advice and Guidance (I.A.G.) Service which meets the needs of all residents at all stages of their lives, in partnership with current providers. This Service to incorporate the CAB "Badge" as a means of ensuring that Hartlepool does not lose out on access to national monies and recognised monitoring mechanisms, whilst ensuring that advice is readily available in community settings that are accessible to residents; and
- (h) That the provision of a Generic I.A.G. Service, which incorporates Careers, Jobs, Training, Money Management, Benefits, Housing and Retirement, etc, and runs alongside/incorporates the roll out of the Connected Care model, be explored.

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:-

Hartlepool Borough Council:

Danielle Swainston, Sure Start Extended Services and Early Years Manager;

Patrick Wilson, Employment Development Officer;

Carol Ann Jones, Financial Inclusion Partnership;

Carol Auckland, Project Officer – Job Smart;

Sarah Tudor, Families Information Services Manager;

External Representatives:

Iain Wright, MP for Hartlepool;
Joe Micha, Hartlepool Citizens Advice Bureau;
Katherine Urwin, Senior Debt Advice Worker, West View Advice Service and Resource Centre;
Val Evens, West View Advice Service and Resource Centre;
Alison Thompson, West View Advice Service and Resource Centre;
Claire Jewson, Hartlepool Carers;
Ray Harriman, Connected Care;
Elaine Gel, Specialist Benefits Advice Worker;
Brenda Parkinson, Job Centre Plus;
Elizabeth Briggs, Age UK Teesside;
Peter Carroll, Navigator;
Rachel Lowry, Connected Care;
David Roberts, Leeds City Council;
Service Users from West View Advice Service and Resource Centre and Hartlepool Citizens Advice Bureau

**COUNCILLOR JAMES
CHAIR OF THE SCRUTINY CO-ORDINATING COMMITTEE**

APRIL 2011

Contact Officer: Joan Stevens– Scrutiny Manager
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

BACKGROUND PAPERS

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

- (i) Scrutiny Co-ordinating Committee report 'Child Poverty and Financial Inclusion'
- (ii) Report of the Scrutiny Manager entitled 'Scrutiny Investigation into the Provision of Face to Face Financial Advice and Information Services in Hartlepool - Scoping Report' presented to the Scrutiny Co-ordinating Committee on 3 September 2010;
- (iii) Report of the Extended Services and Early Years Manager / Hartlepool Financial Inclusion Partnership Development Officer entitled 'The Provision of Face to Face Financial Advice and Information Services in Hartlepool - Setting the Scene Report' presented to the Scrutiny Co-ordinating Committee on 15 October 2011;

- (iv) Hartlepool CAB – Annual Report 2009-2010;
- (v) Hartlepool CAB – Client Feedback Survey;
- (vi) Evaluation of the DWP Growth Fund – Revised Final Report – December 2010;
- (vii) Financial Inclusion Evidence Review: the costs of financial distress and the benefits of access to debt advice;
- (viii) Hartlepool Credit Union and Hartlepool Credit Union Forum – Organisational Options for Moving Forward;
- (ix) Financial Inclusion Initiatives – Economic Impact and Regeneration in City Economies – Leeds Case;
- (x) Leeds City Council - Economic Policy and Programmes Unit Briefing note - Challenges Ahead and Business Case for Debt Advice;
- (xi) <http://www.hvda.co.uk/directory-of-voluntary-and-community-groups.html>
- (xii) <http://hartlepool.fsd.org.uk>
- (xiii) <http://www.direct.gov.uk/en/index.htm>
- (xiv) <http://www.hmrc.gov.uk/index.htm>

SCRUTINY CO-ORDINATING COMMITTEE

15 April 2011



Report of: Scrutiny Manager

Subject: DRAFT OVERVIEW AND SCRUTINY ANNUAL
REPORT 2010/11

1. PURPOSE OF REPORT

- 1.1 To provide the Scrutiny Co-ordinating Committee (SCC) the opportunity to consider the Draft Overview and Scrutiny Annual Report for 2010/1.

2. BACKGROUND INFORMATION

- 2.1 As outlined in the Authority's Constitution, it is a requirement of the Overview and Scrutiny Function to produce an Annual Report, detailing the work of the Scrutiny Co-ordinating Committee and the five standing Scrutiny Forums that has been undertaken during the last 12 months together with suggested developments etc for the forthcoming year.
- 2.2 Given the extremely tight timescales for the production of the Draft Annual Report for 2010/11, together with allowing the Chair of the Scrutiny Coordinating Committee and the Chairs of the five standing Scrutiny Forums the opportunity to comment on the relevant pages that relate to the work of their Committee/Forum, a copy of the Draft Annual Report will be circulated during this meeting.
- 2.3 Following the views of this Committee in relation to its content, the Annual Report will be presented to the first meeting of Council in the new Municipal Year and will also be despatched to key stakeholders and public buildings for information.

3. RECOMMENDATIONS

- 3.1 It is recommended that the Scrutiny Coordinating Committee:-
- (a) Notes the content of this report;
 - (b) Considers the content of the Draft Overview and Scrutiny Annual Report for 2010/11, to be circulated at this meeting; and
 - (c) Notes that the Overview and Scrutiny Annual Report for 2010/11 will be presented to the first meeting of Council in the Municipal Year and despatched to key stakeholders and public places for information.

Contact Officer:- Joan Stevens – Scrutiny Manager
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

BACKGROUND PAPERS

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



ADULT AND COMMUNITY SERVICES SCRUTINY FORUM

FINAL REPORT ADULT SAFEGUARDING

APRIL 2011

SCRUTINY COORDINATING COMMITTEE

15 April 2011



Report of: Adult and Community Services Scrutiny Forum

Subject: FINAL REPORT – ADULT SAFEGUARDING

1. PURPOSE OF REPORT

- 1.1 To present the findings of the Adult and Community Services Scrutiny Forum following its investigation into Adult Safeguarding.

2. SETTING THE SCENE

- 2.1 At the meeting of this Forum on 5 July 2010, Members determined their work programme for the 2010/11 Municipal Year. The issue of 'Safeguarding of Adults' was selected as the Scrutiny topic for consideration during the current Municipal Year. Members suggested that this investigation should form the major in-depth Scrutiny Inquiry for the Forum's 2010/11 work programme.
- 2.2 In 2000, 'No Secrets: Guidance on developing and implementing multi agency protection of vulnerable adults' was introduced by the Department of Health.
- 2.3 No Secrets guidance described abuse as 'the violation of an individual's human and civil rights by any person or persons'. This right is underpinned by the duty, under the Human Rights Act (1998), on public agencies to intervene proportionately to protect the rights of citizen's, the guidance confirm that any intervention must not be excessive in comparison to the risk posed.
- 2.4 No Secrets guidance confirms that a multi-agency approach is required when investigating and intervening in order to safeguard and protect adults at risk of significant harm; with Social Services being the lead co-ordinating agency charged with the responsibility for ensuring, wherever possible, coherent and collaborative working.
- 2.5 The introduction of the No Secrets guidance also led to the creation of Adult Protection Committees and it emphasised the need for local procedures, co-

ordination, collection and monitoring of data; including the identification of categories of abuse.

3. OVERALL AIM OF THE SCRUTINY INVESTIGATION

- 3.1 The overall aim of the Scrutiny investigation was to explore and evaluate the provision of adult safeguarding 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:-

- (i) Legislation and policy relating to the provision of adult safeguarding services in Hartlepool;
- (ii) The overall aim of the provision of adult safeguarding services in Hartlepool and what a positive outcome looks like.

(b) To examine how adult safeguarding services are currently provided in Hartlepool (including areas of partnership working) and explore their effectiveness;

(c) To gain an understanding of the challenges facing the provision of adult safeguarding services in Hartlepool, including demographic pressures and the increasing prevalence of dementia;

(d) To gain an understanding of the impact of current and future budget pressures on the way in which adult safeguarding services are provided in Hartlepool;

(e) To explore how the adult safeguarding services could be provided in the future, giving due regard to:-

- (i) Improving the effectiveness and efficiency of the way in which the service is currently provided; and
- (ii) If / how the service could be provided at a reduced financial cost (within the resources available in the current economic climate).

5. MEMBERSHIP OF THE ADULT AND COMMUNITY SERVICES SCRUTINY FORUM

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

Councillors Atkinson, Fleet, Griffin, Ingham, Lawton, A Marshall, McKenna, Preece and Shaw

Resident Representatives:
Christine Blakey and Evelyn Leck

6. METHODS OF INVESTIGATION

- 6.1 Members of the Adult and Community Services Scrutiny Forum met formally from 16 August 2010 to 28 March 2011 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 reports and presentations supplemented by verbal evidence;
 - (b) Evidence from the Cabinet Member Portfolio Holder for Adult and Public Health Services;
 - (c) Presentations and verbal evidence from representatives of Salford and Middlesbrough Councils, NHS Salford and the Teeswide Safeguarding Vulnerable Adults Board;
 - (d) Member attendance at the Hartlepool Vulnerable Adult Protection Committee;
 - (e) Written evidence received from Cleveland Police North Tees Vulnerability Unit and the General Practitioner Commissioning Consortium Steering Group; and
 - (f) The views of local organisations and groups that use services.

FINDINGS

7 OVERALL AIM OF THE PROVISION OF SAFEGUARDING SERVICES, LEGISLATIVE AND POLICY REQUIREMENTS AND WHAT POSITIVE OUTCOMES LOOK LIKE

- 7.1 At the meeting of the Adult and Community Services Scrutiny Forum on 13 September 2010 Members received detailed evidence from the Head of Service in relation to Adult Safeguarding legislation and policy, the overall aim of the provision of safeguarding services and what positive outcomes look like.

Legislative and Policy Requirements

- 7.2 The Forum noted that safeguarding is subject to numerous and often contradictory pieces of legislation, the key pieces of which are detailed below:-
- NHS Community Care Act 1990
 - Human Rights Act 1998
 - The National Assistance Act 1948 s.29
 - Data Protection Act 1998
 - 'No Secrets' (Department of Health and Home Office 2000)
 - Fair Access To Care Services (Department of Health 2002)
 - Care Standards Act 2000
 - Protection of Vulnerable Adult Scheme (Department of Health 2004) known as the POVA list
 - Safeguarding Vulnerable Groups Act 2006 (replaced POVA)
 - Safeguarding Adults National Framework for Standards of Good Practice (Association of Directors of Social Services 2005)
 - Mental Capacity Act 2005 & Deprivation of Liberties Safeguards
- 7.3 Members learned that 'No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse' was an important and significantly influential document in the evolution of safeguarding vulnerable adults practice, as it provided the first governmental guidance on developing and implementing policies and procedures to protect adults from abuse. No Secrets was unequivocal that: 'Abuse is a violation of an individual's human and civil rights by any other person/or persons.'
- 7.4 No Secrets was based on the premise that some groups of adults experience a higher prevalence of abuse and neglect than the general population and they are not easily able to access services to enable them to live safer lives. The groups of people targeted were those 'who may be eligible for community care services' and within that group 'who were unable to protect themselves from significant harm' and referred to them as 'vulnerable adults' (NHS Community Care Act 1990).
- 7.5 The Forum were advised that since the publication of 'No Secrets' there has been significant legal and policy changes relating to health and social care. Fair Access to Care Services (Department of Health 2002) stresses risks to independence and wellbeing as the key criteria for determining eligibility for care services and replaces the concept of a 'vulnerable adult' with an assessment of the risk posed by the abuse and neglect to the quality of life of the individual concerned.
- 7.6 Members were informed that 'No Secrets' guidance set in place the foundation for the Association of Directors of Adult Social Services practice recommendations for Safeguarding Adults. This document provided a national framework of standards of good practice and outcomes in adult protection work, aiming to provide guidance and support to the aspirations of

'No Secrets'. The practice recommendations heightened the need for proportionate and measured responses to abuse and neglect of those who may need community services.

- 7.7 In addition to 'No Secrets' guidance the Forum was advised that the introduction of The Mental Capacity Act 2005 (implemented in 2007), aimed to ensure that the rights of disabled people are safeguarded, that those who are incapacitated are protected and to provide better protection to those people who provide care. The Mental Capacity Act now makes it a crime to ill-treat or wilfully neglect someone who lacks capacity. The duty to provide protection to those who do not have the mental capacity to access this for themselves has been made clear with the passing of the Mental Capacity Act 2005, and the associated 'Deprivation of Liberty Safeguards' (DOLS).

Positive Outcomes

- 7.8 At the meeting of the Adult and Community Services Scrutiny Forum on 13 September 2010 Members were keen to explore what a positive outcome looks like with regard to adult safeguarding.
- 7.9 Members formed working groups to examine a series of anonymised case studies and determined what a positive outcome would be in each case. Following the exercise the expected outcomes for the case studies were compared to the actual outcomes. Members commented on the differences between expected and actual outcomes and agreed that adult safeguarding was very complex in nature and had numerous pieces of contradictory legislation surrounding it.

Overall Aim of Safeguarding Services

- 7.10 At the meeting of the Adult and Community Services Scrutiny Forum on 28 February 2011 Members were advised by the Head of Service that the overall aim of safeguarding services is to protect the lives of the most vulnerable in our communities. Members agreed that, whilst the provision of safeguarding services is a challenge under current economic conditions, the local authority must balance its requirement to provide safeguarding services with efficiency savings, as the failure to do so may have very serious consequences.

8 PROVISION AND EFFECTIVENESS OF ADULT SAFEGUARDING SERVICES IN HARTLEPOOL (INCLUDING PARTNERSHIP WORKING)

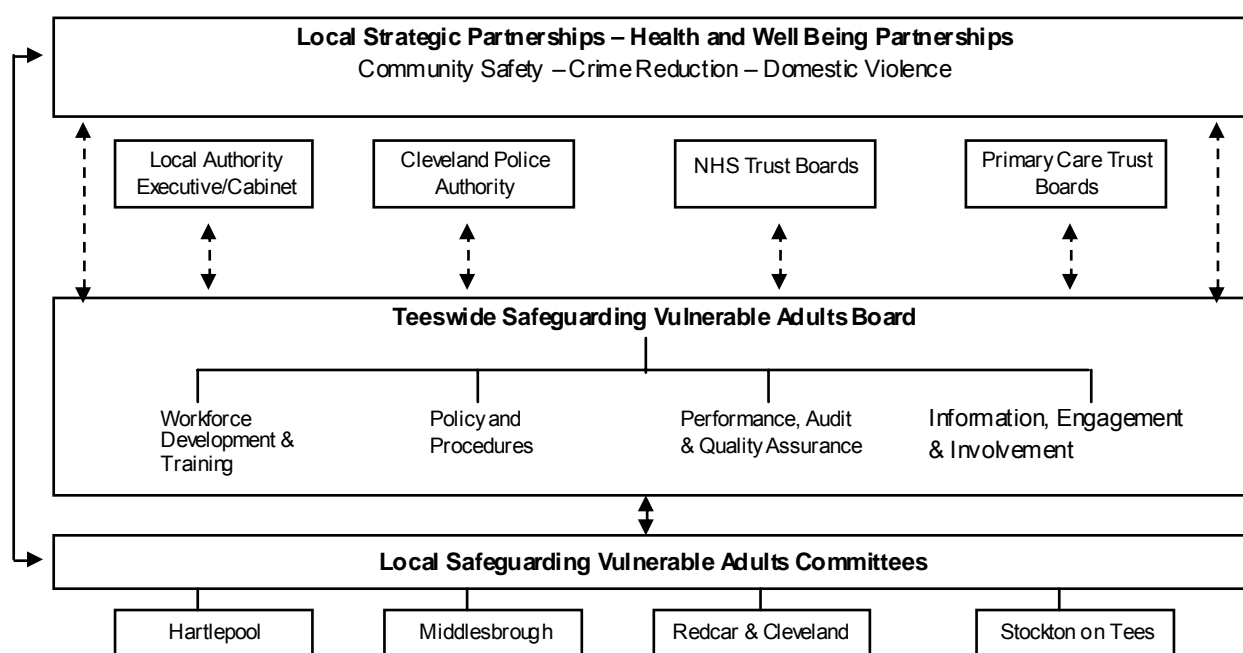
- 8.1 The Adult and Community Services Scrutiny Forum gathered evidence from a number of different sources in relation to the delivery and effectiveness of safeguarding services in Hartlepool. Information considered by Members is detailed as followed:-

Evidence from the Safeguarding Team

- 8.2 At the meeting of the Adult and Community Services Scrutiny Forum on 13 September 2010 the Head of Service provided Members with details of the framework of agencies responsible for the Safeguarding of Adults in Hartlepool, as detailed below in diagram 1:-

Diagram 1

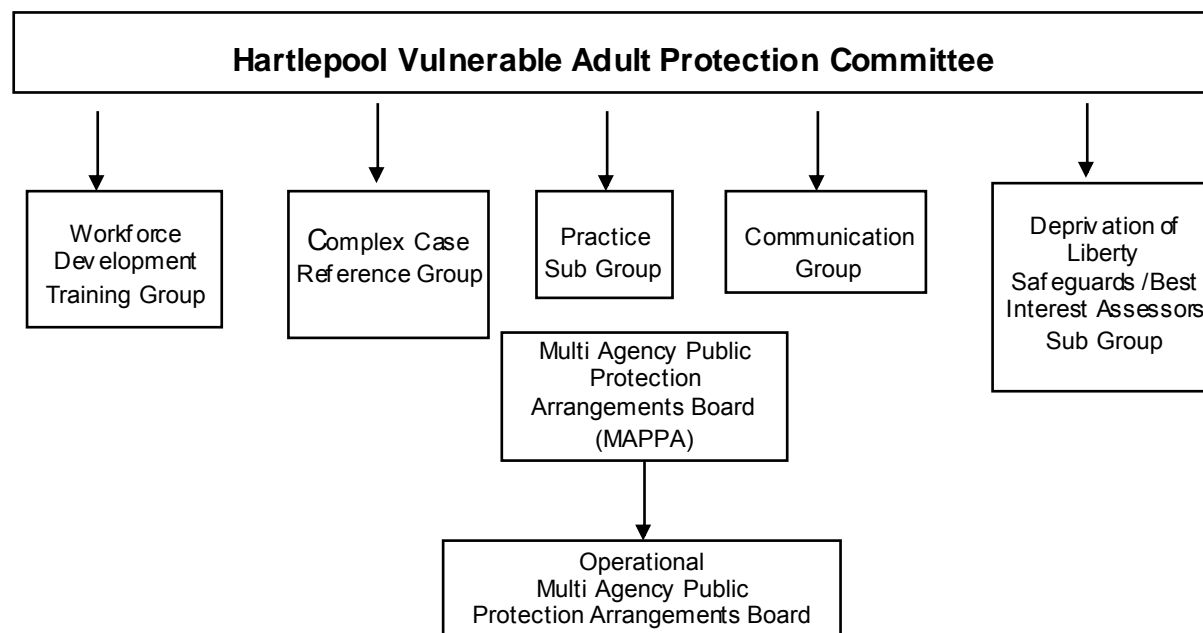
STRATEGIC VULNERABLE ADULT FRAMEWORK MANAGING RISK AND SAFEGUARDING ADULTS AT RISK OF HARM



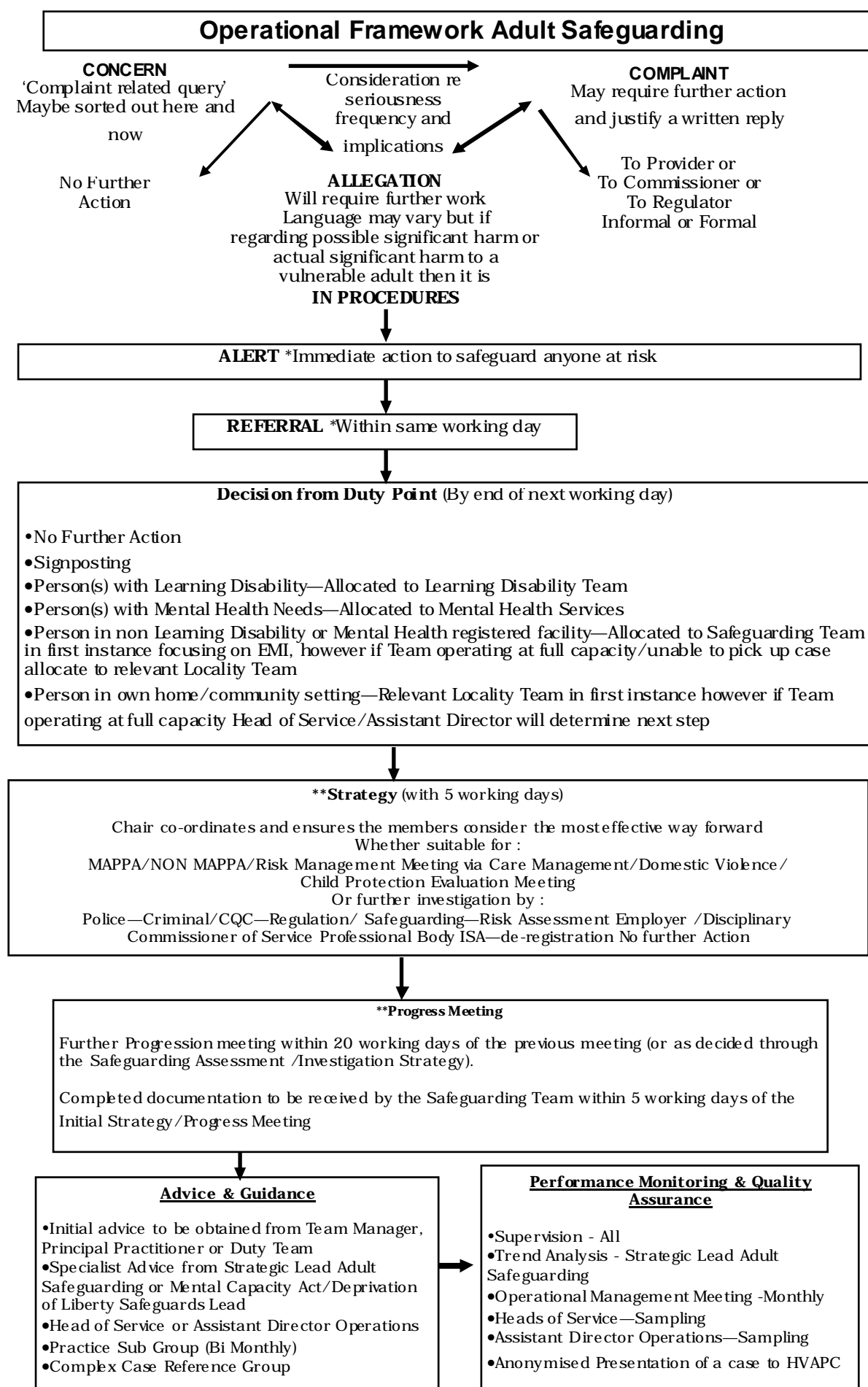
- 8.3 Members learned that in addition to being part of the Teeswide Adult Safeguarding Board each local authority in the Tees Valley also has its own Vulnerable Adult Protection Committee. Hartlepool's committee is chaired by officers from the Child and Adult Services Department and is made up of a range of professionals and stakeholders, who formally represent organisations in the statutory, independent and third sector. The structure of the Hartlepool Vulnerable Adult Protection Committee and its sub groups are highlighted overleaf in diagram 2.

Diagram 2

HARTLEPOOL STRATEGIC FRAMEWORK
Managing Risk and Safeguarding People at Risk from Significant Harm



- 8.4 The Forum was informed that Hartlepool was the only local authority in the area with a complex case reference group. This group has been meeting on a monthly basis for approximately 10 months and provides a forum for all interested parties to discuss and share their views on a particular case. The group provides advice and direction, especially with regard to the legal aspects of cases.
- 8.5 Members of the Forum were particularly interested in the membership of this group and were concerned that all appropriate agencies should be represented. The Head of Service advised the Forum that were it felt representation from a particular agency was required the case would be adjourned until a time when a representative from that agency was able to attend.
- 8.6 The most serious cases, where there is a risk of violence or a risk to the public, are taken to a Multi Agency Public Protection Arrangements Board (MAPPA) which works alongside the Police to ensure the victim and the public are protected.
- 8.7 Members were also informed that in addition to the sub groups outlined in diagram 2, that the Committee has a safeguarding action plan which identifies actions that should be taken to make improvements in safeguarding and protection of adults, this is also used to monitor performance and measure progress made. The operational framework in place with regard to adult safeguarding as shown overleaf.



- 8.8 Members of the Forum were also provided with the Teeswide Safeguarding Vulnerable Adults Board multi-agency procedures, which detail the specific steps involved in a safeguarding referral and the key roles and responsibilities of those involved in safeguarding.
- 8.9 Members were advised that the safeguarding process, as detailed in the Teeswide Safeguarding Adults Multi Agency Procedures, consist of the following stages:

Stage 1: Alert

Where a member of staff is informed or has concerns that abuse or neglect has occurred or is suspected. The member of staff is the 'alerter' and has a duty to share the information with the person in their organisation responsible for referring.

Stage 2: Referral

Referring is the responsibility of the person who receives the information from the 'alerter'. The 'referrer' will refer all reports of potential abuse or neglect of a vulnerable adult. A referral is made to the Adult Social Care Duty Team or, out of hours, to the Emergency Duty Team.

Stage 3: Safeguarding Procedures Referral

A decision is made as to whether the safeguarding procedures are appropriate to address the concerns of alternative responses are identified.

Stage 4: Strategy

A multi-agency plan is agreed to assess the risk, identify the safeguarding assessment and / or investigation (s) required and instigate a safeguarding plan.

Stage 5: Safeguarding Assessment/Investigation

The safeguarding assessment / investigation(s) are carried out by identified people.

Stage 6: Safeguarding Plan

The safeguarding plan stage includes analysis of concern through evaluation of safeguarding assessment / investigation(s), implementation of the safeguarding plan with the involvement of the vulnerable adult, their advocate and relatives / carers if appropriate and a review of the plan at agreed timescales.

Evidence from the Teeswide Safeguarding Vulnerable Adults Committee

- 8.10 At the meeting of the Adult and Community Services Scrutiny Forum on 28 February 2011 Members considered evidence from the Business Manager from the Teeswide Safeguarding Vulnerable Adults Board.

- 8.11 Members were informed that in 2008 Middlesbrough Council commissioned a report into its safeguarding services. This report made recommendations on actions required to make services fit for purpose, but it also examined strategic capacity and the partnership arrangements required to underpin those arrangements for the foreseeable future.
- 8.12 The report concluded in a key recommendation; that a sensible way to proceed was to combine forces with other councils and partners (notably Cleveland Police and Health Service Partners) on a Teeswide basis to deliver a common strategic agenda. The Teeswide Safeguarding Vulnerable Adults Board was formed on the back of those recommendations.
- 8.13 The first meeting of the Teeswide Safeguarding Vulnerable Adults Board was in May 2009, with the Business Manager coming into post in July 2010.
- 8.14 Members were informed that the Boards strategic agenda is as follows:-
- To develop shared ownership of the safeguarding vulnerable adults agenda across all relevant agencies Teeswide;
 - To implement national guidance for the safeguarding of vulnerable adults;
 - To develop shared responses to national policy initiatives and drivers in relation to the safeguarding of vulnerable adults;
 - To develop, promote, implement and monitor policy, procedures and practice guidance in relation to safeguarding vulnerable adults;
 - To develop a joint training strategy and ensure the joint commissioning of training and a joint approach to workforce development;
 - To ensure the dissemination and analysis of national information, to inform and commission research, to examine the implications of information and research and to make recommendations to improve practice;
 - To ensure learning from serious case reviews, serious untoward incidents (SUIs) and incidents that require reporting is shared and implemented across all relevant agencies;
 - To ensure clear, consistent and robust interface with relevant interagency procedures including Multi-Agency Public Protection Arrangements (MAPPA), Multi-Agency Risk Assessment Conference (MARAC) and Crime and Disorder Reduction Partnerships (CDRP);
 - To ensure monitoring and analysis of statistical data locally, regionally and nationally in order to improve safeguarding outcomes for vulnerable adults Teeswide.

- 8.15 The Forum was advised that the role of the Board is discharged through 4 working groups each chaired by partners of the Board as follows:-

Policy and Procedures Group

Chaired by a representative from the Primary Care Trust. The policies of the Teeswide Safeguarding Vulnerable Adults Board have recently been rewritten and are currently being circulated for signature. The group are currently working on rewriting the procedures of the Board.

Workforce Development Group

Chaired by the Strategic Safeguarding Lead from Middlesbrough Council. The group identifies and co-ordinates the training needs of the members of the Board and which creates efficiencies when compared to commissioning training individually.

Information Engagement and Involvement Group

Chaired by the Head of Service from Hartlepool Borough Council. This group is looking at engaging vulnerable adults for their input to improve services and to link with the current government thinking about the 'softer' outcomes e.g. about people noticing when things go wrong and putting them right, vulnerable adults feeling safe etc, linking to a wider preventative agenda.

Performance Audit and Quality Group

Chaired by the Boards Business Manager. This group examines previous cases for lessons learned. The group is also developing a suite of indicators to allow members of the Board to benchmark their own organisations, which will in turn allow agencies to develop action plans to ensure they are meeting the required levels. This will be carried out across the members of the Teeswide Safeguarding Vulnerable Adults Board.

- 8.16 Members noted that each head of the group provides a progress report to the Board on a quarterly basis detailing the work that has been completed.
- 8.17 The Forum was keen to explore the level of attendance at the Teeswide Safeguarding Vulnerable Adults Board and also whether representatives of organisations who did attend were of an appropriately senior level. Members were advised by the Business Manager that attendance is secured by all agencies signing up to the memo of understanding, which requires the following:-
- Attendance by a named representative who has such seniority that they can commit their organisation and resources to initiatives, the work of the Board etc without reference to others in their respective organisation;
 - A named deputy who has the same seniority within their organisation.
- 8.18 The Forum also learned that attendance is monitored against a target of 100% and where attendance falls to 80% within a rolling 12 month period a letter is sent to the head of the organisation concerned seeking assurance of future commitment to the Board, Members also learned that attendance

figures are published by member, deputy and organisation in the Teeswide Annual Report.

- 8.19 Members were advised that any presentations received at Board meetings are usually from health agencies, the heads of the sub groups and the Business Manager.
- 8.20 The Business Manager has identified that the contribution to board meetings by members is an area that requires further development. One idea being considered is asking each member to present a paper on a rolling basis at the meeting to demonstrate what they are doing to safeguard vulnerable adults. An example of this would be the mapping exercise the fire service is undertaking in Hartlepool. When the Fire Service enters the property of a vulnerable adult a note is made of where that person sleeps, should an incident occur at that address in the future the time taken to locate the person could be shortened. This process was shared at the Board and is now being considered by other Fire Authorities in the Tees Valley.
- 8.21 The priorities for the Teeswide Safeguarding Vulnerable Adults Board are discharged through the 4 subgroups identified at 8.15. The priorities for the forthcoming year are yet to be decided, the Board have however determined a number of initiatives they wish to undertake including the following:-
- Working with the Crown Prosecution Service and the Police to increase the chance of a successful conviction for crimes against vulnerable adults;
 - Development of strategic performance indicators for each service to benchmark themselves against a set of standards;
 - Develop an information sharing protocol with the Care quality Commission in relation to national care home providers, to share areas of concern across the region; and
 - A campaign on Real Radio publicising the abuse of vulnerable adults and providing information about what to do if you suspect a vulnerable adult is being abused.

Evidence from the Portfolio Holder for Adult and Public Health Services

- 8.22 Members of the Forum were delighted to receive evidence from the Portfolio Holder for Adult and Public Health Services at the meeting of the Adult and Community Services Scrutiny Forum on 13 September 2010, regarding his views on the Safeguarding of Adults.
- 8.23 The Portfolio Holder commented on the statutory duties of the local authority to provide adult social care services and the importance of how those services were provided. The Portfolio Holder was of the view that current services were delivered very well and highlighted that the extent and importance of the service was not recognised as a priority of the Council by the general community, as the service was not as visible as other services provided.

- 8.24 The Portfolio Holder was keen to stress that not every eventuality can be planned for, however the speed of the response is important and this cannot be faulted, in his opinion, in Hartlepool.
- 8.25 Reference was made to the positive outcomes resulting from changes in legislation, including the appointment of dignity in care champions, as this has encouraged individuals to report any instances of bad practice or abuse.

Independent Review of Safeguarding Services in Hartlepool

- 8.26 When the Adult and Community Services Scrutiny Forum met on 18 October 2010 Members considered the results of an independent inspection of safeguarding arrangements in Hartlepool that had taken place in March 2009.
- 8.27 The Forum was informed by the Strategic Lead in Safeguarding and Vulnerability, that the inspection had been commissioned to assess the operational arrangements for safeguarding adults in line with standards operated by the Care Standards Commission (now the Care Quality Commission); and to identify and recommend any service changes needed to meet future requirements. The findings of the report were summarised as follows:-
- Arrangements for adultsafeguarding were well established;
 - Practitioners and managers were clear and confident about their role;
 - Supervision and support was evident from files and discussions with practitioners;
 - Files show evidence of audit and supervision;
 - Interagency working was good and relationships were sound; and
 - There was a culture of support from line managers and being able to seek advice and support from other managers and colleagues.
- 8.28 The key recommendations identified are as follows:-
- Stronger links should be established with doctors and other professionals working in general practice;
 - Consideration should be given to the relationship between the Care Programme Approach and adultsafeguarding;
 - That integrated teams consider the role of all of their members to ensure they are fully participating in adultsafeguarding;
 - That guidance is developed on information sharing with service users and their carers and their involvement in adult safeguarding meetings;
 - That consideration is given to the role of the co-ordinator to ensure a balance between operational input and strategic duties for the local authority;
 - That the co-ordinator is asked to undertake or commission regular audits of compliance with timescales, procedures and outcomes and provide regular reports for senior managers; and

- That consideration is given to referrals which result in no further action, to explore thresholds and consistency.

Evidence from Cleveland Police North Tees Vulnerability Unit

- 8.29 At the meeting of the Adult and Community Services Scrutiny Forum on 28 February 2011 Members considered written evidence from Cleveland Police North Tees Vulnerability Unit.
- 8.30 The Forum learned that there are two Vulnerability Unit teams – one north of the Tees (Hartlepool and Stockton) and one south of the Tees (Middlesbrough and Redcar and Cleveland).
- 8.31 The North and South Tees Vulnerability Units were established in July 2009 to bring together the working practices of child abuse investigations, vulnerable adult abuse investigations and to investigate serious and complex cases of domestic violence. Each team is headed by a Detective Inspector and has four Detective sergeants (two specialise in child abuse work, two in vulnerable adult investigations and serious and complex domestic violence).
- 8.32 There are 20 detective constables with the North Tees team. Ten of these are child abuse investigators, nine are domestic violence investigators and one is the dedicated vulnerable adult investigator. There are also seven police staff involved in risk assessment, safety planning, preparation and dissemination of police information and research.
- 8.33 The Vulnerability Units investigate all allegations perpetrated against a vulnerable adult where the suspect has ‘custody, care or control of the vulnerable adult.’ This includes paid carers or family who have care of their relative. However, Hartlepool District Police are responsible for investigating incidents within the community e.g. where an elderly resident or a person with a disability is being harassed by groups of youths.
- 8.34 Members were informed that in relation to vulnerable adults the Safeguarding Team is the first point of contact for Cleveland Police to link with partner agencies. Referrals are made to the Police from the Adult Protection Coordinator at Hartlepool Borough Council. Referrals across Tees have grown in recent years and this has included Hartlepool.
- 8.35 Once a referral is accepted by the Vulnerability Unit the case is researched and the dedicated investigator will attend the multi agency strategy meeting. The police are committed to working in partnership under ‘No Secrets’ guidance.
- 8.36 On occasion, when immediate evidence needs to be secured the police will act independently and the police investigation will take precedence. However, partners are updated on the progress of the case (provided potential disclosure to suspects is not compromised). If necessary a brief telephone strategy meeting can be held.

- 8.37 The Forum noted that the primary role of the police is to investigate criminal allegations. The police will utilise their powers where necessary to arrest, detain, search or interview suspects. The police will take statements from victims and witnesses and ensure support for victims is given in accordance with the legal requirements of the 'Victim's Code of Practice' (VCOP). When required the services of Scenes of Crime Officers (SOCO) are deployed. The police will build case files to put to the Crown Prosecution Service (CPS). It is the CPS who make the charging decision.
- 8.38 In addition to criminal investigations police will also assist in the safeguarding process. This can include joint home visits with care / medical staff. This is particularly relevant if entering private properties and there is a potential for violence / hostility. Police can enable another professional to carry out their task without interference or intimidation from family members etc.
- 8.39 Abuse against vulnerable adults can take many forms including physical abuse, sexual abuse, financial abuse or wilful neglect. The Mental Capacity Act 2005 introduced the new offence of '*Wilful neglect of a person lacking capacity*' (section 44 MCA).
- 8.40 Members were advised that as this is relatively new legislation very little case law is available. The essence of section 44 is that if a person is *wilfully* neglected (that is with malice or recklessness rather than accidental) then a criminal offence is committed. This is a complex area of law as the police must prove not only that the act is wilful but also that the person lacked capacity. If the victim had some form of capacity then the offence is not made out.
- 8.41 Prosecutions are therefore rare. However a successful section 44 prosecution was conducted in Stockton last year resulting in a suspended prison sentence for the care worker.
- 8.42 The concept of capacity also becomes an issue when gathering medical evidence i.e. *who* is it that 'consents' for an examination of a vulnerable adult if they lack capacity. Police need to discuss fully with all partners (Mental Capacity Advocates / Deprivation of Liberty Safeguards leads or medical professionals) on the proportionality of carrying out what may be a very invasive procedure e.g. an allegation of rape where an extremely serious crime has occurred. An examination will be crucial to the investigation and conviction of an offender, yet the procedure may cause a great deal of distress to the victim.

Evidence from Salford Council and NHS Salford

- 8.43 The Forum was delighted to welcome representatives from Salford Council and NHS Salford to the meeting of the Adult and Community Services Scrutiny Forum on 13 December 2010, to provide evidence in relation to their recent Care Quality Commission inspection, in which they received an

excellent rating with regard to Adult Safeguarding and were assessed as having an excellent capacity to improve.

- 8.44 The Adult Safeguarding Co-ordinator for Salford Council highlighted a number of areas which had been identified by the Care Quality Commission as contributing to the excellent rating received, these included:-
- Good basic safeguarding systems and record keeping;
 - Staff who were keen and confident in their work;
 - A happy workforce;
 - That partnership work with NHS Salford was cutting edge;
 - Work with Greater Manchester Police was exemplary;
 - Work with Sustainable Regeneration was cutting edge; and
 - Quality of partnership working was excellent overall.
- 8.45 The Adult Safeguarding Co-ordinator advised Members that Salford Council were complimented on the fact that the safeguarding policies and procedures were easily readable and that systems were in place to guide staff through difficult and complex situations. The accurate recording of cases was also highlighted as being extremely important and Salford had recently been commended by a high court judge regarding the quality of case information.
- 8.46 As in Hartlepool, Salford operates an Adult Protection Committee which has been in existence for 5 years. The committee has an independent chair from Salford University and has a number of sub groups, the most significant of which are the Mental Capacity Act and Deprivation of Liberty Safeguards group and the Crime and Disorder Reduction Partnership. There is a clear structure of who is accountable to whom.
- 8.47 Members also found the details of partnership working extremely informative. The Adult Safeguarding Co-ordinator detailed the work carried out with the NHS, Greater Manchester Police and Sustainable Regeneration, all of which was described as cutting edge by the Care Quality Commission.
- 8.48 Members were informed that there was a long history of joint working in Salford where nurses, social workers and general practitioners all work together. There are integrated learning disability and mental health services and the older peoples and adults teams sit with district nurses in general practitioners surgeries.
- 8.49 The Forum was interested to learn that Salford Royal NHS Foundation Trust and Greater Manchester West Mental Health NHS Foundation Trust (Salford) had recognised that they, as NHS Trusts, faced elements of risk with regard to the safeguarding agenda and were now firmly on board with partnership working in this area.
- 8.50 Another key partner is Greater Manchester Police (Salford Division). Safeguarding training is given to the Police and there are a number of specific safeguarding officers who are allocated to cases and therefore

understand the agenda clearly. The presence of the police adds seriousness to the incident and makes people re-think their actions.

- 8.51 Members were very interested to learn about police welfare notices, these are issued to Salford Council when an incident has been attended by the Police but no crime committed. If officers are concerned safeguarding intervention may be needed a 'police welfare notice' is issued to the council safeguarding team to investigate. This also works in reverse, where it is common practice to share safeguarding alerts with the police for their views. Members also noted that coroners referred information through to the safeguarding unit, as do the Ambulance Service.
- 8.52 Another example of excellent partnership working was the work with Sustainable Regeneration which provided a platform for social registered landlords and other agency contacts to work together to deliver the citywide vulnerable adult strategy. Housing welfare notices can be issued to the safeguarding team in a similar to police welfare notices, where a landlord feels there may be a need for safeguarding intervention. These notices are a way of sharing information with agencies.

Evidence from Middlesbrough Council

- 8.53 The Adult and Community Services Scrutiny Forum were delighted to welcome the Strategic Lead in Safeguarding Adults from Middlesbrough Council to give evidence to the Forum regarding Middlesbrough's Care Quality Commission Inspection.
- 8.54 Members of the Forum were informed by the Strategic Lead in Safeguarding Adults areas identified as doing well to support outcomes were as follows:-
- Social care activity contributed to community safety and issues around harassment and hate crimes were addressed;
 - People were made safe once alerts received and complex cases were recognised;
 - Issues around mental capacity taken very seriously and good attempts made to deal with legal complexities;
 - Safeguarding issues addressed in contracting arrangements; and
 - Sound foundation and intermediate training given to council staff and providers.
- 8.55 The majority of the areas for improving outcomes relate to partnership working and the need to ensure that:-
- Case practice is of consistent good quality;
 - Integrated mental capacity act services are used appropriately in safeguarding cases;
 - All relevant staff are given advanced safeguarding training;
 - Staff across all sectors are appropriately aware of safeguarding issues and their management; and

- Middlesbrough Safeguarding Committee is supported by robust performance and management information.

8.56 Middlesbrough plan to address the concerns of the Care Quality Commission by introducing a number of measures including:-

- Using a care quality commission tool to review consistency of case practice;
- Enhance minute taking and recording of decisions and discussions and guidelines are available at every meeting;
- Ensure advanced training is delivered where required;
- Conduct an audit of safeguarding awareness;
- Consolidate data collection systems and issue activity reports to the Safeguarding Committee which include analysis of this data; and
- Development of partner agency agreement and roles and responsibilities clarified.

8.57 Members noted that Middlesbrough's priorities were to embed safeguarding across adult social care and the wider council, improve the outcomes of adults at risk and to develop the personalisation of safeguarding.

8.58 The Forum was advised that the implications of the budget cuts were not yet known in Middlesbrough, though the safeguarding unit was very small and so was likely to be protected.

Evidence from the General Practitioner Commissioning Consortium Steering Group

8.59 At the meeting of the Forum on 28 February 2011 Members considered written evidence from the General Practitioner Commissioning Steering Group.

8.60 The Forum noted that GPs through their professional appraisal will ensure that they have received training or updates in relation to specific areas of their development which includes children's safeguarding. As a matter of routine General Practitioners do not undertake training in relation to adult safeguarding, but are aware of issues associated with vulnerable adults and are receptive to ensuring that their knowledge and understanding of adult safeguarding is current.

Member Attendance at the Adult Protection Committee

8.61 Representatives of the Adult and Community Services Scrutiny Forum were delighted to be invited to the meeting of the Hartlepool Vulnerable Adults Protection Committee on 15 February 2011.

8.62 Members were advised that the role of members of the Hartlepool Vulnerable Adults Protection Committee was to work together as inter-agency partnerships to safeguard and promote the welfare of vulnerable

adults, the principles of safeguarding and adult protection work, respect for a person's individuality, dignity, human rights and the right to live their life free from violence and abuse and that this role is discharge through consultation and communication about safeguarding and adult protection issues with local provider organisations, user led groups, carers groups and voluntary organisations.

- 8.63 Members of the Hartlepool Vulnerable Adults Protection Committee also raise awareness within the wider community of the need to safeguard vulnerable adults and promote their welfare and to explain how the wider community can contribute to these objectives and support organisations in their informing and training of employees to carry out their responsibilities in accordance with the Teeswide multi-agency Policy, Procedures and Practice Guidance.
- 8.64 The Hartlepool Vulnerable Adults Protection Committee also collates information which can be used to inform and change multi-agency practice.
- 8.65 The representatives of the Adult and Community Services Scrutiny Forum learned that the Safeguarding Adults / Adult Protection Co-ordinators and all statutory partner agencies are represented on the Hartlepool Vulnerable Adults Protection Committee, these include:-
- Local Authority Department of Adult Social Care;
 - Primary Care Trusts;
 - Cleveland Fire Service;
 - NHS Foundation Trusts; and
 - Cleveland Police.
- 8.66 Additional members include representation from local provider organisations, user led groups, carers groups and voluntary organisations, to ensure a multi agency approach to Safeguarding.
- 8.67 Attendance is recorded at Hartlepool Vulnerable Adult Protection Committee meetings, and highlighted annually in the annual report.
- 8.68 Members also acknowledged that the Committee had recently attempted to strengthen the membership and attendance of the Hartlepool Vulnerable Adults Protection Committee by introducing a Memorandum of Understanding, the purpose of which is to provide a framework to define roles, responsibilities, accountability and authority for all partner agencies.
- 8.69 Members of the Forum were interested to hear the view of the Committee on the challenges facing the provision of safeguarding services going forward.
- 8.70 The Committee agreed that it was a worrying time for everyone as front line services will be affected by budget cuts and there is the potential that more vulnerable citizens would not be identified as requiring services. They felt that there would be an increased need for front line services, not a reduction, due to the ageing population. The Committee also recognised that a greater

number of older carers would be inevitable, with more specialist services required for an increase in the prevalence of dementia.

- 8.71 The Committee also informed Members that at present all the safeguarding foundation awareness training that is commissioned and coordinated on behalf of the committee is funded from area based grant, which will reduce on a yearly basis. Going forward a recharge to users may need to apply for this training. Committee members felt that there was a need to improve the Committee's understanding of what the member organisations are delivering to staff with regards to foundation awareness training.
- 8.72 Members were advised that advanced safeguarding training has a social work focus and is also funded by the Child and Adult Services Department. There are also other courses that have close links to safeguarding including dementia, managing behaviours etc. The Committee needs to consider areas and ensure they are covered in the training programmes in the future.
- 8.73 Members of the Adult and Community Services Scrutiny Forum requested information on how much subsidy the local authority was providing to other agencies for safeguarding training.
- 8.74 The representatives of the Adult and Community Services Scrutiny Forum who attended the meeting of the Hartlepool Vulnerable Adult Protection Committee discussed the membership of the Committee at the meeting of the Forum on 28 February 2011 and noted that whilst the Portfolio Holder for Adult and Public Health Services attended the meeting, there was no representation from backbench members.
- 8.75 Members also felt that it was appropriate for the Adult and Community Services Scrutiny Forum to receive regular updates from the Child and Adult Services Department in relation to the provision of adult services.

9 THE CHALLENGES FACING THE PROVISION OF ADULTS SAFEGUARDING SERVICES IN HARTLEPOOL

- 9.1 The Adult and Community Services Scrutiny Forum gathered evidence from a number of sources to determine the challenges facing the provision of adult safeguarding services, these are detailed overleaf:-

Evidence from the Safeguarding Team

- 9.3 At the meeting of the Adult and Community Services Scrutiny Forum on 18 October 2010 the Forum discussed the challenges facing the provision of Adult Safeguarding Services. Members determined that the greatest challenges came from demographic pressures and the increased numbers of people accessing services, Members also raised concerns regarding people only accessing services once their needs were complex.

