

CABINET AGENDA



18th March 2012

at 9.30 am

in Committee Room B, Civic Centre, Hartlepool

MEMBERS: CABINET:

The Mayor, Stuart Drummond

Councillors Hill, Lauderdale and Thompson.

1. **APOLOGIES FOR ABSENCE**

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

3. **MINUTES**

To receive the Record of Decision in respect of the meeting held on 4th March 2013
(previously circulated)

4. **BUDGET AND POLICY FRAMEWORK**

- 4.1 Council Plan 2013/14 – *Corporate Management Team*
- 4.2 Youth Justice Strategic Plan 2013-14 – *Director of Child and Adult Services*

5. **KEY DECISIONS**

- 5.1 Corporate Restructure – *Chief Executive*
- 5.2 Final Draft of the Joint Health and Wellbeing Strategy – *Director of Public Health*
- 5.3 Three Borough Report – *Corporate Management Team*
- 5.4 Adult Substance Misuse Plan 2013-14 – *Director of Public Health*



6. OTHER ITEMS REQUIRING DECISION

- 6.1 Community Safety Service Review of CCTV Camera Locations – *Director of Regeneration and Neighbourhoods*
- 6.2 Civic Lottery Fund 2012-13 Grant Applications 3rd Round – *Director of Child and Adults*
- 6.3 Public Health Transition Plan – Progress Report – *Director of Public Health and Chief Solicitor*

7. ITEMS FOR DISCUSSION/INFORMATION

- 7.1 Neighbourhood Planning (Update) – *Director of Regeneration and Neighbourhoods*
- 7.2 Ring Fenced Public Health Grant – *Joint Report of the Director of Public Health and Chief Finance Officer*

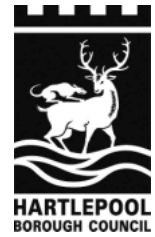
8. REPORTS FROM OVERVIEW OF SCRUTINY FORUMS

No items



CABINET

18 March 2013



Report of: Corporate Management Team

Subject: COUNCIL PLAN 2013/14

1. TYPE OF DECISION

1.1 Key Decision (Budget and Policy Framework).

2. PURPOSE OF REPORT

2.1 To enable Cabinet to consider and comment on the proposed 2013/14 Council Plan prior to submission to Council for approval.

3. BACKGROUND

3.1 The Council's Service Planning Framework has been developed over the last few years. In previous years the Corporate Plan has identified the key priorities for the Council, with the three Departmental Plans expanding on how the key priorities would be delivered.

3.2 As detailed in the report to Cabinet on 29 October 2012, from 2013/14 the three Departmental Plans are to be brought together to form the Council Plan which will set out collectively how the key priorities/outcomes that the Council have identified will be delivered. With no requirement to produce a separate Corporate Plan the unintended duplication and reporting of actions that appear in both the Corporate Plan and the departmental plans will be eliminated, without losing the focus that having three separate Departmental Plans brings to the overall process.

3.3 The Outcome Framework was reviewed and updated as part of the service planning process in 2012/13. Discussions took place with Council Officers from across all Departments on the revision of the Outcome Framework for 2013/14 and, as reported to Cabinet on 29 October 2012, the framework has not radically changed.

3.4 As in previous years detailed proposals have been considered by each of the Scrutiny Forums in January. **Appendix A** is the updated plan which takes into account the issues raised at those Forum meetings. For

information **Appendix B** is the summary of the Scrutiny Forum discussions. A further discussion took place at Scrutiny Coordinating Committee on 8 March 2013 and a verbal update on this discussion will take place at the Cabinet meeting.

4 THE COUNCIL PLAN

- 4.1 The proposed 2013/14 Council Plan is attached at **Appendix A**, setting out how the Council propose to deliver the priority outcomes. The plan contains the Key Performance Indicators and targets, where available, which will be used to monitor progress throughout 2013/14.
- 4.2 Officers from across the Council have identified the key actions, indicators and risks that should be included in the Council Plan and progress on these will be reported throughout the year to the Finance and Policy Committee.
- 4.3 As in previous years the timetable for producing the Council Plan means that some target information for the Performance Indicators can not be included at this stage as the information is not yet available. However, a detailed year end performance report will be produced for the Finance and Policy Committee later in the year which will include this information.
- 4.4 The front section of the plan is currently being prepared and will be presented, with the finalised action plan, to Council on 11 April 2013. The front section covers the following: an introduction, organisational structure, the performance management framework and the priorities.
- 4.5 The Council Plan forms part of the Budget and Policy Framework and final approval rests with full Council, who will consider it at their meeting on 11 April 2013.

5. RECOMMENDATIONS

- 5.1 Cabinet is asked to approve the Council Plan, 2013/14, subject to any amendments it may wish to make, for consideration by Council on 11 April 2013.

6. REASONS FOR RECOMMENDATIONS

- 6.1 Cabinet, and Portfolio Holders, have overall responsibility for Performance Management.

7. BACKGROUND PAPERS

- 7.1
 - (i) Item 6.1 from Cabinet on 29 October 2012
 - (ii) Minute 98 from Cabinet on 29 October 2012
 - (iii) Item 6.2 from Cabinet on 4th February 2013
 - (iv) Minute 168 from Cabinet on 4th February 2013

8. CONTACT OFFICER

Andrew Atkin – Assistant Chief Executive
Hartlepool Borough Council
Tel: 01429 523040
Email: andrew.atkin@hartlepool.gov.uk

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	1. Hartlepool has improved business growth and business infrastructure and an enhanced culture of entrepreneurship	Theme:	Jobs and the Economy

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
-------------------	---------------------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Engage with existing and potential landlords, agents and developers to respond to issues raised in the property audit. (ERS1.5)	Mar 14	Mick Emerson	RND
Deliver Business Advice and Brokerage – programme of targeted account management with key businesses. Develop and maintain relationships with individual businesses (ERS1.8)	Mar 14	Mick Emerson	RND
Increase the awareness of opportunities for businesses to become involved in providing products and services to HBC and the wider public sector (ERS 1.9)	Mar 14	Mick Emerson	RND
Continued provision of Incubation support service including mentoring, pre-start support (Enterprise Coaching), financial assistance, brokerage and other initiatives. (ERS 1.12)	Mar 14	Mick Emerson	RND
Engage with schools and colleges to increase awareness of self-employment and entrepreneurship by undertaking visits by businesses to schools and visa versa. (ERS 1.13)	Mar 14	Mick Emerson	RND
Engage with DWP Providers to offer unemployed individuals a wider package of support where appropriate to enter into self-employment. (ERS 1.15)	Mar 14	Mick Emerson	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 171	New business registration rate - the proportion of new business registration per 10,000 resident population (aged 16+)	Mick Emerson	Monitor	Financial	Not required			RND
RND P060	Number of jobs created	Mick Emerson	Monitor	Financial	Not required			RND
RND P056	Percentage occupancy levels of Hartlepool business premises	Mick Emerson	Monitor	Financial	Not required			RND
RND P085	Business stock (businesses units in Hartlepool)	Mick Emerson	Monitor	Financial	Not required			RND

4.1 Appendix A

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R050	Continued economic uncertainty	Antony Steinberg	RND

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	2. Hartlepool has attracted new investment and developed major programmes to regenerate the area and improve connectivity	Theme:	Jobs and the Economy

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
-------------------	---------------------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Research emerging funding opportunities and prepare bid submissions to secure financial resources (ERS 2.20)	Mar 14	Gemma Day	RND
Develop the Innovation and Skills Quarter (ISQ) to assist with the regeneration of the town centre (ERS 2.21)	Mar 14	Rob Smith	RND
Develop the tourism infrastructure and visitor offer through the delivery of the Seaton Carew Master Plan (ERS 2.23)	Mar 14	Andrew Golightly	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 171	New business registration rate - the proportion of new business registration per 10,000 resident population (aged 16+)	Mick Emerson	Monitor	Financial	Not required			RND
NEW	Value of income from external funding sources	Mick Emerson	Monitor	Financial	Not required			RND

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R029	Inability to achieve external funding to support the delivery of long term regeneration targets.	Antony Steinberg	RND
RND R050	Continued economic uncertainty	Antony Steinberg	RND
RND R060	Failure to deliver current regeneration programmes	Antony Steinberg	RND

4.1 Appendix A

RND R071	Failure to deliver local economic objectives as a result of shifts in policies and priorities of external partners.	Antony Steinberg	RND
-------------	---	------------------	-----

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	3. Hartlepool has increased employment and skills levels with a competitive workforce that meets the demands of employers and the economy	Theme:	Jobs and the Economy

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	Child and Adult Services Department
-------------------	---------------------------------	----------------------------	-------------------------------------

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Complete research into skills gaps in Hartlepool (ERS 3.50)	Mar 14	Patrick Wilson	RND
Implement the Going Forward Together model to target young people classified as the most 'high risk' of becoming NEET (Not in Employment, Education or Training).	Mar 14	Patrick Wilson	RND
Reduce the level of young people who are Not in Employment, Education or Training (NEET) by implementing NEET Strategy.	Mar 14	Mark Smith	CAD
Re-write the Hartlepool 11-19 Strategy.	Mar 14	Tom Argument	CAD
Provide support for vulnerable young people to enable them to be economically active.	Mar 14	Tom Argument/Mark Smith	CAD
Ensure access to high quality learning opportunities that increase the skills and qualifications of local residents via implementing the Adult Education Service Plan	Jul 14	Maggie Heaps	CAD
Increase the take up of Apprenticeships by liaising with local employers to increase opportunities	Jul 14	Maggie Heaps	CAD

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 117	Percentage of 16 to 18 year olds who are not in education, employment or training (NEET)	Mark Smith	Targeted	Financial	7.2%	6.8%	6.6%	CAD
NI 79	Percentage of young people achieving a Level 2 qualification by the age of 19	Tom Argument	Targeted	Financial Year	82.0%	83.0%	84.0%	CAD
NI 80	Percentage of young people achieving a Level 3 qualification by the age of 19	Tom Argument	Targeted	Financial Year	49%	49.5%	50%	CAD
NI 81	Percentage gap in the achievement of a Level 3 qualification by the age of 19 between those	Tom Argument	Targeted	Financial Year	22.5%	22.5%	21%	CAD

4.1 Appendix A

	claiming free schools meals at academic age 15 and those that were not							
NI 82	Percentage of young people who were in receipt of free school meals at academic age 15 who attained Level 2 Qualifications by the age of 19	Tom Argument	Targeted	Financial Year	65.4%	67.4%	68.4%	CAD
NI 91	Percentage of 17 year-olds in education or training	Tom Argument	Targeted	Financial Year	86%	88%	90%	CAD
NI 106	Percentage gap between those young people from low income backgrounds and those that are not progressing to higher education	Kelly Armstrong	Targeted	Financial Year	21%	20%	20%	CAD
NEW	Number of apprenticeships offered by the council to care leavers	Jane Young	Monitor	Financial	Not required			CAD

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R071	Failure to deliver local economic objectives as a result of shifts in policies and priorities of external partners.	Antony Steinberg	RND
CAD R027	Failure to meet statutory duties and functions in relation to the post 16 cohort and raising of the participation age	Mark Smith	CAD

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	4. Hartlepool has increased economic inclusion of adults and is tackling financial exclusion	Theme:	Jobs and the Economy

Lead Dept:	Chief Executives	Other Contributors:	
-------------------	------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Implement and review Discretionary Council Tax Support Framework	Dec 13	Julie Pullman	CED
Respond to Welfare Reform changes by engaging and supporting affected households	Mar 14	Julie Pullman	CED
Implement a programme of Benefits and Free School Meals take up initiatives	Mar 14	Julie Pullman	CED
Develop referral channels for adults to access financial advice services and financial products	Mar 14	John Morton	CED
Implement and Review Communication and Customer Handling Strategies linked to new Local Council Tax Support Scheme	Sep 13	John Morton	CED

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
CEDFIP026	Number of Credit Union accounts opened by adults.	John Morton	Targeted	Financial Year	200	300	400	CED

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
	None Identified		

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	5. Hartlepool has a boosted visitor economy	Theme:	Jobs and the Economy

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
-------------------	---------------------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Develop and implement a 2 year marketing and communication plan to raise the profile as a place to invest and visit, utilising appropriate research data (ERS 5.65)	Mar 14	Jo Cole	RND
Review and improve visitor information links between visitor locations to improve connectivity in Hartlepool. (ERS 5.66)	Mar 14	Jo Cole	RND
Develop Destination Hartlepool / Invest in Hartlepool websites and social media activity. (ERS 5.67)	Mar 14	Jo Cole	RND
Develop and deliver bespoke training courses, including the 'Discover Hartlepool' and 'My Hartlepool' projects. (ERS 5.68)	Mar 14	Jo Cole	RND
Engage with schools and colleges to raise the profile of the visitor economy to the potential new workforce through bespoke awareness raising events. (ERS 5.72)	Mar 14	Jo Cole	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
RND P092	Visitor numbers	Andrew Golightly	Monitor	Financial	Not required			RND
RND P093	Value of visitor economy	Andrew Golightly	Monitor	Financial	Not required			RND
RND P094	Number of unique visitors to destination Hartlepool website	Andrew Golightly	Targeted	Financial	Not required	30,000	TBC	RND
RND P095	Number of social media followers	Andrew Golightly	Targeted	Financial	Not required	1,500	TBC	RND
NI 151	Overall Employment rate (proportion of people of working age population who are in employment)	Antony Steinberg	Monitor	Financial	Not required			RND

4.1 Appendix A

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R071	Failure to deliver local economic objectives as a result of shifts in policies and priorities of external partners.	Antony Steinberg	RND
RND R050	Continued economic uncertainty	Antony Steinberg	RND

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	6. Fewer Hartlepool children experience the effects of poverty	Theme:	Jobs and the Economy

Lead Dept:	Child and Adult Services	Other Contributors:	
-------------------	--------------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Develop training package for family workforce to identify poverty issues and support parents in poverty	Mar 14	Danielle Swainston	CAD
Develop partnership outreach process to ensure that families understand and plan for Welfare Reform	Mar 14	Danielle Swainston	CAD
Support workforce to identify risk factors re: child poverty/welfare reform and implement appropriate packages of support	Mar 14	Danielle Swainston	CAD

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 116	Proportion of children in poverty	Danielle Swainston	Targeted	Financial Year	Not required	28%	TBC	CAD
New	Proportion of children living in workless households	Danielle Swainston	Targeted	Financial Year	TBC	TBC	TBC	CAD
NI 117	Percentage of 16-18 year olds who are Not in Education, Employment or Training (NEET)	Mark Smith	Targeted	Financial Year	7.2%	6.8%	6.6%	CAD
NI 102a	Percentage gap between pupils eligible for free school meals and their peers achieving at least level 4 in English and Mathematics at Key Stage 2	Mark Patton	Targeted	Academic Year	14% (11/12)	12% (12/13)	10% (13/14)	CAD
NI 102b	Percentage gap between pupils eligible for free school meals and their peers achieving 5 A*-C grades at GCSE (and equivalent) including GCSE English and Mathematics at Key Stage 4	Tom Argument	Targeted	Academic Year	30% (11/12)	29% (12/13)	28% (13/14)	CAD

4.1 Appendix A

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
None Identified			

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	7. To promote opportunities for all children and young people to reach their full potential by accessing good quality teaching and curriculum provision which fully meets their needs and enables them to participate in and enjoy their learning	Theme:	Lifelong Learning and Skills

Lead Dept:	Child and Adult Services	Other Contributors:	
-------------------	--------------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Analyse Early Years Foundation Stage Profile (EYFSP) data and challenge schools with anomalies. Provide support and Continuous Professional Development (CPD) to identified schools. Monitor impact through Foundation Stage Profile software.	Sept 14	Mark Patton	CAD
Work with schools to ensure that all pupils are making progress that is in-line with or exceeds national expectations in order to achieve a secure Level 2b in reading, writing and mathematics at Key Stage 1 and provide additional support and challenge to those schools where this standard is not or is unlikely to be met.	Sept 14	Mark Patton	CAD
Analyse Key Stage 2 data in English and mathematics. Identify schools below the government floor standard in combined English and mathematics and with below average progress in English and mathematics separately.	Mar 14	Mark Patton	CAD
Analyse Key Stage 4 data. Identify schools below the government floor standard for 5A*-C (including English and mathematics) and report to Portfolio Holder under Council's schools causing concern.	Mar 14	Tom Argument	CAD
Implement appropriate actions from Children and Young Person's Plan and 14 -19 strategy	Mar 14	Dean Jackson	CAD
Provide challenge, intervention and support in inverse proportion to school success.	Sept 14	Dean Jackson	CAD
Implement all actions identified in the Learning Difficulties & Disabilities (LDD) action plan	Mar 14	Zoe Westley	CAD
Challenge all schools to reduce the existing achievement gap in English and mathematics between pupils in receipt of free school meals and all other pupils by accelerating the attainment and progress of these vulnerable learners	Mar 14	Dean Jackson	CAD
Monitor the impact on attainment of the additional Pupil Premium funding in all schools and encourage Governing Bodies to hold their schools to account for its use.	Mar 14	Dean Jackson	CAD

4.1 Appendix A

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
New	Increase the number of pupils meeting the Year 1 Phonics standard	Mark Patton	Monitor	Academic Year	Not required			CAD
NI 73	Percentage of pupils achieving level 4 or above in both English and Maths at Key Stage 2	Mark Patton	Targeted	Academic Year	78% (11/12)	79% (12/13)	81% (13/14)	CAD
NI 93	Percentage of pupils progressing by 2 levels in English between Key Stage 1 and Key Stage 2	Mark Patton	Targeted	Academic Year	88% (11/12)	89% (12/13)	92% (13/14)	CAD
NI 94	Percentage of pupils progressing by 2 levels in Maths between Key Stage 1 and Key Stage 2	Mark Patton	Targeted	Academic Year	86% (11/12)	87% (12/13)	92% (13/14)	CAD
NI 99	Percentage of looked after children reaching level 4 in English at Key Stage 2	Zoe Westley	Targeted	Academic Year	National Average (Figures to be inserted when available)			CAD
NI 100	Percentage of looked after children reaching level 4 in mathematics at Key Stage 2	Zoe Westley	Targeted	Academic Year	National Average (Figures to be inserted when available)			CAD
NI 102a	Percentage gap between pupils eligible for free school meals and their peers achieving at least level 4 in English and Maths at Key Stage 2	Mark Patton	Targeted	Academic Year	14% (11/12)	12% (12/13)	10% (13/14)	CAD
NI 104	Percentage gap between pupils identified as having Special Educational Needs (SEN) and their peers achieving level 4 or above in both English and Maths at Key Stage 2	Zoe Westley	Monitor	Academic Year	Not required			CAD
CSD P046	Number of primary schools below the government floor standard at Key Stage 2	Mark Patton	Monitor	Academic Year	Not required			CAD
CSD P048	Number of primary schools with more than 15 pupils in the 15% persistent absence category for autumn and spring term combined	Jackie Webb	Monitor	Academic Year	Not required			CAD
NI 75	Percentage of pupils achieving 5 or more A*- C grades at GCSE or equivalent including English and Maths	Tom Argument	Targeted	Academic Year	58% (11/12)	60% (12/13)	62% (13/14)	CAD
NI 101	Percentage of looked after children achieving 5 A*- C GCSEs (or equivalent) at Key Stage 4 (including English and mathematics)	Zoe Westley	Targeted	Academic Year	National Average (Figures to be inserted when available)			CAD
NI 102b	Percentage gap between pupils eligible for free school meals and their peers achieving 5 A*- C	Tom Argument	Targeted	Academic Year	30% (11/12)	29% (12/13)	28% (13/14)	CAD

4.1 Appendix A

	grades at GCSE (and equivalent) including GCSE English and Mathematics at Key Stage 4							
NI 105	Percentage gap between pupils identified as having Special Educational Needs (SEN) and their peers achieving 5 A*- C grades or equivalent including English and Maths at Key Stage 4	Zoe Westley	Monitor	Academic Year	Not required			CAD
CSD P040	Percentage of pupils achieving the English Baccalaureate	Tom Argument	Monitor	Academic Year	Not required			CAD
CSD P041	Percentage of pupils achieving 5 or more A*- C grades at GCSE or equivalent	Tom Argument	Monitor	Academic Year	Not required			CAD
New	Number of secondary schools below the government floor standard at Key Stage 4	Tom Argument	Monitor	Academic Year	Not required			CAD
NI 87	Percentage of Secondary school pupils who are persistently absent	Jackie Webb	Monitor	Academic Year	Not required			CAD
New	Number of schools with attendance above the national average for autumn and spring term combined	Jackie Webb	Monitor	Academic Year	Not required			CAD
ACS P096	Percentage of primary schools identified as causing concern (High and Medium/High Risk)	Dean Jackson	Monitor	Academic Year	Not required			CAD
ACS P097	Percentage of secondary schools identified as causing concern (High and Medium/High Risk)	Dean Jackson	Monitor	Academic Year	Not required			CAD

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CAD R001	Service issue as a result of insufficient budget allocation or changes in national funding/grants (Actively Managed)	Jill Harrison	CAD
CAD R004	An increase in the number of schools falling below Performance Achievement Standard (Actively Managed)	Dean Jackson	CAD
CAD R005	Failure to meet the statutory duties and requirements vested within the Child and Adult Services department (Actively Managed)	Dean Jackson	CAD
CAD R012	Failure to plan school provision appropriately	Peter McIntosh	CAD
CAD R015	Failure to carry out specific duties and/or comply with regulatory codes of practice	Dean Jackson	CAD
CAD R031	Failure to recruit and retain staff in educational support services (Actively Managed)	Dean Jackson	CAD

4.1 Appendix A

CAD R032	Increase in the number of schools falling below national average for pupil attendance (Actively Managed)	Dean Jackson	CAD
----------	--	--------------	-----

SECTION 1 OUTCOME DETAILS			
Outcome:	8. Provision of high quality community learning and skills opportunities that widen participation and build social justice	Theme:	Lifelong Learning and Skills
Lead Dept:	Child and Adult Services	Other Contributors:	

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Ensure a wide range of learning opportunities are available which encourage participation in Lifelong Learning via implementation of the Adult Education Service Plan	Jul 14	Maggie Heaps	CAD

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
ACS P053	Number of learners participating in Adult Education Programmes	Maggie Heaps	Monitor	Academic Year	Not required			CAD

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CAD R047	Failure to fulfil the targets for recruitment set by the SFA leading to loss of income (Actively Managed)	John Mennear	CAD
CAD R048	Failure to reach the minimum levels of performance for the SFA or Ofsted (Actively Managed)	John Mennear	CAD
CAD R049	Failure of MIS and IT systems preventing return of electronic data for funding purposes (Actively Managed)	John Mennear	CAD

4.1 Appendix A

CAD R050	Failure to recruit or retrain sufficient staff in key areas of a changing programme offer (Actively Managed)	John Mennear	CAD
CAD R051	Failure of partnerships resulting in insufficient venues to deliver training (Actively Managed)	John Mennear	CAD

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	9. Improve health by reducing inequalities and improving access to services	Theme:	Health and Wellbeing

Lead Dept:	Child and Adult Services	Other Contributors:	Regeneration and Neighbourhoods Chief Executives
-------------------	--------------------------	----------------------------	---

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Develop a corporate approach to measuring excessive winter deaths	Sep 13	Louise Wallace	CAD
Be an active lead partner in the delivery of the physical activities workstream for Public Health	Mar 14	Pat Usher	CAD
Ensure implementation of the NHS health check programme	Mar 14	Louise Wallace	CAD
Implement the early detection and awareness of cancer programme across Hartlepool	Mar 14	Louise Wallace	CAD
Ensure that the department has procedures in place to meet the requirements of the Equality Act 2010 by co-ordinating activities across the department to contribute to the items included in the Equality & Diversity Action Plan	Mar 14	Leigh Keeble	CAD
Ensure all eligible people (particularly in high risk groups) take up the opportunity to be vaccinated especially in relation to flu	Mar 14	Louise Wallace	CAD
Ensure all eligible groups for respective screening programmes are aware and able to access screening	Mar 14	Louise Wallace	CAD
Ensure implementation of the Health and Wellbeing Strategy	Mar 14	Louise Wallace	CAD
Review Joint Strategic Needs Assessment (JSNA) through the Health and Wellbeing board	Mar 14	Louise Wallace	CAD
Influence the commissioning of effective based Stop Smoking and work collaboratively through the Smoke Free alliance to reduce illicit tobacco across the town	Mar 14	Louise Wallace	CAD
Ensure the development of a comprehensive plan to protect the health of the population	Mar 14	Louise Wallace	CAD
Ensure the delivery of comprehensive sexual health services	Mar 14	Louise Wallace	CAD
Work with colleagues to improve Public Health through the Health Protection and Improvement elements of the Core Public Health Strategy.	Mar 14	Sylvia Pinkney	RND

4.1 Appendix A

Co-ordinate town wide workplace health promotion campaigns involving partner organisations and other businesses.	Mar 14	Stuart Langston	CED
--	--------	-----------------	-----

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 39	Alcohol related hospital admissions	Louise Wallace	Targeted	Financial Year	2494	TBC	TBC	CAD
NI 123	Stopping smoking	Carole Johnson	Targeted	Financial Year	1929	1929	1929	CAD
NI 123 (NRA)	Stopping smoking (Neighbourhood Renewal Area narrowing the gap indicator)	Carole Johnson	Targeted	Financial Year	700	800	800	CAD
P081	GP Referrals - The number of participants completing a 10 week programme of referred activity	Pat Usher	Targeted	Financial Year	325	300	TBC	CAD
P035	GP Referrals – of those participants completing a 10-week programme for the percentage going onto mainstream activity	Pat Usher	Targeted	Financial Year	50%	70%	TBC	CAD
P080	Vascular Risk Register (Vital Signs)	Louise Wallace	Monitor	Financial Year	Not required			CAD
NI 120a	All-age all cause mortality rate - Females	Louise Wallace	Monitor	Calendar Year	Not required			CAD
NI 120b	All-age all cause mortality rate - Males	Louise Wallace	Monitor	Calendar Year	Not required			CAD
NI 121	Mortality rate from all circulatory diseases at ages under 75	Louise Wallace	Monitor	Calendar Year	Not required			CAD
NI 122	Mortality for all cancers aged under 75	Louise Wallace	Monitor	Calendar Year	Not required			CAD
NI 184	Percentage of food establishments in the area which are broadly compliant with food hygiene law.	Sylvia Pinkney	Targeted	Financial	89%	90%	90%	RND

4.1 Appendix A

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CAD R014	Failure to make significant inroads in Health Impact	Carole Johnson; Louise Wallace	CAD

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	10. Give every child the best start in life	Theme:	Health and Wellbeing

Lead Dept:	Child and Adult Services	Other Contributors:	Regeneration and Neighbourhoods
-------------------	--------------------------	----------------------------	---------------------------------

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Review and update local breastfeeding annual action plan	Mar 14	Carole Johnson	CAD
Implement Child Measurement Programme	Mar 14	Deborah Gibbin	CAD
Ensure a range of Physical Activity opportunities are available for children & young people (up to age 25)	Mar 14	Pat Usher	CAD
Review, update and implement Smoking in Pregnancy Action Plan	Mar 14	Carole Johnson	CAD
Work with partner agencies, young people, schools and families to tackle substance misuse (including alcohol)	Mar 14	John Robinson	CAD
Review the Substance Misuse Service for young people and future commissioning options	Jun 13	Ian Merritt	CAD
Implement the British Heart Foundation Younger Wiser Programme	Mar 14	Deborah Gibbin	CAD
Review the process of Public Health Transition and ensure the transition is complete	Mar 14	Louise Wallace	CAD
Increase the uptake of child vaccinations	Mar 14	Deborah Gibbin	CAD
Implement the Child Poverty Action Plan	Mar 14	Danielle Swainston	CAD
Develop a Children & Young People obesity pathway	Mar 14	Deborah Gibbin	CAD
Implement the Early Intervention Strategy	Mar 15	Danielle Swainston	CAD
Embed common assessment as a means to identify and respond to need	Oct 13	Danielle Swainston	CAD
Implement the Early Years Pathway delivering targeted support to children pre birth to five	Sep 13	John Robinson	CAD

4.1 Appendix A

Implement findings of the education catering consultation exercise undertake in primary schools.	Dec 13	Karen Oliver	RND
Undertake consultation in secondary schools to identify improvements and increase the uptake of pupils taking schools meals	Mar 14	Karen Oliver	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
LAA HW P001	Percentage of women smoking at time of delivery	Carole Johnson	Targeted	Financial Year	20%	19%	18%	CAD
NI 53a	Prevalence of breastfeeding at 6- 8 wks from birth - Percentage of infants being breastfed at 6- 8 weeks	Deborah Gibbin/Carole Johnson	Monitor	Financial Year	Not required			CAD
CSD P049a	Measles, Mumps and Rubella (MMR) immunisation rate – children aged 2 (1st dose)	Deborah Gibbin	Monitor	Financial Year	Not required			CAD
CSD P049b	Measles, Mumps and Rubella (MMR) immunisation rate – children aged 5 (2nd dose)	Deborah Gibbin	Monitor	Financial Year	Not required			CAD
New	Uptake of Diphtheria, Tetanus, Polio, Pertussis, Hib immunisations (by age 2 years)	Deborah Gibbin	Monitor	Financial Year	Not required			CAD
NI 55(iv)	The percentage of children in Reception who are obese	Deborah Gibbin	Monitor	Financial Year	Not required			CAD
NI 56(ix)	The percentage of children in Year 6 who are obese	Deborah Gibbin	Monitor	Financial Year	Not required			CAD
NI 112	The change in the rate of under 18 conceptions per 1,000 girls aged 15- 17, as compared with the 1998 rate	Deborah Gibbin	Monitor	Financial Year	Not required			CAD
New	Children achieving a good level of development at age 5	Danielle Swainston	Monitor	Academic Year	Not required			CAD
NI 117	Percentage of 16 to 18 year olds who are Not in Education, Employment or Training (NEET)	James Sinclair/Mark Smith	Targeted	Financial Year	7.2%	6.8%	6.6%	CAD
NI 75	Percentage of pupils achieving 5 or more A*-C grades at GCSE or equivalent including	Tom Argument	Targeted	Academic Year	58% (11/12)	60% (12/13)	62% (13/14)	CAD

4.1 Appendix A

	English and Maths							
New	Number of children defined as a Child in Need, rate per 10,000 population under 18	Sally Robinson	Monitor	Financial Year	Not required			CAD
NI 52a	Percentage uptake of school meals – Primary Schools	Lynne Bell	Targeted	Financial	62%	63%	65%	RND
NI 52b	Percentage uptake of school meals – Secondary schools	Lynne Bell	Targeted	Financial	54%	54%	55%	RND
NSD P064	Percentage uptake of free school meals - Primary schools	Lynne Bell	Targeted	Financial	88%	95%	95%	RND
NSD P065	Percentage uptake of free school meals – Secondary schools	Lynne Bell	Targeted	Financial	60%	75%	75%	RND

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CAD R025	Failure to meet statutory duties and functions in relation to childcare sufficiency	Danielle Swainston	CAD
CAD R026	Failure to deliver Early Intervention Strategy	Sally Robinson	CAD
RND R088	Failure to achieve sufficient uptake of school meals	Karen Oliver	RND

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	11. Children & young people are safe	Theme:	Health and Wellbeing

Lead Dept:	Child and Adult Services	Other Contributors:	
-------------------	--------------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Implement the 2013-14 Youth Justice strategic plan	Mar 14	Mark Smith	CAD
Implement the learning from inspection and sector lead improvement	Mar 14	Sally Robinson	CAD
Develop and deliver Looked After Children (LAC) strategy 2013 – 2016	Mar 16	Jane Young	CAD
Develop and deliver Looked After Children (LAC) strategy Year 1 action plan	Mar 14	Jane Young	CAD
Deliver the work of the Local Safeguarding Children Board via the annual business plan	Mar 14	Jim Murdoch	CAD
Implement the Early Intervention strategy	Mar 15	Sally Robinson	CAD
Embed common assessment as a means to identify and respond to need	Oct 13	Danielle Swainston	CAD
Implement the Early Years Pathway delivering targeted support to children pre birth to five	Sep 13	John Robinson	CAD
Implement the recommendations of the Munro review	Mar 14	Wendy Rudd	CAD
Embed the voice of the child and the child's journey in front line practice	Mar 14	Wendy Rudd	CAD
Develop a commissioning strategy for Children in Need; Looked After Children and Children with a Disability	Apr 13	Ian Merritt	CAD

4.1 Appendix A

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
CSD P035	Children who became the subject of a Child Protection (CP) plan, or were registered per 10,000 population under 18	Sally Robinson	Targeted	Financial Year	40	40	40	CAD
NI 59	Initial assessments for children 's social care carried out within ten working days of referral	Wendy Rudd	Targeted	Financial Year	80%	80%	80%	CAD
NI 60	Core assessments for children's social care that were carried out within 35 working days of their commencement	Wendy Rudd	Targeted	Financial Year	70%	75%	75%	CAD
NI 62	Stability of placements of looked after children: number of moves	Jane Young	Targeted	Financial Year	10%	10%	10%	CAD
NI 63	Stability of placements of looked after children: length of placement	Jane Young	Targeted	Financial Year	70%	70%	75%	CAD
NI 64	Child protection plans lasting two years or more	Maureen McEnaney	Targeted	Financial Year	8%	8%	8%	CAD
NI 65	Children becoming the subject of a Child Protection Plan for a second or subsequent time	Maureen McEnaney	Targeted	Financial Year	10%	10%	10%	CAD
NI 66	Looked after children cases which were reviewed with in required timescales	Maureen McEnaney	Targeted	Financial Year	95%	90%	90%	CAD
NI 67	Child protection cases which were reviewed within required timescales	Maureen McEnaney	Targeted	Financial Year	100%	90%	90%	CAD
NI 43	Young people within the Youth Justice System receiving a conviction in court who are sentenced to custody	Sally Robinson	Monitor	Financial Year	Not required			CAD
NI 19	Rate of proven re-offending by young offenders	Sally Robinson	Monitor	Financial Year	Not required			CAD
NI 111	Number of first time entrants to the Youth Justice System aged 10-17 per 100,000 population (aged 10-17)	Sally Robinson	Monitor	Financial Year	Not required			CAD
New	Rate of assessments per 10,000 of the CYP population	Wendy Rudd	Monitor	Financial Year	Not required			CAD

4.1 Appendix A

New	Rate of section 47 enquiries per 10,000 of the CYP population	Wendy Rudd	Monitor	Financial Year	Not required	CAD
New	Percentage of referrals leading to the provision of a social care service (as defined by the child becoming CIN)	Danielle Swainston	Monitor	Financial Year	Not required	CAD
New	Percentage of referrals to children's social care from different agencies	Danielle Swainston	Monitor	Financial Year	Not required	CAD
New	Percentage of referrals to children's social care that result in No Further Action following referral	Danielle Swainston	Monitor	Financial Year	Not required	CAD
New	Percentage of referrals to children's social care that result in No Further Action following assessment	Danielle Swainston	Monitor	Financial Year	Not required	CAD
New	Rate of violent and sexual offences against 0-17 per 10,000 CYP population	Police – TBC	Monitor	Financial Year	Not required	CAD
New	Rate of children becoming subjects of a child protection plan for physical abuse	Maureen McEnaney	Monitor	Financial Year	Not required	CAD
New	Rate of children becoming subjects of a child protection plan for emotional abuse	Maureen McEnaney	Monitor	Financial Year	Not required	CAD
New	Rate of children becoming subjects of a child protection plan for sexual abuse	Maureen McEnaney	Monitor	Financial Year	Not required	CAD
New	Rate of children becoming subjects of a child protection plan for neglect	Maureen McEnaney	Monitor	Financial Year	Not required	CAD
New	Rate of Initial Child Protection Conferences per 10,000 population	Maureen McEnaney	Monitor	Financial Year	Not required	CAD
New	Length of time a child is considered to be a child in need at 31 March and for episodes of need that have ended during the year	Wendy Rudd	Monitor	Financial Year	Not required	CAD
New	Percentage of children becoming subject to a CP plan for a second or subsequent time (within 2 years)	Maureen McEnaney	Monitor	Financial Year	Not required	CAD
New	Percentage of child in need cases that close with 6 months of the CPP end date	Wendy Rudd	Monitor	Financial Year	Not required	CAD
New	Percentage of child in need cases that close with 6 months of ceasing to be looked after	Wendy Rudd	Monitor	Financial Year	Not required	CAD

4.1 Appendix A

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CAD R017	Failure to recruit & retain suitable staff in childrens services (Actively Managed)	Sally Robinson	CAD
CAD R019	Failure to plan for future need and ensure sufficient placement provision to meet demand (Actively Managed)	Sally Robinson	CAD
CAD R020	Insufficient capacity in the independent sector to meet placement demand (Actively Managed)	Ian Merritt	CAD
CAD R021	Increased demand on services due to socio-economic pressures (Actively Managed)	Sally Robinson	CAD
CAD R022	Failure to provide statutory services to safeguard children and protect their well-being (Actively Managed)	Sally Robinson	CAD
CAD R023	Impact of change to funding arrangements across Children's Services (Actively Managed)	Sally Robinson	CAD
CAD R024	Failure to meet statutory duties and functions in relation to the Youth Offending Service (Actively Managed)	Mark Smith	CAD
CAD R029	Failure to effectively manage risks exhibited by young people and families (Actively Managed)	Sally Robinson	CAD
CAD R030	Failure to deal with sensitive, personal or confidential information in a secure way, resulting in loss of data with associated fines, loss of public confidence and/or damage to reputation.	Kay Forgie, Trevor Smith	CAD
CAD R054	Failure to ensure awareness and training of staff regarding safeguarding (Actively Managed)	John Mennear	CAD

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	12. Vulnerable adults are supported and safeguarded and people are able to maintain maximum independence while exercising choice and control about how their outcomes are achieved	Theme:	Health and Wellbeing

Lead Dept:	Child and Adult Services	Other Contributors:	
-------------------	--------------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Increase the number of people using assistive technology as a means to remain independent.	Mar 14	Geraldine Martin	CAD
Continue to increase the number of people accessing personal budgets through focused work in mental health services, developing personal budgets for carers and continued work with health partners.	Mar 14	Geraldine Martin	CAD
Further develop local arrangements to safeguard vulnerable adults, ensuring the engagement of all strategic partners and an appropriate and timely response to any new legislation that is introduced.	Mar 14	John Lovatt	CAD
Implement the recommendations from the Hearing Loss Strategy, as well as supporting people with a disability into employment.	Mar 14	Neil Harrison	CAD
Develop services to provide information and support to carers with a focus on short breaks and access to employment opportunities.	Mar 14	Geraldine Martin	CAD
Work collaboratively with partners to implement the National Dementia Strategy in Hartlepool.	Mar 14	Geraldine Martin	CAD
Continue to work in partnership with health partners to develop robust reablement services that promote maximum independence, facilitate people living in their own homes, avoid unnecessary admissions to hospital and enable timely and safe hospital discharges.	Mar 14	Geraldine Martin	CAD
Continue to promote independence and facilitate recovery for people with mental health needs by increasing the numbers of personal budgets and direct payments, promoting independence and increasing volunteering and employment opportunities.	Mar 14	Geraldine Martin	CAD
Continue to explore ways to improve efficiency and effectiveness of all services through benchmarking, new delivery models and collaborative working with other local authorities and strategic partners where appropriate, in order to deliver savings within adult social care that minimise impact on people using services.	Mar 14	Jill Harrison	CAD
Improve the transitions process to ensure every child and young person in transition (aged 14-25) with a disability has a person centred outcome focused plan for adulthood.	Mar 14	Neil Harrison	CAD

4.1 Appendix A

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 125	Achieving independence for older people through rehabilitation / intermediate care	John Lovatt	Monitor	Financial Year	Not required			CAD
NI 130b	Social care clients receiving Self Directed Support	Geraldine Martin	Targeted	Financial Year	70%	80%	90%	CAD
NI 131	Delayed Transfers of Care (attributable to social care)	John Lovatt	Targeted	Financial Year	0	0	0	CAD
NI 132	Timeliness of social care assessment (all adults)	John Lovatt	Targeted	Financial Year	85%	85%	85%	CAD
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Geraldine Martin	Targeted	Financial Year	25%	30%	35%	CAD
NI 136	People supported to live independently through social services (all adults)	John Lovatt	Monitor	Financial Year	Not required			CAD
NI 145	Adults with learning disabilities in settled accommodation	Neil Harrison	Targeted	Financial Year	73%	73%	80%	CAD
NI 146	Adults with learning disabilities in employment	Neil Harrison	Monitor	Financial Year	Not required			CAD
NI 149	Adults in contact with secondary Mental Health in settled accommodation	Geraldine Martin	Targeted	Financial Year	70%	70%	70%	CAD
NI 150	Adults in contact with secondary mental health services in employment	Geraldine Martin	Monitor	Financial Year	Not required			CAD
P050	Access to equipment; percentage equipment delivered in 7 days.	Geraldine Martin	Targeted	Financial Year	91%	91%	91%	CAD
P051	Access to equipment and telecare: users with telecare equipment	Geraldine Martin	Targeted	Financial Year	1000	1250	1500	CAD
P066	Admissions to residential care – age 65+	John Lovatt	Targeted	Financial Year	90%	90%	TBC	CAD
P072	Clients receiving a review	John Lovatt	Targeted	Financial Year	75%	75%	75%	CAD
P079	Number of Safeguarding Referrals	John Lovatt	Monitor	Financial Year	Not required			CAD
P085	Proportion of people provided with a reablement package in the period per 1000 population of adults (over 18)	Trevor Smith	Monitor	Financial Year	Not required			CAD
P086	% of people provided with a reablement	Trevor Smith	Targeted	Financial Year	Not	TBC	TBC	CAD

4.1 Appendix A

	package in the period as a % of clients referred for community care assessments in the period				Required			
P087	% of reablement goals (user perspective) met by the end of a reablement package/episode (in the period)	Trevor Smith	Targeted	Financial Year	Not Required	TBC	TBC	CAD
P088	% of people who received intermediate care or reablement package on discharge from hospital who remain at home 91 days after discharge (NI 125)	Trevor Smith	Targeted	Financial Year	Not Required	TBC	TBC	CAD
P089	% of people who have <u>no</u> ongoing care needs following provision of a completed reablement package	Trevor Smith	Monitor	Financial Year	Not required			CAD
P090	% of people not completing a reablement package as a total of those starting a reablement package in the period	Trevor Smith	Monitor	Financial Year	Not required			CAD
P091	% of people whose need for home care intervention has reduced through the provision of a reablement package	Trevor Smith	Monitor	Financial Year	Not required			CAD

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CAD R011	Failure to work in effective partnerships with NHS, including risk of cost shunting. (Actively Managed)	Jill Harrison	CAD
CAD R030	Failure to deal with sensitive, personal or confidential information in a secure way, resulting in loss of data with associated fines, loss of public confidence and/or damage to reputation.	Kay Forgie, Trevor Smith	CAD
CAD R033	Failure to plan for future need and ensure sufficient placement provision to meet demand within adult social care. (Actively Managed)	Jill Harrison	CAD
CAD R034	Insufficient capacity in the independent sector to meet placement demand within adult social care. (Actively Managed)	Geraldine Martin	CAD
CAD R035	Increased demand on adult social care services due to demographic pressures. (Actively Managed)	Jill Harrison	CAD
CAD R037	Failure to achieve targets in relation to assessments within 28 days and annual reviews, due to increased pressures on services. (Actively Managed)	John Lovatt	CAD
CAD R038	Failure to provide statutory services to safeguard vulnerable adult. (Actively Managed)	Jill Harrison	CAD
CAD R039	Impact of change to funding arrangements across adult social care services. (Actively Managed)	Jill Harrison	CAD

4.1 Appendix A

CAD R040	Failure to deliver the Reablement Strategy. (Actively Managed)	Jill Harrison	CAD
CAD R041	Failure to recruit & retain suitable staff in adult social care. (Actively Managed)	Jill Harrison	CAD
CAD R043	Delayed transfers of care from hospital due to reduced capacity and changing working arrangements for hospital discharge. (Actively Managed)	John Lovatt	CAD
CAD R054	Failure to ensure awareness and training of staff regarding safeguarding (Actively Managed)	John Mennear	CAD

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	13. Hartlepool has reduced crime and repeat victimisation	Theme:	Community Safety

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
-------------------	---------------------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Deliver in conjunction with partners a strategic assessment which is monitored through the Safer Hartlepool Partnership executive.	Dec 13	Lisa Oldroyd	RND
Deliver the Domestic Violence strategy action plan.	Mar 14	Sally Forth	RND
Ensure a co-ordinated approach to meeting the needs of victims of crime & disorder taking a victim centred approach	Mar 14	Sally Forth	RND
Implement CCTV Action Plan	Mar 14	Nicholas Stone	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
RPD P029a	Number of Domestic Burglaries	Ian Worthy	Monitor	Financial	Not required			RND
RPD P028a	Number of reported crimes in Hartlepool	Ian Worthy	Monitor	Financial	Not required			RND
RPD P031a	Number of incidents of local violence (assault with injury & assault without injury)	Ian Worthy	Monitor	Financial	Not required			RND
RND P065	Number of repeat victims of crime	Ian Worthy	Monitor	Financial	Not required			RND
NI 32	Number of repeat incidents of domestic violence	Ian Worthy	Monitor	Financial	Not required			RND
RNDP047	Percentage of domestic related successful prosecutions	Ian Worthy	Monitor	Financial	Not required			RND

4.1 Appendix A

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R031	Failure to maintain co-operation of partners in CCTV operation	Sally Forth	RND
RND R032	Failure of officers to fully embrace their responsibilities under the terms of Section 17, Crime and Disorder Act 1998	Sally Forth	RND

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	14. There is reduced harm caused by drugs and alcohol misuse	Theme:	Community Safety

Lead Dept:	Child and Adult Services	Other Contributors:	Regeneration and Neighbourhoods
-------------------	--------------------------	----------------------------	---------------------------------

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Ensure effective integrated treatment of Drug and Alcohol services	Mar 14	Chris Hart	CAD
Ensure effective criminal justice initiatives following appointment of the Police Crime Commissioner (PCC)	Mar 14	Chris Hart	CAD
Strengthen safeguarding and address Hidden Harm issues within substance misuse services	Mar 14	Karen Clark	CAD
Monitor Substance Misuse Action Plan as a key element of the Community Safety Plan	Mar 14	Sally Forth	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 30	Re-offending rate of prolific and other priority offenders.	Chris Hart	Targeted	Financial Year	Not Required	TBC	TBC	CAD
ACS P098	Number of substance misusers going into effective treatment – opiate	Chris Hart	Targeted	Financial Year	711	732	754	CAD
ACS P099	Proportion of substance misusers that successfully complete treatment – Opiate	Chris Hart	Targeted	Financial Year	10%	12%	TBC	CAD
ACS P100	Proportion of substance misusers who successfully complete treatment and re-present back into treatment within 6 months of leaving treatment	Chris Hart	Targeted	Financial Year	10%	10%	TBC	CAD
NI 39	Reduce alcohol related hospital admissions	Chris Hart	Targeted	Financial Year	Not Required	2% reduction year on year	TBC	CAD

4.1 Appendix A

RND P073	Incidents of drug dealing and supply	Lisa Oldroyd	Monitor	Financial	Not required	RND
RND P074	Number of young people found in possession of alcohol	Lisa Oldroyd	Monitor	Financial	Not required	RND
NEW	Perceptions of people using or dealing drugs in the community	Lisa Oldroyd	Monitor	Financial	Not required	RND

SECTION 4 RISKS				
Code	Risk	Assignee	Dept	
CAD R006	Alcohol investment does not enable the provision of sufficient services to meet the increased level of need. (Actively Managed)	Michelle Chester; Chris Hart	CAD	
CAD R007	Adverse publicity and community tension (e.g. in regard to reintegration of drug users,/offenders back into community, drug related deaths, establishing community services/Pharmacist) (Actively Managed)	Michelle Chester; Chris Hart	CAD	
CAD R018	Government reduces grant allocations i.e. Pooled Treatment and DIP (Drug Intervention Programme)	Michelle Chester; Chris Hart	CAD	

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	15. Communities have improved confidence and feel more cohesive and safe	Theme:	Community Safety

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	Chief Executives
-------------------	---------------------------------	----------------------------	------------------

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Implement the PREVENT action plan as guided by the Silver group.	Mar 14	Sally Forth	RND
Develop new Anti-Social Behaviour Strategy and action plan in line with Government policy	Mar 14	Sally Forth	RND
Monitor the implementation of the community cohesion framework action plan	Mar 14	Adele Wilson	RND
In conjunction with partners improve reporting, recording, and responses/interventions to vulnerable victims and victims of hate crime.	Mar 14	Nicholas Stone	RND
Introduce restorative practice across Safer Hartlepool partners to give victims a greater voice in the criminal justice system.	Mar 14	Sally Forth	RND
Assist the implementation of the Safer Hartlepool Partnership Communications Action Plan to improve public reassurance	Mar 14	Alastair Rae	CED

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
RPD P035	Number of criminal damage to dwellings	Rachel Parker	Monitor	Financial	Not required			RND
RPD P034	Number of deliberate fires in Hartlepool	Rachel Parker	Monitor	Financial	Not required			RND
NEW	Number of individuals attending WRAP workshops	Sally Forth	Targeted	Financial	225	300	TBC	RND
NEW	Number of Anti-social Behaviour Incidents reported to the Police	Rachel Parker	Monitor	Financial	Not required			RND
NEW	Perceptions of drunk or rowdy behaviour as a problem	Rachel Parker	Monitor	Financial	Not required			RND

4.1 Appendix A

NEW	Number of reported Hate Incidents	Rachel Parker	Monitor	Financial	Not required			RND
NEW	Number of partners trained in restorative practice	Sally Forth	Targeted	Financial	Not required	300	TBC	RND

SECTION 4 RISKS								
Code	Risk					Assignee		Dept
RND R032	Failure of officers to fully embrace their responsibilities under the terms of Section 17, Crime and Disorder Act 1998					Sally Forth		RND

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	16. Offending and re-offending has reduced	Theme:	Community Safety

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
-------------------	---------------------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Monitor delivery of the offending and re-offending action plan	Mar 14	Sally Forth	RND
Work with the Probation service to implement Fast Forward – a tenancy awareness course aimed at preparing their client group to sustain a tenancy with a view to meeting the requirements of the Good Tenant Scheme.	Mar 14	Nicholas Stone	RND
Embed the Think Families, Think Communities (TF/TC) approach to reducing crime and anti-social behaviour, improving educational attendance and reducing worklessness, resulting in reduced costs to the public purse.	Mar 14	Lisa Oldroyd	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
RND P067	Re-offending rates of High Crime Causers (HCCs) (adults)	Lisa Oldroyd	Targeted	Financial	7.8	TBC	TBC	RND
NEW	Number of Families Engaged through Think Families / Think Communities (TF/TC) Programme	Lisa Oldroyd	Targeted	Financial	97	229	TBC	RND
NEW	Number of families where results have been claimed through Think Families/Think Communities (TF/TC)	Lisa Oldroyd	Targeted	Financial	Not required	86	TBC	RND
NEW	Number of successful tenancies sustained through Fast Forward Programme	Nicholas Stone	Monitor	Financial	Not required			RND

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R032	Failure of officers to fully embrace their responsibilities under the terms of Section 17, Crime and Disorder Act 1998	Sally Forth	RND

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	17. Hartlepool has an improved natural and built environment	Theme:	Environment

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
-------------------	---------------------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Adopt the Hartlepool Local Plan which sets out the spatial vision, strategic objectives and core policies for the Borough for the next 15 years	Aug 13	Chris Pipe	RND
Adopt a Green Infrastructure SPD (Supplementary Planning Document) which will safeguard and improve the built and natural environment within the Borough.	Mar 14	Chris Pipe	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
None Identified								

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R059	Failure to provide a 'sound' Planning Policy Framework leading to a lack of clear planning guidance	Christine Pipe	RND

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	18. Quality local environments where public and community open spaces are clean, green and safe	Theme:	Environment

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
-------------------	---------------------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Encourage volunteer and community input into local green space management.	Mar 14	Deborah Jefferson	RND
Investigate funding opportunities for the development of green space areas across the town.	Mar 14	Chris Wenlock	RND
Consult, develop and deliver year 1 projects of capital improvements to allotment sites.	Mar 14	Helen Beaman	RND
Develop and deliver a more integrated approach to environmental enforcement with key stakeholders.	Mar 14	Alison Carberry	RND
Undertake a review of service delivery and implement changes in street cleansing, grounds maintenance and highways to reflect the proposed revisions to refuse rounds	Dec 13	Jon Wright	RND
Work in conjunction with partners to develop local environmental work placement opportunities that add value to the existing service by improving the quality of the local environment	Mar 14	Jon Wright	RND
Monitor identified Contaminated Land sites, taking action as identified.	Mar 14	David Wilson	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
RND P070	No. of Volunteer days spent working on local green space management initiatives	Deborah Jefferson	Monitor	Financial	Not required			RND
RND P061	Achieve Quality Coast Award for Seaton Carew beach	Debbie Kershaw	Targeted	Financial	Yes	Yes	Yes	RND
RND P050	Percentage of streets that fall below an acceptable level of cleanliness	Jon Wright	Targeted	Financial	12.5	12.5	TBC	RND
NEW	Number of individuals gaining work	Jon Wright	Monitor	Financial	Not required			RND

4.1 Appendix A

	experience and accredited qualifications					
--	--	--	--	--	--	--

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R075	Financial and environmental implications of addressing contaminated land issues	David Wilson	RND

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	19. Provide a sustainable, safe, efficient, effective and accessible transport system	Theme:	Environment

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
-------------------	---------------------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Seek funding for highway improvements in the A689/ Wynyard area, particularly through developer contributions. (ERS 2.30)	Mar 14	Mike Blair	RND
Deliver year 3 schemes as identified in the Local Transport Plan 2011 -15	Mar 14	Peter Frost	RND
Develop the Integrated Transport Unit through partnership, collaboration and income related strategies, sustaining core services	Mar 14	Paul Robson	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 167	Congestion – average journey time per mile during the morning peak	Peter Frost	Monitor	Financial	Not required			RND
NI 47	The % change in the number of people killed or seriously injured in road traffic accidents during the calendar year compared to the average of the previous 3 years.	Peter Frost	Targeted	Calendar	33	31	TBC	RND
NI 48	The % change in the number of Children killed or seriously injured in road traffic accidents during the calendar year compared to the average of the previous 3 years.	Peter Frost	Targeted	Calendar	6	6	TBC	RND
NI 168	The percentage of principal roads where maintenance should be considered	Mike Blair	Targeted	Financial	4%	12%	TBC	RND
NI 169	The percentage of non-classified roads where maintenance should be considered	Mike Blair	Targeted	Financial	4%	12%	TBC	RND

4.1 Appendix A

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R054	Failure to maintain infrastructure to acceptable standard resulting in additional cost implications through insurance claims	Mike Blair	RND
RND R078	Failure to develop an integrated transport strategy	Paul Robson	RND

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	20. Hartlepool is prepared for the impacts of climate change and takes action to mitigate the effects	Theme:	Environment

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
-------------------	---------------------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Undertake tender process for the development of a wind generation scheme at Brenda Road.	Sep 13	Paul Hurwood	RND
Implement actions of the Joint Strategic Needs Assessment (JSNA) Scrutiny review with regard to the environment.	Mar 14	Paul Hurwood	RND
Deliver the carbon reduction strategy and associated action plans	Mar 14	Paul Hurwood	RND
Develop and deliver a programme of community 'energy efficiency' and climate change adaption promotions	Mar 14	Paul Hurwood	RND
Engage with Hartlepool Chamber of Commerce to disseminate information on climate change adaptation.	Mar 14	Paul Hurwood	RND
Consult and promote a community 'Collective Energy Switching' programme throughout the Borough	Mar 14	Dave Hammond	RND
Implement changes to Waste Management Service including changes to kerbside collections; route optimisation and provision of 4 day working week for refuse operatives.	Jul 13	Craig Thelwell	RND
Secure approval and implement wave over topping protection works at the Town Wall	Mar 14	David Wilson	RND
Undertake phase 2 of the Seaton Carew sea defence works	Mar 14	David Wilson	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 185	Percentage CO2 reduction from local authority operations	Paul Hurwood	Monitor	Financial	Not required			RND

4.1 Appendix A

NI 186	Percentage per capita reduction in CO2 emissions in the LA area	Paul Hurwood	Monitor	Financial	Not required			RND
NI 191	Number of kilograms of residual household waste collected per household	Fiona Srogi	Targeted	Financial	710	705	700	RND
NI 192	Percentage of household waste sent for reuse, recycling or composting	Fiona Srogi	Targeted	Financial	45%	47%	49%	RND
NI 193	Percentage of municipal waste land filled	Fiona Srogi	Targeted	Financial	5%	5%	5%	RND

SECTION 4 RISKS				
Code	Risk	Assignee	Dept	
RND R067	Failure to achieve recycling targets resulting in loss of income and additional costs.	Fiona Srogi	RND	
RND R076	Consequences of climate change through the failure of the Council to tackle climate issues locally	Paul Hurwood	RND	
RND R087	Income fluctuations in the market for recyclable materials resulting in difficulties in budget planning and forecasting.	Fiona Srogi	RND	

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	21. Hartlepool has an improved and more balanced housing offer that meets the needs of residents and is of high quality design	Theme:	Housing

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
-------------------	---------------------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Collate information about the distribution of all registered provider tenure types across the town and use this to assess the impact of new products on tenure choice across the borough. (Housing Strategy 1A7)	Mar 2014	Nigel Johnson	RND
Continue to achieve improvements in the number of private sector homes constructed to lifetime home standards and relevant government energy efficiency levels. (Housing Strategy 1B1)	Mar 2014	Chris Pipe	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 155	Number of affordable homes delivered (gross)	Nigel Johnson	Targeted	Financial	80	50	TBC	RND
LAA H P002	Sustainable homes constructed (Housing Strategy)	Chris Pipe	Targeted	Financial	50	TBC	TBC	RND

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R057	Reduction in funding for housing investment	Nigel Johnson	RND
RND R061	Inability to meet very high levels of local housing needs including affordable housing	Nigel Johnson	RND
RND R062	Effective delivery of housing market renewal affected by external decisions and funding	Nigel Johnson	RND

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	22. Hartlepool has improved housing stock where all homes across tenures offer a decent living environment	Theme:	Housing

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
-------------------	---------------------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Work with landlords to prevent homes from becoming long-term empty through early intervention.	Mar 14	Amy Waller	RND
Implement actions following the outcome of the consultation and evaluation of the selective licensing review.	Mar 14	Lynda Igoe	RND
Registered providers to improve their stock to 'decent homes plus' standard (Housing Strategy 2B2)	Mar 14	Nigel Johnson	RND
Support landlords to carry out energy efficiency works to deal with excess cold hazards through education and promotion of the benefits (Housing Strategy 2E2)	Mar 14	Nigel Johnson	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
LAA H P001	Number of long term (over 6 months) empty homes brought back into use.	Nigel Johnson	Targeted	Financial	57	TBC	TBC	RND

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R015	Failure to secure funding for delivery of empty homes strategy	Nigel Johnson	RND
RND R061	Inability to meet very high levels of local housing needs including affordable housing	Nigel Johnson	RND

4.1 Appendix A

RND R062	Effective delivery of housing market renewal affected by external decisions and funding	Nigel Johnson	RND
RND R053	Failure to respond to and implement changes to selective licensing	Nigel Johnson	RND

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	23. Housing Services and housing options respond to the specific needs of all communities within Hartlepool	Theme:	Housing

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
-------------------	---------------------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Review and monitor the impact of welfare and social housing reforms on tenancy sustainability, homelessness, tenancy satisfaction and vulnerable people on the housing waiting list.	Mar 14	Karen Kelly	RND
Implement changes to the Choice Based Letting (CBL) scheme (Common Allocations Policy) following the review in 2012	Mar 14	Karen Kelly	RND
Assist people to maintain independent living through the provision of minor adaptations.	Mar 14	Karen Kelly	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
RND P051	Number of households where homelessness has been prevented through Local Authority action	Lynda Igoe	Targeted	Financial	12	9	9	RND
RPD P107	Average waiting time for a Disabled Facility Grant to be completed	Karen Kelly	Targeted	Financial	Not required	95 days	TBC	RND

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R070	Failure to provide correct housing advice to the public.	Lynda Igoe	RND

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	24. People enjoy equal access to leisure, culture, sport, libraries which enrich their lives, improve the places where they live, and strengthen communities.	Theme:	Culture and Leisure

Lead Dept:	Child and Adult Services	Other Contributors:	
-------------------	--------------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Achieve Service Accreditation as required across community services.	Mar 14	John Mennear	CAD
Develop on-line booking services across community services, including sports & culture	Mar 14	David Worthington / Pat Usher	CAD
Work closely with key partners and groups to deliver programmes of activity to meet the sport and physical activity needs of the Hartlepool community, increasing participation opportunities.	Mar 14	Pat Usher	CAD
Undertake a strategic lead for the delivery of Sport and physical activity through the Community Activities Network	Mar 14	Pat Usher	CAD
Improve access to Culture & Information services and develop new audiences.	Mar 14	David Worthington	CAD
Implement Olympic Legacy Action Plan	Mar 14	Pat Usher	CAD
Implement revised sport & physical activity strategy action plan	Mar 14	Pat Usher	CAD
Implement outcome of the agreed scrutiny report into the museum collections action plan	Mar 14	David Worthington	CAD
Implement reviewed archaeology delivery arrangements to safeguard the service	Mar 14	Robin Daniels	CAD
Identify, determine and evaluate alternative management arrangements for community services	Mar 14	John Mennear	CAD
Revision and adoption of the Indoor Sports Facilities Strategy	May 13	Pat Usher	CAD
Conduct twice yearly review of the Playing Pitch Strategy (2012)	Mar 14	Pat Usher	CAD
Review implications of Income generation, funding, savings, charging strategies on service provision	Mar 14	John Mennear	CAD
Plan and deliver a number of events, in partnership with other Cultural organisations in the Tees Valley, in relation to the festival of the North East and the centenary of beginning of World War I.	Mar 14	David Worthington	CAD

4.1 Appendix A

To review the provision of Children's holiday craft/arts workshops across Community Services to ensure the most effective delivery and marketing methods.	Mar 14	David Worthington	CAD
---	--------	-------------------	-----

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 9	Use of public libraries	David Worthington	Monitor	Financial Year	Not required			CAD
NI 10	Visits to museums and galleries	David Worthington	Monitor	Financial Year	Not required			CAD
LAA CL P001	Number of people from vulnerable groups engaged in culture, leisure activities and sport	Leigh Keeble	Targeted	Financial Year	1,115	1,115	1,115	CAD
P059 (LAA CL 003)	Overall average attendance at Mill House, Brierton and Headland Leisure Centres	Pat Usher	Targeted	Financial Year	410,000	TBC	TBC	CAD
P062	Number of housebound people receiving a home visit from the home library service once every 3 weeks, for as long as they require the service.	David Worthington	Targeted	Financial Year	567	567	TBC	CAD
PO84	Maintain & enhance the Historic Environment Record (HER) via % reviewed, edited and added.	Robin Daniels	Monitor	Financial Year	Not required			CAD
P011	People in organised school trips to museums / galleries	David Worthington	Monitor	Financial Year	Not required			CAD
New	No of volunteers actively engaged for 1 hour p/w on Sport & Physical Activity delivery	Pat Usher	Monitor	Financial Year	Not required			CAD
New	Level of external partnership funding attracted to deliver new initiatives/commissioned work in Sport & Culture	Pat Usher	Monitor	Financial Year	Not required			CAD

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CAD R013	Failure to achieve required customer and visitor income levels	John Mennear	CAD

4.1 Appendix A

CAD R044	Failure to retain suitably skilled staff in the Museum Service (Actively Managed)	John Mennear	CAD
CAD R045	Failure to deliver statutory elements of the Library Service (Actively Managed)	John Mennear	CAD
CAD R046	Failure to provide statutory service of archaeological planning advice and Historic Environment Record (Actively Managed)	John Mennear	CAD
CAD R052	Failure to meet the licensing requirements of the Adventurous Activity Licensing Authority (Actively Managed)	John Mennear	CAD
CAD R053	Failure to adhere to the recommended standards regarding pool safety management (Actively Managed)	John Mennear	CAD
CAD R055	Failure to establish new partnerships and meet funding conditions of external partners in relation to grant funding, MOU's or SLA's (Actively Managed)	John Mennear	CAD
CAD R056	Lack of adequate investment in public buildings affecting ability to income generate (Actively Managed)	John Mennear	CAD
CAD R057	Impact of recruitment freeze, gaps in staffing caused by length of time taken in process and use of redeployed staff lacking appropriate skills and experience (Actively Managed)	John Mennear	CAD
CAD R058	Failure to adhere to recommendations of the Playing Pitch Strategy (Actively Managed)	John Mennear	CAD

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	25. Local people have a greater voice and influence over local decision making and the delivery of services	Theme:	Strengthening Communities

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	Chief Executives
-------------------	---------------------------------	----------------------------	------------------

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Support the development of the Voluntary & Community Sector (VCS) Strategy Action Plan	Mar 14	Fiona Stanforth	RND
Deliver the Community Pool Funding Programme	Mar 14	Fiona Stanforth	RND
Develop a Neighbourhood Plan for the Rural Area of Hartlepool in line with Neighbourhood Planning policy under the Localism Act 2011	Mar 14	Adele Wilson	RND
Develop a Neighbourhood Plan for The Headland in line with Neighbourhood Planning policy under the Localism Act 2011	Mar 14	Adele Wilson	RND
Refresh the Neighbourhood Management and Empowerment Strategy Action Plan.	Mar 14	Adele Wilson	RND
Monitor the progress of priorities outlined in the eleven Ward Profiles developed across the town.	Mar 14	Adele Wilson	RND
Support the delivery of Face the Public Events by the Strategic Partners Group and Theme Groups	Mar 14	Catherine Grimwood	CED

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NEW	Percentage of residents feeling that they can influence decisions that affect their local area	Adele Wilson	Targeted	Financial	Not required	25%	TBC	RND
RND P052	Number of voluntary and community groups supported	Adele Wilson	Targeted	Financial	Not required	40	TBC	RND
NEW	Number of neighbourhood plans ratified	Adele Wilson	Targeted	Financial	Not required	2	TBC	RND

4.1 Appendix A

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R056	Failure of service providers to focus resources on neighbourhood renewal areas	Clare Clark	RND

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	26. Make a positive contribution – people are involved with the community and society	Theme:	Strengthening Communities

Lead Dept:	Child and Adult Services	Other Contributors:	
-------------------	--------------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Work in partnership with Parents Forum – 1 Hart (One Heart, One Mind, One Future) to design services	Mar 14	Tracy Liverase	CAD
Implement the participation strategy	Mar 14	Mark Smith	CAD
Work in partnership with the Children in Care Council to influence and shape corporate parenting	Mar 14	Jane Young	CAD
Provide and evaluate the impact of positive activities for children and young people	Jul 13	Mark Smith	CAD
Ensure a wide range of learning opportunities are available which encourage community involvement via implementation of the Adult Education Service Plan	Jul 14	Maggie Heaps	CAD

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 110	Young people's participation in positive activities	Beth Storey	Monitor	Financial Year	Not required			CAD
New	Participation in Looked After Children reviews	Sally Robinson	Monitor	Financial Year	Not required			CAD

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CAD R028	Failure to provide reasonable access to safe and appropriate out of school activities for young people	Mark Smith	CAD

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	27. Improve the efficiency and effectiveness of the organisation	Theme:	Organisational Development

Lead Dept:	Chief Executives	Other Contributors:	Regeneration and Neighbourhoods Child and Adult Services
-------------------	------------------	----------------------------	---

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Develop and implement the workforce plan to support the Councils corporate efficiency programme	Mar 14	Rachel Clark	CED
Review and update Medium Term Financial Strategy (MTFS)	Mar 14	Chris Little	CED
Determine and implement a revised programme to deliver the savings required in light of MTFS and budget settlement for 2013/14 and 2014/15.	Mar 14	Andrew Atkin / Chris Little	CED
Develop proposals for consideration by members in respect of collaboration for Corporate Services.	Dec 13	Andrew Atkin / Chris Little	CED
Review contract arrangements for the corporate performance management system.	Mar 14	Catherine Grimwood	CED
Review of Corporate ICT Strategy to ensure it continues to support Corporate Objectives including opportunities to use ICT to generate efficiency savings across the Authority	Mar 14	Joan Chapman	CED
Delivery of key projects identified in ICT Strategy	Mar 14	Joan Chapman	CED
Improve awareness of information security requirements and individual responsibilities through training and online communication	Mar 14	Paul Diaz	CED
Implement HR Insight corporate toolset to improve employee establishment and organisational data	Jun 13	Kevin Shears	CED
Implement HR Insight Leave Management module	Dec 13	Kevin Shears	CED
Financially model Local Council Tax Support Scheme costs and underlying assumptions	Sep 13	John Morton	CED
Review the Council's Commissioning and Procurement Strategy	Mar 14	David Hart	RND
Deliver the accommodation strategy including the vacation of Bryan Hanson House	Mar 14	Dale Clarke	RND

4.1 Appendix A

Deliver capital receipts in line with programme	Mar 14	Dale Clarke	RND
Develop a Facilities Management strategy	Jul 13	Karen Oliver	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS

Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
CEDCS P042	Actual savings from efficiency and savings Programme	Andrew Atkin / Chris Little	Targeted	Financial Year	£6.6m	£5.4m	£5.5m (initial planning assumptions)	CED
ICT PI 4	Percentage of ICT incidents resolved within agreed service levels	John Bulman	Targeted	Financial Year	96%	96%	96%	CED
ICT SI 3	Unavailability of ICT services to users	John Bulman	Targeted	Financial Year	4.25%	4.25%	4.25%	CED
CEDCS P017	Number of website hits – unique visitors	Paul Diaz	Targeted	Financial Year	325,000	+ 5%	+ 5%	CED
CEDFI P001	Percentage of Invoices paid in 30 days	Kevin Shears	Targeted	Financial Year	94%	95%	96%	CED
CEDFI P030	Percentage of Local Supplier Invoices paid in 10 days	Kevin Shears	Targeted	Financial Year	85%	85%	85%	CED
CEDFI P002	Percentage of Council Tax Collected	Roy Horseman	Targeted	Financial Year	97%	95%	95%	CED
CEDFI P003	Percentage of Business Rates Collected	Roy Horseman	Targeted	Financial Year	98%	98%	98%	CED

SECTION 4 RISKS

Code	Risk	Assignee	Dept
CED R073	Maintain skill and knowledge of appropriate employees across the Council in relation to PM, risk, consultation, complaints and data quality procedures through the Efficiency and Savings Programme	Catherine Grimwood	CED
CED R089	Experiencing failure or lack of access to Critical ICT systems (Actively Managed)	Andrew Atkin	CED
CED R091	Failure to have corporately adequate arrangements in place to manage and deliver the budget strategy and the savings programme	Andrew Atkin; Chris Little	CED

4.1 Appendix A

CED R042	The Council is targeted by individuals / organisations in order to launder money from criminal activity	Chris Little	CED
CED R043	Treasury management decisions on borrowing and investment fail to optimise benefit for council	Chris Little	CED
CED R053	Poor workforce planning and development may lead to poor service delivery / behaviour by employees	Wally Stagg	CED
CED R054	A major health and safety accident or incident may occur as a result of employees actions or inactions	Stuart Langston	CED
CED R056	Failure of external occupational health etc suppliers / providers to consistently provide services, leading to HR not delivering services to departments.	Stuart Langston	CED
CED R057	Failure to achieve external income leading to budget reductions resulting in a reduction of staff.	Wally Stagg	CED
CED R068	Failure to carry out a statutory process	Peter Devlin	CED
CED R069	Failure to support the HR aspects of the savings programme leading to a detrimental impact on services	Rachel Clark, Gillian Laight, Wally Stagg, Alison Swann	CED
CED R072	The Council becomes a target for fraudulent activities	Noel Adamson	CED
CED R083	Failure to provide council services during emergency conditions	John Morton	CED
CAD R008	Damage / Disruption due to violence to staff, health & safety incidents or poor working conditions (Actively Managed)	Peter McIntosh	CAD
CAD R016	Failure to safeguard physical assets and ensure contingencies in place	Peter McIntosh	CAD
RND R085	Failure to achieve the Council's Capital Receipts target because of the difficult economic climate and market conditions	Dale Clarke	RND
RND R047	Failure to execute procurement activities within the guidelines leading to challenges to contract award decisions.	David Hart	RND

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	28. Deliver effective customer focussed services, meeting the needs of diverse groups and maintaining customer satisfaction	Theme:	Organisational Development

Lead Dept:	Chief Executives	Other Contributors:	Regeneration and Neighbourhoods
-------------------	------------------	----------------------------	---------------------------------

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Replace contact centre telephony solution	Mar 14	Christine Armstrong	CED
Enhance booking system capabilities	Mar 14	Christine Armstrong	CED
Improve on-line facilities for customers	Mar 14	Christine Armstrong	CED
Deliver contact centre roll-in and service development programme	Mar 14	Christine Armstrong	CED
Ensure that the Council has procedures in place to meet the requirements of the Equality Act 2010 by co-ordinating activities across departments to meet the items included in the Equality & Diversity Action Plan	Mar 14	Christine Armstrong	CED
Coordinate corporate complaints process and responses to Local Government Ombudsman complaints	Mar 14	Catherine Grimwood	CED
Provide training and support to ensure appropriate consultation mechanisms are employed by council employees	Mar 14	Catherine Grimwood	CED
Complete Viewpoint surveys 40, 41 and 42	Mar 14	Catherine Grimwood	CED
Promote and disseminate the results of the Hartlepool Household Survey	Oct 13	Catherine Grimwood	CED
Review DWP Funded Discretionary Housing Payment Policy Framework	Sep 13	Julie Pullman	CED
Develop Engagement Strategy for DWP Universal Credit Roll out	Sep 13	Julie Pullman	CED
Enhance monitoring arrangements for Registration Service performance management framework	Mar 14	Christine Armstrong	CED
Undertake a review of the advice and guidance services provided by the council to the public with a view to determining their most effective delivery and as part of this a review of the current provision of services through the contact centre	Aug 13	Graham Frankland	RND

4.1 Appendix A

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
CEDCAWS P001	Average wait in seconds for telephone calls to be answered	Julie Howard	Targeted	Financial Year	30 secs	30 secs	30 secs	CED
CEDCAWS P002	Average wait in minutes for face to face customers without an appointment	Julie Howard	Targeted	Financial Year	15 mins	15 mins	15 mins	CED
CEDCAWS P003	% of Contact Centre emails handled the same day	Julie Howard	Targeted	Financial Year	90%	90%	90%	CED
CEDCAWS P004	% of Contact Centre enquires handled at the first point of contact	Julie Howard	Targeted	Financial Year	85%	85%	85%	CED
New	% of customers satisfied with Contact Centre service delivery	Julie Howard	Targeted	Financial Year	90%	90%	90%	CED
CEDCS P062	Total Complaints investigated by LGO Investigative Team (including Reports Issued)	David Hunt	Monitor	Financial Year	Not required			CED
CEDCS P063	Number of Complaint Reports Issued by LGO Investigative Team	David Hunt	Monitor	Financial Year	Not required			CED
COMPLAINTS P3	Total Number of Corporate Complaints Upheld or Partly Upheld	David Hunt	Monitor	Financial Year	Not required			CED
New	Average number of ViewPoint Questionnaire responses	Lisa Anderson	Monitor	Financial Year	Not required			CED
CEDCS P057	Percentage of ViewPoint Questionnaire responses made online	Lisa Anderson	Monitor	Financial Year	Not required			CED
CEDFIP004	Average time to process new Housing Benefit / Council Tax Support claims	Julie Pullman	Targeted	Financial Year	20 days	20 days	20 days	CED
CEDFI P005	Average time to process Housing Benefit / Council Tax Support changes in circumstances	Julie Pullman	Targeted	Financial Year	9 days	9 days	9 days	CED
Reg1(i)	% births registered within 42 days	Elaine Cook	Monitor	Financial Year	Not required			CED
Reg1(ii)	% still-births registered within 42 days	Elaine Cook	Monitor	Financial Year	Not required			CED
Reg1(iii)	% deaths registered within 7 days, excluding registrations following post mortems and inquests	Elaine Cook	Monitor	Financial Year	Not required			CED

4.1 Appendix A

Reg1(iv)	% deaths after post mortem registered within 7 days	Elaine Cook	Monitor	Financial Year	Not required	CED
Reg2.A.1(i)	% birth registration/declaration appointments offered within 7 days	Elaine Cook	Monitor	Financial Year	Not required	CED
Reg2.A.1(ii)	% still-birth registration/declaration appointments offered within 2 working days	Elaine Cook	Monitor	Financial Year	Not required	CED
Reg2.A.1(iii)	% death registration/declaration appointments offered within 2 working days	Elaine Cook	Monitor	Financial Year	Not required	CED
Reg2.A.1(iv)	% notice of marriage/civil partnership appointments offered within 7 days	Elaine Cook	Monitor	Financial Year	Not required	CED
Reg2.A.2	% of registration customers seen within 10 minutes of appointment time	Elaine Cook	Monitor	Financial Year	Not required	CED
Reg3	% registration certificate applications processed within 7 days of receipt	Elaine Cook	Monitor	Financial Year	Not required	CED
Reg4	% of satisfied customers for registration service	Elaine Cook	Monitor	Financial Year	Not required	CED
Reg5	Number of formal complaints received (actual and as % of all registrations)	Elaine Cook	Monitor	Financial Year	Not required	CED

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CED R059	Failure to integrate equality into all aspects of the Council's work leading to non compliance with legislation and Council aims (Actively Managed)	Andrew Atkin	CED
CED R052	Failure of Contact Centre to improve service delivery	Christine Armstrong	CED
CED R028	Failure to provide Statutory Registration duties (including IT system)	Christine Armstrong	CED

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	29. Maintain effective governance arrangements for core business and key partnerships	Theme:	Organisational Development

Lead Dept:	Chief Executives	Other Contributors:	
-------------------	------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Provide full opinion on Governance arrangements to the Audit and Governance Committee	May 2014	Noel Adamson	CED
Support of the development and updating of the Constitution	Mar 14	Peter Devlin/ Amanda Whitaker	CED
Support of Council's Governance structure	Mar 14	Amanda Whitaker	CED
Implement findings of Peer Review Action Plan	TBC	Corporate Management Team	CED
Evaluate the effectiveness of partnership arrangements in the Borough including the Strategic Partners Group and Theme Groups and ensure that appropriate governance arrangements are in place.	Dec 13	Catherine Grimwood	CED
Award new ICT contract	Oct 13	Joan Chapman	CED
Ensure lawfulness and fairness of decisions	Mar 14	Peter Devlin	CED
Maintain and promote Councils whistle blowing policy	Mar 14	Peter Devlin	CED
Promote and maintain high standards of conduct by members and co-opted members	Mar 14	Peter Devlin	CED

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
None Identified								

4.1 Appendix A

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CED R037	Failure to embed risk management framework leads to service/governance failures resulting in reputation/financial loss	Catherine Grimwood	CED
CED R094	Failure to deliver a new ICT contract	Andrew Atkin	CED
CED R095	Failure to have in place effective governance arrangements	Andrew Atkin; Peter Devlin	CED
CED R007	Decision making meetings not taking place due to a loss of council facilities or serious problems preventing Councillors / staff attending	Amanda Whitaker	CED
CED R060	Failure to deliver an effective Corporate Legal Service	Alyson Carmen	CED
CED R079	Full opinion on governance arrangements not provided	Noel Adamson	CED

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	30. Maintain effective Performance, Finance and Risk Management Arrangements	Theme:	Organisational Development

Lead Dept:	Chief Executives	Other Contributors:	
-------------------	------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Implement reclassification and valuation of highways assets	Dec 13	Chris Little	CED
Produce statement of accounts	Jun 14	Chris Little	CED
Review 2013/14 service planning approach and make recommendations to improve service planning for 2014/15	Oct 12	Catherine Grimwood	CED
Agree and implement service planning framework for 2014/15	May 14	Catherine Grimwood	CED
Coordinate quarterly performance and risk reporting for 2013/14 to ensure well informed decision making and accountability of Members and senior managers	May 14	Catherine Grimwood	CED
Undertake performance indicator review to ensure adherence to data quality policy	Mar 14	Catherine Grimwood	CED

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
None Identified								

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CED R031	Performance management arrangement fails to operate as intended resulting in unanticipated service/governance failure within the Council / Partnership	Catherine Grimwood	CED
CED R063	Lack of data quality for performance information results in poor decision making and worsening performance	Catherine Grimwood	CED

4.1 Appendix A

CED R076	Partnership structures no longer fit for purpose resulting in relationship breakdown between Hartlepool Borough Council and key partners.	Catherine Grimwood	CED
CED R096	Lack of data quality of consultation conducted results in poor decision making and worsening performance	Catherine Grimwood	CED
CED R080	Statutory deadlines for the production of the Councils accounts may not be met	Chris Little	CED

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	31. Maintain the profile and reputation of the Council	Theme:	Organisational Development

Lead Dept:	Chief Executives	Other Contributors:	
-------------------	------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Produce 4 editions of the community magazine, Hartbeat, on a zero budget	Mar 14	Alastair Rae	CED
Ensure that appropriate mechanisms are in place to ensure effective communication in relation to new public health responsibilities	Apr 13	Alastair Rae	CED
Ensure that effective mechanisms are in place to explain the budget pressures facing the Council	Jun 13	Alastair Rae	CED
Continue to develop social networking and new media opportunities to promote the work and services of the Council	Mar 14	Alastair Rae	CED
Seize opportunities to promote Hartlepool Council and the town in general on a national and international platform	Mar 14	Alastair Rae	CED
Ensure that the public relations income generation target is met	Mar 14	Alastair Rae	CED

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
CEDCS P027	The percentage of readers who read some or most of the content of Hartbeat	Alastair Rae	Monitor	Triennial	Not required			CED
New	Increase the number of 'followers' and 'likes' on Twitter and Facebook	Alastair Rae	Monitor	Financial Year	Not required			CED

SECTION 4 RISKS			
Code	Risk	Assignee	Dept

4.1 Appendix A

CED R005	The failure to maintain a positive/excellent reputation.	Alastair Rae	CED
CED R092	The risk of ineffective delivery of PR representation when the Council PR Team is representing more than one organisation	Alastair Rae	CED
CED R051	Failure to comply with legislation leading to unlawful acts, loss of morale, poor industrial relations and / or accidents to employees resulting in industrial, criminal or civil action against the Council.	Wally Stagg	CED
CED R055	Significant breach of confidentiality and / or personal data security creating poor industrial relations and morale leading to criminal and / or civil proceedings and adverse publicity	Rachel Clark	CED
CED R062	The risk of a breach of conduct by elected members / co-opted members	Peter Devlin	CED

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	32. Deliver effective Member and Workforce arrangements, maximising the efficiency of the Council's Democratic function	Theme:	Organisational Development

Lead Dept:	Chief Executives	Other Contributors:	
-------------------	------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Review Workforce Strategy including Member Development	Mar 14	Wally Stagg	CED
Improve the control of significant health and safety risks to ensure that they are identified and that they are appropriately managed.	Mar 14	Stuart Langston	CED
Develop and implement the Council's annual health promotion plan.	Mar 14	Stuart Langston	CED
Implement the Equal Pay Audit action plan (Year 1)	Mar 14	Wally Stagg	CED
Respond to the JNC for Local Governments Review of its Job Evaluation Scheme	Mar 14	Wally Stagg	CED
Support of the development and updating of the constitution, to reflect the changes to policy and the Law	Mar 14	Peter Devlin	CED
Provide legal advice and support to officers and members	Mar 14	Peter Devlin	CED
Support of School Admission and Exclusion Appeal Hearings	Mar 14	Amanda Whitaker	CED
Maintain and develop the statutory Scrutiny function and Work Programme	Mar 14	Joan Stevens	CED
Monitor recommendations made across all Overview and Scrutiny Investigations and report progress to relevant Committees – Jul 13 and Jan 2014	Mar 14	Joan Stevens	CED
Prepare and deliver the Overview and Scrutiny Annual Report (2012/13)	Mar 14	Joan Stevens	CED

4.1 Appendix A

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
CEDCS P012	Percentage of draft Minutes of Non Policy Committee meetings produced within 10 days of the meeting	Amanda Whitaker	Monitor	Financial Year	Not required			CED
CEDCS P013	Percentage of draft Minutes of Policy Committee meetings produced within 4 days of the meeting	Amanda Whitaker	Monitor	Financial Year	Not required			CED
CEDCS P014	Percentage of Minutes of Policy Committee meetings published within 5 days of the meeting	Amanda Whitaker	Monitor	Financial Year	Not required			CED

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
New	That a material safety breach of health and safety legislation is identified by the HSE resulting in a significant Fee for Intervention (FFI) being applied.	Stuart Langston	CED
CED R088	Future and current equal pay claims including settlement of, or adverse findings in ET of existing equal pay claims	Wally Stagg	CED
CED R061	Electoral problems / failures / legal challenges lead to Mayor / Councillors not being elected to Council	Peter Devlin	CED

4.1 Appendix A

SECTION 1 OUTCOME DETAILS			
Outcome:	33. Ensure the effective implementation of significant government policy changes	Theme:	Organisational Development

Lead Dept:	Chief Executives	Other Contributors:	
-------------------	------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Review implementation of Open Data White paper requirements	Oct 13	Catherine Grimwood	CED
Implement and monitor Local Welfare Support Scheme (Local Social Fund responsibility)	Dec 13	John Morton	CED
Implement and monitor Local Council Tax Support scheme	Sep 13	John Morton	CED
Implement Government Auto Enrolment Pension Reforms	Jun 13	Kevin Shears	CED
Implement PAYE Real Time Information programme	Apr 13	Kevin Shears	CED
Develop implementation strategies for Pension Changes 2014	Mar 14	Kevin Shears	CED
Implement Council Tax exemptions / discounts technical changes	Mar 14	Roy Horseman	CED
Implement statutory acts of compliance with regards to new and emerging legislation including commencement provisions and secondary legislation of the Localism Act 2011, Police Reform and Social Responsibility Act 2011, Protection of Freedom Act 2012 and the Health and Social Care Act 2012.	Mar 14	Peter Devlin	CED

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
None Identified								

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
None Identified			

Summary of Scrutiny Forum Discussions – January 2013

Members of all Scrutiny Forums welcomed the opportunity to comment on the proposals. Discussions were wide ranging and a number of issues regarding service provision were discussed.

The proposed 2013/14 Council Plan has been amended as a result of the discussions, specifically:

Outcome 7 – To promote opportunities for all children and young people to reach their full potential by accessing good quality teaching and curriculum provision which fully meets their needs and enables them to participate in and enjoy their learning

Members raised concerns about the numbers of secondary schools deemed satisfactory/requires improvement by OFSTED and the impact this may have on the numbers of pupils attaining 5 A*-C grades at GCSE (including English and Maths). Members were particularly concerned about the effects on looked after children and suggested that it should be considered moving the related indicators from monitored to targeted, with the national average being suggested as a suitable target.

The indicators and targets, where they have been set, are included in Outcome 7 of the Council Plan, and are summarised below:

Code	Indicator	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 99	Percentage of looked after children reaching level 4 in English at Key Stage 2	40%	50%*	30%*	CAD
NI 100	Percentage of looked after children reaching level 4 in mathematics at Key Stage 2	40%	50%*	30%*	CAD
NI 101	Percentage of looked after children achieving 5 A*- C GCSEs (or equivalent) at Key Stage 4 (including English and mathematics)	25%	13%	35%	CAD
NI 102a	Percentage gap between pupils eligible for free school meals and their peers achieving at least level 4 in English and Maths at Key Stage 2	Not Applicable (monitored)	To be set	To be set	CAD
NI 102b	Percentage gap between pupils eligible for free school meals and their peers achieving 5 A*- C grades at GCSE (and equivalent) including GCSE English and Mathematics at Key Stage 4	Not Applicable (monitored)	To be set	To be set	CAD

* Note: specifically for NI 99 and NI 100 the targets are reached based on the pupils currently Looked After and on the assumption that it will be the same pupils at the measurement point. Each individual's current and prior attainment is taken into account when setting the targets hence the variation. The cohort is very small in numbers and therefore a small change in attainment can result in a significant change in the PI outturn.

Outcome 28 - Deliver effective customer focussed services, meeting the needs of diverse groups and maintaining customer satisfaction

Extra action added in following comments made at Scrutiny Coordinating Committee:

Undertake a review of the advice and guidance services provided by the council to the public with a view to determining their most effective delivery and as part of this a review of the current provision of services through the contact centre”

The action, shown below, has been added to Outcome 28 in the proposed Council Plan.

Action	Due Date	Assignee	Dept
Undertake a review of the advice and guidance services provided by the council to the public with a view to determining their most effective delivery and as part of this a review of the current provision of services through the contact centre	Aug 13	Graham Frankland	CED

CABINET REPORT

18th March 2013



Report of: Director of Child and Adult Services

Subject: YOUTH JUSTICE STRATEGIC PLAN 2013-2014

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Budget and Policy Framework.

2. PURPOSE OF REPORT

2.1 To set out proposals for the strategic planning of local Youth Justice priorities in Hartlepool for 2013-2014.

3. BACKGROUND

3.1 The National Youth Justice Performance Improvement Framework is the Youth Justice Board's primary tool for monitoring and securing performance improvement across Youth Offending Services in England and Wales. The Framework includes a range of elements that work together to improve practice and performance. The framework builds upon the statutory responsibilities for Youth Offending Services established under the Crime and Disorder Act 1998 through a requirement for all Youth Offending Services to annually prepare, as part of the local business planning cycle, a local Youth Justice Plan for submission to the Youth Justice Board.

3.2 Local youth offending services are monitored and guided by the Youth Justice Board and continue to be required to submit the annual Youth Justice Strategic Plan for consideration. To this end, planning has commenced to review the current plan (2012-2013) and prepare the local Youth Justice Plan in line with existing guidance for 2013-2014.

4. PROPOSALS

4.1 Whilst the local Youth Offending Service partnership can develop its own structure and content of the Youth Justice Plan, national guidance suggests the Plan should address four key areas and it is these areas that will be refreshed to reflect the position for the service going forward.

- Resourcing and value for money - The sufficient deployment of resources to deliver effective youth justice services to prevent offending and re-offending.
 - Structure and Governance - The Plan will set out the structures and governance necessary to ensure the effective delivery of local youth justice services. The leadership composition and role of the multi agency Youth Offending Service Management Board are critical to this.
 - Partnership Arrangements - To demonstrate that effective partnership arrangements are in place between the Youth Offending Service, statutory partners and other local partners that have a stake in delivering youth justice services and that these arrangements generate effective outcomes for children and young people who offend or are at risk of offending.
 - Risks to Future Delivery - To ensure the Youth Offending Service has the capacity and capability to deliver effective youth justice services, identifying risks to future delivery and the Youth Offending Service's partnership plans to address these risks.
- 4.2 The 2012- 2013 Youth Justice Plan was comprehensive and it is envisaged at this stage that many of the key strategic objectives, previously established for Youth Justice, will be rolled over into 2013-14 with only minor modifications.
- 4.3 The planning framework to support the development of the 2013/2014 Youth Justice Strategic Plan will draw upon the appraisal of the Youth Justice Boards Regional Partnership Manager, the local Youth Offending Service Strategic Management Board alongside the views and opinions of service users, staff and key partners which were established during the recent Youth Justice Peer Review. Further to this, the plan will acknowledge the role of the Youth Offending Service in taking forward the priorities of the recently elected Cleveland Police and Crime Commissioner.
- 4.4 The local planning framework incorporates input from Children's Services Scrutiny Forum (16th April 2012), alongside the opportunity for Cabinet to comment on the plan as part of the decision-making process.
- 4.5 The local Youth Justice Strategic Plan will summarises each of the key service priorities and actions for 2013 – 2014 and will establish responsibility across the Youth Offending Service and the Youth Offending Strategic Board for taking each improvement activity forward within agreed timescales.

5. RECOMMENDATIONS

- 5.1 Cabinet is requested to approve the process for the development of the Youth Justice Strategic Plan for Hartlepool 2013 – 2014 and for referral to the Children's Services Scrutiny Forum.

6. REASONS FOR RECOMMENDATIONS

- 6.1 The Youth Justice Strategic Plan is a statutory requirement and forms part of the Budget and Policy Framework.

7. BACKGROUND PAPERS

- 7.1 The following background papers were used in the preparation of this report:
- 7.2 The Youth Justice Boards: Youth Justice Performance Improvement Framework (Guidance for Youth Justice Board English Regions available at: <http://www.justice.gov.uk>)

8. CONTACT OFFICER

- 8.1 Sally Robinson, Assistant Director (Safeguarding and Specialist Services), Child and Adult Services, Hartlepool Borough Council, Level 4, Civic Centre, TS24 8AY. Tel 01429 523405. E-mail sally.robinson@hartlepool.gov.uk
- 8.2 Mark Smith, Head of Youth Support Services, Child and Adult Services, Hartlepool Borough Council, level 4, Civic Centre, TS24 8AY. Tel 01429 523405. E-mail mark.smith@hartlepool.gov.uk

CABINET REPORT

18th March 2013



Report of: Chief Executive

Subject: CORPORATE RESTRUCTURE

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Key Decision – Test i applies

Forward Plan Reference CE55/12

2. PURPOSE OF REPORT

2.1 This report is to make recommendations to Cabinet in respect of the Chief Officer structure of the Council for 2013/14 and 2014/15.

3. BACKGROUND

3.1 As Members are aware the Council is facing an even more difficult financial situation than was profiled when the last Spending Review was announced.

Over the course of the last three years the Council has reduced its Corporate Directors from four to two and its Assistant Directors from eighteen to twelve.

In addition the Assistant Director with responsibility for Education works two days per week at Darlington under a Service Level Agreement. Also the decision in respect of the replacement of the Head of Human Resources was put on hold last year.

The decision to appoint internally to the position of Director of Regeneration and Neighbourhoods was predicated on not backfilling the successful candidate's post. Finally we have not had a substantive Director of Child & Adult Services in post since the previous Acting Chief Executive left in October. In effect therefore there is currently one Director and nine and a half Assistant Directors forming the Council's Senior Management Structure.

I formally took up my post on 1st November 2012 and since then the Corporate Management Team has considered the current Corporate

Structure and has taken the opportunity to review the functional groupings in each Department.

Apart from delivering vital efficiency savings, the functional structures are expected to enable Departments to manage outcomes and risk, and to address the Council's aspirations going forward. The intention is to make changes where it would add value, and for these changes to be carried out through a managed and phased process which minimises disruption and periods of uncertainty.

4. PROPOSALS FOR 2013/14

4.1 Director of Child and Adult Services

- 4.1.1 As Members are aware from previous reports the Authority has been operating temporary arrangements in respect of the post (and statutory duties) of Director of Child and Adults Services since the previous post holder was appointed to the post of Acting Chief Executive in September 2011.

My appointment as Chief Executive in November 2012 has provided me with the opportunity to review the current arrangement, those other factors affecting this post and broader considerations relating to the Organisational Structure of the Council.

At a time of significant change in the Authority it is my view that it becomes increasingly important that the senior officer structure of the organisation is clear and that through the Corporate Management Team I have in place the structures and individuals to both provide advice and support for elected Members in determining the difficult decisions facing the Council.

The temporary arrangements that have been in place for the last 18 months have worked because of the exemplary nature and performance of the people who have been undertaking these roles. It has always been viewed as being a temporary arrangement and I would recommend that the Authority commence the process for the recruitment to this post as soon as possible.

The work which has been progressing in respect of collaboration over the last year did have the option that as part of this there may be some immediate decisions on joint management structures (at a Director level) and on this basis to retain maximum flexibility, given that the post in Hartlepool was vacant at that time, it made sense to maintain these arrangements. It will not be the case that the appointment of a joint director will form the basis of any proposals at this stage.

It is important to the Authority that the Corporate Management Team is clear, focused and in a position to best advise elected Members on the significant challenges we face over the course of the next six months. The challenges

are budgetary (in the light of the savings which are required); maintaining services (as a result of financial and demographic changes and the need to ensure that safeguarding issues are effectively addressed); and the effective governance and reputation of the Council (fundamental changes to the governance of the Council and a need to maintain its reputation) and I believe that appointing to this post is the most effective solution for the organisation.

It is my recommendation to Cabinet that the process for the recruitment to the post of Director of Child and Adult Services should commence and that an appointments panel be established by Council as soon as practicable.

4.2 Chief Executive's Department

4.2.1 It is recommended that the Chief Customer and Workforce Services Officer post be removed from the structure and await the collaboration proposals in respect of Corporate Services and to ascertain what, if any, strategic Human Resources advice needs to be sourced from within the Tees Valley. In financial terms Members will recall that 50% of the budget for this post was taken as a saving as part of the 2011/12 budget.

4.2.2 The current functional structure is set out below:

Chief Executive

<i>Assistant Chief Executive</i>	<i>Chief Customer and Workforce Services Officer</i>	<i>Chief Solicitor</i>	<i>Chief Finance Officer</i>
Policy & Performance Consultation E-Government / ICT and Corporate support Public Relations Business Transformation Scrutiny Democratic Services LSP / LAA	Human Resources Business Partners Human Resources Business Teams Health, Safety & Wellbeing Organisational Development Customer Services (incl Diversity) Hartlepool Connect Registrars Benefits (Inc Fraud and control) & Means Tested Services Revenues Collection Payments/Payroll Departmental Administration function Business Continuity	Legal Elections Land Charges Member services ----- Monitoring Officer	Audit and Governance Accountancy Financial Management (Corporate) ----- S 151 Officer

4.2.3 If it is agreed to remove the post of Chief Customer and Workforce Services Officer then the functions as set out above will be re-assigned as follows:

**2013/14
CHIEF EXECUTIVES DEPARTMENT**

Chief Finance Officer	Chief Solicitor	Assistant Chief Executive
<ul style="list-style-type: none"> Financial Management (Corporate) Audit and Governance Accountancy Financial Management Benefits (inc fraud and control) and means tested services Revenues Collection Payments/Payroll Insurances Social Fund 	<ul style="list-style-type: none"> Legal Elections Land Charges Members Services 	<ul style="list-style-type: none"> Public Relations ICT Policy/Performance/Partnerships Complaints/Consultation Scrutiny Democratic Services PA's Workforce Development Human Resource Business Partners and Human Resources Business Teams Organisational Development Customer Services/Hartlepool Connect Registrars Equality/Diversity Departmental Administration Function Health, Safety and Wellbeing
Section 151 Officer	Monitoring Officer	

N.B. New/changed functional responsibilities are shown in bold.

4.2.4 There is an fundamental in-depth review being undertaken at present by the Assistant Director (Resources) into all aspects of our face to face contact and interaction with the public, particularly in light of the current Welfare Reforms, which may have an impact on this functional structure during 2013/14.