- 9.4 Members heard evidence from the Head of Service detailing the challenges identified by the Child and Adult Services Department. It was stressed that the challenges facing the provision of safeguarding services cannot be considered in isolation, as the working environment within which it operates is demanding due to the combined pressures of demography, changes in legislation and the fiscal deficit. Challenges identified included the following:-
- An ageing population, more people with dementia, more people with complex needs;
 - An increase in the number of people exhibiting challenging behaviours as well as people with profound disabilities living longer and requiring more care and intensive support;
 - Increased awareness of adult abuse due to the strengthening of safeguarding procedures for vulnerable adults. The Mental Capacity Act 2005 and the Deprivation of Liberty Standards, whilst welcomed, all impact on the overall workload of social workers and social care officers;
 - The personalisation agenda, self directed support, balancing people's right to choose with the right to protection and the department's statutory duty of care and responsibility for the effective and efficient use of public funds, has greatly increased the complexity of social care;
 - An 18% reduction in the number of social care staff over the last 3 years in addition to some social worker posts reverting to social care officer post and the use of team managers to carry case loads;
 - A 24% increase in the number of people reviewed in the last 3 years;
 - A 10% decline in carers' assessments and reviews over the last 3 years.
- 9.5 The Forum were advised that the Safeguarding Team has a key role in managing and supporting effective safeguarding practices across both the local authority and private/independent sector adult social care services in Hartlepool. In the time span 2007–2010 safeguarding referrals increased by 34%. This increase reflects the considerable resources put into raising awareness across agencies, services and the public in respect of Safeguarding Adults. There has been a 7.4% decline in referrals between April – July 2010 and Members were advised that this may be a result of the safeguarding processes now being 'bedded in' and better understood across the health and social care economy.
- 9.6 Members were informed that Deprivation of Liberty Safeguards (DOLS) referrals increased from 2 in April 2009 (when the new process went live) to 41 in December 2009. The Deprivation of Liberty Safeguards process is a requirement that anyone who may not have the capacity to make a decision, in terms of either accommodation or medical treatment, must be assessed to determine whether they have capacity or not. Where incapacity is shown, then decisions may be taken for them in regards to medication or where they should live. The process is onerous and laid out within the parameters of the Mental Capacity Act 2005.
- 9.7 The Forum learned that the increase in Deprivation of Liberty Safeguards referrals between April - December 2009 reflects the focused resources put into raising awareness of Deprivation of Liberty Safeguards among hospital

and care/nursing home staff. Between January 2010 and July 2010, the number of Deprivation of Liberty Safeguards referrals coming into the Safeguarding Team had reduced by 12%. These numbers may continue to decrease as care homes become more experienced in preventing the need for a Deprivation of Liberty Safeguards referral. However, the predicted rise in the number of people who have dementia may result in Deprivation of Liberty Safeguards referrals remaining at a high level or even increasing.

- 9.8 The Deprivation of Liberty Safeguards framework was implemented by training existing Social Workers to take on the role of Best Interest Assessor (BIA), rather than recruiting any additional staff to meet the additional workload. Initially this negatively impacted on the capacity of Social Workers, as it took time to train the professional staff and therefore the number of appropriately trained staff was limited. However, Members were advised that the Safeguarding Team were now mid-way through a programme of training and were encouraged to note that the available number of Local Authority staff qualified to undertake this time-consuming and complex role has increased.
- 9.9 At the meeting of the Adult and Community Services Forum on 28 February 2011 the Head of Service presented Members with the table overleaf, which highlights the increase in activity in the department between April 2007 and March 2010. Members were advised that the challenges shown overleaf also affect service provision from all partner agencies.

Activity April 2007 – March 2010

Hospital Discharges	Referrals → 20% increase
Locality Based Social Work Teams	Caseloads → 34 % (average) increase
Occupational Therapy	Referrals → 15% increase
Mental Health Service	Referrals → 56% increase
Learning Disability Services	Referrals → 11% increase
Direct Care and Support Service	Referrals → 24% increase
Statutory Reviews	Reviews → 24% increase
Deprivation of Liberty Safeguards	Introduced April 2009 – 163 Assessments

Evidence from the Cleveland Police North Tees Vulnerability Unit

- 9.10 At their meeting on 28 February 2011 members of the Adult and Community Services Scrutiny Forum considered written evidence from Cleveland Police North Tees Vulnerability Unit.
- 9.11 Members noted that with an increasingly elderly population all services are stretched and Policing is no different. The investigation of abuse against vulnerable adults is one of many policing requirements. Allocation of resources must compete with other demands (e.g. Neighbourhood Policing priorities, Safer Hartlepool Partnership priorities, terrorism, drugs etc).
- 9.12 The Forum noted (with concern) that there is only one dedicated vulnerable adult investigator for the whole of the North Tees area (Hartlepool and Stockton) and that it is essential the detective's time must be concentrated on the most appropriate referrals.
- 9.13 Members were advised that in Hartlepool police received 4 referrals in December 2010 and 6 in January 2011. From these there are currently two 'live' investigations. (One for physical abuse, the other financial abuse). However during these same two months police received a total of 33 referrals from Stockton.
- 9.14 The Head of Service informed Members that to have one dedicated vulnerable adult detective for the North Tees was challenging, but on an operation basis the relationship between the police and the safeguarding team was excellent.
- 9.15 Members also noted that if a serious allegation is referred to police (e.g. death by wilful neglect in Stockton in January 2011 or a multiple victim rape allegation in Hartlepool in 2010) then additional officers are allocated and the Detective Inspector is appointed as senior investigating officer.

Evidence from the Portfolio Holder for Adult and Public Health Services

- 9.16 At the meeting of the Adult and Community Services Scrutiny Forum on 13 September 2010 Members welcomed the views of the portfolio holder for Adult and Public Health Services.
- 9.17 The Portfolio Holder outlined what he felt to be the challenges facing the future provision of services, these included current and future budgetary pressures and the content of the recent Health White Paper. The Portfolio Holder raised concerns that the White Paper proposals may be to the detriment of services, he felt that there were benefits of the Council continuing to deliver the service and stressed the importance of retaining the current Health Overview and Scrutiny powers within the Council.

- 9.18 When commenting on the increasing number of safeguarding referrals being made, the Portfolio Holder believed that this could either be due to an increase in instances occurring or an increased awareness of how and when to report concerns. The Portfolio Holder believed it was the latter and that due to the work of the Child and Adult Services Department that people were less afraid to come forward.

10 THE IMPACT OF CURRENT AND FUTURE BUDGET PRESSURES ON THE WAY IN WHICH ADULT SAFEGUARDING SERVICES ARE PROVIDED IN HARTLEPOOL

- 10.1 Members of the Adult and Community Services Scrutiny Forum gathered evidence in relation to the impact of current and future budget pressures on the provision of safeguarding services in Hartlepool. Evidence gathered is detailed as follows:-

Evidence from the Safeguarding Team

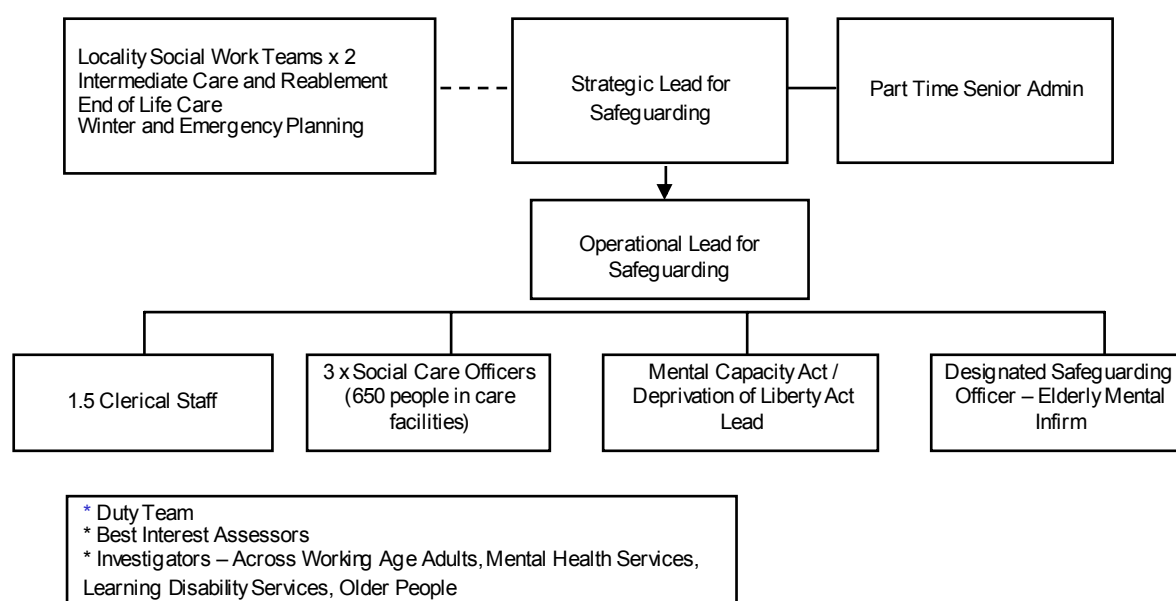
- 10.2 At the meeting of the Adult and Community Services Scrutiny Forum on 13 December 2010 Members were informed by the Head of Service of the areas which may impact on the provision of services in the future, these included:-
- The increase in activity (+30% over the last 3 years) leading to an increased risk;
 - Budget cuts potentially leading to a reduction in staffing;
 - Review of roles and responsibilities of the Police Service potentially leading to a reduced capacity in community policing and potential delays in commencing investigations.
- 10.3 At the meeting of the Forum on 28 February 2011 the Head of Service presented Members with a comparison of Salford, Middlesbrough and Hartlepool safeguarding structures as follows:-

Safeguarding Structures

Salford Council <ul style="list-style-type: none"> • Safeguarding Coordinator • Senior Practitioner Social Worker • Admin Officer • 3 Minute Takers 	Middlesbrough Council <ul style="list-style-type: none"> • Strategic Lead Safeguarding Adults (30 hours) • Adult Protection Coordinator (34 hours) • Adult Protection Support Officer (1.5 posts) 	Hartlepool Council SEE DIAGRAM OVERLEAF
NHS Salford PCT <ul style="list-style-type: none"> • Lead Nurse Adult Safeguarding 	NHS Tees Safeguarding Lead	

Salford Royal Foundation NHS Trust <ul style="list-style-type: none"> Assistant Director of Nursing (Board Member) Modern Matron (Safeguarding Children and Adults) 	James Cook NHS Foundation Trust <ul style="list-style-type: none"> Safeguarding Lead 	North Tees and Hartlepool NHS Foundation Trust <ul style="list-style-type: none"> Safeguarding Lead
Greater Manchester Police <ul style="list-style-type: none"> Detective Inspector Detective Sgt Adult Safeguarding 3 Detective Constables and 6 PC's (who lead all investigations) 	Cleveland Police <ul style="list-style-type: none"> Headed by Detective Inspector 4 Detective Sergeants (2 child, 2 Adult, and Domestic Violence) 20 Detective Constables (10 child, 9 Domestic Violence and 1 dedicated vulnerable adult) 	Cleveland Police <ul style="list-style-type: none"> Headed by Detective Inspector 4 Detective Sergeants (2 child, 2 Adult and Domestic Violence) 20 Detective Constables (10 child, 9 Domestic Violence and 1 dedicated vulnerable adult)
Housing Strategy Principal Manager Safeguarding (Children and Adults)	Middlesbrough Adult Protection Committee has representatives from the Safer Middlesbrough Partnership and the local housing provider	Hartlepool Adult Protection Committee has representation from statutory, independent and voluntary sector.

Adult Social Care Services – Operational Safeguarding Structure



- 10.4 The Forum noted that there is a full time Operational Lead role dedicated to adult safeguarding, supported by a Designated Safeguarding Officer and a Mental Capacity Act / Deprivation of Liberty Safeguards Lead. There are also three Social Care Officers within the Safeguarding and Vulnerability

Team. In addition, some officers in Hartlepool undertake safeguarding work as a part of their role but are not dedicated solely to safeguarding. The Head of Service advised Members that this meant that these officers would not have the same in depth knowledge of case law and were reliant on the Deprivation of Liberty Safeguard Lead Officer and others within the Safeguarding and Vulnerability Team for advice in this area. Knowledge of previous case law is very important in safeguarding as lessons learned from previous cases often impact on action when considering current cases.

- 10.5 The Forum learned that the way the 3 Social Care Officers carried out assessments of peoples care needs had also been revised. Each officer is now allocated 10 care homes to enable them to gain a more detailed knowledge of the service users and also to increase their time and capacity at each home.
- 10.6 The Forum was advised that this model was one other authorities are adopting, such as Durham County Council. However, the Forum noted that this model could only operate properly when given enough resource.
- 10.7 Head of Service outlined the challenges of future service provision as detailed at 9.9 and also provided the Forum with the following details regarding budget cuts:-
 - Local authority social care staff declined from 404 in 2007/2008 to 342 in 2009/2010;
 - Managerial spans of control have broadened;
 - Safeguarding and Assessment and Care Management needing to find savings of approximately £200,000 in 2011/12.
- 10.8 Members of the Forum raised concerns that with increasing demographic and budgetary pressures, strategic leads will be over stretched, placing the authority and the vulnerable adults it is required to protect, at risk.
- 10.9 The Head of Service advised Members that the budget situation was only manageable if resourced properly in conjunction with safeguarding partners and all members of the Adult Protection Committee assume the appropriate level of responsibility for safeguarding and organisations do not carry out cuts in isolation, without consideration of the effect on the other members of the committee.

Evidence from the Cleveland Police North Tees Vulnerability Unit

- 10.10 At the meeting of the Adult and Community Services Scrutiny Forum on 28 February 2011 Members considered written evidence from Cleveland Police North Tees Vulnerability Unit.
- 10.11 Members noted that the provision of a 'gate keeping' service and single point of contact is an absolute necessity for the police. It is imperative police can quickly access all services and so need the point of contact to advise and

refer. Without a quality gate keeping service (which exists at present) the concern for the police is that they would receive inappropriate referrals from agencies which, with so little resource in this area would divert them from their primary function.

- 10.12 The Head of Service advised the Forum that the Police were also facing cuts to their budgets and are under as much financial pressure as local authorities. Members noted that cuts to the budgets of partner agencies may have a negative effect on the ability of other partners to provide safeguarding services effectively if carried out in isolation, the Head of Service advised members that all agencies needed to have a conversation around proposed budget cuts and the impact these proposals would have on each others services and that this needed to take place before the cuts took place not after.
- 10.13 Members agreed that a balance needed to be reached between efficiency savings and maintaining a service which is effective at safeguarding vulnerable adults.

11 HOW ADULT SAFEGUARDING SERVICES COULD BE PROVIDED IN THE FUTURE

- 11.1 Members of the Adult and Community Services Scrutiny Forum were keen to explore options for the provision of safeguarding services in the future given demographic and budgetary challenges facing the service. The Forum considered evidence as follows:-

Evidence from Salford Council and NHS Salford

- 11.2 The Adult and Community Services Scrutiny Forum welcomed representatives from Salford Council and NHS Salford to the meeting of the Forum on 13 December 2010.
- 11.3 The Forum noted that safeguarding referrals had increased dramatically in the Salford area over the last 5 years, but as in Hartlepool, they were informed that this was due to the safeguarding awareness training undertaken with all agencies but in particular the Health Service. The Lead Nurse in Adult Safeguarding from NHS Salford identified this training as key to the partnership working within the area of safeguarding, it is now mandatory in PCT staff in NHS Salford to receive safeguarding training.
- 11.4 It is noted that general practitioners have access to safeguarding training but are not required to take it, to encourage take up a general practitioner representative elected from the medical directorate of the Primary Care Trust sits on the Salford Adult Safeguarding Board.
- 11.5 Another key point for Salford was the ability to move to an outcome at any stage of the safeguarding process, rather than having to enter and exit at specific defined points. This enables those involved in safeguarding to move

a case to an outcome at the best possible point and to not remain in the process unnecessarily.

- 11.6 To progress the safeguarding agenda the Salford Adult Safeguarding Board are keen to disseminate knowledge and understanding into the community so that safeguarding becomes everyone's business and embedded in the community. A priority is to keep the profile of adult safeguarding as high as possible and to maintain a consistent message from frontline services. The board also expects those who commission services to be fully informed on adult safeguarding principles and that these are used to commission safe services. The Board will seek evidence on how contracting services for vulnerable adults has improved adult safeguarding in Salford and will seek evidence to demonstrate this.
- 11.7 Members were informed that in Salford the safeguarding team had been protected from budget cuts, though there were concerns that cuts in social workers and staff in other partner agencies could impact on the safeguarding agenda and the excellent partner relationships that are now in place.

Evidence from the General Practitioner Commissioning Consortium Steering Group

- 11.8 At the meeting of the Forum on 28 February 2011 members considered written evidence from the General Practitioner Commissioning Consortium with regard to GPs sitting on the Adult Protection Committee in the future.
- 11.9 Members noted that the emerging GP consortia in Hartlepool are actively working with NHS Hartlepool to ensure that the transition to the proposed new General Practitioner Commissioning Consortium is seamless and all statutory duties and responsibilities are understood in order to ensure compliance.
- 11.10 Currently NHS Hartlepool provide representation on the Committee and it is envisaged that they will do so over the next 12 – 18 months until such time as the General Practitioner Commissioning Consortium is in a position to confirm the approach it will take in respect of its full role and responsibilities which are still being clarified.
- 11.11 The General Practitioner Commissioning Consortium are aware of the importance of the safeguarding agenda and want to ensure that they are able to respond proportionately at both a strategic and operational level; The General Practitioner Commissioning Consortium are confident that NHS Hartlepool are able to provide this assurance at this time.

Evidence from the Safeguarding Team

- 11.12 The Adult and Community Services Scrutiny Forum received evidence from the Child and Adult Services Department in relation to where safeguarding in

Hartlepool sits with regard to the Care Quality Commission reports of Salford and Middlesbrough Councils at the meeting of the Forum on 13 December 2010.

- 11.13 The Head of Service informed the Forum that the Safeguarding Team had a number of strengths that aligned to areas for which Salford and Middlesbrough Councils had been praised. These include:-
- Involvement in the Teeswide Adult Safeguarding Board;
 - An embedded operational framework providing cross function clarity;
 - Independent review highlighted thorough analysis of casework and accurate and consistent recording of information;
 - Proactive deprivation of liberty safeguards training; and
 - Paperwork praised by the Court of Protection.
- 11.14 Areas for improvement identified by the Adult Safeguarding Team include:-
- Links to community partnerships need to be improved to promote community prevention;
 - Service users need to be more actively involved and informed about safeguarding procedures; and
 - Maintain current attendance levels at the Hartlepool Vulnerable Adults Protection Committee, as these has previously been in decline.
- 11.15 The Forum was informed that there were a number of ways the Safeguarding Team plans to develop going forward, these are:-
- Engaging with other Local Authorities to learn from their experiences;
 - Reflecting on lessons learned by undertaking a serious case review with all partner agencies;
 - Introduction of a Memorandum of Understanding for the Hartlepool Vulnerable Adult Protection Committee members to clarify roles and responsibilities; confirm accountabilities and ensure safeguarding is 'everybody's business'.
- 11.16 In addition the Head of Service informed the Forum that a review of adult social care law may lead to a less fragmented legal system in this area.
- 11.17 Members of the Forum were keen to hear more about the level of attendance and engagement of partner agencies in the Adult Protection Committee. They were informed that all bodies were committed operationally but strategically all agencies were making cuts, due to this and original committee members moving on the seniority of the attendees from the partner agencies has reduced over time. The Forum was informed that 90% of safeguarding investigations were done by HBC staff. Salford confirmed that whilst the majority of their investigations were also conducted by Council staff, 6 new minute takers were being trained by the Mental Health Trust.

- 11.18 Members also questioned the take up of mental capacity awareness training and were advised that this was offered to all general practitioners but it is a challenge to gain an acceptance that general practitioners have a responsibility in this area, many do not see the relevance as it is felt that Social Services will deal with these issues, though the Forum were advised that general practitioners have a responsibility under Section 44 of the Mental Capacity Act.
- 11.19 The Forum was very interested to recommence visits to care homes by Elected Members, as these had taken place some time ago when the care homes were operated by the Council and Members felt that this was of great benefit to residents and the Council. Members were advised of the complexity and cost of arranging these visits by the Commissioned Services Manager as the homes were now private businesses and a number of agencies such as the Care Quality Commission, the Council Safeguarding Team, the Primary Care Trust, the Department of Health and Hartlepool LINK, all carry out visits to care homes.

Evidence from Local Groups and Service Users

- 11.20 The Forum was very keen to hear the views of local groups and service users. An invitation was extended to all local groups to attend the meeting of the Forum on 28 February 2011 to express their views or to submit written evidence. Representatives of local groups and service users expressed the following views:-
- 11.21 The majority of respondents were confident that they knew about safeguarding procedures and received regular updates. One respondent commented that whilst they themselves understood the procedures it may be the case that members of their group were not aware of or do not have any understanding of the process.
- 11.22 The majority of respondents understood who to call in the event that a referral to the Safeguarding Team needed to be made and were aware of the number, it was also mentioned that the duty team were contactable and accessible. One respondent was not aware of who to contact.
- 11.23 Where respondents had been involved with safeguarding, issues had been dealt with to the satisfaction of the respondent and guidance received was useful and of a high standard.
- 11.24 Suggestions for improvement in safeguarding services include:-
- More agencies that can be represented on the Hartlepool Vulnerable Adults Protection Committee;
 - Good clear up to date information and guidance needs to be made available to anyone who is in a position where they work or are caring for vulnerable people;

- Opportunities for the police to be in attendance in an advisory capacity where the level or issue of abuse does not amount to a criminal act;
- Awareness needs to be maintained of safeguarding issues – would like to explore whether there is any potential to share any lessons learned via approved forums.

11.25 Other views and comments received include:-

- Safeguarding teams in Hartlepool and Teesside work well together and that these vital services must be allowed to continue and evolve;
- Hartlepool Borough Council delivering a talk to the deaf community to ensure they are aware of safeguarding and the process they need to follow if they believe a vulnerable adult is in need of safeguarding intervention, this would also enable Hartlepool Borough Council to ensure the processes are user friendly for deaf people.

12 CONCLUSIONS

12.1 The Adult and Community Services Scrutiny Forum concluded:-

- (a) That adult safeguarding is very complex in nature and has numerous pieces of contradictory legislation surrounding it;
- (b) That safeguarding services in Hartlepool are delivered well but not every eventuality can be planned for;
- (c) That there is a need to balance efficiency savings with a need to protect the vulnerable adults in our community;
- (d) That safeguarding teams in Hartlepool and Teesside work well together;
- (e) That effective partnership working is key to tackling the challenges of the safeguarding agenda;
- (f) That cuts to the budgets of partner agencies may impact on the delivery of safeguarding services by Hartlepool Borough Council;
- (g) That adult safeguarding services are not seen as a priority by the general public as they are not as visible as other services provided by the Council;
- (h) That General Practitioners do not undertake training in relation to adult safeguarding as a matter of routine, but are aware of issues associated with vulnerable adults;
- (i) That the provision of a 'gate keeping' service and single point of contact was an absolute necessity for the police to enable them to manage their scarce resources and ensure only appropriate safeguarding referrals are received;

- (j) That the previous model of Councillor visits to care homes worked well and should be resumed;
- (k) That the Adult and Community Services Scrutiny Forum were supportive of the continuing efforts to publicise Adult Safeguarding and make safeguarding 'everybody's business'.

13 RECOMMENDATIONS

13.1 The Adult and Community Services 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 Cabinet are as outlined below:-

- (a) That a dialogue regarding budget and service cuts is maintained between members of the Hartlepool Vulnerable Adults Protection Committee to ensure that:-
 - (i) cuts to services are not taken in isolation, without consideration for the impact on partner agencies;
 - (ii) scarce resources are managed as effectively and efficiently as possible between agencies.
- (b) That the Primary Care Trust (or its equivalent replacement body) is encouraged to put forward a GP representative to sit on the Hartlepool Vulnerable Adults Protection Committee;
- (c) That the potential to recommence visits to care homes by Elected Members of the Adult and Community Services Scrutiny Forum is included in the contract negotiations to be undertaken with providers;
- (d) That the feasibility of including an Elected Member from the Adult and Community Services Scrutiny Forum on to the membership of the Hartlepool Adult Protection Committee is explored;
- (e) That the Adult and Community Services Scrutiny Forum be kept up to date on the provision of Adult Services in the town through the receipt of relevant aspects of the regular updates received by the Portfolio Holder for Adult and Public Health Services;
- (f) The use of welfare notices is investigated with partner agencies;
- (g) That safeguarding workshops are delivered to groups within Hartlepool (with particular reference to the deaf community) and a review is undertaken of the accessibility of safeguarding services.

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:-

Hartlepool Borough Council:

Councillor Ged Hall – Portfolio Holder for Adult and Public Health Services
Jill Harrison – Assistant Director, Adult Social Care
Phil Homsby – Head of Service, Adult Social Care
John Lovatt – Head of Service, Adult Social Care
Trevor Smith – Performance and Information Manager (Adults)
Ellen Spence – Team Manager, Learning Disabilities
Pam Simpson – Operational Lead, Adult Safeguarding and Vulnerability

External Representatives:

Keith Bonner – Lead Nurse Adult Safeguarding, NHS Salford
Philip Dand – Safeguarding Co-ordinating, Salford Council
Bridget Farrand – Strategic Lead Safeguarding Adults, Middlesbrough Council
Ruby Marshall – Hartlepool LINK
Zoe Sherry – Hartlepool LINK
Mick Walker – Business Manager, Teeswide Safeguarding Vulnerable Adults Board
Margaret Wren – Hartlepool LINK

COUNCILLOR JANE SHAW CHAIR OF THE ADULT AND COMMUNITY SERVICES SCRUTINY FORUM

April 2011

Contact Officer: Elaine Hind – Scrutiny Support Officer
Chief Executive's Department – Corporate Strategy
Hartlepool Borough Council
Tel:- 01429 523647
Email:- elaine.hind@hartlepool.gov.uk

BACKGROUND PAPERS

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

- (i) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Adult Safeguarding – Scoping Report' presented to the Adult and Community Services Scrutiny Forum on 16 August 2010.
- (ii) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Adult Safeguarding – Setting the Scene Presentation Covering Report' presented to the Adult and Community Service Scrutiny Forum 13 September 2010.
- (iii) Report of the Head of Services (Adults) entitled 'Safeguarding Adults' presented to the Adult and Community Services Scrutiny Forum on 13 September 2010.
- (iv) Presentation by the Head of Service entitled 'Safeguarding Adults' delivered to the Adult and Community Services Scrutiny Forum of 13 September 2010.
- (v) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Safeguarding of Adults – Evidence from the Authority's Portfolio Holder for Adult and Public Health Services – Covering Report' presented to the Adult and Community Services Scrutiny Forum of 13 September 2010.
- (v) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Adult Safeguarding – Evidence from the Council's Child and Adult Service Department – Covering Report' presented to the Adult and Community Services Scrutiny Forum of 18 October 2010.
- (vi) Presentation by the Head of Service entitled 'Detailed Overview of Safeguarding Services' delivered to the Adult and Community Services Scrutiny Forum of 18 October 2010.
- (vii) Report of the Head of Service entitled 'Adult Social Care Performance Analysis' presented to the Adult and Community Services Scrutiny Forum of 18 October 2010.
- (viii) Presentation by the Performance and Information Manager entitled 'Service Provision Challenges' delivered to the Adult and Community Services Scrutiny Forum of 18 October 2010.
- (ix) Presentation by the Strategic Lead in Safeguarding and Vulnerability entitled 'Independent Evaluation of Safeguarding Services' presented to the Adult and Community Services Scrutiny Forum of 18 October 2010.
- (viii) Report of the Scrutiny Support Officer entitled 'Evidence from other Local Authorities and Hartlepool Child and Adult Services Department – Covering Report' presented to the Adult and Community Services Scrutiny Forum on 13 December 2010.
- (ix) Presentation by Salford Council Adult Safeguarding Co-ordinator and Lead Nurse Adult Safeguarding entitled 'Safeguarding Vulnerable Adults in Salford' delivered to the Adult and Community Services Scrutiny Forum of 13 December 2010.
- (x) Presentation by Middlesbrough Council Strategic Lead Safeguarding Adults entitled 'Safeguarding Adults' delivered to the Adult and Community Services Scrutiny Forum of 13 December 2010.

- (xi) Presentation by the Head of Service entitled 'Strengths, Weaknesses, Opportunities and Threats' delivered to the Adult and Community Services Scrutiny Forum of 13 December 2010.
- (xii) Report of the Scrutiny Support Officer entitled 'Safeguarding of Vulnerable Adults – Evidence from the Child and Adult Services Department – Covering Report' presented to the Adult and Community Services Scrutiny Forum of 28 February 2011.
- (xiii) Presentation by the Head of Service entitled 'Adult Safeguarding' delivered to the Adult and Community Services Scrutiny Forum of 28 February 2011.
- (xiv) Report of the Scrutiny Support Officer entitled 'Safeguarding of Vulnerable Adults – Evidence from the Teeswide Safeguarding Vulnerable Adults Board – Covering Report' presented to the Adult and Community Services Scrutiny Forum of 28 February 2011.
- (xv) Report of the Scrutiny Support Officer entitled 'Safeguarding of Vulnerable Adults – Feedback from Members Visit to the Adult Protection Committee – Covering Report' presented to the Adult and Community Services Scrutiny Forum of 28 February 2011.
- (xvi) Report of the Scrutiny Support Officer entitled 'Safeguarding of Vulnerable Adults – Written Evidence from the Hartlepool General Practitioner Commissioning Consortium Steering Group and the Cleveland Police Vulnerability Unit' presented to the Adult and Community Services Scrutiny Forum of 28 February 2011.
- (xvii) Report of the Scrutiny Support Officer entitled 'Safeguarding of Vulnerable Adults – Responses to the Adult Safeguarding Questionnaire' presented to the Adult and Community Services Scrutiny Forum of 28 February 2011.
- (xviii) Report of the Commissioned Services Manager entitled 'Elected Member Visits to Care Homes for Adults' presented to the Adult and Community Services Scrutiny Forum of 28 February 2011.
- (xix) Teeswide Safeguarding Adult Multi-Agency Procedure Version 3 5 November 2008.
- (xx) Minutes of the Adult and Community Services Scrutiny Forum of 16 August 2010, 13 September 2010, 18 October 2010, 8 November 2010, 13 December 2010, 17 January 2011, 28 February 2011 and 28 March 2011.

SCRUTINY CO-ORDINATING COMMITTEE

15 April 2011



Report of: Scrutiny Manager

Subject: FINAL REPORT – FORESHORE MANAGEMENT

1. PURPOSE OF REPORT

- 1.1 To inform Members of the Scrutiny Co-ordinating Committee that the final report into 'Foreshore Management' will be presented at today's meeting.

2. BACKGROUND INFORMATION

- 2.1 In accordance with the Authority's Access to Information Rules, it has not been possible to include the 'Foreshore Management' final report within the statutory requirements for the despatch of the agenda and papers for this meeting. The report will be circulated under separate cover in advance of this meeting.

3. RECOMMENDATION

- 3.1 Members are requested to note the content of this report and agree the final report into 'Foreshore Management' to be circulated under separate cover in advance of this meeting.

Contact Officer:- Joan Stevens – Scrutiny Manager
Chief Executive's Department – Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

BACKGROUND PAPERS

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



NEIGHBOURHOOD SERVICES SCRUTINY FORUM

FINAL REPORT

FORESHORE MANAGEMENT

April 2011

SCRUTINY CO-ORINATING COMMITTEE

15 April 2011



Report of: Neighbourhood Services Scrutiny Forum

Subject: FINAL REPORT INTO FORESHORE MANAGEMENT

1. PURPOSE OF REPORT

- 1.1 To present the draft findings of the Neighbourhood Services Scrutiny Forum following its investigation into 'Foreshore Management'.

2. BACKGROUND INFORMATION

- 2.1 The Local Authority maintains the beach and foreshore through Foreshore Management services. The Coast Protection Act 1949, established the regulatory framework for England's coastline and the Coast Protection Authorities all around the coast. The Council is the designated Coast Protection Authority which "shall have such powers and perform such duties in connection with the protection of land" to ensure the adequate 'coast protection' of the Borough.
- 2.2 Hartlepool has 12 miles of coast which includes award-winning beaches, internationally protected wildlife sites, extensive sand dunes and coastal walks and a port. This means that a variety of economic, recreational and environmental interests and activities are located along the narrow coastal strip, often competing for space and resources. For example, Seaton beach attracts swimmers, dog walkers, jet skiers, horse riders and off road vehicles. If these activities take place without any management, conflicts can result, which may not only make the shoreline a less pleasant place to be, but also a more dangerous place. Some of these users will be deterred from coming again.
- 2.3 It is in the town's interests to manage the different activities and interests that take place at the water's edge. Effective management can create a coastline which is good for the town's residents, good for tourism, good for the environment and good for the local economy.

3. OVERALL AIM OF THE SCRUTINY INVESTIGATION

- 3.1 To evaluate the provision of Foreshore Management services in Hartlepool.

4. TERMS OF REFERENCE FOR THE SCRUTINY INVESTIGATION

- 4.1 The following Terms of Reference for the investigation were agreed by the Neighbourhood Services Scrutiny Forum on 19 January 2011:-

- (a) To gain an understanding of the agreed overall 'aim' for the provision of Foreshore Management services along with the legislative and policy requirements;
- (b) To evaluate how foreshore management services are provided / co-ordinated in Hartlepool including partnership arrangements with other agencies / organisations;
- (c) To explore the balance between conservation and tourism in relation to how the foreshore is managed while continuing to stimulate economic growth;
- (d) To gain an understanding of the impact of current and future budget pressures on the way in which foreshore management is provided in Hartlepool;
- (e) To explore how foreshore management could be provided in the future, giving due regard to:-
 - (i) Improving the effectiveness and efficiency of the way in which the services are currently provided by the Council / partner organisations taking into account the legislative requirements relating to water quality; and
 - (ii) If / how the service could be provided at a reduced financial cost (within the resources available in the current economic climate).

5. MEMBERSHIP OF THE NEIGHBOURHOOD SERVICES SCRUTINY FORUM

- 5.1 Membership of the Neighbourhood Services Scrutiny Forum for the 2010 / 11 Municipal Year was as outlined below:-

Councillors Barday, Cook, Fleet, Flintoff, Gibbon, Griffin, McKenna, Richardson and Thomas

Resident Representatives: John Cambridge, Brenda Loynes and Iris Ryder

6. METHODS OF INVESTIGATION

- 6.1 The Members of the Neighbourhood Services Scrutiny Forum met formally from the 19 January 2011 to 11 April 2011 to discuss and receive evidence directly relating to their investigation into 'Foreshore Management'. A detailed record of these meetings is available from the Council's Democratic Services or via the Hartlepool Borough Council website.
- 6.2 A brief summary of the methods of investigation are outlined below:-
- (a) Presentations, written and verbal evidence from the Council's Regeneration and Neighbourhoods Department;
 - (b) Presentation, written and verbal evidence from Northumbrian Water;
 - (c) Written evidence from the Environment Agency;
 - (d) Verbal evidence from local residents.

FINDINGS

7. THE OVERALL AIM FOR THE PROVISION OF FORESHORE MANAGEMENT SERVICES ALONG WITH THE LEGISLATIVE AND POLICY REQUIREMENTS

- 7.1 Members of the Forum were keen to gain an understanding of the overall aim of foreshore management services along with the legislative and policy requirements and therefore invited evidence from the Council's Regeneration and Neighbourhoods Department.

Evidence from the Regeneration and Neighbourhoods Department

- 7.2 The Forum welcomed evidence from the Assistant Director for Neighbourhood Services outlining the foreshore management services undertaken by the Council and the associated legislative and policy requirements.

Leisure Activities

- 7.3 The Assistant Director informed Members that Hartlepool, as a Coastal Authority has a duty to maintain the beach and foreshore. The foreshore has unique features which provide for great diversity opportunities for recreation and tourism. Along Hartlepool's coastline, features include award winning beaches, internationally protected wildlife sites, extensive sand dunes, coastal walks, a Marina, a Port, residential homes and commercial and industrial businesses. A large number of activities take place along the foreshore ranging from the traditional recreational pastimes, such as paddling, sight seeing and beach games to the more modern activities such as kite surfing and jet skiing. Many of these activities particularly the more

active ones require some form of management to reduce potential conflict between different user groups, individuals and the natural environment.

Public Events

- 7.4 Public events are also held along the coastline which are organised by the Council's Countryside Team and partnership organisations including Natural England and Teesmouth Field Centre to promote the natural assets to a wide variety of visitors. Some of the coastal events include seal watching at Hartlepool Power Station; seal walks to Greatham Creek; and rockpooling at the Headland. The only Local Authority organised event held at the foreshore is the annual fireworks display. Members were informed that other specific events include the annual kite festival on May Bank Holiday weekend and the Northeast Beach Lifeguard competition. Yearly fundraising events are also held including the Boxing Day dip which involves management from both the Council and the Police.

Lifeguard Service

- 7.5 The lifeguard service forms part of foreshore management and operates from May to September every year, providing 8 lifeguards (4 at Seaton and 4 at the Headland). The lifeguards provide litter picking and paddling pool duties at quiet times in addition to the more traditional lifeguard role. Each year 10 primary schools take part in rookie lifeguard training, practising lifeguard skills and listening to beach safety talks. Beach safety campaigns are undertaken and water safety talks are carried out as and when requested.
- 7.6 Back in 2000 the Council decided that they would no longer provide a beach lifeguard service but in August 2003 a fatality at Seaton Carew prompted a review of the situation. The Royal Life Saving Society (RLSS) were commissioned to undertake a beach safety assessment which included researching the requirements for reinstating a modern beach lifeguard service. As a consequence of the findings of this report the decision was taken to reinstate the beach lifeguard service for the 2004 season.
- 7.7 Members questioned whether the areas of Fish Sands and North Sands were patrolled by lifeguards. Members were informed that the Fish and Block Sands were patrolled, however the North Sands were not classed as an amenity beach and therefore not patrolled.
- 7.8 The Forum questioned whether warning signage could be put up on the North Sands to highlight the dangers of the foreshore. The Council's legal obligations would need to be checked before such action was taken as erecting such signage could be seen as the Council taking responsibility for public safety and could be liable in the event of an incident.

Paddling Pools

- 7.9 There are two paddling pools in Hartlepool, one at Seaton Carew and one at the Headland, both of which are open to the public during the times that the lifeguard service operates. During 2007 in an effort to find efficiency savings it was decided that the Beach Safety and Playground Inspection teams, who were at the time within the Adults and Community Services Department, would take over the cleaning of the paddling pools.
- 7.10 Members were informed that before this takeover, the Seaton paddling pool was emptied, cleaned and refilled Monday, Wednesday and Friday. However, it was felt that this was insufficient due to water quality concerns. After the reassignment of duties the cleaning regime was increased to every day, except in adverse weather when the pool is left empty until the weather improves.
- 7.11 The Headland paddling pool has a pool plant and was designed not to require emptying every day. It was initially thought that the pool water would stay in the pool for most of the season, relying on the pool chemical dosing and filtration system to ensure the water quality was suitable for use. It has become apparent that the pumping / filtration system, although suitable for indoor swimming pools situations, has to cope with much more challenging outdoor conditions. Experience has shown that it is necessary during the season to empty, clean and refill this pool on a weekly basis to ensure water quality can be maintained by the pumping / filtration system.
- 7.12 Members heard that an additional problem exists with the seawall / defences upon which the Headland paddling pool sits. The seawall is of variable makeup and considerable unseen movement of seawall materials can take place. Unfortunately, such movement has caused the pool surface to blister and crack. As a consequence of this the pool requires emptying regularly for surface checks and repairs to make it watertight. Members did question why the movement of the seawall was not taken into consideration when the pool was built, as this problem could have been prevented.
- 7.13 The Headland paddling pool base problems are believed to be a result of various materials used as a sub base to the sea wall. In the early years of this problem the contractor who originally applied the surfacing was asked to carry out the repairs, however, this was very costly and the pool was closed for weeks whilst waiting for the contractors to complete the work, which was a disappointment to the public. In order to minimise closure periods the Council now carry out these types of repairs. The surfacing used is not the original colour of the pool floor but the repairs are completed in one day.
- 7.14 At the meeting of the Forum on 23 March 2011, following Member questions regarding the original design and build of the Headland paddling pool, the Forum was advised by the Assistant Director of Neighbourhood Services that the Block Sands Paddling Pool refurbishment completed in July 2004, was originally funded by Single Regeneration Board (SRB) monies and was designed and delivered by White, Young Green consultants. The total cost

of the scheme, including hard works, railings, pool, fountains, pump room, and play area and CCTV was £480,880. Lumsden and Carroll were contracted to carry out the works.

- 7.15 The Forum noted that due to problems with access restrictions for PD Ports in the original design, HBC Building Consultancy and Engineering Consultancy were asked to undertake remedial works to allow for full maintenance access. The remedial contract was let for £24,645 with an additional amount for landscape architecture, civil engineer and structural engineer fees.
- 7.16 Members expressed extreme dissatisfaction with the situation the Council found itself in with regard to the ongoing maintenance required at the Headland paddling pool due to faults with the original design, but recognised that all avenues of recourse had been previously explored and there was no value in pursuing the issue further with the original consultants and contractors.
- 7.17 The Forum reflected that lessons had been learned from the experience of the Headland paddling pool and were supportive of the controls now in place to protect the authority during procurement processes.



Photograph 1: Rookie Lifeguards

Photograph 2: Seaton Paddling Pool



Dog Control Orders

- 7.18 At the meeting of the Neighbourhood Services Scrutiny Forum on 23 February 2011 Members learned that Dog Control Orders are another element of foreshore management services and were introduced in December 2008 as part of the 2005 Clean Neighbourhood Act. In the last year, there has been 25 fixed penalty notices issued in relation to the exclusion of dogs from the foreshores with 76 notices issued in relation to dog fouling.

Wildlife and Conservation

- 7.19 The Countryside Rights of Way (CROW) Act 2000 was brought to the attention of the Forum. This Act obliges Local Authorities to conserve and enhance special interest features of Sites of Special Scientific Interest (SSSI). The Council manages Seaton Common and Dunes and Hart Warren Dunes under Section 28 of the Wildlife and Countryside Act. This therefore means that the Council has a legally obligation to consult with Natural England before undertaking any management operations on the site which are not included in the Site Management Statement. The Crimdon to Headland coastline and much of Seaton Carew and Teesmouth coastline is classed as a RAMSAR¹ site with many areas falling within the boundaries of the Teesmouth and Cleveland Coast Special Protection Area. Coastal conservation and site maintenance activities fall under the management of the Council's Parks and Countryside Wardens, helped by the Parks and Countryside volunteers. Staff and volunteers carry out regular site checks, litter pick and manage vegetation. Members heard that these activities increase during the summer months due to increases in litter and anti-social behaviour which causes increased damage to the dune habitat. The problems originate locally and are not the result of tourism activities. The problem has been on-going for many years and the Council continue to liaise with the police in an endeavour to control it.



*Photograph 3:
volunteers improving
the foreshore*

¹ The Convention on Wetlands of International Importance, called the Ramsar Convention, is an intergovernmental treaty that provides the framework for national action and international cooperation for the conservation and wise use of wetlands and their resources.

Beach Cleaning

- 7.20 The Forum was informed that the Council cleans beaches which are classed as amenity beaches. At Seaton Carew the beach tractor cleans the beach amenity area Monday, Wednesday and Friday and clears the shifting sand from the slipways and car parks. Cleansing operatives regularly patrol the Seaton promenade with hand carts to ensure non-beach areas are kept litter free. Members noted that 126 Fixed Penalty Notices in relation to dropping litter on the foreshore had been issued in comparison to 586 town wide.
- 7.21 The smaller beaches of the Headland, Fish Sands and Block Sands, are subject to tidal conditions and tractor cleaning is not feasible. During the months of April to September there is a cleaning operative who carries out litter picking duties as well as cleaning the promenades and other adjacent areas. Also, the lifeguards when operational and at quiet times will also litter pick the beaches and the paddling pool.
- 7.22 During the summer season occasional complaints are received from members of the public regarding seaweed on the beach at Block Sands. However, this beach is designated as a Special Protected Area and seaweed removal is not permitted.
- 7.23 The Forum discussed whether it would be possible to co-ordinate cleaning rotas with forthcoming public events as concern was expressed by Members that these were not co-ordinated. One example referred to was when the carnival was on at the Headland, the organisers had to clean the Fish Sands themselves.
- 7.24 Members raised concerns about the condition of the North beach and the lack of beach cleaning in this area. Concerns were raised by residents in relation to how the beaches are monitored to identify, for example, excess litter; vehicles on the beach; sand erosion.

North Sands Beach Access and Coastal Erosion

- 7.25 At the meeting of the Neighbourhood Services Scrutiny Forum on 23 March 2011 Members received further evidence from the Regeneration and Neighbourhoods department.
- 7.26 The Forum was advised by the Assistant Director of Neighbourhood Services that for over five years there have been high levels of anti social behaviour (ASB) and criminal activity on the old Steetly/ Britmag site, North West of the Headland. These activities have included high levels of flytipping and damage to the existing public footpath amounting to over £12,000 of repair costs plus officer time. Damage to the existing vehicle barrier at Brus Tunnel has amounted to repair costs in the region of £10,000 and theft of the site owner's property and also the perimeter fence line and old railway tracks.

- 7.27 Members heard that more recently there has been damage to the dunes and beach area behind the site, North Sands, caused by illegal off-road vehicles including 4x4's driving up and down the dune slopes causing irreparable damage to the micro-ecosystems that have established over many years. There have also been a number of incidents whereby illegal vehicle traffic has used the public footpath. This has resulted in conflict with the legal users as well as Council officers.
- 7.28 Members recognised that the Local Authority does not have the powers to stop vehicles or prosecute drivers for what is actually a motoring offence, specifically the Highways Act 1980, 'driving a vehicle more than 15 metres from a highway'; this is enforced by the Police. Council officers are unaware of anyone being stopped or spoken to regarding 'off road' offences and the Forum supported liaising with the Police on this issue.
- 7.29 The Forum also noted that North Sands does not have any restrictions in the way of Dog Control Orders and has always been promoted as an area where dogs can run freely. As such, enforcement patrols have been very limited and are only carried out as a reactive/ responsive service to any issues regarding dogs.
- 7.30 There has been a request from Natural England (NE) to place a seasonal 'On Leads' Order on the section of North Sands adjacent the old Steetley site. This was requested in order to protect the SSSI, as NE claim 'dogs off leads' were the main cause of disruption to the protected birds. The proposed Order will be considered as part of the overall town-wide review into Dog Control Orders. Initial consultations with residents on the Headland have revealed there is no support for any such restriction being introduced.
- 7.31 The Forum was advised that due to current legislation dog control orders cannot be considered in isolation and there is currently a one year consultation ongoing to consult on all dog control orders within the town.
- 7.32 The Shore Management Plan (2007) suggests, at the southern end of Hart Warren the coast has been taken slightly further forward by reclamation south of Spion Kop Cemetery, where it has been reinforced by gabions, and into the northern section of the Headland; by a wall and revetment. The coast is further held forward by the affect of the pipes in front of the Britmag works.
- 7.33 Members learned that without defence this whole area would erode further back more sharply than the coast to the north. The forward position of the coast to either side gives some protection to the area of the Cemetery and so under this unconstrained situation this would also suffer erosion. The main Headland defences are understood to be constructed in front of the old cliffs. There is significant pressure on this area to erode and it has been the presence of the harder cliff material which has resisted this. It is unlikely that even in the unconstrained scenario that erosion over the next 100 years would break through the ridge of land to the lower lying flood plain behind.

- 7.34 The area along this coast is a SPA, SSSI and NNR, Natural England have requested no intervention to any erosion. A further study is currently being carried which will help form the overall strategy for this area. **Appendix A** identifies provides ownership details of the North Sands Beach.
- 7.35 Members raised concerns regarding the erosion around the Spion Cop area but recognised coastal erosion was considered as part of a previous scrutiny investigation, which recommended that all avenues of funding available to deliver more coastal protection work were pursued and that extensive consultation was carried out with residents during future coastal studies.
- 7.36 The Forum heard that regarding access to the beach from the Brus Tunnel, there is a potential opportunity to create a more secure environment and discussions have commenced with Network Rail to reduce access through the Brus Tunnel to that of pedestrian use only and enable NR to access their property in a safer and more convenient manner. The attached map (**Appendix B**) identifies the old access route to the old junction box, the existing routes used by the Network Rail (NR) Staff and contractors and the proposed route that would be created from Old Cemetery Road directly into the Network Rail (NR) property. NR thus would have exclusive control of the new access point which would also address the issue regarding non suitable vehicle access to the beach.
- 7.37 The public footpath and its users would not be in conflict with illegal users or NR staff/contractors and would be safe to use. This would make the site a safer place to walk through. The proposals would also provide the Council with the opportunity to improve and enhance the entrance's and surrounds of the Brus Tunnel/Horseshoe Tunnel, and enable to Council to promote the history of the tunnel and the railway. The Forum was also made aware that funds have been identified to support a permanent solution to the closure of the tunnel to vehicles.
- 7.38 The Forum noted (with concern) the serious damage 4x4 vehicles were causing in the North Sands area and supported permanent the closure of the Brus Tunnel to vehicles, but stipulated that this would need to be carried out following consultation with local residents, Network Rail and other agencies with an interest in the tunnel, consideration would also need to be given to the potential for the closure of the tunnel to displace the problems to the Horseshoe Tunnel.
- 7.39 The Forum also recognised that there were serious local concerns regarding the former Steetly/Britmag site, but that due to the current economic climate it was unlikely that the development of the site would be attractive to businesses in the near future.