4.3 Child & Adult Services Department

4.3.1 The current 2012/13 structure is set out below:

Director of Child & Adult Services

Assistant Director Prevention, Safeguarding & Specialist Services	Assistant Director Performance & Achievement	Assistant Director Adult Social Care	Assistant Director Community Services
Safeguarding, Assessment & Support Children looked after and leaving care Children with disabilities Fostering and adoption Safeguarding and Review/ Independent Reviewing Officers Local Safeguarding Children Board Children's Strategic Commissioning Parenting and Acorn Team Integrated Youth Support Services Youth Offending Service Early Intervention and Prevention Services Extended School and Children's Centre development Sure Start Early Years Team (including Play)	School improvement monitoring, challenge and support Curriculum development & enrichment Performance management and self-evaluation Pupil Referral Unit ICT in schools Transformation of Learning Primary Capital Programme Social & Educational Inclusion School Transformation Special Educational Needs Educational Psychology Early Years Foundation Stage Quality Performance Management and Management Information Departmental Administration Schools Admission and School Place Planning	Older Peoples Commissioning Mental Health Commissioning Commissioning for Working Age Adults Social Care Transformation Adult Social Work Teams <ul style="list-style-type: none"> • Older People • Learning Disabilities • Physical Disabilities • Sensory Loss Safeguarding Vulnerable Adults Integrated Mental Health Services Occupational Therapy Early Intervention & Reablement Assistive Technology Carers Direct Care and Support Services Day Services Commissioned Services Team	Sport & Recreation: Three Leisure Centres, Sport & Physical Activity, Grayfields Football Development centre, Carlton Outdoor Education Centre, Primary Swimming programme, Summerhill Country Park Culture & Information Services: Hartlepool Maritime Experience, Museums & Art Gallery, Tourist Information, Arts Development, Strategic Events, Town Hall Theatre and Borough Hall. Central Library, 4 branch libraries, mobile library, home library service, Community centres and youth facilities. Adult Education: Community based learning serving over 3000 students pa. Tees Archaeology: Historic Environment Record management and planning advice Workforce Development and Training for the Department Departmental Development & Complaints

4.3.2 It is proposed that the Chief Officer post designated Head of Planning and Development, which currently reports to the Assistant Director (Performance and Achievement), be deleted from the establishment. As this post is funded from Reserves until 2015 there will not be an ongoing General Fund revenue saving. This proposal will reduce the call on the earmarked reserve earlier than previously anticipated. A detailed assessment of the remaining commitments against this reserve will be completed to determine if there is a residual balance or funding shortfall and these details will be reported to a future meeting. However since the demise of Building Schools for the Future it is unsustainable to continue with a Chief Officer post with such limited functional responsibility.

4.3.3 The proposed 2013/14 structure is set out below:

Director of Child & Adult Services			
Assistant Director Children's Services	Assistant Director Education	Assistant Director Adult Services	Assistant Director Community Services
Children's Social Care Local Safeguarding Children Board Children's Strategic Commissioning Youth Support Services Early Intervention and Prevention Services Principal Social Worker (Child and Adults)	School Improvement Service Special Educational Needs Educational Psychology School Capital (in partnership with R&N) School Admissions and School Place Planning Departmental Administration Post 16 Further Education	Adults Social Care Adults Strategic Commissioning Safeguarding Vulnerable Adults Board Early Intervention and Reablement Commissioned Services Team Performance Management and Management Information	Sport & Recreation Culture & Information Services Adult Education Tees Archaeology Workforce Development Departmental Development & Complaints

N.B. New/changed functional responsibilities are shown in bold

4.4 Regeneration & Neighbourhoods Department

4.4.1 The current 2012/13 structure is set out below:

<p align="center">Director of Regeneration and Neighbourhoods</p>
--

Assistant Director Regeneration and Planning	Assistant Director Neighbourhood Services	Assistant Director Resources	Assistant Director Transportation & Engineering
Building Control	Facilities Management	Support Services	Integrated Transport Unit
Economic Development	Waste and Environmental	Strategic Procurement and Reprographics	Engineering Design and Management
Planning Services	Parks and Countryside	Logistics	Highways, Traffic and Transportation
Housing Services	Neighbourhood Management	Building Design and Management	Emergency Planning Unit
Public Protection	Community Safety	Property Management	Business Continuity
		Estates and Asset Management	

- 4.4.2 With the appointment of the Assistant Director (Neighbourhood Services) to the post of Director the following functional structure is recommended for 2013/14:

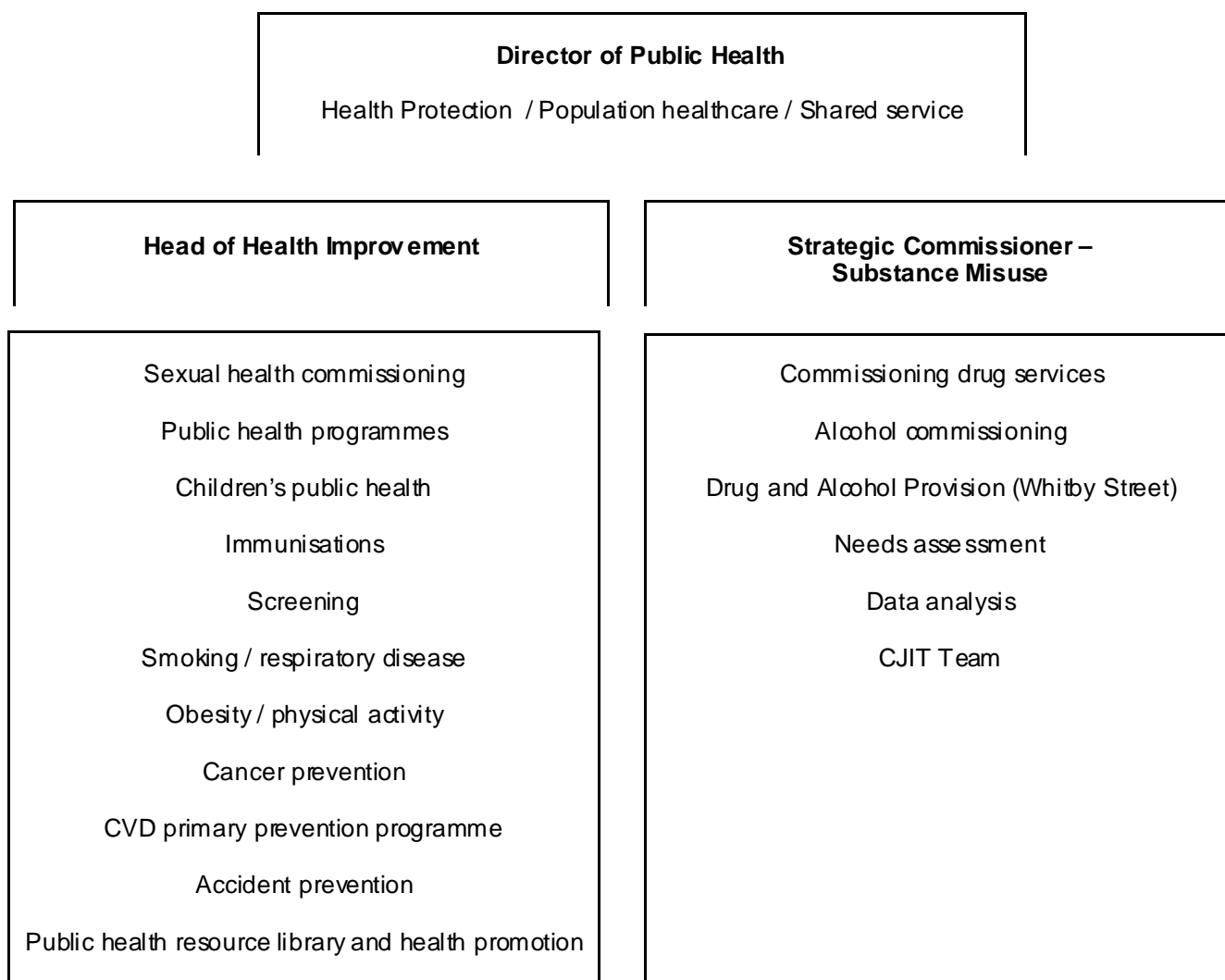
Director of Regeneration and Neighbourhoods	Neighbourhood Management / Community Safety
--	--

Assistant Director (Resources)	Assistant Director (Neighbourhoods)	Assistant Director (Regeneration)
<ul style="list-style-type: none"> • Support Services • Strategic Procurement and Reprographic • Logistics • Property Management • Building Design and Management • Facilities Management 	<ul style="list-style-type: none"> • Integrated Transport Unit • Traffic & Transportation • Highways & Street Lighting • Highway Asset Management • Engineering Design and Management • Emergency Planning Unit • Business Continuity • Parks and Countryside • Waste and Environment 	<ul style="list-style-type: none"> • Building Control • Economic Regeneration • Housing Services • Public Protection • Planning Services • Strategic Asset Management

4.5 Public Health

4.5.1 As Public Health becomes the responsibility of the Council from April 2013 the following functional structure is proposed initially. This is entirely a functional structure without Assistant Directors. During the course of the year this will be reviewed with a view to bringing together those functions we would class as Public Health during 2013/14 and into 2014/15.

4.5.2 The current structure is set out below:



5. PROPOSALS FOR 2014/15

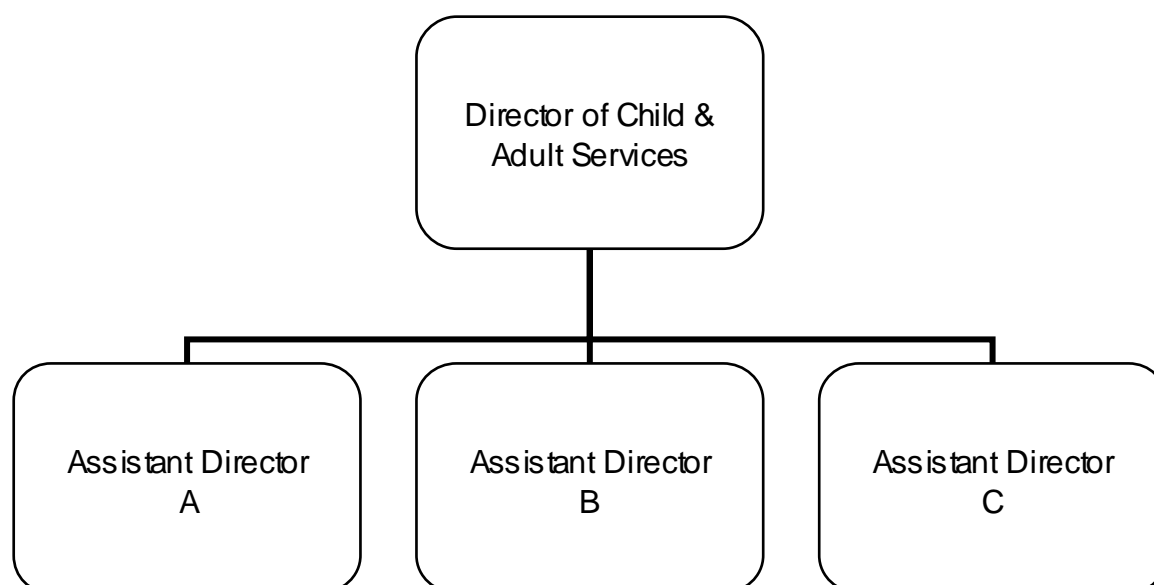
5.1 Chief Executive's Department

- 5.1.1 It is not proposed to make any functional changes during this period but there will be a review of all services within the Department and where appropriate consideration will be given to any review of service provision and Officer structure in order to streamline that provision and to achieve efficiencies which will contribute to the substantial level of savings needed in this current and future years.

Part of this will include a review of the functional responsibilities of the Director of Public Health although I will be considering other aspects as part of this review.

5.2 Child and Adult Services

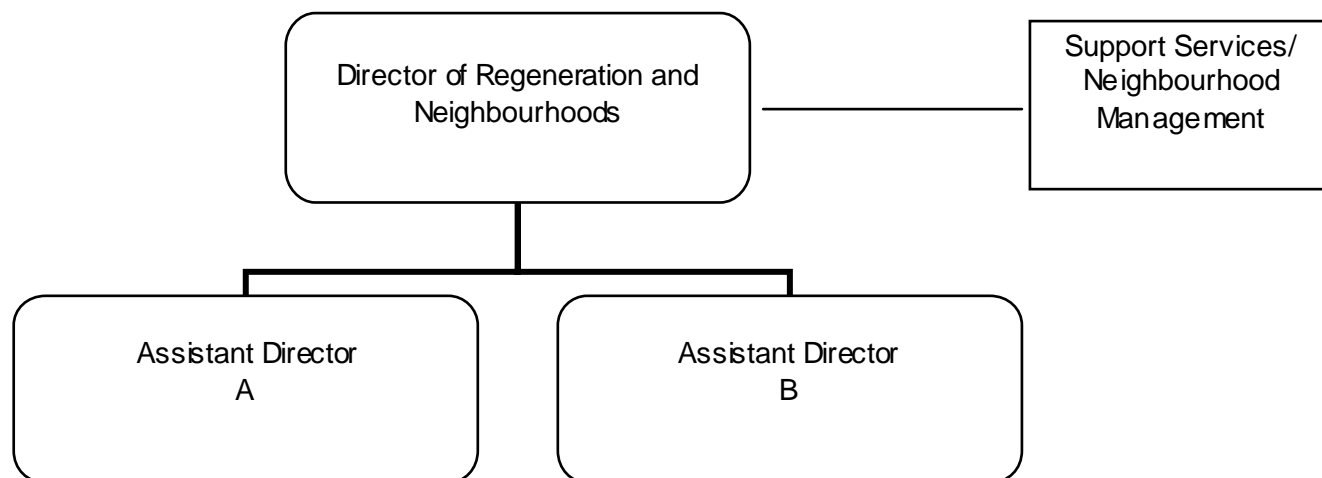
- 5.2.1 It is recommended that the number of Divisions within this Directorate be reduced from four to three with the functions shared out across all three Council Departments.
- 5.2.2 It is recommended that the 2014/15 Departmental structure be as follows:



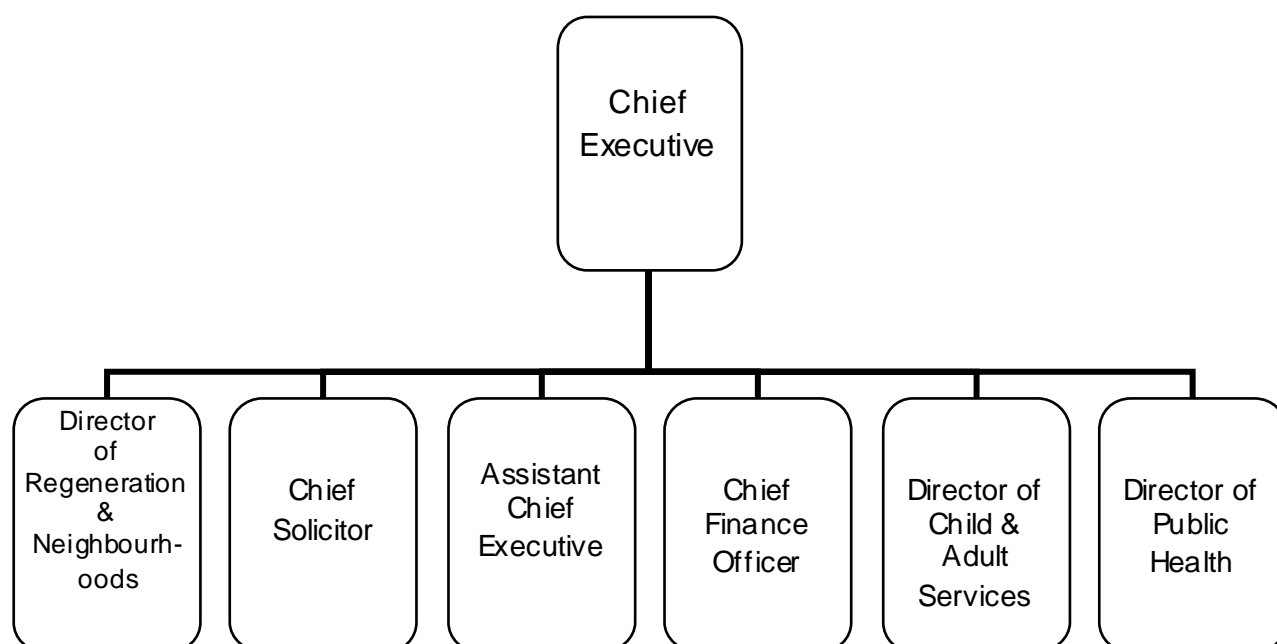
5.3 Regeneration and Neighbourhoods Department

- 5.3.1 It is recommended that the number of Divisions within this Directorate be reduced from three to two with the functions reallocated to the remaining two Divisions with some functions within this Department possibly reverting to the Director of Public Health.

5.3.2 It is therefore recommended that the 2014/15 Departmental structure be as follows:



5.3.3 2013/15 Corporate Structure



6. JOB EVALUATION PROCESS

- 6.1 As Members are aware, Chief Officer posts are scheduled to be re-evaluated every three years. Because of uncertainties in respect of collaboration, political structure and the financial climate the review due in April 2012 was not carried out.
- 6.2 However, based on the proposals set out in this report the North East Regional Employers Organisation has carried out a re-evaluation of the banding for each Assistant Director/Chief Officer post in the Authority and the results of this job evaluation are set out in the exempt Appendix A.

This item contains exempt information under Schedule 12A of the Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely, Para 2 – Information which is likely to reveal the identity of an individual).

7. DEPUTIES

- 7.1 Members will recall that currently each Directorate has two deputies and with the considerable reduction in numbers of Assistant Directors it is recommended that the positions of Deputy be removed other than the Deputy S151 Officer and the Deputy Monitoring Officer and in the event of a Director being unavailable then depending on the function requiring a decision the appropriate Assistant Director be authorised to make that decision.

8. SLOTTING IN AND APPOINTMENT PROCESS

- 8.1 The principles of implementation reflect the Council's previous approach to change management. This has included:
- Confirming employees in posts on the structure where there is limited or no change to duties and responsibilities.
 - Slotting in current employees where the post on the new structure is deemed comparable but not the same.
 - Early retirement and voluntary redundancy applications from Chief Officers.
 - Application of salary grades from the date new responsibilities transferred.

The proposals in relation to this are attached as Appendix B in the exempt section of the report.

This item contains exempt information under Schedule 12A of the Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely, Para 2 – Information which is likely to reveal the identity of an individual).

9. TIMETABLE

- 9.1 Implementation of the proposed Chief Officer Structure is scheduled to take place on Monday 22nd April 2013 following Cabinet (18th March 2013) and Council (15^h April 2013) approval.

10. PROPOSED REDUNDANCY

- 10.1 All Chief Officers have been consulted as part of the review and restructuring proposals. To-date no alternatives to redundancy have been found.
- 10.2 Notice of redundancy is scheduled to be given to the employee following approval by Cabinet (18th March 2013) and Council (15^h April 2013). During the notice period all individuals will continue to be registered under the Compulsory Redundancy Redeployment Procedure where the Council will look to seek alternative employment. If this is successful then the redundancy notice will be retracted.

11. EMPLOYMENT DETAILS AND COSTS

- 11.1 The employee, their post and redundancy costs are listed on the attached exempt spreadsheet (Appendix C), identifying a leave date of 31st July 2013.

This item contains exempt information under Schedule 12A of the Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely, Para 2 – Information which is likely to reveal the identity of an individual).

12. RISKS

- 12.1 It should be noted that with any dismissal there is always a risk of an unfair dismissal claim to an Employment Tribunal. An assessment of the processes applied and the impact on individuals has been made and identified that a full and equitable process has been followed to date and will continue to be applied.
- 12.2 If notice to terminate the employment contract was delayed and the employees continue to be employed in a supernumerary capacity, where there is no saving, the Council would incur additional cost. No funding has been identified by the Council to support this option.

13. FINANCIAL IMPLICATIONS

- 13.1 The proposals suggested will produce a net General Fund financial saving in respect of Chief Officers in 2014/15 of £335k (£331k at the maximum of the grade). There will also be a one off cumulative saving of £170k for 2012/13

and 2013/14, net of back pay to the date duties and grades changed, which will need to be used to address the budget shortfall in the these and future years. The 2013/14 saving will be reduced slightly if the new structure is not implemented from 1st April 2013.

However, we cannot provide a safe and adequate service in all areas if we take this revenue saving in full.

- 13.2 In addition to the General Fund Budget saving there will also be a reduced call in 2013/14 and 2014/15 of £164k on the earmarked Building Schools for the Future reserve as detailed in paragraph 4.3.2. A detailed assessment of the remaining commitments against this reserve will be completed to determine if there is a residual balance or funding shortfall and these details will be reported to a future meeting.
- 13.3 As Members are already aware we have made swingeing cuts at Senior Managerial level and a large element of that “saving” will have to be reinvested in service delivery in order to maintain safety and standards.
- 13.4 It is recommended therefore that any savings realised as a result of this restructure be held until each Department considers what, if any, additional resource is needed in order to ‘fulfill’ both statutory and policy requirements to function properly and safely. Details of the net General Fund saving which can be realised will be reported to a future meeting and then included in the Medium Term Financial Strategy for 2014/15. Where a part year saving can be identified in 2013/14 this will be reported within the 2013/14 financial management report, alongside forecast outturns for other budget and risks to enable Members develop a financial strategy for managing those issues which may arise in 2013/14 outside the approved budget.

Members will note from the Chief Officer review that 3 posts have been recommended for grading changes. The costs of these 3 changes will be calculated at the top of band and are reflected in the net saving identified at paragraph 13.1.

14. CONSULTATION

- 14.1 The Hartlepool Joint Trade Unions Committee (HJTUC) have been provided with a copy of this report and asked for written comments by 15th March 2013. Trade Unions representatives have also been invited to attend Cabinet and to present their comments. Any written comments from the HJTUC received before the Cabinet meeting will be circulated as soon as possible.
- 14.2 All Chief Officers have been provided with a copy of this report and the agreed consultation process has been followed. Comments and any revised recommendations arising from those comments will be presented at the Cabinet meeting.

15. RECOMMENDATIONS

15.1 That Cabinet approves:

- (a) the appointment of a Director of Child & Adult Services
- (b) the removal of the posts for 2013/15 as set out in this report
- (c) the functional structures for 2013/14, which will provide a permanent General Fund saving of £331k;
- (d) and notes we cannot provide a safe and adequate service in all areas if we take this revenue saving in full and a further report will be submitted to Members to address this issue and determine the net saving which can be taken to reduce the 2014/15 budget deficit.
- (e) the removal of the role of Deputy Directors
- (f) the gradings as set out in the Not for Publication appendix from the dates detailed in the report
- (g) that because this structure will service the new Governance arrangements this report be referred to Council for approval.

16. BACKGROUND PAPERS

16.1 Exempt LGE Report attached as Appendix A.

17. CONTACT OFFICER

17.1 Any queries contact Dave Stubbs, Chief Executive on 01429 523001.

<p style="text-align: center;">Cabinet 18th March 2013</p>



Report of: Director of Public Health

Subject: FINAL DRAFT OF THE JOINT HEALTH AND WELLBEING STRATEGY

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Key decision CAS006/13, test (i) and (ii) apply.

2. PURPOSE OF REPORT

2.1 The purpose of this report is to present to Cabinet the final draft of the joint Hartlepool Health and Wellbeing Strategy (JHWS) for agreement.

3. BACKGROUND

3.1 NHS reforms require the Local Authority with partner agencies including the NHS to develop a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment (JSNA). The final strategy must be adopted by April 2013. The strategy should focus on not only protecting the health of the population but improving it through a range of evidence based interventions.

3.2 The strategy is based on the Marmot Report (2010) focusing on the following policy areas:

- Give every child best start in life
- Enable all children and young people to maximise capabilities
- Enable all adults to maximise capabilities
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places
- Strengthen the role and impact of ill health prevention

4. CONSIDERATIONS FOR CABINET

4.1 The following amendments have been made to the draft Health and Well Being Strategy since the second draft was presented to Cabinet:

- Foreword added
- Section 3. The Case for improving Health and Wellbeing in Hartlepool. The map showing life expectancy within our old wards has been replaced with two new maps. The first (figure 1) shows levels of deprivation within our new wards and the second (figure 2) shows the Standard Mortality Ratio within the new Wards and the correlation between poor health and deprivation.
- Section 7. Strategic Priorities
The Key Outcomes and Objectives of the strategy have been added to this section.
A new objective has been added to Outcome 2 'Develop and deliver new approaches to children and young people with special educational needs and disabilities'
- Section 8. Strategy Ownership and Review.
This section has been added to explain the strategy ownership and how the Annual Action Plan will be managed and reviewed.
- Appendix 3 - The NHS Hartlepool Stockton on Tees CCG Plan on a page has been updated.

4.2 The annual action plan for the strategy is still being revised and the final version of this plan will be presented with the strategy to full Council and CCG Governing Body in April 2013.

5. RECOMMENDATIONS

5.1 Cabinet is asked to agree the final version of the Hartlepool Health and Wellbeing Strategy.

6. REASONS FOR RECOMMENDATIONS

6.1 A joint Health and Well Being Strategy is required to be produced under the Health and Social Care Act 2012.

7. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

Final draft of Hartlepool Health and Well Being Strategy

8. BACKGROUND PAPERS

- 8.1 Healthy People, Healthy Lives: Our strategy for Public Health in England - DH November 2010.
Second draft of Hartlepool Health and Well Being Strategy – February 2013.
Second Draft Strategy Action Plan – February 2013.

9. CONTACT OFFICER

Louise Wallace
Director of Public Health
4th Floor Civic Centre
Hartlepool Borough Council

(01429) 266522

louise.wallace@hartlepool.gov.uk

**HARTLEPOOL HEALTH AND WELLBEING STRATEGY
2013-18**

|

DRAFT

Foreword

Healthy people living longer, healthier lives is the aspiration of the Hartlepool Health and Wellbeing Board.

This newly created Board brings together a range of agencies, including the Council and the Clinical Commissioning Group for the NHS, with a joint ambition to support people to make healthier choices, maximise opportunities for wellbeing and ensure a healthy standard of living for all.

This Strategy sets out how the Health & Wellbeing Board for Hartlepool intends to achieve this ambition.

The Strategy is not all about treating illness, although high quality accessible services are vital when needed; it is also about helping people to make healthier choices. Detecting illness early and ensuring people get effective and timely treatment is essential. Equally important for health is the need for people to live in good quality, affordable housing, with education and employment opportunities to maximise control and capabilities, as well as achieving a good standard of living for all.

This Strategy intends to address the challenges of ill health and premature death in Hartlepool. In Hartlepool there is a 9 year gap between affluent and deprived communities in how long a man might expect to live. This life expectancy gap is 7 years for women. This is a great social injustice, which is unfair and needs tackling through all of the interventions and actions proposed through this Strategy.

This Strategy is based on what you, the people of Hartlepool, have told the Health & Wellbeing Board matters. The public consultation that was undertaken when developing this Strategy showed that the people of Hartlepool wanted their children to have the “best start in life”.

Through the energy, effort and drive of all involved in this Strategy, that is what we aim to do. Not only give the “best start in life”, but the best health and wellbeing throughout life and make Hartlepool a healthier, happy and vibrant town.

Partnership organisations

To be added: Sign-up page with organisations' logos.

1. Vision

The vision of the Hartlepool Health & Wellbeing Strategy is to:

Improve health and wellbeing and reduce health inequalities among the population of Hartlepool.

This will be achieved through integrated working, focusing on outcomes and improving efficiency.

2. Purpose

The Joint Health and Wellbeing Strategy (JHWS) is a strategic document outlining how Hartlepool Borough Council, Hartlepool and Stockton Clinical Commissioning Group and other key organisations, through the Health and Wellbeing Board, will address the health and wellbeing needs of Hartlepool and help reduce health inequalities.

The Health and Social Care Act (2012) establishes Health and Wellbeing Boards as statutory bodies responsible for encouraging integrated working and developing a Joint Strategic Needs Assessment and Health and Wellbeing Strategy for their area¹. The Strategy is underpinned by the Joint Strategic Needs Assessment (JSNA) and together they will provide a foundation for strategic, evidence-based, outcomes-focused commissioning and planning for Hartlepool².

3. The case for improving health and wellbeing in Hartlepool

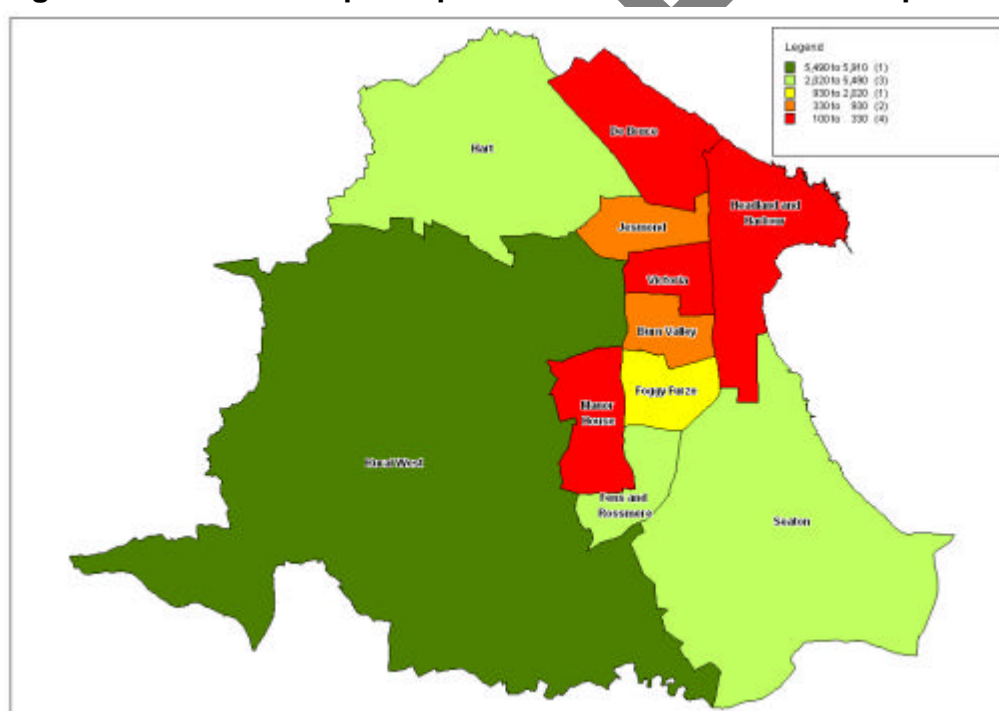
Health in Hartlepool is generally improving. There has been a fall in early deaths from heart disease and stroke; and the rate of road injuries and deaths is better than the England average³.

However, there is still much to do (**Box 1**). Health in Hartlepool is still worse than the national average. Levels of deprivation are higher and life expectancy is lower than the national average. **Figure 1** shows the levels of deprivation in Hartlepool and **Figure 2** shows the difference in Standard Morality Ratio (SMR) between the deprived and more affluent areas of the Borough.

Box 1: At a glance: Health initiatives and challenges in Hartlepool^p

- ? Levels of deprivation are higher and life expectancy is lower than the England average.
- ? Inequalities exist: life expectancy is 9 years lower for men living in the most deprived areas, compared to least deprived areas. The difference is 7 years for women.
- ? Over the last 10 years, the death rate from all causes has fallen for men but has fluctuated for women.
- ? The early death rate from cancer has changed little over the last 10 years.
- ? Both the death rate from smoking and the percentage of mothers smoking in pregnancy are worse than the England average.
- ? Alcohol-related hospital admissions are higher than the national average.
- ? Childhood immunisations rates are significantly lower than the national average.
- ? 25% of Year 6 pupils are classed as obese, this is the highest in the Tees Valley.

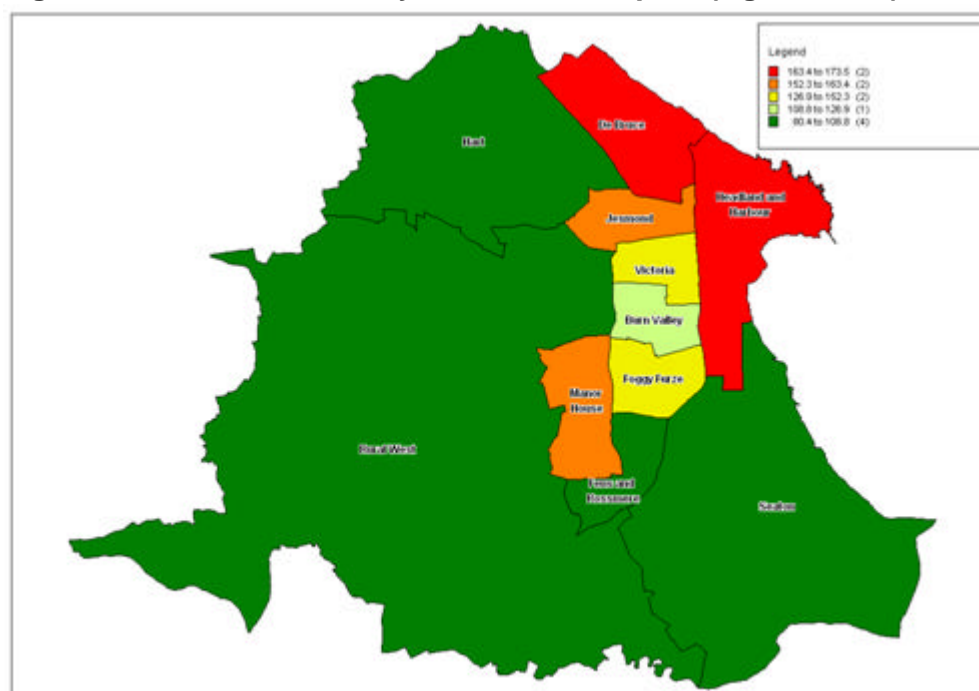
Figure 1: Index of Multiple Deprivation at Ward level in Hartlepool



The Index of Multiple Deprivation provides a relative measure of deprivation in small areas across England. They are based on the concept that deprivation consists of more than just poverty. Poverty is not having enough money to get by on whereas deprivation refers to general lack of resources and opportunities. The above map shows the levels of deprivation within Hartlepool by Ward. The IMD 2010, tells us that there are high levels of deprivation within six of Hartlepool's eleven wards; those being De Bruce, Headland and Harbour,

Victoria, Manor House, Jesmond and Burn Valley. There is a clear correlation between levels of deprivation and poor health. The lower a persons social position the more likely it is that his or her health will be worse.

Figure 2 : Standard Mortality Ratio in Hartlepool (Ages 0 – 64)



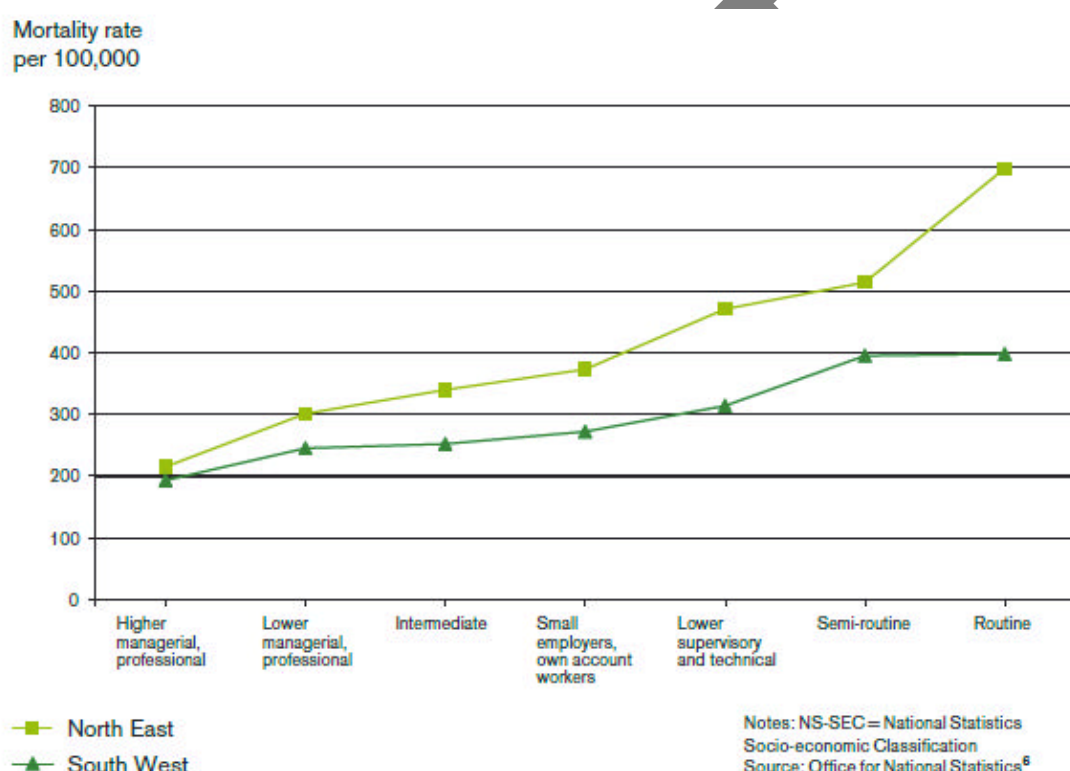
The Standard Mortality Ratio (SMR) compare local death rates with national ones. They are calculated by dividing the actual number of deaths in an area by the number that would be expected using National death rates by ages and sex of the population. The resulting number is multiplied by 100. If an area has an SMR of 100, this indicates that local death rates are similar to National rates. If they are greater than 100, this indicates higher death rates than the national average and vice versa. SMRs are often used as proxy indicators for illness and health within an area. Clearly there is a link between SMR and levels of deprivation with Hartlepool's most disadvantaged Wards having a significantly higher score than the national average.

There is a 9 year difference in male life expectancy between the most advantaged and the most disadvantaged wards in Hartlepool^{3,14}. We know that socio-economic inequalities lead to inequalities in life expectancy and disability-free life expectancy. Furthermore, the relationship between these is finely graded – for every decrease in socio-economic conditions, both life expectancy and disability-free life expectancy drop. Social and economic inequalities are important causes of this relationship⁴. In his *Strategic Review of Health Inequalities in England (2010)*⁴, Prof. Sir Michael Marmot argues that fair distribution of health, wellbeing and sustainability will impact positively on the country's economic growth. To improve health and wellbeing, action is needed

5.2 Appendix 1

across all social determinants of health to reduce health inequalities; and to make a difference, action to improve health and wellbeing should be across all socio-economic groups but tailored to a greater scale and intensity as the level of disadvantage increases⁴. As demonstrated in **Figure 3**, the effect of socioeconomic disadvantage on life expectancy is greater in more disadvantaged areas. However, the effect is also more pronounced in the North East compared to the South West, for all socioeconomic groups.

Figure 3: Age-standardised mortality rates by socioeconomic classification (NS-SEC) in the North East and South West regions, men aged 25-64, 2001-2003⁴



We also know that focusing on early years interventions – giving children the best start in life – helps deliver the greatest benefits in health inequalities and economic terms. Health and wellbeing improvements delivered during childhood can reap benefits both in early life and throughout the individual's life-course⁴.

4. What does this Strategy cover?

This Strategy outlines the strategic health and wellbeing priorities for Hartlepool. It builds on the good work already underway, whilst maximising the opportunity for better integration of services and closer partnership working presented by moving much of the NHS Public Health services, into Local Authorities. Working together with other areas in the North East will help achieve better outcomes and

5.2 Appendix 1

value, for the 'big issues' in health and wellbeing⁵. The Strategy supports the ten themes of *Better Health, Fairer Health* (2008)^{5,6} – the North East's vision and 25 year plan for improving Health and Wellbeing which is supported by other Local Authorities across the North East (**Box 2**).

Box 2: *Better Health, Fairer Health* (2008)^o

- ? Economy, culture and environment
- ? Mental health, happiness and wellbeing
- ? Tobacco
- ? Obesity, diet and physical activity
- ? Alcohol
- ? Prevention, fair and early treatment
- ? Early life
- ? Mature and working life
- ? Later life
- ? A good death

'Health and Wellbeing' has a broad remit and it will be important for a range of partner organisations to work together, to deliver improvement. This Strategy focuses on areas of work impacting directly on health and wellbeing, or acting as clear 'wider determinants' of health and wellbeing.

The National Review of Health Inequalities, 'Fair Society, Healthy Lives', led by Prof. Sir Michael Marmot, drew on extensive global research into Health inequalities. Reflecting on inequalities in our society and health inequalities in particular, Prof. Sir Marmot stated: *'To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. Greater intensity of action is likely to be needed for those with a greater social and economic disadvantage. But focussing solely on the most disadvantaged will not reduce the health gradient, and will only tackle a small part of the problem.'*

The Marmot review identified six 'Areas for Action'. These are:

- ? Give every child the best start in life;
- ? Enable all children, young people and adults to maximise their capabilities and have control over their lives;
- ? Create fair employment and good work for all;
- ? Ensure a healthy standard of living for all;
- ? Create and develop healthy and sustainable places and communities;
- ? Strengthen the role and impact of ill health prevention.

To focus activity in these areas, the key outcomes within this strategy reflect these wider determinants.

5.2 Appendix 1

Other elements of health and wellbeing (initially summarised by Dahlgren and Whitehead in their social model of health⁷ - **Appendix 1**) will be outside the direct remit and influence of the Health and Wellbeing Board and its partner organisations. They will be delivered through associated strategies and work programmes within Hartlepool Borough Council, the NHS and associated partners. Communication and governance processes will ensure links between departments and strategies to limit duplication, further build joint working and integration and enable economies of scale. The action plan underpinning the Strategy will define the activities needed to deliver the outcomes in the Strategy, and the partners responsible. The work will take place in the context of local service provision, including the Momentum project, which focusses on redesigning services and providing care closer to home.

5. Our Values

To work together successfully and achieve the vision set out in this Strategy, it is important that all organisations involved sign up to and work within, a set of shared values^{8,9}. For Hartlepool, these values fit with the proposed operating principles for Boards⁸ and the Board Terms of Reference. The values are:

- ? Partnership working and increased integration^{2,8} across the NHS, social care and Public Health
- ? Focus on health and wellbeing outcomes
- ? Focus on prevention
- ? Focus on robust evidence of need and evidence of 'what works'
- ? Ensure the work encompasses and is embedded in the three 'domains' of Public Health practice: Health Protection, Health Services and Health Improvement¹⁰
- ? Shared decision-making and priority-setting, in consultation with CCGs and other key groups
- ? Maintain an oversight of and work within the budgets for health and wellbeing
- ? Support joint commissioning and pooled budget arrangements, where all parties agree this makes sense
- ? Maximise the process of democratic accountability and develop the Strategy and related plans in consultation with the public and service users

The Health and Wellbeing Board and the Health and Wellbeing Strategy provide the opportunity to maximise partnerships and evidence base, generating new ways of tackling health and wellbeing challenges. This includes recognising and mobilising the talents, skills and assets of local communities to maximise health and wellbeing¹¹.

6. Identifying our key outcomes

The Strategy's key outcomes and objectives have been developed in consultation with stakeholders and with the following in mind:

? Services Hartlepool Borough Council will be mandated to provide from April 2013¹². The services are listed in **Appendix 2**.

? Clinical Commissioning Group draft plans

The Strategy has been developed in close liaison with the Clinical Commissioning Group for Hartlepool and Stockton-on-Tees, whose draft Clear and Credible plan¹³ has highlighted key challenges: cardiovascular disease; cancer; smoking –related illness e.g. COPD; alcohol-related disease. These areas reflect the results of a 2010 public engagement campaign, which recorded the views of 1883 people regarding priorities for them and their families. See **Appendix 3** for an overview of the draft CCG commissioning plan.

? The Health and Wellbeing Strategy should be read in conjunction with the Joint Strategic Needs Assessment (JSNA). The JSNA is currently being refreshed through engaging partners and will outline the commissioning intentions for health and social care. The JSNA website address is <http://www.teesjsna.org.uk/hartlepool/>

? Hartlepool Public Health Transition Plan

The transition plan outlines the proposed activity to be funded through the Public Health budget (**Appendix 4**).

Stakeholder engagement and consultation

It is very important that this Strategy reflects both the evidence available about population health and wellbeing need; and the views and priorities of stakeholders. Stakeholders have been involved throughout the development of the Strategy, including the public, service users and partner organisations. The Shadow Health and Wellbeing Board membership which owned the Strategy included LINKS representation, democratically elected members, NHS organisations and Local Authority representation.

A full consultation process provided the opportunity to identify the public's priorities for health and wellbeing in Hartlepool; and the outcomes of the consultation have been reflected in the priorities for the Strategy. The consultation process and a summary of its outcomes is outlined in **Appendix 5**.

7. Strategic priorities and objectives

The outcomes outlined within the Strategy reflect the 'areas for action' identified by Marmot reflecting the wider determinants of health and wellbeing.

5.2 Appendix 1

The key objectives that sit beneath each outcome are aligned with a number of key strategies being delivered across the Borough to ensure the effective coordination of delivery. The objectives show how the Health and Wellbeing Board for Hartlepool will deliver on the outcomes identified, and meet the challenge set out by Marmot's suggested 'areas for action'. The key objectives are:

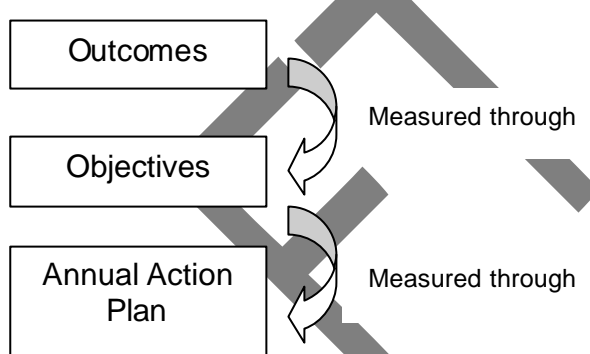
Outcome 1: Give every child the best start in life	
Objective A	Reduce child poverty
Objective B	Deliver early intervention strategy
Outcome 2: Enable all children and young people to maximise their capabilities and have control over their lives	
Objective A	Children and young people are empowered to make positive choices about their lives
Objective B	Develop and deliver new approaches to children and young people with special educational needs and disabilities.
Outcome 3: Enable all adults to maximise their capabilities and have control over their lives	
Objective A	Adults with health and social care needs are supported to maintain maximum independence.
Objective B	Vulnerable adults are safeguarded and supported while having choice and control about how their outcomes are achieved.
Objective C	Meet Specific Housing Needs
Outcome 4: Create fair employment and good work for all	
Objective A	To improve business growth and business infrastructure and enhance a culture of entrepreneurship
Objective B	To increase employment and skills levels and develop a competitive workforce that meets the demands of employers and the economy
Outcome 5: Ensure healthy standard of living for all	
Objective A	Address the implications of Welfare Reform
Objective B	Mitigate against the impact of poverty and unemployment in the town
Outcome 6: Create and develop healthy and sustainable places and communities	
Objective A	Deliver new homes and improve existing homes, contributing to Sustainable Communities
Objective B	Create confident, cohesive and safe communities
Objective C	Local people have a greater influence over local decision making and delivery of services
Objective D	Prepare for the impacts of climate change and takes action to mitigate the effects
Objective E	Ensure safer and healthier travel
Outcome 7: Strengthen the role and impact of ill health prevention	

5.2 Appendix 1

Objective A	Reduce the numbers of people living with preventable ill health and people dying prematurely
Objective B	Narrow the gap of health inequalities between communities in Hartlepool

Delivery on the objectives will be ensured through an annual action plan which supports this Strategy. The action plan specifies the detailed initiatives to deliver on the objectives and will also include, amongst others, the indicators identified in the Public Health Outcomes Framework¹⁵. **Figure 2** summarises the mechanism for ensuring delivery on the key outcomes.

Figure 2: Delivering on the key outcomes



Due to the broad nature of health and wellbeing, improvements will only be seen if the health and wellbeing agenda is also embedded in wider relevant Local Authority strategies and services. The action plan outlines how this is being done.

8. Strategy ownership and review

This Strategy is owned by the Health and Wellbeing Board. Although the Strategy is a 5 year document it will be reviewed by the Board every 3 years to ensure that it remains relevant and continues to reflect local priorities.

Each year the Board will agree an action plan setting out how the Strategy will be delivered. The action plan will set out agreed timescales for delivery and clear ownership for the actions. The action plan will also include a number of performance indicators which will be used to assess the progress being made. The key risks for implementing the Strategy will also be identified. The Board will monitor progress through quarterly performance reports and seek to maximise resources and secure new resources into the Borough.

The next review of the Health & Wellbeing Strategy will take place by April 2016.