8. HOW FORESHORE MANAGEMENT SERVICES ARE PROVIDED / CO-ORDINATED IN HARTLEPOOL INCLUDING PARTNERSHIP ARRANGEMENTS WITH OTHER AGENCIES / ORGANISATIONS TAKING INTO ACCOUNT THE LEGISLATIVE REQUIREMENTS RELATING TO WATER QUALITY

- 8.1 Members of the Forum were pleased to receive evidence from the Regeneration and Neighbourhoods Department, the Environment Agency and Northumbrian Water in relation to the co-ordination of foreshore management services taking into account the legislative requirements relating to water quality.

Evidence from the Regeneration and Neighbourhoods Department in relation to Water Quality

- 8.2 It was highlighted to the Forum that a new Bathing Water Directive (2006/7/EC) comes into affect in May 2011. This new directive requires signage to be displayed about the water quality for public information. It is identified as a “new burden” on local authorities that are bathing water controllers, and as such signage funding will be provided. The three bathing waters which require signage are Seaton Carew North, Seaton Carew Central and Seaton Carew North Gare.
- 8.3 The revised Directive brings with it more stringent water quality standards. The Pass or Fail annual assessment will be replaced by a four year classification system with four classes – excellent, good, sufficient and poor.

Evidence from the Environment Agency

- 8.4 Members were pleased to receive written evidence from the Principal Water Quality Planner at the Environment Agency. The Environment Agency has general duties related to the control of water pollution and specific duties relating to bathing waters as the competent authority for implementation of the EC Bathing Waters Directive in England and Wales.

Water Pollution

- 8.5 The Environment Agency are responsible for monitoring water quality, planning how to bring about identified improvements and regulating discharges, through environmental permits to achieve these. The Environment Agency then checks that permits are being complied with and respond to environmental incidents. Incidents are recorded on a database and the four maps attached as **Appendix C, D, E and F** show the locations of all incidents reported in Hartlepool since 2001 (there are overlaps between the maps). Many of the incidents are not related to water but the ones that are have been labelled.

- 8.6 In terms of partnership working, the Environment Agency liaise closely with the Environmental Health Department within the Council regarding any incident which has the potential to affect public health. The Council also receive the results from routine bathing water sampling as soon as they become available.
- 8.7 The Environment Agency categorise incidents according to their environmental impact and respond accordingly. The environmental impact is rated from Category 1 to 4 - Category 1 represents a persistent, extensive, major impact on the environment; and Category 4 represents no impact. Category 4 incidents are not routinely attended. For more serious incidents, the scale and nature of the response depends upon the severity of the impact and the response of other parties.
- 8.8 In order to manage an incident the Environment Agency aim to stop the pollution, minimise its impact and prevent recurrence. Evidence also needs to be gathered to support regulatory or formal enforcement actions. The Environment Agency has a number of means of achieving these aims, from informal advice and guidance, through formal anti-pollution works notices or enforcement notices to civil sanctions and ultimately, prosecution. The actions used will depend upon the nature and severity of the incident. The Environment Agency can also require remediation of the effects of the incident and/or recover costs from the responsible party.

Bathing Waters

- 8.9 The European Directive (76/160/EEC) concerning Quality of Bathing Water applies in waters where “bathing is not prohibited and is traditionally practised by a large number of bathers”. Such waters are designated by the Department for Environment, Food and Rural Affairs (DEFRA) and include three in the Hartlepool area: Seaton Carew North, Seaton Carew Centre and Seaton Carew North Gare. These were designated in 1987 and first monitored in 1988. The Directive specifies water quality standards and sampling requirements. There are Imperative standards, which must be met, and Guideline standards, of which it says “Member States ... shall endeavour to observe them as guidelines”. The Imperative standards are enshrined in UK law in The Bathing Waters (Classification) Regulations 1991, which also stipulates that the bathing season during which they apply runs from 1 May to 30 September. Compliance with these Imperative and Guideline standards from 1988 to date is summarised in the table overleaf:-

Table 1: Compliance with the Imperative and Guideline standards:-

Year	North	Centre	North Gare
1988	Fail	Fail	Fail
1989	Fail	Fail	Fail
1990	Fail	Fail	Basic Pass
1991	Fail	Fail	Fail
1992	Fail	Fail	Fail
1993	Basic Pass	Fail	Basic Pass
1994	Basic Pass	Basic Pass	Basic Pass
1995	Basic Pass	Guideline	Guideline
1996	Basic Pass	Basic Pass	Basic Pass
1997	Basic Pass	Basic Pass	Guideline
1998	Basic Pass	Basic Pass	Basic Pass
1999	Basic Pass	Basic Pass	Basic Pass
2000	Basic Pass	Guideline	Guideline
2001	Guideline	Guideline	Guideline
2002	Guideline	Basic Pass	Guideline
2003	Basic Pass	Basic Pass	Guideline
2004	Basic Pass	Guideline	Guideline
2005	Basic Pass	Basic Pass	Guideline
2006	Guideline	Guideline	Guideline
2007	Guideline	Guideline	Guideline
2008	Guideline	Basic Pass	Guideline
2009	Basic Pass	Guideline	Guideline
2010	Basic Pass	Basic Pass	Guideline

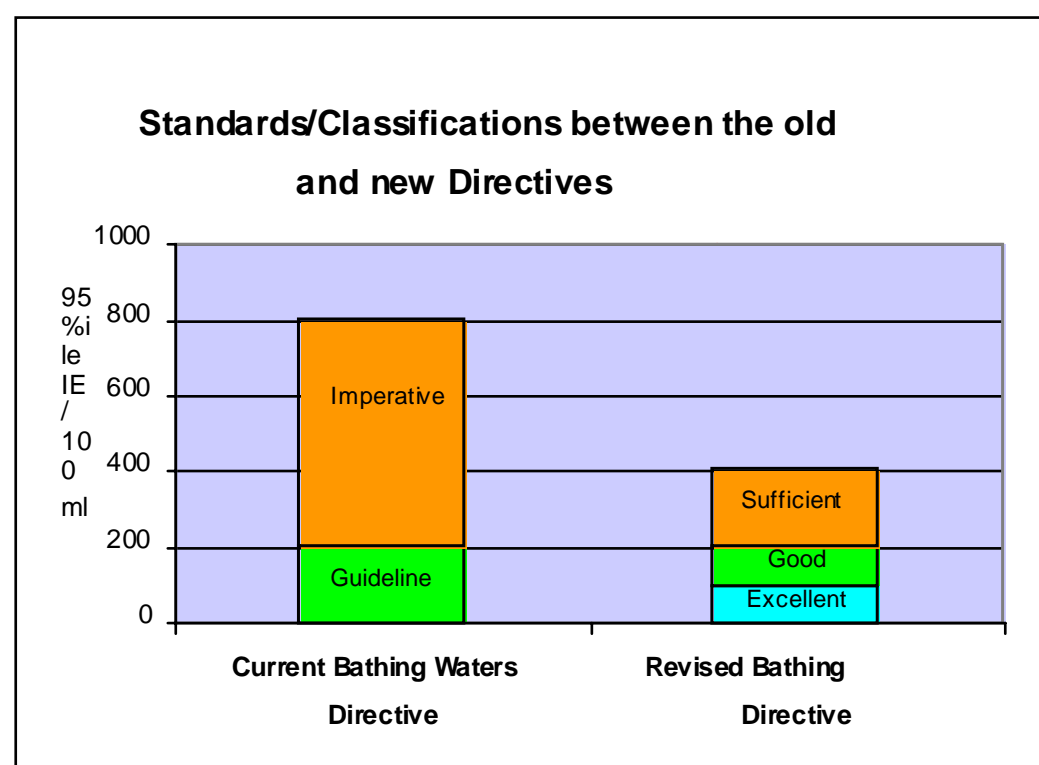
8.10 As you can see from the table above, initially, all three beaches failed to meet the Imperative standards. This was because sewage from Hartlepool and surrounding areas was discharged without effective treatment via short sea outfalls. In the early 1990s, Northumbrian Water constructed a scheme to address this which involved interception of the existing outfalls and discharge via a long sea outfall, 3.6 km out from the high water mark at Seaton Carew. This location was chosen following a modelling exercise so that the discharge would ensure compliance of the Seaton Carew beaches with the bathing water standards. The table above shows that it has met this aim.

8.11 In 2000, a new sewage treatment works was built at Seaton Carew, to meet the requirements of the EC Urban Waste Water Treatment Directive. A similar works was built at Bran Sands to treat sewage from the main Teesside conurbation. Although it was not their primary purpose, these have brought about a further improvement in bathing water quality.

Revised Bathing Water Directive

- 8.12 In 2006, the EC introduced a new Bathing Waters Directive (2006/7/EEC) and the Environment Agency is working towards implementing this. It introduces a new classification system with “Sufficient”, “Good” and “Excellent” classes replacing the old Imperative and Guideline passes. Compliance will be assessed over a rolling four-year period instead of single years. The first formal reporting will be after the 2015 bathing season, so monitoring under the new regime begins in 2012. The new “Sufficient” class is approximately twice as rigorous a standard as the old Imperative pass. “Good” equates approximately to the old Guideline standard and “Excellent” is approximately twice as rigorous as this. The graph below compares the old and new standards:-

Graph 1: Standards / Classifications between old and new Directives



- 8.13 Compliance with the Directive requires that bathing waters meet the sufficient standard and this is, initially, the UK government’s primary aim. The Environment Agency will also aim to ensure that bathing water quality does not deteriorate. Consideration is being given to aim for higher standards in the future but there are no details yet on how, when or where this will be done.
- 8.14 The Environment Agency has been using results from their current monitoring to predict compliance with the new Directive. The following table shows how quality at the three Seaton Carew beaches translates to classification under the new Directive over the last seven years.

Table 2: Classification under the new Directive:-

Year	North	Centre	North Gare
2004	Good	Sufficient	Excellent
2005	Good	Sufficient	Excellent
2006	Good	Good	Excellent
2007	Good	Excellent	Excellent
2008	Good	Good	Excellent
2009	Good	Excellent	Excellent
2010	Sufficient	Good	Excellent

- 8.15 The new Directive also seeks to allow the public to make informed choices about whether, where and when to bathe and requires the provision of information. The Council as beach controllers are required to provide signs at designated beaches by 2012. DEFRA are leading on this and have provided guidance on signage. The Environment Agency believes that local authorities will be funded to provide one sign per beach.
- 8.16 There is a certain amount of crossover between the information that is required on the signs and that included in Bathing Water Profiles. These are another means of providing information to the public and are the responsibility of the Environment Agency. They provide an overview of designated beaches and sources of pollution that may affect bathing water quality. They are currently being created by the Agency's national staff using information provided locally. Local authorities and other beach operators will have sight of them (via the internet) from 10 March 2011, before they are published on the Environment Agency's website in April 2011. The Environment Agency welcome comments on them which will be taken into account in revising them before the 2012 bathing season.

Evidence from Northumbrian Water

- 8.17 The representative from Northumbrian Water highlighted to Members the importance of water treatment and how the system has developed and improved over a number of years. The Seaton Carew Headworks serves 100,000 people and consists of a pumping station and preliminary treatment works which screens and removes grit from waste water before it is transferred to Seaton Carew Sewage treatment works for secondary treatment. After treatment, the water is then pumped back to the Headworks and returned to the environment.
- 8.18 Members raised concerns about the brown foaming that appears on the beach and water near to the works. The representative informed Members that the foaming is due to algae growth in warm weather and is not linked with sewerage. Northumbrian Water does maintain the algae at a cost of £70k a time. However, Members queried whether the foam was dangerous to people's health and at what levels. A response to these concerns was not available in time for completion of the investigation and it was agreed that the information requested would be circulated to Members for information.

- 8.19 Members questioned how often bathing waters were checked by Northumbrian Water and were informed that bathing water was not checked regularly by the company. However, would be checked if a problem of sewerage was reported.
- 8.20 The representative highlighted the legislative changes to water quality, (outlined in 8.12 of this report) and the impact of the new Directive.
- 8.21 In relation to the Blue Flag Beach Award, Members questioned why the beaches did not always achieve this award. Members were informed that the Environment Agency tests the water for the Blue Flag on a set number of dates throughout the year. Criteria is applied dependant upon the weather conditions.

9. THE BALANCE BETWEEN CONSERVATION AND TOURISM IN RELATION TO HOW THE FORESHORE IS MANAGED WHILE CONTINUING TO STIMULATE ECONOMIC GROWTH

- 9.1 As part of the evidence gathering process for the undertaking of this investigation, Members invited evidence from the Regeneration and Neighbourhoods Department to gain an understanding of how a balance between conservation and tourism is achieved in relation to how the foreshore is managed while continuing to stimulate economic growth.

Evidence from the Regeneration and Neighbourhoods Department

- 9.2 Members were informed that the effective management of the coastline aids to address the balance between conservation and tourism in relation to how the foreshore is managed, while continuing to stimulate economic growth. Members welcomed a presentation from the Urban and Policy Development Manager.
- 9.3 The heritage of Hartlepool attracts many visitors. A third of all international tourists cite heritage as the main reason why they visit the UK. The historic environment is also a major attraction to an area. Investment in the historic environment attracts businesses and also brings more visitors to an area.
- 9.4 Members were presented with a range of facts and figures in relation to tourism in the Tees Valley, outlined as follows:-
- (a) In 2009, 2.1m tourists visited the Tees Valley, attracting more than 13m day visitors;
 - (b) The visitor and business conference sectors account for 5.8% of total gross value added (GVA) in the Tees Valley in 2007;
 - (c) Between January 2008 and June 2010 over 1000 new business banking accounts were opened up for hotels, restaurants and recreation in the Tees Valley;

- (d) 20,900 people in the Tees Valley work in sectors related to the visitor economy; and
 - (e) In 2009, the visitor economy contributed £420m directly and further £142m indirectly to the Tees Valley economy.
- 9.5 In relation to the tourism benefits to the Hartlepool economy, Members were informed that:-
- (a) The Hartlepool visitor economy was worth £47.9m in 2009 compared with £30.2m in 2003 and just £22.8m in 1997;
 - (b) There were 728,000 tourists who spent 1.2m days in Hartlepool;
 - (c) There is an estimated 835 people employed directly and indirectly in the visitor economy; and
 - (d) Tall Ships Races attracted an estimated 970,000 visitors, three quarters of which were from outside Hartlepool and the Tall Ships investment generated around £26.5m for the local economy.
- 9.6 The Forum was interested to hear about the conflicting interests of the foreshore. Whilst tourism generates significant benefits to the local economy and coastal tourism is an important part of the regeneration strategy for Hartlepool, tensions often exist. For example, in relation to, supporting development whilst maintaining character and heritage of an area; providing access to sensitive areas and landscape areas and preserving and protecting them; and accommodating the needs of visitors with the wishes of local residents.
- 9.7 Investment in the local area complements the foreshore, for example, upgrading promenades and improving facilities. Members were informed that improving access and attracting investment in environmentally sensitive areas can improve knowledge and understanding and encourage preservation.
- 9.8 Included within the Local Development Framework Core Strategy Preferred Options are policies which seek to:-
- (a) protect sensitive landscapes, habitats, listed buildings and conservation areas and prevent inappropriate development;
 - (b) preserve and enhance conservation areas and listed buildings through high quality design, refurbishment and developments which are in keeping with the scale, nature and character of an area; and
 - (c) support economic investment and regeneration through tourism at the Marina, Town Centre, Seaton Carew and the Headland.
- 9.9 In relation to regeneration along the foreshore, the Headland Single Regeneration Budget Programme (1999 – 2007) was a major programme to develop the tourism economy based on maritime and religious heritage. The

programme was linked to an Environmental and Arts Strategy which sought to upgrade key assets, buildings and public locations, for example, the promenade, town square, Borough Hall and Heugh Gun Battery. The programme was supported by the Heritage Lottery Fund of £1m to restore and re-use key buildings and improve properties. However, residents raised concerns about how some of the improvements / projects had not been maintained.

- 9.10 Members were very keen to hear about the Seaton Carew Tourism Strategy. Its key objectives are to:
- (a) Raise standards of beach and sea cleanliness and improve coastal management;
 - (b) Improve accessibility within and into Seaton Carew;
 - (c) Maintain, develop and enhance the built environment and encourage the diversification of attractions;
 - (d) Sustain and enhance the natural environment and increase public awareness and understanding of its importance;
 - (e) Raise the profile and improve the image of Seaton Carew;
 - (f) Develop events and activities that complement and utilise existing infrastructure;
 - (g) Attract and encourage the development of a strong and diverse business network; and
 - (h) Strengthen the accommodation network.
- 9.11 As a result of the Strategy the improvements to date have included the restoration of the bus station; beach access improvements; improvements to beach cleanliness; and investment towards environmental improvements. Members of the Forum were strongly of the opinion that all residents living in the area where improvements were to be carried out should be fully consulted.
- 9.12 The Council are continuing to explore other delivery mechanisms including the Coastal Towns Grant, which will provide £200k towards the Seaton Carew Master Plan development. Some of the aims of the Master Plan include the development of sites along the foreshore; utilising Council land assets to secure resources to regenerate the foreshore; and reviewing community provision. Members raised concerns about how the Council would continue to maintain the developments into the future given the reduction in funding and resources. The Forum recognised the need to use robust materials to help reduce ongoing costs.

- 9.13 In relation to the Seaton Carew Master Plan, residents felt that they had not been kept up to date with progress and any new developments. Members were of the opinion that residents should be kept up to date with progress and consulted with over new developments.
- 9.14 The key message from the presentation was that the Council needs to ensure that proactive management works alongside positive investment.
- 9.15 Members queried whether local businesses could be approached to finance foreshore activity as local industry was already involved in the management of conservation through the Industry Nature Conservation Association (INCA). The Forum was informed that this was a possibility and that further investigation could be carried out via the Environment Partnership.

Seaton Carew Economic Growth

- 9.16 At the meeting of the Neighbourhood Services Scrutiny Forum on 23 March 2011 Members were informed by the Assistant Director of Neighbourhood Services, that the importance of Seaton Carew as a valuable visitor/tourism asset has been recognised in the Hartlepool Tourism Strategy and various regional and sub-regional policy documents and it plays an important role in Hartlepool's overall visitor offer. Along with the Hartlepool Maritime Experience, the Marina, Navigation Point and the Headland it contributes to the variety of places of visitor interest in Hartlepool. Seaton Carew foreshore also plays an important role for residents of Seaton Carew and the residents of Hartlepool generally. The beach and promenade and the various visitor related businesses are well used by Hartlepool residents.
- 9.17 The Forum heard that in recognition of the importance of Seaton Carew various efforts have been made for a number of years to support, sustain and enhance these popular assets. The Council has had success in attracting external regeneration funding (including £2m between 2002 and 2006) to support investment in the public realm, business premises and conservation buildings through grant schemes, as well as ensuring the upkeep and maintenance of the beach and lifeguard service. Recent efforts to continue this investment in Seaton Carew have been less successful as the criteria associated with securing external regeneration funding has become more restricted and funding less abundant generally. Other funding opportunities have also been explored including two unsuccessful bids submitted for Sea Change funding. These bids were aimed at developing a comprehensive masterplan for the area (outlined in 9.12) and improving the physical environment. An award of £200,000 was made to Hartlepool in March 2010 from the previous governments Coastal Towns Grant programme and it is proposed to use this alongside other investment within Seaton Carew.
- 9.18 In response to the current funding situation, work has been progressed 'in-house' to develop a masterplan for The Front at Seaton Carew. The plan which is in draft form covers the 'old fairground site' in the south, the Rocket House car park, the Longscar building and the remaining Council owned land up to the junction of Station Lane. The purpose of this plan is to bring

together the regeneration aims of the Council in a concise document, which could be used to support and guide development including any future funding bids or other delivery mechanisms for the broader regeneration of Seaton Carew. Extensive consultation exercises previously carried out relating to Seaton Carew Tourism Strategy and a previous Council scrutiny investigation around regeneration of Seaton Carew have helped identify the regeneration priorities and these have been captured in this draft Master Plan.

- 9.19 Members learned that the intention is to include this document (including other sites in Seaton Carew) as part of the Local Development Framework (LDF) where it will be developed as a Supplementary Planning Document (SPD). This will mean that when the document has been fully consulted on and adopted, it will become a part of the planning policy framework and used in the consideration of future planning applications. This will strengthen the Council's hand should it decide to pursue a CPO process to secure the acquisition and removal of the Longscar building.
- 9.20 In addition to these efforts focused at improving the area at The Front, officers have been involved in considering the potential development of other Council owned sites and how the value generated from their sale could secure resources to help deliver the regeneration of The Front, as well as improved or replacement community facilities. The community facilities in Seaton Carew including the sports hall and youth centre and library building are all in need of substantial investment and are subject to ongoing costly maintenance programmes. The Forum was advised that because of the condition of these facilities they were not attractive for members of the public to use.
- 9.21 The Forum was informed that in 2009/10 Seaton Carew residents were consulted on development briefs for sites at Elizabeth Way and Coronation Drive, which proposed their development for residential use and part of Seaton Carew Park which offered the potential for the provision of replacement community facilities. The results were reported to Cabinet in January 2010 who noted the responses but decided not to progress with the marketing of the sites at that time due to the prevalent market conditions.
- 9.22 Since this consultation exercise was carried out, the reductions in Government funding and subsequent reductions in local government expenditure has re-focused the question of future community service provision across the whole town. A recent service review carried out by the Council's Community Services Division and approved by Council currently precludes any reduction in the library service in Seaton Carew but has agreed to the closure of the existing sports hall and youth club. Provision of future community facilities in Seaton Carew may depend in part on the ability to provide sustainable alternatives through realising value through existing sites and assets.

- 9.23 Members noted that given this situation, together with the recognition that parts of the Front, particularly the Longscar Building continues to exert a negative impact on the surrounding area the Cabinet has recently agreed to revisit the marketing of Council sites at Seaton Carew. At its meeting in February 2011 Cabinet approved a marketing brief and authorised officers to carry out an informal marketing exercise involving the two housing sites and the land at The Front inviting expressions of interest from potential developers. Responses are required to include outline proposals for the sites including an indication of how they would contribute to the delivery of the draft Master Plan and proposals relating to community facilities. The exercise is expected to give an indication of the level of interest in the identified sites either individually or collectively and some guidance as to the viability of delivering the various components of the wider plan. Submissions received will be assessed in early April. The intention is to identify a preferred developer who the Council would work with, to refine their proposals which would be incorporated within the master plan and would be subject to public consultation.
- 9.24 The marketing of these sites at this time is also appropriate as it will help ensure that the master plan ties in with the proposed improvements to the sea defences. Resources have been secured to carry out improvements to the section of sea defences from the access ramp opposite Station Lane, northwards and this is due to commence shortly. Appraisal work is progressing in relation to the next stretch of sea defences southwards to treatment works, and it is hoped that a successful bid will allow work on this scheme to commence within the next two years.
- 9.25 Members were informed that whilst it is hoped the implementation of the master plan can progress as quickly as possible, there are still a number of hurdles to overcome before work can commence. The identification of viable investment package is critical, and until developer's proposals are received and assessed, it is not clear whether the value of the Council owned sites are sufficient to support the investment plans. The range and types of potential uses along The Front will also need to be assessed. Whilst the preference is to ensure the provision of additional visitor related facilities the brief has been left flexible to allow a range and mix of uses to be considered. In relation to the Longscar Hall whilst efforts will be made to acquire the building by agreement, there may be a requirement to progress CPO procedures which can take some time to progress. Members felt that action needed to be taken regarding the Longscar Hall site as it had the potential to damage the economic development of the area.
- 9.26 In response to a question regarding how the council works with local residents and businesses to overcome the difficulties faced obtaining investment in Seaton, the Forum was advised that the Council has set up the Seaton Carew Resident Action Group (SCRAG); in addition to residents this group includes representatives from local businesses, ward councillors and council officers. Members were advised that the group hasn't met for some time and the membership was last refreshed in 2007/8.

- 9.27 The Forum suggested that it was appropriate for the SCRAG group to begin meeting again on a regular basis and that a refresh of the membership would provide an opportunity for recently established businesses and newer residents to take part in the group.

Work undertaken to promote Seaton Carew

- 9.28 At the meeting of the Neighbourhood Services Forum on 23 March 2011 Members recognised that the work being undertaken to promote Seaton Carew was the subject of a previous scrutiny investigation into the Regeneration of Seaton Carew carried out in 2007/08.
- 9.29 The Assistant Director of Neighbourhood Services advised Members that the importance of Seaton Carew in terms of its complementary role in helping diversify the Hartlepool tourism offer aimed at attracting overnight stays to the town has been strongly promoted in strategies including the Hartlepool Tourism Strategy, the Tees Valley Economic Regeneration Investment Plan and the earlier city region strategies. There has been less success in the past in convincing the Regional Development Agency of the resort's strategic importance and this has led to difficulties in securing external funds through them in recent years.
- 9.30 The Forum noted that in terms of marketing, up until last year, the North East Tourism Network focused on delivering marketing to specific target markets and audiences:-

ONE North East Tourism Team – focused on three priority segments nationally and on 3 lead destinations, Newcastle/Gateshead, Durham and Northumberland. visitTeesvalley – the Area Tourism Partnership (ATP) which supported Hartlepool delivered an event led campaign, targeting potential visitors and residents within a 1-2 hour drive time.

Hartlepool Borough Council focused on supporting the activity of visitTeesvalley through a variety of activities:-

- Hoteliers Group – which meets every 2 months to promote collaborative working, to network and to discuss current needs and markets;
- Passport Group – meetings with representatives and businesses interested in the visitor economy, which also meets every two months
- Skills training e.g. Welcome Host training;
- The annual Eat Guide, where several Seaton Carew restaurants are represented;
- The Hartlepool mini-guide provides information for visitors and includes bespoke information on Seaton Carew. The guide is distributed to outlets within a two hour drive of Hartlepool;
- Individual contacts and discussions with the Economic Development Tourism Team; and

- Close links have also been developed with Saltholme and Teesmouth Nature Reserve through e.g. staff information training courses which enable them to pass information to visitors about accommodation, attractions, and facilities in Hartlepool and Seaton Carew. Seaton Carew has seen increasing benefits from these links.
- 9.31 Members learned that in addition the Council continues to support and promote events at Seaton Carew including the annual firework display, the Marina - Seaton 5k Road Race, the Midnight Walk (Breast Cancer awareness) and the annual Golf Festival which involves the Courses at Seaton Carew, Hartlepool and Redcar. Members were supportive of the annual fireworks display held at Seaton Carew and recognised the important role it plays in Cleveland Fire Brigades Bonfire Night strategy.
- 9.32 All general marketing activity was backed up by a presence on the website, through www.visitnortheastengland.com, www.visitteesvalley.co and www.destinationhartlepool.com. These three websites are all driven by the regional destination management system, *desti.ne*, (www.tourismnortheast.co.uk/site/desti.ne) which allows individual product information to feature on all three websites and also to provide the function to interlink the information with the national website, www.visitengland.com. Therefore Seaton Carew has a strong and varied presence through individual product information, events and also general editorial.
- 9.33 The changes in public finances have, however, led to the loss of ONE North East Tourism Marketing function and also the loss of visitTeesvalley in its previous format. This has also led to a gap in marketing activity with significant investment previously placed in tourism marketing being lost.
- 9.34 The Forum learned that the continuation of previous activities was being considered with Tees Valley Unlimited over the next 12 months. The main focus is web based activity as the contract for *desti.ne* finishes in March 2012 and work is ongoing across the region to identify how websites will be taken forward in the future and the best solution in particular, for Hartlepool.
- 9.35 Members of the Forum raised concerns that traditional promotion should be maintained in addition to web based promotion, to ensure those without access to the web were reached by the material.
- 9.36 The Forum was advised that there are a number of traditional methods of promotion such as the 'eat' and 'mini' guides which are prominently displayed in attractions such as Saltholme.

Work undertaken with businesses at Seaton Carew to obtain financial contributions.

- 9.37 At the meeting of the Neighbourhood Services Scrutiny Forum on 23 March 2011 Members were keen to discuss the work the Council carries out to secure contributions from local businesses towards regeneration and improvement schemes in areas such as Hartlepool and Seaton Carew. The

Forum was advised that this has traditionally proven difficult due the marginal nature of many of the businesses. In terms of general public realm works it is often difficult to persuade business owners of the direct benefits associated with such work and there is also the problem of equitability if some business is not prepared to contribute jointly towards the cost of a scheme.

- 9.38 However, Members noted that there has been more success in securing private sector investment businesses own properties, through commercial area and Heritage Economic Regeneration (HERS) Schemes where the provision of grants have led to substantial physical and visual improvements to properties within the core commercial area of Seaton Carew.
- 9.39 The Forum learned that as part of the second phase of sea defence improvements (from Station Lane southwards) the Environment Agency will be looking to secure some contribution towards the cost of these works, particularly where the sea defence improvements will facilitate private sector investment. A potential contribution may come from Northumbria Water as the works will help protect the treatment works adjacent to the fairground site. Additional contributions may be required to be made on the back of the development proposals for The Front.
- 9.40 Members were informed that the Power Station are known to have made some contributions to community groups and provided sponsorship to the Tall Ships event, it is not known if there have been any direct contributions made towards investment in the Seaton Carew resort. The Assistant Director advised the Forum that looking ahead, should the proposed replacement nuclear power station be built adjacent to the existing facility, there is the potential to gain substantial resources from the company developing the facility. From discussions with authorities who have schemes which are more advanced than the Hartlepool proposal the power companies have agreed to set up community funds totalling several million pounds to help mitigate impacts and provide community benefits.

Promotion of Seaton Carew's Natural Attractions

- 9.41 The Forum wished to explore promotion of Seaton's natural attractions at its meeting on 23 March 2011. Members were advised the in addition to the information in section 9.30 on how sites such as Saltholme, the dunes and SSSI sites are promoted, media such as the Destination Hartlepool website provide information on the attractions along the coast and the networking linked to Saltholme informs visitors about adjacent sites. These are well utilised by specialist groups such a bird watchers. Saltholme as a national attraction with excellent and developing facilities attracts visitors from across the country and in its first year received 100,000 visitors. The latest estimates indicate that 88,217 people visited Saltholme in 2009.
- 9.42 Members noted that the other local sites do not benefit from the profile of Saltholme as a flagship RSPB facility and the number of people visiting these locations is much lower. These sites are likely to remain more 'low

key' complementary attractions which help define the nature of Seaton Carew.

- 9.43 The Council has recently come together with Stockton Borough Council and other partner organisations including government agencies such as Natural England and conservation organisations such as RSPB, to form the North Tees Natural Network. The Network links a number of sites of nature conservation value stretching from the Transporter Bridge to Seaton Carew. Key aims of the group are to promote and publicise these areas whilst showcasing how an area that is internationally important for wildlife can be an equally valuable resource for people sitting in harmony with industrial expansion and redevelopment. The Network will also endeavour to secure resources to enhance access and improve facilities for visitors for these areas, and this is also an aspiration of the Council. Another group, the Tees Valley Biodiversity Partnership has produced a wildlife guide which promotes sites such as Saltholme, Seaton Common, Teesmouth and Greatham Beck including guidance on how to get there and what to see.
- 9.44 Members recognised that difficulties in accessing funding would be experienced for some time and suggested a mixed approach involving traditional development and more effectively marketing the natural assets of the area such as the estuary and Saltholme may prove successful. The Forum also noted that going forward the Council would need to act far more as a facilitator than a provider, to secure private sector investment.

10. CURRENT AND FUTURE BUDGET PRESSURES AND HOW FORESHORE MANAGEMENT SERVICES COULD BE PROVIDED IN THE FUTURE

- 10.1 The Forum explored the impact of current and future budget pressures on the way in which foreshore management services are provided in Hartlepool, along with how these services could be provided in the future, giving due regard to improving the effectiveness and efficiency of the service and how the service could be provided at a reduced financial cost (within the resources available in the current economic climate).

Evidence from the Regeneration and Neighbourhoods Department

Beach Safety and Lifeguards

- 10.2 Members were informed that the Council's Parks and Countryside section, which provides the Beach lifeguard service were asked to examine the potential to reduce service cost as a result of 2011 budget pressures. A number of options were examined by Cabinet and the decision was taken, in light of previous year's experience of visitor demand to start the lifeguard service slightly later in the year making savings of £19K.
- 10.3 The Beach Safety budget is increased by the Parks and Countryside Quality and Safety Officer providing first aid, pool lifeguarding and defibrillation training to other sections in addition to providing the majority of the seasonal lifeguard training requirements and refresher courses.

- 10.4 In relation to the future delivery of beach safety and the lifeguards service, Members were provided with examples of several options, as listed below:-

(a) Outsourcing

An enquiry was made in November 2010 to the Royal National Lifeboat Institute (RNLI) for a general quote and overview of a RNLI beach lifeguard service provision in Hartlepool. However, they did not at the time of the enquiry have the capacity to take on the provision of a beach lifeguard service during 2011. Unfortunately, RNLI were not able to provide a like-for-like service. The services offered would include recruitment, selection and training of new lifeguards each year; equipment provision; and uniforms. The RNLI would require, if available, access to suitable buildings to operate the service from and would not provide the current services additionally undertaken by the existing Council lifeguard service. An additional financial cost with outsourcing is the client contract management role which would need to fall to a Hartlepool Borough Council Officer to ensure the service is being delivered as requested.

(b) The delivery and associated income increase through training programmes and event coverage.

Members were informed that the Council lifeguard service has been developed with a proactive culture, doing foot patrols, liaising more with the public and providing safety information. The flexibility of the lifeguard service allows it to react to changing circumstances which is a huge benefit to controlling frontline service costs. The use of zero-hour fixed term seasonal contracts means staff costs can be closely controlled. The flexibility of the lifeguards to contribute to associated daily maintenance routines such as paddling pool cleaning, water quality monitoring and dosing allows other staff to continue to concentrate on core responsibilities during the busy summer period. There is potential to generate income through the provision of further watercraft and safety training courses to outside agencies and private individuals. This is in addition to pool lifeguard training and various first aid courses that are currently run to generate a limited income annually.

Options summary Beach Safety and Lifeguards:

BEACH SAFETY AND LIFEGUARD SERVICE		
Costs	HBC Lifeguard Service	RNLI Lifeguard Service
Staffing	Lifeguard pay/ NI	Lifeguard pay/NI
Training lifeguards and running service	Training and running lifeguards part of P&C Quality and Safety Officer responsibility	RNLI train and run lifeguards

Monitoring	No additional costs	HBC would need to assign Client Contract Management role to HBC staff member to oversee RNLI
Services Provided	HBC Lifeguard Service	RNLI Lifeguard Service
Lifeguard observations and emergency action	Yes	Yes
Lifeguard Supervision and safety advice	Yes	Yes at a reduced level
Dog advice	Yes	Yes at a reduced level
Litter picks and other beach cleaning	Yes	No
Paddling Pool duties	Yes	No
Assisting with beach events	Yes	No
Lifeguarding other open water events	Yes	No

Paddling Pools

Potential future for the Paddling Pool service

- 10.5 The paddling pools attract plenty of local interest and there is an established demand for this facility especially in the Summer months. There are, however some options that could be considered if there was a need to reduce the paddling pools day-to-day operation costs.
- 10.6 Members raised concerns about the cost of the maintenance of the paddling pools and questioned whether maintaining the pools was the most cost effective solution as opposed to rebuilding. Members felt that eventually the pools would become irreparable. The Forum wanted the paddling pools to remain open but to be maintained in the most cost effective way.
- 10.7 At the meeting of the Forum on 23 March 2011 Members were provided with details of the ongoing revenue costs of providing a paddling pool service to the residents of the Headland and Seaton Carew and to the visitors and tourists. These are identified in the table overleaf. The table includes all maintenance costs except costs for checking and cleaning which averages around 12 – 13 hours per week of Officer Time (Lifeguard, Playground inspector and the Beach Safety officer):-

Year	Headland (£)	Seaton Carew (£)
2005/06	10,593	9,300
2006/07*	2,599	15,010
2007/08	10,027	2,902
2008/09**	5,665	395
2009/10	7,542	481
2010/11	3,598	4,309

* cost of supply new Ozonator £12,575

** Assignment of cleaning duties from DSO to Beach Safety & Playground Inspection team resulted in efficiency savings in 2008/9.

- 10.8 The Forum was reminded that the Headland paddling pool has a bromine dosing system and a filtration system, whereas the Seaton paddling pool is dosed with calcium hypochlorite and tested twice a day and dosed as required, it also has a ozonator. The Block Sands paddling pool dosing system has been found to be inadequate and as such is manually dosed twice a day. The pool is emptied, cleaned and refilled once a week which can take up to six hours.
- 10.9 The Forum heard that in addition to the sub standard sub base additional problems have occurred with the paddling pool underlying pipe work, i.e. the pipe work from the plant room which the pool water runs through to the pool inlet collapsed because of the movement which resulted with flow problems to the pool.
- 10.10 As far a remedial works were concerned starting with the resurfacing around the pool area i.e. resurfaced with a more appropriate, sustainable, long-term material which could cost in the region of £110,000 including fees. The blue surfacing may look attractive when first laid but experience has shown this surfacing is unsuitable for the area due to the close proximity to the sea. There are a variety of different materials which have been used for foundation / sub base purposes in this area and remedial action would include the excavation and replacement of the pool base with a flexible material to withstand the movement. To replace the pool, including addressing the jointing issues to the base and the perimeter stonework the costs would be in the region of £125,000; replacement of lighting £5,000; and general repair/repainting works circa £10,000. For the purposes of this investigation the Scrutiny Forum should look at replacement costs of £250,000 to replace the Block Sands Paddling Pool.
- 10.11 The replacement of the pool however would not remove all the maintenance issues associated with the site, as the considerable diversity of materials underlying the site would still remain. This would seem to be causing differential settlement across the area resulting in surface cracking, movement of walls and damage to pipe work. Other issues associated with the extreme site conditions of the paddling pool (proximity to the sea, exposure, etc.) would also remain. A complete refurbishment is estimated to cost over £1 million; this would include significant excavation works to remove areas of made-up ground with replacement with a more homogenous, appropriate

material. The quantities involved and the waste removal costs are likely to be substantial and there will also be potential for any such works to impact on adjacent areas of surfacing, walls, steps, ramps, etc. This would effectively involve the removal of the paddling pool and its complete reconstruction including for a new base with expansion joints, etc. and new surfacing for the entire area. The exact nature of the works required would have to be determined following detailed site investigation and design work by the Building Consultancy and Engineering Consultancy.

- 10.12 In relation to the future delivery of the paddling pool service, at the meeting of the Forum on 23 February 2011 Members were provided with examples of different options, as listed below:-

Summary of suggested options for the paddling pool service

PADDLING POOLS		
Current Service	Reduced Service	Service Removed
Block Sands – Currently opens at Easter Seaton – Currently opens the beginning of May	Both pools open at Whit – saving on chemicals, water, staffing and day to day maintenance costs.	Public and political concerns to resolve
Block Sands – Emptied, cleaned and refilled weekly Seaton – Emptied, cleaned and refilled daily (in 2010 no complaints were received regarding the cleanliness of both pools)	Cleaning reduction – Emptied, cleaned and refilled every two to four weeks depending on use – potential increase in complaints and increase risk to public health	Public and political concerns to resolve

- 10.13 The Forum recognised that the paddling pools, whilst costly to maintain, were an asset greatly valued by local people and were part of the Town's heritage. The Forum fully supported the continuation of a paddling pool service, though replacing the Headland paddling pool was not a viable option during the current economic climate.

Various Rights

- 10.14 The Various Rights Service consists of two plots next to the Seaton Carew paddling pool where providers of a bouncy castle and small children's rides can annually tender to occupy the sites for trading. They can tender for the Summer and Winter seasons. The Council has an annual income from the Various Rights programme of approximately £1,200 which goes into the Foreshore budget to support service delivery.
- 10.15 Historically, the Various Rights included street trading but the Licensing Section took over this a few years ago and the Foreshore Section retained the children's attractions. In the past, the Various Rights programme had more sites for these attractions but as areas on the foreshore have been refurbished or landscaped the number of sites has diminished. This year to increase income and offer more facilities the Council are looking to expand the Various Rights programme at the Seaton Carew paddling pool from two sites to four sites.

Potential future for the various rights service

- 10.16 The Seaton redevelopment proposals include substantive investment into the seafront green space. The department are looking to draw investment into this green space to build in a variety of natural play space opportunities for children and families. It is also hoped to invest in strong revitalised landscaping and planting schemes that further enhance the attraction of this valuable coastal resource for residents and visitors alike. As part of this green space investment the scope potentially exists to incorporate a small number of well sited and sensitive various rights opportunities that enhance the recreational attraction of this area.
- 10.17 In relation to the future delivery of the various rights service, Members were provided with examples of several different options, as listed below:-

Summary of suggested options for the various rights service

VARIOUS RIGHTS	
Current Service	Increased Service
Two sites at Seaton Carew's Paddling Pool – Small children ride and bouncy castle	Increase to four sites at Seaton Carew paddling pool, and look to provide a small number of sensitive additional various rights at north Coronation Drive green space site as redevelopment proposals allow.
Current approximate income is between £1,000 - £1,200	Potentially the income from various rights could double at Seaton Paddling Pool in the short term.

*Beach Cleaning***Potential future for beach cleaning**

10.17 There is currently one operative qualified to drive the tractor within the Neighbourhood Management team. On occasions when the team has a shortage of cleaning operatives in other town wide areas, the beach cleaning operative is removed from beach cleansing duties to cover the shortfall. The department informed Members that they would explore whether the transfer of responsibility for beach cleansing to the Parks and Countryside section, who currently operate a small fleet of tractors might improve service delivery.

Summary of suggested options for the beach cleaning service

10.18 In relation to the future delivery of beach cleaning services, Members were provided with examples of several options, as listed below:-

BEACH CLEANING CONSIDERATIONS	
Current Service	Future Consideration
Beach Cleaning under Neighbourhood Management	Beach Cleaning under Parks and Countryside
Beach cleaning operations are completed Monday, Wednesday and Friday	Look to increase the number of days beach cleaning is completed
One operative who is regularly removed from their normal duties to cover staff shortages elsewhere, this occasionally results in complaints from the public regarding litter on the beach especially after a sunny day	Only remove operative to do other duties if absolutely necessary and in their absence the Parks and Countryside Section have other operatives trained to use the beach tractor potentially resulting in a reduction in complaints.

11. CONCLUSIONS

11.1 The Neighbourhood Services Scrutiny Forum concluded that:-

- (a) the foreshore is an asset to Hartlepool and should be used to encourage and attract people to the town;
- (b) the paddling pools should be maintained as they are an asset greatly valued by local people and are a feature of the town's heritage;
- (c) lessons had been learned following the procurement of the Headland paddling pool and there was no value in pursuing the consultant and contractors further on this issue;

- (d) communication between the Council and its partner organisations is essential to improving the quality of bathing water;
- (e) working in partnership with developers to encourage investment in sites along the foreshore is necessary to stimulate economic growth;
- (f) local industry / businesses may be able to provide funding to finance developments along the foreshore;
- (g) there are improvements to be made to areas of the foreshore, but acknowledge that in the economic climate, improvements can only be made if funding is available;
- (h) if improvements are made to sites along the foreshore, residents should be fully consulted on the proposals and be kept up to date on the progress of the development;
- (i) there are serious local concerns regarding the old Steely/Britmag site and 4x4 access to the Beach;
- (j) there is support for the permanent closure of the Brus Tunnel to vehicles;
- (k) services need to be fully co-ordinated to order to deliver a cost effective service; and
- (l) the promotion of local attractions should include traditional methods as well as web based promotion;
- (m) the seaweed on the Block Sands is unpleasant and may cause accidents; the designation of this area as an SSSI may be inappropriate.

12. RECOMMENDATIONS

12.1 The Neighbourhood Services Scrutiny Forum has taken evidence from a wide variety 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 the Council co-ordinates its beach cleaning services with forthcoming public events in order to provide an improved public service;
- (b) That the Council works with local businesses / industry and developers to explore and encourage investment opportunities to assist in the future development and restoration of foreshore activities;
- (c) That the Headland and Seaton Carew paddling pools be kept open and work undertaken to identify the most cost effective means of dealing with ongoing maintenance issues;

- (d) That the Council fully consults with residents on any improvements which are to be made to sites along the foreshore and ensures that residents are kept up to date on the progress of the improvements;
- (e) That the Seaton Carew Residents Action Group is re-launched and the membership refreshed to provide a suitable forum to engage with local residents and business and encourage their input into the economic development of Seaton;
- (f) That, in marketing areas of interest to tourists along the foreshore, in addition to traditional attractions, increased emphasis should be placed upon the promotion of Hartlepool's natural assets (i.e. Saltholme and other sites of special scientific interest);
- (g) That the promotion of tourist attractions / events in Hartlepool should continue to be undertaken through traditional means, in addition to web based approaches, in order to reach as wide an audience as possible;
- (h) That the Council provides guidance and support to local business and groups to access funding to improve the appearance of the foreshore;
- (i) That concerns regarding the lack of formal response(s) to residents reports of vehicular access to the beach via the Brus Tunnel, and nuisance on / damage to the beach and dunes, be relayed to Cleveland Police; and
- (j) That a permanent solution is explored to close the Brus Tunnel to vehicles, utilising funds obtained in relation to the vandalised camera on the site, giving consideration to:-
 - (i) Professional advice from Network Rail, Cleveland Police, CCTV operators and Council Officers; and
 - (ii) Views of local residents.

13. ACKNOWLEDGEMENTS

- 13.1 The Forum is grateful to all those who have presented evidence during the course of the scrutiny review. We would like to place on record our appreciation for all those witnesses who attended the Forum. In particular the Forum would like to thank the following for their co-operation during the scrutiny review:-

Hartlepool Borough Council:

Dave Stubbs – Director of Regeneration and Neighbourhoods
 Denise Ogden - Assistant Director, Neighbourhood Services
 Chris Wenlock – Parks and Countryside Manager
 Debbie Kershaw – Quality and Safety Officer

Derek Gouldbum – Urban and Planning Policy Manager
Peter Graves - Townscape Heritage Initiative Manager

External Representatives

Dave Mitchell - Northumbrian Water
Roger Inverarity - Environment Agency
Local residents

COUNCILLOR STEPHEN THOMAS
CHAIR OF THE NEIGHBOURHOOD SERVICES SCRUTINY FORUM

APRIL 2011

Contact Officer:- Laura Stones – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523 087
Email: laura.stones@hartlepool.gov.uk

BACKGROUND PAPERS

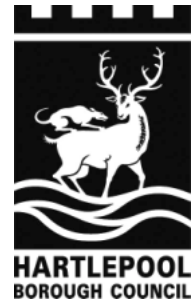
The following background papers were used in preparation of this report:-

- (i) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Foreshore Management – Scoping Report' presented to the Neighbourhood Services Scrutiny Forum of 19 January 2011.
- (ii) Report of the Scrutiny Support Officer entitled 'Foreshore Management – Setting the Scene Presentation: Covering Report' presented to the Neighbourhood Services Scrutiny Forum of 19 January 2011.
- (iii) Presentation from Officers from the Regeneration and Neighbourhoods Department entitled 'Foreshore Management' presented to the Neighbourhood Services Scrutiny Forum Services Scrutiny Forum of 19 January 2011.
- (iv) Report of the Scrutiny Support Officer entitled 'Investigation into Foreshore Management – The Co-ordination of Foreshore Management Services – Covering Report' presented to the Neighbourhood Services Scrutiny Forum of 23 February 2011.
- (v) Written evidence from the Environment Agency entitled 'The Environment Agency's Role in Beach Management in Hartlepool' presented to the Neighbourhood Services Scrutiny Forum of 21 February 2011.
- (vi) Report of the Scrutiny Support Officer entitled 'Investigation into Foreshore Management – The Balance between Conservation and Tourism in Relation to how the Foreshore is Managed Including Current and Future Budget Pressures' presented to the Neighbourhood Services Scrutiny Forum of 23 February 2011.
- (vii) Presentation from Officers from the Regeneration and Neighbourhoods

- Department entitled “Foreshore Management” presented to the Neighbourhood Services Scrutiny Forum of 23 February 2011.
- (viii) Report of the Director of Regeneration and Neighbourhoods entitled ‘Foreshore Management Services’ presented to the Neighbourhood Services Scrutiny Forum of 23 February 2011.
 - (ix) Report of the Scrutiny Manager entitled ‘Foreshore Management: Additional Information Requested at the Meeting of the Neighbourhood Services Scrutiny Forum of 23 February 2011 – Covering Report’ presented to the Neighbourhood Services Scrutiny Forum of 23 March 2011.
 - (x) Report of the Director of Regeneration and Neighbourhoods entitled ‘Seaton Carew – Economic Growth’ presented to the Neighbourhood Services Scrutiny Forum on 23 March 2011.
 - (xi) Report of the Director of Regeneration and Neighbourhoods entitled ‘Foreshore Management Services’ presented to the Neighbourhood Services Scrutiny Forum on 23 March 2011.
 - (xii) Minutes of the Neighbourhood Services Scrutiny Forum held on 19 January 2011, 23 February 2011, 23 March 2011 and 11 April 2011.