References

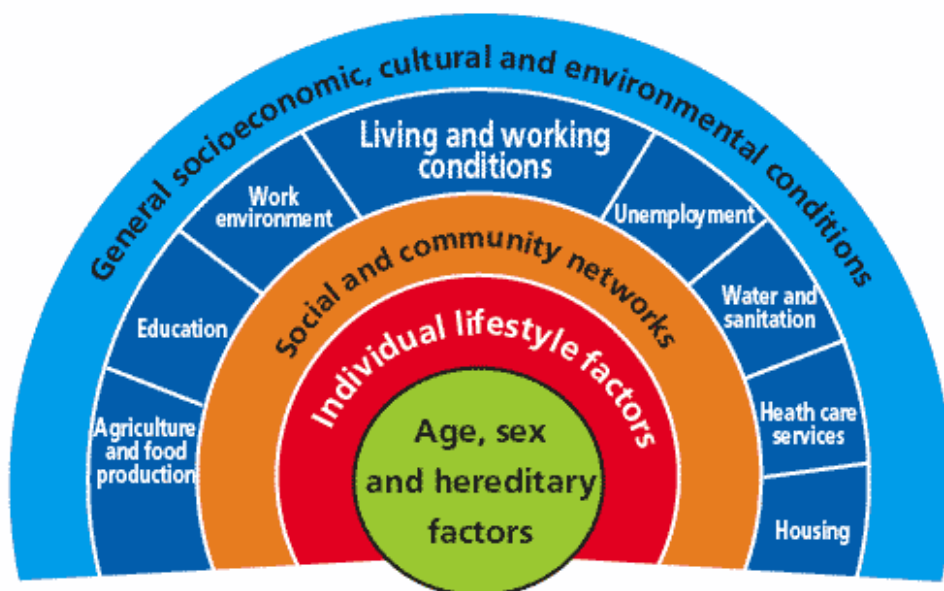
1. Local Government Improvement and Development (April 2011) Joint Strategic Needs Assessment: A springboard for action. Available from: <http://www.idea.gov.uk/idk/core/page.do?pagelId=26995274>
2. Nick Goodwin and Judith Smith for The King's Fund / Nuffield Trust (2011) Developing a nation strategy for the promotion of integrated care: The evidence base for integrated care. Slide pack available from: <http://www.nuffieldtrust.org.uk/our-work/projects/developing-national-strategy-promotion-integrated-care>
3. Department of Health / Association of Public Health Observatories (2006) Health Profile for Hartlepool 2006. Available from: <http://www.apho.org.uk/resource/item.aspx?RID=50770>
4. The Marmot Report (2010) Fair Society Health Lives: Strategic Review of Health Inequalities in England. Available from: <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>
5. Association of North East Councils (2011) Improving Health Task and Finish Report. Available from: <http://www.northeastcouncils.gov.uk/global/assets/documents/asset20111011104927.pdf>
6. NHS North East (2008) Better Health, Fairer Health. Available from: <http://www.northeast.nhs.uk/your-health/regional-strategy/>
7. Dahlgren G., Whitehead M. (1998) Health Inequalities. London HMSO
8. NHS Confederation (2011) Operating principles for health and wellbeing boards. Available from: <http://www.nhsconfed.org/Publications/reports/Pages/Operating-principles.aspx>
9. NHS Confederation (2011) From illness to wellness: Achieving efficiencies and improving outcomes. Available from: http://www.nhsconfed.org/Publications/Documents/illness_to_wellness_241011.pdf
10. Faculty of Public Health. Available from: www.fph.org.uk
11. Glasgow Centre for Population Health. (October 2011) Asset based approaches for health improvement: redressing the balance. Available from:

http://www.gcph.co.uk/assets/0000/2627/GCPH_Briefing_Paper_CS9web.pdf

12. Department of Health (2011) Public Health in Local Government
Available from: <http://healthandcare.dh.gov.uk/public-health-system>
13. Clinical Commissioning Group (December 2011) Good Health –
Everybody's business: A clear and credible plan for commissioning health
services for the populations of Hartlepool and Stockton-on-Tees 2012-
2017.
http://www.hartlepoolandstocktonccg.nhs.uk/includes/documents/About_Us/7239%20CCP%20north-m.pdf
14. Hartlepool Borough Council / NHS Hartlepool Hartlepool Joint Strategic
Needs Assessment. Available from:
<http://www.teesjsna.org.uk/hartlepool/>
15. Department of Health (2012) Healthy lives, healthy people: Improving
outcomes and supporting transparency. A public health outcomes
framework for England, 2013-2016. Available from:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358
16. Child and Maternal Health Observatory (March, 2012) Child health profile:
Hartlepool. Available from www.chimat.org.uk

Appendices

Appendix 1: Social model of health (Dahlgren and Whitehead, 1998)⁷



Appendix 2:

Local Authority mandated services¹²

Under the coalition government's proposals for the new Public Health system, Local Authorities will be mandated to provide the following from April 2013:

- ? Appropriate access to sexual health services
- ? Steps to be taken to protect the health of the population, in particular, giving the Director of Public Health a duty to ensure there are plans in place to protect the health of the population
- ? Ensuring NHS commissioners receive the public health advice they need
- ? The National Child Measurement Programme
- ? NHS Health Check assessment

Consideration is also being given locally to the various additional services not covered by this list, which would be important to continue to provide e.g. stop smoking services.

5.2 Appendix 1

Appendix 3: NHS Hartlepool and Stockton-On-Tees CCG – Plan on a Page 2013/14¹³

Vision (CCP page 7)	Strategic Aims (CCP page 12)	Transformational Work Streams & Cross cutting themes (CCP page 12)	Prioritised Initiatives (Commissioning Intentions) [link to outcome framework domains]	Outcome framework	Risks
To build 21 st century health services for and with the Stockton-On-Tees and Hartlepool communities so that health inequalities reduce and wellbeing continuously improves.	Bringing care closer to home	Health and Wellbeing	<ul style="list-style-type: none"> Commission sufficient capacity to meet the demand of the screening programmes Work with Primary Care Providers to increase uptake of bowel screening Reduce Hospital Admissions in relation to alcohol: <ul style="list-style-type: none"> Signposting to support services offered to patients identified Collaborate with Public Health in relation to delivery of the alcohol strategy and determine future requirements for commissioned services Reduce smoking prevalence: <ul style="list-style-type: none"> Collaborate with Public Health to develop a joint strategy in relation to smoking cessation services to improve access and attendance and focus on improving the quit rate of women smoking at time of delivery Ensure the smoking cessation services are linked to the Community Renaissance Teams Reduce COPD Admissions <ul style="list-style-type: none"> Carry out a review of acute and community respiratory services Commission a range of preventative initiatives such as self care packs and patient education 	<div>Preventing people from dying prematurely</div> <div>Enhancing quality of life for people with long-term conditions.</div> <div>Helping people recover from episodes of ill health or following injury</div> <div>Ensuring that people have positive experience of care</div> <div>Treating and caring for people in a safe Environment and protecting them from harm:</div>	Monitoring effective partnership and membership engagement
	Tackling Health Inequalities	Out of Hospital Care	<ul style="list-style-type: none"> Improve the Quality of Care within Residential and Nursing Homes <ul style="list-style-type: none"> All residential/ nursing home patients will have a regularly reviewed Health Care Plan (HCP) Triage and signpost patients who are not appropriate to be seen in A&E to the relevant care provider in order to support the re-education programme Implement management plans for all patients identified by the LACE tool as being at high risk of readmission Review and audit of the new community services model Developing integrated health care facilities in Stockton, Billingham, Hartlepool and Yarm To improve the quality and capacity in Primary Care <ul style="list-style-type: none"> Better understand capacity and demand within Primary Care to determine future commissioning intent Continue to support Primary Care in reducing variation in General Practice, both in terms of quality and financial spend Reduction in readmissions 		Balancing capacity and demand to counter the financial pressures of an ageing and growing population and technological advances
	Caring for an aging population	Acute In-Hospital Care	<ul style="list-style-type: none"> Continued Reduction in CQC Referrals Reduction in N/R ratio and review of Nurse delivered clinics Extend the Hartlepool plastics service to include access for Stockton patients Choose & Book <ul style="list-style-type: none"> Ensure letters are reviewed prior to clinics to ensure patients are attending correct clinics Ensure patients are redirected to most appropriate clinics where wrong referral has been made Ensure advice and guidance is available via Choose and Book Implement revised MSK pathway <ul style="list-style-type: none"> Pathway to include direct access to core Physiotherapy and direct access to MSK The CCG expects where referral is sent to incorrect, referral will automatically refer on to appropriate service without sending back to GP or requesting a re-referral Work with providers to reduce the number of delayed discharges Review of Commissioner Requested Services (CRS) to establish any additional services the CCG required Work with Provider to ensure that routine services are offered 7 days a week 		Contract Signature for 13/14
	Addressing our priority health conditions	Mental Health, Learning Disabilities and Dementia	<ul style="list-style-type: none"> Robust and accurate registers of patients with Dementia Development of a pilot memory clinic within a primary care setting Perinatal Mental Health - to ensure compliance with NICE guidance including potential for specialist community service Continued development of Mental Health Payment by Results Ensure CAMHS services meet NICE requirements and improves assessment to diagnosis waiting times Review of 'Stepping Forward' model for vulnerable, high activity MH patients Out of Area specialist placements/rehab services - to identify potential opportunities for developing services for low volume/high cost cases closer to home TLWW Primary Care Therapy Services - align both the funding and contract management to the existing Any Qualified Provider Development of alternative rehabilitation and recovery services to support complex individual residents Review current commissioning arrangements for specialist sensory assessments and develop local pathway E-Communications <ul style="list-style-type: none"> Implementation of e-discharge solution which transfers information directly into clinical system (inpatient and outpatients) Implementation of Choose and Book, including advice and guidance Provide independent assessments of individuals with Learning Dis abilities to establish to most appropriate packages of care that fulfil their needs Movement of patients from autism inpatient and assessment of treatment beds into community based settings Work collaboratively with Social Care Commissioners to deliver improved, joined up services to people whose needs are complex and whose behaviour is challenging to services Identify all young people that require a Health Action Plan Support Health funded individuals through bridging packages Support the use of quality checkers to advise on and highlight areas that may require reasonable adjustment 		Impact of transition of specialist commissioning to NHSCB
	Improving quality in primary care	Medicines Optimisation	<ul style="list-style-type: none"> Improve Costs in relation HCD spend <ul style="list-style-type: none"> Commissioned services will continue to use defined and standard list of drugs and indications that will be accepted for pass-through payment Existing contracts held by providers will be reviewed, and the CCG will be consulted on these prior to entering or re-negotiating a contract, for the provision of specialist drugs via a third party provider To improve the quality of discharge information and medication supply <ul style="list-style-type: none"> Patients will be provided with at least 28 days supply of long-term medicines, appliances and nutritional supplements on discharge Patients will be supplied a "monitored dosage system" where this was in use prior to admission, or has been deemed necessary by valid assessment during the in-patient stay Patients will be supplied full treatment course for all drugs where a defined treatment course is indicated e.g. antibiotics, steroids Self administration of medication in secondary care 		Transition and pace of change
	Ensuring quality and patient safety				Delay in implementing Momentum: Pathways to Healthcare
	Improving patient experience				
	Seeking best value for money within budget				

Appendix 4: Hartlepool Public Health Transition Plan: Proposed activity to be funded from the Public Health budget**NB:** Subject to confirmation of the budgets available.

Public health topic	Proposed activity to be funded from Public Health budget
Sexual health	Testing and treatment of sexually transmitted infections, fully integrated termination of pregnancy services, all outreach and preventative work
Immunisation against infectious disease	School immunisation programmes, such as HPV.
Seasonal mortality	Local initiatives to reduce hospital admissions and seasonal excess deaths
Accidental injury prevention	Local initiatives such as falls prevention and reducing childhood injuries
Public mental health	Mental health promotion, mental illness prevention and suicide prevention
Nutrition	Locally led initiatives
Physical activity	Local programmes to reduce inactivity; influencing town planning such as the design of built environment and physical activities role in the management / prevention of long term conditions
Obesity programmes	Local programmes to prevent and treat obesity, e.g. delivering the National Child Measurement programme; commissioning of weight management services
Drug misuse	Drug misuse services, prevention and treatment
Alcohol misuse	Alcohol misuse services, prevention and treatment
Tobacco control	Tobacco control local activity, including stop smoking services, prevention activity, enforcement and awareness campaigns
NHS Health check	Assessment and lifestyle interventions
Health at work	Local initiatives on workplace health and responsibility deal
Prevention and early presentation	Behavioural/ lifestyle campaigns/ services to prevent cancer, long term conditions, campaigns to prompt early diagnosis
Children's public health 5-19	The Healthy Child Programme for school age children, school nurses, health promotion and prevention interventions by the multi professional team
Community safety and violence prevention and response	Specialist domestic violence services that provide counselling and support services for victims of violence including sexual violence
Social exclusion	Support for families with multiple problems, such as intensive family based interventions

DRAFT

Appendix 5: Consultation process for identifying objectives

The Strategy consultation ran from June – October 2012, in line with Local Authority consultation processes and statutory responsibilities. It consisted of:

A 'Face the Public' event

Approximately 70 people attended, representing a range of organisations from the community, voluntary and statutory sector and elected members.

A resource-allocation exercise

Set up in a range of venues including the shopping centre, the library, children's centres, GP surgeries and youth centres. The exercise asked members of the public to allocate £25 'virtual pounds' across the Marmot policy areas. 465 members of the public took part. 'Giving every child the best start in life' was the most popular priority amongst participants with almost 30% of the total budget allocated to this area.

When broken down by the type of venue, 'giving every child the best start in life' is the most popular priority across all venues, however this percentage is significantly less in the results obtained within libraries, where there was a more even spread across each priority area.

The next most popular was 'ensure a healthy standard of living for all' (16%).

An online survey

Open to the general public, the survey asked respondents to prioritise a range of suggested interventions listed under each Marmot policy area. Respondents were asked to choose the 3 most important issues under each Marmot area. They were:

- ? Give every child the best start in life – levels of child poverty (60%) and better parenting (62%). Next most popular: early years education (up to age 5) 25%
- ? Enable all children and young people to maximise their capabilities and have control over their lives – employment and training (60%), educational attainment (48%), aspirations of young people
- ? Enable all adults to maximise their capabilities and have control over their lives – employment and training opportunities (81%), aspiration levels (58%), educational attainment (57%)
- ? Create fair employment and good work for all – access to good jobs (78%), access to good quality training (52%), young people not in education or training (46%)
- ? Ensure a healthy standard of living for all – job opportunities (63%), having the level of income needed for leading a healthy life (55%), unemployment levels (43%)
- ? Create and develop healthy and sustainable places – levels of anti-social behaviour (53%), access to good quality housing for all (48%), good quality transport (37%)

5.2 Appendix 1

- ? Strengthen the role and impact of ill health prevention – levels of obesity (62%), smoking levels (56%), alcohol intake (48%)

Free-text comments generally fitted with the areas of work that were presented as options for responders in the rest of the survey.

Consultation was also carried out with existing members of the LINKS. The draft Strategy was also shared with the CCG, through discussion at the CCG locality meeting, and through CCG membership on the Health and Wellbeing Board.

DRAFT

CABINET REPORT

18 March 2013



Report of: Corporate Management Team

Subject: THREE BOROUGH REPORT

1. TYPE OF DECISION/APPLICABLE CATEGORY

Key Decision tests (i) and (ii) apply. Forward Plan Reference No CAS 129/12.

2. PURPOSE OF REPORT

- 2.1 This report and the Business Case appearing at the Appendix ('the Business Case') set out a proposed approach to delivering full collaboration of people services functions including children's social care, adult social care and education services ('the People Services'), across Darlington, Hartlepool and Redcar & Cleveland Borough Councils.

3. BACKGROUND

- 3.1 With growing pressure to reduce costs and to find increasing efficiencies in service delivery, Councils have had to look at increasingly radical service delivery models in order to minimise the impact on front line services whilst still reducing costs.
- 3.2 It was in this context that Darlington, Hartlepool and Redcar & Cleveland Borough Councils began exploring potential collaborative opportunities. As smaller Unitary Authorities, each recognised the difficulty of making large scale savings from relatively small budgets spread across a diverse range of services. Members will recall that individual Cabinet agreement was sought in each Authority, to proceed with further detailed work to establish a Business Case for collaboration.
- 3.3 Initial feasibility work was conducted by Deloitte using the hypothesis that it would be possible for Council services to be more efficiently managed at greater scale, whilst not compromising sovereignty and political autonomy. Following this work, the three Authorities decided to build a business case for a three-way collaboration across people service areas. It is important to note that the conclusions of the Business Case and the recommended approach reinforce the outcomes of the original work conducted by Deloitte.

3.4 There are a number of benefits which have already arisen as a result of the work undertaken to date:

- Sector Led Improvement – Councils have supported one another with regard to actions arising from inspection and peer reviews. Each Authority has been able to learn from the strength of the others.
- Two of the Councils now share an Assistant Director for Education. This joint approach has been instrumental in accelerating the improvement of three schools due to a wider range of skills and experience than would have been available as a single Authority.
- Two of the Councils are examining ways in which Workforce Development can be delivered more efficiently across both areas.
- Two of the Councils are exploring the possibility of bringing together Youth Offending and Youth Services to improve service delivery and enhance resilience.
- Two of the Councils are pathfinders for the new SEN arrangements. This has provided additional resources and capacity to the delivery of improved outcomes for disabled children and their families.
- The development of shared parenting programmes is being explored.
- Benchmarking information on costs, structures and service delivery models, eg on education, have been shared and informed each Borough's own change programmes

3.5 In addition, there are a number of less formal benefits associated with collaboration. The fact that senior officers in People Services have spent time examining the way in which they each work has provided invaluable peer feedback about specific service delivery models and also provided a wealth of ideas for improvement.

3.6 The project has provided an opportunity for the Leader/ Elected Mayor of each Council as well as the elected Lead Members to meet on a more frequent basis than would otherwise have happened. They have established links at a political level that are likely to enhance joint working regardless of the decisions around implementation of a People Services collaboration.

3.7 The innovative approach demonstrated by this proposed collaboration also allowed the three Boroughs to jointly secure funding from LGA, as well as gaining recognition by them and others of the commitment of the three Boroughs to explore new ways of working to secure efficiencies whilst building resilience and protecting front line services.

3.8 Gateway Review.

Due to the uniqueness and complexity of the programme, the Programme Board engaged Professor John Bolton to conduct a Gateway review in October 2012 to provide some external challenge to the approach and the emerging recommendations. Professor Bolton is currently engaged as an advisor to the LGA Adult Social Care Efficiency programme and is a former Director of both Adults and Childrens Services. He was also involved in the implementation of the Tri-Borough Collaboration between the Boroughs of Kensington & Chelsea, Westminster and Hammersmith, making him ideally placed to conduct the review.

- 3.9 The review examined all key programme documentation and interviewed key stakeholders from each Authority. The resulting conclusions opined that the programme was viable and would deliver efficiency savings, as well as presenting a number of helpful recommendations for the further improvement of the programme approach.

4. PROPOSALS

- 4.1 The attached Business Case demonstrates that collaboration is viable through the implementation of a shared People Services management structure across all three Councils, with frontline services being delivered through a mixture of geographical and functional teams as appropriate.

This report places the Business Case within the context of the developing economic situation for Local Government, particularly in the light of the Chancellor's Autumn Statement and presents the timing considerations associated with this.

- 4.2 As well as having the potential to deliver total savings in the region of £1.4m, this approach will help to protect the delivery of services to the most vulnerable people in the three Boroughs and provide a means to address resilience issues associated with the unavoidable savings plans that each Council must implement. It would also enable each Council to retain its sovereignty of decision making.
- 4.3 The Business Case report demonstrates a range of potential operating models. The detail of these can be seen in the Business Case itself. However, in summary, the Business Case concludes that Model 3b represents the most appropriate mechanism for achieving full collaboration of People Services.
- 4.4 Model 3b is collaboration on all functions, establishing a single People Service across the three Authorities, with shared Directors and with Assistant Directors operating on a geographical basis. Careful analysis identified this approach as being the most desirable for delivering People Services Collaboration in a controlled, realistic fashion. It represents a mature model of collaboration by comparison with others, whilst not excessively cutting the management capacity which will be crucial to the

delivery of change and improvement. The model has the potential to deliver significant savings.

4.5 Next Steps

The Chancellor's Autumn 2012 Statement and the Local Government Settlement has increased the immediate financial challenge facing each of the Councils. A decade of funding reductions was already expected and previous to the Autumn Statement, this Council had robust plans in place to deliver a balanced 2013/14 financial position.

4.6 As well as an increase to the overall savings targets, the profile of the savings required has been front loaded. Moreover, the ability of each Council to raise additional income through Council Tax has been further restricted.

4.7 These events have an effect on the timing of collaboration proposals, but not upon the underlying benefits which can be derived from their adoption.

4.8 As a result of these changes, significant savings beyond that deliverable by collaboration need to be delivered in 2014/15 (rather than in a linear way), necessitating local savings measures being initiated immediately. The scale of savings is such that it is likely that each Council will be re-visiting policy for these service areas, rather than focusing on efficiency gains. It has been agreed from the outset that sovereignty should not be compromised and decisions on policy changes must be made locally.

As a consequence of these two factors – scale and pace of reductions, and the need to consider policy for these service areas, it is proposed that all three Councils must focus capacity in 2013/14 to meet the local savings required from 2014/15.

4.9 Nevertheless, the Business Case demonstrates that the case for collaborative working remains viable and there will be opportunities for Directors to progress tactical savings during 2013/14. As a consequence of the immediate financial challenge, it is recommended that implementation of the approach to collaboration be undertaken once these issues are resolved locally.

4.10 During this time, Councils will review their own policies and practices with a view to delivering the savings needed 2014/15 and 2015/16. Once the individual savings are identified, an implementation plan will be developed for progressing with collaboration, because at that point there will be clarity about the form that each People Services will take following the resolution of local savings plans.

4.11 Chief Executives, Directors and Senior Managers will maintain contact to share the emerging shape of services and to ensure that all opportunities are exploited as savings plans develop and are implemented locally. In addition, Leaders and Lead Members will maintain the important links that they have already established. At the point of developing the implementation plan,

there will be the opportunity to explore, as appropriate, the inclusion of any other Council in the Tees Valley in plans for collaboration.

- 4.12 In summary, although the Business Case report clearly demonstrates the case for and the benefits to collaboration, the immediacy of the current financial pressures necessitates the adoption of a local approach. Following the initiation of local plans and refinement first to meet targets in future years, there will be the opportunity to revisit the shape which collaboration will then take, developing an implementation plan to bring together the three People Services in a controlled manner to deliver resilience and further savings opportunities.

5. FINANCIAL CONSIDERATIONS

- 5.1 The position in relation to collaboration will be the subject of ongoing work, as local savings plans will alter current arrangements. However, in appraising the potential savings associated with Model 3b, an indicative senior management structure is demonstrated in the Business case and compared against the baseline staffing structure (as at Nov 2012).
- 5.2 This indicates that savings in the order of £1.4M could be achieved. It must be noted that this is an indicative exercise utilising information validated at the time. Since that point, as a consequence of the local savings plans that will be implemented and lapse of time, the information used in the baseline will inevitably alter. On the basis of the analysis and work completed to date, the Section 151 Officers from all three Councils believe that the collaborative model recommended by the Business Case provides the opportunity to achieve additional potential savings in future years, justifying further work.
- 5.2 Prior to proceeding with formal collaboration, a report will be submitted to Members, setting out an implementation plan and providing a robust contemporaneous assessment of the benefits to be delivered and the basis for delivery of them.

6. HR IMPLICATIONS

- 6.1 There will be, at the point of an implementation plan coming before Members, a number of staffing implications to be addressed. At this point Trade Unions and staff will be advised on the direction of travel.

7. CONSULTATIONS

7.1 Communication to date

At the outset of the programme a governance framework was established, with a steering group headed by Council Leaders / Elected Mayor regularly meeting with Chief Executive Officers to oversee the progress and direction of the programme, as well as regular Lead Cabinet member briefings by Directors of People Services to shape the approach. A monthly Programme

Board headed by Chief Executives and attended by Directors of People Services and Corporate Services was the mechanism for driving the programme forward at an officer level. In addition a temporary Partnership Programme Manager was appointed using funding secured from the Local Government Association Adult Social Care Efficiency Programme to help set up the programme and establish momentum.

- 7.2 Through this governance framework, Council Leaders/Mayors and Lead Cabinet Members have received regular feedback and have been able to maintain oversight and provide clear direction.
- 7.3 Moving forwards, the existing governance arrangements should be maintained in order that the relationships that have been built remain. In addition, this will enable progress on local savings plans to be shared, in the context of developing an implementation plan at the appropriate point.
- 7.4 A joint meeting of Scrutiny Chairs was held in September 2012 to provide an update on progress and to consider how and when scrutiny involvement in the project would be most appropriate. It was determined that scrutiny involvement should take place at both a local level and jointly.
- 7.5 Joint Trade Union meetings were held in June, September and November 2012 providing similar information to the staff roadshows and ensuring that trade union colleagues remained abreast of the progress of the work.
- 7.6 Two rounds of staff roadshows were held in Summer and Autumn 2012 and were led by Chief Executives and / or Directors of People Services. The first round tackled the concept of collaboration and the way in which it might work, whilst the second provided greater detail on the work undertaken.
- 7.7 Printed Newsletters and e-updates have also been produced and made available in hard copy and via Council intranets.
- 7.8 Future Communication
A communication strategy has been drafted to ensure that key stakeholders including Elected Members, Trade Unions, staff and partners are made aware of the findings of the Business Case and of the reasons for the deferment of a decision on formal collaboration

8. RECOMMENDATIONS

- 8.1 The Cabinet is requested to agree:
 - 8.1.1 The Business Case, establishing the viability of People Services collaboration of between Darlington, Hartlepool and Redcar and Cleveland Borough Councils.

- 8.1.2 That following the outcomes of local savings plans, to receive an implementation plan setting out proposals for full People Services Collaboration.
- 8.1.3 That the general governance arrangements for the oversight and strategic direction of the project comprising Leaders, Lead Members, Chief Executives and Directors of People Services (or equivalent Director, according to the naming convention used by each Council), meeting as appropriate (as set out at paragraph 7.1).

9. APPENDICES

- 9.1 Appendix A – People Services Collaboration Business Case

10. BACKGROUND PAPERS

- 10.1 Hartlepool Borough Council Cabinet Report – Medium Term Financial Strategy / Business Transformation - 7th November 2011.
- 10.2 Gateway Report on 3 Borough Partnership.

11. CONTACT OFFICERS

Dave Stubbs – Chief Executive
Dave.stubbs@hartlepool.gov.uk
01429 523001

Jill Harrison – Acting Director of Child & Adult Services
Jill.harrison@hartlepool.gov.uk
01429 523733

Sally Robinson - Acting Director of Child & Adult Services
Sally.robinson@hartlepool.gov.uk
01429 284144

Andrew Atkin – Assistant Chief Executive
Andrew.atkin@hartlepool.gov.uk
01429 523003



People Services Collaboration

Business Case

February 2013

Contents

Executive Summary	5
Introduction	6
Background	6
The Vision	8
Why Darlington, Hartlepool and Redcar & Cleveland?	9
Experience of Collaboration – Other Councils.....	11
The Tri-Borough Partnership.....	11
London Boroughs of Richmond and Kingston	12
Developing the work programme.....	13
Sovereignty	14
Sovereignty Guarantee	14
How Would the Sovereignty Guarantee Work in Practice?	15
Evaluation Criteria	16
Sovereignty	16
Efficiency.....	17
Service Delivery	17
Potential Operating Models	18
Analysis of Models	21
Model 0 – No collaboration; local service reductions only	21
Description	21
Impact on Governance	21
Impact on Service Users	21
Safeguarding.....	21
Overall Assessment – Model 0.....	21
Model 1 - Collaboration on certain defined functions.....	22
Description	22
Impact on Governance	22
Impact on Service Users	23
Safeguarding.....	23
Benefits of implementing Model 1	24
Overall Assessment – Model 1.....	24
Model 1 - summary.....	25
Model 2 - A single Director of Adult Services (DASS) and a single Director of Children's Services (DCS) across all three authorities, plus a third Director.	26

APPENDIX A

Description	26
Model 2a:	27
Model 2b:	27
Model 2c.....	28
Impact on Governance	28
Impact on Service Users	29
Safeguarding	29
Overall Assessment – Models 2a, 2b and 2c	30
Model 3 – A single DASS and a single DCS across all three authorities.....	33
Description	33
Impact on Governance	33
Impact on Service Users	35
Safeguarding	35
Benefits of Implementing Model 3	35
Overall Assessment – Model 3.....	36
Model 4 - A single DASS + DCS role operating across all three authorities.....	39
Description	39
Impact on Governance	39
Impact on Service Users	40
Safeguarding	40
Benefits of Model 4.....	40
Overall Assessment – Model 4.....	41
Baseline for Collaboration	42
External Review / Validation of Approach	42
Validation of Feasibility Report Findings	43
Recommended Approach.....	44
Implementing Model 3b	45
Analysis of benefits to date	46
Staffing and HR Considerations	47
Use of Section 113 Local Government Act 1972.....	47
General Consultation Requirements	47
Collective Consultation.....	48
Ringfencing Process / method for collaborating in specific service areas	48
Equal Pay	48
TUPE.....	48
Risk Analysis	49

APPENDIX A

Implementation Risks	49
Operational Risks	50
Next Steps.....	54
Legal Agreement	54
Consultation	54
Conclusions.....	55
Appendix A – Summary of indicative FTE and financial savings from appraisal of Model 3b	56
Appendix B – SWOT Analysis of each model	57
Appendix C – Consideration of Safeguarding Issues	65

Executive Summary

This report represents the conclusion of significant work undertaken by Darlington, Hartlepool and Redcar & Cleveland Borough Councils, to explore the feasibility of collaborating People Services across all three boroughs.

The Business Case report explores a range of potential operating models for collaborated working. In summary, the Business Case demonstrates that collaboration is viable and proposes a model for the delivery of full People Services collaboration, delivering greater resilience and significant savings in a tough financial climate.

It concludes that Model 3b represents the most appropriate mechanism for achieving full collaboration of People Services; a shared People Services management structure across all three Councils, with frontline services being delivered through a mixture of geographical and functional teams as appropriate.

Careful analysis identified this approach as being the most desirable for delivering People Services Collaboration in a controlled, realistic fashion. It represents a mature model of collaboration by comparison with others, whilst not excessively cutting the management capacity which will be crucial to the delivery of change and improvement. As well as having the potential to deliver savings in the region of £1.4m, this approach would help to protect the delivery of services to the most vulnerable people in the three boroughs and provide a means to address resilience issues associated with the unavoidable savings plans that each Council must implement. It would also enable each Council to retain its sovereignty of decision making.

Introduction

Background

With growing pressure to reduce costs and to find increasing efficiencies in service delivery, Councils have had to look at increasingly radical service delivery models in order to minimise the impact on front line services whilst still reducing costs. It was in this context that Darlington, Hartlepool and Redcar & Cleveland Borough Councils began exploring potential collaborative opportunities. As smaller unitary authorities, each recognised the difficulty of making large scale savings from relatively small budgets spread across a diverse range of services.

The three authorities therefore decided to evaluate the potential for a three-way collaboration of people services. An initial feasibility study was conducted by Deloitte in each of the three authorities, which confirmed that collaboration could offer potentially significant financial and non-financial benefits. These included:

- Annual savings from salaries across all three Councils, (estimated at £2.8M at the point of evaluation in March 2012)
- Operational efficiencies (of 2%, or £0.8M) through standardisation, simplification and sharing of information, best practice, systems and policy and processes, as well as;
- An estimated 2% (£1.8M) saving from contracted spend (through consolidation and re-negotiation of existing contracts and the potential to negotiate better rates on future contracts with the increased buying power available through collaborative procurement.

The non financial benefits associated with the proposed 2% operational efficiencies included:

- Greater service resilience, especially in the most specialised services, due to increased capacity
- Greater planning, development and quality assurance capacity
- The potential for more extensive collaboration across the three councils and for additional council(s) to join the collaborative model.
- Increased capacity to manage demand and plan preventative interventions which might lead to reduction in the volume of referrals to social services
- Delivering the best possible outcomes for children and adults across all three localities within the reducing resources, through flexible and innovative solutions which cross agency and administrative boundaries
- An opportunity to make specific gains, both in service quality and efficiency due to greater economies of scale and innovation and best practice.

Subsequently, the three authorities undertook further detailed work to identify options for collaboration which could then be evaluated in order to establish whether there was a sufficient basis to proceed to some type of formal collaboration.

APPENDIX A

A governance framework was established, with a steering group headed by Council Leaders and Mayors regularly meeting with Chief Executive Officers to oversee the progress and direction of the programme, as well as regular Lead Cabinet member briefings by Directors of People Services to shape the approach. A monthly Programme Board headed by Chief Executives and attended by Directors of People Services and Corporate Services was the mechanism for driving the programme forward at a practical level. In addition a temporary Partnership Programme Manager was appointed using funding secured from the Local Government Association (LGA) Adult Social Care Efficiency Programme to help set up the programme and establish momentum. The innovative approach and forward thinking approach demonstrated by the three Councils enabled the LGA funding to be jointly secured. It also demonstrated the LGA's recognition of the commitment of the three boroughs to explore new ways of working to secure efficiencies whilst building resilience and protecting front line services.

There are a number of benefits which have already arisen as a result of the work undertaken to date and these are described in greater detail in a later section of this report. One of the greatest benefits seen to date is the fact that senior officers have spent time examining the way in which they each work has provided invaluable peer feedback about advantages and disadvantages of specific service delivery models.

In addition, the governance framework has enabled the Leader/Mayor of each Council as well as the elected Lead Members to meet on a frequent basis. They have forged links at a political level that are likely to enhance joint working regardless of the decisions around the implementation of a People Services collaboration.

This report is the outcome of the options appraisal stage of the programme. The report forms the basis on which the three authorities are asked to agree an approach for moving towards a three borough collaboration for People Services.

The Vision

The context for the vision for collaboration between the three boroughs of Darlington, Hartlepool and Redcar & Cleveland is for three sovereign local authorities to work together to deliver the best possible local services through shared and streamlined management structures, through collaborative procurement and commissioning and through integrated back office functions and systems that are as standardised as possible.

Each council would retain its sovereignty over services and elected Members would always be able to specify delivery on a single borough basis. Each authority would be able to deliver their vision for services through the collaboration.

The initial programme for people services has been driven by:

- a determination by the three authorities to protect front-line services to the maximum extent possible in difficult financial circumstances;
- the recognition that improving the resilience of smaller, more specialist services and sharing best practice are essential if service quality is to be maintained and, where possible, improved;
- a desire to shape the future rather than simply reacting to external factors;
- a recognition that each of the three authorities has areas of significant expertise but equally services which would benefit from the expertise of the others.

Subsequently, the scale of the budget challenge facing each local authority led to the agreement of a more specific vision statement, setting out the proposed collaboration in the context of People Services. The proposed vision is set out, below.

Ensuring the safety, wellbeing and dignity of all residents is of paramount importance and all three Councils believe that local authorities have a central role to play in the strategic shaping of service delivery for health, education and social care services. Whilst there are statutory assessments and safeguarding procedures that must be in place, the Councils recognise the value of building strong and cohesive communities and of working in partnership with other local agencies to deliver better quality of life outcomes. Increasingly, the role of local authorities will be to influence partners and to commission services in preparation for the next phase of local government.

Local government is facing its most severe challenge in meeting its statutory obligations to its communities and in ensuring that it increases the social value and resilience of those communities. The current budget settlement for local government makes it essential that Councils seek to explore every opportunity to secure services which protect local communities, in particular those which protect the most vulnerable. To this end, all three Councils have a shared commitment to making best use of early intervention and prevention services that have a proven impact on positively reducing future demand for services.

APPENDIX A

Social care and education services play a valuable role in supporting communities the sense of 'place'. These services are delivered by teams of staff, operating within set budgets and policy rules laid down by each Council. In order to meet the budget challenges faced, the following three areas will be reviewed:

- 1. What it is that will be delivered*
- 2. How a service will be delivered*
- 3. Who is best able to deliver a service*

This requires budget allocations to be reviewed and the cost of each policy to be established.

In bringing together the leadership, drive and determination of three sets of Elected Members and the skills and experience of three sets of officers, it is felt that the challenges of the budget reductions can be met in a way that reduces the detrimental impact on communities, compared with the way in which the reductions would impact if each tackled the issues in isolation.

The priority, therefore, is for services for children and adults to be delivered safely and in a timely manner, within the overall financial context. This may not necessarily be through the arrangements in place currently. Over time, best practice will be identified and replicated across all 3 authorities, and services will be shared where it is appropriate to do so. At the same time, policies will be reviewed to identify how limited finances can be used to make the biggest impact on meeting ambitions for healthy and resilient communities. By facing the same challenges together, all three councils believe they can learn from each other, share best practice with each other and support each other in delivering the best possible outcomes for all three Boroughs.

Why Darlington, Hartlepool and Redcar & Cleveland?

With no shared boundaries, the collaboration between Darlington, Hartlepool and Redcar & Cleveland may not initially seem an obvious one but when other factors are considered (size of budget, size of population, size of workforce, organisational structure, savings required) the similarities are more apparent. All three authorities are also commencing from a similar level of maturity in terms of their appraisal of options for efficiency. Most importantly, all three authorities share the vision outlined above; what is proposed in this report is a partnership of the willing.

The summary table of existing populations, budgets and savings requirements set out below demonstrates the similarity of the challenge facing all three Councils over the following four years.

In total, the three People Services functions must deliver a combined £31M of savings by March 2016, representing a budget reduction of between 18% and 22%. This is in the context of overall Council budget reductions over the same period being of similar extent. The pace with which these must be delivered necessitates some degree of local delivery rather than a solely collaborative approach to meeting

APPENDIX A

the challenge. It is also recognised that the scope and timing of these cuts will vary from borough to borough. These are clear considerations when determining any approach to collaboration.

Summary of the MTFP/S in each of the authorities as at November 2012

Redcar & Cleveland		Hartlepool		Darlington	
Council	People Services	Council	People Services	Council	People Services

2012/13 Net Revenue Budget £M	121.8	64.5	91.0	45.5	80.5	45.5
2011 census Population	135,200		92,000		105,600	
<i>Budget per Head of Population</i>	900.89	477.07	989.13	494.57	762.31	430.87

Savings requirement till March 2016	22.3	11.8	20.0	9.0	19.0	10.0
% Reduction	18%	18%	22%	20%	24%	22%
<i>Reduction per head of population</i>	164.94	87.28	217.39	97.83	179.92	94.70
Revised budget per head of population	735.95	389.79	771.74	396.74	582.39	336.17

Experience of Collaboration – Other Councils

Although most local authorities are now engaged to some extent in collaborative working with other local authorities and public sector bodies, the extent of large scale collaboration in respect of adult social care and children's services is relatively limited to date. The proposed collaboration between Darlington Borough Council, Hartlepool Borough Council and Redcar & Cleveland Borough Council would therefore engage all three authorities in an approach which is likely to be more widely emulated as the financial pressures on local authorities continue to increase.

Although the extent of large scale collaboration in respect of adult social care and children's services is relatively limited to date, there are two current examples involving the sharing of posts at Director level across these services. Both of these examples involve London Boroughs. The first example is part of an extensive programme of collaboration between the City of Westminster, the Royal Borough of Kensington & Chelsea and the London Borough of Hammersmith and Fulham (tri-borough partnership). The second example is a somewhat more limited collaboration between the London Borough of Richmond and the Royal Borough of Kingston upon Thames.

The Tri-Borough Partnership

The collaboration between the City of Westminster, the Royal Borough of Kensington & Chelsea and the London Borough of Hammersmith covers a wide range of services including both adult social care and children's services. Indeed, the Royal Borough of Kensington & Chelsea and the London Borough of Hammersmith & Fulham have now developed the collaboration to the extent that they share a single Chief Executive across the two authorities, with the City of Westminster retaining its own Chief Executive but sharing most posts at Director level with the other two members of the tri-borough partnership. In relation to adult social care and children's services, the tri-borough partnership has appointed a single Director of Adult Social Care and a single Director of Children's Services to cover all three authorities (these posts are designated as "Executive Directors"). The total population covered by the tri-borough partnership is some 560,000 (compared to about 393,000 in the three boroughs of Darlington, Hartlepool & Redcar & Cleveland). The three local authorities in the tri-borough partnership are geographically very close to one another, with the Royal Borough of Kensington & Chelsea sandwiched between the other two authorities.

Below the Executive Director level, the tri-borough partnership has adopted a functional model for adult social care and initially a mixed geographic/functional model for children's services. The functions within adult social care are: operations; provider services; commissioning; procurement; and finance. Each of the functional heads operates across each of the three local authorities. The model for children's services involves having a geographic lead for family services in each of the three authorities. These three geographic leads are supported by functional leads for commissioning and finance. In addition there is a single functional lead for schools commissioning across the three authorities. The starting point has been to identify

APPENDIX A

some services which most easily benefit from the collaboration (usually by being very specialist or operating under the same policies, procedures and requirements and therefore akin to Model 1 in our business case) and then to carry out a programme of concentrated deep dives or reviews of other service areas. The purpose of the reviews is to identify best practice and then to roll that best practice out across each of the 3 boroughs.

The tri-borough partnership has made use of section 113 of the 1972 Local Government Act in order to enable the senior staff in adult social care and children's services to discharge their functions across the three authorities. This statutory provision allows staff of one authority to be treated as the staff of another for the purposes of their statutory functions as opposed to a commercial arrangement whereby one authority provides professional services to another. In relation to the majority of staff employed across adult social care and children's services, the tri-borough partnership recognised that most staff delivering front-line services would continue to deliver those services in the same locations. The decision was therefore taken not to change the employment contracts of front-line staff but to leave the staff employed as before by the three individual authorities. No changes were made to the terms and conditions of employment of those staff except for the insertion of a secondment clause in all contracts which allowed the staff to be deployed more flexibly across the three boroughs as and when necessary. Going forwards, there is an intention for all three Councils to move towards integration in a gradual, structured manner over time. The tri-borough partnership for adult social care and children's services has now been operating successfully since 1 April 2012, with significant savings in management costs already delivered.

London Boroughs of Richmond and Kingston

The partnership arrangements between the London Borough of Richmond and the London Borough of Kingston are rather more limited than those of the tri-borough partnership. Richmond and Kingston had been in discussion for some time about the possibility of setting up a joint provider service for children's services. In this model, each of the two authorities would have retained separate commissioning units for children's services, with the provider services being combined and in due course externalised as a social enterprise. This strategy was somewhat overtaken by events when the Royal Borough of Kingston upon Thames found itself in receipt of a highly critical OFSTED report on children's safeguarding which rated the service as "inadequate". This led to the departure of the director and to the appointment of the Director of Children's Services from Richmond as the Joint Director covering both authorities. The combined population of the two authorities is about 360,000.

The appointment of the Joint Director by Richmond and Kingston is being presented as a short term measure to address the performance issues in Kingston and, at present, is not based on the full integration of management structures below director level, although some Richmond staff will be working in Kingston to support the performance improvement programme.

The experience of both the tri-borough partnership and the recent developments in Richmond and Kingston demonstrate that it is possible to implement collaborative

APPENDIX A

arrangements across multiple local authorities in the fields of adult social care and children's services. The objectives of these collaborative arrangements may be to improve efficiency or support improvements in service delivery or indeed a combination of the two. Any potential collaboration between Darlington, Hartlepool and Redcar & Cleveland should take into account this experience.

Developing the work programme

Following the initial work by Deloitte in all three authorities, the decision was taken to proceed to the next stage, which would involve carrying out more detailed work on options for collaboration of People Services.

The initial work supported by Deloitte included a maturity model; a theoretical standard showing the spectrum of potential change, ranging from doing nothing to a full merger of services and governance. The work on the People collaboration concentrated on exploring and developing potential options for collaborative working and management by referring to the maturity model. In doing so, this report refers to a range of collaborative models, from those which could be delivered quickly through officer action, to those models that would take longer to deliver but would achieve greater levels of saving and which would require formal Council approval. In total, 5 different models of collaboration are assessed in this report against the programme objectives in terms of the overall vision and the identified evaluation criteria.

Within these elements, there are a range of potential changes which could be implemented, from those covered by the current delegated powers of Directors, through to those requiring decisions of Cabinet or Council. These were explored by senior managers across People Services in the three authorities and led to the development of a series of options for future working which have been shared with Members as part of the overarching governance arrangements, with the Programme Board, with Trade Unions and with all staff.

Subsequently, Directors of Resources across the 3 councils assessed the legal, governance, HR and financial aspects of the proposed collaboration and acted collectively as a critical friend to the Directors of People Services.

During the options identification stage, a visit was carried out by the three Chief Executives and other Directors to the tri-borough collaboration in London (see above). The key lessons from this included the use of both geographical and functional structures for services as appropriate, a greater understanding of the legal powers used as the basis for collaboration and the way in which HR issues had been identified and addressed. A follow-up meeting with the Tri-Borough Director of Children's Services was used to gain a greater understanding of the phased approach to the collaboration that had been undertaken.

Sovereignty

As part of the process of developing proposals for possible collaborative working the three authorities developed a draft sovereignty guarantee which would be adopted following a decision to proceed with collaboration. This is designed to ensure that each of the three authorities would be able to maintain their identity and independence, whilst at the same time ensuring that the potential benefits of collaboration could be realised.

The terms of the sovereignty guarantee are set out below.

Sovereignty Guarantee

The three Councils of Darlington, Hartlepool and Redcar & Cleveland are committed to continuing to represent the needs, priorities and ambitions of local people in their neighbourhoods.

The three Councils are exploring options for reducing costs, and ensuring the sustainability of services by working together. They are also keen to take new devolved responsibilities from Government and manage these together, where this makes sense.

Commissioning or delivering services together is specifically designed not to detriment resident's experience of services. Their experience should at worst be unchanged, and hopefully improved. It is about how to get things done more efficiently.

To safeguard local autonomy the Councils confirm:

- Local residents will continue to elect councillors to each Council. The 3 borough collaboration will not affect the way elections are carried out, changes in ward boundaries, or changes to the number of elected members. Any such changes will be the subject of independent reviews by the Boundary Commission.
- Each Council will retain its own constitution, setting out how it makes decisions, organises scrutiny and delegates authority.
- Each Council will continue to set its own council tax and publish its own budget and accounts.
- Each Council will continue to be able to set its own spending priorities.
- No Council can be 'out-voted' by the two other Councils in a way which requires that Council to adopt a policy, accept a cost or change a priority that its decision makers are not willing to support.
- There will be no change in the name of any of the Councils.
- The costs of changes and the benefits achieved from change will be fairly attributed and shared to the satisfaction of all three Councils; if necessary using mediation.

APPENDIX A

- No Council will be obliged to break an existing contract.
- Each Council will continue to speak up for its own residents, even where there is an apparent conflict of interest between the boroughs.
- Each Council will be able to set its own policy for how services are delivered.
- The Councils will have the ability to jointly commission services from contractors, voluntary bodies and others, but can also decide to commission, or grant aid, individually where appropriate.
- Nothing in these proposals is intended to stop Councils developing local ideas about how to support their local communities.

A commitment to shared learning, innovation and value for money

- The Councils will share good practice and lessons learned in service delivery and encourage each other to learn from successful innovation.
- The Councils will adopt common specifications where these are compatible with each Council's policy objectives and budget preferences and where these are likely to give best value to taxpayers.
- The Councils commit to a continuing process of exploring how working together might lower costs; be a better platform for devolved responsibilities from Government; and/or improve the quality, flexibility and sustainability of service delivery.
- The Councils will commit to exploring how by working together, Councillors can enhance the ways in which their Councils deliver their responsibilities.
- The Councils will expect to keep these arrangements under review, in order to ensure they remain fit for purpose.
- Any of the arrangements that constitute agreements between the Councils can be ended on notice, though any Council withdrawing will be responsible for its own consequent costs. Any joint external contracts will be covered by the same legal considerations as now.
- All partnership arrangements for collaborative working entered into between the Councils are intended to be on a long term basis. Should any Council decide to withdraw from agreed partnership arrangements, a two year notice period will be required.

How Would the Sovereignty Guarantee Work in Practice?

It is important to recognise that greater efficiency savings will be achievable if the three authorities align services and policies more closely.

In general it is anticipated that the strategy development process would follow this pattern:

APPENDIX A

- Directors and other senior managers would work with boroughs individually to set out strategy and priorities for services.
- Directors and other senior managers would then look to maximise advantages of opportunities to across the 3 boroughs to jointly procure and deliver services in order to drive down costs and improve service standards.
- Elected members will always be able to specify delivery on a single borough basis with the single borough accepting the financial implications.

An example of how this might work in practice is as follows; under the Fair Access to Care Services (FACS) guidance, local authorities are required to set eligibility for accessing adult social care services based on 4 bands which describe the degree of risk to independence and well-being. Under the terms of the sovereignty guarantee, it will continue to be the responsibility of each local authority to determine the eligibility bands which will give an entitlement to social care services within each authority. Thus, it would be possible for one authority to set the eligibility level at “critical”, with a second authority setting its level at “critical and substantial” and for the third authority including “moderate” needs. Each authority would need to make funding available to reflect the level of needs included in their eligibility criteria.

Evaluation Criteria

In order to meet the vision of the 3 boroughs, within the proposed sovereignty guarantee and within the context of reducing budgets, all variations of the proposed collaboration were tested against three criteria, set out below.

Sovereignty

The Sovereignty Guarantee has already been set out in a previous section of this report. It will be important to test the implications of each of the proposed models against the Sovereignty Guarantee and to consider the extent to which those models support the following principles:

- The ability of citizens to hold their Members to account must remain paramount. This has particular significance in relation to the roles of the Lead Members for Children’s Services and Adult Social Care;
- Each authority will define the outcomes for its local population;
- Investment priorities and service levels will continue to be determined locally;
- Members have the choice to standardise or customise services, with a clear understanding of the costs and benefits of the decisions they make;
- It will be critical to recognise the difference between who is accountable for a service versus who is providing a service;
- Statutory responsibilities will not be undermined.

It is important to recognize that the benefits of collaboration will only be achievable if each of the authorities is prepared to agree to some standardisation of approaches to service delivery.

Efficiency

There are a number of distinct elements which make up efficiency.

- The first of these elements relates to the cost of employing managers and other staff across people services. All of the collaborative models included in this report would involve a reduction in the number of people employed, particularly in management and support positions.
- The second element of efficiency relates to the flexibility with which resources can be deployed in order to address priority areas and support urgent requirements, for example, inspection preparations.
- The third element of efficiency relates to the potential savings in externally contracted costs. A substantial level of expenditure across the whole of people services (approximately £100m for the 3 boroughs) relates to externally contracted services, such as residential care both for adults and children.

Service Delivery

Service also includes three distinct elements.

- The first of these is “best practice” which covers the extent to which each model of collaborative working promotes the sharing of best practice across all three authorities. The sharing of best practice may result in some changes to the way in which services are delivered but without altering the outcomes set at a Member level. The collaboration proposal include the concentrated deep dive approach used in the Tri-Boroughs in London to establish what is best practice and then to roll out the best practice across the 3 Boroughs to provide, where possible, a reduction in costs and an improvement in experience or outcomes for service users.
- The second component of service delivery is “resilience”. In each of the three boroughs there are at present a number of services which operate through very small teams. With such small teams, it is difficult to guarantee effective service delivery when staff are on leave or in the case of sickness absence. The collaboration proposals will therefore be evaluated on the extent to which the collaborative working will enable larger teams to be more resilient either in relation to fluctuations in staffing or short term variations in workload.
- The third aspect of service delivery to be evaluated is “accountability”. The accountability of Members in relation to citizens has already been mentioned above in relation to “sovereignty”. Here, accountability is particularly concerned with the accountability of the statutory Directors of Adult Social Care and Children’s Services. It is important to consider whether the proposed models provide clear lines of accountability through the management structures and up to the level of the Lead Members and the three Councils as a whole.

Summary of Evaluation Criteria

Criteria	Key Factors
----------	-------------

Sovereignty	<ul style="list-style-type: none"> • Accountability of Members • Local setting of outcomes • Local decision making on resources and service levels • Clear implications of customisation and standardisation
Efficiency	<ul style="list-style-type: none"> • Staffing savings • Flexible use of resources • Contracting
Service Delivery	<ul style="list-style-type: none"> • Best practice • Resilience • Accountability of statutory Directors to Members and service users

Potential Operating Models

Set against the evaluation criteria and taking into account the the full spectrum of potential change, 5 different models of collaboration were explored (some of the models have different variations). These ranged from doing nothing and seeking to meet all savings and resilience challenges locally, to full collaboration of services, governance and management.