SCRUTINY CO-ORDINATING COMMITTEE

15 April 2011



Report of: Health Scrutiny Forum

Subject: FINAL REPORT – CONNECTED CARE

1. PURPOSE OF REPORT

- 1.1 To present the findings of the Health Services Scrutiny Forum following its investigation into 'Connected Care'.

2. SETTING THE SCENE

- 2.1 At the meeting of the Health Scrutiny Forum on 22 June 2010, Members determined their work programme for the 2009/10 Municipal Year. The topic of 'Connected Care' was selected as a scrutiny topic for consideration during the current Municipal Year.

- 2.2 Connected Care was developed by Turning Point, a social enterprise organisation specialising in the provision of specialist and integrated services to meet the health and social care needs of individuals, families and communities. In essence Connected Care is a :-

*"model for community led commissioning...bring[ing] the voice of the community to the design and delivery of all health, housing, education and social service delivery."*¹

- 2.3 The Connected Care service was established as one of the first national pilots in the Owton Ward of Hartlepool in 2006 and was jointly funded by the Authority and the PCT. The premise of Connected Care in Hartlepool was to integrate health and social care with strategies for social inclusion and then link Connected Care to locality based commissioning.

- 2.4 In April 2009 the Health Scrutiny Forum completed an investigation into 'Reaching Families in Need' where Members recommended:-

*"That learning from the Connected Care Scheme is rolled out to other areas of deprivation in the Town."*²

¹ Turning Point, 2009

² Health Scrutiny Forum, 2009

The response from NHS Hartlepool was that the Connected Care programme roll out would be considered once an evaluation was completed by Durham University.

- 2.5 In February 2010, the 200+ page evaluation undertaken of Connected Care in Hartlepool by Durham University was electronically circulated to Members of the Forum and a hard copy deposited in the Members Library by the Chair of the Health Scrutiny Forum.
- 2.6 Connected Care is currently being delivered in the Owton Ward of Hartlepool by 'Who Cares (NE)', which is a Social Enterprise model of delivery operated by residents and local community organisations. There are plans to extend Connected Care into other areas of the Town, although the major barrier to the development of Connected Care in Hartlepool is "access to working capital."³

3. OVERALL AIM OF THE SCRUTINY INVESTIGATION

- 3.1 The overall aim of the Scrutiny investigation was to explore and evaluate the impact of Connected Care 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 the development and current delivery model of Connected Care in Hartlepool;
 - (b) To examine the impact of Connected Care on the communities where it has been operational;
 - (c) To analyse the lessons learnt from the Durham University evaluation and how these and other lessons have been / might be applied to the development of Connected Care;
 - (d) To gain an understanding of the impact of current and future budget pressures on the way in which Connected Care is provided in Hartlepool; and
 - (e) To explore how Connected Care could be provided in the future, giving due regard to:-
 - (i) Improving the effectiveness and efficiency of the way in which the service is currently provided; and

³ Director of Child & Adult Services, 2010

- (ii) If / how the service could be provided at a reduced financial cost (within the resources available in the current economic climate).

5. MEMBERSHIP OF THE REGENERATION AND PLANNING SERVICES SCRUTINY FORUM

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

Councillors S Akers-Belcher, Barker, Cook, Fleet, Griffin, A Lilley, G Lilley, McKenna and Simmons

Resident Representatives: Mary Green, Norma Morrish and Linda Shields.

6. METHODS OF INVESTIGATION

6.1 Members of the Health Scrutiny Forum met formally from 23 November 2010 to 29 March 2011 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 presentations from staff involved in the Connected Care Programme, supported by written and verbal evidence;
- (b) Verbal and written evidence from Housing Hartlepool, Accent Foundation, IntraHealth, Hartlepool Carers and Owton Fens Community Association (OFCA);
- (c) Verbal evidence from local people involved in the Connected Care programme; and
- (d) Focus Group meeting with local people and the Navigators from the Connected Care programme.

FINDINGS

7. THE DEVELOPMENT AND CURRENT DELIVERY MODEL OF CONNECTED CARE

7.1 In order to understand how Connected Care had developed in Hartlepool, Members of the Health Scrutiny Forum gathered the following evidence:-

The development of Connected Care

- 7.2 At their meeting of 1 February 2011, Members heard from the Chair of the Connected Care Steering Group that Connected Care had developed out of the concerns raised by Ward Councillors in the Owton Manor Ward; which was one of the most deprived wards in Hartlepool. Ward Councillors were particularly concerned about the disparate way that funding in the Owton Ward was being distributed and the fact that overall outcomes for residents were not improving in line with the financial expenditure.
- 7.3 Members at their meeting of 23 November 2010 gathered evidence that Connected Care as a programme had been developed by the social care organisation Turning Point. In 2006, Hartlepool and specifically the Owton Ward had been chosen as one of the first pilots in the country for Connected Care, with the aim of integrating social and health care strategies for social inclusion.
- 7.4 The Connected Care Manager informed the Forum at their meeting of 1 February 2011 that the original key aims of the Connected Care Service were to:-
- (i) Provide holistic rather than fragmented response;
 - (ii) Ensure that services were simple to access and use and employed a “one stop” ethos;
 - (iii) Ensure that services are centred around the individuals perception of their problems and what outcomes would make a positive difference;
 - (iv) Ensure that Connected Care is concerned with building community capacity by putting the community in control of the services they need;
 - (v) Ensure the co-production and co-delivery of services and share skills and expertise from across the community; and
 - (vi) Design and deliver flexible services that employ a local work force that are willing to do things differently.

The current delivery model of Connected Care

- 7.5 The Members of the Forum were particularly pleased to learn; at their meeting of 1 February 2011; that the provision to residents of the Owton Manor Ward via the Connected Care Programme was one of a ‘holistic’ one-stop shop. There was a continual commitment to consultation with local groups and partners to ensure that services were meeting the needs of the local populous, as well as ensuring that there was constant innovation to delivery. The main aim of the Connected Care Programme was to facilitate access to services for those residents of Owton Manor in need of that level

of support, via one venue rather than having to deal with a multitude of people at a wide range of venues.

7.6 In order to achieve the delivery model as highlighted in paragraph 7.5, the Members of the Health Scrutiny Forum considered the Service Navigation scheme which had benefitted 1,392 people between 2009-2010. The Service Navigation Scheme was delivered by Navigators whose role it was to identify and engage with those individuals in greatest need of support and in doing so:-

- (i) Supporting people to change their lifestyle by working in partnership with other service providers;
- (ii) Helping, guiding and supporting them to find the right services in the community to address their needs;
- (iii) Ensuring access to relevant knowledge, information and support in order to enable informed choices concerning access to health and social care services; and
- (iv) Working with other local services and providers to influence and improve the delivery of services.

7.7 With the Navigators being one of the key facets to the successful delivery of Connected Care in Hartlepool, Members also recognised that there were a number of other projects that Connected Care worked with, which ensured that the residents of Owton Manor could utilise the most appropriate support provision to meet their individual needs. Some of the projects accessed by residents involved in the Connected Care Programme are as follows:-

- (i) **Handyman Service**
This project offers a simple handyman service to elderly or infirm residents, providing simple tasks such as light bulb changing, path clearance in snowy conditions, decorating and garden maintenance.
- (ii) **Families Accessing Support Team (FAST)**
The FAST project provides a multi-agency voluntary sector response to reduce incidents of crime and disorder through a combination of case workers, family befriender support worker and training and employment officer.
- (iii) **Nurturing Young Peoples Development Project (NYPD)**
The NYPD Project provides young people with a drop-in centre that provides advice and guidance designed to motivate and encourage young people to not only become ambassadors and peer mentors, but to realise the opportunities that are available to them through project, training and educational programmes.

- (iv) Supported Access to Independent Living (SAILS)
Essentially a 'good neighbour' scheme, SAILS is geared towards individuals whose needs require an intensive level of support, this can be through assistance with shopping, tidying the garden, home visits, ensuring the individual can gain access to social activities and home visits for Benefit advice.
- (v) Supported Accommodation for Young People
This programme was funded by the Northern Rock Foundation and brought together providers such as Hartlepool Borough Council, the Accent Foundation and Housing Hartlepool to deliver supported accommodation for young people; including the provision of 24 hour support, a crash pad and support to move on accommodation.

8. THE IMPACT OF CONNECTED CARE ON THE COMMUNITY

- 8.1 The Members of the Health Scrutiny Forum were particularly interested in hearing from a number of sources, about the impact that Connected Care had made on residents of the Owton Manor Ward of Hartlepool. In order to understand this impact, Members considered evidence as detailed below:-

Evidence from IntraHealth

- 8.2 When the Health Scrutiny Forum met on 1 March 2011, the Patient and Liaison Officer from IntraHealth was in attendance and provided Members with a very detailed presentation relating to the involvement of IntraHealth with the Connected Care Programme. Members were informed that one of the key focuses of IntraHealth was to help their patients and support their local community, something they felt Connected Care could help them achieve.
- 8.3 The Patient and Liaison Officer explained to Members how IntraHealth was involved in Connected Care, as well as the Patient and Liaison Officer being a member of the Connected Care Steering Group, IntraHealth's involvement with Connected Care is detailed below:-
- (i) Working with Connected Care Navigators;
 - (ii) Ensuring that the Navigators are an active member of IntraHealth's Patient Participation Group;
 - (iii) By having Navigator drop-in sessions held 1.5 hours weekly at Wynyard Road Medical Centre; and
 - (iv) Joint participation in community events.
- 8.4 Members were already au fait with SAILS (see paragraph 7.7(vi)) and the Patient and Liaison Officer explained that IntraHealth had been involved with SAILS through their Wynyard Road Medical Centre. IntraHealth were able to

offer support to 20 people accessing the SAILS scheme and the Forum was pleased to note that this had led to some very positive local publicity (see Appendix A).

8.5 Through the partnership working of IntraHealth with the Connected Care programme and specifically through the SAILS scheme, the Patient and Liaison Officer at IntraHealth felt that the following benefits had been achieved for the community:-

- (i) Reduction in emergency hospital admissions;
- (ii) Service excellence;
- (iii) Holistic Care – Health & Social;
- (iv) Efficiency; based on:-
 - a. Medical response not always being required;
 - b. Navigators being part of the skill mix that now can be offered; and
 - c. Patients wanting and now expecting a responsive service.

It was acknowledged that some of the above benefits were difficult to quantify and that work with the London School of Economics and Political Science (LSE) into defining the 'cost' benefits of Connected Care, would be vital in proving the worth of the scheme.

Evidence from Accent Foundation

8.6 When the Health Scrutiny Forum met on 1 March 2011, the Area Manager (North East) from the Accent Foundation was in attendance. The Area Manager informed Members that the Accent Foundation was a housing provider with currently 100 properties in Hartlepool. Members were interested to learn that the Accent Foundation had only just started working with the Connected Care programme.

8.7 The Area Manager from the Accent Foundation informed the Health Scrutiny Forum that the Connected Care programme had enabled them to work to support young people in ensuring that they could achieve and sustain tenancy arrangements, whilst helping to support those tenants who had debt problems.

8.8 The Forum was delighted to learn that the work of the Accent Foundation with Connected Care had led to increased partnership working with organisations such as IntraHealth and Housing Hartlepool. This meant that through the Glamis Walk Supported Living Project, 7/8 units owned by the Accent Foundation were being utilised for supported housing schemes and the combined efforts of IntraHealth and Housing Hartlepool were ensuring that tenants were kept on the 'right track', therefore, leading to sustainable tenancies.

Evidence from Housing Hartlepool

- 8.9 During the meeting of the Health Scrutiny Forum of 1 March 2011 the Housing Manager (Neighbourhoods) from Housing Hartlepool was present and provided Members with a detailed overview of the involvement of Housing Hartlepool with Connected Care.
- 8.10 The Housing Manager detailed to Members the different programmes that Housing Hartlepool were involved in through Connected Care. The Health Scrutiny Forum had already heard details of the Handyman Scheme (see paragraph 7.7(i)), but were interested to learn that through the funding of the scheme by Housing Hartlepool, 430 tenants had benefitted from the services provided by the Handyman Scheme and during the bad winter weather of 2010/11, the service had been invaluable to residents in clearing paths to and from their residencies.
- 8.11 Members of the Health Scrutiny Forum were pleased to hear that Housing Hartlepool were working very closely with the Connected Care Navigators to sustain tenancies. Navigators were also helping Housing Hartlepool tenants through attendance at court hearings and ensuring that the tenant was accessing their full benefit entitlement. It was through this partnership working that the Housing Manager; was pleased to announce; had lead to a reduction in eviction rates for those Housing Hartlepool tenants who were part of the Connected Care scheme.

Evidence from Hartlepool Carers

- 8.12 The Centre Manager from Hartlepool Carers was present when the Health Scrutiny Forum met on 1 March 2011. Forum Members were informed that Hartlepool Carers had utilised the Connected Care programme to help support some of the clients that Hartlepool Carers worked with.
- 8.13 It was, however, recognised by Members that Hartlepool Carers themselves offered a Low Level Support Service; operated by 115 volunteers; to support residents in New Deal for Communities (NDC) areas. The Low Level Support Service aimed to offer:-
- (a) Emotional support e.g. Befriending, Sitting Service and visiting services;
 - (b) Shopping or collecting shopping as necessary;
 - (c) Chaperone to any medical appointments, hospital visits etc;
 - (e) Dog walking & sitting service;
 - (f) Small DIY jobs & Gardening services;
 - (g) Driving services; and

(h) Social groups support services & holidays

Evidence from Local People Accessing Connected Care

- 8.14 Through verbal evidence provided at the meeting of the Health Scrutiny Forum held on 1 February 2011, written testimonials of people benefiting from the Connected Care service presented to Members at their meeting on 1 March 2011 and by gathering the views of local people at a Focus Group held on 28 February 2011, Members of the Health Scrutiny Forum reinforced the view that Connected Care was ensuring that people in Owton Manor were becoming more empowered and better able to make positive choices.
- 8.15 A summary of the views of local people who have been involved with the Connected Care programme in Hartlepool as received by Members of the Health Scrutiny Forum throughout their investigation are detailed in the following individual case studies:-

Case Study 1: Had suffered from financial difficulties and through a Benefits Advice Worker was put in touch with a Connected Care Navigator. Up to that point, they felt like there was no 'personal' feedback from the statutory and non-statutory bodies that they were trying to access for help. The Navigator helped to arrange phone calls, letters and meetings to get everything back on track and gave the individual "hope", something they hadn't been experiencing before.

It was the flexible approach by the Navigator that allowed for different people with different circumstances to receive a personalised service which met their needs. It was revealed that the individual had been tenant of the year previously, but the lack of awareness of the Connected Care programme; by the housing provider (they had directed the individual to Citizens Advice Bureau, which was seen as impersonal in nature); meant that within 6 months of the award the individual was being portrayed as a poor tenant. The work of the Navigator lead the person to make a heartfelt statement that the Navigator had "done so much for me, really grateful".

Case Study 2: The Connected Care Navigator had ensured that this individual had remained in a tenancy after the passing of their spouse. Originally the 'Benefits Office' had said they were at the risk of being evicted, but the Navigator had arranged meetings and supported the individual in having the tenancy transferred into their name.

The individual made an observation about the impersonal nature of the 'booths' at the Civic Centre when advice was sought, whereas within the Connected Care service individuals could discuss their problems in private confidential settings. Some of the quotes from the individual in terms of the Navigators were: "Think of people, not of themselves"; "Make you feel wanted"; "Greatest people on this world"; and "Worth millions".

Case Study 3: Had been in jail and become estranged from their child. In moving back to the area to try and be with their child, they were struggling to find out where to go. Through the support of Connected Care, this individual had started out as a volunteer with Manor Residents, had moved into a flat and were currently working towards moving into a house. They were also gaining qualifications and said that they had now come too far to lapse back into drug usage that had originally been the catalyst to their jail sentence.

The non-judgemental approach of the Navigator, by seeing the individual as having a past, but recognising that it was in the past, had enabled the individual to feel a sense of worth. As the individual stated "I would be lost without them", the Connected Care Navigators were there as someone to talk to "talking to you, not at you" and to help find solutions to their problems. The biggest change was that the local community, who had initially isolated the individual, saw them now as a valued member of their community.

Case Study 4: Had had been in trouble with the law and lost their children as result. The circle that they were in was that they couldn't have their children back without a house, but without their children they couldn't get a house. Initially accessing a Hairdressing course through the Helping Hands scheme, they had been one of the first tranche of people to benefit from the Connected Care service, leading to them securing a house and being reunited with their children.

Evidence from Owton Fens Community Association (OFCA)

- 8.16 Representatives from OFCA provided Members with evidence of the impact that Connected Care had made on the Owton Manor community, when they met on 1 March 2011. The representative from OFCA commented that the Connected Care model had made a huge difference to the lives of residents in the Owton Manor area of the Town. Emphasis was placed on the current work being undertaken by Connected Care, Turning Point and the LSE to prove the financial worth of Connected Care to all organisations, whether they be housing providers, the Local Authority or the NHS.

9. LESSONS LEARNT FROM THE DURHAM UNIVERSITY EVALUATION OF CONNECTED CARE

- 9.1 When Members of the Health Scrutiny Forum met on 1 February 2010, the Chair of the Connected Care Steering Group was present to talk to the Forum about the lessons learnt from the evaluation into Connected Care undertaken by Durham University. It was recognised by Forum Members that due to the publication of the report back in February 2010 a number of the recommendations were already being actioned.
- 9.2 The Chair of the Connected Care Steering Group drew Member's attention to the importance that the evaluation placed on the Navigators being independent of the services provided. This meant that as the Navigators didn't have any vested interests, then they didn't have to defend

organisations when things went wrong. The report then went on to highlight a number of lessons that could be learnt by other Connected Care programmes as detailed below:-

- (a) A Service Co-ordinator that oversees the services can play a transformational role in acting as 'maker of the services, in setting up the services and embedding Connected Care with other services locally;
- (b) Commissioners overseeing Connected Care need to work continuously to sustain partnerships between statutory services and communities. Connected Care needs to be a significant priority for commissioners to mitigate the tension between pursuing nationally determined targets and long term partnership goals;
- (c) Leadership is critical as implementation involves transformation of a service system rather than the simple provision of additional services;
- (d) For Connected Care to be embraced within wider services, partner organisations need to train their own staff to understand new roles and relationships. Staff need to be enabled to work across service boundaries and develop collaborative relationships and mechanisms including spheres of information sharing and confidentiality;
- (e) It is important to reach agreement on vision and outcomes early in order to focus energies on service change and to secure relationships with the full range of services across health, housing and social care to implement change;
- (f) Community members as part of the service solution bring local 'know-how', an understanding of their local area and a greater commitment to sustain contact with users of the service until all issues are resolved. Service users in the community who were interviewed valued the service as 'someone on their side' and perceived it as less impersonal than, and independent of, local statutory services;
- (g) Dynamic forms of user engagement need to be sustained in order to continuously inform service delivery;
- (h) Connected Care service design is based, in principle, on shifting power from commissioners to the community. Community organisations can play a critical role in securing greater accountability at a local level. In communities, where there is little history of engagement, the need for continued investment in capacity building is critical. It is also important to understand levels of prior community engagement to highlight any capacity building that is needed locally; and
- (i) Wider community involvement is not an easy objective to achieve. There is a need to establish processes that develop and sustain

community engagement in the planning, management and delivery of a Connected Care service.

10. THE IMPACT OF CURRENT AND FUTURE BUDGET PRESSURES ON CONNECTED CARE

- 10.1 The Connected Care Manager was present at the Health Scrutiny Forum meeting of 1 February 2011, where Members were informed of the budgetary pressures on the continuation of the Connected Care programme. Like many publically funded programmes, Connected Care was likely to feel pressured by the general reduction in public spending by the current Government through the removal of Working Neighbourhoods Fund (WNF) and the Comprehensive Spending Review (CSR).
- 10.2 Members were aware of the impact of the withdrawal of WNF and the challenges faced by the Local Authority (amongst others) by the CSR announcement. However, the Connected Care Manager informed Members that detailed discussions were being undertaken by Connected Care, Turning Point and the LSE in order to quantify the impact of Connected Care to the community. There was some initial evidence that the overall cost of an eviction for Housing Hartlepool was £6,000, therefore, if Connected Care could be proven to have stopped an eviction, then that was how much the service was worth to Housing Hartlepool. Similarly clearing old people's paths during snowy weather, may save the local NHS money in hospital admissions due to slips and falls. The Connected Care Manager emphasised that this did not mean that for example they would go to Housing Hartlepool asking for £6,000, but that it would enable a more open discussion in terms of the value of funding Connected Care.
- 10.3 With the positive evaluation of Connected Care in Hartlepool, as undertaken by Durham University (see Section 9), the Connected Care Manager highlighted that although Connected Care was not a cost free service, it did demonstrate an example of the Government's policy direction of the 'Big Society' and Members were delighted to learn that Andrew Lansley, Secretary of State for Health; had recently visited the Connected Care programme in Hartlepool and been impressed by the service provided and achievements made.

11. HOW CONNECTED CARE MIGHT BE DELIVERED IN THE FUTURE

- 11.1 Members of the Health Scrutiny Forum had already made their intentions clear in terms of future delivery of Connected Care back in April 2009 (see paragraph 2.4). This desire to see a 'roll-out' of the Connected Care model to other areas of the Town had yet to be realised, but Members were informed by the Connected Care Manager at their meeting of 1 February 2011 that 'Who Cares North East Limited' had been set up as social enterprise organisation. The evaluation by Durham University highlighted the development of the Social Enterprise as:-

“Its aims were to extend its service navigation, low level support, Handyman and benefits and welfare advice services across the south of Hartlepool, beyond the boundaries of the Owton estate.”⁴

- 11.2 Although the social enterprise would allow greater benefits for the people of Owton Manor, so it was also seen as a vehicle that may allow for the ‘roll-out’ of Connected Care to other areas of the Town which may benefit from this service. Forum Members, however, recognised that other providers were providing support to other communities in the Town and that these needed to be taken into account when factoring in any full scale roll-out of Connected Care delivery. The recognition of individual communities having different needs was an element of the evaluation by Durham University, which stated:-

“One of the prime features of the service that enhances its potential to provide appropriate service is its localism and the opportunity for Connected Care to be based on a deep understanding of the distinctive problems facing that local community.”⁴

- 11.3 When Connected Care partner organisations had been present at the Health Scrutiny Forum meeting of 1 March 2011, there was considerable support for a roll-out of Connected Care across Hartlepool. The Housing Manager from Housing Hartlepool commented that it could only benefit the organisation, with Housing Hartlepool likely to be the main housing provider in areas targeted, whilst the Patient and Liaison Officer from IntraHealth spoke of the impact the scheme could make in other areas of the Town where IntraHealth were already delivering services.

12. CONCLUSIONS

- 12.1 The Health Scrutiny Forum concluded:-

- (a) That Connected Care service have made an major impact on the lives of the people of Owton Manor, ensuring that they are more empowered members of their local community;
- (b) That the proactive impact of Connected Care in terms of benefitting other statutory and non-statutory services was difficult to quantify, but that efforts were being made through the work being undertaken by the LSE, to address that issue;
- (c) That support existed within organisations currently involved in Connected Care to see the service rolled out across the Town;
- (d) That care needed to be taken to ensure that any roll-out of Connected Care did not duplicate efforts already on-going within communities;

⁴ Callaghan et al., 2009

- (e) That organisations involved with Connected Care needed to ensure that they continued to promote the role of Connected Care to all staff and service users; and
- (f) That a 'one-size-fits-all' delivery model for Connected Care would not work and expansion of the scheme must take into account the needs of the community to ensure the delivery of a bespoke service.

13. RECOMMENDATIONS

13.1 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 a strategy is devised to identify those communities within Hartlepool who may benefit from the delivery of the Connected Care model;
- (b) That once recommendation (a) is completed, Connected Care is rolled-out to other communities in Hartlepool:-
 - (i) Ensuring that the necessary governance structure is in place;
 - (ii) Identifying the needs of the individual community from residents and ensuring the delivery of a bespoke service that covers any gaps in existing provision;
 - (iii) Ensuring that partnership arrangements are in place for current service providers and that duplication of work does not occur for those providers already delivering relevant services in that community; and
 - (iv) That a feasibility study is carried out in support for the Connected Care roll-out through the transfer of staff and / or resources.
- (c) That following the completion of the work being undertaken by the LSE:-
 - (i) That the findings are shared with the Health Scrutiny Forum; and
 - (ii) That where evidence demonstrates the financial benefits of Connected Care, those organisations benefitting from early intervention by Connected Care, are invited to support or further support the Connected Care programme through resource allocation.

- (d) That in order to ensure the safety of Connected Care Navigators and as part of a multi-disciplinary approach to meeting the needs of individuals, that a feasibility study be undertaken into Navigators accessing Care First, Rio, Employee Protection Register and other related systems.

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 those named overleaf:-

Hartlepool Borough Council:

Geraldine Martin – Head of Service, Adult Social Care

Jill Harrison – Assistant Director, Adult Social Care

Councillor Ray Wells

Councillor Kevin Cranney – OFCA

Councillor Marjorie James – OFCA

Councillor Christopher Akers-Belcher – LINK Co-ordinator, Hartlepool LINK

Councillor Stephen Thomas – LINK Development Officer, Hartlepool LINK

External Representatives:

Ray Harriman – Connected Care Manager

Angie Wilcox – Manager, Manor Residents Association

Professor Gerald Wistow – Chair of the Connected Care Steering Group

Helen Ivison – Housing Manager (Neighbourhoods), Housing Hartlepool

Elizabeth Carroll – Patient and Liaison Officer, Intrahealth

Tracy Jefferies – Centre Manager, Hartlepool Carers

Wanda Graham – Area Manager (North East), Accent Foundation

Those individuals involved in the Connected Care Programme who provided evidence at the Forum Meetings and the Focus Group held on 28 February 2011.

**COUNCILLOR STEPHEN AKERS-BELCHER
CHAIR OF THE HEALTH SCRUTINY FORUM**

April 2011

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 'Scrutiny Investigation into Connected Care – Scoping Report' presented at the meeting of the Health Scrutiny Forum of 23 November 2010
- (b) Turning Point (2009) *Connected Care*, Available from <http://www.turning-point.co.uk/commissionerszone/centreofexcellence/Pages/ConnectedCare.aspx> (Accessed 27 September 2010)
- (c) Final Report of the Health Scrutiny Forum entitled 'Reaching Families in Need' presented at the meeting of Cabinet of 17 August 2009
- (d) Callaghan, G., Quinn, J. (2010) *Evaluation of Connected Care in Hartlepool*, Durham University
- (e) Report by the Director of Child and Adult Services entitled 'Progress Report – Connected Care' presented to Cabinet of 8 February 2010
- (f) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Connected Care – Setting the Scene – Covering Report' presented at the meeting of the Health Scrutiny Forum of 1 February 2011
- (g) Presentation by the Connected Care Manager entitled 'Health Scrutiny – Connected Care: Connected Services – Connecting People' delivered to the Health Scrutiny Forum meeting of 1 February 2011
- (h) Report of the Connected Care Manager entitled 'Supported Accommodation Service for Young People Aged 18-24' presented to the Health Scrutiny Forum meeting of 1 February 2011

- (i) CD / Booklet of the Connected Care service entitled 'Partnership Working in Owton' presented to the Health Scrutiny Forum meeting of 1 February 2011
- (j) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Connected Care – Partner Organisations – Covering Report' presented to the Health Scrutiny Forum meeting of 1 March 2011
- (k) Presented by the Patient and Community Liaison Officer entitled 'IntraHealth and Connected Care' delivered to the Health Scrutiny Forum meeting of 1 March 2011
- (l) Testimonies from Connected Care service users presented to the Health Scrutiny Forum meeting of 1 March 2011
- (m) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation Connected Care – Additional Evidence from Hartlepool Carers' presented to the Health Scrutiny Forum of 29 March 2011
- (n) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Connected Care – Feedback from Focus Group' presented to the Health Scrutiny Forum of 29 March 2011
- (o) Callaghan, G., Quinn, J. (2009) *Hartlepool Key Lessons*, [online], Turning Point, Available from http://www.turning-point.co.uk/commissionerszone/centreofexcellence/Pages/Hartlepoolkeylessons.aspx?dm_t= (Accessed 21 March 2010)
- (p) Minutes of the Health Scrutiny Forum of 22 June 2010, 23 November 2010, 1 February 2011, 1 March 2011 and 29 March 2011.

Sails project 'changing lives of isolated people'

Flagship scheme supporting the lonely

A PIONEERING partnership scheme is changing the lives of older people living in loneliness and isolation.

The flagship Supporting Access to Independent Living Services (Sails) project is aimed at keeping people healthy and happy in their own homes and also enjoying community pastimes.

It is being developed as part of an ongoing partnership to help people over the age of 60 enjoy a balanced lifestyle with advice on all aspects of their health, social and financial needs.

Central to the scheme is the link-up between IntraHealth's Wynyard Road medical practice and Connected Care, a Government pilot scheme to encourage co-operation between health, social care and housing services to offer integrated, personalised care and support.

Award-winning IntraHealth won a contract to provide GP services for NHS Hartlepool and works with a number of partner agencies to provide healthcare to people across the town.

It runs practices in Wynyard Road and at Hartfields.

The beauty of the Sails project is that those patients who are living lonely lives can be identified and contacted.

Elizabeth Carroll, IntraHealth's patient and community liaison officer said the programme, in the Owton Ward area of Hartlepool, is transforming lives.

She said: "The aim of the service is to enable residents to remain living independently in their own homes through a range of integrated support services. It is brilliant to be working with Connected Care to enable our patients to take advantage of this exciting initiative."

Those eligible must live in the south wards of Hartlepool and be either aged 60 or over, a carer, have a chronic or long-term illness, suffered a recent bereavement or feel isolated.

by Paul Watson

ps.watson@hartaipress.co.uk

Everyone signing up to Sails gets an initial benefits assessment to see if they are receiving benefits due to them and their family. Patients do not have to divulge personal information such as savings if they do not want to.

Sails staff will contact each household on a daily or weekly basis, by agreement, either by phone or a home visit.

Dependent upon their needs, patients can access the meals on wheels service, handyman service and also a range of social activities on offer at the Manor Residents Association Resource Centre, in Kilmarnock Road.

Connected Care administrator Sammie Carroll, who runs the Sails project, said: "People should not have to worry about being lonely and isolated."

"The partnership aspect of Sails means that there is always someone we can call upon who will be able to help people who are isolated in the community."

"It helps to integrate people and also ensures their health and everyday needs are looked after. Nobody should have to feel they are alone or live an isolated existence."

"Our message is that we are here – so come and join us."

Patients or their relatives/carers who are interested in taking part in the Sails project should ring Mrs Carroll on (01429) 223195.



DELIGHTED WITH SCHEME: (Left to right) Doris Hargreaves, Elizabeth Carroll and Sammie Carroll. (IRN: 517342)

Difference made to Doris's life 'amazing'

PENSIONER Doris Hargreaves admits she was a virtual prisoner in her own home before the Sails project 'changed her life'.

The now-sprightly 83-year-old has become a regular visitor to the resource centre and both Elizabeth and Sammie keep in constant touch with her to make sure she is safe and well.

Doris, who moved to the town two years ago from Essex to be nearer family members, told the Mail: "If it was not for Liz and Sammie I don't know where I would be. They are brilliant."

"I can always ring one of them up and get help and advice straight away."

Mrs Hargreaves, who lives half-a-mile away from the Manor Residents Association Resource Centre, is contacted every Monday morning by telephone and collected on days that she wants to visit the

centre for social activities.

She previously suffered a nervous breakdown but is now an active and sprightly member of the community and the Sails programme which helps people from 60 upwards with the oldest member of the programme aged 90.

Doris quipped: "I'm one of the younger ones!"

"This has been life-changing for me and I would urge any other elderly people in the area to get in touch and enjoy the benefits."

"Before this I would be sitting at home watching TV and looking out of the window."

"It means a great deal to me knowing that there is someone out there who I can contact and who have become very close friends for me."

"There was nothing like this in Essex and the difference in my life is amazing."

Connected Care facts and contacts

CONNECTED CARE was the first national pilot scheme and was launched in the Owton ward of Hartlepool three years ago.

It is a partnership between local residents, ward councillors, community associations and local services including health.

Its main aim is to improve the overall delivery of health and social care services in a targeted area and covers 2,900 households and almost 6,800 people.

It is regularly monitored to provide a model that can be rolled out in other parts of the country.

The Sails initiative is one part of the overall Connected Care programme which also runs schemes to improve community safety and tackle anti-social behaviour.

Connected Care can be contacted on freephone 0800 6340868 or (01429) 297201.



REGENERATION AND PLANNING SERVICES SCRUTINY FORUM

FINAL REPORT SERVICES AVAILABLE TO MALE VICTIMS OF DOMESTIC ABUSE

APRIL 2011

REGENERATION AND PLANNING SERVICES SCRUTINY FORUM

15 APRIL 2011



Report of: Regeneration and Planning Services Scrutiny Forum

Subject: FINAL REPORT – SERVICES AVAILABLE TO MALE
VICTIMS OF DOMESTIC ABUSE

1. PURPOSE OF REPORT

- 1.1 To present the findings of the Regeneration and Planning Services Scrutiny Forum following its investigation into 'Services Available to Male Victims of Domestic Abuse'.

2. SETTING THE SCENE

- 2.1 At the meeting of this Forum on 8 July 2010, Members determined their work programme for the 2010/11 Municipal Year. The issue of 'Domestic Abuse Services available to Male Victims' was selected as the second Scrutiny topic for consideration during the current Municipal Year.
- 2.2 The Home Office definition of Domestic Violence is "any threatening behaviour, abuse or abuse between adults who are or have been in a relationship, or between family members. It can affect anybody, regardless of their gender or sexuality. The abuse can be psychological, physical, sexual or emotional."
- 2.3 According to Home Office Statistics for 2008/09 more than one in four women (28%) and around one in six men (16%) had experienced domestic abuse (any emotional, financial or physical abuse, sexual assault or stalking by a partner or family member) since the age of 16. These figures are equivalent to an estimated 4.5 million female victims of domestic abuse and 2.6 million male victims. Women were significantly more likely to tell someone about the abuse than men (81% of women compared with 59% of men), including telling the police.

3. OVERALL AIM OF THE SCRUTINY INVESTIGATION

- 3.1 The overall aim of the Scrutiny investigation was to assess the availability, ease of access and effectiveness of services provided to male victims of domestic abuse 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 the overall aim of services provided to male victims of domestic abuse and what positive outcomes look like;
- (b) To examine how domestic abuse services for male victims are currently provided in Hartlepool, including the input of partner organisations;
- (c) To assess the effectiveness of the delivery of services provided to male victims of domestic abuse in Hartlepool in comparison to local and national baselines;
- (d) To gain an understanding of the impact of current and future budget pressures on the way in which male domestic abuse services are provided in Hartlepool;
- (e) To explore how male domestic abuse services could be provided in the future, giving due regard to:
 - (i) Improving the effectiveness and efficiency of the way in which the service is currently provided; and
 - (ii) If / how the service could be provided at a reduced financial cost (within the resources available in the current economic climate).

5. MEMBERSHIP OF THE REGENERATION AND PLANNING SERVICES SCRUTINY FORUM

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

Councillors Barclay, Cranney, Cook, Gibbon, James, A E Lilley, London, Rogan and Wells.

Resident Representatives:

Ted Jackson, John Maxwell and Angie Wilcox.

6. METHODS OF INVESTIGATION

- 6.1 Members of the Regeneration and Planning Services Scrutiny Forum met formally from 20 January 2011 to 31 March 2011 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 and reports supplemented by verbal evidence;
 - (b) Presentations and verbal evidence from representatives of Cleveland Police, Harbour, Housing Hartlepool and Victim Support;
 - (c) Written evidence received from the Probation Service, Social Services and the Youth Offending Service;
 - (d) Information from Durham County Council Scrutiny Sub-committee for Strong Healthy and Safe Communities' investigation entitled 'A Hidden Truth... A Scrutiny Report about Domestic Abuse in County Durham';
 - (e) Statistics and case studies from the Mankind Initiative;
 - (f) Details of Brighton and Hove's Citywide Strategy for Men and Boys, provided by The Men's Network;
 - (g) Case studies received from local residents.

For help and assistance with domestic abuse issues please contact:

Cleveland Police

Tel: 01642 302168
web: www.cleveland.police.uk

Safer Hartlepool Partnership

Tel: 01429 270110 (24 Hour)
web: www.saferhartlepool.co.uk

Harbour

Tel: 01429 277508 (24 Hour)
e-mail: hartlepoolrefuge@myharbour.org.uk
web: www.myharbour.org.uk

Victim Support

Tel: 01429 221920
web: www.victimsupport.org.uk

The ManKind Initiative

Tel: 01823 334244 (Mon-Fri 10am-4pm & 7pm-9pm)
web: www.mankind.org.uk

The Men's Advice Line

Tel: 0808 8010327 (Mon-Fri 10am-1pm & 2pm-5pm)
e-mail: info@mensadviceline.org.uk
web: www.mensadviceline.org.uk

Broken Rainbow (LGBT)

Tel: 0300 9995428 (Mon & Thur 2-8pm Wed 10-5pm)
web: www.broken-rainbow.org.uk

IN AN EMERGENCY RING 999

FINDINGS

7 OVERALL AIM OF THE PROVISION OF SERVICES TO MALE VICTIMS OF DOMESTIC ABUSE AND WHAT POSITIVE OUTCOMES LOOK LIKE

- 7.1 The Regeneration and Planning Services Scrutiny Forum gathered evidence regarding the aim of the provision of services to male victims of domestic abuse and what positive outcomes look like. Information considered by Members is as follows:-

British Crime Survey Statistics

- 7.2 At the meeting of the Regeneration and Planning Services Scrutiny Forum on 3 February 2011 Members considered a report by The ManKind Initiative entitled 'Male Victims – Domestic and Partner Abuse Statistics'. This report utilised data from the British Crime Survey (2008/09) which is based on anonymous large scale surveys to address under reporting issues, it also details Ministry of Justice figures in relation to convictions.

- 7.3 The report detailed the following statistics:-

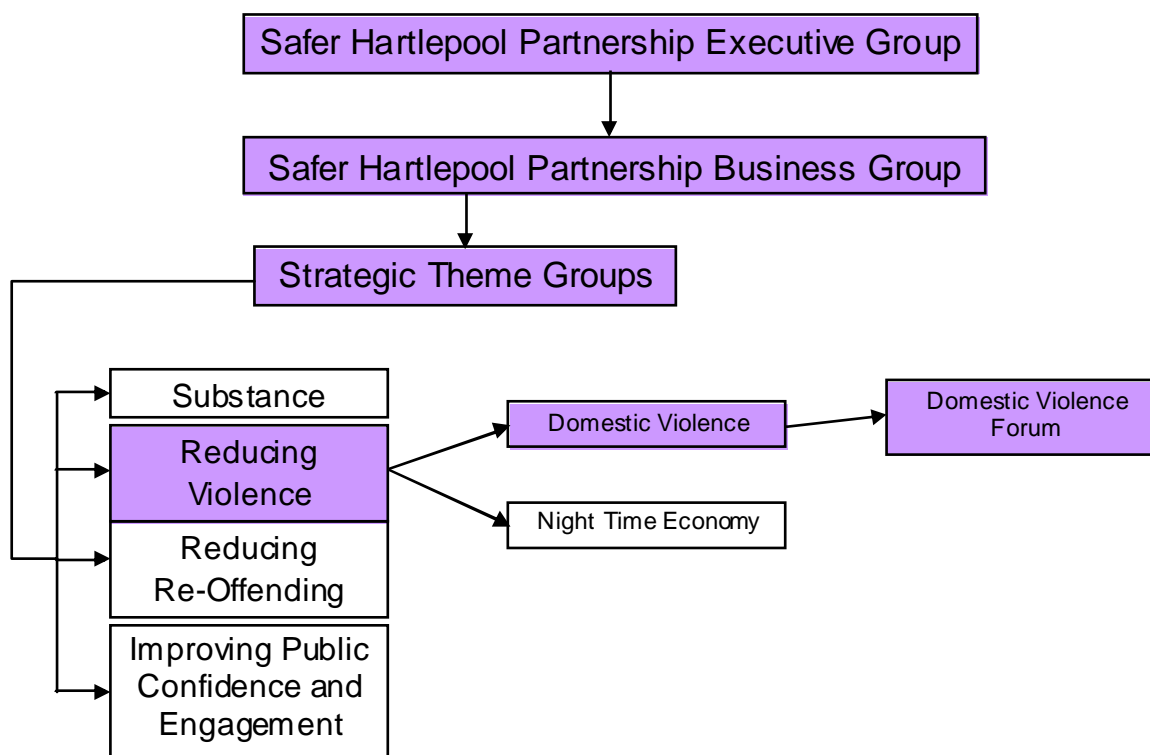
- 1 in 6 men between 16 and 59 would suffer domestic abuse in their lifetime;
- In 2008/09 31 males were murdered by a partner or ex/partner. This equates to 1 man every 12 days;
- The percentage of gay or bi-sexual men who suffer domestic abuse is 8.9% double that of heterosexual men (4.1%);
- The number of women convicted of perpetrating domestic abuse has trebled in the 5 years between 2004/5 (806 cases) and 2008/9 (2,968 cases).

Evidence from the Community Safety Team

- 7.4 The Regeneration and Planning Services Scrutiny Forum met on 3 February 2011 where Members received detailed evidence from the Community Safety Manager regarding the Safer Hartlepool Partnership, details of domestic related incidents and crimes reported to Cleveland Police, broken down by gender and age where possible. The Forum also received details of a recent mapping exercise undertaken to determine how domestic abuse services link together.
- 7.5 During the presentation by the Community Safety Manager, Members learned that the Safer Hartlepool Partnership has a Domestic Violence Co-ordinator shared with Stockton, plus an Independent Domestic Violence Advisor. The Forum was also advised that Hartlepool has a Specialist Domestic Violence Court and that the Safer Hartlepool Partnership has strong links with Harbour (an organisation offering services addressing domestic abuse) and criminal justice agencies.

- 7.6 Members were advised of the partnership structure in place and that reducing violence was one of the strategic themes for the partnership. There were also strong links to the night time economy and alcohol streams.

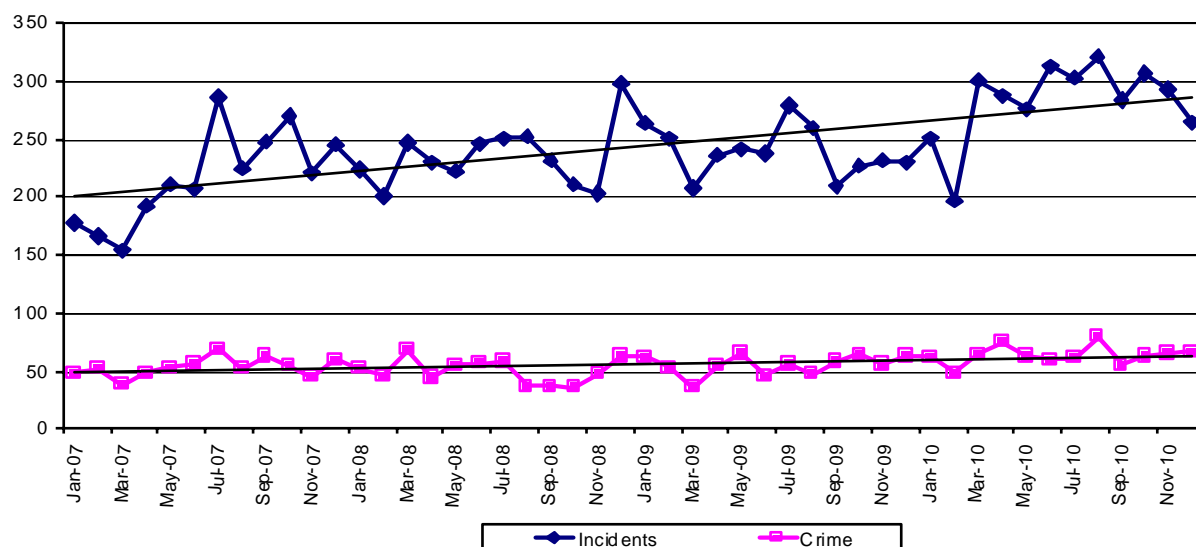
Safer Hartlepool Partnership Structure



- 7.7 Members learned of the numbers of domestic related incidents and crimes reported to Cleveland Police (see table 1 overleaf) and were advised that whilst the trends were increasing, that this may be due to an increased confidence in reporting such issues. Members also heard that there was a four year domestic violence strategy in place which may also have encouraged an increase in reporting.

Table 1

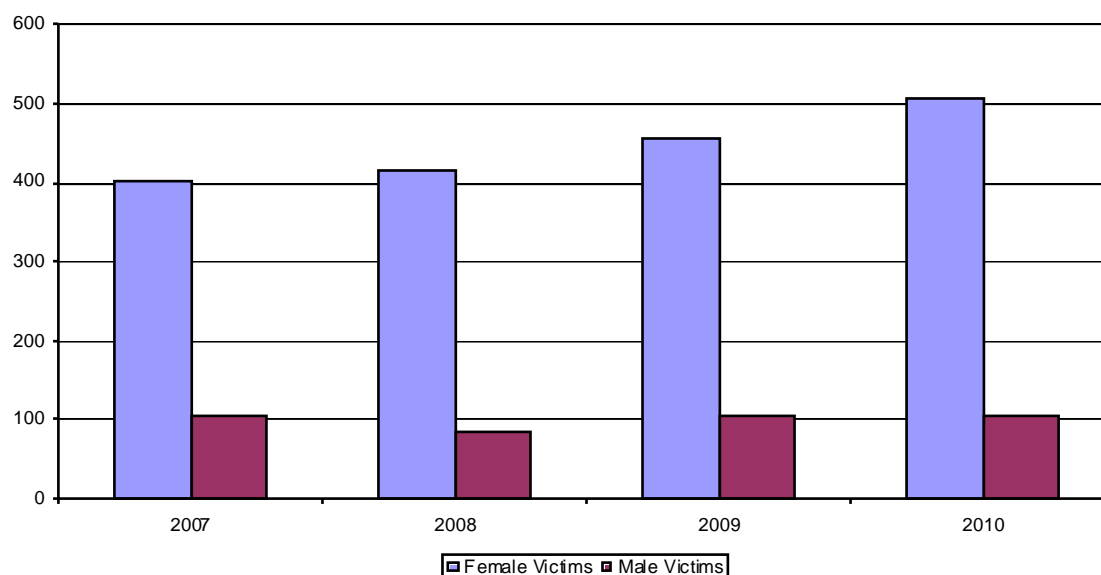
**DOMESTIC RELATED INCIDENTS AND CRIMES REPORTED TO CLEVELAND POLICE
IN HARTLEPOOL
JANUARY 2007 - DECEMBER 2010**



- 7.8 The Forum was very interested to learn of the gender split of victims of domestic related crime in Hartlepool between the periods of January 2007 and December 2010 (see table 2 overleaf). Members also noted that current incident recording mechanisms do not detail the gender of the caller, or of those involved irrespective of the incident type, e.g. anti-social behaviour incidents, domestic incidents, road traffic incidents. They learned that gender analysis of victims of domestic violence/abuse makes use of recorded crime data which provides detailed information in regard to the victim and perpetrator.
- 7.9 Members also noted that this data analysis excludes those offences against the state (Regina) and those domestic related crimes involving Police Officers, for example crime type assault on constable. Members also learned that in approximately 25 percent of cases an incident reported to the Police actually turns out to be a criminal offence and is therefore classified as a crime.

Table 2

GENDER OF DOMESTIC RELATED CRIME VICTIMS IN HARTLEPOOL
JANUARY 2007 - DECEMBER 2010



7.10 The Forum was informed of the victim profile in Hartlepool and noted the following:-

- Over the past four years nearly 2 in 10 victims of domestic related crime were male;
- The majority of male victims were aged between 17-24 years and 38-45 years;
- Domestic abuse is a factor in 49% of Youth Offending Service clients' lives;
- Over the last four years there have been 455 individuals subject to two or more domestic related crimes, of this total 44 (9.6%) were male.

Domestic Violence Victim Profile in Hartlepool

	YEAR				
VICTIM GENDER	2007	2008	2009	2010	Total
Female Victims	401	415	456	507	1779
Male Victims	105	83	106	105	399
Victim Total	506	498	562	612	2178
% Proportion Male Victims	21%	17%	19%	17%	18%

7.11 Members were advised by the Community Safety Manager that the proportion of male victims in Hartlepool was below the national average of 26% suggested by the British Crime Survey which includes unrecorded crimes, but expressed surprise at how high the figures for male victims in Hartlepool were. Members noted that victims still felt that there was as

stigma attached to reporting domestic abuse incidents. Members of the Forum also felt that there was likely to be under reporting in all areas, but that this could be a significant problem with male victims.

- 7.12 The Forum was interested to learn that when looking at domestic incidents as a whole in Hartlepool the relationship between the victim and the perpetrator was not always a partner or husband or wife, but could also be a sibling, parent, child or another family member (as detailed in table 3 below). Members also noted that the acquaintance category could mean ex-partners or other family members.

Table 3 - Victim/Perpetrator Relationship in Hartlepool

Relationship to Perpetrator	2007	2008	2009	2010	Total	% Total
Acquaintance	13	17	21	16	67	22%
Spouse/co-habitee	12	5	17	11	45	15%
Other family member	7	9	7	12	35	12%
Ex Partner	8	5	8	13	34	11%
Parent of offender	8	3	8	10	29	10%
Boyfriend/girlfriend	8	3	5	12	28	9%
Sibling of offender	3	5	5	8	21	7%
Child of offender	2	4	9	5	20	7%

- 7.13 Members were interested to hear that a Domestic Violence Development Group was currently meeting, chaired by the Chief Executive of Hartlepool Council and including representatives from the Council, the local Primary Care Trust, Cleveland Police, the Probation Service and Harbour. This group has mapped out service provision and potential drop out points where victims disengage from services. The group were looking at ways these drop out rates could be reduced and will also be contributing to the development of the next Safer Hartlepool Partnership Domestic Violence Strategy to run from 2011.

Positive Outcomes

- 7.14 At the meeting of the Forum on 3 February 2011 Members were please to hear a case study from Harbour highlighting the positive outcomes that can be achieved when male victims of domestic abuse engage with the services available to them.
- 7.15 The male in question had been forced to live in a caravan in the garden of the family home, eventually he was referred to Harbour and was overcome with emotion that someone had listen to his story and had believed him. As a result of working with Harbour the man is now back in the family home and has parenting rights with his children.

8 HOW SERVICES ARE CURRENTLY PROVIDED TO MALE VICTIMS OF DOMESTIC ABUSE IN HARTLEPOOL

- 8.1 The Members of the Regeneration and Planning Services Scrutiny Forum gathered evidence from a number of different sources in relation to the services available to male victims of domestic abuse in Hartlepool. Information considered by Members is detailed below:-

Evidence from Cleveland Police

- 8.2 The Regeneration and Planning Services Scrutiny Forum met on 3 February 2011 and received evidence from a representative from Cleveland Police with responsibility for the North Tees Vulnerability Unit.
- 8.3 The Detective Inspector advised the Forum that in July 2009 two vulnerability units had been set up by Cleveland Police, one north and one south of the Tees. The north unit covered Hartlepool and Stockton, has 24 staff and is based at Billingham. The units remit includes issues of child and adult safeguarding, child abuse and domestic violence. Officers who serve with the unit receive training to national guidelines.
- 8.4 Members learned that in the first instance local uniformed officers respond to domestic violence calls. All domestic violence calls are treated as a high priority and must have attendance.
- 8.5 The Forum noted that Hartlepool Police received approximately 200-250 reports of domestic violence per month in Hartlepool and about 2500 calls every year, these figures include a repeat rate which can mean multiple calls to the same address. Each police response team (i.e. a shift) has a champion who is trained on domestic violence and officers are encouraged to take action to ensure both a sensitive and positive response, but they can only make an arrest when there are sufficient grounds to do so.
- 8.6 Following an incident, officers complete a G166 (Domestic Violence Report) which records all evidence gathered. Following the completion of this report a risk assessment is performed. The risk assessments are done in 'hot' time and officers spend time with victim and run through series of questions linked to a domestic abuse stalking and harassment (DASH) model.
- 8.7 Members learned that within the vulnerability unit there are 3 risk assessment and safety planning officers who work 7 days a week and risk assess all forms received in the previous 24 hrs. These officers look at records for previous attendances at the address and risk assess the incident as standard, medium or high. If the incident is assessed as high risk it is passed to the Detective Inspector and would be taken to a Multi Agency Risk Assessment Conference (MARAC) should it be felt that there was a risk of serious harm to the victim.
- 8.8 MARACs deal with the highest risk cases and the group contains representatives from the Police, Harbour, Housing, Probation, Children's

services and Health. Normally about 10 cases are discussed each meeting. In 2010 155 cases passed through the North Tees MARAC which meets every 3 weeks, of these 3 were male victims. The vast majority of victims at risk of serious harm are female, however in 2011 there have already been 2 cases involving male victims before the MARAC, both of whom have been the victim of stabbings. The MARAC has met twice in 2011.

- 8.9 Issues dealt with by the MARACs often involve chaotic families, therefore, requiring a multi-agency approach to solve numerous contributory issues, including violence, alcohol and drugs. Actions are set with regard to each case which must be completed within 2 weeks. The completion of these actions is monitored through an independent organisation sponsored by the Home Office called CAADA (Co-ordinate Action Against Domestic Abuse) and the MARAC is held accountable by CAADA.

- 8.10 The Forum heard that from an analysis of the past weeks' G166 domestic violence forms received in Hartlepool, approximately 15 percent of cases involve male victims. The Detective Inspector advised the Forum that whilst the cases include heterosexual and homosexual partner abuse, the vast majority recorded as male victims of domestic abuse were parent on child and sibling cases. Where males are recorded as the victim during an incident the biggest single defining category is over child access concerns.

- 8.11 When Police Officers attend a domestic violence incident the gender of the victim is not an issue, the officers must deal with the risk levels of the case and are sensitive to embarrassment factors that can be felt by both sexes. Record are kept of how many same sex relationship incidents there are but it is not recorded whether this is a male or female only relationship.

- 8.12 Repeat rates for domestic violence in Hartlepool are reducing; a year ago approximately 50% of domestic violence reports were to addresses which had been attended by Police Officers on one or more previous occasion, this has reduced to 23% currently. The Detective Inspector advised Members that it was unlikely repeat figures will reduce much lower than this level.

- 8.13 Members were keen to discuss the use of 'head cams' for officers attending domestic violence crime scenes, to enable greater detail of the incident to be recorded. Members were advised that head cameras were brought in but there were issues with the reliability. Support for limited funding has been agreed once the reliability issues have been overcome. The Forum was informed that at the moment rather than relying on head cams, officers take a lot of digital photographs at the scene, before the scene of crime officers attend. Officers are also trained to gain as much information and detail as possible at the initial attendance, as this is vital in bringing unsupported prosecutions against perpetrators.

- 8.14 Members were advised that the Police have no powers to breathalyse or drug test at incidents but drugs and alcohol are suspected to be a contributory factor in approximately 35 to 40 percent of cases.

Evidence from Harbour

- 8.15 At the meeting of the Forum on 3 February 2011 Members were delighted to receive evidence from the Director of Harbour, who provided Members with an overview of the support services provided to victims and perpetrators of domestic violence. Members were advised that the services provided are available to both males and females. The organisation changed its name from Women's Aid to reflect that its services are not gender specific.
- 8.16 Members of the Forum learned that Harbour employed a domestic violence advocate to support victims' cases at the MARAC and the special domestic violence court in Hartlepool; this was often the first point of contact for the victim and was not gender specific.
- 8.17 The Forum was advised that in 2007 a male worker was appointed by Harbour in an attempt to encourage more male victims to come forward. The post was funded for 2 years, during which time the take up of services by male victims did not increase. An analysis of the information provided by males who did come forward pointed to shame and embarrassment as some of the reasons for not engaging with support services, additionally men did not feel that they would be believed and were often of the impression that services available were only for women.
- 8.18 Members learned that Harbour carry out a lot of work with young male victims, where the perpetrator is often their father or their mother's partner. Young men react to the abuse their mother is suffering and become subject to the violence themselves. Members acknowledged issues surrounding male victims of domestic violence could be very complex.
- 8.19 The Forum was advised that there were difficulties in retaining male victims in programmes once they had engaged, females tended to like to engage into a process and have support in a one to one or group setting, where as men were less keen to engage initially and often disengage not having completed a programme as they felt that they were 'alright now'.
- 8.20 Members were informed that there are five male refuges in the country (one of which is in Wales) and that the nearest to Hartlepool is in Yorkshire. Harbour work with male victims to provide support to find accommodation, though this is generally bed and breakfast accommodation, which can cause child access problems.
- 8.21 The Forum were pleased to note that Harbour is working with Housing Hartlepool to ensure there is as much support as possible for male victims with housing problems. The Forum was also informed that Harbour has plans in place to be able to offer accommodation to men and their children in the near future, at no extra cost. Members also noted that there was insufficient demand for a male refuge in the area so the creation of one was not financially justifiable.

Evidence from Housing Hartlepool

- 8.22 At the meeting of the Forum on 3 February 2011 the Director of Housing Services at Housing Hartlepool provided members with an overview of the services Housing Hartlepool offers to its tenants who are suffering domestic violence.
- 8.23 The Forum was advised that Housing Hartlepool is part of a multi-agency response to domestic violence and its response is not gender specific, though the implications around housing can be different with male and female victims. Housing Hartlepool had not dealt with any male victims in the past year; there had been 2 cases in the previous 3 years.
- 8.24 Members heard that Housing Hartlepool recommends that tenancies are let in both parties' names as a joint tenancy, then if there are any issues with domestic violence a female can terminate her half of the agreement which effectively ends the tenancy and removes the interest of the male perpetrator. If the victim is male the issue is more complicated, the organisation would work with the male victim if he could no longer remain at the property and have a duty to find them suitable accommodation as a responsible landlord, Members noted that there was no statutory duty to do so.
- 8.25 Members learned that complexities arise when there are children at the property as the family home is seen as key to the children's welfare. Members were advised that male on male abuse such as father on son and siblings were not reported unless it was as a noise or disturbance problem.
- 8.26 Housing Hartlepool has a domestic abuse policy (see overleaf) that ensures tenants are aware of the behaviour expected of them; this also details Housing Hartlepool's response. Housing Hartlepool tenancy agreements also reiterate that 'a tenant or anyone living with them or visiting them must not inflict domestic violence, threaten violence or use mental, emotional or sexual abuse against their partner, ex-partner or any other member of the family'.

Housing Hartlepool Domestic Abuse Policy**Domestic Abuse Policy**

Housing Hartlepool believes that no one should live in fear of violence from a spouse or partner, or any member of their household. Domestic violence is criminal, unacceptable and should not be tolerated. It's rarely a one-off event.

Violence often gets worse over time and may even result in death. Breaking this chain of violence matters to everyone, it doesn't just affect the people who are directly involved. Domestic violence can also affect neighbours and the wider community

Housing Hartlepool will offer help and support to any person suffering from or threatened with violence, whether this is physical, emotional or psychological.

8.27 The Forum heard that Housing Hartlepool will:-

- Treat all reports of domestic violence seriously;
- Ensure safety and privacy of victims is a top priority;
- Offer confidential advice over the telephone, at Housing Hartlepool's offices or via a home visit;
- Respond to all domestic violence incidents within 12 working hours;
- Offer an appointment if required within 24 hours of receiving the complaint;
- Provide advice and support to the victim/ witness throughout the case, during court hearings and post closure if required;
- Advise if other agencies need to be notified in order to protect others e.g. children;
- Agree actions on how to proceed with the case;
- Contact victims/ witnesses on a weekly basis to give updates of the case.
- Investigate thoroughly all reports of domestic violence;
- Carry out interviews in a sympathetic and supportive manner where confidentiality is guaranteed;
- Liaise with external agencies such as the police and domestic violence support groups if required;
- Discuss all the options available in regard to housing, obtaining legal advice, specialist support and advice about the victims safety;
- Consider additional security measures e.g. additional locks;
- Give priority to emergency repairs that are a result of domestic violence; and
- Take legal action against those who commit domestic violence.

8.28 Members were advised by the Director of Housing Hartlepool that the following measures are available as a course of action:-

Action which can be taken for victims of Domestic Abuse:

- Weekly support from tenancy relations and enforcement team (TRET) support officers;
- Referral to specialist support services such as Harbour;
- Anti Social Behaviour Injunction (ASBI) against perpetrator to prevent them from returning to property;
- Housing Advice to either remain in property or find suitable alternative accommodation;
- Target Hardening;
- Partnership working – MARAC referral for serious incidents.

Action which can be taken against those who commit domestic violence:

- Referral to Support Agencies e.g. Harbour, FIP to change behaviour;
- Warnings;
- Injunctions;
- Anti Social Behaviour Order (ASBO);
- Demotion of Tenancy;
- Evictions.

8.29 The Forum was advised that ASBOs and ASBIs are very effective as they are specific to the victim and the property and there is a risk of arrest attached to them.

8.30 Members learned that there were 152 referrals to Housing Hartlepool during 2010 of which 99 were referred by the Police. As mentioned under paragraph 8.23 no referrals were received relating to male victims in 2010. To date Housing Hartlepool has obtained 15 ASBIs and a number of perpetrators have served custodial sentences, the longest being 112 days. Housing Hartlepool have also delivered numerous training sessions to both Neighbourhood and Response Police departments to ensure there is a full understanding of the ASBIs and to ensure that those who breach them are brought before the courts.

Evidence from Victim Support

8.31 At the meeting of the Regeneration and Planning Services Scrutiny Forum on 3 February 2011 Members were advised of the support and services offered to male victims of domestic abuse and their families by Victim Support.

8.32 The Forum was informed that Victim Support is a national charity but has local office in Hartlepool. The charity uses volunteers to engage with victims and whilst the charity do not specialise in domestic abuse, it does support people who have suffered whether directly or as a result of a family members being a victim.

- 8.33 Representatives from Victim Support advised the Forum that they found males don't always want to go to a specialist agency to help them with the abuse, as they do not recognise they are at a point where they need help. Victim Support provides the help and guidance victims often need to encourage them to engage in the services of Harbour, or to go to the Police.
- 8.34 Victim Support advised Members that, in their experience, one of the most important factors for victims is to have non judgemental, confidential support behind them. Victim Support signpost victims to agencies and supports them through the court process, acting as advocates.
- 8.35 Members of the Forum commented that there was a lack of awareness that Victim Support carried out this type of work and acknowledged that more needed to be done to provide members of the public with information on the services available to male victims of domestic abuse.
- 8.36 The Forum heard that the majority of referrals to Victim Support come from the Police, but the charity also receives 'drop ins' at it's office in Park Road and received referrals from other agencies, but acknowledged that not enough was known about the services Victim Support can provide. One of the issues that affects the work of Victim Support is that they must have permission to contact the victim and this is often not ticked on a crime report.

Evidence from the Probation Service

- 8.37 At the meeting of the Regeneration and Planning Services Scrutiny Forum on 3 February 2011 Members considered evidence from the Probation Service.
- 8.38 The Forum was advised that the Probation Service supports offenders convicted of sentences greater than 12 months once released from prison on licence; it also supports offenders in the community on community sentences ordered by the court. The service works to reduce re-offending and challenge offender behaviour.
- 8.39 Members noted that Hartlepool Probation Service is not currently working with any offenders convicted of domestic abuse against men.
- 8.40 The Forum learned that prior to working with each offender an assessment process is completed, this includes questions exploring the offender's relationships. Should domestic violence issues be raised during this process (which offenders indicate may have had an impact on their own behaviour) offenders are signposted to Harbour or Hart Gables.
- 8.41 When men have been convicted of a serious domestic violence crime against women there are group programmes in place aimed at reducing the cycle of abuse e.g. the Community Domestic Violence Programme this is an accredited national programme which lasts for 26 weeks. It would not be appropriate to place a woman perpetrator or a male on male perpetrator in the same programme as males convicted of serious domestic violence

against women. The success of these programmes is monitored by re-offending rates within a 2 year period.

- 8.42 Although there are no specific accredited national programmes to deal with female and male on male perpetrators, the Probation Service would work with the individual on a one to one basis. Depending on the nature of the conviction it may be appropriate to use other offender programmes such as the CALM anger management programme.
- 8.43 Members noted that the Probation Service felt that it was likely that there is an issue around the awareness of males becoming victims of domestic violence and the Probation Service would support greater awareness raising in this area, though in the current economic climate the response to this would need to be assessed in proportion to the number of incidents.

9 EFFECTIVENESS OF THE DELIVERY OF SERVICES PROVIDED TO MALE VICTIMS OF DOMESTIC ABUSE IN HARTLEPOOL

- 9.1 The Members of the Regeneration and Planning Services Scrutiny Forum were keen to gain an understanding of the effectiveness of the delivery of services available to male victims of domestic abuse in Hartlepool. Information considered by Members is detailed below:-

Local Case Studies

- 9.2 At the meeting of the Forum on 3 February 2011 Members considered two cases studies which had been received as a result of publicity surrounding the investigation.

Case Study 1

As a result of a press article in the Northern Echo regarding the investigation a call was received from the mother of a victim of domestic abuse. The lady in question does not have access to the internet and does not know who to approach for assistance.

Her son is married with three children under 14, two are step children from his wife's previous relationship. He is classed as the guardian of the step children.

His mother is very concerned about him and the children due to his wife's behaviour, she has encouraged him to contact a solicitor but he feels he must accept this situation as it is, for the sake of the children.

His wife is mentally and verbally abusive and violent towards her husband. She attempts to get him to hit her (which he has not done) by screaming in his face and goading him, she also monitors his phone calls.

The man in question must get up at 3 am to go to work and therefore goes to bed very early. His wife then goes out for the evening drinking and brings males home with her, often all are drunk. Her son often finds these people still at the house drunk in the morning.

The majority of the family's money is spent on the wife's drinking habit and the man's mother thinks the children are only getting a minimal amount of food.

The female threatened to leave the family home at one point but was persuaded not to by her own mother for fear of losing the house. The man does not want to leave as he fears for the children.

The lady in question would like assistance for her son and does not know who to turn to.

Case Study 2

As a result of press coverage received on the BBC Tees website a call was received from a male who would like to Forum to hear his experience.

The male was a victim of domestic abuse a number of years ago at the hand of his former partner. He suffered physical and mental abuse for approximately 6 years, which once took place in front of his children.

The male believes a friend told the Police about the abuse on his behalf, he did not approach any agencies himself and no action was taken.

Following the breakdown in his relationship the children stayed with his partner, he once encountered them in the street and his children expressed their surprise as they had been told that he was dead.

The man in question would like to thank the Forum for looking into the issue and expressed his gratitude that male victims of domestic abuse were being considered.

- 9.3 Members commented that despite the efforts of the agencies attending the meeting and the availability of services, there was still work to do to get information out to people as to who they can contact for help with domestic abuse issues.
- 9.4 Members of the Forum questioned whether there were any patterns to domestic abuse in Hartlepool and were advised by the Detective Inspector responsible for the North Tees Vulnerability Unit that whilst there were generally no patterns to domestic abuse in Hartlepool, there were peaks around certain times of the year and events, such as the recent football World Cup.

- 9.5 Members commented that previous campaign posters were generally aimed at female victims and raised concerns that this may contribute to the reluctance of male victims to report domestic abuse incidents.

2010 Campaign Poster



- 9.6 The Forum was advised by the Director of Harbour that the poster discussed (see above) was gender neutral, but it was acknowledged that this may have been too subtle.
- 9.7 Members felt that a more broad campaign could be undertaken at a local level to encourage and promote the services available to male victims of

domestic abuse and encourage more male victims to come forward. Members also felt the use of male images would be unusual and may reignite the debate about domestic abuse, encouraging victims from both sexes and all backgrounds to come forward. Cleveland Police agreed that there was no reason not to undertake such a campaign, but that this was a matter which must be supported by the Safer Hartlepool Partnership.

- 9.8 The Community Safety Manager agreed that the use of different images may demonstrate the impact of domestic violence in a new way and that there was a need to look at future campaigns to ensure messages were drip fed throughout the year, building on previous campaigns and reinforcing messages that had already been conveyed, whilst reaching groups who may previously not have engaged with campaigns.

Evidence from Harbour

- 9.9 At the meeting of the Forum on 3 February 2011 Members heard evidence from Harbour. Members were keen to explore how effective partnership working arrangements were to provide services to male victims of domestic violence and questioned whether the provision of services was fragmented.
- 9.10 The Forum was advised by the Director of Harbour that there are comprehensive partnership working arrangements in place, but as illustrated by the Safer Hartlepool Partnership structure (see paragraph 7.6), there is a lot of work taking place across a number of areas.
- 9.11 The Forum heard that joint working arrangements are in place and work well, but the challenge to those involved was to promote the work they do. An example of the joint working arrangements in place include the partnership work between Housing Hartlepool and Harbour to bring in the ASBI which has been a very effective tool to deal with domestic violence in Housing Hartlepool's housing stock.
- 9.12 The Director of Harbour noted that the challenge going forward was for all organisations to understand they have a role to play in the domestic abuse agenda.

10 IMPACT OF CURRENT AND FUTURE BUDGET PRESSURES ON THE WAY IN WHICH MALE DOMESTIC ABUSE SERVICES ARE PROVIDED IN HARTLEPOOL

- 10.1 Members of the Regeneration and Planning Services Scrutiny Forum were keen to gain an understanding of the impact current and future budget pressures may have on the way services are provided to male victims of domestic abuse in Hartlepool. Evidence gathered on the potential impact of such budget reductions is detailed overleaf:-

Evidence from Harbour

- 10.2 During evidence received by the Forum on 3 February 2011 Members were advised that all agencies were unaware of the true extent of domestic abuse due to unreported incidents. As the extent of female violence was unknown under reporting amongst male victims may be particularly high. The Forum were advised by the director of Harbour that there were plans in place to carry out more work in this area but there were issues around funding, which needed to be addressed before this could be moved forward.
- 10.3 Members were keen to hear how Harbour was going to deal with the current funding issues affecting all areas of society. The Director of Harbour informed the Forum that the issue of funding was put aside when determining targets and areas that need to be addressed. Harbour would tender for all work commissioned by the local authority.

Evidence from the Community Safety Team

- 10.4 At the meeting of the Forum on 3 February 2011 Members were advised by the Community Safe Manager that violence against women and girls was a priority for the Coalition Government and this should result in funding opportunities being available for domestic violence work. Domestic violence is also a priority for Hartlepool Council, as highlighted by the creation of the Domestic Violence Development Group chaired by the Chief Executive of Hartlepool Council.

Evidence from Victim Support

- 10.5 Members received evidence from Victim Support in relation to the current financial pressures on the organisation at their meeting of 3 February 2011. Victim Support advised the Forum that the services of Victim Support were reliant on central government funding which was hopefully still in place. Members were advised that the organisation had relied heavily on the work of volunteers for the last 30 years and were confident that this would continue. They were also confident that the Victim Support office in Hartlepool would be retained as this was an important part of publicising the work Victim Support carry out and engaging more people into the process.

11 HOW MALE DOMESTIC ABUSE SERVICES COULD BE PROVIDED IN THE FUTURE

- 11.1 Members of the Regeneration and Planning Services Scrutiny Forum examined how services available to male victims of domestic abuse could be provided in the future, giving particular regard to the increased effectiveness and efficiency of provision and the potential budget pressures which may exist. The Forum considered evidence as follows:-

Evidence from Harbour

- 11.2 At the meeting of the Regeneration and Planning Services Scrutiny Forum on 3 February 2011 Members were delighted to hear that Harbour were planning to offer supported housing to male victims of domestic violence which was considered more appropriate for children than the current arrangements of bed and breakfast accommodation.
- 11.3 Members were advised that Harbour had designed a range of leaflets for men and women, but also that there was a greater need to understand the issues behind domestic violence and Harbour was looking to carry out some work targeted at males and young men living at home, who have struggled with someone being abusive to their mother or father for a long period of time.
- 11.4 Harbour will continue to work with the Domestic Violence Forum and the Safer Hartlepool Partnership, who are very supportive of Harbour's aims. Members heard that there are a whole range of areas being developed, for example working with the Police to reduce the drop off rate after the first incident. Harbour also highlighted to the Forum that it can offer a male worker to work with male victims when requested.
- 11.5 The Forum was encouraged to hear that Harbour is very keen to look at providing a helpline for male victims, though the hours it would be available would be subject to funding. Harbour are also keen to take another look at publicity material produced to promote the services available to domestic violence victims, to determine how this can be used to encourage greater engagement in programmes by all victims.
- 11.6 The Director of Harbour felt that the partnership involved in the promotion of services and help for victims needed to plan how to promote a consistent, regular message and look strategically at the messages that were put across. Members were advised that partnership working was key at a time of reduced funding and the buy in of the local authority was a significant factor in this, as it enabled the third sector to gain matched funding.
- 11.7 The Director of Harbour also advised the Forum that preventative work with children is key to breaking the cycle of abuse which may pass through generations. Harbour has undertaken work with Middlesbrough Council, where a programme was delivered to children as young as 8 and 9 to encourage self esteem and promote the fact that bullying is wrong and has consequences. Children should be equipped with safe coping strategies rather than turning to drink or drugs as a result of domestic abuse and bullying.

Information from other Local Authorities

- 11.8 At the meeting of the Forum on 3 February 2011 Members considered recommendation and action plan extracts from a report completed by

Durham County Council's Scrutiny Sub Committee for Strong, Healthy and Safer Communities in 2007 entitled 'A Hidden Truth....? A Scrutiny Report about Domestic Abuse in County Durham'.

- 11.9 Members of the Forum commented that there had been a lot of work on domestic abuse agenda, as highlighted by the Durham Council report, yet victims still did not know where to get advice and information, as demonstrated by the case studies received as a result of the investigation.
- 11.10 When discussing the actions contained within the Durham Council report the Forum was advised by the Community Safety Manager that the Safer Hartlepool Partnership website was in the process of being re-launched. The new website would contain links and signposts to agencies and services available to all victims of domestic abuse, but would have specific reference to help available to male victims.
- 11.11 The Forum also noted that mirroring discussion under paragraph 11.7, the Durham Council report also identified the important role of schools and early intervention programmes in reinforcing the message that domestic abuse is unacceptable.

12 CONCLUSIONS

- 12.1 The Regeneration and Planning Services Scrutiny Forum concluded:-
- (a) That although there are identified male victims of domestic abuse in Hartlepool and the Tees Valley, these figures were likely to be an under representation of the actual numbers, due to a reluctance for male victims to report incidents;
 - (b) That services provided by organisations to aid victims of domestic violence and abuse are not gender specific, although female victims are of a higher profile nationally;
 - (c) That male victims of domestic abuse and their families are not always aware of how to access services;
 - (d) That male victims of domestic abuse need greater encouragement to engage with agencies that provide assistance;
 - (e) That bed and breakfast accommodation offered to male victims of domestic abuse was not suitable for maintaining contact with children;
 - (f) That there was not sufficient demand to financially justify a male refuge in Hartlepool;
 - (g) That local domestic violence posters containing gender neutral images may be considered too subtle to convey the message that services were also available to male victims;

- (h) That all partners whose work includes responding to or supporting those who experience domestic abuse may benefit from training specific to dealing with male victims.

13 RECOMMENDATIONS

13.1 The Regeneration and Planning Services 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 promotion of support and assistance available to male victims of domestic abuse is undertaken to encourage more male victims to engage with services, including:-
 - (i) Utilisation of appropriate promotional and awareness raising activities, highlighting services available to male victims of domestic abuse;
 - (ii) Ensuring that additional to recommendation (a)(i) information is made available to members of the public who are not able to access the internet.
- (b) That the provision of a helpline specifically for male victims of domestic abuse is investigated with the Safer Hartlepool Partnership;
- (c) That following the refresh of the Safer Hartlepool Partnership website a review of the Hartlepool Borough Council website is undertaken to assess whether:-
 - (i) The website contains sufficient information and signposts to enable male victims of domestic abuse to access services and contact appropriate support agencies;
 - (ii) Information can be accessed with limited searching.
- (d) That work is undertaken in conjunction with the Child and Adult Services Department to investigate the potential to deliver non gender specific domestic abuse prevention programmes at a school level.
- (e) That a work is undertaken with other local authorities in the northern region to consider:-
 - (i) Support for a cross authority male domestic abuse worker to develop and promote services available throughout the northern region;

- (ii) Undertaking a cross authority review to determine the demand for a male refuge.

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:-

Hartlepool Borough Council:

Dave Stubbs - Director of Regeneration and Neighbourhoods
Alison Mawson – Assistant Director Community Safety and Protection
Denise Ogden – Assistant Director Neighbourhood Services
Brian Neale – Community Safety Manager
Lisa Oldroyd – Anti Social Behaviour Research Officer

External Representatives:

Detective Inspector Mike Cane – Cleveland Police
Christine Fergus – Victim Support
Lesley Gibson – Harbour
Christine Goodman – Victim Support
Andy Powell – Housing Hartlepool
Mandy Twidale – Victim Support

COUNCILLOR KEVIN CRANNEY CHAIR OF THE REGENERATION AND PLANNING SERVICES SCRUTINY FORUM

APRIL 2011

Contact Officer: Elaine Hind – Scrutiny Support Officer
Chief Executive's Department – Corporate Strategy
Hartlepool Borough Council
Tel:- 01429 523647
email:- elaine.hind@hartlepool.gov.uk

BACKGROUND PAPERS

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

- (i) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Domestic Violence Services for Male Victims – Scoping Report' presented to the Regeneration and Planning Services Scrutiny Forum of 20 January 2011.
- (ii) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Domestic Violence Services for Male Victims – Setting the Scene – Covering Report' presented to the Regeneration and Planning Services Scrutiny Forum on 3 February 2011.
- (iii) Presentation by the Community Safety Manager entitled 'Male Victims of Domestic Violence' delivered at the meeting of the Regeneration and Planning Services Scrutiny Forum on 3 February 2011.
- (iv) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Services Available to Male Victims of Domestic Violence – Key Stakeholders - Covering Report' presented to the Regeneration and Planning Services Scrutiny Forum on 3 February 2011.
- (v) Presentation by the Director of Housing Hartlepool entitled 'Domestic Violence Service for Male Victims' delivered at the meeting of the Regeneration and Planning Services Scrutiny Forum on 3 February 2011.
- (vi) Report of the Scrutiny Support Officer entitled 'Durham County Council Scrutiny Investigation into Domestic Violence' presented to the Regeneration and Planning Services Scrutiny Forum on 3 February 2011.
- (vii) Extracts of the recommendations and actions from the Durham County Council Scrutiny investigation entitled 'A Hidden Truth....? A Scrutiny Report about Domestic Abuse in County Durham' presented to the Regeneration and Planning Services Scrutiny Forum on 3 February 2011.
- (viii) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Services Available to Male Victims of Domestic Violence – Information from Regional and National Organisations' presented to the Regeneration and Planning Services Scrutiny Forum on 3 February 2011.
- (ix) The ManKind Initiative (April 2010) *Male Victims – Domestic and Partner Abuse Statistics*.
- (x) The ManKind Initiative (December 2009) *Partner abuse in England, Wales and Scotland*.
- (xi) Extracts from The Men's Network - 'A City That Works for Everyone – Men and Boys Included' presented to the Regeneration and Planning Services Scrutiny Forum on 3 February 2011.
- (xii) Minutes of the Regeneration and Planning Services Scrutiny Forum of 20 January 2011, 3 February 2011 and 31 March 2011.

SCRUTINY CO-ORDINATING COMMITTEE

15 April 2011



Report of: Health Scrutiny Forum

Subject: Regional Review of the Health of the Ex-Service Community – Final Report

1. PURPOSE OF THE REPORT

- 1.1 To present to Members the Final Report agreed by the North East Joint Health Overview and Scrutiny Committee after their recent scrutiny investigation entitled 'Regional Review of the Health of the Ex-Service Community'.

2. BACKGROUND INFORMATION

- 2.1 At the Health Scrutiny Forum meeting of 2 February 2010 the Chair of the Health Scrutiny Forum confirmed that the 12 North East Local Authorities had been successful in a bid for funding from the Centre for Public Scrutiny through their Health Inequalities initiative to carry out an investigation into the Health of the ex-Service Community.
- 2.2 Attached as **Appendix A** to this report is the Final Report entitled 'Regional Review of the Health of the Ex-Service Community' which was agreed by the North East Joint Health Overview and Scrutiny Committee at their meeting of 14 January 2011.

3. RECOMMENDATION

- 3.1 That Members note the content of the report.

Contact Officer:- Joan Stevens – Scrutiny Manager
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

BACKGROUND PAPERS

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

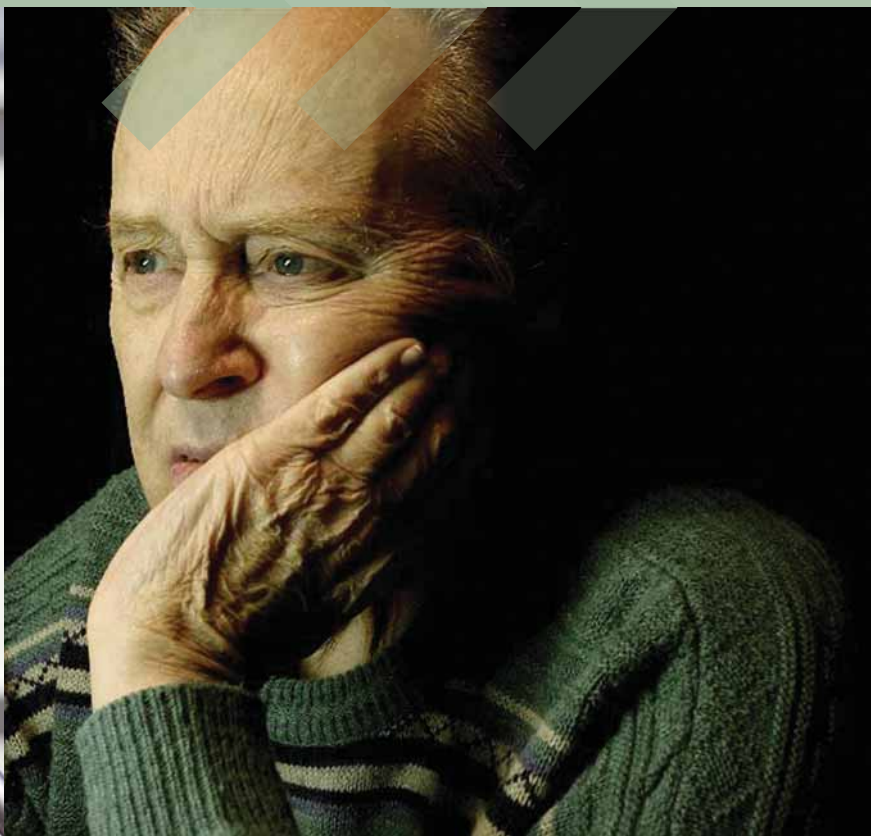
- (a) Minutes of the Health Scrutiny Forum held on 2 February 2010.

Joint Health Overview and Scrutiny Committee of North East Local Authorities

Regional Review of the Health Needs of the Ex-Service Community



Final Report
January 2011



Photographs provided with permission of
the Royal British Legion



Contents



Final Report

	Page
Foreword by the Chair of the North East Regional Joint Health Overview and Scrutiny Committee	1
Summary	2
Main report	12
The Health of the Ex-Service Community	12
Conclusions and recommendations	19
General considerations	19
1 Promoting effective communication and coordination across agencies, providers and the third sector	21
2 The transition of Armed Forces personnel to civilian services following discharge	27
3 Ensuring equality of access for Armed Forces families	29
4 Veterans' mental health services	30
Undertaking this review	33
Monitoring the implementation of the review recommendations	35
Appendix 1 - Acknowledgements	36
Appendix 2 - Bibliography	40
Appendix 3 - Organisations identified to implement recommendations	41

This report summarises the conclusions of three workstreams that considered the following issues in more detail: Physical Health, Social and Economic Wellbeing and Mental Health.

The final reports of the workstreams can be found at:

www.stockton.gov.uk/yourcouncil/scrutinfo/selectcomm/health/

Foreword



Final Report

This scrutiny review, which examines the health needs of the ex-service community and their families, represents the culmination of a year of intensive work by the members and officers of the North East Joint Health Overview and Scrutiny Committee working in close partnership with a wide range of individuals and agencies.

In recent years, people have begun to talk about a “military covenant”, but the idea is much older: the members of our armed services put their lives on the line for us, and put special demands on their families and dependents. We must not let them down.

Making sure that the ex-service community does not suffer disadvantage because of the particular experiences of its members requires a lot of detailed thought to support that simple idea. This report represents an attempt by local Councillors across the North East region to supply some of that thought.

This is the first time that Councillors from all the local authorities in the North East have come together in this way, and I would like to thank all my colleagues who have worked so smoothly together in the common interests of our residents. I would also like to thank the huge range of individuals and organisations, military and civil, public and voluntary, who have so thoughtfully and enthusiastically helped us with evidence, ideas and support.

Sometimes scrutiny work raises confusion, even hostility from those who think they might appear badly under the spotlight. But I don’t believe that I have ever seen such a universally positive and enthusiastic response to a review as to this one.

This report is a collaborative effort, and collaborative effort is what is most needed to make the changes which will support our soldiers, sailors, airmen and their families both now and in the future.

We do not intend to let this report sit on the shelf, but will be working actively with all our partners to ensure that real good comes of the recommendations they have helped us to make.

Although our task initially looked very daunting, the importance of the subject, and the quality of the advice and support we received, has resulted we hope in proposals that can make a genuine difference. It is with great pleasure that I commend this report to you.

Councillor Ann Cains

Chair, North East Regional Joint Health Overview and Scrutiny Committee

Summary



Final Report

The importance of the wellbeing and health of the ex-service community

- 1 Roughly one person in twelve in the UK is a member of the ex-service community: either a veteran of the armed forces or a carer, dependant or close family member of a veteran. A systematic attempt to understand the effects on the health and wellbeing of the ex-service community of their common life experiences is a necessary step towards ensuring that no-one suffers disadvantage as a result of their service. But in the past, this has not happened.
- 2 This is changing. This scrutiny review was prompted in part by the publication of the command paper The Nation's Commitment in 2008. While the review was being undertaken, an increased commitment to understanding and adapting to ex-service needs has been demonstrated by the creation of Armed Forces Health Forums in every NHS region, by the government's acceptance of the Murrison report on armed forces mental health, and by the publication of the report by the Task Force on the Military Covenant, among many other developments. We hope that our report will make a further substantial contribution.

North East England health overview and scrutiny

- 3 All twelve local authorities in the North of England have Health Overview and Scrutiny Committees, made up of Councillors who are not part of the decision-making structures of their Councils, to provide an independent view of the health and wellbeing needs of their residents and of the services provided for them.
- 4 The twelve committees have a long history of close co-operation across local authorities and in sub-regional groups. They have now formed a single regional Joint Health Overview and Scrutiny Committee, in recognition of the common interests of citizens across the North East. This is the first published report of that Joint Committee.

The Centre for Public Scrutiny Health Inequalities Programme

- 5 The review has been supported by the Centre for Public Scrutiny, which has provided support, advice and funding through its Health Inequalities programme, having nominated the North East as a Scrutiny Development Area in January 2010. The Centre will help to make sure that what we have learned from this review is spread across England and Wales.

Aims and purpose of the review

- 6 The review set out to establish the extent of the available local and regional information about:
 - the health needs and access to services of the ex-service communities compared with civilians of similar socio-economic backgrounds;

Summary



Final Report

- the different needs of the ex-service communities, including, for example, looking at older and younger veterans, veterans of different conflicts; veterans of different Services and the families of those groups, specifically addressing socio-economic wellbeing as well as physical and mental health;
- the extent to which ex-service communities are able to access services and support (including psycho-social support), access to employment and training, drug and alcohol misuse, family breakdown, housing difficulties and involvement with the criminal justice system;
- good and bad practice across the region, including specific issues such as priority access to NHS treatment for veterans, but also more generally in terms of the quality of communications between agencies and partnership working and the resulting support for ex-service communities;
- what awareness veterans and their families have about the services that are available to them.

Organisation of the review

- 7 The review was responsible to a project board, which was also the standing Joint Health Overview and Scrutiny Committee, made up of the chairs of the committees in each of the twelve local authorities, or their deputies.
- 8 The review was formally launched with an overview day on 28 June 2010, in which all participating Councillors were able to hear from, and talk to, key stakeholders including the co-Chair of the joint Ministry of Defence/Department of Health Partnership Board and the Surgeon-General's Cross-Government Health Lead, as well as representatives of the armed forces, the Royal British Legion, the regional Strategic Health Authority, one of the Directors of Adult Services in the North East, and the Career Transition Partnership. Councillors then split into three "workstreams", one each dealing with the physical health of the ex-service community, with mental health, and with social and economic wellbeing. Separate reports are being published by each workstream. This report draws together common conclusions.
- 9 Each workstream was supported by scrutiny officers from four local authorities. The lead officers from each workstream formed a Project Support Group, together with officers from the lead local authority for the review as a whole, which helped to co-ordinate activity.
- 10 Methods used included presentations, round table discussions, face-to-face interviews, focus groups, questionnaires, reviews of the literature and site visits.

Summary



Final Report

Key participants

- 11 This review would have been impossible without the enthusiastic co-operation of a wide range of witnesses and contributors from the armed forces, NHS, local government, central government and the community and voluntary sector, as well as ex-service personnel themselves. A full list of those who took part can be found in the acknowledgements at Appendix 1.

Main conclusions

- 12 The review reached a number of general conclusions, which form the basis of 47 separate recommendations. These include:
 - improved ways of identifying the ex-service community (see recommendations 1-4);
 - proposals for better communication and sharing of information and more joined up work (see recommendations 5, 21-22, 24-26, 27-29, 37 and 39);
 - suggestions for further qualitative research into the needs of the ex-service community (see recommendations 6 and 7);
 - approaches to improving health and wellbeing which address wider determinants than the commissioning of health and social care services (see recommendations 8-13, 32 and 36), including improving the take-up of low-cost housing products by the ex-service community (recommendation 33);
 - ways to address the need to raise awareness amongst local authorities and other partner organisations, employers and service providers of the very specific needs of the ex-service community (recommendations 17-19, 38 and 40);
 - and also ways to address the need to raise the level of awareness within the ex-service community about the wide range of support currently available (recommendations 14-16 and 20);
 - on the evidence we have examined, we believe that there is a need for the establishment of a formal network, connecting the voluntary sector, local authorities, the NHS, the Armed Forces and others (recommendations 23 and 42);
 - strengthening support for personnel leaving the services, by going beyond signposting for more vulnerable service leavers (recommendations 30, 31 and 49);
 - implementing the recommendations of the Murrison report on mental health should be complemented by other steps being taken within the region (recommendations 44-48).

Recommendations

- 13 We make a number of detailed recommendations below. The Joint Health Overview and Scrutiny Committee will examine at regular intervals how far these recommendations have been taken forward and what effect they are having.

Summary



Final Report

Promoting effective communication and co-ordination across agencies, providers and the third sector

Information

- Recommendation 1:** that local authorities across the region consider what might be the costs, benefits and best methods of collecting in future information about members of the Armed Forces 'soon to leave', their likely destination and the demands that will place on localities.
- Recommendation 2:** that local authority services should actively ask the question of those they provide services for: 'have you served in the UK Armed Forces?'
- Recommendation 3:** that all organisations providing (or potentially providing) services for ex-service community should encourage veterans to voluntarily identify themselves by asking 'have you served in the UK Armed forces?'
- Recommendation 4:** that HM Government should consider the potential for an individual's NHS or National Insurance number to be used to identify their veteran status to improve identification of needs and services that may be available. This might be considered alongside the proposal by the Task Force on the Military Covenant for the creation of Veterans' Cards.
- Recommendation 5:** that formal information sharing protocols and arrangements are established between the armed forces and local authorities across the NE region. This will enable local authorities to properly assess and plan to meet the needs of the ex-service community as a specific group.
- Recommendation 6:** local authorities in the North East should consider dedicating a chapter in their Joint Strategic Needs Assessments to vulnerable service leavers and their needs and identifying as a target population the ex service community within their strategic planning processes in relation to social exclusion, anti-poverty, homelessness and offending.
- Recommendation 7:** that local authorities across the region take research forward as part of the development of Joint Strategic Needs Assessments across the region, and that the North East Public Health Observatory should also consider what data and research support it can provide.

Summary



Final Report

- Recommendation 8:** that local authorities across the North East request the NE National Housing Federation to carry out a mapping exercise to quantify current provision of ex-service community housing provided by their members and analyse best practice both nationally and within the North East.
- Recommendation 9:** that the North East Housing Federation works closely with NE local authorities to help plan future provision.
- Recommendation 10:** that the armed forces and the Career Transition Partnership work more closely with local authorities across the region and provide them with an assessment of the likely level of demand and need for employment and skills related services in order to inform future economic and financial inclusion strategies and future provision.
- Recommendation 11:** that prison and probation services be encouraged undertake more detailed work on the needs and nature of offending veterans.
- Recommendation 12:** that prison and probation services should consider how to make available more 'signposting' to veteran's charities of offenders subject to short sentences.
- Recommendation 13:** that prisons, probation trusts and other partners in the statutory and voluntary sectors promote the sharing of best practice and information (data and needs analysis).

Awareness

- Recommendation 14:** as some sections of the ex-service community are vulnerable and hard to reach it is recommended that local authorities work with third sector bodies which provide an outreach service (such as ex-service charities and Norcare) to raise awareness and improve access to available support mechanisms.
- Recommendation 15:** that all agencies should make use of and promote local directories of services provided by the voluntary and community sector and statutory provision for those seeking help and for those making referrals, such as the web-based directory provided by Veterans North-East and Finchale College Durham.
- Recommendation 16:** that North East local authorities examine opportunities for using digital media to improve communication with the ex-service community and raise awareness of available support mechanisms.
- Recommendation 17:** that the North East National Housing Federation is requested on behalf of local authorities across the region to carry out work with Registered Social Landlords to raise awareness of the housing needs of the ex-service community.

Summary



Final Report

- Recommendation 18:** that an awareness raising campaign is carried out amongst staff throughout the Tyne and Wear and Tees Valley Unlimited City Regions regarding the importance of asking whether individuals are ex-service to ensure that they can be appropriately referred on to Job Centre Plus and receive their entitlement to early access to New Deal Programmes.
- Recommendation 19:** PCTs should begin conversations now with the embryonic GP Commissioning Consortia regarding the merits of commissioning for ex-service community. PCTs and Consortia should report back to Members how the needs of the ex-service community are going to influence commissioning strategy during the transitional period and when Consortia have formally taken control of Commissioning budgets.

Improving responsiveness within organisations

- Recommendation 20:** that local authorities and other key partner organisations across the region should consider identifying a senior figure who can act as a champion for the ex-service community and establishing a central point of contact in each local authority area or sub - region to assist when members of the community experience difficulties. Examples of possible approaches include:
- within local authorities, a Member Armed Forces Champion to drive improvements in services for service veterans.
 - within local authorities, a named senior officer to assist the ex-service community and act as a facilitator and conduit in dealings with Councils and beyond.
 - within Primary Care Trusts, named senior staff to act as Case officers/co-ordinators in PCTs to act on behalf of the ex-service community whilst assistance is required, and to consider how best to pass these responsibilities forward to GP consortia and local Health and Wellbeing Boards.

Improving co-ordination across organisations

- Recommendation 21:** that the Association of North East Councils should be asked to explore with the NHS, the armed forces and other partners across the region how stronger networking within and between existing groups may be taken forward. This should include consideration of joined-up planning and performance monitoring.