The models are:

Model 0	No Collaboration – Local Service Reductions
Model 1	Collaboration on certain defined functions
Model 2	A single Director of Adult Services (DAS) and a single Director of Children's Services (DCS) across all three authorities, plus a third Director. Three variants of model 2 have been considered, each with an alternative option for the third director
2a	Joint DASS + Joint DCS + Joint Director of Public Health
2b	Joint DASS + Joint DCS + Joint Director of Commissioning
2c	Joint DASS + Joint DCS + Joint Director of Provider Services
Model 3	A single DASS and a single DCS across all three authorities.
3a	Assistant Directors with responsibility for functional areas across all three organisations
3b	Assistant Directors with geographic service responsibilities

Model 4	A combined DASS + DCS post across all three authorities
----------------	---

These models are explained in greater detail below. Alongside these models, a number of issues required consideration in seeking to identify a recommended approach.

Firstly, the approach for implementation of any change. If agreed, changes would require implementation in the manner that would deliver results as quickly as possible without compromising service provision.

Secondly, the recognition that some services would continue to be best delivered locally, within each borough, whilst others would benefit from delivery across all three boroughs. The category into which services would fall would require identification.

Each model has been scored against the evaluation criteria, using Model 0 as the benchmark (ie, assessing whether each stage is better or worse than the lowest level examined and providing a tool to compare different options for collaboration.) All of the Models have been allocated a neutral score in relation to sovereignty, as the ability of each authority to take the key strategic decisions would be protected under the terms of the sovereignty guarantee.

	Sovereignty	Staffing Savings	Resource Utilisation	Contracting	Resilience	Best Practice	Accountability
Model 0	-	-	-	-	-	-	-
Model 1	-	●	●	●	●	●	-
Model 2a	-	●●	●●	●●	●●	●●	○
Model 2b	-	●●	●●	●●	●●	●●	○
Model 2c	-	●●	●●	●	●●	●●	○
Model 3a functional	-	●●●	●●●	●●●	●●●	●●●	○
Model 3b geographic	-	●●●	●●●	●●●	●●●	●●●	-
Model 4	-	●●●	●●●	●●●	●●	●●●	○○

Scoring Key

●●● Significantly better than Model 0

●● Better than Model 0

- Slightly better than Model 0
- Equivalent to Model 0
- Slightly worse than Model 0
- Worse than Model 0
- Significantly worse than Model 0

Analysis of Models

Model 0 – No collaboration; local service reductions only

Description

This model has no collaboration taking place across the 3 authorities, maintaining the current arrangement of 3 entirely separate services; one in each of the 3 local authorities. Each authority would be free to make its own service reductions to meet its budget challenge without having to consider the reductions in the light of any future collaboration. This option maintains the *status quo* and would enable the quickest delivery of savings. However, it would not improve resilience, would be unlikely to improve service delivery and would not lead to the delivery of efficiencies through economies of scale.

The model would work as it does now, with a single Director for People or Adults and Children's Services in each of the 3 authorities.

Impact on Governance

Model 0 maintains the current governance arrangements in each authority; with no change for Members, Cabinet or Scrutiny / Member Oversight Arrangements. The Director would continue in the same employment relationship and would continue to be a part of the corporate management arrangements. The arrangements for setting, managing and monitoring the budget would be the same as they are currently in each authority.

Impact on Service Users

Although on the face of it, this model proposes no change to frontline services, in practice, the scale of savings required by all three Councils would potentially be delivered in part through reductions in both the quality and quantity of services delivered locally. If this were to transpire, there would be an impact on frontline social work teams.

Safeguarding

Model 0 does not alter any of the current safeguarding arrangements and as each arrangement currently meets the required standards, Model 0 is therefore acceptable. However, the risk posed by adopting Model 0 is that service cuts lead to increased safeguarding risks and pressures on frontline social work teams.

Overall Assessment – Model 0

Model 0 cannot be recommended. A decision to retain the existing patterns of service delivery would leave each of the three authorities facing even larger reductions in front-line service delivery, would fail to address the resilience of small services and would not ensure the sharing of best practice. Whilst the challenges of moving towards a collaborative model should not be underestimated, all of the collaborative models offer some benefits when compared with Model 0.

Model 1 - Collaboration on certain defined functions

Description

This Model retains a single Director of People Services in each Borough with collaboration limited to a number of defined functions. As a consequence it is likely that the existing Assistant Director structure would be maintained although if deemed appropriate following collaboration, joint Assistant Director appointments might be viable. In fact some joint Assistant Director arrangements already exist with Hartlepool and Darlington Councils already operating with a shared Assistant Director for School Improvement.

This approach would deliver formal collaboration and enhanced resilience in a limited number of defined functional areas. It would provide each collaborating authority with the opportunity to take some immediate savings from collaboration and to be secure that in doing so the evaluation criteria of efficiency, service delivery and safeguarding would still be met. As delivery would be within discrete service areas, this model could be scaled as appropriate, such that if another authority expressed an interest in collaborating on one of the specific service areas, it would be perfectly possible for them to do so only in the areas most suited to a wider collaboration. This has the potential to allow greater efficiencies and resilience to be achieved. There would be the opportunity for the service areas concerned to share best practice and for service delivery to improve in certain areas. However given the limited extent of the collaboration, this could not be seen as an extensive benefit of the approach. Equally where constraints mean that one authority is not yet ready or able to collaborate in a specific service area, collaboration could go ahead with fewer authorities, leaving open the possibility of increasing the scale of collaboration at a later date.

Each authority would retain a Director and beneath this, certain management posts would manage those services which had undergone collaboration across all three boroughs, whilst others would remain dedicated solely to the local area. Staffing changes would therefore be likely to take place at a manager level, beneath Assistant Directors, as it is likely that frontline staffing levels would remain similar to the existing numbers.

The form of collaboration could be varied as appropriate to the service areas concerned, so that in some situations, one authority could lead or deliver a single service on behalf of the other two, whilst in other areas, teams could be merged to form a single co-located or a virtual team operating across all three boroughs.

Impact on Governance

Lead Members

Each local authority would continue to have Lead Members for Adult Social Services and Children's Services. Within this model the relationship between Lead Members and Directors would remain unchanged. Some complexities would be introduced in

APPENDIX A

relation to those services being operated on a three borough basis. The Director in each local authority would retain full accountability for the delivery of services in their area but in the collaborated service areas, could be reliant on managers and staff in another local authority to ensure that the required quality standards were being met on a day-to-day basis. This would be similar in many ways to services being operated by an external contractor and it would be important for each Director and Lead Member to be satisfied that the quality assurance arrangements were sufficiently robust.

Cabinet

As this model retains Directors at a single borough level, there would be little or no change to Cabinet arrangements with each Director retaining responsibility for attending and producing reports to Cabinet within their own borough.

Scrutiny / Member Oversight Arrangements

Arrangements for meetings of this type 'in borough' would remain unchanged. As a reasonably large number of services would be delivered jointly under this arrangement there may be benefit in introducing 3 borough scrutiny arrangements to complement the in borough arrangements.

Corporate Management

Under this model Directors would retain their current corporate responsibility and would each operate as a member of the Corporate Management Team within their own borough. There might also be a need to develop a regular 3 borough meeting at Director level to provide the necessary guidance and issue resolution for those defined functions being delivered on a three borough basis.

Impact on Service Users

As the majority of existing arrangements would be maintained, service users would initially see very little change to the services they receive. In those areas in which collaboration had taken place, it is likely that there would be some necessary changes to service delivery to improve efficiency, but these would not compromise quality of service. Significant visible changes to service delivery should be consulted on in the usual way prior to implementation.

Safeguarding

In this model there would be very little change from the current arrangements with local Directors retaining accountability within each authority. Specific arrangements would need to be put into place in relation to those defined functions operating on a three authority basis to ensure that accountability remains clear and unambiguous.

Benefits of implementing Model 1**Financial Benefits**

Collaboration on specific areas of service would yield some savings, the extent of which would need to be determined if this approach were selected as a desirable course of action. The level of saving delivered within each authority as a direct result of each area would vary as a result of the different baselines from which each organisation would start. An authority could therefore expect to achieve fewer savings from an areas in which it was already delivering good practice using an efficient service delivery model.

There would also be some limited opportunities to actively reduce external costs through joint approaches to procurement / contracting of external goods and services.

Other Benefits

One of the main (non-financial) benefits of this model is the fact that it is not reliant on any formal shared management structure. This means that the areas identified for collaboration could be progressed independently of one another and on a timescale appropriate to the maturity of the service area concerned and the scale of change required. The model also allows resilience and efficiency to be built into service areas that have already been subject to local reductions as part of the ongoing budget challenge faced by the three authorities.

Overall Assessment – Model 1

Model 1 holds some advantages for the three authorities. The senior management structure proposed for Model 1 is the same as is in place today, subject to any changes necessitated over time through the collaboration of services. Model 1 does introduce some managerial complexities in relation to those services included in the collaboration and care would need to be taken to ensure appropriate accountability for those services.

There are, however, limitations to Model 1. Firstly, areas for sharing best practice and the improved resilience are limited. Secondly, major areas of activity in both adult social care and children's services would be unlikely to fall within the scope of this model. As these are areas of high spend, the savings attributable to this model would be limited.

This Model could be viewed as either a standalone action or as a precursor to further collaboration, as it recognises that some service areas will be ready to collaborate more quickly than others and focusses on them. Any areas to be collaborated would require formal legal agreements to be established, demonstrating that this model is a significant progression from Model 0.

Model 1 - summary

Sovereignty		Members would retain ability to set outcomes and level of resources on individual borough basis.	-
Efficiency:	Staff Costs	No change at Director level. Possible savings in management costs below Assistant Director level at a later date.	•
	Optimal resource usage	Limited to the defined functional areas.	•
	Contracting/Other costs	Some opportunities to actively reduce external costs by working together	•
Service Delivery:	Resilience	Greater resilience for small specialist teams but only in defined functional areas.	•
	Best Practice	Some opportunities to establish best practice in defined functional areas. Opportunities may be missed outside these specified functions.	•
	Accountability	Director retains ultimate accountability but some risks associated with management chain of command where services are operated across three boroughs.	-

Model 2 - A single Director of Adult Services (DASS) and a single Director of Children's Services (DCS) across all three authorities, plus a third Director.

Description

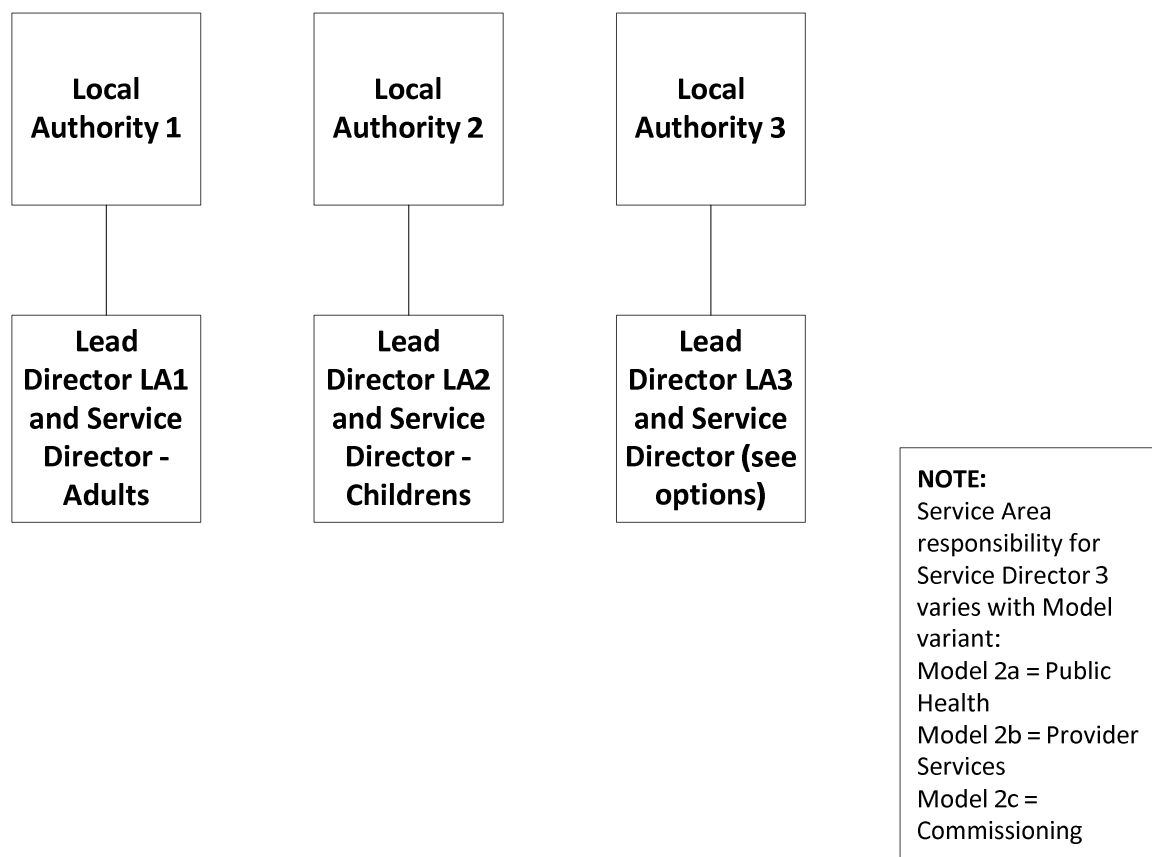
With this model, each of the three authorities would have its own lead Director. In addition to their responsibilities as lead director for one borough, each director would also be responsible for one service area across all three boroughs.

Three variants of model 2 have been considered, each with an alternative option for the third director. Models 2a, 2b and 2c all offer some advantages over and above Model 1. With all three variations of Model 2, there would be a single Director of Adult Social Care and a single Director of Children's Services. These Directors would be able to ensure that best practice was shared across the three authorities and would be able to address issues around the resilience of small teams. With each of the three options, the Assistant Director structure would necessarily be functional, continuing to help drive best practice and a consistency of approach. Each authority would retain its own Lead Director and Model 2, in all three variants, would also deliver greater efficiency savings than Model 1. Below the Assistant Directors, teams would provide most services on a local basis within each of the boroughs.

The approach would retain the existing levels of Directors but would be likely to reduce the numbers of Assistant Directors and would alter or potentially reduce the numbers of managers beneath Assistant Director level.

Adopting a significantly broader approach than Model 1 would provide additional benefits in terms of the ability to use resources optimally across all three Councils. It would also make the benefits associated with resilience more widespread.

The diagram below shows the high level model in general, with the specific variants explained below.



Model 2a: Joint DASS + Joint DCS + Joint Director of Public Health

This is felt to be the most logical option for the third Director because this role has equal status to that of the DCS and DASS currently. There is a natural synergy between much of the work of public health and that in People Services and so co-locating these services in a single arrangement would hold many benefits. However, the function is in the process of transferring to local authorities and there are significant issues relating to other relevant partners that would need to be addressed before this model could be implemented. Also, to align the public health role too closely to People Services may be simplistic as there are much wider socio-economic aspects to public health, requiring close links to be forged with functions such as regeneration and neighbourhood management.

Model 2b: Joint DASS + Joint DCS + Joint Director of Provider Services

Although there are benefits (set out above) to all three variants of Model 2, model 2b would create an incredibly complex position, given that each of the 3 authorities have radically different configurations of services which are retained in-house. As a result, the third Director would be responsible for services in one authority that they would not be responsible for in another. They would therefore have to manage three quite different systems and approaches simultaneously. As a result, locally based Assistant Directors would be necessary to manage such service diversity.

APPENDIX A

Also, the trend over the preceeding years has been the three Councils reducing their in-house provider services, with a greater focus upon externally commissioned services. As a result of the issues set out above, this option is not felt to be desirable.

Model 2c: Joint DASS + Joint DCS + Joint Director of Commissioning

This model would provide the greatest opportunity for a single role to be responsible for identifying the maximum efficiencies within all systems, freeing the other two Directors to focus on service delivery. The counter argument is that the commissioning role is integral to the work of the Director of Adult Social Care and the Director of Children's Services. Indeed, the 2006 Department of Health Guidance on the Statutory Chief Officer Post of Director of Adult Social Care explicitly defines the assessment of local needs as one of the primary responsibilities of the Director of Adult Social Care. An equivalent guidance applies to the Director of Children's Services. Currently, the separation between provider and commissioning roles differs across the 3 authorities and this Director post, though with its merits, is not considered sufficiently practical to implement until such time as any collaboration has matured.

Impact on Governance**Lead Members**

Each local authority could continue to have Lead Members for each of Adult Social Services and Children's Services. The matrix structure could potentially create some issues in relation to the role of the Lead Members however.

At one level, the Lead Members in each authority would be able to contact the Director with lead responsibility for their authority. However, an example of a potential issue would be where an individual Lead Member sought to work particularly closely with the service Director for a given area, who was the lead Director for a different authority. This could pose a range of practical difficulties. There is also the potential for the Lead Members to be given conflicting advice by the lead Director for their authority and the statutory Director who might be the lead Director elsewhere.

The most important relationship for Lead Members would be with the statutory Director for the service area they cover. As such, it would be necessary for the statutory Directors to meet with the Lead Members in each authority on a regular basis.

Cabinet

As this model retains lead Directors at a single borough level, those lead Directors would continue to attend Cabinet meetings in their own authority. Where the issues being discussed were specific to the responsibilities of one of the other two functional Directors, then those functional Directors would also attend the Cabinet meetings.

Scrutiny / Member Oversight Arrangements

As with Cabinet meetings, these meetings would be attended by the lead Director for the particular authority unless the matter was very specifically related to the functional responsibilities of one of the other two Directors. Consideration might also be given as to whether there may be benefit in introducing 3 borough arrangements to complement those in-borough.

Ward Councillors

Where ward Councillors needed to raise a matter at Director level, this would generally be raised with the lead Director for their own authority. If the matter was related to the functional responsibilities of one of the other two Directors, then the lead Director would need to ensure that an appropriate response was obtained.

Corporate Management

Each of the three Directors would operate as a member of the Corporate Management Team of the authority for which they were the lead Director. This would ensure that there was an effective representation of social care issues at the corporate level and each Director would play a wider role as part of the senior management of their authority. Directors would potentially need to attend meetings of the Corporate Management Teams in the other authorities where their expertise was specifically required.

The line management of each Director would be carried out by the Chief Executive of the authority in which they were the lead Director. Given that in respect of their functional responsibilities, each Director would be operating across all three boroughs, it would be important for objective setting to be carried out jointly by all three Chief Executives. Quarterly performance review meetings between each Director and all three Chief Executives could also be held.

Impact on Service Users

Service users would initially see very little change to the services they receive. In the main, front line service delivery staff would still be employees of their local authority. However as services moved towards sharing best practice and sought to deliver streamlined, efficient services across the three boroughs, it is likely that there would be necessary changes to service delivery. Significant visible changes to service delivery should be consulted on in the usual way prior to implementation.

Safeguarding

The discharge of safeguarding responsibilities is legal and allowable under any of the variants of Model 2, as section 113 of the Local Government Act 1972 allows for more than one authority to share some statutory post holders.

Overall Assessment – Models 2a, 2b and 2c

Models 2a, 2b and 2c all offer some advantages over and above Model 1. With all three variations of Model 2, there would be a single Director of Adult Social Care and a single Director of Children's Services. These Directors would be able to ensure that best practice was shared across the three authorities and would be able to address issues around the resilience of small teams. Each authority would retain its own Lead Director and all three variants would also deliver greater efficiency savings than Model 1. This would not impinge autonomy of local decision making but would help to ensure consistency and quality on matters of practice and operational delivery. There would be opportunities under all three models to reduce external costs by a collective approach, although this would be lower under Model 2c due to the likely reduction in the Council provider role over time.

There are disadvantages to the model:

- Assistant Directors would be managing some areas of significant risk (safeguarding, financial and reputational) across 3 separate systems and organisations;
- There is no clear sense of purpose for the third Director role, other than to provide a balanced corporate function.

Implementation of Model 2 is of course possible and could represent a future state but it is not considered to be practical. Also, with specific reference to the Model 2a, immediate implementation is not entirely within the gift of the collaborating councils.

Model 2 is not recommended.

Model 2 – summary

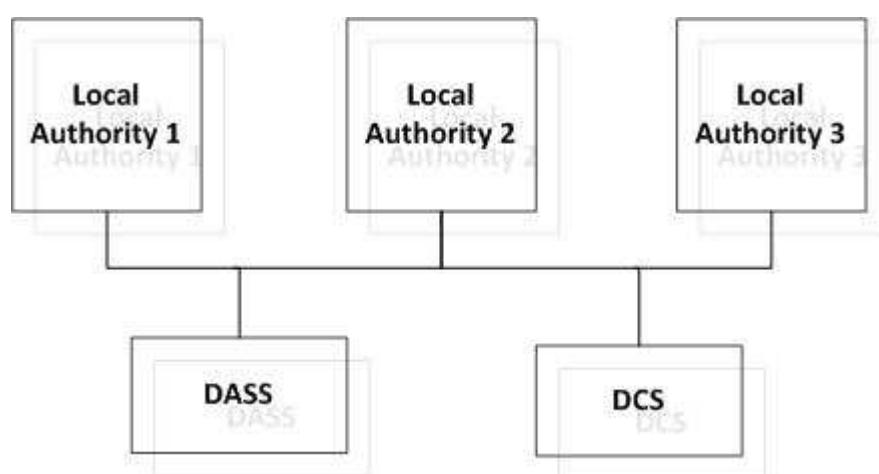
			2a	2b	2c
Sovereignty		Members would retain ability to set outcomes and level of resources on individual borough basis.	-	-	-
Efficiency:	Staff Costs	No reduction of Director posts but potential reductions at Assistant Director level and further reductions at third and fourth tier management levels.	●●	●●	●●
	Optimal resource usage	Ability to move resource to priority areas and support urgent requirements e.g. inspection preparations.	●●	●●	●●
	Contracting/Other costs	Many opportunities to actively reduce external costs by working together but limited under 2c due to diminishing provider role.	●●	●●	●
Service Delivery:	Resilience	Greater resilience for small specialist teams and wider availability of staffing support in general.	●●	●●	●●
	Best Practice	Functional responsibilities at Assistant Director level would drive best practice across all service areas.	●●	●●	●●
	Accountability	Serious risks in relation to accountability caused by split in responsibilities between Directors and potentially further compounded by Assistant Directors also working across 3	○	○	○

		authorities.			
--	--	--------------	--	--	--

Model 3 – A single DASS and a single DCS across all three authorities

Description

This would represent collaboration on all functions (establishing a single service across the 3 authorities) with shared Directors responsible for services in all three Boroughs. There are two variations to Model 3 which will be referred to as 3a and 3b, but which for simplicity will be described here in a single section due to the high degree of similarity. Any key differences will be clearly highlighted. Both variants of Model 3 incorporate one Director for Adult Services Social services (DASS) and one Director for Children's Services (DCS) across the three Boroughs. The difference between the two variants occurs at Assistant Director level.



Model 3a

In this model, responsibility at Assistant Director level would be allocated on a functional basis, meaning that each Director may have direct reports based across the three boroughs.

With this variant, most services would be delivered at a local level by tier 3 managers and their teams.

Model 3b

In this model, responsibility at Assistant Director level would be on a geographic basis. This would effectively mean little change from the current position. In structural terms, in practice the shared Directors would look to build a change programme across the three boroughs to identify and implement best practice.

Impact on Governance

Members

APPENDIX A

With this model it will be important for an effective mechanism to be put into place to facilitate the key relationships between the single Director of Children's Services and the single Director of Adult Social Care and their respective Lead Members.

This may be slightly easier with the geographic variant of this model. With this variant, each authority would have an Assistant Director responsible for Children's Services and an Assistant Director responsible for Adult Social Care. These geographic Assistant Directors could play an important role in supporting the relationships with the Lead Members in each of the authorities, although it would be essential for the two Directors to retain close working relationships with their Lead Members as well.

The other variant of this model envisages Assistant Directors with functional rather than geographic responsibilities. Thus, one Assistant Director might be responsible for Children in Care across all three authorities. This could make it more difficult to establish the same clear relationship as could be drawn between the geographic Assistant Director and the Lead Member for each authority under model 3b.

Cabinet

From an accountability perspective, both variants of this model are strong, with a clearly defined DASS and DCS. However, time constraints upon two Directors within a three Borough collaboration involving three separate Cabinets would need to be acknowledged. As such, it is likely that governance arrangements in this respect would need to be examined.

Scrutiny / Member Oversight Arrangements

Similarly, time constraints would impact upon the ability of the DAS and DCS to attend meetings of this type in the three boroughs under this model. The Assistant Directors in all three authorities already play an important role in relation to scrutiny / oversight work and this would continue.

Ward Councillors

With the geographic variant, Ward Councillors would generally raise issues that required senior management attention with the relevant Assistant Director for either Adult Social Care or Children's Services. More serious issues could be escalated to the Directors as and when necessary. With the functional variant it might not be necessarily clear which functional Assistant Director was responsible for the issues being raised and a separate mechanism would need to be put in place to enable issues raised by ward Councillors to be dealt with effectively.

Corporate Management

Corporate Management arrangements would require some adjustment as it would not be effective use of resources for two Directors to attend three senior management meetings weekly, particularly as these tend to be a half day in duration.

APPENDIX A

The line management of each Director would be carried out by the Chief Executive of the authority in which they were legally employed. Given that in respect of their functional responsibilities, each Director would be operating across all three boroughs, it would be important for objective setting to be carried out jointly by all three Chief Executives. Quarterly performance review meetings between each Director and all three Chief Executives would also be advantageous.

Impact on Service Users

Service users would initially see very little change to the services they receive. In the main, front line service delivery staff would still be employees of their local authority. However as services moved towards sharing best practice and sought to deliver streamlined, efficient services across the three boroughs, it is likely that there would be necessary changes to service delivery. Significant visible changes to service delivery should be consulted on in the usual way prior to implementation.

Safeguarding

As with Model 2, the discharge of safeguarding responsibilities is legal and allowable under either variant of Model 3, as section 113 of the Local Government Act 1972 allows for more than one authority to share some statutory post holders.

Benefits of Implementing Model 3

Financial Benefits

Model 3 would deliver greater financial benefits than the preceding models. The numbers of Directors and Assistant Directors would be reduced and further streamlining would take place beneath this level.

In appraising this model an indicative senior management structure was developed and compared against the current baseline staffing structure (Nov 2012). This indicated that savings in the order of £1.4M could be achievable. The caveat to this is that the exercise was indicative only, utilising information validated contemporaneously and which will therefore have inevitably changed due to lapse of time and ongoing local savings initiatives.

A summary of these savings (and reduction in post numbers) is attached as an Appendix to this document.

In addition, there would be the opportunity to reduce external costs through a collective approach to contracting, commissioning and procurement in general.

Other Benefits

In the same way that Model 1 could be implemented as a precursor to a more mature collaborative model, Model 3 could also be implemented as a precursor to Model 4 (a single Director), retaining management capacity and hence reducing risk in the short to medium term whilst the greatest level of change is implemented.

By implementing a shared management structure Model 3 provides a more structured environment for delivering standardisation and/or efficiencies in service delivery. It also creates greater resilience with the flexibility to address peaks in

APPENDIX A

demand by temporarily supporting service delivery utilising staff across the the whole structure i.e. across boroughs.

Model 3 is consistent with the principle of retaining local delivery as the shared posts are at senior management level with the majority of front line service delivery retained in each borough.

Whilst Model 3 delivers benefits across best practice, resilience and efficiency as well as providing clear accountability for service delivery, with such challenging budget pressures facing all three Councils currently, it may be difficult to reconcile the need to make immediate savings with a structured approach to collaboration. Therefore, Model 3 could also be considered as a future target to be worked towards, rather than as an option for immediate implementation.

Overall Assessment – Model 3

Model 3 in both variations provides clear accountability through a single Director of Children's Services and a single Director of Adult Social Care. The two Directors would drive the sharing of best practice and tackling of resilience issues within small teams. This is a more mature model of collaboration than the previous models and has potential to deliver a greater saving. Analysis work conducted on the potential number of management posts required to operate this Model in both variations (explained further later in this document) suggests that the efficiency savings would be well above those for the other models, other than Model 4.

It would represent a greater change for each authority as there would not be a dedicated Director for each authority and this would change the relationship with the corporate management team and with Members. Governance arrangements would therefore need to be adjusted.

Adopting an approach whereby Assistant Directors operated on a functional basis (**Model 3a**) would facilitate the driving through of any cultural changes, consistent practice or efficiencies required. This variant has the potential to deliver a slightly greater financial saving at Assistant Director level but is reliant on creating a workable split in functions. Initial analysis of this option indicated that whilst this may be possible in Children's Services, the split in functions in Adult Services would be more contrived and may bring with it risks from disaggregating the service. This approach would also mean that there would be no dedicated senior officer allocation to a specific local authority above 3rd tier and therefore the accountability challenge described above may be greater than in a geographic model.

Assistant Directors operating on a geographical basis (**Model 3b**) would provide a designated senior officer per service area, for each authority at 2nd tier, thereby providing a more familiar point of contact for Elected Members, senior officers and clients. This was considered to provide a safer and clearer operating model. For these reasons model variant 3b is preferred. The disadvantage to this is that it has the potential to make implementation of consistent practice or change more difficult.

Model 3 (regardless of the variant) would also require adjustments to governance arrangements at both a political and managerial level in order to prevent complexities associated with a reduced number of senior managers and the balance

APPENDIX A

between the clear need for accountability to Elected Members and senior management and the pressures of service delivery.

Also, as seen in the Tri Borough collaboration consideration would need to be given to the use of geographical and functional structures beneath Assistant Director level, as appropriate to deliver the best possible balance of service provision, resilience and efficiency

Model 3b is the recommended approach.

Model 3 - summary

			3a	3b
Sovereignty		Policy and budget setting to remain with individual Cabinets. Local front-line service delivery retained in sensitive areas.	-	-
Efficiency:	Staff Costs	Number of Directors and Assistant Directors reduced. Further reductions in tier 3 and 4 management levels.	● ● ●	● ● ●
	Optimal resource usage	Ability to move resource to priority areas and support urgent requirements e.g. inspection preparations.	● ● ●	● ● ●
	Contracting/Other costs	Many opportunities to actively reduce external costs by working together	● ● ●	● ● ●
Service Delivery:	Resilience	Greater resilience for small specialist teams.	● ● ●	● ● ●
	Best Practice	Best practice driven through all areas of service delivery, slightly more so under 3a.	● ● ●	● ● ●
	Accountability	<p>Very clear accountability for each of the two Directors as separating out the two statutory posts of DASS and DCS can be seen as improving accountability.</p> <p>However 3a would mean that responsibility for specific local service delivery would only occur from third tier downwards, making accountability less clear than under 3b .</p>	○	-

Model 4 - A single DASS + DCS role operating across all three authorities**Description**

Model 4 builds on Model 3, representing an even more significant change to current arrangements, delivering even greater savings from management, with a single Director for all of people services across all three authorities.

The Director would be supported by Assistant Directors with functional portfolios each with a three borough-wide span of control.

Impact on Governance**Lead Members**

Although accountability in one sense would be extremely high, given the single joint Director of Children's and Adult's Services role, in a practical sense it would be limited given the challenge for the postholder to hold productive relationships with a range of different stakeholders.

Each local authority would continue to have lead members for Adult Social Services and Children's Services, giving a total of 6 Lead Members across the three authorities. Although there are some issues that are common to both Children's Services and Adult Social Care, most of the issues that need to be discussed between Lead Members and Director are service specific. Thus, the single joint Director would potentially require significant amounts of separate contact with their Lead Members or would need to delegate some or all of this contact to Assistant Director's at a geographic level.

Cabinet

Time constraints upon a single joint Director within a three Borough collaboration involving three separate Cabinets would need to be acknowledged. As with the situation for Lead Members, a significant proportion of a single Directors time could be spent communicating with relevant Members and officers at each organisation.

Scrutiny / Member Oversight Arrangements

As above, time constraints would impact upon the ability of the single joint Director under this model to attend meetings in all three boroughs. There would potentially be a requirement to delegate this responsibility to Assistant Directors on the agreed understanding that the Director would attend only when necessary. This in turn could impact on the capacity of Assistant Directors to fulfil their other responsibilities.

Ward Councillors

A separate mechanism would need to be put in place to enable issues raised by ward Councillors would be dealt with effectively, with escalation to the single joint Director as and when necessary.

Corporate Management

Corporate Management arrangements would be key to creating sufficient capacity for a single Director to operate effectively. Some adjustment to current arrangements would be necessary, as it would not be effective use of resources for a single joint Director to attend three senior management meetings weekly, particularly as these tend to be a half day in duration.

The line management of the single joint Director would be carried out by the Chief Executive of the authority in which they were legally employed. Given that in respect of their functional responsibilities, the single joint Director would be operating across all three boroughs, it would be important for objective setting to be carried out jointly by all three Chief Executives. Quarterly performance review meetings between the single joint Director and all three Chief Executives would also be beneficial.

Impact on Service Users

The impact on service users would be the same as for Model 3.

Safeguarding

As with Models 2 and 3, the discharge of safeguarding responsibilities is legal and allowable under either variant of Model 3, as section 113 of the Local Government Act 1972 allows for more than one authority to share some statutory post holders. However, given the breadth of the single Director post, it would need to be clearly demonstrated through an assurance test, that it was feasible to centralise the DASS and DCS roles into a single post across three boroughs, whilst retaining the ability to meet the responsibilities of each.

Benefits of Model 4**Financial Benefits**

The financial benefit of operating Model 4 would be consistent with the savings achievable in Model 3 with the addition of a further Director post saving. In addition, there would be the opportunity to reduce external costs through a collective approach to contracting, commissioning and procurement in general.

Other Benefits

In addition to the financial benefits above Model 4 also offers the benefit of having a single point of accountability and should therefore also provide a clear direction in terms of standardising the approach to service delivery. As with Model 3, the implementation of a shared management structure would provide a more structured

APPENDIX A

environment for delivering standardisation and/or efficiencies in service delivery. It would also create greater resilience with the flexibility to address peaks in demand.

The scale of the single director post however should not be underestimated. It would be accountable to a client base similar in size to the entire population of one of the boroughs and would also need to contribute to three corporate management teams, and be accountable to three sets of elected members.

Overall Assessment – Model 4

The only difference between Model 4 and Model 3 is that there is one Director rather than two Directors. This would generate an additional efficiency saving of approximately £150,000 including on-costs, to be shared across the three authorities. Although each authority currently has a single Director for People Services, it was felt that in practice, condensing the three Director roles into a single role would create a significant breadth of responsibility. The capacity of a single post would be affected, including the ability to balance the effective management of diverse services across a significant geographical area, with the necessity of being politically and managerially accountable. In addition, the post would be required to implement significant change.

It is not considered to be realistic at the present time for one person to discharge the full range of responsibilities for adult social care and children's services across the three boroughs whilst implementing significant change. This might become more feasible at some point in the future, were the three authorities to adopt a wider based collaborative approach.

This model cannot be recommended.

Model 4 - Summary

Sovereignty		Policy and budget setting to remain with individual Cabinets. Local front-line service delivery retained in sensitive areas.	-
Efficiency:	Staff Costs	Numbers of Directors and Assistant Directors reduced. Further reductions in tier 3 and 4 management levels.	● ● ●
	Optimal resource usage	Ability to move resource to priority areas and support urgent requirements e.g. inspection preparations.	● ● ●
	Contracting/Other costs	Many opportunities to actively reduce external costs by working together	● ● ●
Service Delivery:	Resilience	Greater resilience for small	● ●

APPENDIX A

		specialist teams, but reduced capacity at a senior level by comparison to Model 3.	
	Best Practice	Best practice driven through all areas of service delivery.	● ● ●
	Accountability	Very clear visibility of ultimate responsibility and accountability lower in the structure but the demands on the capacity of a single Director risk lowering the level of accountability in practice.	○ ○

Baseline for Collaboration

A frozen management baseline position for each authority was established in November 2012, in order to help approximate the scale of savings that would potentially be available from collaboration. The baseline management staffing structure was agreed by Directors, capturing all 'in scope' management positions to Team Manager level. In broad terms, this means that the top 4 or 5 tiers were captured, but there is some variation across the three authorities due to the different organisational structures in place. Following development of an indicative management structure aligning with Model 3b, it was the above baseline that was used as a comparator in order to determine the level of savings achievable.

A summary of the findings is contained as an appendix to this document.

It is recognised that the baseline developed in November 2012 will have been subject to some change due to local actions, and will continue to evolve over the period of implementation of any collaborative model. As such, the findings are indicative only, but provide an indication of the scale of savings potentially available from management structures.

External Review / Validation of Approach

Due to the uniqueness and complexity of the programme and the emerging recommendations, the Programme Board engaged Professor John Bolton to conduct a Gateway Review in October 2012 to provide some external challenge to or validation of, the approach taken to date and the emerging recommendations. Professor Bolton is currently engaged as an advisor to the Local Government Association Adult Social Care Efficiency programme and is a former Director of Adults and Children's Services. He was also involved in the implementation of the Tri-Borough Collaboration between the boroughs of Kensington & Chelsea, Westminster and Hammersmith.

Prof. Bolton was accompanied in his review by Dianne Thomas, formerly of the Audit Commission. Both reviewers were provided with all key programme documentation and spent three days on site interviewing key stakeholders from each authority. Following this insight into the programme a Gateway Review report was received

APPENDIX A

which presented the view of the reviewers which was that the programme was viable and would deliver efficiency savings. A number of recommendations were presented which are summarised below as well as confirmation of the actions taken by the stakeholders and programme team to address them.

Recommendation	Action taken to address
Define the vision and clearly articulate it	Vision re-developed and now included in the Business Case report
Develop greater understanding and support for the programme with senior managers	Assistant Directors now regularly attend Steering Group meetings with Directors
Ensure managers understand the financial challenges we are facing.	Directors undertook to brief managers within their leadership teams through already established meeting schedules
Directors of People to lead and drive the programme	Directors of People have now formed a steering group for the programme and meet fortnightly as a minimum to ensure the required leadership is visible and that the programme delivery remains on track
Allow managers to shape proposals within parameters	Assistant Directors now regularly attend Steering Group. Following an agreement to proceed with collaboration, Assistant Directors would play a key role in service design and driving through the necessary changes to effect collaboration.
Start to further involve Elected Members in the detail of what would be delivered and how services would operate.	Business Case to be shared with Elected Members through the governance arrangements already established
Revisit the original Project Initiation Document (PID) ensuring that the overall programme and the PID are aligned.	PID reviewed by programme team and action plan developed to deliver areas that had not progressed sufficiently

Validation of Feasibility Report Findings

Initial feasibility work was conducted by Deloitte on behalf of all three Councils which resulted in reports presented to Darlington and Hartlepool in 2011 and the final report presented to Redcar & Cleveland in March 2012.

This final report summarised the potential efficiencies from collaboration across all three authorities, broken down as follows:

- Structural Savings (reduction of approx.. 40 posts) = £2.8M

- Efficiency Savings (2% of budget) = £0.8M
- Contract Savings (2% of external spend) = £1.8M

This provided a useful start point for the programme and a useful indication of the level of savings achievable. However, further work as part of the options appraisal has included an exploration in greater detail of the nature of funding for each of the posts in the staffing baseline, and has identified that a significant number of the posts are funded from grants such as the Dedicated Schools Grant (DSG), or Early Intervention Grant (EIG). Therefore removal of the posts would not result in a revenue budget saving. Therefore whilst the indicative structure developed in support of the appraisal of Model 3b indicated a reduction of 48 posts being possible, the actual saving to the revenue budget was identified as being closer to £1.4M if Model 3b were implemented in isolation.

In relation to contracting, the three authorities currently spend over £100 million each year on externally contracted adult social care and services for children. This figure is likely to reduce as a result of local budget cuts; however in general terms, it would be possible for the three authorities to combine their purchasing power and together purchase services more efficiently overall than at present. It should, however, be recognised that the most significant area of expenditure, residential care for older people, has already been subject to considerable work in each of the three authorities. There is therefore little scope to further reduce the costs of this service.

Following an examination of existing contracts and unit costs of the major service areas, it is apparent that there are some variations across the three authorities, which suggests that by bringing together the contracting functions and by using the greater purchasing power, it would be possible to make savings in the total costs of externally purchased services. At the same time, it is important to recognise that some services operate on the basis of relatively defined geographic markets which may limit the scope of any cost savings. Also, existing contracts operated by all three authorities will also need to be respected. Following analysis of the existing contracts in place, any benefits associated with renegotiation or reprocurement of contracts would not be realised immediately following collaboration but would materialise over time. The full extent of savings which can be generated through contracting will only become evident once a single contracting team has been established.

At this stage therefore it appears that, (taking into account the reduction in structural savings due to the number of posts that are grant funded), the work undertaken to date supports and confirms the savings figures proposed in the initial feasibility work carried out by Deloitte.

Recommended Approach

Upon assessment of the various models for a potential People Services collaboration, it was determined that Model 3b (a shared DASS and a shared DCS across all three boroughs) was the model which should be recommended.

APPENDIX A

Model 3b provides the best blend of resilience and efficiency saving, without excessively affecting management capacity and crucially, retaining a strong local service delivery ethos and level of accountability.

Model 1 represented a low level of change. However this was still felt to be a disproportionate amount of effort when compared to the rate of efficiency that it would return. The main arguments for Model 1 are that it would create resilience in areas requiring it and could act as a pre-cursor to further collaboration.

The purpose of retaining three Directors under all the variants of Model 2 was not sufficiently justifiable overall, when the drivers for collaboration were taken into account. Model 2 would effectively overcomplicate the structure in order to retain three Directors, delivering lower levels of efficiency. Although each variant had a clear rationale, none of the options provided a sufficiently robust or workable solution, when compared to Model 3.

Model 4, although on the face of it a minor development from Model 3, is felt to be too great a level of change, as it would unduly affect the capacity of the single Director to set the strategic direction, oversee service performance, perform as part of executive management teams and be accountable to Elected Members and Chief Executives.

Model 3 is recommended as the desirable option as it presents clear operational benefits, with fewer risks around capacity than Model 4.

Implementing Model 3b

A move to implement Model 3b would require formal agreement by all 3 councils, as it would deliver extensive collaboration of service areas and a new senior management structure, with a single DCS and a single DASS across all three Councils. In order to allow Elected Members to make this decision, a significant amount of the design work would need to take place to provide clarity on the specific design of the collaborated services and the manner for delivery of them.

It is likely that implementation would commence with the appointment of shared Directors. This would enable the appointees to become involved with the detailed design work which would continue to shape the remainder of the structure. Adopting this approach would allow the appointed Directors to have the required input to the design and appointment of their senior management structure and shape the way that their services would be delivered. Once in place, new management teams would then drive further efficiencies through best practice reviews within their areas of speciality.

Analysis of benefits to date

It should be noted that all three authorities embarked upon the proposed collaboration with previous experience of collaboration (albeit on a smaller scale than is proposed here) and with some experience of the benefits that this brings.

Redcar and Cleveland already share some service delivery e.g. Internal Audit and Youth Offending Services with Middlesbrough Borough Council. Middlesbrough also provide a Tees-wide social care equipment store of which Redcar and Cleveland and Hartlepool are customers. Darlington and Stockton Borough Councils already have shared transactional services (HR, finance and payroll) with Stockton Borough Council via the Xentrall Shared Services Partnership. Hartlepool jointly commission direct payment support services from Stockton Borough Council who also provide all three authorities with out-of-hours duty social work services as part of a Tees-wide arrangement.

As a direct result of this programme of work other opportunistic partnerships have emerged and already yield benefits. Examples of these include:

- Two of the Councils now share an Assistant Director for Education. This joint approach has been instrumental in accelerating the improvement of 3 schools due to a wider range of skills and experience than would have been available as a single authority.
- Two of the Councils are pathfinders for the new SEN arrangements. This has provided additional resources and capacity to the delivery of improved outcomes for disabled children and their families.
- Sector Led Improvement – Councils have supported one another with regard to actions arising from inspection and peer reviews. Each authority has been able to learn from the strength of the other.
- The innovative approach demonstrated by this proposed collaboration also allowed the three boroughs to jointly secure funding from Local Government Association, as well as gaining recognition by them and others of the commitment of the three boroughs to explore new ways of working to secure efficiencies whilst building resilience and protecting front line services
- At a less formal level, the degree of joint work undertaken by senior officers in developing the business case has been such that there is now a regular and frequent sharing of experiences and operating models across the three authorities. The collaboration work to date has therefore promoted a much better and more open relationship between the senior officers than would otherwise have been evident
- In addition, the project has provided an opportunity for the Leader/Mayor of each Council as well as the elected Lead Members to meet on a more frequent basis than would otherwise have happened. They have established links at a political level that are likely to enhance joint working regardless of the decisions around implementation of a People Services collaboration.

Staffing and HR Considerations

The proposed arrangements give rise to a number of staffing considerations - although these may be more limited in Phase 1 than in the later stages of the collaboration process. The general HR implications are set out immediately below. More specific risks arising from HR considerations are set out within the Risk Analysis section.

Use of Section 113 Local Government Act 1972

Section 113 permits a local authority to place a member of its staff at the disposal of another authority - with the effect that the individual concerned is, for all practical intents and purposes, treated as an employee of that other authority. However, it must be noted that the use of this section does not override an employee's existing terms and conditions and/or employment rights and, before section 113 is used, the member of staff concerned must be consulted.

Use of the section may give rise to some practical issues. For example, if an employee's contract currently requires them to work only from a specific location or within a defined geographical boundary, a requirement to work across three different Boroughs may well fall outside of the scope of that contract. In such cases, agreement will need to be sought to agree to a variation of the contract and, if this cannot be achieved, then it may potentially be necessary to consider dismissing and re-engaging the relevant members of staff under new terms and conditions.

General Consultation Requirements

Aside from the consultation requirements under section 113, each authority would also need to carefully consider whether redundancy consultation requirements are engaged by any proposals. There are two scenarios where this may be the case:

- Where an authority is downsizing existing services (in advance of or in parallel to the implementation of collaborative arrangements) and there are proposed redundancies because of this. In this scenario, if staff are being made redundant from a service then the relevant authority will need to follow its normal redundancy procedures/policies.
- Where the proposed collaborative arrangements and use of section 113 affect 20 or more staff and it becomes necessary to potentially dismiss and re-engage those staff because of contractual issues. With regard to this scenario, where there are contractual issues and agreement cannot be achieved, then there could be a potential need to dismiss those staff and re-engage them under new terms and conditions in order to successfully implement the proposed arrangements. Although this is not a redundancy situation as it is usually defined, the requirements under the legislation which impose the need for collective consultation and notification may still be engaged.

Collective Consultation

If it becomes necessary for an authority to dismiss and re-engage 20 or more staff then, although this is not a redundancy situation as such, the definition of redundancy as set out within the legislation regarding collective consultation may mean that formal collective consultation is required. If that is the case, then the relevant authority would need to consult with the recognised trade unions with regard to the proposals for a minimum period of 30 or 90 days¹, depending on the number of staff involved prior to the notice being issued. Collective consultation would also be required if, at any stage, an authority was proposing to make 20 or more staff redundant.

If collective consultation requirements are engaged, then the relevant authority would also be required to comply with formal notification requirements (i.e. the issue of Form HR1).

Ringfencing Process / method for collaborating in specific service areas

Where proposals mean that there will be a reduction of staff and/or a change in staffing arrangements in relation to a particular function, then, depending on the circumstances at the time, it may be necessary to develop an agreed 'management of change' policy across the 3 Borough's in order to define the arrangements that will apply when posts within the structures are filled/removed including, for example, whether there will be any ring-fencing arrangements which afford staff working in that function from any of the 3 Borough's priority in terms of redeployment opportunities. As a matter of good industrial relations practice, such arrangements will require consultation with the relevant trade unions with a view to reaching a policy which is not only agreed between the 3 Boroughs, but which has the support of trade union colleagues.

Equal Pay

As the the proposals involve staff remaining with their current employer and working across authorities then, because each of the Borough's have different pay models, there is the potential for individuals to be undertaking the same level/type of work, yet receiving different rates of pay. In light of of the significant equal pay issues that have affected most, if not all, local authorities in recent years, legal advice has been sought as to the risk of equal pay claims being successfully pursued on the basis of individuals using employees from a different authority as a comparator. The law in relation to equal pay is complex but, in basic terms, the advice received based on the the current proposals is that this does not appear to be a risk - see also the point detailed below regarding TUPE.

TUPE

If at any point it is proposed that staff will transfer from the employment of one authority into the employment of another, the provisions of the TUPE Regulations will

¹ The 90 day period is due to be reduced to 45 days with effect from April 2013

APPENDIX A

almost certainly apply. This will mean that the authorities in question will need to comply with TUPE consultation requirements and staff will transfer along with their existing terms and conditions. This may result in staff being employed by the same authority working under different contractual entitlements (e.g. pay) but the requirements of the TUPE legislation would provide a defence to any equal pay claims, at least in the short term.

Risk Analysis

In this section of the report the key risks for an implementation are considered. The risks are grouped as either implementation risks or operational risks.

The implementation risks relate to the period prior to the collaboration of services becoming fully operational.

Operational risks relate to the period following the collaboration of services.

Each risk is described and an explanation is provided about how the risk will be avoided or mitigated. All the risks would apply to any of the collaboration options identified in this report (other than the option of no collaboration at all which has been ruled out as not being viable).