Summary



Final Report

- Recommendation 22:** that local authorities should consider how to bring together voluntary organisations large and small with a specific interest in the welfare of the ex-service community, in the light of the Government's response to the Task Force on the Military Covenant.
- Recommendation 23:** we strongly recommend that local authorities across the region should explore options for establishing and publicising a central point of contact telephone number - to increase the chances of people getting the help they need and to provide a consistent standard of contact across the region. Ex-service charities, Citizens Advice Bureau operating in the region, the Career Transition Partnership and Job Centre Plus have all indicated that this would be likely to prove beneficial. The model adopted by Hampshire County Council, in which telephone enquiries from the ex-service community are channeled to a specific staff member, is particularly worth consideration.
- Recommendation 24:** that the Homes and Communities Agency is requested on behalf of local authorities across the region to consider how it may broker assistance and ensure better co-ordination of work across the region to ensure that services are being directed at the right people, including the ex-service community, and how it might assist with sharing examples of best practice as part of its enabling role and within the local investment planning process undertaken with local authorities.
- Recommendation 25:** that the positive work being taken forward by Job Centre Plus in the Tees Valley is shared with Armed Forces Champions across the rest of the region with a view to ensuring a consistent approach in supporting the training and employment needs of the ex-service community.
- Recommendation 26:** local authorities within the North East should consider the developing a regional veterans charter to establish uniform good practice across the region, possibly through existing regional structures such as the Association of North East Councils (ANEC).

The transition of Armed Forces personnel to civilian services following discharge

- Recommendation 27:** that the Career Transition partnership continues to work with local authorities and Primary Care Trusts (and successor bodies as PCTs are abolished) to ensure that the Transition Protocol is understood and that specific individuals are mandated appropriately to take on these roles.

Summary



Final Report

- Recommendation 28:** that local NHS organisations work with military colleagues to ensure that people leaving the services are registered with GPs and dentists before formal discharge, so they have a ‘foot in both camps’ towards the end of their active service. This would ensure a smoother transition to civilian health services.
- Recommendation 29:** that the armed forces and the Career Transition Partnership work more closely with local authorities and third sector organisations such as ex service charities, Norcare and Mental Health North East with a view to developing a formal process for referring vulnerable service leavers into specific services.
- Recommendation 30:** that action is taken, by the Armed Forces, on discharge to ensure that Early Service Leavers are provided with effective advice and ‘signposting’ in relation to the mental health issues they may experience on discharge from service.
- Recommendation 31:** the effectiveness of improvements to the armed forces resettlement provision for early service leavers should be kept under review by the armed forces to ensure there is effective identification of potential vulnerability issues.
- Recommendation 32:** local authorities should encourage Strategic Housing Authorities and registered social landlords, where possible, to adopt allocation policies which recognise the needs of the ex-service community.

Ensuring equality of access for Armed Forces Families

- Recommendation 33:** that the Homes and Communities Agency is requested to examine on behalf of local authorities across the region identifying take-up of low-cost housing products by the ex-service community and whether providers are assisting the ex-service community as well as other parts of the community.
- Recommendation 34:** that the Homes and Communities Agency is requested to examine opportunities for the ex-service community within any revised funding arrangements as an outcome of the comprehensive spending review.
- Recommendation 35:** that local authorities across the region examine the scope to provide housing related support for ex-service tenants once a property has been identified.

Summary



Final Report

Veterans' mental health services

Recommendation 36: that the new Health and Wellbeing Boards prioritise veterans' mental health issues, taking a lead in ensuring that on day 1 of discharge into civilian life that services are in place to meet the needs of the ex-service community in relation to both NHS and social care provision.

Recommendation 37: that:

- a. appropriate training is provided and required by commissioners of NHS services;
- b. guidance should also be developed specifically for primary care providers and GPs to:
 - i) explain the priority healthcare entitlement;
 - ii) encourage them to identify ex-servicemen and women (for example, by asking patients to indicate that they have served in the UK Armed Forces);
 - iii) explain how they can adapt their systems to accommodate priority treatment for ex-service community; and
 - iv) how to accept referrals from ex-service charities, including the Royal British Legion and Combat Stress, but also smaller local organisations who are providing for some of the most marginalised/excluded ex-service personnel.

Recommendation 38: Joint Strategic Needs Assessments should specifically identify the mental health needs of the ex-service community including families and dependants.

Recommendation 39: NHS commissioners must ensure that GP consortia arrangements prioritise the needs of the ex-service community.

Recommendation 40: local authorities and GP Consortia should be actively engaged in joint planning and commissioning of services with the NHS.

Recommendation 41: local authorities should be actively engaged in the NHS Armed Forces Network and consider how they can take on a leadership role in relation to veterans mental health issues – perhaps linked to the formation of the new Health and Wellbeing Boards.

Recommendation 42: consideration should be given by central government to the need for some form of accreditation to be available to ex-service charities (particularly the newly emerging charities). How this might best be taken forward should be considered in the light of the Government's response to the Task Force on the Military Covenant. Local authorities should consider drawing up approved lists of service providers.

Summary



Final Report

- Recommendation 43:** that voluntary organisations and the NHS promote self-referral routes for ex-service personnel in a wide range of different ways that will help maximise their opportunity to access services.
- Recommendation 44:** that primary care and acute trusts should take steps to improve awareness of veterans' mental health issues among health workers generally, including appropriate training and supervision.
- Recommendation 45:** the Tees, Esk and Wear Valleys NHS Foundation Trust and the Department of Health should share widely the learning from the evaluation of the Community Veteran Mental Health Pilot, and particularly with commissioners, providers and the North East Mental Health Development Unit. Learning from the pilot must help to shape future statutory of provision and the linkages with, and support for, the voluntary sector in the context of the Increasing Access to Psychological Therapies programme.
- Recommendation 46:** Trusts should provide better basic information to veterans with clear diagnoses of Post Traumatic Stress Disorder about their condition.
- Recommendation 47:** prison health services need to identify veterans and evaluate needs with a particular focus on mental health and PTSD.

Next steps

- 14 This is a large body of recommendations, addressed to a wide range of organisations. We have emphasised the need for co-operation and co-ordination among the many groups with which the ex-service community comes into contact. In keeping with that spirit, we will invite all those to whom we have addressed recommendations to come together to a single event to discuss how to move forward. We are currently planning to hold this event in March 2011.
- 15 Thereafter, we will meet to examine progress after six months and after one year. We ask that the organisations involve help us with those assessments.
- 16 The review group appreciates that further developments in support for the ex-service community must take place within the overall resource constraints set by the emergency Budget and Comprehensive Spending Review 2010, which affect not only local authorities, the NHS, the armed forces and other public sector bodies, but also community and voluntary groups. However, we believe that any of our recommendations can be taken forward for little or no cost, or will generate savings through improved efficiency.

Main Report



Final Report

The Health of the Ex-Service Community

- 17 People who have served in the armed forces, together with their relatives, dependents and carers, make up a large group of the population whose wellbeing and health needs, and relationship with services, have been affected by a significant common experience.
- 18 Most people leave the armed services healthy, and make a successful transition to civilian life. Their wellbeing and health needs are often best addressed on an individual basis. But evidence suggests that there are distinct patterns which affect ex-service personnel and their dependents (collectively called here “the ex-service community”) which make it worthwhile to understand too their needs as a group.

“We need to improve our information about how veterans’ health needs differ from those of the population generally. Most healthcare professionals do not have direct knowledge of the Armed Forces and may not be sensitive to their particular needs. We will look at whether more needs to be done to assess the healthcare needs of veterans. We will raise awareness among healthcare professionals about the needs of veterans so that these needs are met.”

(“The Nation’s Commitment”, Government Command paper, July 2008, Cm 7424)

The national picture

- 19 There are very few hard facts available. Because the ex-service community has rarely been approached as a group until recently, the state of knowledge about their numbers, location, identity and needs is patchy. A number of our recommendations are therefore about improving the information available to service providers and others. But a very general picture can be drawn.
- 20 The Royal British Legion’s Welfare Needs Research Programme reported in 2006 that:
 - The ex-service community in the UK was made up of about 10.5 million people, of whom just under half were veterans themselves. This number was expected to fall to around 8.5 million by 2020.
 - The average age of the ex-service community was 63 years, compared with 47 years for the adult population. The number of people in the community aged over 85 was expected to triple over the period to 2020, with a small increase in the number of 16-24 year olds, and a fall in the numbers of those in-between.
 - Over half (52%) of the ex-service community report having a long-term illness or disability, compared with 35% in the general population.
 - In the 16-44 age group:
 - o the number of mental health disorders among members of the ex-service community was three times that of the UK population of the same age;
 - o there was a higher prevalence of musculo-skeletal complaints.

Main Report



Final Report

- In the 45-64 age group:
 - o members of the ex-service community were more prone to cardio-vascular or respiratory conditions than their peers;
 - o both men and women who are economically inactive reported significantly higher levels of ill-health in the ex-service community than in the general population.
 - But members of the ex-service community aged 65-75 report less ill health than their peers in the general population, while those aged over 75 reported similar health to everyone else of that age.
- 21 The Ministry of Defence and the NHS have a partnership board for working on issues surrounding the health and well-being of the armed forces community – that is, including currently serving service personnel and their families, as well as veterans. In 2009, the Board commissioned the Centre for Military Health Research at King's College London to review recent and upcoming research publications. The King's Centre found that:
- Among the 3.8 million ex-service personnel in England, overall health was broadly comparable to the general population.
 - But there were common mental health diagnoses of alcohol problems, depression and anxiety disorders. In particular, those who leave the services early and young were up to three times more likely to commit suicide than the general population.
- 22 These factors were identified by King's as increasing the risk of alcohol misuse and/or mental health problems:
- being young;
 - being male;
 - being in the Army, rather than another branch of service;
 - holding a lower rank;
 - experiencing childhood adversity;
 - being exposed to combat;
 - a deployment length over the "Harmony Guidelines" (in the case of the Army, roughly 12 months front-line service over a 3-year period);
 - being a Reserve
 - having a mental health problem while in Service
 - Being an early service leaver.
- 23 Post-traumatic stress disorder makes up only a minority of cases of mental health disorders. An earlier study by King's found that "personnel who were deployed for 13 months or more in the past three years were more likely to fulfill the criteria for post-traumatic stress disorder". But this effect was substantially less marked than in similar studies of US personnel.

Main Report



Final Report

- 24 DASA (Defence Analytical Services and Advice), a part of the Ministry of Defence, maintains statistics on war disability pensions and the Armed Forces and Reserve Forces Compensation Scheme (AFCS) which replaced war pensions in 2005. These show that:
- 145,525 War Disablement Pensioners and 29,645 War Widows were receiving pensions at 30 September 2010.
 - 225 veterans and 390 surviving dependents were receiving Guaranteed Income Payments under the AFCS.
 - 8,645 lump sum payments had been made under the AFCS between 1 November 2005 and 30 September 2010.
 - The most common injuries resulting in lump sum payments (mostly made to personnel still in the Services) were:
 - o musculo-skeletal disorders (41.3%)
 - o fractures and dislocations (29.7%)
 - o injury, wounds and scarring (13.5%)
- But “injury, wounds and scarring” was the most common reason for the highest payments, accounting for 39.2% of this category.

North East England

- 25 The picture in any particular part of the country is harder to establish. The Ministry of Defence does not keep central records of where service personnel are recruited, where they go on leaving the services, or where they move to subsequently. Some may be members of veterans’ organisations, but not all. The Department of Health has issued new guidance about identifying veterans on medical records, but this remains optional – patients may prefer not to be identified this way. In addition, the definition of “North East England” used by the armed forces includes areas of Yorkshire and Humberside not included in the definitions used by the Department of Health and the Office of National Statistics. The findings in this section of the report are therefore tentative.
- 26 The Royal British Legion survey of 2006 found that ex-service personnel were spread roughly evenly around the country, implying an ex-service community in North East England of around 500,000.
- 27 But estimates of recruitment into the armed forces suggest that around 10% come from North East England, while 10-15% of war pension recipients live here. By comparison, the North East only contains 4% of the general population of the UK. This would seem to imply an ex-service community of 1 million or more.

Main Report



Final Report

- 28 A possible explanation of this discrepancy is that the largest age group among the ex-service community is made up of those who served under conscription, in World War 2 and in subsequent National Service. Conscripts came roughly evenly from around the country. The subsequent professional armed forces seem to have recruited disproportionately from the North East of England.
- 29 According to figures from the Directorate of Resettlement, in the last two years 5,620 service leavers indicated a preference to settle in the North East area (covering Humber to the Borders). These comprised 3,700 Army, 1,100 RAF, and 820 Navy.
- 30 There are approximately 1,500 early service leavers each year from 15 Brigade at Catterick and 40% of these are from the North of England, the majority young, single men who have been part of the infantry. These are over and above the 5,620 service leavers. The garrison at Catterick covers the geographical area Hull to Berwick to Carlisle and is the largest training garrison in Europe, with 40,000 regulars, reserves, cadets and dependents. As will be discussed below, early service leavers, with less than 4 years service, may face particular difficulties returning to civilian life.

Main Report



Final Report

Commitments to support the wellbeing and health needs of the ex-service community

“Only on the basis of absolute confidence in the justice and morality of the cause can British soldiers be expected to give their lives for others. This unlimited liability on the part of the individual in turn demands collective responsibility of the nation for the welfare of all servicemen and women, serving and retired, and their dependants.”
 (“Soldiers: The Military Covenant”, Ministry of Defence, 2000, quoted in “Honour the Covenant”, Royal British Legion Policy Briefing, September 2007)

- 31 Members of the ex-service community draw upon the same services and resources as the rest of the population to support their wellbeing and health: the voluntary sector, the National Health Service, local authority social services, housing associations, schools, Job Centre Plus, and so on.
- 32 There are also a number of groups working specifically with service leavers, ex-service personnel and the broader ex-service community. These include the Career Transition Partnership, which provides a range of support for service personnel moving into civilian life, the Service Personnel and Veterans Agency, and a number of community and voluntary organisations, large and small, that specialise in this field, including the Royal British Legion, the Soldiers, Sailors, Airmen and Families Association (SSAFA), Forces for Good, Combat Stress, Military Mental Health, Resettlement Armed Forces Training (RAFT) and others.
- 33 In 2008, the then Government published a review of cross-government support to the armed forces, their families and veterans, called “The Nation’s Commitment”. The report set the “essential starting point” was the principle of “No disadvantage”.
“The essential starting point is that those who serve must not be disadvantaged by what they do – and this will sometimes call for degrees of special treatment.”
- 34 The Nation’s Commitment set out, as “enduring principles”, that service personnel and their families should have:
 - as much lifestyle choice as any other citizen;
 - continuity of public services;
 - proper return for sacrifice;
 - [recognition that] the Armed Forces’ constituency matters.
- 35 The command paper contained a wide range of specific commitments. It also provided a framework for future development. The Ministry of Defence/NHS Partnership Board, after consulting with stakeholders, proposed the following key themes for 2010:
 - Promoting effective communication and coordination across agencies, providers and the third sector.

Main Report



Final Report

- The transition of Armed Forces personnel to NHS care following medical discharge
- Ensuring equality of access for Armed Forces families
- Veterans' mental health services

These priorities form the structure of the recommendations in this report.

36 The Coalition Government formed in May 2010 issued a new version of the NHS Operating Framework which made these commitments relating to the ex-service community:

- There is a guarantee that all those seriously injured will receive an early and comprehensive assessment of their long term needs before they leave the Armed Forces;
- There should be high quality care for life for those with continuing healthcare needs based on a regular review of their needs overseen by an NHS case manager;
- There is grant funding with Combat Stress (that they are matching) to work directly with mental health trusts to ensure that the services they provide are accessible to and appropriate for military veterans;
- There will be closer NHS links with a full range of third sector partners and charities with extensive experience of working with veterans, to share advice, knowledge and best practice to improve services for veterans;
- There is an entitlement for all veterans who have lost a limb whilst serving in the Armed Forces to receive, where clinically appropriate, the same standard of prosthetic limb from the NHS that they received or would receive today from Defence Medical Services as a result of major technological advances.
- Responsible Directors are to be identified within each Strategic Health Authority, together with Primary Care Trust champions, will be identified to ensure the needs of the armed forces, their families and Veterans are fully reflected in local plans and service provision; and
- There should be improved transfer of medical records to the NHS on retirement from the armed forces, including greater GP awareness of veteran status of new patients to ensure veterans receive their entitlement to priority treatment for any injuries or illness attributable to their time serving in the Armed Forces.

37 The Government has also accepted the findings of a report by Andrew Murrison MD MP, "Fighting Fit: A mental health plan for servicemen and veterans", whose principal recommendations were:

- Incorporation of a structured mental health systems enquiry into existing medical examinations performed whilst serving.
- An uplift in the number of mental health professionals conducting veterans outreach work from Mental Health Trusts in partnership with a leading mental health charity.

Main Report



Final Report

- A Veterans Information Service (VIS) to be deployed 12 months after a person leaves the Armed Forces.
 - Trial of an online early intervention service for serving personnel and veterans.
- 38 In December 2010, the Government published the report of a Task Force on the Military Covenant, chaired by Professor Hew Strachan. The Government is considering the Task Force's recommendations, but has already accepted the proposal that there should be Community Covenants across the country, supported by local authorities. We hope that the recommendation we make here can help add substance to the framework of such covenants.

Main Report



Final Report

Conclusions and recommendations

General considerations

- 39 The review was conducted largely in three workstreams, addressing respectively social and economic wellbeing, mental health and physical health. Full separate reports have been published detailing the findings of each workstream.
- 40 For the purpose of this report, we have consolidated findings and recommendations into four categories, in line with priorities identified by stakeholders in “The Nation’s Commitment”:
1. Promoting effective communication and coordination across agencies, providers and the third sector.
 2. The transition of Armed Forces personnel to NHS care following medical discharge (which has been expanded here to include discharge generally)
 3. Ensuring equality of access for Armed Forces families
 4. Veterans’ mental health services
- 41 Many of these recommendations need to be seen in the light of the proposals for reforming the National Health Service set out in the 2010 White Paper “Equity and Excellence: Liberating the NHS”. Salient points include proposals that:
- Public health responsibilities will be split off into a new national Public Health Service. Local directors of public health will be appointed jointly by the Public Health Service and local authorities.
 - There will be a National Commissioning Board. This will commission and directly fund GP consortia across the country.
 - GP consortia will be responsible for commissioning most services for their patients. Patients will have a choice of GP, and GP consortia will be able to commission services from “any willing provider”. The right of patients to have a choice of provider will be extended to some mental health services and to long-term conditions.
 - The National Commissioning Board will commission directly a number of services where the Government believes it is impractical for GP consortia to do the job. These include dentistry, community pharmacy, primary ophthalmic services, maternity services, national and regional specialised services.
 - Local Health and Wellbeing Boards, led by local authorities, will be asked to co-ordinate health services (including health promotion) within their areas. This will include preparation of Joint Strategic Needs Assessments (JSNAs), setting local health priorities.

Main Report



Final Report

- 42 The review group also appreciates that further developments in support for the ex-service community must take place within the overall resource constraints set by the emergency Budget and Comprehensive Spending Review 2010, which affects not only local authorities, the NHS, the armed forces and other public sector bodies, but also community and voluntary groups. However, we believe that many of our recommendations can be taken forward for little or no cost, or will generate savings through improved efficiency.

Main Report



Final Report

1 Promoting effective communication and coordination across agencies, providers and the third sector

Information

- 43 As we have seen, information about the health needs of the ex-service community is patchy. Collecting information has costs as well as benefits, and so does analysing it, storing it and sharing it. But the review group believes that the needs of this community are sufficiently distinctive, and the moral imperative implied by the Military Covenant sufficiently strong, to warrant doing more.
- 44 Identification of the ex-service community is a key issue. The ex-service community's status is very rarely recorded when individuals access services – there is some evidence that this might be impacting on their current ability to effectively access certain services and that recording this status improves access. Organisations such as the Probation Service, the Prison Service and the housing charity Norcare are now actively seeking to record such information in order to ensure that certain services are effectively targeted towards the specific needs of the ex-service community.

It will also be important to gather intelligence about those 'soon to leave', their likely destination and the demands that will place on localities. This work should be periodically refreshed to ensure it remains relevant.

Recommendation 1: that local authorities across the region consider what might be the costs, benefits and best methods of collecting in future information about members of the Armed Forces 'soon to leave', their likely destination and the demands that will place on localities.

Recommendation 2: that local authority services should actively ask the question of those they provide services for: 'have you served in the UK Armed Forces?'

Recommendation 3: that all organisations providing (or potentially providing) services for ex-service community should encourage veterans to voluntarily identify themselves by asking 'have you served in the UK Armed forces?'

Recommendation 4: that HM Government should consider the potential for an individual's NHS or National Insurance number to be used to identify their veteran status to improve identification of needs and services that may be available. This might be considered alongside the proposal by the Task Force on the Military Covenant for the creation of Veterans' Cards.

- 45 There needs to be **better communication and sharing of information and more joined up work** between the armed forces, local authorities, partners and ex-service charities.

Main Report



Final Report

Recommendation 5: that formal information sharing protocols and arrangements are established between the armed forces and local authorities across the NE region. This will enable local authorities to properly assess and plan to meet the needs of the ex-service community as a specific group.

- 46 Local authorities have a key role in shaping their communities and building the wider determinants of good health and working to support individual families and communities. There is evidence that a proportion of the ex -service community across the region are vulnerable and require targeted support.

Recommendation 6: local authorities in the North East should consider dedicating a chapter in their Joint Strategic Needs Assessments to vulnerable service leavers and their needs and identifying as a target population the ex service community within their strategic planning processes in relation to social exclusion, anti-poverty, homelessness and offending.

- 47 Given the current lack of hard data regarding the health and well being needs of the ex-service community **there is a need for further qualitative research into the needs of the ex-service community.**

Recommendation 7: that local authorities across the region take research forward as part of the development of Joint Strategic Needs Assessments across the region, and that the North East Public Health Observatory should also consider what data and research support it can provide.

- 48 **Wellbeing depends on wider determinants than the commissioning of health and social care services.** Other factors, such as housing and employment, are also vital.

Recommendation 8: that local authorities across the North East request the NE National Housing Federation to carry out a mapping exercise to quantify current provision of ex - service community housing provided by their members and analyse best practice both nationally and within the North East.

Recommendation 9: that the North East Housing Federation works closely with NE local authorities to help plan future provision.

- 49 As the Marmot report on health inequalities demonstrated, employment is an important factor underlying health and wellbeing, and it is likely to remain a challenge as the country emerges from the recession.

Main Report



Final Report

Recommendation 10: that the armed forces and the Career Transition Partnership work more closely with local authorities across the region and provide them with an assessment of the likely level of demand and need for employment and skills related services in order to inform future economic and financial inclusion strategies and future provision.

50 A thorny issue is the presence of **ex-service personnel in the criminal justice system**. The National Offender Management Service (NOMS) has been taking steps to better understand the situation.

Recommendation 11: that prison and probation services be encouraged undertake more detailed work on the needs and nature of offending veterans.

Recommendation 12: that prison and probation services should consider how to make available more 'signposting' to veteran's charities of offenders subject to short sentences.

Recommendation 13: that prisons, probation trusts and other partners in the statutory and voluntary sectors promote the sharing of best practice and information (data and needs analysis).

51 It is crucial that Strategic Health Authorities, and their successor bodies, take a regional lead and commission detailed and accurate work to establish the true size and nature of the ex-service community.

Awareness

52 Two types of awareness need to be addressed.

53 There is a need to raise **awareness amongst local authorities and other partner organisations**, employers and service providers across the region of the very specific needs of the ex-service community.

54 There is also a need to raise the level of **awareness within the ex-service community** and to communicate effectively with them about the wide range of support currently available to them and how they may access relevant support services and removing any stigma from seeking help and support.

Recommendation 14: As some sections of the ex-service community are vulnerable and hard to reach it is recommended that local authorities work with third sector bodies which provide an outreach service (such as ex-service charities and Norcare) to raise awareness and improve access to available support mechanisms.

Main Report



Final Report

- Recommendation 15:** that all agencies should make use of and promote local directories of services provided by the voluntary and community sector and statutory provision for those seeking help and for those making referrals, such as the web-based directory provided by Veterans North-East and Finchale College, Durham.
- Recommendation 16:** that North East local authorities examine opportunities for using digital media to improve communication with the ex-service community and raise awareness of available support mechanisms.
- Recommendation 17:** that the North East National Housing Federation is requested on behalf of local authorities across the region to carry out work with Registered Social Landlords to raise awareness of the housing needs of the ex-service community.
- Recommendation 18:** that an awareness raising campaign is carried out amongst staff throughout the Tyne and Wear and Tees Valley Unlimited City Regions regarding the importance of asking whether individuals are ex-service to ensure that they can be appropriately referred on to Job Centre Plus and receive their entitlement to early access to New Deal Programmes.
- 55 **General Practice** has a new role as future commissioners of health services. It is imperative that General Practice is aware of the priority treatment schemes for veterans and that it is utilised when appropriate if referrals are necessary. PCTs should emphasise this point to General Practice now.
- Recommendation 19:** PCTs should begin conversations now with the embryonic GP Commissioning Consortia regarding the merits of commissioning for ex-service community. PCTs and Consortia should report back to Members how the needs of the ex-service community are going to influence commissioning strategy during the transitional period and when Consortia have formally taken control of Commissioning budgets.

Improving responsiveness within organisations

- Recommendation 20:** that local authorities and other key partner organisations across the region should consider identifying a senior figure who can act as a champion for the ex-service community and establishing a central point of contact in each local authority area or sub - region to assist when members of the community experience difficulties. Examples of possible approaches include:

Main Report



Final Report

- a. within local authorities, a Member Armed Forces Champion to drive improvements in services for service veterans.
- b. within local authorities, a named senior officer to assist the ex-service community and act as a facilitator and conduit in dealings with Councils and beyond.
- c. within Primary Care Trusts, named senior staff to act as Case officers/co-ordinators in PCTs to act on behalf of the ex-service community whilst assistance is required, and to consider how best to pass these responsibilities forward to GP consortia and local Health and Wellbeing Boards.

Improving co-ordination across organisations

- 56 Experience throughout the country suggests that considerable improvements in the wellbeing and health of the ex-service community could be achieved by better communication, sharing of information and more joined up work between the armed forces, local authorities, partners and ex-service charities.
- 57 There is some evidence to support the need for the establishment of **some kind of formal network** involving local authorities which focuses on the needs of the ex-service community. Several different co-ordinatory groups are currently in existence, such as the recently established NHS Armed Services Forum, the NE Regional Veterans Network and the MoD Military / Civil Integration Forum.
- Recommendation 21:** that the Association of North East Councils should explore with the NHS, the armed forces and other partners across the region how stronger networking within and between existing groups may be taken forward. This should include consideration of joined-up planning and performance monitoring.
- 58 There is a case for more leadership, co-ordination and co-operation across the voluntary sector. This would help to bind what appears to be a fragmentation of provision, to help share good practice, and enable the sector to speak with a stronger voice. It could be assisted by the proposals of the Task Force on the Military Covenant for improved co-ordination,

Recommendation 22: that local authorities should consider how to bring together voluntary organisations large and small with a specific interest in the welfare of the ex-service community, in the light of the Government's response to the Task Force on the Military Covenant.

Main Report



Final Report

- 59 There are also several specific measures which the review group believes could improve co-ordination of services.

Recommendation 23: we strongly recommend that local authorities across the region should explore options for establishing and publicising a central point of contact telephone number - to increase the chances of people getting the help they need and to provide a consistent standard of contact across the region. Ex-service charities, Citizens Advice Bureau operating in the region, the Career Transition Partnership and Job Centre Plus have all indicated that this would be likely to prove beneficial. The model adopted by Hampshire County Council, in which telephone enquiries from the ex-service community are channeled to a specific staff member, is particularly worth consideration.

Recommendation 24: that the Homes and Communities Agency is requested on behalf of local authorities across the region to consider how it may broker assistance and ensure better co-ordination of work across the region to ensure that services are being directed at the right people, including the ex-service community, and how it might assist with sharing examples of best practice as part of its enabling role and within the local investment planning process undertaken with local authorities.

Recommendation 25: that the positive work being taken forward by Job Centre Plus in the Tees Valley is shared with Armed Forces Champions across the rest of the region with a view to ensuring a consistent approach in supporting the training and employment needs of the ex-service community.

- 60 This report has emphasised the need for local authorities to work closely with other partners. They may find this easier to do if they establish common standards.

Recommendation 26: local authorities within the North East should consider the developing a regional veterans charter to establish uniform good practice across the region, possibly through existing regional structures such as the Association of North East Councils (ANEC).

Main Report



Final Report

2 The transition of Armed Forces personnel to civilian services following discharge

61 The evidence suggests that the vast majority of ex-service personnel experience the transition from military to civilian life positively. A range of tailored support is provided both by the services themselves and by the Career Transition Partnership. The National Audit Office concluded that the UK “is at the forefront of providing tailored professional help to military personnel as they leave.”

62 There is a Transition Protocol for all those with identified health problems on discharge.

Recommendation 27: that the Career Transition partnership continues to work with local authorities and Primary Care Trusts (and successor bodies as PCTs are abolished) to ensure that the Transition Protocol is understood and that specific individuals are mandated appropriately to take on these roles.

Recommendation 28: that local NHS organisations work with military colleagues to ensure that people leaving the services are registered with GPs and dentists before formal discharge, so they have a ‘foot in both camps’ towards the end of their active service. This would ensure a smoother transition to civilian health services.

63 There is some evidence that **signposting is not enough for the more vulnerable service leavers** with specific problems and there is a need for more integrated pathways to services for these individuals.

Recommendation 29: that the armed forces and the Career Transition Partnership work more closely with local authorities and third sector organisations such as ex service charities, Norcare and Mental Health North East with a view to developing a formal process for referring vulnerable service leavers into specific services.

64 The risk factors identified by King’s College suggest that early service leavers may be among those most likely to be vulnerable. They are also the group most likely to be leaving the services for negative reason. However, unless they are being discharged on medical grounds, early service leavers are entitled only to very limited support from the Career Transition Partnership.

Recommendation 30: that action is taken, by the Armed Forces, on discharge to ensure that Early Service Leavers are provided with effective advice and ‘signposting’ in relation to the mental health issues they may experience on discharge from service.

Main Report



Final Report

Recommendation 31: the effectiveness of improvements to the armed forces resettlement provision for early service leavers should be kept under review by the armed forces to ensure there is effective identification of potential vulnerability issues.

65 As always, it is not only health and social care provision that determines wellbeing. It is of crucial importance that registered social landlords are aware of the prevalence of the ex-service community in the north east and they ensure that their allocation policies make specific reference to accommodating the ex-service community.

Recommendation 32: Local authorities should encourage Strategic Housing Authorities and registered social landlords, where possible, to adopt allocation policies which recognise the needs of the ex-service community.

Main Report



Final Report

3 Ensuring equality of access for Armed Forces families

- 66 Given the time limits on this review, its attention has been focused mostly on housing needs.
- 67 At the moment there does not seem to be a way of identifying take up of low cost housing products by the ex-service community or identifying whether providers are assisting the ex-service community as well as other parts of the community.

Recommendation 33: that the Homes and Communities Agency is requested to examine on behalf of local authorities across the region identifying take-up of low-cost housing products by the ex-service community and whether providers are assisting the ex-service community as well as other parts of the community.

Recommendation 34: that the Homes and Communities Agency is requested to examine opportunities for the ex-service community within any revised funding arrangements as an outcome of the comprehensive spending review.

Recommendation 35: that local authorities across the region examine the scope to provide housing related support for ex-service tenants once a property has been identified.

Main Report



Final Report

4 Veterans' mental health services

68 Significant effort is being put in nationally and locally to improve mental health services for veterans. The review group welcomes Dr Murrison's report and the Government's response to it.

69 At a local level, the proposals in the NHS White Paper give a strong role to the new local Health and Wellbeing Boards in assessing needs and co-ordinating service provision.

Recommendation 36: that the new Health and Wellbeing Boards prioritise veterans' mental health issues, taking a lead in ensuring that on day 1 of discharge into civilian life that services are in place to meet the needs of the ex-service community in relation to both NHS and social care provision.

70 There is a need for enhanced awareness among primary care providers and GPs of the particular mental health needs of the ex-service personnel and particularly of the need for priority treatment for health care needs arising from their service.

Recommendation 37: that:

- a. appropriate training is provided and required by commissioners of NHS services;
- b. guidance should also be developed specifically for primary care providers and GPs to:
 - v) explain the priority healthcare entitlement;
 - vi) encourage them to identify ex-servicemen and women (for example, by asking patients to indicate that they have serviced in the UK Armed Forces);
 - vii) explain how they can adapt their systems to accommodate priority treatment for ex-service community; and
 - viii) how to accept referrals from ex-service charities, including the Royal British Legion and Combat Stress, but also smaller local organisations who are providing for some of the most marginalised/excluded ex-service personnel.

Recommendation 38: Joint Strategic Needs Assessments should specifically identify the mental health needs of the ex-service community including families and dependants.

Recommendation 39: NHS commissioners must ensure that GP consortia arrangements prioritise the needs of the ex-service community.

Main Report



Final Report

Recommendation 40: local authorities and GP Consortia should be actively engaged in joint planning and commissioning of services with the NHS.

Recommendation 41: local authorities should be actively engaged in the NHS Armed Forces Network and consider how they can take on a leadership role in relation to veterans mental health issues – perhaps linked to the formation of the new Health and Wellbeing Boards.

71 There is general support across the voluntary sector that there should be some regulation or accreditation of voluntary organisations for the purpose of providing quality assurance of their services. This will ensure confidence that organisations are meeting certain standards in advice or care provided, and thereby instilling confidence that they can be referred to and attract funding support and that they gain the credibility to refer directly to GPs.

Recommendation 42: consideration should be given by central government to the need for some form of accreditation to be available to ex-service charities (particularly the newly emerging charities). How this might best be taken forward should be considered in the light of the Government's response to the Task Force on the Military Covenant. Local authorities should consider drawing up approved lists of service providers.

Recommendation 43: that voluntary organisations and the NHS promote self-referral routes for ex-service personnel in a wide range of different ways that will help maximise their opportunity to access services.

72 The Government has announced an increase in the number of specialised outreach officers working to improve the mental health of veterans, but many of the ex-service community may find themselves, at least initially, in contact with health workers who are not specialised in this field.

Recommendation 44: that primary care and acute trusts should take steps to improve awareness of veterans mental health issues among health workers generally, including appropriate training and supervision.

73 The National Health Service has a programme for Improving Access to Psychological Therapies (IAPT). As part of this the Tees, Esk and Wear Valleys NHS Foundation Trust has undertaken a Community Mental Health Pilot scheme.

Main Report



Final Report

Recommendation 45: the Tees, Esk and Wear Valleys NHS Foundation Trust and the Department of Health should share widely the learning from the evaluation of the Community Veteran Mental Health Pilot, and particularly with commissioners, providers and the North East Mental Health Development Unit. Learning from the pilot must help to shape future statutory of provision and the linkages with, and support for, the voluntary sector in the context of the IAPT.

Recommendation 46: Trusts should provide better basic information to veterans with clear diagnoses of PTSD about their condition.

74 Some groups within the ex-service community may need special attention, including prisoners and early service leavers (those who leave the service after less than four years).

Recommendation 47: prison health services need to identify veterans and evaluate needs with a particular focus on mental health and PTSD.

Main Report



Final Report

Undertaking this review

- 75 This is the first time that the twelve local authorities in the North East of England have combined to undertake a joint scrutiny review about a matter of common concern, and especially about an aspect of health inequalities in the region.
- 76 There has been a long history of co-operation between the health overview and scrutiny committees in the region. The five authorities in the Tees Valley area have operated a standing joint committee for several years, while the seven local authorities to their north have formed a number of separate scrutiny committees to examine particular health issues under an agreed protocol. The Chairs of individual local authorities have come together in a network to discuss matters of common interest, as have their support officers.
- 77 In 2009, the network members decided that it was time to move this process on a stage, by undertaking a joint scrutiny review and forming a standing Joint Health Overview and Scrutiny Committee. An invitation by the Centre for Public Scrutiny (CfPS) for joint bids by groups of local authorities to become Scrutiny Development Areas in the field of health inequalities acted as a catalyst. The network's bid was successful and the Centre provided support in the form of £5,000 and 6.5 free days support by a CfPS expert advisor, Shaun Gordon. In return, this review is contributing to the Centre's health inequality scrutiny toolkit.
- 78 The formal Joint Health Overview and Scrutiny Committee was not set up until partway through the review, so the original bid was agreed by the network in December 2009, and a separate Memorandum of Understanding was drawn up setting up a Project Board for the review. Like the Joint Committee which formed later, this was made up of the Chairs of the individual local authority health overview and scrutiny committees, or their deputies. Meetings were chaired variously by Councillors Ann Cains (Stockton-on-Tees), Robin Todd (Durham) and Lawrence Hunter (Newcastle), until Councillor Cains was elected as Chair of the new Joint Committee in September 2010.
- 79 The Joint Health Overview and Scrutiny Committee has adopted a protocol and terms of reference to formalise its governance arrangements, which will be of value in any future joint scrutiny.
- 80 The subject of the joint review was quickly agreed, winning support across all twelve local authorities in the region. Reviewing ways to improve the health of the ex-service community was not just a matter which fired the enthusiasm of Councillors, it would bring a local and regional perspective to the initiatives being taken nationally by the Ministry of Defence and the Department of Health and their partners, as set out in the Command Paper The Nation's Commitment.
- 81 Once the overall direction of the project was set by Councillors, officers started to research background information and to identify contacts.

Main Report



Final Report

- 82 At the end of June, 22 scrutiny Councillors from the 12 different local authorities and 34 guests from a range of national, regional and local organisations gathered in Durham to discuss the health needs of the ex-service community at an evidence-gathering overview day.
- 83 They listened to and questioned speakers including the Co-Chair of the joint Ministry of Defence/Department of Health Partnership Board and the Surgeon-General's Cross-Government Health Lead, as well as representatives of the armed forces, the Royal British Legion, the regional Strategic Health Authority, one of the Directors of Adult Services in the North East, and the Career Transition Partnership, and they took part in round-table discussion with public health specialists, commissioners and clinicians.
- 84 Following the overview day, Councillors split into three workstream groups, looking at physical health, mental health, and social and economic wellbeing.
- 85 A Chair and lead authority was identified for each of these workstreams, but they were otherwise open to Councillors from any authority, irrespective of political alignment. Each workstream was supported by officers from four local authorities. The social and economic wellbeing group was chaired by Councillor Stuart Green (Gateshead), the mental health group by Councillor Robin Todd (Durham) and the physical health group by Councillor Eddie Dryden (Middlesbrough).
- 86 Each workstream undertook its own work programme, including interviews, focus groups and site visits. These are detailed further in the individual reports of the workstreams. A project support group of officers was set up to help co-ordinate the project and avoid duplication. This was made up of officers from the workstream lead authorities, from Newcastle, which acted as overall project lead, and from Redcar & Cleveland, which handled publicity.
- 87 All the workstream reports, together with the overall project report, were considered by the Joint Committee in its role as project board, and shared with as many contributors as possible before publication.
- 88 This has been a long process, which has made demands both on the review group and on the many people from a wide range of organisations who have helped the group reach its conclusions. The group is extremely grateful for the enthusiasm, time and commitment of everyone who contributed and hope that, by participating in this review, those organisations have gained new perspectives, new contacts and new ideas even beyond the scope of this report.

Main Report



Final Report

Monitoring the implementation of review recommendations

- 89 This report includes recommendations that are aimed at a wide variety of organisations. These are listed at Appendix 3.
- 90 The organisations that are referred to in this report will be contacted and asked to support the recommendations, and indicate how they will be taking them forward.
- 91 The Committee will meet to examine progress after six months and after one year. It will ask that the organisations involved help us with those assessments.

Appendix 1



Final Report

Acknowledgements

The review was carried out by the following councillors and officers:-

Members of the Project Board and workstream groups

Cllr Ian Haszeldine, Darlington	Cllr Lawence Hunter, Newcastle
Cllr Wendy Newall, Darlington	Cllr Sharon Pattison, Newcastle
Cllr Marian Swift, Darlington	Cllr Margaret Finlay, North Tyneside
Cllr Jean Chaplow, Durham	Cllr Barbara Stevens, North Tyneside
Cllr David Farry, Durham	Cllr Margaret Richards, Northumberland
Cllr Robin Todd, Durham	Cllr Terry Robson, Northumberland
Cllr Pauline Dillon, Gateshead	Cllr Steve Kay, Redcar & Cleveland
Cllr Stuart Green, Gateshead	Cllr Wendy Wall, Redcar & Cleveland
Cllr Brenda Osborne, Gateshead	Cllr Ernest Gibson, South Tyneside
Cllr Stephen Akers-Belcher, Hartlepool	Cllr John McCabe, South Tyneside
Cllr Mary Fleet, Hartlepool	Cllr Ann Cains, Stockton-on-Tees
Cllr Sheila Griffin, Hartlepool	Cllr Dick Cains, Stockton-on-Tees
Cllr Eddie Dryden, Middlesbrough	Cllr Julia Cherrett, Stockton-on-Tees
Cllr Len Junier, Middlesbrough	Cllr Aidan Cockerill, Stockton-on-Tees
Cllr Veronica Dunn, Newcastle	Cllr Graham Hall, Sunderland
Cllr Doreen Huddart, Newcastle	Cllr Tony Morrissey, Sunderland

Scrutiny Officers

Abbie Metcalfe, Darlington
Jeremy Brock, Workstream Lead, Mental Health, Durham
Feisal Jassat, Durham
Angela Frisby, Workstream Lead, Social & Economic Wellbeing, Gateshead
James Walsh, Hartlepool
Jon Ord, Workstream Lead, Physical Health, Middlesbrough
June Hunter, Project Lead Officer, Newcastle
Steve Flanagan, Project Lead Officer, Newcastle
Susan Forster, Newcastle
Dave Parkin, North Tyneside
Jackie Roll, Northumberland
Mehmoona Ameen, Communication Lead, Redcar and Cleveland
Paul Baldasera, South Tyneside
Judith Trainer, Stockton-on-Tees
Peter Mennear, Stockton-on-Tees
Anthony Duffy, Stockton-on-Tees
Karen Brown, Sunderland

Appendix 1



Final Report

Project support

Shaun Gordon, Expert Advisor, Centre for Public Scrutiny

Contributors

Name	Overview Day / Workstream
Dave Belshaw, Head of the North East Mental Health Development Unit	Mental Health
Rod Boles, Lead Nurse (Sunderland/South Tyneside), Northumberland and Tyne and Wear Mental Health Trust	Mental Health
Dave Britton, Regional MH Commissioning Team	Overview Day
Gary Cameron, Director, Military Mental Health	Mental Health
Sir Andrew Cash, Co-chair, MoD/UK Departments of Health Partnership Board	Overview Day
Joe Chadanyika, Health Improvement Specialist (Mental Health), NHS Stockton-on-Tees	Mental Health
Joe Connolly, Welfare Officer, Royal British Legion	Mental Health
Symon Day, Lead Consultant Clinical Psychologist, HealthTees Esk & Wear NHS Foundation Trust	Overview Day, Mental
Stuart Dexter, MIND Gateshead	Mental Health
Flight Sgt Danny Downs, RAF	Overview Day
Andrew Drake MBE, Royal British Legion	Overview Day, Physical Health
Caroline Fox, Surgeon General's Department Cross-Government Lead (Health), Ministry of Defence	Overview Day
Liam Gilfellon, Regional IAPT Lead, North East Mental Health Development Unit	Mental Health
Shaun Gordon, Expert Advisor, Public Scrutiny	CfPS Expert Advisor/Centre for Overview Day
Samantha Greener, Drug and Alcohol Action Team	Mental Health
Stephen Groves, NHS North East	Overview Day
Ian Hall, Association of North East Councils	Physical Health
Major Johnny Lighten, 5th Battalion Royal Regiment of Fusiliers, Territorial Army	Overview Day
Dr Kevin Meares, Consultant Clinical Psychologist, North East Traumatic Stress Centre, Northumberland and Tyne and Wear Mental Health Trust	Mental Health
Rob Moorhead, Department of Health Military Health	Overview Day
Mark Logie, Ministry of Defence	Physical Health

Appendix 1



Final Report

Heather Nicholson, Regional Manger, Career Transition Partnership	Overview Day
Nigel Nicholson, Acting Lead Commissioner of the North East Commissioning Team for Mental Health	Mental Health
Paul Nicol, Mental Health Matters	Mental Health
Catherine Parker, NHS County Durham and Darlington Public Health Specialist	Overview Day
Les Pickering, Northumberland Care Trust	Overview Day, Mental Health
Lieutenant Colonel Peter Pool, Director Strategy, Policy and Performance, Combat Stress	Mental Health
Mike Procter, Director of Commissioning, NHS Tees	Physical Health
Neil Revely & Colleagues, Association of Directors of Adult Social Care	Physical Health
Ken Ross, NHS County Durham and Darlington Public Health Specialists	Overview Day
Dave Rutter, Department of Health Military Health	Overview Day
Rachael Shimmin, Corporate Director, Adults Well-Being & Health, Durham County Council	Overview Day, Mental Health
Kevin Solly, South Tees Hospitals NHS Foundation Trust	Physical Health
Lynn Summers, Regional Manager (Commissioning Support Services), National Offender Management Service	Mental Health
David Sutton, Mental Health North East	Mental Health
W/O Ian Tervit, RAF	Overview Day
Caroline Thurlbeck, Strategic Head of Performance, HealthNHS North East	Mental Health, Physical
Michelle Turnbull, NHS South of Tyne and Wear	Overview Day
Tony Walsh, Public Health Specialist	Overview Day
Ewen Weir, Executive Director of Adult and Culture Services, Newcastle City Council	Physical Health
Philip Whitfield, Assistant Director, Strategic Intelligence Stockton PCT	Overview Day
Lynn Wilson, Regional MH Commissioning Team	Overview Day
Michelle Winship, Director, Resettlement Armed Forces Training	Mental Health, Physical Health
Tony Wright, Forces for Good	Mental Health
A small sample of the ex-service community across the region	Social & Economic Wellbeing



39

Appendix 2



Final Report

Bibliography

The Nation's Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans, HM Government Command Paper, 2008

War Pensions Quarterly Statistics, September 2010, Defence Analytical Services and Advice, Ministry of Defence

Armed Forces Compensation Scheme Statistics: 30 September 2010, Defence Analytical Services and Advice, Ministry of Defence

J Rona, N T Fear, L Hull, N Greenberg, M Earnshaw, M Hotopf, S Wessely "Mental Health Consequences of Overstretch in the UK Armed Forces: First Phase of a Cohort Study", *British Medical Journal*, 28 June 2007

N T Fear, M Jones, D Murphy, L Hull, A C Iverson, B Coker, L Machell, J Sundin, C Woodhead, N Jones, N Greenberg, S Landau, C Dandeker, R J Rona, M Hotopf, S Wessely "What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A cohort study", *The Lancet*, May 13, 2010

"Honour the Covenant", Royal British Legion Policy Briefing, September 2007

Veterans World magazine

Profile and Needs of the Ex-Service Community, 2005-2020, Royal British Legion, 2006

N Fear, D Wood, S Wessely *Health and Social Outcomes and Health Service Experiences of UK Military Veterans*, King's College London, 2009

The Coalition: our programme for government, HM Government, May 2010

Community Veterans Mental Health Pilots, independent evaluation by University of Sheffield, December 2010

Joint Strategic Needs Assessments, Public Policy Unit Briefing, Royal British Legion, July 2010

H Stachan, T Armour, P Healey, M Smith *Report of the Task Force on the Military Covenant*, Ministry of Defence, September 2010

Dr A Murrison MP *Fighting Fit - A mental health plan for servicemen and veterans*, Ministry of Defence, October 2010

M.Marmot *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England Post - 2010*, The Marmot Review, February 2010

Appendix 3



Final Report

Organisations Identified to Implement Recommendations

The following organisations have been identified to take forward the implementation of the recommendations:

- Armed Forces
- Local Authorities
- Career Transition Partnership
- NHS
- Voluntary Sector
- Job Centre Plus
- ANEC
- Primary Care Organisations
- GP Consortium Pathfinders
- Royal British Legion
- Soldiers, Sailors and Airmen's Family Association (SSAFA)
- Norcare
- Mental Health North East
- Tees Esk and Wear Valleys NHS Foundation Trust
- Department of Health
- Registered Social Landlords
- Department of Work and Pensions
- HM Government
- Homes and Communities Agency
- NHS National Commissioning Board (when established)
- Local Health and Wellbeing Boards (when established)
- North East Public Health Observatory
- NE National Housing Federation
- Combat Stress
- NHS North East Armed Forces Network
- National Offender Management Service
- Northumberland, Tyne and Wear Foundation Trust
- Prison Health Commissioners and Service Providers
- Tyne and Wear and Tees Valley Unlimited City Regions



The North East Joint Health Overview
and Scrutiny Committee.
Above: Members.
Below: Supporting Officers.