Implementation Risks

Risk	Description	Mitigation
Implementation costs are more than planned.	There would be a range of implementation costs including some provision for basic IT functionality across the 3 authorities to support collaborative working.	A detailed implementation plan, including all costs, should be prepared and signed-off by Directors of People Services prior to any final agreement to proceed.
Insufficient staff resources for implementation.	There will be a large number of tasks which will need to be carried out during the implementation process, including all the work necessary for appointing staff to potentially new positions in any collaborative structure.	The staff resources necessary to support the implementation process would be identified and included in an implementation plan.
Loss of or changes in key staff during implementation process.	The implementation process could be considerably disrupted due to the loss of key staff	Key staff would need to be identified during the planning process, as well as individual plans to mitigate their loss / absence during the implementation process.
Significant disagreements		A formal decision would

APPENDIX A

between the three authorities arise during implementation process.		be required prior to the start of any implementation stage and a legal agreement would provide the framework for collaboration which would need to include reference to addressing disputes. The 3 Borough Board also provides a regular forum for any issues to be addressed.
IT systems not ready to meet basic operational requirements.	In any collaborative work there would be a requirement for some staff to be able to access client information from across the 3 authorities.	The requirements will be identified and built into the implementation plan. Work has already been initiated to identify general requirements.
Operational performance suffers during the implementation process.		Operational performance throughout the implementation process will be monitored by the 3 Chief Executive and the Directors.
Equal pay laws found to apply to all posts covered by the collaboration arrangements.		External legal advice taken and confirms this is not a significant risk.
Further funding reductions from central Government increase again the level and rate of delivery of savings	Should implementation take place over a period longer than the 2 years covered by the current Central Government settlements there is potential that the financial envelope within which any new model must operate could reduce further.	Potential operating models would need to be re-evaluated in light of any further budgetary changes.

Operational Risks

Risk	Description	Mitigation
Insufficient management capacity exists under new arrangements	A reduced number of Managers will mean greater capacity pressures on individual managers managing larger service areas across and on behalf of more than one local authority.	This will need to be a key element of the service design process. Revised governance arrangements will be defined including revised

APPENDIX A

		arrangements for engaging with Members, Stakeholders and Corporate Management Teams to ensure that sufficient capacity remains.
Local Knowledge and Relationships are lost	There may be a reduction in local knowledge at senior management level as individuals are required to manage services across more than one borough.	New relationships will to be forged with middle managers operating on a locality basis. It is possible that new strategic groups may be formed encompassing partners across the three boroughs for strategic decision making and direction.
Differing HR policies and T&C's cause operational and staffing issues	Each authority currently operates with different T&C's and HR policies (pay, pension contributions, holiday entitlement, mileage rates etc.), and this may cause operational difficulties when staff across three authorities reporting to a single manager and carrying out the same role are rewarded with different T&C's. This may be particularly pertinent where staff are asked to temporarily re-locate to cover for periods of staff shortage/exceptional demand in another authority.	A decision would be required about whether to move towards standardised T&C's over time, and policies agreed for short and longer term cover arrangements. There also needs to be a robust cost sharing agreement for shared management posts where a single employing authority is retained - this has already been demonstrated as possible with a senior management posts shared between DBC and HBC.
Poor performance of one authority draws disproportionate amount of resource	In the event that one authority receives a poor inspection rating it is likely that resources will be drawn from the other two in order to rectify failings.	Legal agreement required to define the arrangements (including long and short term staff relocation/secondment arrangements) necessary to deal with this eventuality.

APPENDIX A

One Authority requires additional effort in order to implement standardised procedures/best practice	In a move to implement best practice across all three authorities it is recognised that one authority may require significantly more change. This is likely to result in a requirement for additional resource to facilitate and support this change.	Analysis of relative performance and detailed implementation plan to be prepared prior to any service improvement work. Plan to include details of resource requirements. It may be possible to supplement resources from within the Transformation/Shaping our Future Teams.
Change in political leadership	In the event that there is a change in political leadership there is a risk that the new controlling party does not support current collaborative arrangements.	<p>A formal decision would be required prior to the start of any implementation stage and a legal agreement would provide the framework for collaboration. This would need to include exit strategy in the event that one authority no longer wished to be part of a collaboration.</p> <p>The 3 Borough Board also provides a regular forum for any issues to be addressed.</p>
Geographic spread of authorities results in inefficient travel time and reduced capacity at management level	With some senior officers managing services across more than one authority there will be a requirement to travel between sites. Due to the distance between authorities this may result in a significant amount of unproductive time and reduced capacity at senior officer level.	Clear roles and responsibilities will be defined for all management roles and will include any necessary delegation of (current) duties in order to accommodate necessary travel time.
Existing partnership arrangements may exert different pressures and requirements on individual authorities	Due to the different Health and Police authorities (as well as other agencies) currently in partnership with the local authorities there is the potential that the different partners may place different requirements on the authorities making	Early identification of areas likely to be affected by this risk and arrangements for local variation where necessary built into legal agreement.

	standardisation of approach difficult.	
--	---	--

Next Steps

Following an 'in principle' agreement from Elected Members, work would commence on the development of an implementation plan for Model 3b. This would be brought back to Elected Members for agreement to proceed with collaboration of People Services across all three Councils.

The implementation plan would need to include details of:

- Programme Implementation Approach including clear timescales
- Clear responsibilities for leading the programme and the programme team membership
- An overarching management structure
- The intended collaborative approach in each specific service area and rationale
- The source and extent of the intended savings
- Any changes to structures and service delivery
- An assessment of whether consultation obligations are likely to be triggered by the proposals due to an impact on the employment rights of staff.
- Any constitutional changes required as a result of the proposals
- A comprehensive legal agreement between the authorities

Legal Agreement

As set out earlier, an overarching legal agreement, accepted by each of the 3 participating authorities would provide a strong framework setting out the terms of the collaboration and would provide a headline document under which subsidiary agreements could fit.

There are already a number of shared functions either across 2 or more of the 3 Boroughs or across the 5 Tees Valley authorities. Each local authority has its own arrangements in place to ensure the robustness and security of such arrangements, including legal contracts. These contracts are examples of the type of subsidiary agreements that would be required under the top level legal framework agreement.

Agreements would need to cover issues including human resources, service provision and funding aspects.

Consultation

Given the potential impact on staff, it would also be necessary to engage in a formal consultation process regarding any proposed changes.

In preparation of this report, staff were kept informed about the progress of the collaboration through two rounds of staff roadshows (24 roadshows in total across

APPENDIX A

the three authorities). Assuming agreement to the development of an implementation plan, staff consultation would begin to ensure staff remained aware of developments.

Regular meetings have also been held with the appropriate Trade Unions concerning the collaboration programme and these meetings would continue to be held throughout the next stages of the process.

In parallel with the consultation with the staff within the three authorities, there would also be a need for formal consultation with a range of external partner organisations, including the various elements of the health services and the relevant police forces. A key part of this element of the consultation process would be to reinforce the commitment of the three authorities to the existing partnership arrangements which are such a critical element of current service delivery.

Conclusions

For a detailed explanation, please refer to [‘recommended approach’](#) section of the report.

Based on the analysis contained in this report, there are strong arguments for proceeding with a collaboration across the 3 boroughs of Darlington, Hartlepool and Redcar & Cleveland in relation to people services. This should be based on the Model 3b, in order that there is a single DASS and a single DCS across all three Council’s, with Assistant Directors operating on a geographical basis in each locality.

A decision to do nothing would place each of the three authorities in the position of having to make significant savings from front-line service delivery and has therefore been ruled out. Whilst it is the case that the proposed collaboration cannot deliver all the savings needed by each of the three authorities, the savings attributable to the collaboration of People Services would be significant, both in terms of management costs but also ultimately from contracting and the sharing of best practice. Crucially, collaboration provides the opportunity to add resilience, which will be of great significance following local savings programmes and in the current challenging economic conditions.

5.3 APPENDIX A

Appendix A – Summary of indicative FTE and financial savings from appraisal of Model 3b

Comparison of Posts - Restructure Proposals Saving Summary																									
	Darlington	Total Cost of Structure	General Fund - including ELG	Grant/External Funding	Hartlepool	Cost of Structure	General Fund - including ELG	Grant/External Funding	Redcar & Cleveland	Cost of Structure	General Fund - including ELG	Grant/External Funding	Total Current Posts	Total Costed - As Is £,000	Total General Fund - including ELG	Total Grant/External Funding	Three Borough - Proposed	Saved Posts	Max. Salary costs - based on lowest of 3 Boroughs	Max. Salary costs - based on highest of 3 Boroughs	Highest Potential Saving	Lowest Potential Saving	Grant % Funding	Highest Saving - adjusted for Grants	Lowest Saving - adjusted for Grants
M1 and M2 Adults and Childrens Services	3.80	421	421	0	3.70	430	430	0	4.00	431	431	0	11.50	1,282	1,282	0	10.00	-1.50	1,043	1,135	(240)	(147)	0.00%	(240)	(147)
Children's M3	4.00	224	224	0	7.00	411	343	68	7.50	482	482	0	18.50	1,117	1,048	68	15.66	-2.84	927	1,022	(190)	(94)	6.10%	(178)	(88)
Children's M4	21.50	998	866	132	19.06	974	922	52	27.47	1,382	1,382	0	68.03	3,354	3,170	184	67.00	-1.03	3,116	3,417	(239)	63	5.50%	(226)	59
Children's Total	25.50	1,222	1,090	132	26.06	1,385	1,264	121	34.97	1,864	1,864	0	86.53	4,471	4,218	253	82.66	-3.87	4,043	4,439	(428)	(31)		(404)	(29)
Adults M3	2.00	108	108	0	2.00	119	119	0	4.00	240	240	0	8.00	468	468	0	10.00	2.00	520	663	52	195	0.00%	52	195
Adults M4	7.50	356	351	5	6.50	340	314	27	9.12	446	446	0	23.12	1,143	1,111	32	24.00	0.88	1,110	1,244	(33)	101	2.81%	(32)	98
Adults Total	9.50	465	459	5	8.50	460	433	27	13.12	686	686	0	31.12	1,610	1,578	32	34.00	2.88	1,630	1,906	20	296		21	293
Cross Service/Commissioning M3	1.50	113	72	41	2.50	119	119	0	1.00	66	66	0	5.00	298	257	41	4.00	-1.00	239	298	(60)	(1)	13.82%	(52)	(1)
Cross Service/Commissioning M4	13.00	610	605	5	5.10	248	248	0	10.40	438	438	0	28.50	1,296	1,292	5	14.00	-14.50	668	749	(629)	(547)	0.37%	(626)	(545)
Cross Service/Commissioning Total	14.50	723	677	46	7.60	367	367	0	11.40	505	505	0	33.50	1,595	1,549	46	18.00	-15.50	906	1,047	(689)	(548)		(678)	(546)
Disabilites M3	1.00	58	58	0	1.00	60	60	0	0.00	0	0	0	2.00	118	118	0	0.00	-2.00	0	0	(118)	(118)	0.00%	(118)	(118)
Disabilites M4	2.00	95	95	0	2.00	154	154	0	2.00	105	105	0	6.00	354	354	0	6.00	0.00	285	323	(69)	(32)	0.00%	(69)	(32)
Disabilities Total	3.00	153	153	0	3.00	214	214	0	2.00	105	105	0	8.00	472	472	0	6.00	-2.00	285	323	(187)	(150)		(187)	(150)
Education M3	3.00	193	46	147	4.50	312	180	132	4.00	299	161	138	11.50	803	387	417	4.00	-7.50	313	329	(490)	(475)	51.86%	(236)	(228)
Education M4	6.00	281	44	237	16.50	970	527	444	18.91	1,046	560	486	41.41	2,298	1,131	1,167	20.00	-21.41	888	1,108	(1,410)	(1,190)	50.79%	(694)	(586)
Education Total	9.00	474	90	385	21.00	1,282	706	576	22.91	1,345	722	623	52.91	3,101	1,517	1,584	24.00	-28.91	1,201	1,436	(1,900)	(1,665)		(930)	(814)
TOTAL	65.30	3,458	2,890	568	69.86	4,137	3,414	723	88.40	4,936	4,313	623	223.56	12,531	10,617	1,914	174.66	-48.90	9,107	10,286	(3,424)	(2,245)		(2,417)	(1,393)

Appendix B – SWOT Analysis of each model

Model 0 No Collaboration – Local Service Reductions	
<p>Strengths</p> <p>This model retains the greatest level of sovereignty</p>	<p>Weaknesses</p> <p>With the possible benefits to collaboration now identified, to do nothing would fail to maximise all beneficial opportunities.</p>
<p>Opportunities</p> <p>This allows the opportunity to collaborate at each local authority level with other partners, such as clinical commissioning groups, private sector companies or other local authorities</p> <p>This allows the collaboration proposal to be revived at a later date</p>	<p>Threats</p> <p>Without decisive action to meet the planned budget cuts and any future cuts, this option may hasten the financial crisis posed to each authority by the LGA published 'graph of doom' relating to social care spending</p>

Model 1 - Collaboration on certain defined functions	
<p>Strengths</p> <p>Directors, Assistant Directors and service managers can see the benefits of collaborating in certain specific areas.</p> <p>These may accelerate the delivery of best practice</p>	<p>Weaknesses</p> <p>The savings generated by these areas will be low.</p> <p>These options have been available for a period already and have not been implemented. Given other pressures, if collaboration in these areas would be a significant achievement, they would have already been initiated.</p>
<p>Opportunities</p> <p>If collaboration in defined areas proved successful, it might identify and lead to further collaboration</p>	<p>Threats</p> <p>Pursuing this option may remove the sense of urgency that there is to tackle social care spending.</p>

Option 2a - Joint DASS, Joint DCS, Joint DPH	
<p>Strengths</p> <p>This gives each authority access to a Director to contribute fully to corporate management functions</p> <p>This is an ideal opportunity to extend the collaborative approach to an area of work, a budget and a set of expertise that is largely aligned to the social care agenda</p> <p>This would tie the collaboration into corporate and place agendas more directly, given the cross cutting role of public health</p> <p>There is already a shared public health service across the Tees Valley</p>	<p>Weaknesses</p> <p>This is a new function for local authorities and it may be premature to radically restructure a function before its scope and workings are fully developed and understood.</p> <p>Complex matrix management arrangements may blur local lines of accountability.</p>
<p>Opportunities</p> <p>Bringing public health into the collaboration increases the opportunities for savings and more strategic commissioning</p>	<p>Threats</p> <p>There may be challenges from the individual DPH's, the current PCT's, Public Health England or the Department of Health – relating to their recruitment and TUPE through to lack of consultation and impact assessments with authorising bodies</p>

Option 2b - Joint DASS, Joint DCS, Joint Director for Provider Services	
<p>Strengths</p> <p>This gives each authority access to a Director to contribute fully to corporate management functions</p> <p>Director level leadership for Provider Services.</p>	<p>Weaknesses</p> <p>Potentially a very short term approach if Councils move to outsource Provider services or explore new delivery models.</p> <p>Complex matrix management arrangements may blur local lines of accountability.</p>
<p>Opportunities</p> <p>Potential to explore alternative delivery models for Provider Services such as LATC's, Care Trust Plus etc.</p>	<p>Threats</p> <p>Any structure which splits responsibilities for safeguarding, particularly during a period of significant change, has the risk of undermining efficient safeguarding practices</p>

Option 2c - Joint DASS, Joint DCS, Joint Director of Commissioning	
<p>Strengths</p> <p>This gives each authority access to a Director to contribute fully to corporate management functions</p> <p>Director level leadership for Commissioning where significant savings are potentially deliverable.</p>	<p>Weaknesses</p> <p>Creates an artificial division between commissioning and service delivery.</p> <p>Complex matrix management arrangements may blur local lines of accountability.</p>
<p>Opportunities</p> <p>Opportunity for engagement at director level in terms of future commissioning partnerships with health.</p>	<p>Threats</p> <p>Any structure which splits responsibilities for safeguarding, particularly during a period of significant change, has the risk of undermining efficient safeguarding practices</p>

Option 3a - Joint DASS and Joint DCS with Assistant Directors responsible primarily for functions	
<p>Strengths</p> <p>This model ensures that best practice and best processes are most quickly driven through the 3 councils</p> <p>This delivers the most consistent approach to service delivery (and standardisation)</p>	<p>Weaknesses</p> <p>This model does not have senior staff operating primarily with a borough focus. This may impact on the ease of accountability to and liaison with politicians, peers and partners</p> <p>Lack of clear local lines of accountability.</p> <p>Artificial boundaries and pressure points created by the division of adult social care and children's services into functions.</p> <p>Lack of clarity about responsibility for key issues such as safeguarding, which spans functions.</p>
<p>Opportunities</p> <p>This model is most supportive of a shared commissioning function, allowing for a 'think once, deliver 3 times' approach</p>	<p>Threats</p> <p>In the worst case scenario, this model may undermine the links that are essential to have with partners such as the CCG , the Police and the LSP if they perceive an absence of senior staff</p>

Option 3b - Joint DASS and DCS with Assistant Directors responsible primarily for geographic locations (i.e. each Borough)	
Strengths Clear local focus and accountability.	Weaknesses Reduced consistency in terms of best practice / service delivery models.
Opportunities Potential to develop strong local relationships with health and other partners.	Threats Potential for creation of 'fiefdoms' without strong leadership being present

Option 4 - Single DASS/DCS	
<p>Strengths</p> <p>This model provides the greatest coherence for delivering change</p>	<p>Weaknesses</p> <p>Limits the capacity that might be required at the start of such a change programme</p> <p>Requires a Director who can not only work across both disciplines (those are in place already) but also one who can gain the confidence and respect of at least 2 sets of new Members, senior officers and staff teams, as well as new external partners</p> <p>Significant capacity challenge for Director and consequently, senior management.</p>
<p>Opportunities</p> <p>There would be enhanced opportunities to explore further areas of savings by planning across both children's and adults' services</p>	<p>Threats</p> <p>This would represent a radical departure from current arrangements in each authority and has no comparator role elsewhere so would be considered the most risky option at this stage.</p> <p>The robustness of accountability from a safeguarding perspective would need to be clearly demonstrated.</p>

Appendix C – Consideration of Safeguarding Issues

For simplicity the Models evaluated are referred to here simply as Option 1 and Option 2 whereby:

- Option 1 describes any Model which retains a Director for People Services in each Authority, (Models 0, 1, 2a, 2b and 2c)
- Option 2 describes any Model where a shared director arrangement exists (Models 3a, 3b, and 4)

This document is structured in two parts; adult social care safeguarding and children's safeguarding. It will look at the safeguarding assurances and risks that pertain broadly to the ideas around models of collaboration (accepting that within the broad models there can be nuances of delivery).

It is also assumed here that the Assistant Director with responsibility for safeguarding would be directly accountable to the Director of Adult Services if Option 2 were the preferred direction of travel. This is based upon providing a fair and equitable split in line management, and cross borough functional responsibility if there were to be two Directors, (DASS and DCS), but would represent a deviation from current practice where, due to the comparative levels of statutory functions between children's and adults services, a more usual model would be for the DCS to take responsibility for this function.

The starting point is that it is perfectly legal for more than one local authority to share some statutory post holders, including both the Director of Adult Social Services (DASS) and the Director of Children's Services (DCS). The basis for this in law is the Local Government Act 1972, section 113 and subsequent guidance documents (for instance those produced by the Department for Education and the Department of Health). This document, therefore, is not about what is legal and allowable, but rather what is efficient and what is safe and recognises the tensions between economy and safety.

Adult Social Care

The responsibilities of local authorities in relation to adult safeguarding are not set out in a single piece of legislation. They are covered by legislation relating to health (including mental health and mental capacity), Protection of Vulnerable Adults, local government legislation and professional guidance.

It is very likely that the government will publish statutory guidance in relation to adult safeguarding in 2013 and so it is worth considering proposed collaborative arrangements not only in light of what we currently know but also in light of what is being proposed nationally.

The protection of vulnerable adults is gaining increasing recognition of and concern about, adults who experience abuse. 'No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse' has been in place since October 2001. 'No Secrets' defined abuse as a

APPENDIX A

violation of individuals human and civil rights by any other person or persons. This is underpinned by the Human Rights Act (1998).

Inter-agency policy, procedure and practice guidance for the protection of vulnerable adults from abuse are based on the principle that people should be enabled to make their own decisions about their lives. The Mental Capacity Act (2005) has the objectives of: protect people who lack capacity when important decisions are being made about their health or care; empower people to make their own decisions and; give people more choice when making those decisions.

In April 2009 new safeguards designed to protect vulnerable people being deprived of their liberty in a hospital or care home came into force (Deprivation of Liberty Safeguards). From April 2013, PCT responsibilities pass to Local Authorities. 'Safeguarding Adults; a National Framework of standards for good practice and outcomes in safeguarding work' was published in October 2005 by ADASS.

Each local authority requires a multi agency partnership to lead Safeguarding Adults work. Accountability for leading the creation and maintenance of this partnership is clearly located with the Local Authority, designated to the Director of Adult Social Services and overseen by an appropriate Scrutiny board. This can be delivered by both Options 1 and 2 in the collaboration proposals. Under either option a local safeguarding board would be maintained in each borough.

Each locality will require clear lines of accountability and responsibility within their local area for safeguarding adults. This must start from the operational front line and continue through the decision making function within the Intake/Duty team(s), the operational staff, Team Managers and Heads of Service. The volume of safeguarding adults work can be high and is wide ranging in terms of types of abuse and the response/action needed. This can be delivered by both Options 1 and 2.

Current Teeswide Arrangements

Current arrangements in relation to Adult Safeguarding include the operation of the Teeswide Safeguarding Vulnerable Adults Board. This is a partnership board set up to ensure that adults living and residing in the boroughs of Hartlepool, Stockton, Middlesbrough and Redcar & Cleveland are safeguarded and protected. It should be noted that Darlington are not currently party to these arrangements. The Board comprises multi-agency representation and oversees the implementation of work undertaken by each of its sub groups (Workforce Development and Training; Policy and Procedures; Performance, Audit and Quality Assurance; Information, Engagement and Involvement). A reference group comprising service users and carers also informs and guides the work of the Board.

In addition to the Board, four locality adult safeguarding committees lead the operational delivery of the adult safeguarding framework in Hartlepool, Stockton, Page | 66

APPENDIX A

Middlesbrough and Redcar and Cleveland. The Local Safeguarding Vulnerable Adults Committees (LSVACs) report to the Teeswide Board and work as inter-agency partnerships to safeguard the welfare of adults at risk and to promote respect for a person's individuality, dignity and human rights and the right to live their life free from violence and abuse. Darlington also operates its own locality board for the safeguarding of vulnerable adults.

Whilst the roles and responsibilities of Members who sit on the Board and Committees is not specifically defined, the Teeswide Safeguarding Vulnerable Adults Inter-Agency Policy sets out the roles and responsibilities of the four participating councils in relation to safeguarding adults as follows:

Leader of the Council

- Ensure that the Council gives priority to safeguarding adults in the delivery of services and the allocation of resources.
- Seek to designate where possible one Cabinet member with responsibility for safeguarding adults.
- Ensure that the Council appoints a Director of Adult Social Services/Strategic Director to deliver the local authority social services functions and ensure that the Cabinet receives advice from him/her on all relevant matters.
- Ensure that all communities are equally well served and that services are appropriately targeted on delivering outcomes.

Cabinet Lead for Adult Social Care/responsibility for Safeguarding Adults

- Act as the Cabinet Champion for safeguarding adults within the borough by ensuring that there is a focus on safeguarding adults.
- Promote the safety and welfare of adults at risk across all agencies.
- Ensure that the Council fulfils its responsibilities for safeguarding adults from abuse.
- Through the Chief Executive hold the Director of Adult Social Services/Strategic Director to account for the work of the local Safeguarding Vulnerable Adults Committee/Teeswide Safeguarding Vulnerable Adults Board, as outlined in the No Secrets guidance.
- Ensure that the Council's Adult Social Care Services meet the required standards and comply with statutory requirements.
- Ensure that the Council's Adult Social Care Services are considered and monitored by the Cabinet and that reporting arrangements are in place and implemented.

APPENDIX A

- Work with the Director of Adult Social Services/Strategic Director to ensure that adult social care services are adequately resourced to deliver on these priorities.

All Councillors

- Understand the responsibilities of the Council for safeguarding adults.
- Be aware of the procedures for the protection of adults at risk and understand how to report concerns about adults at risk.
- Take all appropriate steps to scrutinise the Council's arrangements for safeguarding adults.

These arrangements could continue under either option and the viability of Darlington becoming party to these arrangements would need to be considered.

Best Practice Guidance on the Role of the Director of Adult Social Services (Department of Health 2006)

This guidance makes reference to the role of the Lead Member and notes that "local authorities are advised to ensure that the Lead Member has a focus on safeguarding vulnerable adults and promoting a high standard of services for adults with support needs across all agencies."

Children's Services

The test of assurance required in children's services is more rigorous than that in adults services because of the additional statutory guidance around the role and particularly heightened public and professional concerns over the last 12 years (although more rigorous guidance for adult services may be introduced following the adverse coverage of Winterbourne View and other settings).

The government have published statutory guidance on an assurance test for the DCS role which every authority must carry out and must review whenever arrangements change. Currently, each of the 3 authorities have arrangements in place which meet the assurance test. If a change is implemented, then this would serve as a part of the required review.

The requirement is for each local authority to undertake an assurance test but it is proposed here that a single test could be taken across the 3 authorities and that the test should cover:

- clarity about how senior management arrangements ensure that the safety and the educational, social and emotional needs of children and young people are given due priority and how they enable staff to help the local authority discharge its statutory duties in an integrated and coherent way;
- clarity about how the local authority intends to discharge its children's services functions and be held accountable for them from political, professional, legal

APPENDIX A

and corporate perspectives (including where, for example, services are commissioned from external providers or mutualised in an arms length body);

- the seniority of and breadth of responsibilities allocated to individual post holders and how this impacts on their ability to undertake those responsibilities.
- the involvement and experiences of children and young people in relation to local services;
- clarity about child protection systems, ensuring that professional leadership and practice is robust and can be challenged on a regular basis, including an appropriate focus on offering early help and working with other agencies in doing so; and
- the adequacy and effectiveness of local partnership arrangements (e.g. the local authority's relationship with schools, the Local Safeguarding Children Board (LSCB), the courts, children's trust co-operation arrangements, Community Safety Partnerships, health and wellbeing boards, Youth Offending Team partnerships, police, probation, Multi-Agency Public Protection Arrangements and Multi-Agency Risk Assessment Conferences) and their respective accountabilities

If the option is preferred of maintaining a Director and Assistant Director (covering children's social care) in each authority, then the responsibility for the assurance test will rest with each sovereign authority. Where a model proposes locally managed and delivered safeguarding functions, there would be no significant change and so no requirement for a further test of assurance.

Extracts from guidance on the roles of a DCS and Lead Member

"Local authorities must ensure that there is both a single officer and a single elected member each responsible for both education and children's social care.

Between them, the DCS and LMCS provide a clear and unambiguous line of local accountability."

Integrating education and children's social care services under a single officer and a single member provides both a strategic and professional framework within which the safety and the educational, social and emotional needs of children and young people are considered together. The DCS and Lead Member roles provide a clear and unambiguous line of political and professional accountability for children's well-being. The DCS and Lead Member should report to the Chief Executive(s) and to the Council Leaders or Mayor.

However, given the breadth and importance of children's services functions that the DCS and Lead Member cover, local authorities should give due consideration to protecting the discrete roles and responsibilities of these positions before allocating any additional functions to them. In particular, local authorities should undertake a local test of assurance so that the focus on outcomes for children and young people will not be weakened or diluted as a result of adding such other responsibilities

APPENDIX A

Given the demanding nature of the DCS and Lead Member roles, local authorities should consider all aspects of any combined posts (e.g. the impact on both children and adult services where there is a joint DCS and DASS post).

A local authority should carry out effective assurance checks of their structures and organisational arrangements, integrated as part of their usual decision-making and scrutiny work. Once any new arrangements are in place, local authorities should review their arrangements regularly to satisfy themselves that they continue to be effective.

These assurances should be agreed within each Council. They should be subject to self-assessment within the local authority, and to peer challenge and review, as part of the process of securing continuous sector-led improvement in the quality of services [and] as part of Ofsted's assessment of the quality and effectiveness of local authority leadership and management.

Assessment of Option 2

As the approach recommended in the Business case falls under Option 2, set out below is a summary assessment of the safeguarding and risk issues associated with this.

<i>Local authorities must ensure that there is both a single officer and a single elected member each responsible for both education and children's social care</i>	Option 2 fully meets this part of the assurance test.
<i>Between them, the DCS and LMCS provide a clear and unambiguous line of local accountability.</i>	<p>This can be delivered by Option 2. However, it must be noted that the DCS would have to replicate this three times. There may be conflicts of interest in this role. To satisfy this part of the assurance test, there would need to be clear collective agreement about working practices owned by the Chief Executives and the Lead members.</p> <p>In Option 2 it is also proposed that Cabinet and Council meetings may be supported by the Assistant Directors within the collaboration, rather than by the professional service director. Members and Assistant Directors would have to be satisfied that this support was clear and accountable and would have to be clear about when to escalate concerns to the DCS.</p>

APPENDIX A

<p><i>Local authorities should give due consideration to protecting the discrete roles and responsibilities of the DCS</i></p>	<p>Option 2 fully meets this part of the assurance test, in that the DCS role is identical across the three authorities.</p> <p>The key issue for consideration here is scale versus scope. The single DCS option is about the scale of the role. The scope would be an improvement from current arrangements in each of the 3 boroughs where the DCS also fulfils the role of DASS. Option 2 would see a discrete role of DCS in all but Model 4 where a single Director of People Services would be in place.</p>
<p><i>The DCS should report to the Chief Executive as the post holder with ultimate responsibility for the corporate leadership of the Council and accountability for ensuring that the effectiveness of steps taken and capacity to improve outcomes for all children and young people is reflected across the full range of the Council's business</i></p>	<p>Option 2 can meet this test, but in practical terms it means that the DCS will be separately accountable to three Chief Executives and three political systems and processes. The DCS role across the three authorities in range of staff numbers and budget is comparable with a DCS role in a larger authority; the difference is that the DCS in a larger authority only operates with a single line of accountability.</p>
<p><i>In particular, local authorities should undertake a local test of assurance so that the focus on outcomes for children and young people will not be weakened or diluted as a result of adding such other responsibilities</i></p>	<p>In this case, the test is not about adding other responsibilities but about the reporting and accountability arrangements and whether authorities can be assured that outcomes for children will not be diminished through Option 2</p>
<p><i>Section 10 of the Children Act 2004 places a duty on local authorities and certain named partners (including health) to co-operate to improve children's well-being. The DCS and LMCS must lead, promote and create opportunities for co-operation with local partners (for example, health, police, schools, housing services, early years, youth justice, probation, higher and further education, and employers) to improve the well-being</i></p>	<p>Option 2 can fully meet this test. The only issue is the fact that two different police forces would be statutory partners but this can be managed.</p>

<i>of children and young people.</i>	
<i>Section 11 of the Children Act 2004 requires local authorities and other named statutory partners to make arrangements to ensure that their functions are discharged with a view to safeguarding and promoting the welfare of children.</i>	<p>Option 2 can meet this test. There is a risk that there may be conflicts of interest between authorities, constabularies and agencies over safeguarding and a mechanism would need to be in place to ensure that accountabilities in conflict with each other could be managed.</p> <p>Potentially, Option 2 could provide a more secure function, with a single service controlling the movement of vulnerable children or children in need and child protection registered children between authorities and this may reduce the potential for harm to come to children as a result of moving between different systems</p>
<i>The DCS should always be a member of the LSCB and will be held to account for the effective working of the LSCB by their Chief Executive</i>	Either option can meet this test but in option 2 there may be a capacity issue as the DCS would have to sit on three separate LSCBs.
<i>The DCS is a statutory member of local health and wellbeing boards</i>	Option 2 can meet this test but this does significantly increase the commitment of the role to servicing meetings across the 3 authorities when added to LSCBs.

A key issue to consider in the option of having a single DCS is the scale of the role and assurance must be given that it is possible to be delivered.

A key issue to consider in the option of having 3 discrete Directors is whether the system will be able to deliver sufficient economies of scale and service improvement.

Local versus 3 borough collaborations

One part of the local assurance test covers the scope of the duty to co-operate partners across 3 local authorities. Given that there are different Police forces there may be some risk to local collaboration and integration caused by the broader collaboration. This recognises the tension between the proposed 3 Borough arrangements and any existing local arrangements for integrated provision made between partners. A risk and benefits analysis would need to be carried to identify whether or not the borough collaboration produces gains which outweigh the gains from collaborations within a single local authority area. The statutory guidance text, in italics below, provides a starting point for the risk and benefits analysis.

As a statutory member of local health and wellbeing boards, the DCS will have a clear role in driving the development of the local Joint Strategic Needs Assessment (JSNA) and joint health and wellbeing strategy. The DCS will promote the interests of children, young people and their families. The DCS will also help join up local commissioning plans for clinical and public health services with children's social care and education, where appropriate, to address the identified local needs through the JSNA and joint health and wellbeing strategy. The DCS will make a key contribution to ensuring effective working relationships between the health and wellbeing board and the LSCB. The DCS is responsible for any agreements made under section 75 of the National Health Service (NHS) Act 2006 between the local authority and NHS relating to children and young people – for example, pooled budgets for commissioning and/or delivering integrated services covering children's health, social care and education.

CABINET REPORT

18th March 2013



Report of: Director of Public Health

Subject: Adult Substance Misuse Plan 2013-2014

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Key Decision test (i) and (ii)) Forward Plan Reference No.CAS002/13

2. PURPOSE OF REPORT

2.1 The purpose of the report is to seek approval for drug and alcohol activity which forms the Hartlepool Adult Substance Misuse Plans for 2013 – 2014.

3. BACKGROUND

3.1 The Department of Health provides an annual funding allocation to address the harm associated with drug and alcohol misuse, in line with the national drug and alcohol strategies. One of the requirements is that each locality produce an annual plan or programme of activity to ensure a comprehensive treatment system and improvement in line with best practice and reports performance managed through the National Treatment Agency for comparison with other areas.

3.2 Safer Hartlepool Partnership (SHP) is responsible for the strategic lead and implementation of the national strategies, with the aim of preventing and supporting individuals misusing illicit substances, whilst assisting those harmed by drugs and alcohol misuse for example families, children and the wider community.

3.3 To deliver the strategies there is a need to ensure a range of facilities and services. That includes joint working with Police and Probation offering programmes to deal with offenders who misuse substances; in partnership with NHS Hartlepool provide a comprehensive treatment system; joint work with Hartlepool Children's services offering family support and protecting children affected by parental substance misuse and with community safety colleagues, tackling issues linked with drug related anti-social behaviour.

- 3.4 As from April 2013 there are significant changes to the NHS with the Local Authority assuming responsibility for Public Health including drug and alcohol responses. Primary Care Trusts will cease and the functions of the National Treatment Agency will rest with Public Health England. There will be need for robust relationships with the local Health and Wellbeing Board and Clinical Commissioning Group who will also have an interest and some shared responsibilities for determining drug and alcohol treatment systems and resources.

4. NEEDS ASSESSMENT FINDINGS

- 4.1 The coalition governments new drug strategy (2010) changed the focus of substance misuse treatment from maintenance to one of recovery and this led to the re-commissioning of most of Hartlepool's service provision with new services delivered from April 1st 2012.
- 4.2 The last 12 months have seen an increase in the number of people entering and receiving effective treatment and more individuals leaving treatment successfully (drug free or alcohol abstinent) and not returning back to treatment.
- 4.3 Following PCT investment in an alcohol improvement programme, and the appointment of change agents working in GP practices, social care and the hospital, there was a 7.4% reduction in alcohol-related hospital admissions in 2011/12 (the highest reduction in the North east) and in 2012/13 there has been a further 2% reduction to date. All of the above measures are key public health outcomes and performance indicators.
- 4.4 In general the Hartlepool drug profile remains consistent with heroin still being the drug of choice but there is an increase in younger people entering treatment with non opiate addictions. The average age of an opiate user in treatment is 30 – 36 years and for dependant drinkers in treatment the average age is 40 years with more men than women in both treatment systems.
- 4.5 Whilst drug treatment is able to offer a comprehensive range of treatment options, a reflection of the considerable investment and external funding dedicated to drugs, the same cannot be said of alcohol services and there are significant capacity issues and gaps in service.
- 4.6 Access to alcohol services is usually within the national target of 3 weeks but often 50% longer than the average national waiting time. Elsewhere there is access to alcohol Residential Rehabilitation but in Hartlepool there is no dedicated budget and a reliance on clinical community detoxification with limited psychosocial support and one inpatient bed within the University Hospital of Hartlepool.
- 4.7 More performance detail is included in the Substance Misuse Plan, or on the National Treatment Agency website www.nta.nhs.

- 4.8 Consultation with service users, families and stakeholders through user surveys, focus groups and interviews highlighted the perception that drug treatment is generally opiate based so not attracting individuals with other addictions; that peer support and mutual aid is available of an evening and weekend but clinical services are not available 'out of hours'; and the biggest concern is the lack of housing and accommodation opportunities.
- 4.9 A snapshot analysis of offenders released from prison in the period May, June, July 2012 illustrated that of the 26 individuals 15 had no or unsuitable accommodation with 11 of the 15 reoffending within 12 weeks, many citing a return to prison being more preferable to being homeless.
- 4.10 Needs assessment exercises were conducted in 2012 (detail available on request) and did inform the 2013/14 Substance Misuse Plan which is available in the Members Library and on the HBC website. The plan contains detailed information including the analysis of treatment data from the national drug treatment monitoring system (ndtms), consultation, and updates on progress against last year's key priorities within the substance misuse plan.

5. STRATEGIC PRIORITIES for 2013/14

- 5.1 Services need to be able to address a wider range of substance misuse this will entail workforce development and increased publicity to encourage substance misusers to recognize that there is support available for their addiction.
- 5.2 Clinical services to be provided at weekends and evenings to complement the increased peer support and mutual aid groups and also consider provision to specific groups such as women and ethnic minorities.
- 5.3 There must be a sustained focus on improving treatment outcomes to ensure that Hartlepool model of services is comparable and performing within the top quartile of its counterparts.
- 5.4 Housing and Accommodation needs are not being addressed effectively. There will be a detailed assessment and review of need and work should continue with partners and housing providers to secure appropriate range of tenancies and move on properties.
- 5.5 Alcohol services are insufficient to address need. There will be a comprehensive review and business cases developed for investment and commissioning intentions to strengthen the model and secure investment.

6. CONSIDERATIONS – FINANCIAL AND ORGANISATIONAL CHANGE

- 6.1 The ring fenced public health grant will be the main source of funding for substance misuse for 2013-14 at similar to 2012-13 levels, but thereafter the

budget position is likely to need reviewing against wider health determinants not least alcohol.

- 6.2 Organisational change continues not only within the Local Authority but also within the key partnership agencies. The Police are redesigning their operation; the Police Crime Commissioner now has responsibility for crime and policy priorities with a review in 2013/14 of the custody suite substance misuse referral scheme and the government is currently consulting on changes to the Probation Service all of which will impact on this agenda.

7. RECOMMENDATIONS

- 7.1 Cabinet is recommended to approve the Safer Hartlepool Partnership Adult Substance Misuse Plan 2013-14 as the local strategic programme of activity to tackle drug and alcohol misuse in Hartlepool and the performance management framework with Public Health England.

8. REASONS FOR RECOMMENDATIONS

- 8.1 The Adult Substance Misuse Plan 2013 -2014 is a multi agency partnership commitment to ensure effective drug treatment services are available in Hartlepool and delivered in line with the Governments drug and alcohol strategies.

9. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

- 9.1 Adult Substance Misuse Plan 2013-2014.

10. BACKGROUND PAPERS

- 10.1 National Drug Strategy – December 2010
NTA Guidance for needs assessment and annual treatment plan
Audit and performance detail (NDTMS and local POPPIE system)
Hartlepool Drug Treatment Action Plan 2012/13
Healthy Lives, Healthy People
Government Alcohol Strategy
Hartlepool Alcohol Harm Reduction Strategy 2011-2016
Hartlepool Alcohol Action Plan 2012/13
Substance Misuse Needs Assessment 2012

11. CONTACT OFFICER

Chris Hart, Drug and Alcohol Manager,
Tel: 01429 284301
Email: chris.hart@hartlepool.gov.uk



Safer Hartlepool Partnership SUBSTANCE MISUSE PLAN 2013-14 (Drugs and Alcohol)

1. Introduction

1.1 Structure of this document

As a requirement of government funding Drug and Alcohol Action Teams (DAATs) have been expected to provide an annual Treatment Plan. This year, there are considerable organisational changes in the NHS including the establishment of Public Health England. In the midst of changes and until otherwise directed Safer Hartlepool Partnership DAAT will continue using the guidance and framework devised by the National Treatment Agency (NTA) as the structure and performance management framework for planning drug and alcohol services and activity until directed otherwise. .

The Drug and Alcohol Action Team (DAAT) have completed a needs assessment throughout 2012 that included analysis of treatment data, performance compared against regional and national best practice and consultation with service users and families and this has informed the plan. This document presents a summary of the needs assessment data, identifies key priorities and action planning, that together form the 2013/14 Substance Misuse Plan for Hartlepool.

1.2 Background

After a number of national drug strategies that promoted maintenance treatment, the strategy launched in December 2010 changed the focus to that of recovery as the central goal and encompassed alcohol as well as drugs. It stressed that recovery is individual and person centred and requires an effective 'whole systems' approach working with education, training and employment, housing, family support services, wider health services and criminal justice agencies where appropriate.

Within the NHS changes the functions of the National Treatment Agency (NTA) (established in 2001 to improve the availability, capacity and effectiveness of substance misuse treatment in England) will continue and transfer to Public Health England from April 2013. The NTA suggests the principles for commissioning a treatment system that promotes successful recovery journeys are:-

- To maintain or improve access to **early and preventative interventions** and to treatment.
- Ensure treatment is **recovery-orientated, effective**, high-quality and protective.
- Ensure treatment delivers continued benefit and **achieves appropriate recovery-orientated outcomes**, including successful completions.
- Ensure treatment supports people to **achieve sustained recovery**.

The strategic direction and lead for drug and alcohol activity in the town is Safer Hartlepool Partnership a multi agency partnership that ensures an integrated approach with membership that includes key stakeholders such as the NHS, Local Authority, Police, Probation and Fire Brigade. In addition Safer Hartlepool Partnership involves a wider range of stakeholders through a number of additional special interest task groups and forums.

In addition to the activity illustrated below there are additional supplementary plans and programmes developed in SHP task groups that focus on a particular aspect of drug and alcohol activity e.g. Night Time Economy (Police and Licensing interests), Young People Substance Misuse Forum, Community Alcohol Partnership.

2. Provision

2.1 Strategic position

The Drug and Alcohol Action Team (DAAT) are employed within the Public Health department of Hartlepool Borough Council.

Most of the commissioning of adult drug and alcohol treatment services in Hartlepool, including the Criminal Justice Integrated Team (CJIT), is delivered and monitored by the Substance Misuse Strategy Group (MSG) of SHP, facilitated by the DAAT Drug and Alcohol Manager, who reports to the Director of Public Health and the SHP Executive Board. At the moment other substance misuse commissioning (e.g. the specialist prescribing service and pharmacy support) is undertaken by NHS Tees and North East Primary Care Services but as from April 1st 2013 some of those responsibilities/contracts will pass to the Local Authority, Clinical Commissioning Group and Health and Wellbeing Board with the need for robust relationships and pathways for strategic direction/decisions and resource allocation.

2.2 Treatment provision

In response to the recovery focus the majority of treatment services were re-commissioned from April 2012 as follows:-

Developing Initiatives Supporting Communities (DISC) have three contracts and provide:-

- (i) Psychosocial support - assessment, key working, a range of counselling and motivational, therapies.
- (ii) Harm Reduction - advice, information, training and static and mobile needle exchange
- (iii) Recovery and Reintegration - group work, structured activities, aftercare and relapse support and introduction to mainstream services.

Lifeline were awarded two contracts :-

- (i) Education, Training and Employment – basic literacy, IT and other training courses, job clubs, work trials and placements.
- (ii) Family and Ex-user service - family counselling and activity respite programmes, self help groups, volunteering and mentoring.

In addition **Intrahealth** – the specialist prescribing and clinical service are commissioned by NHS NEPCS and **Addaction** provide the Tees wide Arrest Referral service in Police custody suites.

There is also a **Criminal Justice Integrated Team (CJIT)** working intensely with substance misusing offenders combining the expertise of drug workers commissioned from Addaction alongside seconded personnel from Probation, Prison and Police.

Services are now provided from five sites - Drug Centre, Whitby Street; TEC House, Lynn Street; Crown Buildings, Avenue Road; Victoria House, Victoria Road and offender programmes from The Willows (Previous Registrars Office), Raby Road, with additional outreach work, home visits, satellite surgeries and counselling sessions delivered from community venues.

3. Key findings of the 2012 needs assessment and Service User surveys

3.1 Since introducing new services in April 2012 the last 12 months have involved the TUPE of staff, development of new venues and introduction of recovery services. This years' needs assessment considers the impact of the integrated substance misuse treatment on performance, recovery, re-offending and includes analysis of 2011/12 and 2012/13 data from the national drug treatment monitoring system (ndtms), comparison with other partnerships as well as service user views.

3.2 Drug profile

Glasgow University have provided each partnership with detail of their drug population and estimate Hartlepool has approximately 1048 individuals using a wide range of substances, of which 988 will be using opiates and up to 452 using crack. The crack estimate however is too high as Hartlepool does not have the degree of crack cocaine use that our neighbouring towns have. Many individuals are poly drug users i.e. using more than one drug.

As in previous years 99% of individual's can access drug treatment within the national 3 week target, most enter within 5 days. Consistently 70% are male with the ethnic makeup of the caseload remaining 99% White British. More than half of those in treatment for opiates live in three wards Victoria, Headland and Harbour and Burn Valley where there is a greater concentration of private sector housing.

5.4 Appendix 1

Nearly 75% of the clients in the past two years have been aged between 25 – 39 years with a greater concentration, nearly a third, in the 30 – 34 year age range. The age demographic of those in treatment appears to be getting older with 22% of the treatment population aged 40 or over in 2011/12, compared with 19% in 2010/11.

Using ndtms data there are 842 individuals who have had contact with treatment, 576 remained in treatment in 2011/12, with a treatment penetration estimate of 75% there remains up to 25% of our drug using population estimate 'naive' or unknown to treatment services. There is a slight growth from last year in regard to the number of new entrants coming into drug treatment (N = 813) with opiate and/or crack cocaine users (OCU's) accounting for 86% (N=702) of the caseload.

Hartlepool is in the top performing quartile nationally for numbers who successfully complete treatment and do not return within 6 months (Hartlepool opiate users 81%: National opiate 80%, Hartlepool Non-opiate 92%: National 86%) and planned discharges also continue to build on success achieving a 9% increase for opiate users in addition to the 10% increase in 2010/11 and 4% increase overall adding to the 8% increase for all users in treatment in 2010/11. Unfortunately 50% of Hartlepool drug treatment caseload have been in treatment for over 2 years (Hartlepool opiate users 57% :National opiate users 53% and Hartlepool Non opiate users 13% : National 6%) and need targeted interventions to encourage abstinence..

The Adult Psychiatric Morbidity Survey (2007) estimates that the number of dependant drinkers in Hartlepool aged 18 – 75 years is in the order of 1159. Access to the first treatment intervention is usually within the 3 weeks national target but longer (15.7 days) than the national average (10.4 days). The average age for both male and female alcohol clients in treatment is 40 years with more men than women in treatment. During 2011/12 there were a total of 423 people in treatment 44% (N=187) were new entrants within the year. 30% of the adults in treatment are living with children, which is similar to the national average but a higher percentage of Hartlepool parents are not living with their children (33%) compared to a national figure of 24%.

75% of those in treatment when considered against national figures were drinking at higher risk levels in the 28 days prior to entering treatment, more were unemployed at start of treatment or referred from the criminal justice system and had received or were receiving structured treatment for drug use as well alcohol misuse.

Alcohol treatment services have only been available in Hartlepool for four years and there is limited funding committed to address alcohol issues which may explain the differences in the local model against national information. There is no budget for alcohol Inpatient treatment or Residential Rehabilitation when the national model illustrates 14% of the caseload elsewhere receives such interventions. In Hartlepool 4% of the caseload receive a prescribing intervention whilst the national figure is 11% and in regard to Other Structured Interventions or motivational therapies this is provided to 87% of Hartlepool alcohol treatment population but only 41% of national treatment population.

Nationally the length of a typical treatment period nationally was around 6 months, although 17% of clients remain in treatment for approximately a year whereas in Hartlepool 51% are in treatment for more than a year. The proportion of Hartlepool clients successfully completing treatment in 2011/12 was 12% nearly a third of the national figure of 34% though the proportion not returning to treatment following completion is in line with national performance (Hartlepool 4% : National 5%). This low number of representations to treatment is an indicator that the treatment model can respond well to the needs of those in treatment however the time taken for access and delivery of treatment programmes and actual numbers completing need to be increased significantly.

The SHP Strategic Assessment for the period Oct 2011 - September 2012 provides details of positive performance in tackling crime, drug and alcohol related activity. The Criminal Justice Integrated Team (CJIT) work with the most prolific offenders (PPO's) and those that cause the greatest crime (HCC). The caseload for 2011/12 totalled 144 with accommodation a significant issue. The majority of the caseload are male, aged 20 – 35 years with a greater use of crack cocaine albeit small numbers. When introduced in custody suites drug test on arrest for trigger offences identified new individuals and directed them into treatment but in recent times the majority of substance misusing offenders are known and often already engaged in treatment so testing has been reduced.

3.3 Identified Gaps; Needs Assessment

The following gaps have been identified in this year's Needs Assessment:

- With 70% of individuals in treatment being male, there continues to be concern that women are not accessing services. Access to women only services of access to childcare could assist this situation.
- The numbers of cannabis/ non opiate users entering treatment have increased over the years but feedback from the service users revealed a perception that services continue with an emphasis on opiates. Consideration is needed for separate promotion and even cannabis/stimulant/non opiate clinics for under 25s
- Young people treatment service and adult service need to work closer to ensure that the transition process is working
- There are high levels of clients who have been in treatment for longer than necessary and efforts need to be made to facilitate recovery programmes.
- Substance misuse services need to maintain good links with the mental health service, domestic violence service, social care, and with the community particularly in regard to alcohol responses and supporting government's Troubled Family agenda.
- Although the system has been much more recovery focused this year, the delivery of abstinence and recovery based opiate and non-opiate interventions need active promotion.

- Hartlepool has a significant problem in illicit use of over the counter and prescribed drugs 24% treatment population (N=203, national 15%)
The needs assessment highlighted higher numbers of service users who have been in treatment for over 6 years and they are less likely to leave specialist treatment in a planned way. There are also significant numbers who address their heroin addiction but struggle with dependency on alcohol and benzodiazepam. Services to be developed to respond to needs of these complex and often older users.
- Adults living with children is similar to the national picture (Hartlepool 38% N= 325 national 34%.) however proportionately they are not successful in achieving and maintaining a successful outcome

Consultation exercises with service users, families, providers and stakeholders identified gaps:

- The current location of the treatment centre perceived as an opiate only service so need to promote other substances too, and increased training for workforce to address over the counter and prescribed medications.
- Further exploration as to the provision of static harm minimisation service and additional satellite services in other parts of the town.
- To support clients that work, there are peer mentors and mutual aid groups of an evening and weekend however substance misuse services should review their current opening hours and extend provision.

4. KEY PRIORITIES

To develop and deliver advice, information, prevention and early intervention services to address the harm associated with drug and alcohol misuse.

To deliver an effective recovery focused treatment system for all client groups with speedy access and responses for the widest range of substance misuse.

To increase the performance of the treatment system specifically the numbers coming into effective treatment and to improve the number of successful completions of individuals leaving treatment and not returning back to specialist treatment.

To improve partnership working and build recovery capital opportunities particularly the provision of housing and employment services for substance misusers.

5.4 Appendix 1

To undertake a comprehensive review of Hartlepool Alcohol System, develop a business case for increased investment, and identify commissioning intentions to improve the local alcohol treatment response

To improve the effectiveness of harm reduction initiatives including increased needle exchange facilities, support to families, knowledge within communities and improved robustness of reporting processes for drug related deaths

To increase community detoxification for alcohol with both pharmacological and psychosocial support available (Strang Report recommendations).

KEY PRIORITIES CONTINUED FROM 2012/13

Activity in 2012/13 confirmed the need for continued work in 2013/14 and individual detailed reports will be provided to SHP Substance Misuse Strategy Group for consideration.

Key Actions	By when	By whom
1. The Police Crime commissioner has confirmed that he will continue with the Tees custody suite arrest referral contract but conduct a review during 2013/14. The outcome of the review will impact on the local arrangements for referral into treatment and may require a re-modelling of access systems	March 2014	Drug and Alcohol Manager
2. Substance Misusers do not have access to suitable and sustained accommodation and housing. There is a lack of specialist facilities and support and joint working is continuing to improve the situation. This includes:- <ul style="list-style-type: none"> conducting a detailed assessment and analysis of housing need and responses improving pathways between housing providers and treatment system to ensure that the needs of drug and alcohol users are met reviewing process and protocols providing training and workshops to share understanding of processes and consider problem solving. Issues 	First Report June 2013	Drug and Alcohol Manager

5.4 Appendix 1

<ul style="list-style-type: none"> o making application for external funding and securing additional properties e.g. Empty Homes o securing resources for floating support services to maintain existing tenancies o developing mediation services to prevent evictions. 		
<p>3. To reduce hospital admissions the Primary Care Trust provided funding for change agents within social care, hospital and GP settings to consider improvements to joint working for dependant drinkers who were attending hospital on a frequent basis. The initiative will finish in March 2013 and provide an evaluation report thereafter.</p> <p>This report will be shared with the Clinical Commissioning Group and the Health and Wellbeing Board to consider any responses to the recommendation and the DAAT will then need to incorporate the evaluation into a business case for increased investment and re-modelling to ensure an effective comprehensive alcohol treatment model.</p>	June 2013	Director of Public Health and Drug and Alcohol Manager

Planning Section 1: PREVENTION AND EARLY INTERVENTION

* Abbreviations used - SHP = Safer Hartlepool Partnership, DAAT = Drug and Alcohol Team, DPH = Director of Public Health, PHT=Public Health Team, CJIT = Criminal Justice Integrated Team

* Children's Services are conducting a needs assessment around Young People's substance misuse which is likely to result in additional activity being added to this plan mid year

To promote early interventions to reduce the incidence of dependency in all sections of the population

To liaise and work effectively with Children's Services and other relevant organisations to safeguard vulnerable adults and children.

To provide advice and information to address drug misuse and promote responsible drinking.

To prevent harm to children, young people and families affected by drug and alcohol misuse

5.4 Appendix 1

To ensure family are support through effective multi agency working.		
Key Actions	By when	By whom *
Ensure that services are equitable throughout the town and can flexibly meet the needs of individuals (eg. opening times/ outreach/ drop in/ diversity) and address the range substances as required	Ongoing	DAAT
Promote early interventions to reduce the incidence of dependency in all sections of the population through increased use of effective screening and IBA.	Ongoing	All agencies
Work with Pharmacists initially Healthy Living Pharmacies to extend service delivery and ensure literature is available on all services	June 2013	DAAT
Ensure that alcohol prevention initiatives are built into the 'Healthy Child Programme 5-19 and implemented	June 2013	PHT
Develop a multi agency prevention campaign plan including the use of social marketing approaches to target specific groups with tailored messages in a variety of formats. Examples of target groups include: <ul style="list-style-type: none"> ○ Parents: information about their own drinking as well as supporting and empowering them with information targeted at their children. ○ Carers and young carers of people with alcohol dependency. ○ Licensed premises 	April and September 2013	DAAT
Coordinate targeting of information and education campaigns to ensure organisations are adopting consistent approved alcohol prevention messages and are using all available opportunities to promote support	June 2013	Alcohol Lead
Treatment system geared to particular needs of vulnerable adults as well as parent and carers with responsibilities for children with effective safeguarding measure in place	April 2013	All agencies
Ensure clear pathways and protocols are in place between treatment, children's services and adult social care services to improve safeguarding, joint working and information sharing	June 2013	Treatment Effectiveness Manager

5.4 Appendix 1

Provide multi agency training and practice development workshops to increase workforce competence and confidence in addressing the Hidden Harm agenda. .	June 2013 Annual	Performance Officer
Increase numbers of individuals referred to specialist treatment following screening in clinical settings	June 2013	Alcohol Lead and QIP

Planning Section 2 - DELIVER RECOVERY-ORIENTATED, EFFECTIVE, HIGH QUALITY APPROACHES TO TREATMENT AND SOCIAL INTEGRATION

<p>To ensure a 'recovery model' of treatment that responds to individual needs and is based on identified best practice.</p> <p>To improve performance and outcomes against national targets and for the benefit of Hartlepool</p> <p>To ensure that partnership working provides streamlined and effective pathways between specialist and non specialist services</p> <p>To specifically concentrate on developing a clear, needs led integrated care pathways between alcohol, community and specialist support services</p> <p>To improve the coordination of services to ensure that existing provision is most effectively and efficiently used and best practice is widely shared thus reducing duplication of effort and maximising the use of resources</p>		
Key Actions	By when	By whom
<p>Increase access to harm reduction measures that includes;-</p> <ul style="list-style-type: none"> greater numbers receiving Hep B vaccinations and Hep C testing 	September 2013	Drug and Alcohol Manager

5.4 Appendix 1

<ul style="list-style-type: none"> ○ establish static needle exchange programmes in pharmacies ○ provide overdose /safer injecting training to service users and staff working with vulnerable groups 		
Focussed work to review cases and needs of older clients and those in treatment for over 2 years with active facilitation of recovery planning and treatment packages	September 2013	Treatment Effectiveness Manager
Peer audit of case files to evaluate use of evidence based interventions, discharge planning, family work and how recovery and reintegration is utilised for positive outcomes.	September 2013 and February 2014	Planning and Commissioning Officers
Those working with children are vigilant with regards to parental substance misuse and are professionally equipped (training) to engage and respond to their needs around Hidden Harm and Think Family	September 2013	Drug and Alcohol Manager
Provide workforce development training to ensure those working with anyone misusing substances have the core skills/competencies and therapeutic knowledge to engage and increase the possibility of effective treatment outcomes.	June 2013	Performance Officer
Improve transitions from young peoples to adult's treatment for those clients over 18 who have ongoing treatment needs	June 2013	Treatment Effectiveness Manager
Work with community and criminal justice organisations to improve pathways for individuals leaving prison and engaging with community drug/alcohol treatment, by re-introducing prison engagement process, joint treatment reviews within the prison setting and ensure Hartlepool residents have contact with CJIT prior to release.	September 2013	CJIT
Ensure continuity of care for offenders with short term sentences to improve effective engagement with CJIT and community treatment services	September 2013	CJIT
Develop services that can respond effectively to individual's needs by providing flexible and personalised care packages for Tier 4 serves including:- <ul style="list-style-type: none"> ○ a new alcohol preparation programme ○ formal arrangements for inpatient bed provision ○ sustained investment in residential rehabilitation. 	September 2013	Tier 4 Lead
Increase peer led SMART recovery groups, peer mentoring and Alcohol Champion training to increase community education, advice and referral	Ongoing	Planning and Commissioning Officers

5.4 Appendix 1

Encourage service users, carers and families as partners in the planning of treatment services and as a key driver to influence change by:- <ul style="list-style-type: none"> expanding service user representation on all key decision making groups ensuring the provision of advocacy across all services involving SU's, carers and families in the identification and rolling out of peer led training. ensuring mechanisms are in place to ensure that the voice of carers and families is heard. 	December 2013	Tier 4 Lead
Work with leisure and entertainment industry to promote responsible drinking e.g. challenge cost of soft drinks	Ongoing	Licensing Officers

Planning Section 3: DELIVER RECOVERY AND PROGRESS WITHIN TREATMENT

<p>To deliver continued benefit and achieve appropriate recovery-orientated outcomes, including successful completions</p> <p>To expand understanding of recovery and reintegration across staff, service users, and stakeholders</p> <p>To establish robust arrangements for joint recovery and care coordination for complex cases</p>		
Actions and milestones	By when	By whom
Continue to reduce the levels of re-offending by drug/alcohol users through a review of CJIT and Integrated offender management (IOM) in light of proposed Probation changes.	March 2014	Drug and Alcohol Manager & Probation
Identifying [Alcohol] hotspots and respond with targeted multi agency working as appropriate particularly in CJIT remit.	July 2013	CJIT
Develop a range of effective interventions for alcohol misusing offenders following improvements to Alcohol Treatment Requirements (ATRs), Alcohol Specified Activity Requirements (ASARs) and Drug Rehabilitation Orders (DRR's) programmes between substance misuse treatment, CJIT and Probation Service.	May 2013	CJIT
Increase responses to addressing Hidden Harm and Think Family agenda by identification and analysis of data relating to dependent children, re-introducing the Hidden Harm Forum and strengthening training and participation in CAF and safeguarding arrangements	Ongoing	Treatment Effectiveness Manager

5.4 Appendix 1

Analysis and focus on improving treatment outcomes, particularly for groups that are identified as less likely to leave treatment successfully (e.g. parents with children)	September 2013 and February 2014	Treatment Effectiveness Manager
Strengthen structured treatment interventions and support for those substance misusers with complex needs that include mental health and social care. Work to include:- <ul style="list-style-type: none"> o improving recovery outcomes for high demand families o improved access for Dual Diagnosis and mental health services. o Robust multi agency care coordination panels 	June 2013	Drug and Alcohol Manager
Incorporate mutual aid and social enterprise within recovery programmes with further development of peer-led SMART recovery groups and recovery communities,	Ongoing	Planning and Commissioning Officers
Ensure clinical audit is routinely part of service improvement activities with an annual health check and consider establishment of joint Clinical Governance Forum	September 2013	Treatment Effectiveness Manager
Research and introduce through collaborative work and training effective responses to address incidences of substance misuse related Domestic Violence	June 2013	Drug and Alcohol Manager
Evaluate process for Tier 4 provision to meet real levels of need and demand and ensure value for money	August 2013	Tier 4 Lead
Explore and as appropriate introduce increased options for community detoxification programmes	September 2013	Drug and Alcohol Manager

Planning Section 4: ACHIEVE OUTCOMES AND SUSTAINED RECOVERY

To provide additional supportive measures that complement treatment		
---	--	--

Safer Hartlepool Partnership

Adult Substance Misuse Plan

March 2013

Page 14

5.4 Appendix 1

To build opportunities for recovery capital for substance misusers i.e. housing, education, employment and family		
To ensure robust pathways and processes for social reintegration		
Key Actions	By when	By whom
Monitor unplanned discharges/successful outcomes and take necessary action to address areas of under-performance, include audit of recovery plans to review outcome planning	September 2013	Treatment Effectiveness Manager
Ensure aftercare and relapse prevention arrangements are incorporated into recovery plans for Tier 4 and those individuals leaving specialist treatment, with follow up arrangement agreed.	June 2013	TIER 4 Lead
Ensure that substance misusers have access to a range of housing related initiatives that provide stable and sustainable accommodation	Ongoing	Drug and Alcohol Manager
Promote greater opportunities for substance misusers to access training and employment by developing a strategic alliance with Job Centre Plus	July 2013	Provider
Ensure that employment providers are appropriately trained in substance misuse issues to identify need and refer appropriately and improve information sharing and referral protocols with employment providers.	June 2013	Performance Officer
Work with NTA/PHE to identify best practice and initiatives that could improve performance and service delivery within top quartile family clusters	May 2013	Performance Officer
Improve referrals and joint working with HBC Locality teams and family services to encourage referrals into specialist treatment and referral back to universal support services	August 2013	Drug and Alcohol Manager
Facilitate involvement of family in treatment planning whilst ensuring family support and access to carer services	June 2013	Treatment effectiveness Manager

Planning Section 5: PROMOTE PUBLIC PROTECTION THROUGH LAW, ENFORCEMENT AND POLICY

5.4 Appendix 1

<p>To tackle drug supply, drug and alcohol related crime and anti-social behaviour through robust enforcement</p> <p>To use Licensing powers and other legislation to effectively manage the night time economy</p> <p>To introduce measures and initiatives that focus on specific issues</p> <p>To target interventions at groups/ individuals in the community causing most harm to themselves and others</p>		
Key Actions	By when	By whom
Continue to monitor sale of alcohol through regular under age test sales to young people and prosecute those retailers who fail to heed warnings and advice	Ongoing	NTE Group
Expand Pub watch, Best Bar None and similar schemes to raise quality standards	Ongoing	NTE Group
Improve communication pathways with relevant individuals, departments and groups in and out of the prisons to facilitate access to community treatment system provision	September 2013	CJIT
In partnership tackle hotspot locations of alcohol-related crime and anti-social behaviour; notably determining and mitigating risks in and around licensed premises through working with licensees and their staff to promote safe environments (location). (This includes 'on' and 'off' licensed sales points - including supermarkets).	Ongoing	NTE Group
Gather evidence to identify then tackle persistent and high risk offenders whose behaviour is linked to alcohol misuse through effective integrated offender management (offenders).	October 2013 and March 2014	Probation and CJIT
Consider the introduction of Early Morning Restriction Orders following consultation period	April 2013	HBC Licensing Committee

Planning Section 6: ACCOUNTABILITY AND PARTNERSHIP WORKING

5.4 Appendix 1

Key Actions	By when	By whom
Develop intelligence led approaches to specialist interventions and increase Partnership and wider stakeholders (e.g. GP's, Health and Wellbeing Board) understanding of the issue of substance misuse and its cross cutting links with health, social care and offending violent crime in Hartlepool.	March 2014	DAAT
Establish effective working relationships with Hartlepool Health and Wellbeing Board (HWB) and Police and Crime Commissioner (PCC) with a view to shaping and aligning priorities across strategies.	April 2013	DPH/SHP
Work with the Clinical Commissioning Group (CCG) to pool resources to enable planning and expansion of specialist services to improve the health and wellbeing of drug and alcohol misusers in local communities.	March 2014	DPH
Strengthen information sharing and improve monitoring and reporting responses in line with requirements determined by NDTMS, Public Health England, SHP and Health and Wellbeing Board	September 2013	DAAT
Develop substance misuse commissioning intention plan for services transferred in NHS reorganisation and joint commissioning with other commissioning bodies	September 2013	DPH
Ensure use of cost effectiveness and value for money tools (from NTA) to inform all investments in drug and alcohol treatment	Ongoing	DAAT

END OF SUBSTANCE MISUSE PLAN

CABINET REPORT

18th March 2013



Report of: Director of Regeneration and Neighbourhoods

Subject: COMMUNITY SAFETY SERVICE REVIEW OF CCTV CAMERA LOCATIONS

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non Key Decision

2. PURPOSE OF REPORT

- 2.1 The purpose of this report is to inform Cabinet of the results of the Community Safety CCTV Service camera location justification review, and as a result of the findings of this review, to make recommendations regarding the decommissioning of some Community Safety CCTV cameras.

3. BACKGROUND

- 3.1 The Community Safety CCTV Service consists of 132 public space CCTV cameras which are managed by Hartlepool Community Safety Team. The cameras are connected to the Community Monitoring Centre and monitored by Housing Hartlepool under a Service Level Agreement.
- 3.2 On 29th June 2012 a report was considered by the Portfolio Holder regarding the results of an internal review of the Community Safety CCTV Service. This report recommended that the Council's CCTV Strategy and Action Plan was refreshed and updated due to changes in staffing, the Codes of Practice and legislation affecting the regulation of CCTV, and the need to provide an effective and efficient CCTV system that would be sustainable into the future. On 28th September 2012 a report was subsequently considered by the Scrutiny Coordinating Committee regarding the refreshed Hartlepool Borough Council Closed Circuit Television (CCTV) Strategy, Action Plan and Protocols 2012 – 2015, which were subsequently approved by Cabinet on 4th October 2012.

- 3.3 CCTV is a well recognised tool in the detection and prevention of crime and can provide reassurance to communities. But a key recommendation in the report agreed by Cabinet on 4th October 2012, was the need to undertake an annual Community Safety CCTV Service camera location justification review, to ensure that the continuing use of cameras in the town, remained in compliance with several legislative and statutory codes of practice governing the use of CCTV systems, and local CCTV Protocols revised to reflect the national statutory requirements agreed by Cabinet at the same meeting.
- 3.4 An annual justification review of the Councils CCTV System has now been undertaken in accordance with the aforementioned national and local requirements. The results of this review are that 13 cameras have been identified for decommissioning.
- 3.5 It is proposed that in accordance with the locally revised CCTV Protocols, those cameras identified as being no longer justified are removed and either placed at another location where there is funding and evidence to justify doing so, or alternatively be placed in storage to be used at a later date, or dismantled for spare parts depending upon the cameras condition.

4. CRIME AND DISORDER IN HARTLEPOOL

- 4.1 Over the last ten years Hartlepool has witnessed significant reductions in crime and disorder with the most recent Annual Strategic Assessment undertaken by the Safer Hartlepool Partnership demonstrating that this is a continuing trend. During 2012 for example levels of overall crime reduced by almost 8% in Hartlepool compared to the previous year, and levels of anti-social behaviour by 30% on the previous year.
- 4.2 The strategic assessment highlights continuing issues around the night time economy where CCTV remains a critical tool in detecting and preventing crime. It also highlights that there continues to be a strong correlation between high crime and anti-social behaviour levels, and more deprived neighbourhoods in Hartlepool. The Vulnerable Localities Index (VLI) – a composite measure used by Community Safety Partnerships to identify neighbourhoods that require prioritised attention highlights that out of the 313 Census Output Areas within Hartlepool, there are 21 vulnerable localities.
- 4.3 Alongside other crime prevention measures such as Neighbourhood Policing, street lighting, and alleygating, CCTV continues to play a role in the detection and prevention of crime in Hartlepool localities.

5. CCTV CODES OF PRACTICE 2008 AND LOCAL CCTV PROTOCOLS

5.1 While CCTV is an important crime prevention measure, according to the national CCTV Code of Practice 2008, CCTV cannot be used in the absence of substantial evidence to justify its continued deployment. The CCTV Codes of Practice aim to strike a balance between individual rights and freedoms on the one hand, and legitimate crime prevention and law enforcement measures on the other. As such the Codes of Practice prohibit the installation and continuing deployment of CCTV cameras purely on the basis that it is possible, affordable or has public support. The Codes of Practice confirm that the use of public place CCTV cameras should:

- Balance the protection of the public with the rights and legitimate expectations of the individual,
- Be appropriate, proportionate and in the public interest,
- Be necessary to meet a continuing pressing social need - defined as ongoing crime prevention and public safety issues, or national security issues.

5.2 Consequently there must be objective evidence to demonstrate that the deployment of CCTV is 'necessary' within the Codes of Practice. This includes an assessment of the levels of crime and disorder in an area. The locally adopted CCTV Protocols reflect the need for an evidential basis to underpin decisions on whether a camera should remain:

- Crime Prevention and Public Safety - where statistical evidence available to the Safer Hartlepool Partnership shows that the area where a camera is located experiences, serious, frequent anti-social / criminal behaviour which can be shown to have negatively impacted on the wider community and which continues despite actions by Safer Hartlepool Partnership agencies to reduce/resolve the problem.
- National Security – where the location has been identified by Cleveland Police, the British Transport Police, the Civil Nuclear Constabulary or Cleveland Emergency Planning Unit as a location which would benefit from CCTV coverage for national security purposes.

6. CCTV LOCATION REVIEW 2012-13 – ANALYTICAL CONTENT

6.1 As required under the CCTV Code of Practice 2008 and local CCTV Protocols the CCTV Location Review has been undertaken by the Councils Community Safety Analytical Research Team using a statistical and evidence based review of each CCTV camera location

using data recorded by the Safer Hartlepool Partnership over a ten month period. (1st January 2012 to 31st October 2012).

- 6.2 The review looked at the original reason why the camera was placed at the location, and analysed the impact and effectiveness of each camera location by reviewing the number of incidents recorded by CCTV operators, and the number of crimes, anti-social behaviour and non disorder incidents recorded within a 50 metre radius.¹

A geographical hotspot analysis of the levels of crime and anti-social behaviour at each camera location was also undertaken to identify any deterrence or displacement issues.

In relation to camera use, effectiveness, and importance, consultation was also undertaken with Cleveland Police (Neighbourhood Police Teams and Intelligence Unit), Hartlepool Community Monitoring Centre Team, and Cleveland Emergency Planning Unit.

- 6.3 As outlined in para 4.2, HBC CCTV Protocols require any decision on whether a camera should remain to be supported by analytical evidence that demonstrates 'serious, frequent, anti-social / criminal behaviour'. Consequently in keeping with the Codes of Practice, and local CCTV protocols, the following statistical evidential criteria was used to analyse the results of the CCTV location review to determine whether a CCTV camera location continued to be justified, or whether a camera should be decommissioned and considered for possible relocation:

- Has the camera location experienced less than 2 recorded incidents per month of; crime, anti-social behaviour, non disorder events, or of incidents recorded by CCTV operators?
- Has geographical hotspot analysis shown that the camera has had no identifiable deterrence or displacement effect on recorded levels of crime or anti-social behaviour in the area?
- Is the camera necessary for the security of council buildings or is it necessary for national security purposes?

7. CCTV LOCATION REVIEW 2012-13 FINDINGS

- 7.1 Overall the results of the CCTV Location Review 2012-13 demonstrate that whilst the majority of the current 132 Community Safety CCTV public space cameras are justifiably located in line with the Codes of Practice for CCTV, there are 13 CCTV cameras identified in the review that do call into question Hartlepool Borough Councils compliance with the national Codes of Practice due to insufficient evidence of crime, anti-social behaviour, or national security issues.

In addition, notwithstanding the fact that there is a lack of any evidential basis to support continuing with HBC CCTV cameras at these locations, in many cases alternative crime prevention measures are now in place, with many being implemented after the CCTV camera was installed. Importantly Neighbourhood Policing was also introduced in Hartlepool during 2005/06 and this has had an important positive impact on crime and disorder levels by increasing the ability to provide an early co-ordinated response and resolution to issues around crime and disorder before they escalate.

The following gives an overview of each of the camera locations identified for decommissioning on a Ward basis:

(i) Headland and Harbour

The Safer Hartlepool Strategic Assessment identifies that the Headland and Harbour Ward as a whole experiences higher than average levels of crime and disorder when compared to the rest of Hartlepool. The Ward encompasses the Church Street area which is associated with the night time economy and benefits from 23 Community Safety CCTV cameras located across the ward.

Five cameras within the Headland and Harbour ward have been identified for decommissioning to ensure compliance with the CCTV Codes of Practice. However none of the cameras identified for removal fall within a vulnerable locality, and analysis reveals that there is no evidence of displacement issues around any of the cameras. Additionally whilst the Ward does suffer from higher than average crime and anti-social behaviour levels, much of this relates to that part of the ward that is most closely associated with the town centre area and night time economy.

(a) Navigation Point/Hartlepool Marina

This CCTV camera was installed as a temporary measure to enhance security in the Marina area during the Tall Ships Event. The camera is located at the far end of the Marina development with little ability to observe the opposite end of the Marina where the majority of shops and bars are located, and where Hartlepool Marina Ltd has expanded and upgraded their private CCTV system during 2012. There were no recorded incidents of crime or anti-social behaviour at this camera location during the assessment period.

(b) Heugh Battery

This camera was installed at the Heugh Battery site in 2006 to address anti-social behaviour at the site prior to the Heugh Battery being brought back into use. Having recognised the possibility of this camera being decommissioned due to continuing low levels of crime and anti-social

behaviour in the locality, those involved in the restoration of the Heugh Battery subsequently applied for, and were successful, in receiving funding to install perimeter fencing around the site and its own CCTV camera system. These alternative security measures are now in place.

(c) Headland Paddling Pool

This camera was installed in 2006 to address minor incidents of criminal damage to the paddling pool. There has only been one incident of anti-social behaviour recorded at this site during the assessment period. The site also benefits from being well lit and enjoys plenty of natural surveillance from surrounding residential properties. Removal of the camera will also provide the opportunity to reinstate the street light onto the column that currently hosts the camera.

(d) Southgate/Town Wall

This camera was installed in 2006 to address anti-social behaviour around the toilet block in the Headland area. Since then this area has benefited from additional crime prevention measures and has been redesigned with additional cameras being located on the toilet block itself and the Borough Hall both of which provide adequate coverage of the area previously covered by the Southgate camera.

(e) Mansepool Close

This camera was originally installed to monitor a small arcade of shops which at the time included a post office. Whilst one crime, and 5 incidents of anti-social behaviour have been recorded at this location during the assessment period, this is not a hotspot area for crime and disorder and the number of incidents do not justify the continuing deployment of a camera at this location. The location is also well lit, open plan and overlooked by residential properties.

(ii) Seaton Ward

The SHP Strategic Assessment identifies Seaton Ward as experiencing the third lowest crime and anti-social behaviour rate within Hartlepool, with no vulnerable localities falling within its boundary. Three cameras have been identified within the ward for decommissioning with further analysis identifying that there has been no displacement issues into the wider area surrounding the camera locations.

(a) Seaton Park

Additional crime prevention measures have been installed at this location since this CCTV camera was fitted in 2002, including fencing around the bowling green, and the introduction of CCTV at Major Cooper Court in 2009 (private installation). The nearby tennis courts also benefit

from perimeter fencing - there have been no recorded incidents of crime or anti-social behaviour at this location within the assessment period.

(b) Seaton Front / Station Lane Junction

This camera was installed in 2002. During the assessment period there have been no recorded incidents of crime or anti-social behaviour at this location. The location is well lit, open plan and overlooked by residential properties. A second CCTV camera on Seaton Front outside of the Seaton Hotel also currently provides coverage. This second camera will remain due to the level of crimes/anti-social behaviour recorded at its location.

(c) Elizabeth Way Shopping Parade

There have been 9 incidents of shoplifting at this location during the ten month reporting period. All crimes occurred inside the shops at the shopping parade. The main store where the incidents have taken place has its own private CCTV system. The location is also well lit, open plan, and overlooked by residential properties. Elizabeth Way is a high traffic road with a high volume of road users travelling through the area

(iii) Manor House Ward

According to the most recent strategic assessment undertaken by the Safer Hartlepool Partnership, the Manor House Ward experiences crime and anti-social behaviour at levels that are slightly above the town average with the ward being ranked as fourth highest in terms of its overall crime and disorder rate. There are two vulnerable localities identified in the ward. One camera has been identified for decommissioning in the ward in an area not categorised as a vulnerable locality when measured against the Vulnerability Localities Index.

(a) Eskdale Road Shopping Parade

The majority of incidents and crimes recorded at this location occur inside the shops and are primarily related to shoplifting linked to one of the stores on the parade. The store in question now has its own internal CCTV system, and the rear of the shopping parade is also covered by a private CCTV system covering the GP surgery and car park.

(iv) Rossmere and Fens

The Safer Hartlepool Strategic Assessment identifies that levels of crime and anti-social behaviour within the Rossmere and Fens Ward

are below the town average with the ward being ranked as the third lowest in relation to its levels of crime and anti-social behaviour. There are no vulnerability localities within this ward and one camera has been identified for decommissioning.

(a) Junction of Balmoral Road/Braemar Road

There have been no recorded incidents of crime or anti-social behaviour at this location during the assessment period, and 1 incident of damage has been recorded by HBC Parks and Countryside section at the nearby play area. One possible explanation for the decrease in activity since the camera was installed at this location is the opening of the Rossey Plaza Skate park at Rossmere Youth Centre, Rossmere Way, which is now providing a well-used diversionary activity for young people.

(v) Victoria Ward

The Safer Hartlepool Strategic Assessment identifies Victoria Ward as experiencing some of the highest crime and anti-social behaviour rates within Hartlepool. As such the ward benefits from 21 CCTV cameras. The Ward has a number of vulnerable localities (10) falling within its boundary. Two cameras have been identified for decommissioning in the ward neither of which falls within one of the 10 vulnerable localities identified in the ward.

(a) Rear of Victoria Road/Barbara Mann Court Car Park

This camera was installed a number of years ago to prevent crime and anti-social behaviour in the car parking area to the rear of Victoria Road used by owners of local business. The area now benefits from perimeter fencing and alleygates. The area is also well lit and overlooked by residential properties. During the assessment period there have been no recorded incidents of crime and anti-social behaviour linked to this location.

(b) Alma Street/Lynnfield School Field

This camera was installed during 2008. The rear alleyways backing onto the school field now benefit from alleygating. Security improvements at the school since the camera was sited include high perimeter security fencing, and its own extensive perimeter and internal CCTV system. During the ten month assessment period there have been four incidents of anti-social behaviour recorded and no crimes recorded at this location.

(vi) Burn Valley

The Safer Hartlepool Strategic Assessment identifies Burn Valley Ward as experiencing higher than average levels of crime and anti-social

behaviour when compared to the town as a whole. There are three vulnerable localities identified within the ward, and the ward benefits from a total of seven CCTV cameras. One camera within this ward has been identified for decommissioning. The camera location does not fall within one of the vulnerable localities identified within the ward.

(a) Burn Valley Gardens

This camera was installed in 2006 in the play area within Burn Valley Gardens. Whilst 2 crimes and 8 incidents of anti-social behaviour have been recorded within a 50 metre radius of the camera, the incidents do not relate to incidents occurring within Burn Valley Gardens itself and are almost exclusively related to one property and household within the streets on the periphery of the Gardens. The play area itself is well lit, open plan and overlooked by residential properties and frequent road users.

8. PUBLIC CONFIDENCE AND REASSURANCE

- 8.1 Alongside reducing crime and anti-social behaviour, one of the four key Safer Hartlepool Partnerships Strategic Objectives is to 'Promote Confident, Cohesive, and Safe Communities' and whilst there may be insufficient evidence to support the continuing deployment of a camera at a particular location, it is recognised that the decommissioning of cameras could lead to a reduction in public confidence and feelings of safety.
- 8.2 The CCTV Codes of Practice 2008 make clear that CCTV cameras cannot be deployed solely on the basis of reassuring the public, but a shared understanding of the decommissioning process, and why the decision to decommission a camera has been made is essential to reassuring communities.
- 8.3 HBC CCTV Protocols in relation to publicity around the decommissioning of cameras therefore sets out that local residents will be informed where the annual CCTV location review has shown that a CCTV camera in their area is no longer justified under the CCTV Codes of Practice, and that camera decommissioning only occurs where a location has witnessed consistently low levels of recorded crime and anti-social behaviour. Neighbourhood Management and Neighbourhood Police Teams will be key to communicating this message.
- 8.4 The Council also has at its disposal 3 mobile cameras that can temporarily be deployed to respond to emerging issues in hotspot areas. These cameras are deployed by HBCs Community Safety Team following agreement at the town's multi-agency Joint Action Groups (JAGs) set up under the Neighbourhood Policing programme. Decisions taken by the JAGs are intelligence led with mobile cameras being deployed in areas where there is evidence to support installation.

9. FINANCIAL CONSIDERATIONS

Decommissioning Costs

- 9.1 It will cost the Council approximately £250 to decommission each of the 13 CCTV cameras as outlined in section 7 of this report and a further £800 cost will be incurred with the hire of a cherry picker for 2 days to enable decommissioning to occur. This will be accommodated through the existing financial arrangements for the operation of the Community Safety CCTV system.
- 9.2 Longer term the decommissioning of 13 CCTV cameras will produce savings for the Council's CCTV revenue budget which will be reinvested in the CCTV camera maintenance and repair budget.
- 9.3 These savings will come from reduced CCTV electricity and broadband costs and in reduced inspection, maintenance and camera cleaning visit costs.

Other Considerations

- 9.4 Due to the current financial restraints facing the Council at this moment in time it has not been possible to identify a budget to pay for the relocation of any CCTV cameras that it is proposed are decommissioned.
- 9.5 It may be possible to reuse some decommissioned CCTV equipment to repair and replace other damaged CCTV equipment when this is required. This would depend on the condition and age of decommissioned CCTV equipment but could potentially save the Council the cost of having to purchase new CCTV equipment.

10. PROCUREMENT

- 10.1 All work to be undertaken will be commissioned in line with council procurement policy.

11. RISK IMPLICATIONS

- 11.1 Should the Council fail to implement the decommissioning recommendations contained within the report the Council would be in breach of:

- The Information Commissioners Code of Practice for CCTV,

- The Surveillance Camera Commissioners forthcoming Surveillance Camera Code of Practice,
- British Standard 7958:2009 – CCTV - Management and Operation – Code of Practice.

11.2 Failure to follow these CCTV Codes of Practice would risk the Council being found in breach of the Data Protection Act 1998 – non compliance of which can lead to a fine of up to £500,000. Any breaches of the Act could therefore result in potentially significant costs being incurred by the Council as well as potential damage to the Council's reputation due to non-compliance with the Act.

11.3 In addition the Council is required under the Protection of Freedoms Act 2012 to follow the Surveillance Camera Commissioners forthcoming Surveillance Camera Code of Practice. Non-compliance of which is admissible in evidence in criminal and civil proceedings, and a court of tribunal may take into account a failure by the Council to have regard to the Code in determining a question in any proceedings.

12. LEGAL IMPLICATIONS

12.1 The Information Commissioner's Office is currently responsible for regulating the use of non covert CCTV cameras operated by the Council under the Data Protection Act 1998, and the Freedom of Information Act 2000.

12.2 The Information Commissioner has published a Code of Practice for CCTV which the Council has a duty to follow to ensure all CCTV cameras are managed in line with national best practice and that their use is compliant with the Data Protection Act 1998.

12.3 Under the Protection of Freedom Act 2012 this responsibility will be supplemented by the new Surveillance Camera Commissioner and the additional forthcoming Surveillance Camera Code of Practice which the Council also has a duty to follow.

13. EQUALITY AND DIVERSITY CONSIDERATIONS

13.1 An Impact Needs Requirement Assessment (INRA) will be conducted for the Community Safety CCTV Service to identify any adverse, or differential impact, or unmet needs of these changes.

14. STAFF CONSIDERATIONS

14.1 None.

15. ASSET MANAGEMENT CONSIDERATIONS

- 15.1 The Council's Electrical Engineering Team has developed and implemented a yearly inspection, cleaning and planned maintenance programme for Community Safety CCTV cameras.
- 15.2 The Council's Electrical Engineering Team has developed and implemented a 3 year planned maintenance programme for Community Safety CCTV cameras.
- 15.3 These maintenance programmes should reduce the amount of costly unplanned (reactive) maintenance and repairs for Community Safety CCTV cameras.
- 15.4 The Electrical Engineering Team has compiled a CCTV equipment asset list which has been provided to the Council's Insurance Section. As a result of this the insurance coverage of the Community Safety CCTV system is due to be increased.

16. SECTION 17

- 16.1 The Crime and Disorder Act 1998 requires Local Authorities to consider the impact of everything they do in relation to crime and disorder in all of their activities. This duty is what is referred to as 'Section 17'.
- 16.2 The Council began introducing council-owned and monitored CCTV cameras in the late 1990s. CCTV enables remote surveillance of areas where it is installed, whether as general monitoring or as part of a wider operation by the Council, Police or other organisations like HM Customs and Excise. Storage and retrieval of CCTV images also allows analysis of evidence after an event has occurred.

17. CONCLUSION

- 17.1 The aim of the CCTV Location Review was to ensure that the Council was able to document its compliance with the provisions of the various CCTV Codes of Practice and its obligations and duties under the Data Protection Act 1998 and the Protection of Freedoms Act 2012.
- 17.2 The findings of the CCTV Location Review have been used to determine whether any Community Safety CCTV cameras can no longer be justified at their current location under the Codes of Practice

and where necessary to make recommendations for their decommissioning.

- 17.3 As a result a total of 13 out of 132 Community Safety CCTV cameras have been identified for decommissioning.

18. RECOMMENDATIONS

- 18.1 Cabinet are asked to consider the content of the report and approve the decommissioning of the identified CCTV cameras.

19. BACKGROUND PAPERS

- Information Commissioner's Code of Practice for CCTV 2008.
- Surveillance Camera Code of Practice 2013. Surveillance Camera Commissioner.
- British Standard 7958:2009 – Closed Circuit Television (CCTV) Management and Operation – Code of Practice.
- Hartlepool Borough Council CCTV Strategy and Protocol's 2012-2015.
- Data Protection Act 1998; CCTV Codes of Practice 2008, the Protection of Freedoms Act 2012 (and associated forthcoming Surveillance Camera Commissioners Code of Practice); and the British Standard 7958:2009 – Closed Circuit Television (CCTV) Management and Operation Code of Practice.

20. CONTACT OFFICER

Denise Ogden
Director of Regeneration and Neighbourhoods
Civic Centre
Victoria Road
Hartlepool TS24 8AY
Tel: 01429 523301

CABINET REPORT

18 March 2013



Report of: Director of Child and Adult Services

Subject: CIVIC LOTTERY FUND 2012/2013
GRANT APPLICATIONS – 3rd ROUND

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non key decision

2. PURPOSE OF REPORT

- 2.1 The purpose of this report is to advise and seek approval for the 3rd round of Civic Lottery Fund Grant applications in the 2012/2013 financial year.

3. BACKGROUND

- 3.1 In accordance with the procedure previously approved by the Grants Committee, the annual amount available for distribution of lottery grants is based upon the real rate of interest earned by the capital investment during the previous financial year. The amount is calculated on an apportionment of the Authority's interest balances to reserves, which in this financial year amounts to £16,688.
- 3.2 Also, there was £1,737 to add back to the budget which was funding that has not been claimed by groups in previous financial years and can now be re-allocated. This being the case the total amount available for distribution in the 2012/2013 is £18,425.
- 3.3 The Civic Lottery Fund Grant Application Guidelines includes the Civic Lottery criteria and provides information for applicants relating to what can be funded including funding for specific activities Senior Citizens outings and Christmas parties and team activities. Any grant awarded will not be released until evidence of expenditure is provided by the recipient group. The guidelines can be found in **Appendix 1** (Members' library and online).
- 3.4 For the 2012/2013 financial year Officers recommended that £1,500 be top sliced for the Senior Citizens summer outings and Christmas Parties as has been done in previous years. Because of the unexpected number of applications for funding for the Queens Diamond Jubilee Celebration an

additional separate allocation was recommended of £3,000 for these applications and this funding was allocated in Round 1.

4. PROPOSALS

4.1 Approach to applications for funding towards Senior Citizens' Summer outings and Christmas parties

In Round 1 Members approved the process for the allocation of funding of £1,500 towards Senior Citizens Summer outings and Christmas parties. The approval of the awards was delegated to the Director of Child and Adult Services. The funding allocated for senior citizens has all been committed in this financial year.

4.2 Applications to the Civic Lottery 2012/2013

The current criteria for eligibility and distribution from the Civic Lottery Grant Fund require the applications to be considered three times a year, in order that an overall view of applications can be obtained. One third of the balance will be distributed at each of the three meetings. Therefore the amount available for distribution at this meeting will be £4,641 plus the balance remaining from the previous funding round of £1,514 making the total available for distribution at this meeting £6,155.

4.3 Officers have considered each application and have assessed each one on its own merits. Officers have taken into consideration whether the group has any other funding in place, and any opportunities for raising other funding to match a grant made available from the Civic Lottery, before making any recommendation.

4.4 Specific criteria relating to team activities states that up to a maximum of £300 may be awarded to any team/club/group as a contribution towards running costs.

4.5 The total sum sought in Round 3 is £14,113. Details of all recommendations can be found in **Appendix 2** (in the Members' library and online).

4.6 Applications for consideration where no previous grants have been awarded

There are 5 applications in this round from groups who have not received funding previously from the Civic Lottery.

App. No.	Organisation	Reason for Application	Total Cost	Sum Sought
3586	Waverley Allotment Group	To purchase 2 bee keeping starter kits and personal protective equipment.	£1,980	£1,980

3587	Haswell Avenue Allotment Association	Renewal/maintenance of internal fencing on schools community garden plot	£1,920	£1,920
3590	Touchdown Hotel over 40's FC	Running costs , referee fees and pitch fees	£500	£500
3591	Burn Valley Allotment Association	Running costs for security lighting	£364	£314
3994	Throston Tornados	Assistance with pitch and referees fees	£300 +	£300

4.7 Applications for consideration – second and subsequent requests

App. No.	Organisation	Reason for Application	Total Cost	Sum Sought
3582	Red Dreams	Assistance with running costs for new facility	£5,870	£2,000
3583	Hartlepool and East Durham Stoma Support Group	Assistance with room hire and cost of meal	£515	£515
3584	Hartlepool branch of the Royal Artillery Association	Assistance with members attending AGM in Blackpool	£2,540	Any amount
3585	Hartlepool District League	Cost of trophies	£750	£500
3588	Hartlepool St Francis FC under 11	Assistance with attendance at tournament, gym hire and referee fees	£1,883.80	£1,883.80
3589	Hartlepool Carers	Assistance with 'drop in' rent and spring time lunch	£1,900	£1,900
3592	Hartlepool Table Tennis Club	Assistance with costs of hosting senior British league weekend	£1,140	£300
3593	Heugh Battery Trust Ltd	Assistance with repairs due to flood damage	£3,000	£2,000

Copies of the application forms are available in the Members' Library.

5. RECOMMENDATIONS

5.1 The report asks members to approve/note:-

1. Grant aid to those organisations as recommended in **Appendix 2**.
2. The withdrawal of the application from Heugh Gun Battery Trust as the Trust has received funding from the Community Pool and Members Ward budgets.
3. Any uncommitted balance of Round 3 allocation to be carried forward to the next financial year of the Civic Lottery Grant Fund 2013/14.

6. REASONS FOR RECOMMENDATIONS

6.1 Round 3 of recommendations relating to the allocation of the 2012/13 Civic Lottery Grants Fund.

7. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

Appendix 1: Civic Lottery Grants Fund Criteria

Appendix 2: Recommendations for Civic Lottery 3rd Round 2012/2013

8. BACKGROUND PAPERS

Applications to the Civic Lottery Round 3 2012/2013.

9. CONTACT OFFICER

John Mennear, Assistant Director (Community Services), Child and Adult Services, Level 4, Civic Centre.

HARTLEPOOL BOROUGH COUNCIL

CIVIC LOTTERY FUND

GRANT APPLICATION GUIDELINES



Background

The Chief Solicitor advises me that pursuant to Section 7 of the Lotteries and Amusements Act 1976, a local authority may promote a local lottery for any purposes, and in doing so must give such publicity to the objects of the local lottery as will be likely to bring them to the attention of persons purchasing tickets or chances, these objects are then reflected in the eligibility criteria. The authority are under a duty to apply the money accruing from the lottery (including interest) only to the objects of the lottery being that for which the lottery was promoted - as extended by the Secretary of State.

From 1977-1982 a Civic Lottery was promoted by this Council, and a Civic Lottery Fund was established, the original object being for leisure recreational or environmental projects. There is provision in the legislation under Section 7(4) for the consent of the Secretary of State to be given to the appropriation of lottery funds to purposes outside the consent, for an amendment in the Council lottery, to include the provision of grants to local charitable organisations, and on the 4th December 1989 the said consent was granted. Any further departure from the current criteria would require similar consent.

Current Criteria of the Civic Lottery Fund

The current eligibility criteria for assistance from the Civic Lottery Fund is as follows:-

1. Any application must be for either leisure, recreational or environmental projects, and following approval by the Secretary of State in December, 1989, it is now also possible for charitable organisations to qualify for assistance.
2. The Grants Committee will consider applications for assistance 3 times during the municipal year in order that an overall view of applications can be obtained.
3. The Grants Committee will assess each application on its merit.
4. Applicants must be based in the Borough of Hartlepool.
5. Applicants should be either organisations or individuals supported by a club/organisation.
6. Applicants are restricted to applying for assistance only once every 12 months.
7. The maximum amount of grant allocated is restricted to £2000.
8. Grants must be claimed within one year of their approval.

Supplementary Criteria:

Specific criteria relating to funding for team activities, including football, netball and jazz bands:

- i) Teams must comprise a majority of residents from areas of disadvantage as identified by the 1991 Census.
- ii) Grants of up to £200 per team or band up to a maximum of £300 per group may be awarded as a contribution towards running costs. These costs are likely to include pitch and league fees and transport.
- iii) Grant aid should not be used to establish new teams.
- iv) Applications for equipment will not be supported, i.e. the purchase of strips, nets, balls etc.

Specific criteria relating to funding for senior citizen groups:

Funding is available for senior citizens groups for either a summer outing or a Christmas party (not both). This is subject to funds being available and based on the number of members in the club.

- i) Senior citizens groups with under 30 members can apply for a maximum of £60 for an outing or party.
- ii) Groups with over 30 members can apply for a maximum of £100 for an outing or party.

Number	Group	Request	Previous grants	Total Cost £	Requested £	Recommend £
3582	Red Dreams	Group has moved into larger premises to accommodate the demand on their services. This means that their utility costs will increase. A request for assistance with the utility costs has been made. The group have estimated the costs for their first year of occupation in their new premises. A contribution towards these costs is recommended.	Yes	5,870	2000	£850 assistance with utility costs
3583	Hartlepool and East Durham Stoma Support Group	Group has applied for support with room hire and the costs of a meal out. Criteria states that groups of less than 30 can receive £60 as a contribution towards a Christmas Party/Summer outing. Therefore the maximum that can be recommended in relation to this application is £165 to cover room hire costs.	Yes	515	515	£165 for room hire costs
3584	Hartlepool Branch of the Royal Artillery Association	The group has 18 members aged from 67 to 83 and would like as many as possible of those members to attend the R.A.A. AGM in May at Blackpool. Attendance fee for each member attending is £130 and travel costs are £200. Recommendation is a contribution towards 5 members attending the AGM.	Yes	2,540	Any amount	£650 towards cost of 5 members attending the AGM
3585	Hartlepool Church & District football league	Cost of trophies. Specific criteria relating to team activities states that up to a maximum of £300 may be awarded as a contribution towards running costs.	Yes	750	500	£300 towards the cost of trophies
3586	Waverley Allotment Group	Group has requested funding to purchase 2 bee keeping starter kits and personal protective equipment. The group has been awarded funding from Members budgets to enable 6 members of the group to attend a bee keeping course.	No	1,980	1,980	£900 for the purchase of 2 bee keeping starter kits and personal protective equipment
3587	Haswell Avenue Allotment Association	Renewal of fencing to schools/community allotment and composting pens. To enable the group to purchase the materials to replace the fencing.	NO	1,920	1,920	£1,000 towards cost of fencing on community plot

3588	Hartlepool St Francis FC under 11	Club has requested assistance with trip to tournament, gym fees and referees fees. Specific criteria relating to team activities states that up to a maximum of £300 may be awarded as a contribution towards running costs	Yes	1,883.80	1,883.80	£300 toward referees fees and gym fees
3589	Hartlepool Carers	Group has requested assistance with 'drop in' rent for carers groups at Headland, St Joseph's and West View and spring time meal for attendees. A contribution towards the cost of room hire for the 'drop in' sessions is being recommended.	Yes	1,900	1,900	£750 towards cost of hire of rooms
3590	Touchdown Hotel over 40's FC	Club has requested assistance with running costs, referee's and pitch fees Specific criteria relating to team activities states that up to a maximum of £300 may be awarded as a contribution towards running costs.	No	500	500	£300 for pitch and league fees
3591	Burn Valley Allotment Association	Group have applied for assistance with running costs for security lighting on the allotments. They have already raised £50 from sponsorship.	No	364	314	£314 assistance with running costs of lighting
3592	Hartlepool Table Tennis Club	Group has requested assistance towards the costs of hosting a senior British league week end in Hartlepool bringing competitors from throughout the north to stay in Hartlepool for 2 nights.	Yes	1140	300	£300 towards the costs of the week end
3593	Heugh Battery Trust Ltd	The Trust has applied for assistance with the cost of repairs due to flood damage. However, the Trust has been successful in securing funding from Community Pool and Members Ward budgets to cover the cost of the repairs.	Yes	3000	2,000	Withdraw application
3594	Throston Tornados	Club has requested assistance with pitch and referees fees. Specific criteria relating to team activities states that up to a maximum of £300 may be awarded as a contribution towards running costs.	No	300 +	300	£300 towards pitch and referees fees
				Total		£6,129

CABINET REPORT

18th March 2013



Report of: Director of Public Health and Chief Solicitor

Subject: Public Health Transition Plan – Progress Report

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non Key

2. PURPOSE OF REPORT

- 2.1 The purpose of the report is to provide an update on the progress of implementing the Public Health Transition Plan (**APPENDIX 1**) that was agreed by Cabinet in March 2012 and to consider the recommendations contained within paragraph 5 of this report to facilitate this transition.