SCRUTINY CO-ORDINATING COMMITTEE

15 April 2011



Report of: Health Scrutiny Forum

Subject: DUST DEPOSITS ON THE HEADLAND

1. PURPOSE OF REPORT

- 1.1 To present the findings of the Health Scrutiny Forum following its receipt of a report by the Executive Director of Public Health, NHS Tees entitled 'Health Profile of the Population Living in the Headland of Hartlepool'

2. BACKGROUND INFORMATION

- 2.1 On 24 May 2010 the Health Scrutiny Forum presented its Interim Report into 'Dust Deposits on the Headland' to the Authority's Cabinet. Amongst the recommendations culminating from the interim report was recommendation (a) which stated:-

"That the Health Scrutiny Forum receives results of further investigations into dust deposits on the Headland by the Executive Director of Public Health into cancer rates."

- 2.2 At the meeting of Cabinet on 24 May 2010, the Neighbourhood Services Scrutiny Forum presented its Final Report into 'Possible Environmental Impacts of Dust Deposits on the Headland and Surrounding Areas', amongst its recommendations was recommendation (k) which stated:-

"That Members of the Neighbourhood Services Scrutiny Forum and residents be invited to attend the meeting of the Health Scrutiny Forum when it considers the additional information which has been requested from Professor Kelly."

- 2.3 Subsequently, the Health Scrutiny Forum and Members of the Neighbourhood Services Scrutiny Forum, met on 1 February 2011 to consider the report by the Executive Director for Public Health, NHS Tees

entitled 'Health Profile of the Population Living in the Headland of Hartlepool', attached as **Appendix A** to this report.

- 2.4 Members present at the meeting of the Health Scrutiny Forum of 1 February 2011, heard evidence from the Executive Director for Public Health, NHS Tees that:-

"The health of the population in the Headland of Hartlepool is influenced by the local socio-economic and living environment as well as lifestyle choices... There is no indication of any excess ill health caused by environmental factors."

3. CONCLUSIONS

- 2.5 The Members of the Health Scrutiny Forum and Neighbourhood Services Scrutiny Forum who met on 1 February 2011 concluded:-

- (a) That due to the detailed level of investigation undertaken by the Executive Director for Public Health, NHS Tees, there is no evidence at the moment that dust deposits on the Headland are causing specific health problems to affected residents; and
- (c) That work carried out by the Executive Director for Public Health, NHS Tees, highlighted the Health Inequalities that currently exist in the Town and therefore the health of people on the Headland is comparable to the health of the people in the rest of Hartlepool

4. RECOMMENDATIONS

- 4.1 That Members note the content of this report and the report of the Executive Director of Public Health attached as **Appendix A** to this report.

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 paper was used in the preparation of this report:-

- (a) Minutes of the meeting of the Cabinet held on 24 May 2010.
- (b) Minutes of the meeting of the Health Scrutiny Forum held on 1 February 2011.

Health profile of the population living in the Headland of Hartlepool

NHS Tees
Directorate of Public Health
Prof Peter Kelly
Dr Tanja Braun



Contents

Executive Summary	3
Definitions	5
1. Background	6
1.1 Health concerns at Hartlepool Headland	6
1.2 Health Effects of Substances found in the Environment	7
2. Purpose of this report	9
3. Methods	10
4. Health Profile	13
4.1 Population	13
4.2 Wider determinants of health	14
4.3 Health Status	17
4. Appendix	32
5. References	34

Executive Summary

Background

Health concerns about the possible effects of dust from the docks close to the Headland of Hartlepool (area within the St Hilda ward) have been raised for many years. Previous meetings between residents, Hartlepool Borough Council, Public Health, responsible companies and other agencies have resulted in agreements to mitigate the dust emission and travelling and information on health and lifestyle. In October 2009 the health scrutiny committee of Hartlepool Borough Council asked Prof Peter Kelly for evidence of possible health effects of dust and noise originating from the docks. Professor Kelly presented information on respiratory, liver and skin disease contained in this report and agreed to further investigate respiratory disease in children, mental health, cancer incidence and prevalence and asbestos related disease.

Primary and secondary care information, cancer registry information and other sources were used to compile this report.

Key findings

- The Headland of Hartlepool has a **population** of 1744.
- The Headland is part of the St Hilda Ward which ranks within the 3% most **deprived** wards in England, the Headland area is less deprived than other areas in the St Hilda ward (rank 6964 of 32482 Lower Super Output Areas).
- The **living environment** (air quality and housing) in the Headland is better than the English average (rank 24,641 of 32,482).
- The **life expectancy** of the St Hilda population is below the national average but similar to the Hartlepool average.
- The **general health** of the Headland population is below the national average but similar to the Hartlepool average.
- Information about **lifestyle choices** of the adult population in St Hilda shows that 40% are smoking, 29% are binge drinking, 27% are obese and only 12% consume the recommended daily fruit and vegetables.
- **Common mental illnesses**, such as depression and anxiety are generally more frequent in women. Compared to the neighbouring wards of Brus and Stranton the population of St Hilda has a lower burden of disease.
- **Respiratory disease:** Hospital admissions due to lower respiratory disease in St Hilda are comparable to the Hartlepool average and higher in the Headland. Information from the Headland GP practice shows an increase between 2004 and 2008 and a slightly higher but not statistically significant proportion of patients from the Headland (18,1%) compared to patients living elsewhere (16,9%) suffering from respiratory disease.
- **Skin disease** has increased between 2004 and 2008 and is similar for patients of the Headland, St Hilda and Hartlepool.

- **The combined burden of disease from respiratory, liver and skin disease** of patients seen in general practice is similar for the Headland, St Hilda and patients living elsewhere in Hartlepool.
- **Cancer incidence** has been stable for men and rising for women in the North East. There is no significant difference between St Hilda, Hartlepool and the North East.
- **Lung cancer incidence** decreased in men and increased in women. There is no significant difference between St. Hilda, Hartlepool and the North East.
- **Cancer mortality** has been declining for men and women in the North East. In 2003/06 there has been a higher mortality for both men and women in Hartlepool. There is no statistical difference between St. Hilda and Hartlepool.
- **Lung cancer mortality** has been declining for men and stable for women across the North East. There is no significant difference between St Hilda, Hartlepool and the North East.
- Mortality from **mesothelioma**, the asbestos related malignant disease has been increasing over the last 30 years. Hartlepool is the 16th most affected area in the UK (SMR 240).

Conclusions

The health of the population in the Headland of Hartlepool is influenced by the local socio-economic and living environment as well as lifestyle choices.

The level of deprivation, smoking, binge drinking and obesity in St Hilda are particularly high, while the air quality and housing is comparably good. The life expectancy and general health are similar to the Hartlepool average and the burden of disease seen in general practice is similar for patients from the Headland and patients from elsewhere in Hartlepool. Cancer incidence is similar in St. Hilda, Hartlepool and the North East whilst cancer mortality, particularly for women in St Hilda, has been higher in Hartlepool than in the North East in the period 2003/06. The evidence presented in this report suggests that the burden of disease of the population of the Hartlepool Headland is consistent with the age of the population, level of deprivation and proportion of smokers in the population. There is no indication of any excess ill health caused by environmental factors.

Definitions

Age-standardised Rate (ASR)	The ASR for mortality is the number of deaths (or cases if it is an incidence rate), that would occur in an area if that area had the same age structure as the standard population (European) and the local age-specific rates of the area applied.
Crude Rate	Crude rate for mortality is the number of deaths which occurred in an area in a specific time period, over the population of this area. This is expressed per 100,000 population. Crude rates reflect the "true" percentage of deaths/cases in a population.
Confidence Intervals	95% confidence intervals are usually calculated for ASRs or Relative Survival rates to give an indication of the level of uncertainty of the calculation. The LCL and UCL (or LCI, UCI) are the confidence limits of a 95% confidence interval. This means that there is 95% chance that the rate is between the LCL (Lower Confidence Limit) and UCL (Upper Confidence Limit). This is a way of conveying the stability of the rates which are subject to random fluctuations over time. The confidence intervals should be used to identify whether the difference between the rates is statistically significant (or not). When the confidence intervals overlap this means that there is no significant difference between the rates of these areas; when they don't overlap, then the difference is statistically significant; when they partly overlap then we cannot draw any conclusions and a statistical test is required to investigate that further. When calculating ASRs for different PCTs or electoral wards, the information is subject to random fluctuations over time or between local PCTs/electoral wards. The smaller the confidence interval, the more stable the rate. More events lead to a smaller interval.
Incidence	Number of new cases arising over a specified period of time
LSOA	Lower super output area
Morbidity	Occurrence of disease usually measured in rates or proportions. Measures of morbidity are incidence and prevalence.
Mortality	Occurrence of death usually measured in rates or proportions. A measure of mortality is the SMR.
Prevalence	Total number of existing cases of a disease in a defined population over a defined period of time
SMR	The standardised mortality ratio is the Ratio of actual deaths to expected deaths from a given condition or event.

1. Background

1.1 Health concerns at Hartlepool Headland

In July 2009 concerns were raised about the health effects of dust originating from scrap metal handling and storage of *Van Dalen UK limited* at the Victoria docks in Hartlepool. The Van Dalen UK site is located opposite Town Wall on the Hartlepool Headland only a short distance across the water. Scrap metal is piled up high on the dock and dust is regularly blown to the residential areas of the Headland by the prevailing south-westerly wind, particularly when ships are loaded or unloaded. Residents of Town Wall complain that the dust covers cars, yards, paintwork and windows of houses and causes considerable damage. Residents are also very concerned about the possible impact upon their and their families' health and report respiratory, skin and liver problems.

Concerns about possible health effects of the dust have been raised since many years and regular liaison meetings with residents took place until 2001/ 2002. A petition to stop the dust was received by Hartlepool Borough Council (HBC) on the 2nd March 1995 and passed to the Environmental Committee. At this point of time it was stated that there was no evidence of any toxic nature of the dust. Sprinkling to mitigate the travelling of the dust was considered as too difficult.

In 2007/08 multi-agency meetings were held again between residents, local councillors from Hartlepool Headland, Port Authority, Environment Agency, Health Protection Agency, Envoy environmental consultants and Public Health department of Hartlepool PCT.

In 2008 the independent technical environmental consultancy Envoy was commissioned by the metal recycling company Van Dalen UK limited to conduct dust and particulate monitoring. Envoy proposed to monitor and collect dust during a ship loading event, which occurs approximately every two weeks. Dust and samples from personnel and at the ship site were collated and subsequently analysed. In addition samples randomly collected by residents were submitted for analysis. Emissions during the ship loading event were found to be at a level below environmental significance. Personnel monitoring found that exposure limits have not been exceeded. Three samples submitted by residents show a morphology and chemical composition of high levels of iron and titanium oxide which is considered consistent with rutile sand. The report therefore concludes that a cross contamination with rutile sand from an unknown but nearby source is the root cause of the dust and that there is no health risk for the population or personnel from the emissions of the metal recycling company. The analysis of the samples also showed the presence of aluminium, zinc and TEM.

Envoy recommended the company to

- contact the source of rutile sand and request action to stop the cross contamination
- to complete a clean-down of stock and residual sand should be completed once the measures are in place

- to conduct a monitoring exercise after the clean-down to examine the effectiveness of the actions taken

At subsequent meetings of the multi-agency group it was agreed that an effect of the port activities on residents' health cannot be established and that the PCT can help residents to prevent and address health problems. A "Healthy Hartlepool, Healthy Lives" leaflet has been produced by the PCT in cooperation with the HPA and the Hartlepool Ports management.

In 2009 Prof Peter Kelly, Executive Director of Public Health for Teesside, was contacted by Cllr John Marshall and invited to present health information at a public meeting on the 6th of October 2009 at the Headland. The information was also presented to the health scrutiny committee of Hartlepool on the 27th of October 2009 where possible health effects of dust and noise originating from the scrap metal were discussed. Peter Kelly agreed to collate further information on the health of the population living on the Hartlepool headland including information on cancer and sequelae of asbestos. A final judgement on the health effects of the dust has been postponed until more detailed information is available.

1.2 Health Effects of Substances found in the Environment

The following paragraphs describe the potential health effects of substances found in the samples taken by Envoy. Asbestos has not been found in the samples but has been included here because concerns about asbestos related disease have been raised at the public meetings in October 2009.

Aluminium

Aluminium is the most abundant metal on the earth's crust. Environmental exposure to Aluminium normally occurs through food, air, water and soil. Increased exposure occurs at places where aluminium is naturally high, e.g. at workplaces where aluminium is processed and near waste sites. Only a very small amount of inhaled or ingested aluminium enters the bloodstream. High levels of inhaled aluminium in aluminium workers can lead to respiratory symptoms such as impaired lung function or fibrosis, although there is some discussion if the effect is caused by the aluminium or by the dust overload. Aluminium dust is not reported to cause any skin reactions. High levels of ingested aluminium can cause symptoms of the nervous system. However this applies largely to patients with renal failure who need haemodialysis or patients with gastrointestinal symptoms using aluminium containing antacids over many years. There is no evidence that aluminium could cause cancer.¹

Iron

Iron oxide (rust) is not considered hazardous to health.²

Titanium

Titanium dioxide is a product of titanium mineral. No negative health effects have been reported for ingestion and skin absorption. Inhalation of Titanium particles has been studied among groups of titanium exposed workers and included impaired lung function, pleural disease and mild fibrotic changes. However the workers were simultaneously exposed to asbestos and silica. Titanium dioxide is possibly carcinogenic.³

Zinc

Zinc is a common element which is found in the air, soil and water. Zinc is present in all foods but also in medications and food supplements. Zinc in the air is present mostly as fine dust particles. Exposure to zinc is generalised. Occupational exposure is highest in workers in the zinc mining, smelting and processing industry as well as in the construction and automobile industry. Inhalation of very large amounts of zinc dust can cause an acute metal fume fever which is reversible once the exposure stops. Long term effects of inhaling zinc dust have not been reported. Ingestion of large doses can cause stomach cramps, nausea and vomiting. Taken longer it can cause anaemia. Zinc is not reported to cause cancer.⁴

Particles in the air

The environment Action 1985 and the Air Quality Regulations require regular monitoring of the air quality. PM10 particulates, which are very small particulates (less than 10 microns in diameter) can enter the lungs. Levels should not exceed an annual mean 40 µgm³ and a 24 hour mean of 50 µgm³. PM10 concentrations above these limits are considered as a risk to health. Short term health effects of high PM10 concentrations are irritation of eyes, nose, throat and lungs. People with chronic respiratory and cardiovascular disease might experience breathing problems and exacerbation of their condition. Children and the elderly are most vulnerable. Studies have also linked increased particulate pollution to increased hospitalisation, cardiovascular disease, heart attacks and cardiovascular mortality.⁵

Asbestos related disease

Asbestos containing materials have been used for many decades in the construction trade and other industries. Exposure to asbestos has been widespread and is thought to have reached highest level in those who worked amosite insulation boards without effective dust control.

Four main diseases are associated with inhalation of asbestos fibres:

1. Asbestosis which is a scarring of the lung tissue caused by asbestos;
2. Mesothelioma;
3. Asbestos-related lung cancer and
4. Diffuse pleural thickening.

Current evidence suggests that asbestos can also cause laryngeal cancer and may be contributing to causing pharyngeal, stomach and colorectal cancers.⁶ In 2006 there were 2056 mesothelioma deaths in Great Britain. The number of mesothelioma deaths has steadily increased over the last 40 years and is estimated to peak in 2050.

Lung cancer deaths caused by asbestos are clinically indistinguishable from those caused by other agents such as tobacco smoke. This means that the exact number of cases cannot be determined. Estimates expect approximately one asbestos related lung cancer death per mesothelioma each year. The ten occupations found to have the highest risk of mesothelioma for males were Carpenters, plumbers, electricians, labourers in other construction trades, metal plate workers, pipe fitters, contraction operatives, managers in construction, construction trade and energy plant operatives. Non occupational exposure to asbestos such as living within a mile of a potential environmental hazard such as an asbestos factory disposal site, shipyard or power plant caused no additional risk before the age of 30 and a slight but not significant increased risk when being exposed more than 20 years.

2. Purpose of this report

To inform the population of the Hartlepool Headland, Hartlepool Borough Council and the Hartlepool Health Scrutiny Committee about the health status of the population and the possibility of negative health effects through dust originating from the *Van Dalen UK* site.

The report aims to

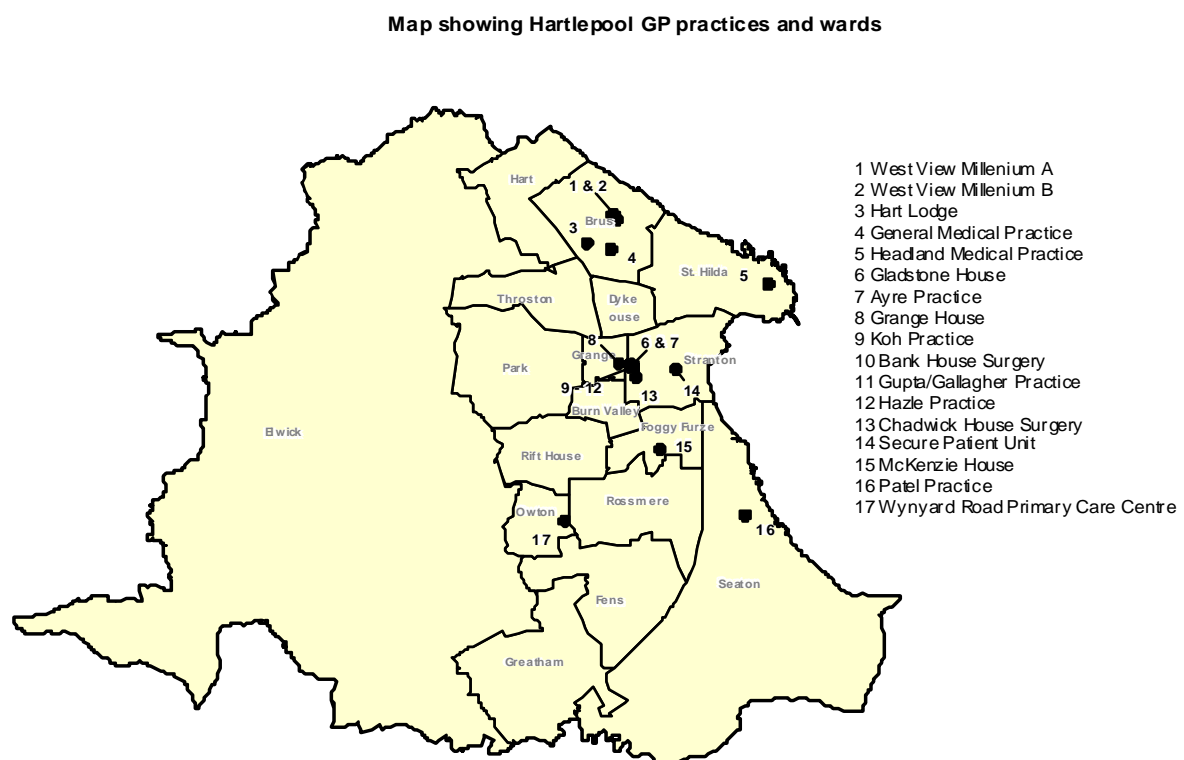
- Establish a health profile of the population of the St Hilda Ward and where possible of the Hartlepool Headland with special consideration to respiratory, skin and liver disease.
- Compare the level of ill health of the population of the Hartlepool Headland with neighbouring areas and wards as well as the Hartlepool average.
- Determine if there is a greater burden of disease than expected for the population living in the Hartlepool Headland.

3. Methods

The health profile includes population, socioeconomic and environmental information for the Lower Super Output Area of the Hartlepool Headland (LSOA 002C or E01011991), St Hilda ward and Hartlepool Local Authority based on information from the Office for National Statistics, Neighbourhood Statistics and the Joint Strategic Needs Assessment for Hartlepool 2009.

Health information includes general health and lifestyle information from the Office of National Statistics and the Joint Strategy Unit and disease related information based on primary and secondary care data and the Northern and Yorkshire Cancer Registry and Information Service. Primary care health information is derived from the Headland GP Practice and the Exeter System¹, by comparing the practice population of the Headland, the area close to Northsands, the area of Middleton and Cleveland Road and the whole of St Hilda to the population living elsewhere in Hartlepool. The practice population in September 2009 was 6125 patients. Approximately one third (1960) lived in the St. Hilda ward, of which 803 patients lived on the Hartlepool Headland. The remaining 4165 registered patients lived elsewhere in Hartlepool.

Graph 1: Map of Hartlepool GP practices and wards



¹ The Exeter system is a database of all patients registered with an NHS GP in England and Wales. It is used by all health authorities.

The prevalence of respiratory, skin and liver disease (liver disease not associated with alcohol) combined is shown for all patients registered with the Headland Practice in comparison with patients living in the areas of the Headland, Northsands area, Middleton/Cleveland Road Area and the complete St. Hilda ward. The report also presents the prevalence of respiratory disease in patients of all ages, respiratory disease in children and young people under 18 and skin disease in people of all ages for the above areas separately.

Health information based on secondary care hospital data (Hospital Episode Statistics) provides information on respiratory disease and cancer. Hospital admission were counted only once per year per patient regardless of the number of readmissions. The morbidity of people in living in St Hilda was compared to the neighbouring wards of Brus, Dyke House and Stranton as well as the whole of Hartlepool.

Information on cancer mortality (all cancers) for the Headland, St Hilda and Hartlepool was obtained from the Northern and Yorkshire Cancer Registry and Information Service (NYCRIS).

Information on asbestos related disease and mesothelioma mortality for Hartlepool have been obtained from the Asbestosis and Mesothelioma Register of the Health and Safety Executive.

The following list includes the ICD-10 (International classification of diseases) codes used in searching for secondary care information. Corresponding read codes were used for searching primary care data.

Table1: ICD – 10 codes for secondary care	
Liver disease (non alcohol related)	
K71	Toxic liver disease
K72	Hepatic failure, not elsewhere classified
K73	Chronic persistent hepatitis, not elsewhere classified
K74	Fibrosis and cirrhosis of liver
K75	Other inflammatory liver diseases
K76	Other disease of liver
Respiratory disease	
J40	Bronchitis, not specified as acute or chronic
J41	Simple and mucopurulent chronic bronchitis
J42	Unspecified chronic bronchitis
J43	Emphysema
J44	Other chronic obstructive pulmonary disease
J45	Asthma
Skin disease	
L23	Allergic contact dermatitis
L24	Irritant contact dermatitis?
L25	Unspecified contact dermatitis
L30	Other dermatitis
Cancer	
C 00- C97	Malignant neoplasms
Asbestos related	
C45	Mesothelioma

Table 2: Read code groups for primary care

Liver disorders	
J61..	Cirrhosis and chronic liver disease
B15..	Malignant neoplasm of liver and intrahepatic bile ducts
BB5D5	[M]Hepatocellular carcinoma NOS
BBL8.	[M]Hepatoblastoma
B1501	Hepatoblastoma of liver
B1502	Primary angiosarcoma of liver
BB5D1	[M]Cholangiocarcinoma
J635.	Toxic liver disease
J625.	[X] Hepatic failure
J6000	Acute hepatic failure
J6010	Subacute hepatic failure
J614.	Chronic hepatitis
J61y.	Other non-alcoholic chronic liver disease
J62..	Liver abscess and sequelae of chronic liver disease
R091.	[D]Hepatomegaly
25G..	O/E - liver palpated
R092.	[D]Splenomegaly
2C5..	O/E - splenomegaly
R0241	[D]Icterus NOS
R024.	[D]Jaundice (not of newborn)
R1040	[D]Transaminase or lactic acid dehydrogenase raised
44C91	Serum acid phosphatase raised
R1042	[D]Alkaline phosphatase raised
R1043	[D]Amylase, serum level raised
R1044	[D]Lipase, serum level raised
J615.	Cirrhosis - non alcoholic
J616.	Biliary cirrhosis
J61z.	Chronic liver disease NOS
Respiratory disorders	
H0...	Acute respiratory infections
H1...	Other upper respiratory tract diseases
H3...	Chronic obstructive pulmonary disease
H4...	Lung disease due to external agents
H5...	Other respiratory system diseases
Hy...	Other specified diseases of respiratory system
Hz...	Respiratory system diseases NOS
Skin disorder	
M11..	Atopic dermatitis and related conditions
M12..	Contact dermatitis and other eczemas
Myu2.	[X]Dermatitis and eczema

4. Health Profile

4.1 Population

The population of the Hartlepool Headland is 1744. In comparison to the Hartlepool average the Headland has a higher proportion of women and people over 65 years and a lower proportion of children and young people under 18 years and the non white population.

Table 3 : Population

	All	Male		Female		Under 18		Over 65		Non white	
	n	n	%	n	%	n	%	n	%	n	%
Hartlepool	88586	42547	48	46039	52	21825	25	14368	16	1031	1.2
St Hilda	5485	2637	48	2848	52	1330	24	1002	18	39	0.7
Headland	1744	827	47	917	53	400	23	336	19	13	0.7

Source: ONS, Neighbourhood Statistics, 2001

4.2 Wider determinants of health

Health and ill health is determined by gender, age, ethnicity, the individual genetic make up as well as socioeconomic and environmental factors. The wider determinants of health are best summarised by the index of multiple deprivation. The index reviews information on a number of indicators, such as income, employment, health and disability, education, skills and training, barriers to housing and services, living environment and crime. The information is weighted and combined into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation.

Deprivation

Hartlepool was ranked 23 out of 354 local authorities in Britain in 2007, which was an improvement from rank 14 in 2004. This still means a high level of deprivation, particularly with regards to income, employment, health, education and crime.

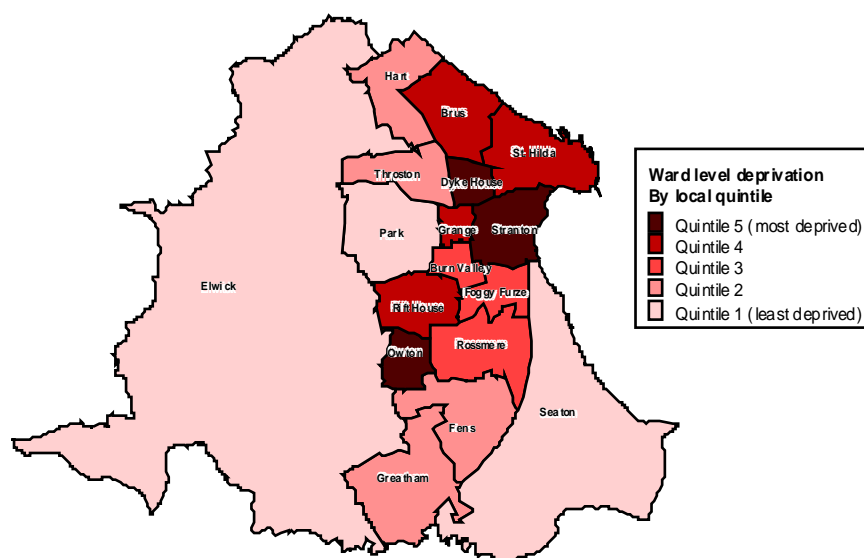
Table 4: Index of multiple deprivation

	Index of Multiple Deprivation	Income deprivation	Health deprivation
Headland	6,964 (of 32,482)	-	-
Hartlepool	23 (of 354)	-	-
St Hilda	153 (of 7936)	172	73
Stranton	49 (of 7936)	69	43
Dyke house	63 (of 7936)	86	94
Brus	222 (of 7936)	200	121

Source: ONS, Neighbourhood Statistics, 2007

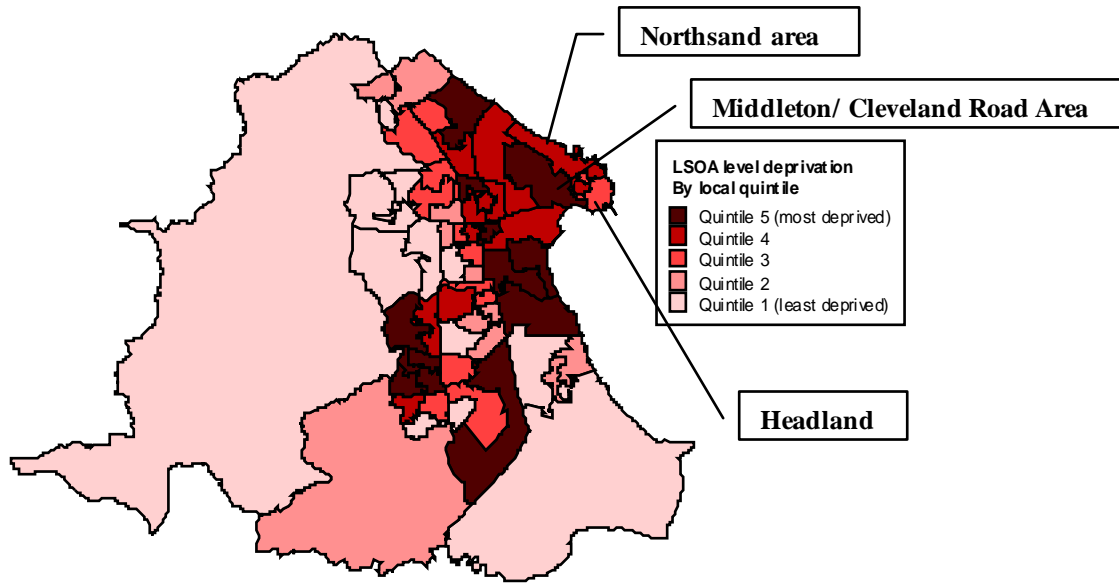
Compared to the whole of Hartlepool the St Hilda ward is within the fourth most deprived quintile, which means that the population in 60% of all wards in Hartlepool is less deprived. But it also means that the population in 20% of all wards in Hartlepool is more deprived. In total there are 7936 wards in Britain. The wards are ranked in order with rank 1 meaning the most deprived ward. Stranton, Dyke House, St Hilda and Brus are within the 3% most deprived wards in Britain. Stranton (49) and Dyke House (rank 63) have a higher level of deprivation than St Hilda (rank 153) and Brus (rank 222).

Graph 2: Deprivation in Hartlepool on ward level by local quintile



The index of multiple deprivation is also produced on a smaller geographical level the Lower Super Output Area (LSOA) level, of which there are 32,482 in the country. The headland LSOA ranks 6,964th (with 1 being the most deprived) and is the 3rd local quintile which means that the population is less deprived than in neighbouring areas and experiences an average level of deprivation for Hartlepool.

Graph 3 : Deprivation in Hartlepool on super output area level by local quintile



Environment

The quality of the living environment of an area is measured by the quality of housing, road traffic accidents and air quality (PM 10, Nitrogen Dioxide, Sulphur Dioxide and Benzene) of an area. The living environment in the Headland of Hartlepool is ranked high in comparison with other areas in England which indicates a good quality of housing and air quality. The neighbouring area of Northsands ranks lower while Middleton/Cleveland Road ranks higher.

The air quality in the Headland is also rated as better than average the PM 10 indicator which measures particles (dust) in the air. The Headland has better scores for most indicators than the neighbouring areas.

Table 5: Living environment

	Rank of living environment	Housing	Combined air quality	Nitrogen Dioxide	Particulates PM10	Sulphur dioxide	Benzene
	Rank*	Score**	Score**	Ratio***	Ratio***	Ratio***	Ratio***
Headland	24,641	0.25	0.96	0.7	0.45	0.11	0.03
North-sands area	17,149	0.25	1.06	0.44	0.47	0.11	0.04
Middleton /Cleveland Road	30,143	0.15	1.02	0.41	0.46	0.11	0.04

Source: Index of multiple Deprivation 2007

* Rank 1 is the most deprived and rank 32,482 is the least deprived LSOA in England

** A higher value implies poorer quality

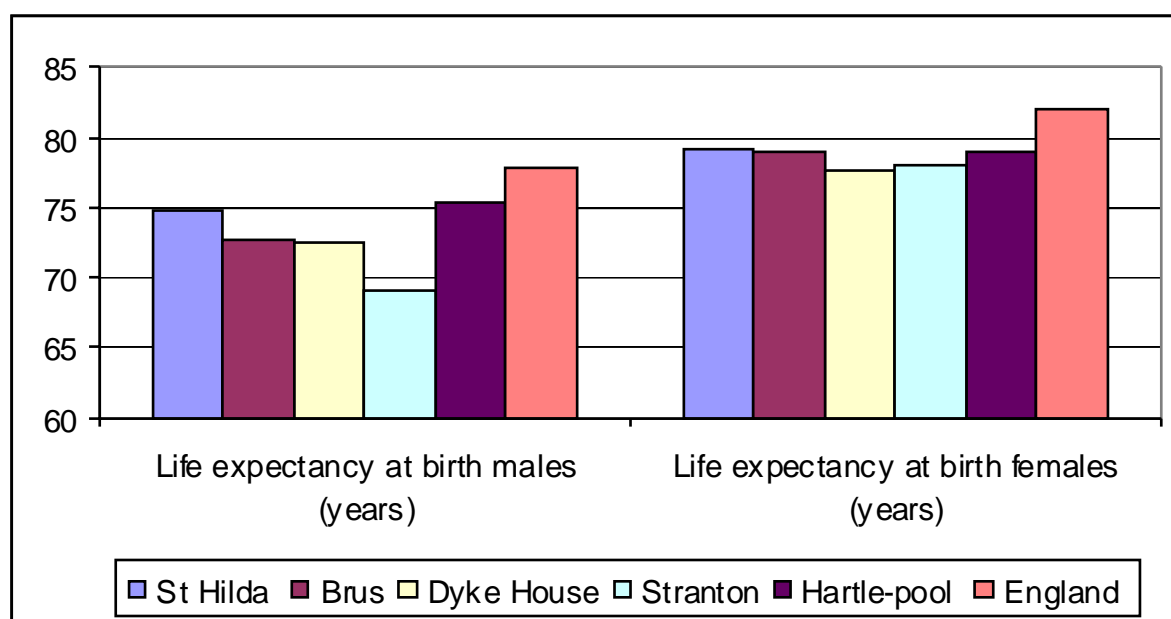
*** A ratio of less than 1 indicates that the area has lower values of pollution

4.3 Health Status

Life expectancy

Life expectancy for men and women in Hartlepool is lower than the English average. Life expectancy in the St Hilda ward is comparable to the Hartlepool average. There is no information for life expectancy on a smaller area level.

Graph 4: Life expectancy at birth by sex and wards



Source: ONS Neighbourhood Statistics

Table 6: Life expectancy

	Head-land	St Hilda	Brus	Dyke House	Stranton	Hartle-pool	England
Life expectancy at birth males (years)	n/a	74.8	72.7	72.5	69.0	75.3	77.9
Life expectancy at birth females (years)	n/a	79.1	78.9	77.7	78.1	79.0	82.0

Source: ONS Neighbourhood Statistics, 2006-2008

General health

The general health of the population can be demonstrated by how many people see themselves to be in good, fairly good or bad health and how many people suffer from a limiting long term illness. The population of the Headland of Hartlepool has a higher proportion of people in good health compared to the St. Hilda ward. The Headland population is comparable to the Hartlepool average but experiences poorer health than the England average.

Graph 5: General health by wards

Source: ONS Neighbourhood Statistics

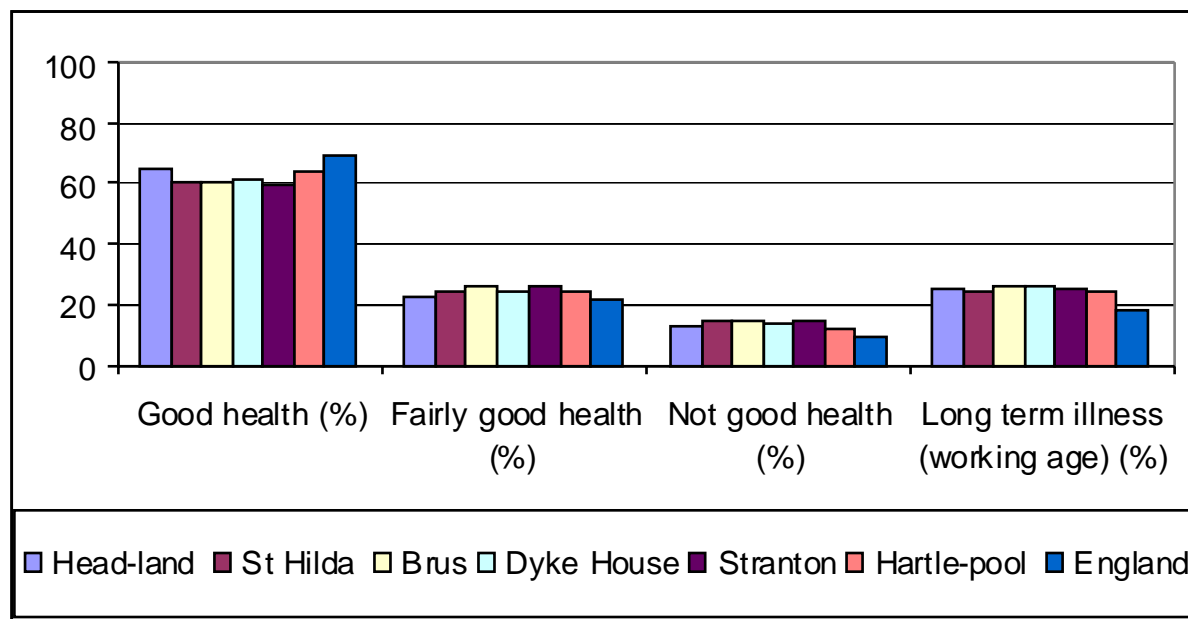


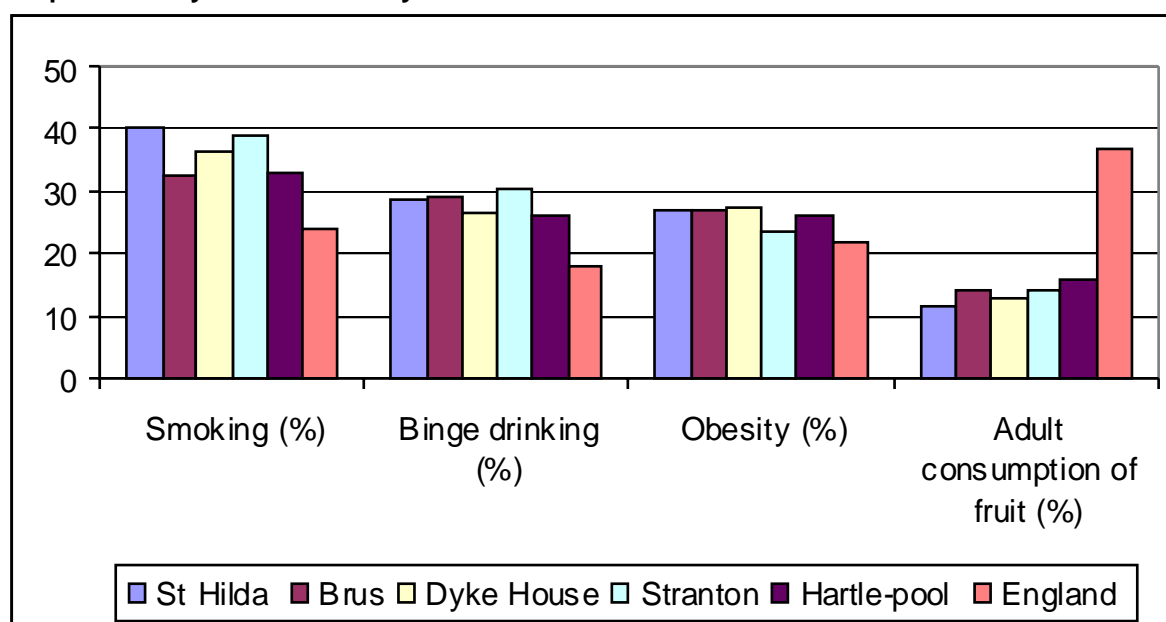
Table 7: General health							
	Head-land	St Hilda	Brus	Dyke House	Stranton	Hartle-pool	England
Good health (%)	65	61	60	62	59	64	69
Fairly good health (%)	23	24	26	24	26	24	22
Not good health (%)	13	15	15	14	15	12	9
Long term illness (working age) (%)	25	24	26	26	25	24	18

Source: ONS Neighbourhood Statistics

Lifestyle behaviour

Lifestyle behaviour such as smoking, alcohol consumption and diet has an influence on health and well being but also on the development of diseases such as respiratory illnesses, cancer and cardio vascular disease. The synthetic estimates, which is the most detailed information available is based on national survey and local population information. The estimates for smoking, binge drinking, obesity and fruit consumption show that the population of Hartlepool more often smokes and binge drinks, has a higher proportion of obese people, and less often eats the recommended amount of fruit per day. This lifestyle behaviour is even more common in the St Hilda ward, where 40% of the population are estimated to smoke and 28.7% to binge drink. 27% are estimated to be obese and only 11.9% eat the recommended amount of fruit per day.

Graph 7: Lifestyle behaviours by ward



Source: based on information in JSU ward data 2003-05 synthetic estimates for healthy behaviour

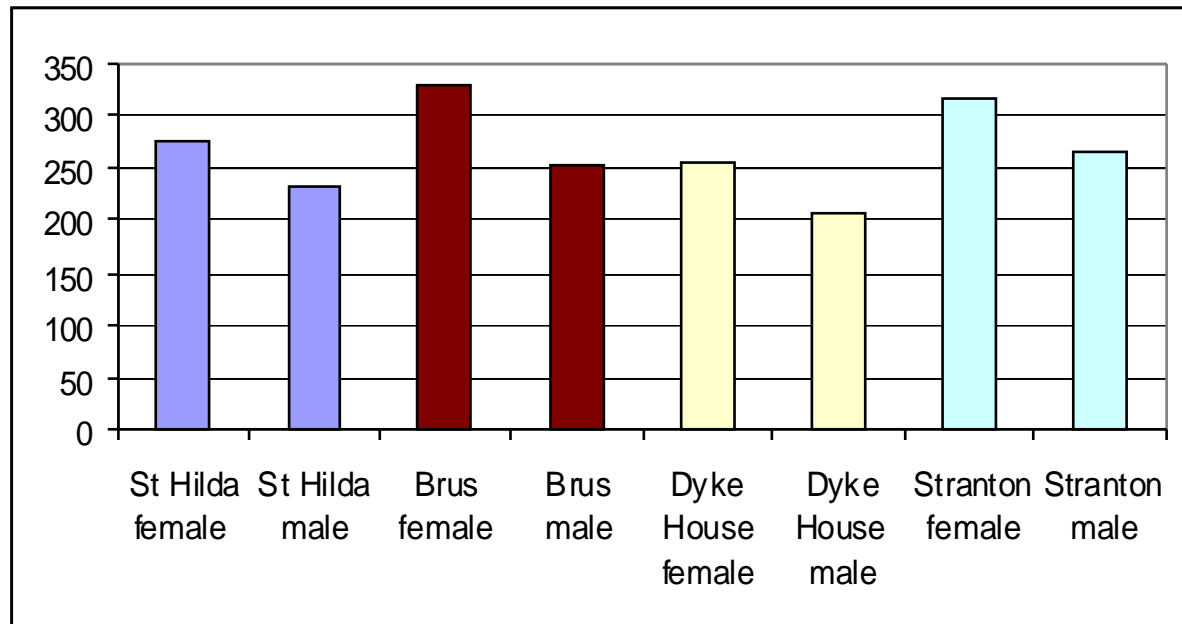
Table 8: Lifestyles							
	Head-land	St Hilda	Brus	Dyke House	Stranton	Hartle-pool	England
Smoking (%)	-	40.3	32.6	36.5	38.8	33.2	24
Binge drinking (%)	-	28.7	29.2	26.8	30.5	26.3	18
Obesity (%)	-	27.0	27.1	27.6	23.6	26.2	22
Adult consumption of fruit (%)	-	11.9	14.2	12.8	14.0	15.8	37

Source: JSU ward data 2003-05 synthetic estimates for healthy behaviour, not available for LSOAs

Mental Health

Mental health and wellbeing is influenced by the socio- economic and physical environment. Common mental illness (formerly neurotic disease) such as anxiety, depression, phobias, obsessive- compulsive and panic disorders is widespread. On average 16% of adults between 16- 74 suffer from a common mental illness. Prevalence rates of common mental illness show that women in general are more susceptible to suffer from common mental illness. Compared with St Hilda prevalence rates are higher in Brus and Stranton and lower in Dyke House.

Graph 8: Common mental illness (n/1000) by sex and ward



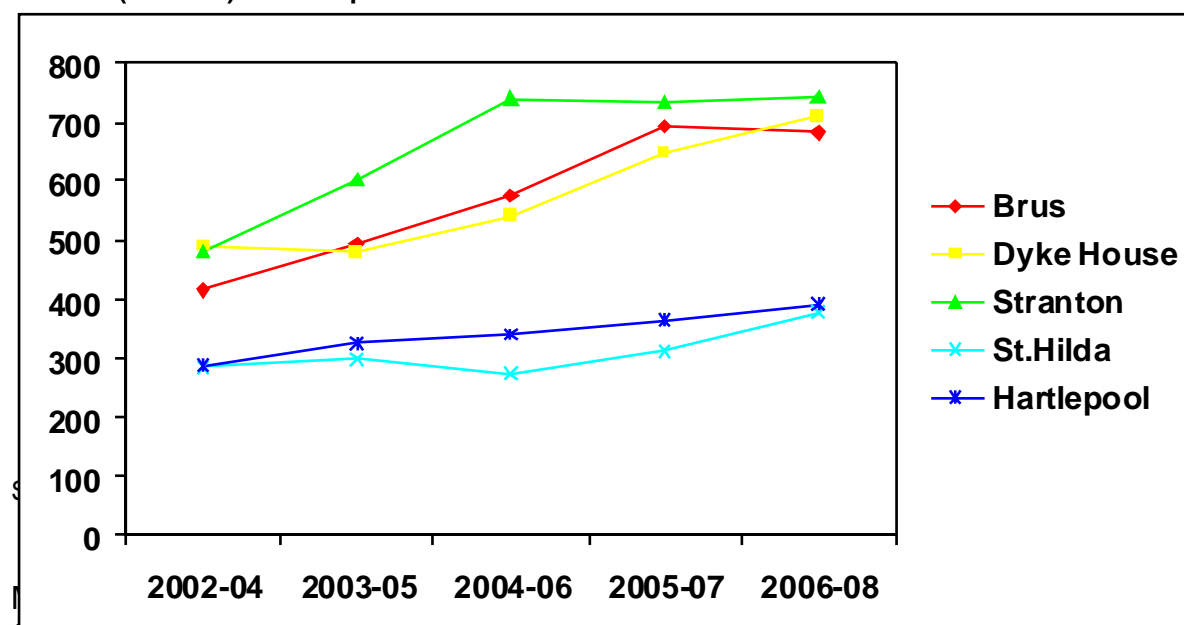
Source: based on information from NEPHO (2008) and NOMIS (2002)

Respiratory disease

Respiratory disease includes illness in the lower respiratory tract such as sore throats and sinusitis as well as the lower respiratory tract such as bronchitis, Emphysema, COPD and Asthma. Respiratory illness may be caused by infectious, chemical and physical agents or by allergic reactions. Symptoms range from sore throats and mild cough to severe symptoms with dyspnoea and high fever. Most respiratory tract disease can be treated in the community. However more severe cases of lower respiratory disease are admitted to the hospital.

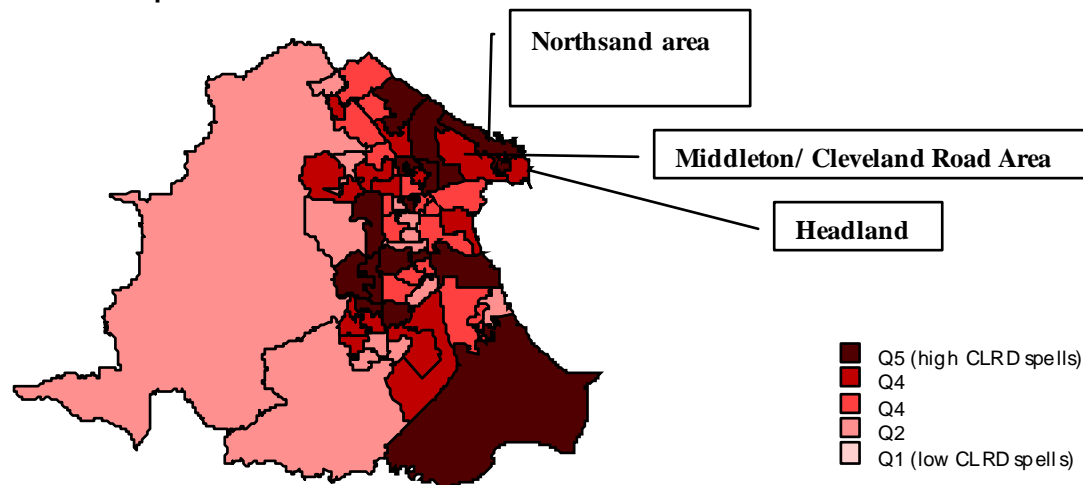
The analysis of hospital admissions for lower respiratory tract disease shows less hospital admissions for the St Hilda ward compared to neighbouring wards for the years from 2002 to 2008. The rate of hospital admissions for patients from St Hilda was comparable or below the Hartlepool average.