3. BACKGROUND

- 3.1 The publication of 'Healthy People, Healthy Lives: Our Vision for Public Health in England 2010' (Department of Health) proposed radical reform of the future delivery of public health in England. This white paper proposed new responsibilities for Local Government for improving health and resources to enable this to happen. It also proposed responsibilities for the NHS Commissioning Board for public health interventions including screening and immunisations. The paper signaled the creation of a new Executive Agency 'Public Health England' with public health responsibilities in including health protection and public health intelligence and knowledge.
- 3.2 This new system for public health is aimed at being integrated across all of the various parts but with a strong focus on localism, with Local Government playing a leading role, with public health teams led by a Director of Public Health. Implementing the new system is a complex process and one that must be completed by April 2013. The proposals from the White Paper are now embedded in the Health and Social Care Act 2012. Therefore, it is essential to have a local transition plan that describes the key issues and actions that must be undertaken to ensure a smooth transition from the old system to the new system. This transition plan is jointly owned between NHS Hartlepool as the statutory body currently responsible for public health and Hartlepool Borough Council who by 2013 will be responsible for public health. Joint ownership of this plan is essential, as it is imperative that there

is robust governance, due diligence and accountability arrangements in place throughout the transition year 2012/13. This plan identifies what needs to be done; by when and who is responsible for ensuring progress is made and actions delivered.

4. PROGRESS AND KEY ISSUES

4.1 The transition plan has the following key themes:

- Policy and strategy
- Human resources
- Ring-fenced budget
- Contracting and procurement
- Public health delivery
- Risk, resilience and emergency planning for health
- Health protection
- Infrastructure
- Governance
- Communication and engagement
- NHS Commissioning Board

4.2 Progress towards implementing the transition plan is described in the 'progress section' of the plan attached to this report.

4.3 The following key issues are noteworthy and require consideration by Cabinet:

- There has been confirmation from the Department of Health of the ring-fenced public health grant of £8.255 million in 2013/14 and £8.486 million in 2014/15. Details of this are contained in a separate Cabinet report.
- A draft service level agreement has been developed between Hartlepool Borough Council and Redcar and Cleveland Borough Council covering Hartlepool Borough Council's investment and commitment to sharing a Tees Valley Public Health Service with Redcar and Cleveland as host authority. Hartlepool Borough Council's indicative share of the costs of the shared public health service is £154,000. Cabinet is asked to authorise the Chief Solicitor to be given delegated authority to sign this agreement on behalf of the authority starting April 1st 2013.
- Following a regional review of FRESH, the regional smoking office and Balance the regional alcohol office, it is recommended through the Leaders and Mayors Group that these services are funded by the Local Authorities post April 2013. The services are currently funded through the Primary Care Trusts but given the closedown of the PCTs on 1st April 2013, the Local Authorities inherit the responsibility to address the harm caused by both smoking and alcohol. Therefore, Cabinet is asked to support these services in 2013/14 and 2014/15, along with the other eleven Local Authorities across the North East. Hartlepool Borough Council's annual share of the costs of Fresh is £29,423 and for Balance is

£23,926. Cabinet is again requested to authorise the Chief Solicitor to be given delegated authority to sign the agreement due to start on 1st April 2013 between Hartlepool Borough Council, other partnering authorities and Durham County Council who will be lead commissioner for these services.

- There is a quality legacy handover document that was formally handed over on 8th March 2013 from the NHS as sender organisation to the Local Authority as receiver organisation of public health functions on 1st April 2013. This handover document covers all of the known clinical and quality risks and issues associated with the Local Authority assuming new health responsibilities.
- Comprehensive due diligence process is almost complete for all staff transferring to the Local Authority. There have been formal consultation meetings with staff and the unions.
- Contracts assurance for those contracts the Local Authority inherits in April 2013 especially for the mandated services. As these contracts are subject to a national statutory transfer order, then the majority of contracts are rolling forward and continuing for a further year in 2013/14. In normal circumstances the Council would agree to such extensions to contracts under the Contract Procedure Rules, however in this instance the contracts are being transferred with the extension in place via the statutory transfer order. As a result of this process there will be significant work, particularly in early 2013/14 to assess those inherited contracts and the procurement strategies required to deal with them.
- There is a formal PCT Board meeting on 20th March to formally handover to the receiver organisation (Council) such due diligence information under the statutory transfer order relating to public health. This needs to be formally received by Hartlepool Borough Council before the 26th March 2013. Cabinet is asked to approve the Chief Solicitor to formally receive this information under the statutory transfer order on behalf of the authority during this 6 day period.
- Under the Health and Social Care Act 2012, by the 1st April 2013 the Health and Well Being Board must be established as a committee of the Local Authority. As Cabinet is aware, the Health and Well Being Board has been operating in shadow for since October 2011. The establishment of the Health and Well Being Board for Hartlepool is being considered in proposals for the wider changes to the Councils' governance arrangements presented to full Council on 6th March 2013 and due to take effect from the cessation of the Elected Mayor's term of office from midnight on 5th May 2013.
- Implications of Hartlepool Director of Public Health co-chairing the Local Health Resilience Partnership (LHRP) for County Durham and Tees Valley. Cabinet is asked to formally approve that Hartlepool Director of Public Health is to be the co-chair of the LHRP.
- Feedback from internal audit of 'reasonable and no actions' on public health transition process to date.

5. RECOMMENDATIONS

- 5.1 The Cabinet is asked to note the content of this report and progress documented in the public health transition plan, with particular reference to the establishment of the Health and Well Being Board.
- 5.2 Cabinet is asked to approve the delegated authority for the Chief Solicitor to sign the Service Level Agreement for the shared public health service between Hartlepool Borough Council and the other Tees Valley authorities with Redcar and Cleveland Borough Council as 'Lead Authority'.
- 5.3 Cabinet is asked to approve the delegated authority for the Chief Solicitor to sign the Service Level Agreement between Hartlepool Borough Council and other partnering local authorities with Durham County Council as 'lead Authority' for the provision of the FRESH and Balance service.
- 5.4 Cabinet is asked to approve the delegated authority for the Chief Solicitor to formally receive and sign the statutory Transfer Scheme Orders for all staff, contracts and assets transferring from NHS Hartlepool to Hartlepool Borough Council.
- 5.5 Cabinet is asked to approve the Director of Public Health for Hartlepool as the co-chair of the Local Health Resilience Partnership for Country Durham and Tees Valley.

6. REASONS FOR RECOMMENDATIONS

- 6.1 Ensure effective transition of public health from NHS Hartlepool to Hartlepool Borough Council as required by the Health and Social Care Act 2012.

7. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

Appendix 1 is attached with this report.

8. BACKGROUND PAPERS

- 8.1 Healthy People, Healthy Lives: Our strategy for Public Health in England - DH November 2010

'Healthy Lives, Healthy People: Engagement on the funding and commissioning routes for public health – DH 2011'

'Healthy Lives, Healthy people: Update on Public Health Funding – Department of Health – DH June 2012.'

Cabinet paper 5th March 2012 'Public Health Transition Plan'

9. CONTACT OFFICER

Louise Wallace
Director of Public Health
4th Floor Civic Centre
Hartlepool Borough Council
(01429) 266522
louise.wallace@hartlepool.gov.uk



Public Health Transition Plan For Hartlepool

2011-2013

1. Introduction

- 1.1 The publication of 'Healthy People, Healthy Lives: Our Vision for Public Health in England 2010' (Department of Health) proposed radical reform of the future delivery of public health in England. This white paper proposed new responsibilities for Local Government for improving health and resources to enable this to happen. It also proposed responsibilities for the NHS Commissioning Board for public health interventions including screening and immunisations. The paper signalled the creation of a new Executive Agency 'Public Health England' with public health responsibilities in including health protection and public health intelligence and knowledge.
- 1.2 This new system for public health is aimed at being integrated across all of the various parts but with a strong focus on localism, with Local Government playing a leading role, with public health teams led by a Director of Public Health.
- 1.3 Implementing the new system is a complex process and one that must be completed by April 2013. Therefore, it is essential to have a local transition plan that describes the key issues and actions that must be undertaken to ensure a smooth transition from the old system to the new system.
- 1.4 This transition plan is jointly owned between NHS Hartlepool as the statutory body currently responsible for public health and Hartlepool Borough Council who by 2013 will be responsible for public health. Joint ownership of this plan is essential, as it is imperative that there is robust governance, due diligence and accountability arrangements in place throughout the transition year 2012/13. This plan identifies what needs to be done; by when and who is responsible for ensuring progress is made and actions delivered.
- 1.5 This transition plan has been agreed with NHS Hartlepool and Hartlepool Borough Council Executive in draft form at the end of January 2012. This final version of the plan was presented to Cabinet in March 2012. The plan was considered by the Regional Director of Public Health (RDPH) in March 2012 and received positive feedback. The RDPH has responsibility for assuring the transition across the Strategic Health Authority clusters and approving each areas public health transition plans.
- 1.6 The creation of the Health and Well Being Board by 2013 was also a key feature of the public health white paper. This Board will also want to ensure the public health transition plan reflects the work of the Board and the Joint Strategic Needs assessment for Hartlepool.

Hartlepool Public Health Transition Plan

Key Theme – Policy and Strategy

Key Issue	Actions	Timescale	Lead Officer	Progress
Publication of Healthy People Healthy Lives White Public Health Paper - Consultation 30 th November – 31 st March	Brief Corporate Management Team	December 2010	Assistant Director of Health Improvement	Complete
	Brief Cabinet	January 2011	Assistant Director of Health Improvement	Complete
Publication of public health outcomes framework for consultation	Establish cross departmental Assistant Director Transition Steering Group	January 2011	Assistant Director of Health Improvement	Complete
Publication of funding and commissioning of public health	Respond to White paper before 31 st March	31 st March 2011	Assistant Director of Health Improvement And Portfolio Holder for Public Health	Complete

Key Issue	Actions	Timescale	Lead Officer	Progress
Cross reference proposed public health outcomes framework	Consider framework alongside corporate outcomes framework (s)	End of February 2011	Policy Officer and Assistant Director of Health Improvement	Complete
Contribute to Regional Public Health Transition Group and Regional Health and Well Being Board Workstream	Ensure Hartlepool is represented regionally on transitions steering group	Ongoing	Director of Public Health	Complete
Health and Well Being Partnership functioning in shadow form	Expression of interest submitted to be a pathfinder.	April 2011	Assistant Director of Health Improvement and Assistant Director of Adult Social Care	Complete Pathfinder status confirmed
Establish shadow Health and Well Being Board		March 2012	Assistant Director of Health Improvement	Complete 1 st meeting took place on 10 th October 2011 with Mayor as Chair

Key Issue	Actions	Timescale	Lead Officer	Progress
Ensure Public Health representation in GP Consortia for Hartlepool	Secure a place on the emerging GP Consortia Board	April 2011 / 12	Director of Public Health	<p>Complete</p> <p>Director of Public Health is a voting member of Hartlepool Clinical Commissioning Group (CCG) for Hartlepool. Key public health issues such as immunisations, cancer and alcohol issues have already been debated by the CCG.</p> <p>There is representation from the CCG on shadow Health and Well Being Board. The GP representative is the vice chair of the board.</p>
Joint Strategic Needs Assessment	Refresh JSNA	April 2013	Director of Public	Complete.

Key Issue	Actions	Timescale	Lead Officer	Progress
Develop a draft Health and Well Being Strategy through Health and Well Being Board	Identify a team and process for writing strategy on behalf of board	April 2013	Director of Public Health	Underway and second draft of strategy is out for consultation following comprehensive consultation on the priorities to be included in the strategy. Final draft to be presented to full council in April 2013

Human Resources

Key Issue	Actions	Timescale	Lead Officer	Progress
Publication of the Public Health Human Resources Concordat	Consider the Human resources Concordat in NHS Hartlepool and Hartlepool Borough Council (HBC) and identify issues for staff.	January 2012	Chief Customer and workforce Officer (HBC) and Director of Corporate Affairs (NHS Hartlepool)	Complete
Cabinet to consider options for appointing a Director of Public Health	Cabinet paper with options to be discussed and agreed by Cabinet.	5th December 2011	Acting Chief Executive	Complete
Recruitment of Director of Public Health	Job description to be developed and submitted to Faculty of Public Health for approval. Job advertised through NHS Hartlepool.	December 2011	Acting Chief Executive	Complete

Key Issue	Actions	Timescale	Lead Officer	Progress
	Panel to be appointed. Interview candidates.	March 2012	Acting Chief Executive	Complete Director of Public Health appointed on 10 th May 2012
Existing Public Health Staff	Transfer public health staff working base to Civic Centre	February 2011	Assistant Director of Health Improvement	Complete
	Undertake 1-1 interviews with all staff and assign them into groups as required by NHS HR	February 2011	Assistant Director of Health Improvement	Complete
	Consider implications of HR guidance for staff in relation to TUPE, terms and conditions, consultation and discussions with staff side and unions.	December 2012	Director of Public Health / Acting Chief Executive	Due diligence is underway. Formal consultation is underway and measures proposed from HBC to PCT and shared with staff.

Ring Fenced Budget

Key Issue	Actions	Timescale	Lead Officer	Progress
Publication of shadow public health ring fenced allocations to local authorities	Ensure investment programme for this resource is consistent with overall financial strategy of the Local Authority.	March 2013	Director of Public Health / Chief Finance Officer	Allocation confirmed 2013/14 £8.255 million 2014/15 £8.486 million Paper due at Cabinet regarding investment 18/3/13.
	Develop plans to invest this resource through the Health and Well Being Board to deliver the Health and Well Being Strategy	April 2012	Director of Public Health / Acting Chief Executive	Ongoing Key task of shadow health and well being board is to develop Health and Well Being Strategy including plans for investment in services.

Contracting and Procurement

Key Issue	Actions	Timescale	Lead Officer	Progress
Identify contracting and procurement issues associated with services transferring to Local Authority responsibility in appendix 1.	Undertake a stocktake of all contracts, service level agreements and memorandum of understanding in place for all public health services as outlined in appendix 1 for 2013/14.	March 2013	Director of Public Health / PCT Public Health Contracts Manager / Assistant Director of Resources and Procurement	Underway Stocktake and stabilisation of contracts completed. Statutory transfer order of contracts to be enacted and handover to take place between 20-26 th March 2013.
	Identify key leads for each of the contracts, service level agreements and memorandum of understanding from HBC post April 2013	December 2012	Director of Public Health / Assistant Director of Procurement	Underway – linked to public health service review of all staff roles and responsibilities.

Key Issue	Actions	Timescale	Lead Officer	Progress
Legacy document	Prepare a legacy document of all programmes, schemes, services and activities commissioned with public health resources for 2012/13. This document will outline the services or activity, levels of investment and outcomes delivered to inform Local Authority of the legacy relating to this investment.	March 2013	Director of Public Health	The PCT has to prepare a Quality Handover Document. The formal handover of all clinical and quality related issues associated with the services the Local Authority becomes the commissioner of post April 2013 will be documented and formally handed over from the PCT to the LA in mid March.

Public Health Delivery

Key Issue	Actions	Timescale	Lead Officer	Progress
Identify services that can be shared with neighbouring authorities to maximise economies of scale for public health.	Participate in the prepare of a paper for the Tees Valley Chief Executives regarding in principle sharing arrangements of public health functions across Tees.	November 2011	Acting Chief Executive / Assistant Director of Adult Social Care	Complete
	Present to cabinet wider public health functions that could be shared across Tees of Tees Valley. List is appendix 2.	5 th December 2011	Acting Chief Executive	Complete
	Present to cabinet wider public health functions that could be shared across Tees of Tees Valley. List is appen 2.	5 th December 2011	Acting Chief Executive	Complete

Key Issue	Actions	Timescale	Lead Officer	Progress
	Identify a lead Local Authority to host these functions.	September 2012	Acting Chief Executive supported by Director of Public Health	Complete Chief Executives of Tees Valley Councils recommended Redcar and Cleveland Council to host this service
	Agree a service specification and costings model and service level agreement for these functions.	March 2013	Chef Solicitor supported by Director of Public Health	Draft Agreement is See appendix 3
	If Hartlepool is not the lead authority hosting these functions, ensure the lead Authority considers and acts on all human resource issues relating to staff.	March 2013	Director of Public Health	Complete Director of Public Health is a member of the Tees Valley Public Health Shared Service Board overseeing this.

Key Issue	Actions	Timescale	Lead Officer	Progress
Integrate Public Health into the management structure of the Local Authority.	Identify the span of control and management functions and arrangements of public health within the Local Authority.	March 2013	Chief Executive	This is being progressed as part of the wider management reconfiguration of the Local Authority.
Core Public Health Offer to Clinical Commissioning Groups (CCG)	Identify and agree the core public health offer to clinical commissioning groups including the local public health team in Hartlepool and shared functions across Tees / Tees Valley	March 2013	Clinical Director of Public Health / Director of Public Health	Underway Discussions have commenced to define the core offer and what this will mean in practice from Local Authority to CCG.

Risk, Resilience and Emergency Planning Through Transition

Key Issue	Actions	Timescale	Lead Officer	Progress
Public Health representation on Local Resilience Forum (LRF)	Director of Public Health (Hartlepool) to represent NHS Tees on LRF during 2012/13 for all emergency planning health issues.	Until April 2013	Director of Public Health	Complete Director is a full member representing NHS Tees on LRF
	Participate in the creation of Local Health Resilience Forum sub group of the LRF.	April 2013	Director of Pubic Health	Complete Local Health Resilience Partnership is established with Hartlepool DPH as Co-chair
Maintain NHS Emergency planning arrangements.	NHS Hartlepool will continue this function until March 2013.	31 st March 2013	Director of Public Health	Ongoing

Health Protection Through Transition

Key Issue	Actions	Timescale	Lead Officer	Progress
Maintain strong relationships with the Health Protection Agency (HPA) as their functions migrate to Public Health England	Ensure regular dialogue with the Unit Director of the HPA with HBC.	Ongoing	Director of Public Health and Unit Director of HPA	Complete The Director of Public Health in very frequent contact with Unit Director of HPA and consultant staff
	Ensure the Local Authority Cabinet and Health and Well Being Board are briefed on the importance of health protection and identify it as a key strategic priority for public health and the Health and well Being Strategy	April 2012	Director of Public Health	Complete HPA presentation to Health and well Being Board regarding transition and importance of health protection.

Performance Management Through Transition

Key Issue	Actions	Timescale	Lead Officer	Progress
Review the public health performance targets in the light of the publication of 'Improving Outcomes and Supporting Transparency'	Map existing performance targets against proposed targets in NHS Hartlepool and HBC	April 2012	Assistant Chief Executive and Director of Public Health	Complete Key issue is to ensure information flows into covalent post April 2013.

Governance Through Transition

Key Issue	Actions	Timescale	Lead Officer	Progress
Agree a governance process to ensure due diligence for all aspects of public health transferring to the local authority (contracts, staff indemnity, incident reporting, risk sharing agreements scheme of delegation, clinical governance etc.)	Scope issues with the Chief solicitor and the Director of Corporate Affairs for the PCT and agree a process and plan to mitigate risks.	March 2013	Chief Solicitor	<p>Underway</p> <p>Formal handover to ensure due diligence from the PCT to LA will take place between 20-26th March 2013.</p> <p>Internal audit have completed audit of process of transition in September 2012. The assessment is 'reasonable with no actions'</p>
	Identify any information governance issues as public health transfers to the Local Authority. This might be paper based or electronic information.	March 2013	Director of Public Health	Transfer of information onto HBC systems from PCT is underway in line with information governance policies.

Infrastructure

Key Issue	Actions	Timescale	Lead Officer	Progress
Access to HBC IT for Public Health staff	Ensure all public health staff have access to HBC IT and email accounts	February 2011	Assistant Director of Health Improvement	Complete
Asset register and transfer of assets	Identify all PCT assets currently used by public health staff and identify how these assets will be returned or utilised in future.	March 2013	Head of Health Improvement	Complete

Communication and Engagement Plan through Transition

Key Issue	Actions	Timescale	Lead Officer	Progress
Develop a joint communication plan regarding public health transition with HBC and NHS Hartlepool	Ensure the plan meets needs of staff through transition	Ongoing until April 2013	Head of communications HBC and Head of Communications PCT	Ongoing NHS Hartlepool leads this process by briefing staff by an electronic transitions bulletin on a daily / weekly basis
	Ensure the plan communicates a range of partners on a frequent basis e.g.: with Health and Well Being Board, community and voluntary sector providers, LINX or emerging health Watch, Clinical Commissioning	Ongoing until April 2013	Head of communications HBC and Head of Communications PCT	Ongoing NHS Hartlepool leads this process by producing communication bulletins to key stakeholders.

NHS Commissioning Board – Public Health Transition (Local Level)

Key Issue	Actions	Timescale	Lead Officer	Progress
Clarity regarding critical public health functions including immunisation screening and infection control through transition.	Work with the Regional Public Health team to identify and agree a transition plan for those public health services transferring to the responsibility of the NHS commissioning board.	March 2013	Director of Public Health	Underway Structures for Public Health England and the NHS Commissioning Board have now been populated. Staff will work in the Area Team of the NHS Commissioning Board ensuring the delivery of screening and immunisation programmes for Hartlepool. The Director of Public Health will oversee and provide assurance in this area.

Appendix 1

Public Health Functions Transferring from Primary Care Trusts to Local Authorities

1. Introduction

- 1.1 The publication of 'Healthy People, Healthy Lives: Our Vision for Public Health in England 2010' (Department of Health) described mandated functions that will transfer to the responsibility of the Local Authority.

'The Health and Social Care Bill allows the Secretary of State to prescribe that certain services should be commissioned or provided by local authorities, and certain steps taken. *Healthy Lives, Healthy People: update and way forward* set out why and how the Government intends to use these powers. We said:

"Wherever possible, we wish to transfer responsibility and power to the local level, allowing local services to be shaped to meet local needs. But there are some circumstances where a greater degree of uniformity is required. With this in mind, the Health and Social Care Bill allows the Secretary of State to prescribe that certain services should be commissioned or provided by local authorities, and certain steps taken. We consulted on which services should be prescribed in this way. Our decisions have been guided by the following principles. We will require local authorities to deliver or commission particular services where:

- *services need to be provided in a universal fashion if they are to be provided at all (this is particularly relevant to health protection, because if certain health protection services are not provided in a universal fashion, or not provided at all, there may be risks to population health and wellbeing);*
- *the Secretary of State is already under a legal duty to provide a certain service, but in practice intends to delegate this function to local authorities. Mandation will ensure that these obligations are met;*
- *certain steps that are critical to the effective running of the new public health system.*

“Reflecting on the consultation responses and following the above principles, we plan to prescribe that local authorities deliver the following services or steps:

- *appropriate access to sexual health services;*
- *steps to be taken to protect the health of the population, in particular, giving the Director of Public Health a duty to ensure there are plans in place to protect the health of the population;*
- *ensuring NHS commissioners receive the public health advice they need;*
- *the National Child Measurement Programme;*
- *NHS Health Check assessment;*
- *elements of the Healthy Child Programme.”* [paragraphs 2.19-2.20]

It can be seen from the extract above that mandation is not intended to identify some services as more important than others. We expect all local authorities to tackle the key local health improvement issues, but their strategies will be determined by local needs rather than central diktat. Rather the issue is that in some areas greater uniformity is required. Below we provide more detail on each of the above areas. We plan to lay draft regulations in [mid 2012] before making final regulations later that year.

Public health topic	Proposed activity to be funded from Public Health budget
Sexual health	Testing and treatment of sexually transmitted infections, fully integrated termination of pregnancy services, all outreach and preventative work
Immunisation against infectious disease	School immunisation programmes, such as HPV.
Seasonal mortality	Local initiatives to reduce hospital admissions and seasonal excess deaths
Accidental injury prevention	Local initiatives such as falls prevention and reducing childhood injuries
Public mental health	Mental health promotion, mental illness prevention and suicide prevention

Nutrition	Locally led initiatives
Physical activity	Local programmes to reduce inactivity; influencing town planning such as the design of built environment and physical activities role in the management / prevention of long term conditions
Obesity programmes	Local programmes to prevent and treat obesity, e.g. delivering the National Child Measurement programme; commissioning of weight management services
Drug misuse	Drug misuse services, prevention and treatment
Alcohol misuse	Alcohol misuse services, prevention and treatment
Tobacco control	Tobacco control local activity, including stop smoking services, prevention activity, enforcement and awareness campaigns
NHS Health check	Assessment and lifestyle interventions
Health at work	Local initiatives on workplace health and responsibility deal
Prevention and early presentation	Behavioural/ lifestyle campaigns/ services to prevent cancer, long term conditions, campaigns to prompt early diagnosis
Children's public health 5-19	The Healthy Child Programme for school age children, school nurses, health promotion and prevention interventions by the multi professional team
Community safety and violence prevention and response	Specialist domestic violence services that provide counselling and support services for victims of violence including sexual violence
Social exclusion	Support for families with multiple problems, such as intensive family based interventions
Dental Public Health	Targeting oral health promotion strategies to those in greatest need.

Appendix 2 – Extract from Cabinet Paper 5th December 2011 Public Health – Future Options.

1. What is already shared across Tees for Public Health and what could be shared across Local Authorities in future?

Public Health is currently hosted within the NHS through the Primary Care Trust (PCTs). The 4 PCTs across Tees work on a shared management arrangement. The following public health functions are provided to support the 4 locality public health teams:

- Public health intelligence
- Infection control
- Emergency planning (including flu pandemic)
- Screening
- Immunisations
- Seasonal flu
- Dental public health
- Research
- Health equity audit
- Health needs assessments
- Oral health needs assessment
- Health impact assessment
- Cancer –early detection and awareness
- Cardiovascular disease
- Sexual health
- Commissioning obesity services
- Respiratory disease
- Long term conditions
- Public health input into funding

2 What Can be Done on a Supra Local Authority Basis (Beyond Tees Valley?)

- 2.1 There are also public health services that are currently commissioned or resources to participate in are committed to on a much wider scale than just the Tees Local Authorities. This includes the following:

FRESH – regional Tobacco Office
BALANCE – regional alcohol office
Regional Maternity Service Office
Public Health North East Intelligence North East (PHINE)
Better Health Fairer Health Strategy – Regional Action Groups
School of Public Health
Academic Public Health – FUSE

Appendix 3

Shared service spec

CABINET REPORT

18 March 2013



Report of: Director of Regeneration & Neighbourhoods

Subject: NEIGHBOURHOOD PLANNING (UPDATE)

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 For information

2. PURPOSE OF REPORT

2.1 To update Cabinet on the current position of Neighbourhood Planning in Hartlepool and to note an amendment to the reporting and decision making (in relation to designation of Neighbourhood Plan boundaries) process.

3. BACKGROUND

- 3.1 Neighbourhood Planning is central to the Coalition Government's Localism Act 2011. It is intended to give local people greater ownership of plans and policies that affect their local area, and to provide communities with the opportunity to develop a community-led framework for guiding the future development, regeneration and conservation of an area.
- 3.2 Once adopted a Neighbourhood Plan will become part of the formal planning process and must be in general conformity with national planning policy (National Planning Policy Framework) and the Local Authority's Development Plan (currently the Hartlepool Local Plan 2006, which will be superseded by the Hartlepool Local Plan 2013 post adoption).
- 3.3 In accordance with the Localism Act 2011 and Neighbourhood Planning Regulations (General and Referendum) published in 2012, the Local Planning Authority (LPA) have a statutory obligation to fulfill a number of duties throughout the development of a Neighbourhood Plan which include:
- Providing technical assistance, support and guidance to the Parish Council or Neighbourhood Forum. This can include sharing evidence and information on planning issues, providing advice on national and local planning policies, assisting with consultation and facilitating communication with external partners;

- Formally publicising the proposed Neighbourhood Plan boundary and statement of suitability submitted by the Parish Council or Neighbourhood Forum. During this time, representations from interested parties can be made to the LPA in relation the boundary and / or the Group undertaking the Plan development; all of which must be considered when formally designating the boundary at the end of the statutory consultation period;
- To validate the Neighbourhood Plan before arranging an independent examination (to be undertaken by a suitably qualified individual) and neighbourhood referendum; and
- Should a simple majority vote be gained at referendum, the LPA have a statutory obligation to adopt the Neighbourhood Plan.

4. HARTLEPOOL RURAL PLAN

- 4.1 In May 2011, Hartlepool was successful in securing £20,000 from the Department of Communities and Local Government (DCLG) to develop and produce a Neighbourhood Plan for the rural area of Hartlepool.
- 4.2 Supported by the Neighbourhood Management and Planning Policy Teams, the Hartlepool Rural Plan Working Group have undertaken their first phase of consultation in Summer 2012 after securing resources from Design Council CABE; this included a series of community events and village walkabouts, in addition to an extensive household survey of those living and working within the Plan boundary. The results of this phase of consultation are currently being analysed in conjunction with Planning Aid England in order to develop the first draft of the Hartlepool Rural Plan.
- 4.3 The Hartlepool Rural Plan Working Group publicly consulted on their Neighbourhood Plan boundary in October / November 2012 for a period of 6 weeks in line with the statutory requirements as outlined with the Neighbourhood Planning Regulations (General) adopted in April 2012. No written representations or objections were submitted to the LPA as part of this consultation process

5. THE HEADLAND NEIGHBOURHOOD PLAN

- 5.1 In November 2011, the Headland Parish Council approached Hartlepool Borough Council demonstrating an interest in developing a Neighbourhood Plan. Collaboratively an application was made to Department of Communities and Local Government (DCLG) to become a Neighbourhood Planning Front Runner; whilst not successful in securing Front Runner status, the Parish Council secured support packages from the Prince's Foundation and Planning Aid as part of the 'Communities and Neighbourhoods in Planning' programme for the initial stages of developing a Neighbourhood Plan.
- 5.2 The Headland Neighbourhood Plan Working Group have identified a proposed Neighbourhood Plan area and submitted the details to Hartlepool Borough Council as the LPA. Details provided include a plan identifying the

proposed boundary and a statement demonstrating why the identified area is appropriate, why the Working Group are the suitable body to be making the application, and how they have the capability to take the development of the plan forward. The statutory consultation period associated with this ended on 28 February 2013 and no written representations were received.

6. DESIGNATION OF NEIGHBOURHOOD PLAN BOUNDARIES

- 6.1 A report was taken to Cabinet outlining the Neighbourhood Planning reporting and decision making procedure in relation to the Local Authority on 3 September 2012.
- 6.2 Given that Neighbourhood Planning is a new policy to be introduced by Central Government through the Localism Act 2011, Officers continually monitor and evaluate the process and how it is operating in Hartlepool. In addition to the Neighbourhood Planning reporting and decision making process that was reported to Cabinet in September 2012, it is recommended that measures should be implemented to formalise the reporting procedure in relation to the designation of the boundary; this should encompass reporting the proposed Neighbourhood Plan boundary to Planning Committee for information prior to a formal designation being made by a delegated Officer (in this instance the Planning Services Manager).
- 6.3 The proposed amendment outlined in Section 6.2 has been piloted in part with The Headland and a report was presented to Planning Committee on 7 February 2013 for information. This was noted by Ward Members and no further comments were received.

7. CONSULTATION

- 7.1 Consultation on draft Neighbourhood Plans will be delivered in adherence with the Voluntary and Community Sector Strategy and Statement of Community Involvement (SCI) for a statutory period of eight weeks.

8. FINANCIAL CONSIDERATIONS

- 8.1 Neighbourhood Plans will be subject to an independent examination and referendum, both of which the Local Authority have a duty to arrange and fund. In the case of the Hartlepool Rural Plan, £20,000 has been awarded by DCLG to the Working Group to assist with any costs associated with the Plan development, however the Headland Neighbourhood Plan Working Group have no funds available at the present time to assist with the development of their Plan.
- 8.2 DCLG announced in Autumn 2012 that a funding pot was to be made available to support Local Authorities in the delivery of Neighbourhood

Planning, allowing them to draw down unringfenced grant funding at the following stages in Neighbourhood Plan development:

- The first payment of £5,000 will be made following designation of a neighbourhood area recognising the officer time supporting and advising the community in taking forward a neighbourhood plan. For authorities designating several neighbourhood areas, each local planning authority can claim up to a maximum of £20,000 for area designations, in 2012/13.
- The second payment of £25,000 will be made on successful completion of the neighbourhood planning examination. This is to cover costs for that examination and any other further steps that may be needed for the Neighbourhood Plan to come into legal force (including referendum if agreed as the preferred route forward).

- 8.3 It is anticipated that this funding stream will support the statutory duties of the Local Authority, however any additional costs incurred may have to be secured from elsewhere.

9. LEGAL CONSIDERATIONS

- 9.1 Neighbourhood Planning Regulations (General and Referendum) came in to force on 6 April 2012 and 3 August 2012 respectively, and are now law. As outlined in Section 3.3, the Local Authority will have a duty to adopt the Neighbourhood Plan should a simple majority vote be gained at referendum; this will require an amendment to part of Hartlepool Borough Council's Budget and Policy Framework (as the Plan will supersede the Local Plan) and once adopted, the Neighbourhood Plan will have legal status.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

- 10.1 Equality and diversity have been considered in the development of the consultation framework and an Equality Impact Assessment (EIA) will be completed prior to the statutory public consultation period on the first draft of Neighbourhood Plans.

11. STAFF CONSIDERATIONS

- 11.1 As outlined in Section 4.1, the Local Authority has a statutory obligation to provide technical assistance, support and guidance to the Parish Council or Neighbourhood Forum, formally publicise and designate the boundary, validate the Plan before organising an independent examination and referendum.
- 11.2 HBC's Neighbourhood Management Team will continue to provide in kind support to the Hartlepool Rural Plan and Headland Neighbourhood Plan

Working Groups, including undertaking secretariat duties and providing support and guidance in all aspects of the Plan's development.

12. ASSET MANAGEMENT CONSIDERATIONS

- 12.1 There are no direct asset management considerations in this case.

13. SECTION 17 CONSIDERATIONS

- 13.1 There are no Section 17 considerations in relation to Neighbourhood Planning.

14. FAMILY / CHILD POVERTY CONSIDERATIONS

- 14.1 There are no family and child poverty considerations in this instance.

15. RECOMMENDATIONS

- 15.1 Cabinet are requested to note the progress in relation to Neighbourhood Planning in Hartlepool to date.
- 15.2 Cabinet are requested to note an amendment to the reporting and decision making (in relation to designation of Neighbourhood Plan boundaries) process as outlined in Section 6.2.

16. REASONS FOR RECOMMENDATIONS

- 16.1 Hartlepool Borough Council is implementing Neighbourhood Planning Policy in line with the Localism Act 2011.

17. APPENDICES

- 17.1 Appendix A: Headland Neighbourhood Plan Boundary.
- 17.2 Appendix B: Hartlepool Rural Plan Boundary.

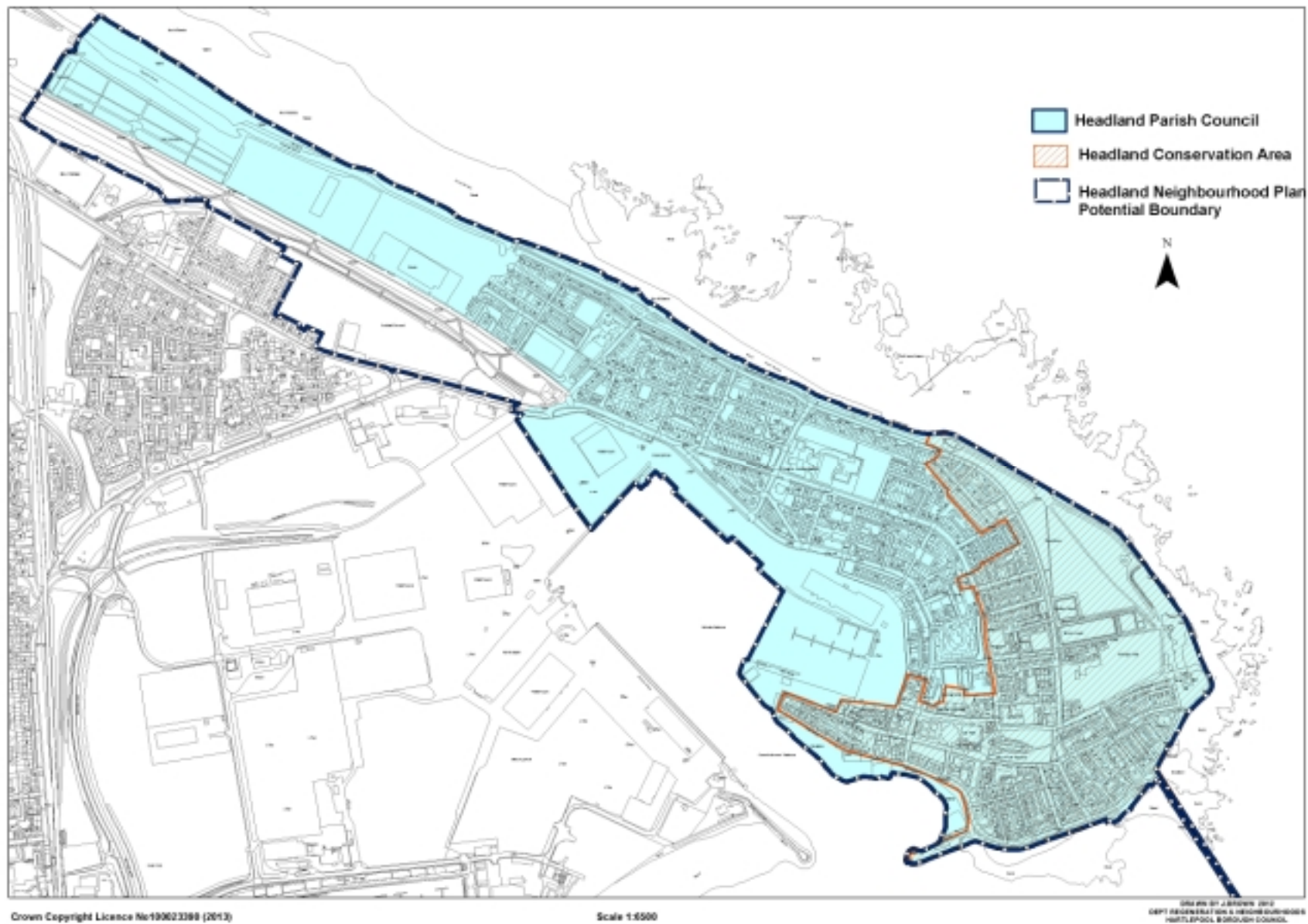
18. BACKGROUND PAPERS

- 18.1 Cabinet (9 January 2012) - Review of Community Involvement and Engagement (including LSP Review).
- 18.2 Cabinet (3 September 2012) – Neighbourhood Planning (Reporting and Decision Making Procedure).

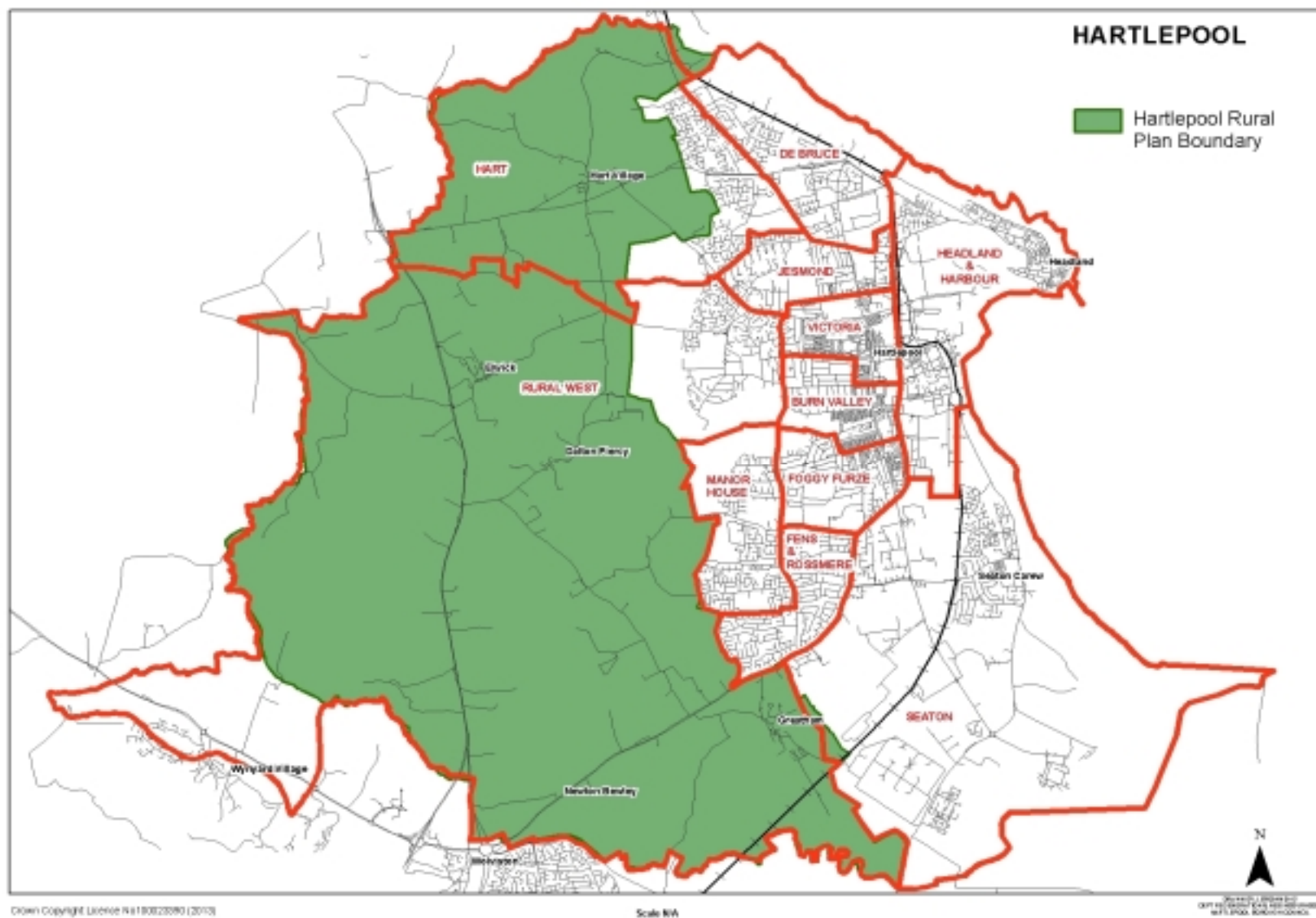
19. CONTACT OFFICER

Denise Ogden
Director of Regeneration and Neighbourhoods
Tel. 01429 523300
Email. denise.ogden@hartlepool.gov.uk

Appendix A: Headland Neighbourhood Plan Boundary



Appendix B: Hartlepool Rural Plan Boundary



CABINET REPORT

18th March 2013



Report of: Joint Report of the Director of Public Health and Chief Finance Officer

Subject: Ring Fenced Public Health Grant

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 For Information

2. PURPOSE OF REPORT

2.1 The purpose of this report is to present to Cabinet the detail of the ring-fenced public health grant that will be awarded to Hartlepool Borough Council from April 2013. This grant is to support the Local authority in discharging the new health responsibilities it will assume on 1st April 2013 as a result of the Health and Social Care Act 2012.

3. BACKGROUND

3.1 'Healthy People, Healthy Lives: Our Strategy for Public Health in England' (2010), set out a new vision for public health and a commitment to allocate to Local Authorities a ring-fenced public health grant. The Local Authority Circular of 10th January 2013 confirmed the ring-fenced public health grant allocations to local authorities. The circular sets out the funding that will be available to upper tier, London boroughs and unitary local authorities in England to discharge their new public health responsibilities, and the conditions that will govern the use of the grant. The grant is administered under Section 31 of the Local Government Act 2003, which allows Ministers, with the consent of the Treasury, to pay grants to any local authority for any expenditure. The circular contains 3 annexes:

- Annex B comprises the grant determination and conditions, which set out the detailed arrangements for administering the grant.
- Annex C lists the categories of public health spend against which local authorities will need to report to the Department.

- Annex D is the statement local authority Chief Executives will need to send back confirming that the grant has been used in accordance with the conditions.

The full circular is available in member's library.

4. HARTLEPOOL RINGFENCED PUBLIC HEALTH GRANT

- 4.1 The grant has been allocated for 2 years covering financial years 2013/14 and 2014/15. The ring-fenced allocation for Hartlepool Borough Council is £8.255 million for 2013/14 and £8.486 million for 2014/15.
- 4.2 The 2013/14 allocation is based on 2010/11 outturn for Public Health deemed to be applicable to Local Authority transfer of functions, uplifted to 2012/13 prices, and then further adjusted to reflect a number of changes. Adjustments made to 2010/11 out turn include:-
- Removal of termination of pregnancy, sterilisation and vasectomy which is moving to Clinical Commissioning Groups.
 - Added 50% of infection control to allocate 100% funding to local authorities (previously identified against Public Health England).
 - Adjusted Department of Health validation of 2010/11 spending estimates.
 - Added DIP Grant (Drugs Intervention Programme), previously excluded from PCT baselines.
- 4.3 This was then used as the basis for applying the revised Advisory Committee on Resource Allocation (ACRA) formula, to establish a formula that is used to establish the 2014/15 allocation (and we can assume future years) with the intention to normalise the Public Health allocation towards a national average spend (target spend), within a given capped budget, using growth to reallocate over a protracted pace of change. The new ACRA formula takes into account the consultation responses in August 2012 that Cabinet contributed to, and has been adjusted.
- 4.4 The guidance indicates that ACRA wishes to build on the formula for future years and it is likely that there will be future reductions in the public health grant to bring the allocation in line with the target spend per head of population which for Hartlepool at the end of 2014/15 will be 22.3% over target. The indicative grant will be £91 per head, with target of £75 per head. The pace of change to target spend per head is currently unclear. However, based on these projections there is a potential reduction of £1.9million from 2015/16.
- 4.5 The full grant will be subject to formal conditions outlined in Annex B. Local authorities will be required to send quarterly high-level returns of their expenditure and a more detailed annual return setting out how the grant has been used against these terms. These returns will be analysed by Public Health England who will report their findings to the Secretary of State.

- 4.6 There is a facility to carry forward any ring fenced Public Health under spend but there is no detail of the percentage or amounts allowable, however, any reserve made must be used for public health and is subject to the same grant conditions. The Department of Health will consider whether allocations will be reduced in future years if carry forwards are deemed to be excessive.

5. EXISTING COMMITMENTS AND USE OF GRANT

- 5.1 The letter from Jeremy Hunt, Secretary of State for Health and Duncan Selbie, Chief Executive of Public Health England to local authorities on the 10th January 2013, outlines that approximately one third of public health allocation nationally is likely to be required to deliver mandated services. The Local authority will be mandated to ensure the following:

- *appropriate access to sexual health services;*
- *steps to be taken to protect the health of the population, in particular, giving the Director of Public Health a duty to ensure there are plans in place to protect the health of the population;*
- *ensuring NHS commissioners receive the public health advice they need;*
- *the National Child Measurement Programme;*
- *NHS Health Check assessment;*

The letter clearly states that:

‘In giving funding for public health to Local Authorities, it remains important that funds are only spent on activities whose main or primary purpose is to improve the health and wellbeing of local populations (including restoring or protecting their health where appropriate) and reducing health inequalities’ (page 3).

- 5.2 The aim of the remaining discretionary investment should be focused on ensuring local authorities have the local flexibility to commission the other critical services to help people live longer, healthier and more fulfilling lives, and to improve the health of the most vulnerable fastest. It should be noted that services that are not mandatory but already have substantial existing financial commitments and contracts are services relating to drug and alcohol use.
- 5.3 Investment of the grant should be based on a robust Joint Strategic Needs Assessment (JSNA), Joint Health and Well being Strategy (JHWS) and Public Health Outcomes Framework. It is expected that the grant will be used for improving health and well being; carrying out health protection functions delegated from Secretary of State; reducing inequalities and ensuring the provision of population healthcare advice.
- 5.4 The detail of the 2013/14 budget is almost finalised. The 2013/14 budget is committed to existing staff, contracts and services that the Local Authority is

inheriting through the statutory transfer order, as receiver organisation for the public health functions, from NHS Hartlepool.

6. CONCLUSION

- 6.1 The grant allocation represents a positive picture for public health as for the first 2 years it will enable current commitments to be met and allow time for consideration of the future configuration of public health commissioning within Hartlepool Borough Council. However, there remain a number of pressures and uncertainties in the system for which contingency funds are being considered in budget building for 2013/14 and 2014/15.
- 6.2 Public health budget planning for 2015/16 will need to take into account application of the ACRA formula to bring Hartlepool into line with the target spend per head of population, leading to a potential reduction of £1.9 million and to ensure that public health budgets are integrated into the wider council budgetary considerations.

7. RECOMMENDATIONS

- 7.1 It is recommended that Cabinet note the two year allocation for public health in Hartlepool in 2013/14 and 2014/15.
- 7.1 It is recommended that members note that the grant is issued with clear conditions (Annex B of Appendix 1) which local authorities must demonstrate in order to receive the quarterly allocation.

8. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

- 8.1 Ring-fenced public Health Grant -Local Authority Circular (LAC (DH) (2013)1 – gateway reference 18552)
- Annex B comprises the grant determination and conditions, which set out the detailed arrangements for administering the grant.
 - Annex C lists the categories of public health spend against which local authorities will need to report to the Department.
 - Annex D is the statement local authority Chief Executives will need to send back confirming that the grant has been used in accordance with the conditions.

9. BACKGROUND PAPERS

- 9.1 Cabinet Paper – Response to Public Health Grant Consultation (August 2012).

10. CONTACT OFFICER

Louise Wallace
Director of Public Health
4th Floor Civic Centre
Hartlepool Borough Council
louise.wallace@hartlepool.gov.uk