Graph 9: Directly age-standardised hospital admission rate per 100,000 for lower respiratory disease (J40-J45) in Hartlepool 2002-2008



Output Areas shows that the Headland is in the 4th quintile for Hartlepool, which means that the rate of hospital admissions for lower respiratory disease is higher than in 60% of Hartlepool. However hospital admissions in the Headland are similar or lower than neighbouring areas.

Graph 10: Directly age-standardised Chronic Lower Respiratory Disease spells /100,000 by LSOA and quintile

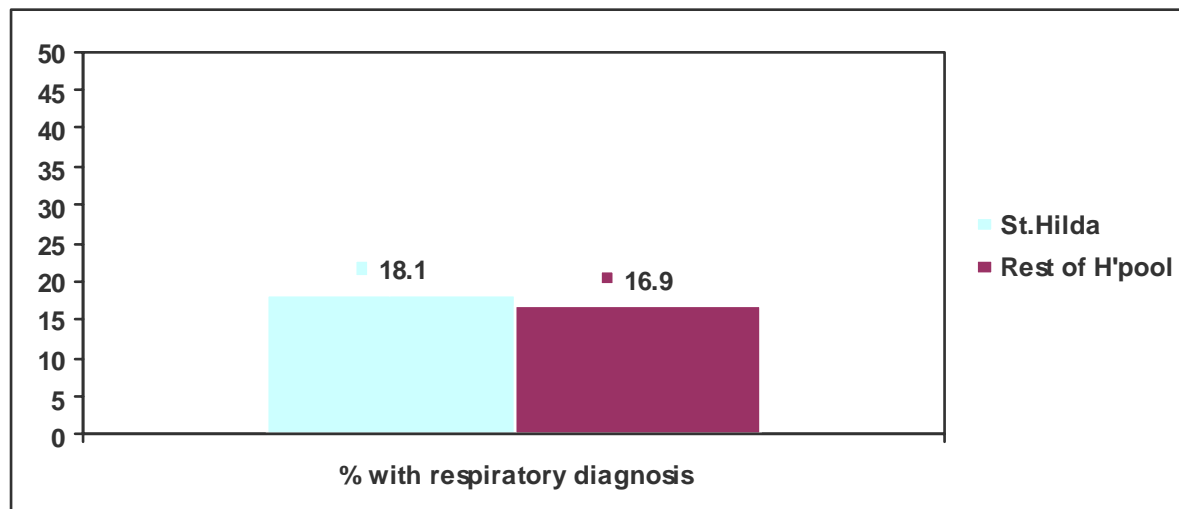


Source: 2004/5-2008/9 pooled data from Hospital Episode Statistics/ Health Information NHS Tees

Information on respiratory disease including upper respiratory diseases seen in general practice (Headland Practice) shows that in 2008, 357(18.1%) out of 1972 patients living in St. Hilda have been diagnosed with respiratory illness compared to 708 (16.9%) out of 4191 patients registered with the practice who live in other areas of Hartlepool.

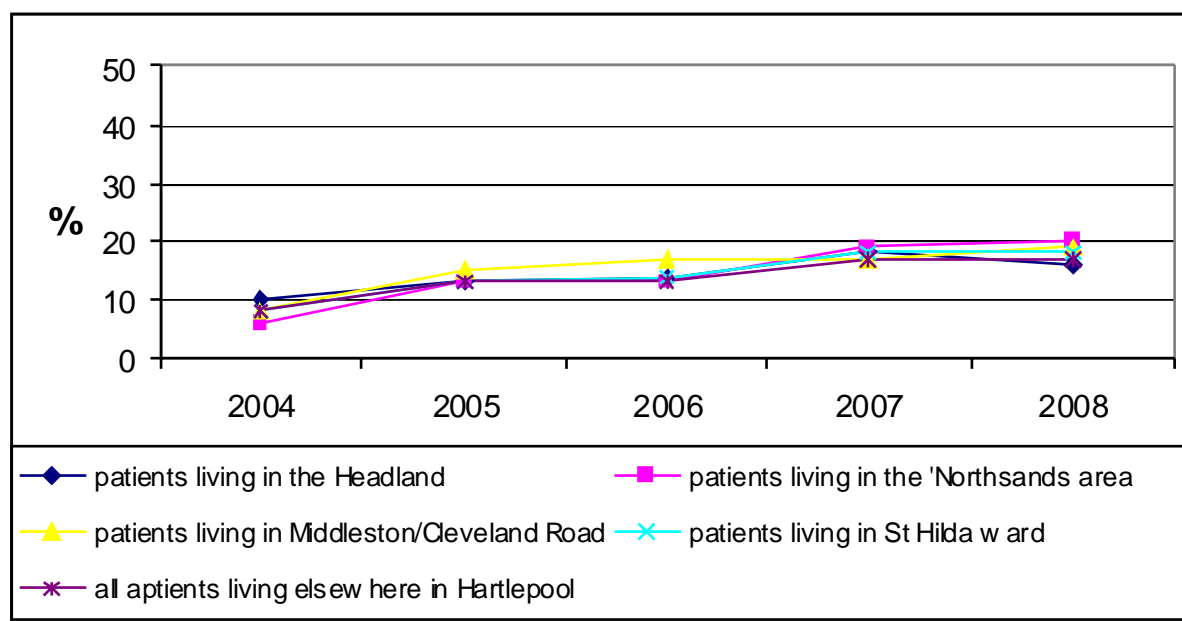
Graph 11: Prevalence rate of respiratory disease (all ages) in the Headland Practice in 2008

Source: Headland Practice/ Health Information NHS Tees, 2008



The proportion of patients diagnosed with respiratory disease has risen for all patients registered with the practice between 2004 and 2008. The increase has been slower in the Hartlepool Headland than elsewhere.

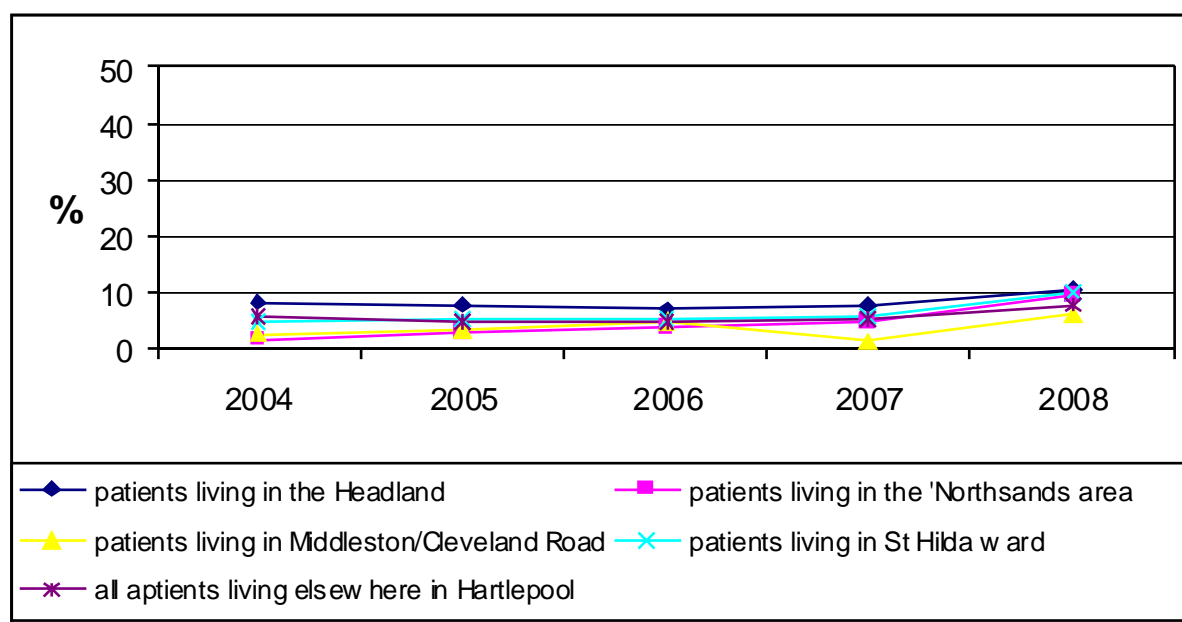
Graph 12: Prevalence rate of respiratory disease (all ages) in the Headland Practice 2004-2008



Source: Headland Practice/ Health Information NHS Tees

Respiratory disease in children and young people under 18 treated in the Headland practice needs to be interpreted with caution because of the small number of children on which this analysis is based. Initially prevalence of respiratory disease has been decreasing and subsequently increasing during the period 2004-2008. Prevalence rates for children living in the Hartlepool Headland have been higher compared to other areas.

Graph 13: Prevalence rate of respiratory disease (children and young people <18years) in the Headland Practice 2004-2008

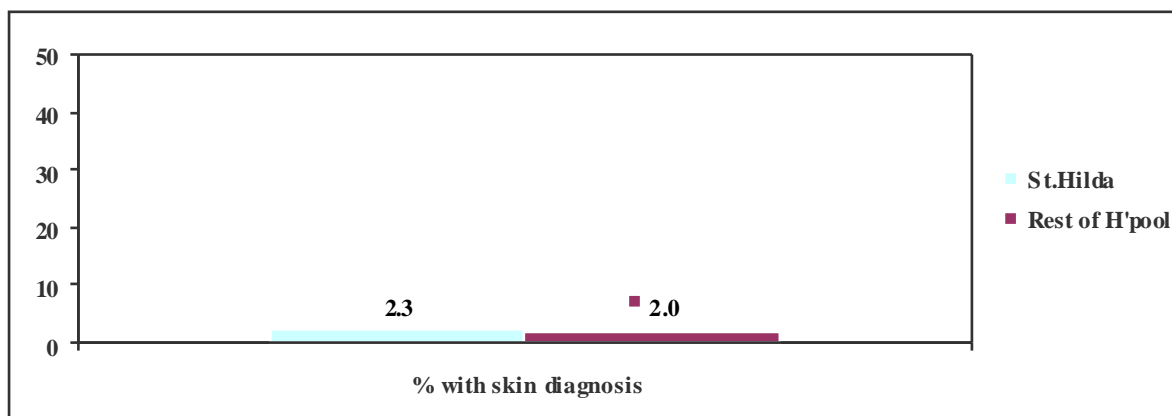


Source: Headland Practice/ Health Information NHS Tees

Skin disease

Information on skin disease in general practice (Headland Practice) shows a comparable prevalence between patients living in St Hilda and elsewhere in Hartlepool. In 2008 45 (2.3%) out of 1972 patients living in St Hilda are suffering from skin diseases such as dermatitis or eczema. In comparison 84 (2.0%) out of the 4191 patients of the practice living in other areas of Hartlepool have been diagnosed with a skin condition.

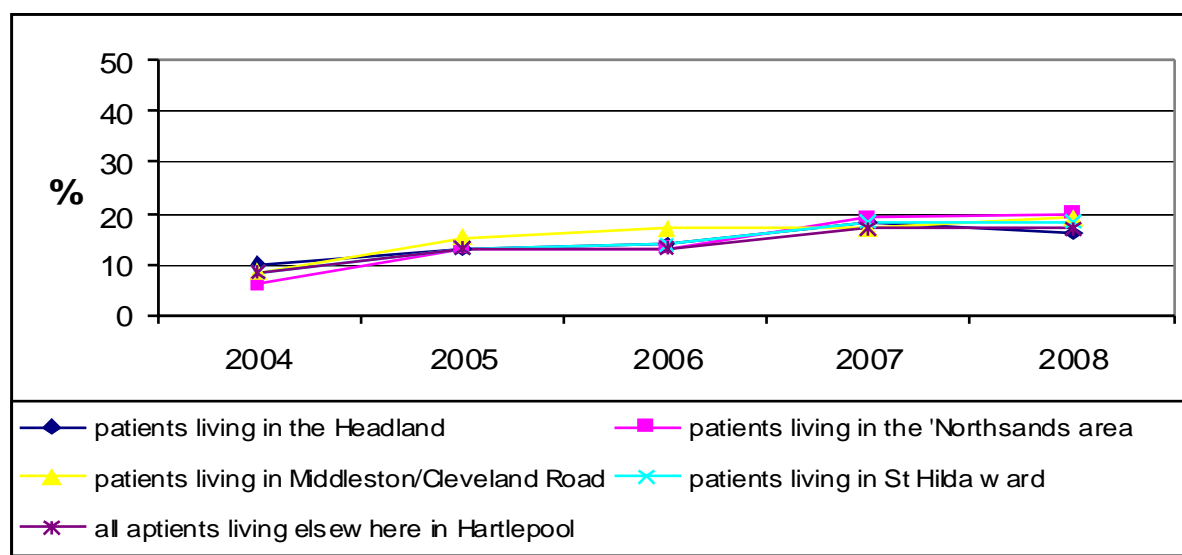
Graph 14: Prevalence rate of skin disease in the Headland Practice population 2008



Source: Headland Practice/ Health Information NHS Tees

The prevalence of skin disease has increased between 2004 and 2008. The increase has been steeper between 2004 and 2005. Prevalence rates for the Headland have increased from an initial lower level to a similar level as patient living in the Northsands area and patients living elsewhere in Hartlepool.

Graph 15: Prevalence rate of skin disease in the Headland Practice 2004-2008



Source: Headland Practice/ Health Information NHS Tees

Liver disease

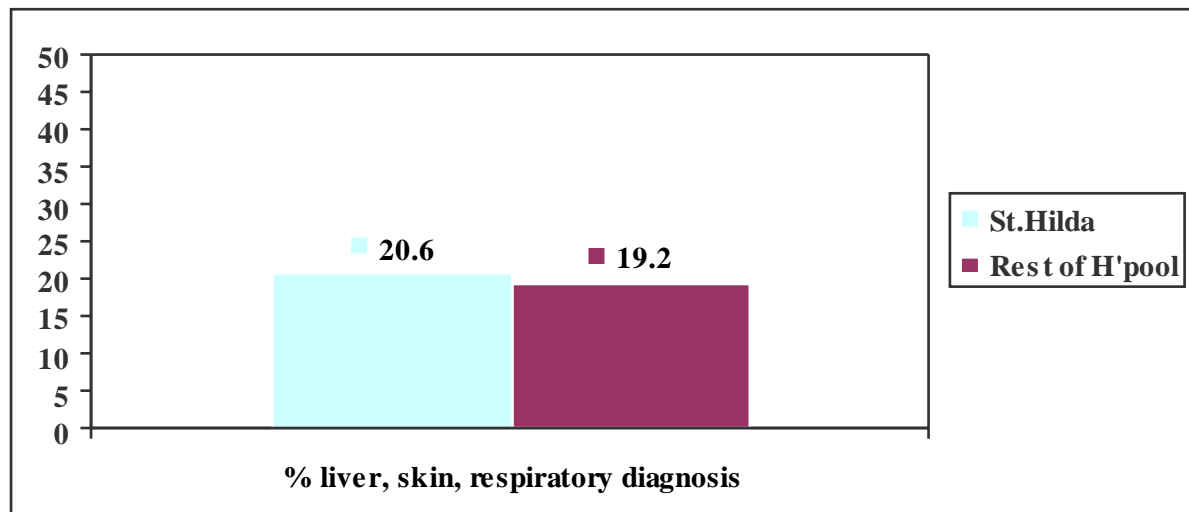
Liver disease not related to alcohol is relatively rare. In the years from 2004 to 2009 there were between 2 and 11 cases diagnosed with non alcohol related liver disease among all patients of the Headland practice.

Respiratory, skin and liver disease

403 (20.6%) out of 1972 patients registered with the St. Hilda's practice in 2008 are suffering from either respiratory (18.1%), skin (2.3%) or liver disease compared to 800 (19.2%) out of 4191 patients of the practice living in other areas of Hartlepool.

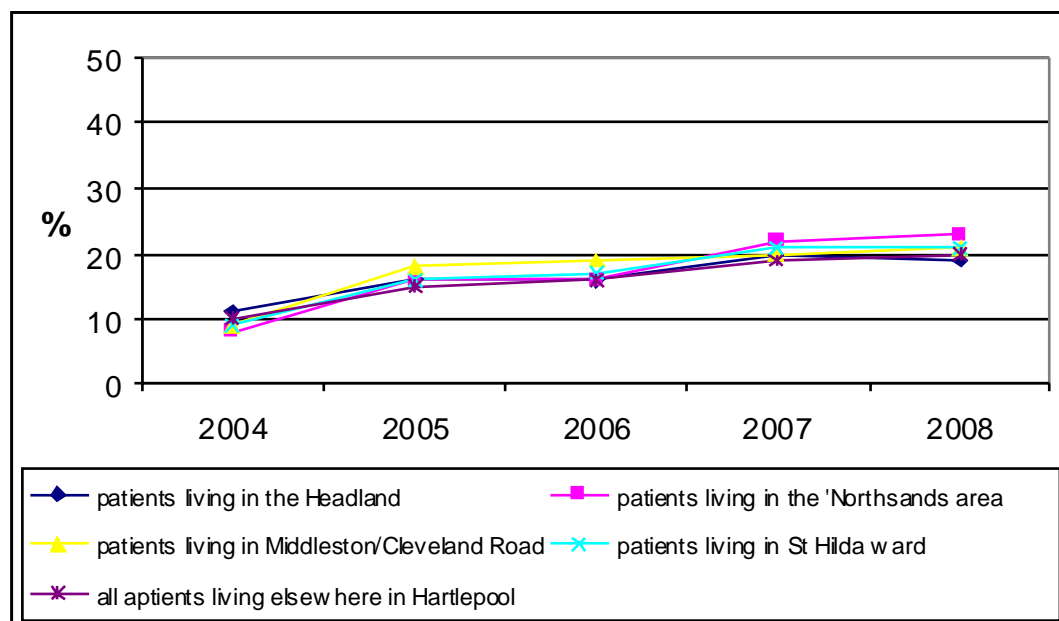
Graph 16: Prevalence rate of respiratory, skin and/or liver disease in the Headland Practice population 2008

Source: Headland Practice/ Health Information NHS Tees



The prevalence of respiratory, skin and liver disease (combined) has increased between 2004 and 2008 in patients living in the Headland, the St Hilda ward and elsewhere in Hartlepool.

Graph 17: Prevalence rate of respiratory, skin and liver disease in the Headland Practice 2004-08



Source: Headland Practice/ Health Information NHS Tees

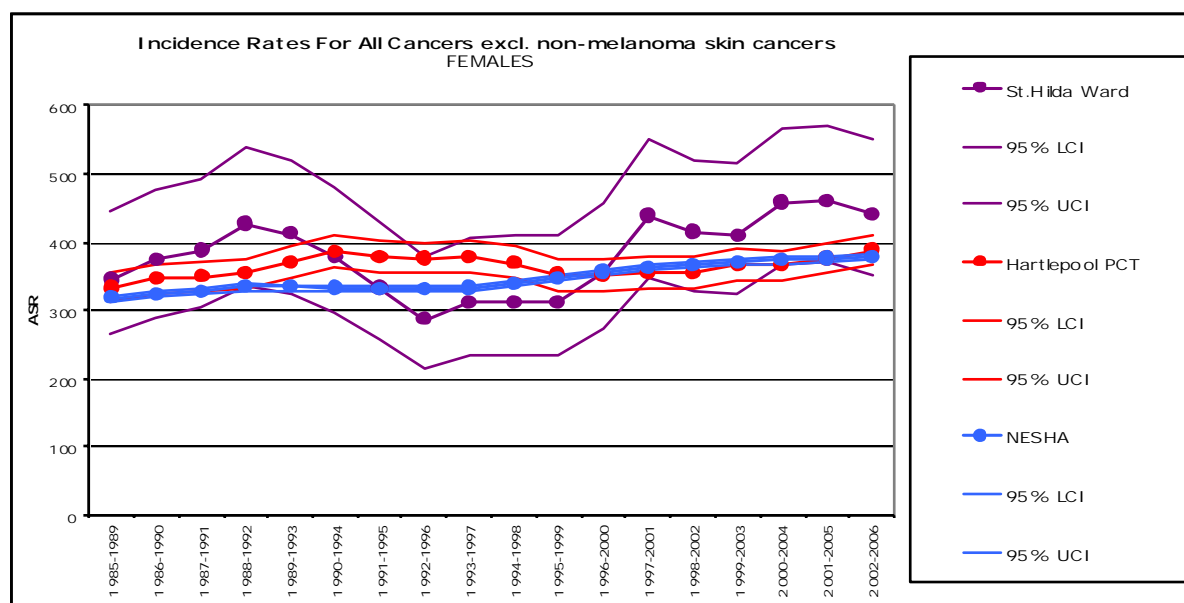
Cancer

The incidence and mortality of all cancers (with the exception of non-melanoma skin cancers) and in particular of lung cancer for women and men is shown for the years 1985 to 2006.

Cancer incidence has been rising for women and remained stable for men in the North East.

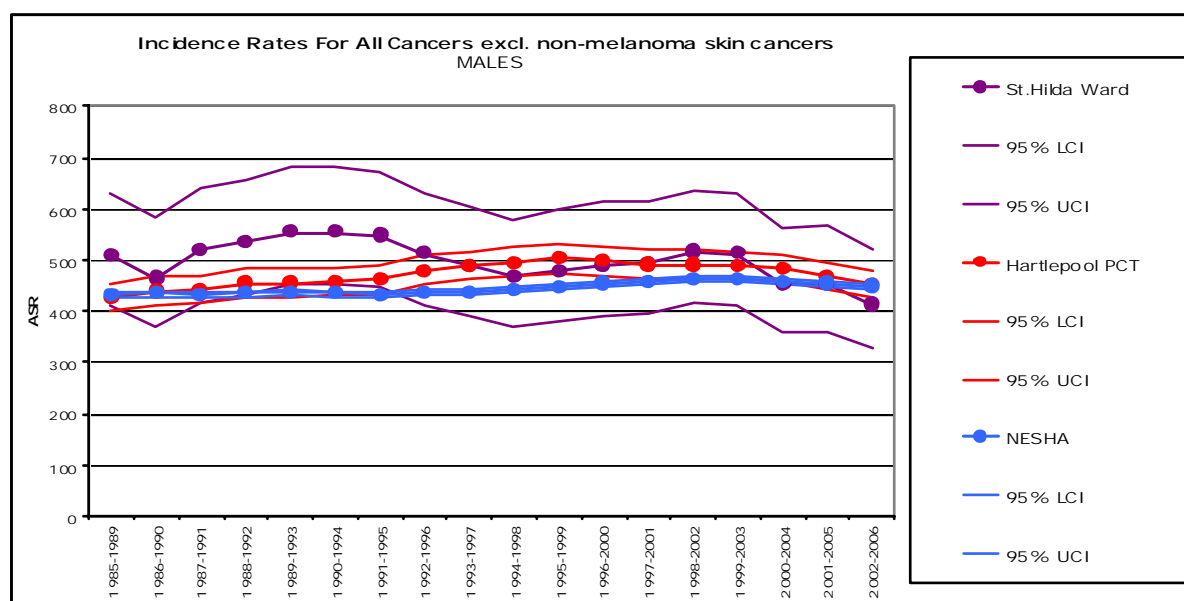
Cancer incidence in Hartlepool has been higher for many years but is similar to the North East in 2003-2006. Cancer incidence in St Hilda appears higher, especially in women, but the confidence intervals show no significant difference.

Graph 18: Cancer incidence (age standardised rate) for all cancers in women in St Hilda



Source: NYCRIS (Northern and Yorkshire Cancer Registry and Information Service)

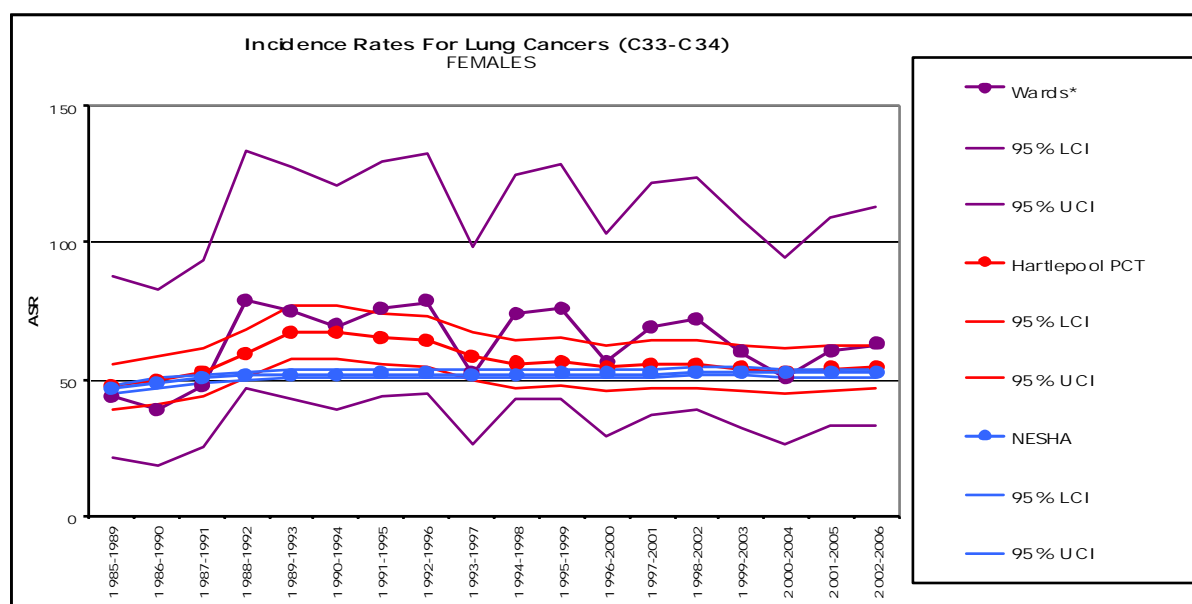
Graph 19: Cancer incidence (age standardised rate) for all cancers in men in St Hilda



Source: NYCRIS (Northern and Yorkshire Cancer Registry and Information Service)

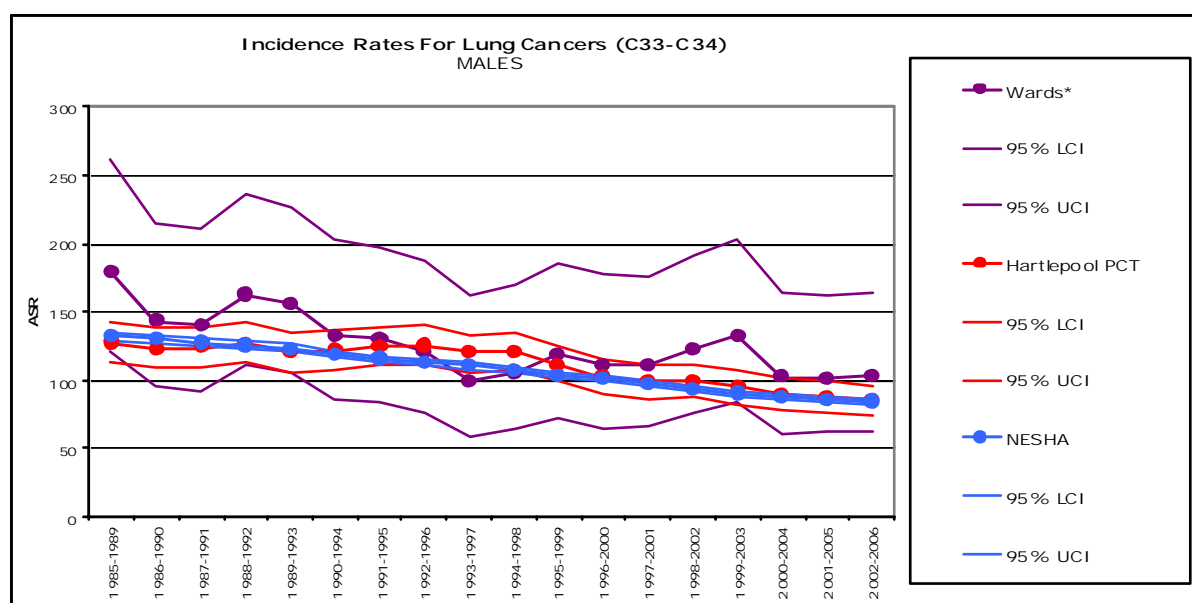
The incidence of lung cancer in St Hilda, Hartlepool and the North East has increased slightly for women and decreased notably for men. Lung cancer incidence for women in Hartlepool has been higher in the mid-1990s but is now similar to the incidence in the North East for both men and women. Lung cancer incidence appears higher in St Hilda for both women and men but the confidence intervals show no significant difference.

Graph 20: Lung cancer incidence (age standardised rate) in women in St Hilda



Source: NYCRIS (Northern and Yorkshire Cancer Registry and Information Service)

Graph 21: Lung cancer incidence (age standardised rate) in men in St Hilda

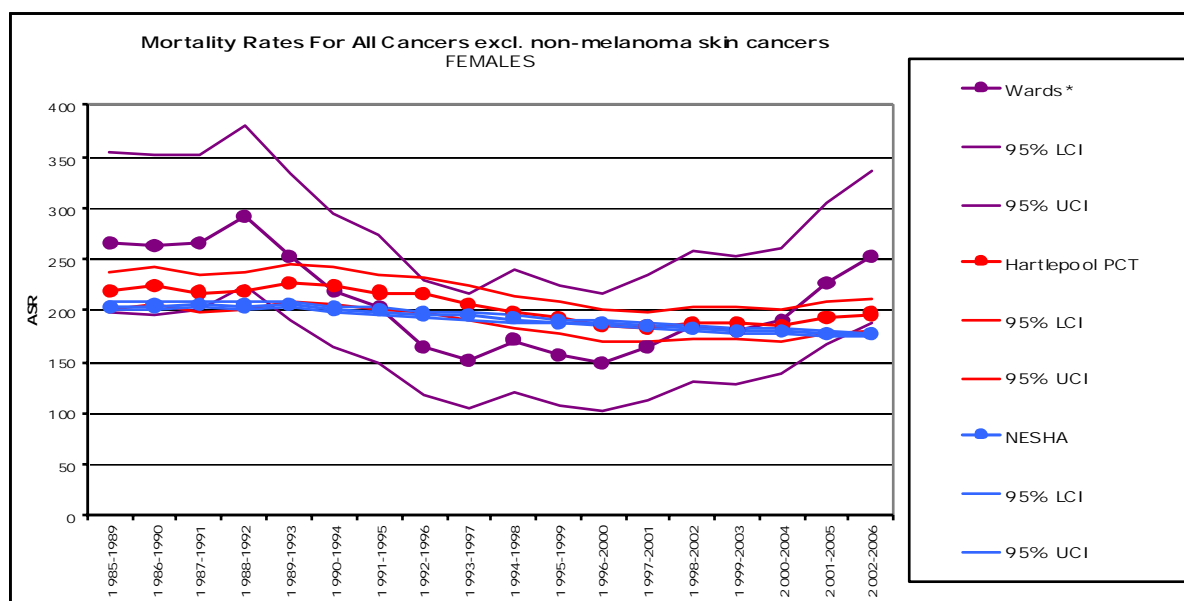


Source: NYCRIS (Northern and Yorkshire Cancer Registry and Information Service)

Cancer mortality

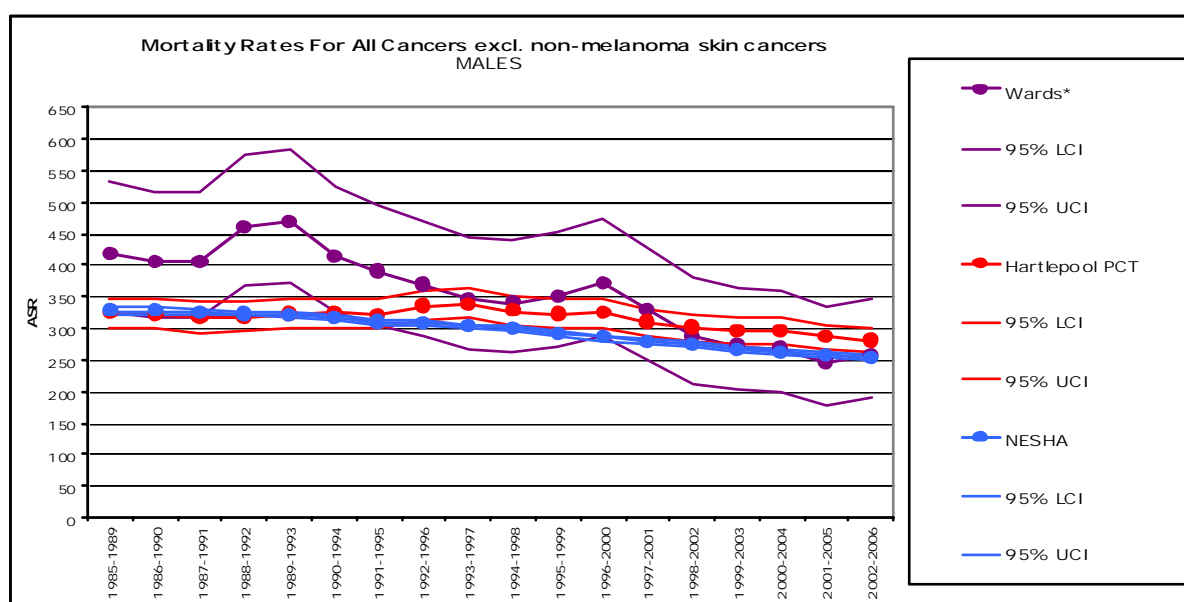
Cancer mortality has been declining in the North East for both men and women, but more markedly for men. Cancer mortality in Hartlepool has been declining but is higher than the cancer mortality in the North East for both men and women in 2003-2006. Cancer mortality in Hartlepool has been significantly higher for men since 1992. In St Hilda cancer mortality has been declining for men and is similar to the mortality in the North East and Hartlepool. Cancer mortality for women in St Hilda has declined between 1985 and 1997 but increased since 1997. In 2003-2006 mortality has been significantly higher than in the North East, but similar to Hartlepool.

Graph 23: Cancer mortality (age standardised rate) for all cancers in women in St Hilda



Source: NYCRIS (Northern and Yorkshire Cancer Registry and Information Service)

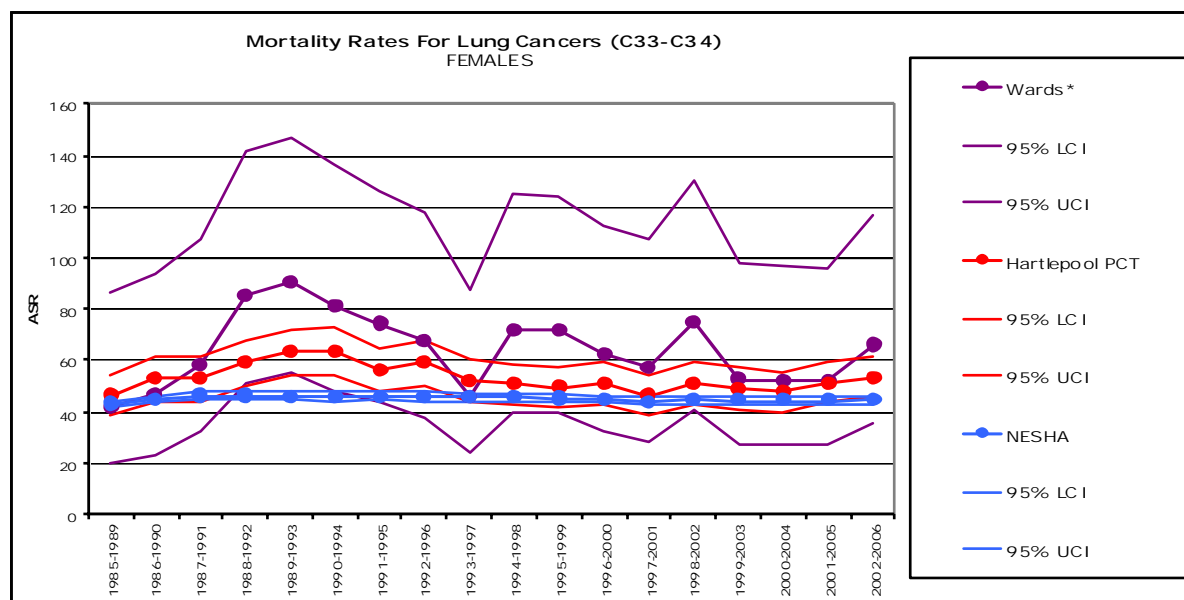
Graph 24: Cancer mortality (age standardised rate) for all cancers in women in St Hilda



Source: NYCRIS (Northern and Yorkshire Cancer Registry and Information Service)

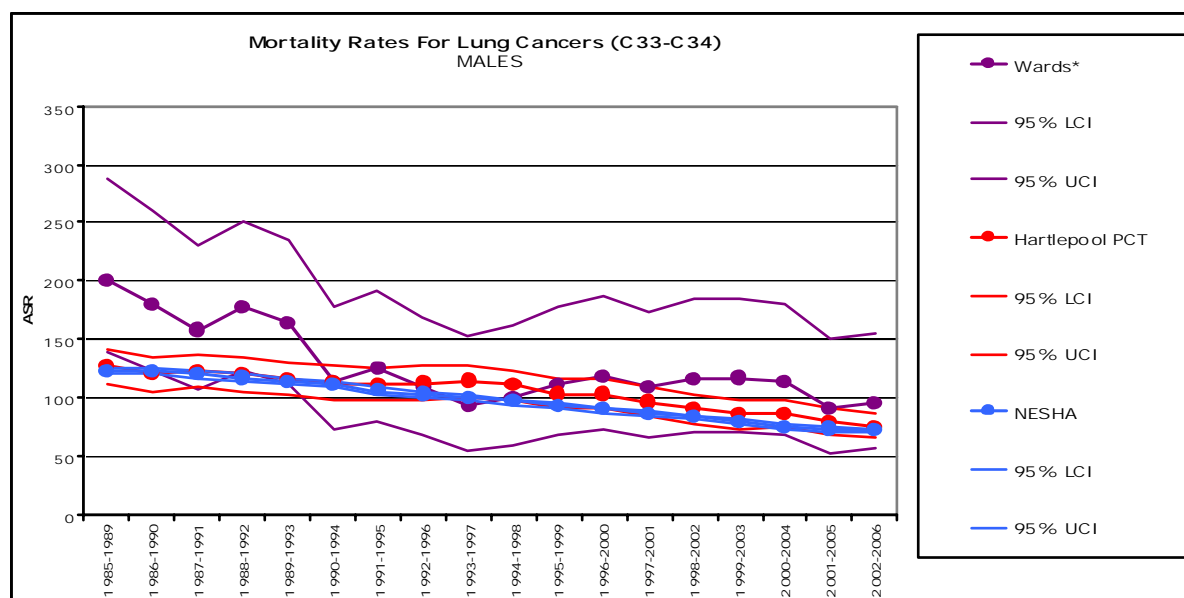
Lung cancer mortality in Hartlepool and the North East has remained the same for women and has declined for men between 1985 and 2006. Lung cancer mortality in St Hilda over the same period appears to have decreased in men and rising and falling in women, but the confidence intervals show no significant difference to the North East and Hartlepool.

Graph 25: Lung cancer mortality (age standardised rate) in women in St Hilda



Source: NYCRIS (Northern and Yorkshire Cancer Registry and Information Service)

Graph 26: Lung cancer mortality (age standardised rate) in men in St Hilda



Source: NYCRIS (Northern and Yorkshire Cancer Registry and Information Service)

Asbestos related disease

Mesothelioma deaths in Great Britain have been increasing in the last 30 years. The areas with the highest mortality are West Dunbartonshire (SMR 537), Barrow in Furness (SMR 540) and Plymouth (341). Hartlepool has a SMR of 240 and is the 16th most affected area in the UK.

Table 9: Mesothelioma mortality: number of deaths and SMR for males by area 1981-2005

Area	Deaths (1981-2005)	SMR	95%CI upper and lower	
Great Britain	25716	100	99	101
England	22166	100	99	102
North East	2087	177	169	184
Hartlepool	97	240	195	293
Middlesbrough	82	140	111	173
Redcar and Cleveland	108	167	137	201
Stockton	154	211	179	247
Easington	36	78	55	108

Since 1981 the absolute number of death from mesothelioma has increased approximately fourfold in Great Britain as well as in Hartlepool. The SMR for Hartlepool has increased during the period indicating a steeper increase in mortality over the same period.

Table 10: Mesothelioma number of deaths and SMR for males and five year time periods 1981-2005

Area	1981-1985		1986-1990		1991-1995		1996-2000		2001-2005	
	Deaths	SMR	Deaths	SMR	Deaths	SMR	Deaths	SMR	Deaths	SMR
Great Britain	2356	100	3619	100	5066	100	6478	100	8197	100
England	2033	100	3078	99	4322	99	5606	101	7127	101
North East	241	216	317	187	427	182	500	169	602	162
Hartlepool	7	180	15	260	23	286	22	218	30	235
Middlesbrough	6	105	17	198	17	146	18	122	24	132
Redcar and Cleveland	15	257	15	164	22	169	25	150	31	145
Stockton	15	257	15	164	22	169	25	150	31	145
Easington	3	67	2	76	8	87	8	70	12	84

5. Appendix



Case study - Environmental Nuisance Particulates

Van Dalen Recycling Ltd operate a export terminal for metal wastes in Hartlepool, part of a larger, busy, port facility. After reviewing a number of complaints in resident liaison meeting, the company felt that they should appoint an independent consultant to examine the issues and proactively engage with local regulators and the public to explore the concerns. Envoy was appointed and our work revealed some surprising issues.

What did we offer?

- Air Monitoring, Analysis and Regulator/Public Liaison

Envoy attended group liaison meetings with regulatory bodies, the Port Authority and local residents. The concerns related to ship-loading activities in particular and deposits of particulates noted by the residents. Concerns were expressed about potential health impacts to local residents. The company had proactively introduced suppression techniques, but questions about their effectiveness were still evident.

Envoy developed a monitoring strategy that would seek to directly measure the particulates emitted at the source using pump samplers and multi-fraction particulate cyclone sampling heads. This strategy was reviewed and agreed in the liaison meeting by all parties before implementation. In addition, Envoy agreed to perform analysis on samples collected by residents that had been deposited on surfaces.

REPORT NUMBER: 06-1012.02

DUST AND PARTICULATE MONITORING
SCRAP METAL LOADING OF "BLUE BAY" - 2ND MAY 2008

ON BEHALF OF

VAN DALEN (HARTLEPOOL) LTD, IRVINE'S QUAY, HARTLEPOOL, TS24 0LZ.



Report Prepared by:

Envoy
12 Cherry Hill, Dorton, Barnsley, South Yorkshire: S75 5AZ
www.envoy-consultants.co.uk

Sampling of the loading event was extensive, with particulate grading and subsequent chemical and mineral analysis. The results were released to all parties and a subsequent liaison meeting allowed all parties to discuss the report and pose questions to the Envoy consultant. The exercise demonstrated relatively low levels of particulates during loading (much lower than statutory controls), but also demonstrated that the nature of the particles released was significantly different than those collected by the residents. The actual source was traced to a nearby port facility handling mineral sands.

Lessons Learned

Van Dalen acted proactively and engaged with the Public during the process. When commissioning Envoy they requested that we deal directly with the parties involved to increase confidence in the process. The result demonstrates the difficulty in assigning responsibility for nuisance events in complex industrial surroundings.

5. References

¹ Aluminium Production, IARC vol 34, 1984

² Haematite and Ferric oxide. IARC Monographs Supplement 7, 1987

³ Titanium Dioxide, monograph, IARC 2006

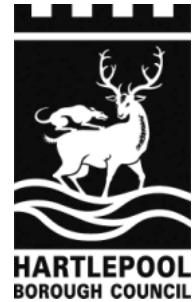
⁴ Public Health Statement Zinc, Cas 7440-66-6, ATSDR, 2005

⁵ Environmental Protection Agency. PM 10 Fact Sheet. 2007. [www. Epa.gov/wtc/pm10/pm_fact_sheet.html](http://www.epa.gov/wtc/pm10/pm_fact_sheet.html)

⁶ Asbestos related disease. Health and Safety Executive. 2009
<http://www.hse.gov.uk/statistics/causdis/asbestos.htm>

SCRUTINY CO-ORDINATING COMMITTEE

15 April 2011



Report of: Scrutiny Manager

Subject: SIX MONTHLY MONITORING OF AGREED
SCRUTINY CO-ORDINATING COMMITTEE'S
RECOMMENDATIONS

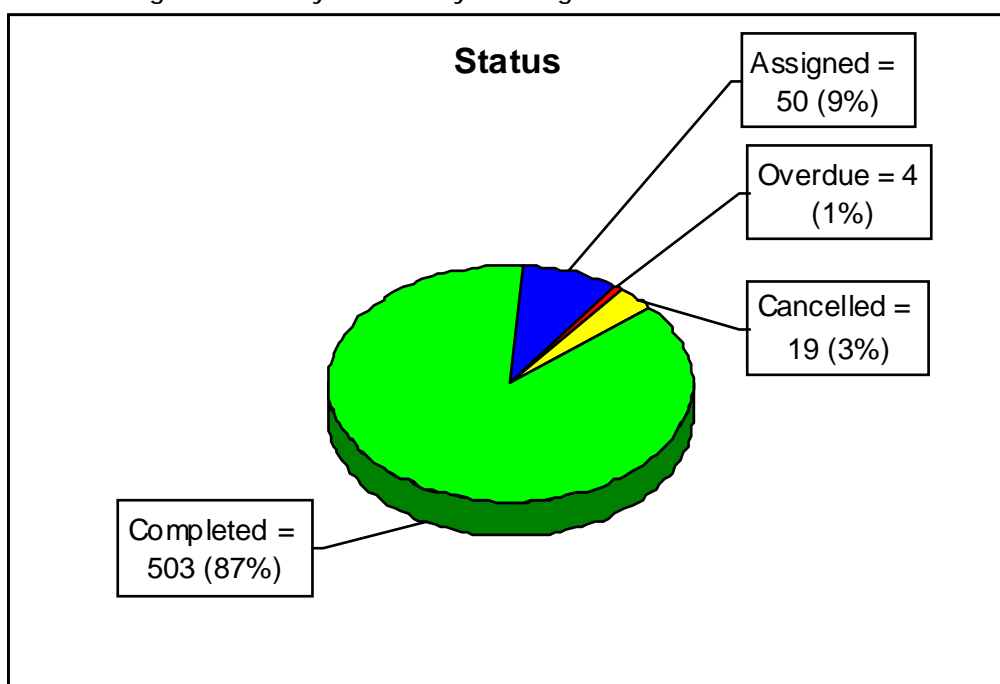
1. PURPOSE OF REPORT

- 1.1 To provide Members with the six monthly progress made on the delivery of the agreed scrutiny recommendations of this Committee.

2. BACKGROUND INFORMATION

- 2.1 In November 2007 the Scrutiny Co-ordinating Committee approved the introduction of the Scrutiny Monitoring Database, an electronic database, to monitor the delivery of agreed scrutiny recommendations since the 2005/06 Municipal Year.
- 2.2 In March 2010 Scrutiny Chairs noted and agreed for the movement of the Scrutiny Monitoring Database into the Covalent, which is the Council's Performance Management System.
- 2.3 In accordance with the agreed procedure, this report provides for Members details of progress made against each of the investigations undertaken by the Committee. **Chart1** overleaf is the overall progress made by all scrutiny forums since 2005, **Appendix A** provides a detailed explanation of progress made against each scrutiny recommendation agreed by this Committee since the last update to this Committee on 12 November 2010 and **Appendix B** gives a breakdown of progress made by the five standing Forums.

Chart1: Progress made by all Scrutiny Investigations Undertaken since 2005



3. RECOMMENDATIONS

3.1 That Members:-

- (a) Note progress against the Scrutiny Co-ordinating Committee's agreed recommendations, since the 2005/06 Municipal Year, and explore further where appropriate; and
- (b) Retain **Appendix A** for future reference.

Contact Officer:- Joan Stevens – Scrutiny Manager
 Chief Executive's Department - Corporate Strategy
 Hartlepool Borough Council
 Tel: 01429 284142
 Email: joan.stevens@hartlepool.gov.uk

BACKGROUND PAPERS

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