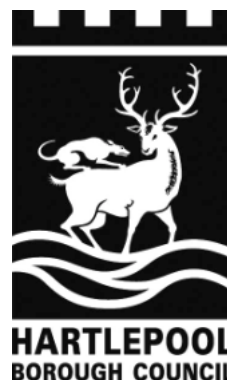


# **AUDIT AND GOVERNANCE COMMITTEE AGENDA**



**Friday 20 September 2013**

**at 1.00 pm**

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

AUDIT AND GOVERNANCE COMMITTEE:

Councillors Ainslie, S Akers-Belcher, Brash, Fisher, Loynes, Robinson and Shields

Standards Co-opted Members; Mr Norman Rollo and Ms Clare Wilson.

Local Police Representative: Chief Superintendent Gordon Lang.

1. **APOLOGIES FOR ABSENCE**
2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
3. **TO CONFIRM THE MINUTES OF THE MEETING HELD ON 4 SEPTEMBER 2013**
4. **AUDIT ITEMS**  
No Items.
5. **STANDARDS ITEMS**  
No Items.



**6. STATUTORY SCRUTINY ITEMS**

- 6.1 Safer Hartlepool Partnership Performance – Quarter 1 - *Neighbourhood Manager (Community Safety)*
- 6.2 Scrutiny Investigation into Reoffending – Scoping Report – *Scrutiny Manager*
- 6.3 Referral from the Health and Wellbeing Board – Autism – *Scrutiny Manager*
- 6.4 Six Monthly Monitoring of Agreed Scrutiny Recommendations – *Scrutiny Manager*

**7. MINUTES FROM THE RECENT MEETING OF THE HEALTH AND WELLBEING BOARD**

No items.

**8. MINUTES FROM THE RECENT MEETING OF THE FINANCE AND POLICY COMMITTEE RELATING TO PUBLIC HEALTH**

No items.

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

No items.

**10. MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP**

No items.

**11. REGIONAL HEALTH SCRUTINY UPDATE**

No items.

**12. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

**FOR INFORMATION**

Date of next meeting – 24 September 2013 at 2.00pm at the Civic Centre, Hartlepool.



## **AUDIT AND GOVERNANCE COMMITTEE DECISION RECORD**

4 September 2013

The meeting commenced at 9.30 am in the Civic Centre, Hartlepool

### **Present:**

Councillor: Keith Fisher (In the Chair)

Councillors: Jim Ainslie, Stephen Akers-Belcher, Brenda Loynes, Jean Robinson and Linda Shields

In accordance with Council Procedure Rule 5.2 (ii), Councillor  
Sirs was in attendance as substitute for Councillor Shields.

Co-opted Member: Norman Rollo

Parish Council Representative: Alan Bell

Also Present: Dr Posmyk, Chair, Hartlepool and Stockton on Tees Clinical  
Commissioning Group  
Ali Wilson, Chief Officer, Hartlepool and Stockton on Tees  
Clinical Commissioning Group  
P Emerton and P Tindall, North Tees and Hartlepool NHS  
Foundation Trust

Officers: Dave Stubbs, Chief Executive  
Peter Devlin, Chief Solicitor  
Joan Stevens, Scrutiny Manager  
Laura Stones, Scrutiny Support Officer  
Denise Wimpenny, Principal Democratic Services Officer

### **56. Apologies for Absence**

Apologies for absence were submitted on behalf of Councillors Brash, Shields, Clare Wilson, Independent Member and Gordon Lang, Police Representative.

### **57. Declarations of Interest**

None.

**58. To confirm the Minutes of the Meeting held on 22 August 2013**

Confirmed.

**59. Audit Items**

None.

**60. Standards Items**

None.

**61. Statutory Scrutiny Items – Emergency Medical and Critical Care Consultation: Outcome – Covering Report** (*Scrutiny Manager/Representatives from Hartlepool and Stockton on Tees Clinical Commissioning Group*)

**Purpose of report**

The purpose of this report is:-

- (a) To introduce representatives from Hartlepool and Stockton-on-Tees Clinical Commissioning Group (HaSt CCG) who will be present at today's meeting to present the outcome of the Emergency Medical and Critical Care Consultation; and
- (b) Seek views from Members about the consultation outcome and consideration of whether any further action is required.

**Issue(s) for consideration**

The Chair welcomed representatives from Hartlepool and Stockton on Tees Clinical Commissioning Group who had been invited to the meeting to present the outcome of the Emergency Medical and Critical Care Consultation, a detailed copy of which was appended to the report. The report provided background information in relation to the requirements of the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations as well as a copy of the Health Scrutiny Joint Committee's formal consultation response.

The report outlined the powers available to the Committee in terms of a way forward including the option to recommend to Full Council that a referral be made to the Secretary of State.

The Chief Officer, HaSt CCG, provided a verbal summary and tabled a briefing paper on the outcome of the consultation process and the outcome of the HaSt CCG and NHS Durham Dales and Easington and Sedgefield Clinical Commissioning Group 'meeting in common' held on the 2 September. Members were advised of the key issues arising from the consultation which included:-

- Development of an extensive Travel Plan given the strength of public concern about travelling to North Tees
- How patients travelled to services at North Tees
- How families/friends/carers could visit relatives in hospital at North Tees
- Communication and information needs to continue to be strengthened
- Monitor Travel Plan
- Emphasis to be placed on continuing to monitor and strengthen services in the community – services to continue locally where safe to do so

The Chair reported that the outcome of the 'meeting in common' had been reported to a meeting of the Joint Health Scrutiny Committee on the 3 September and attention was drawn to the attendance of the Chief Executive of the Foundation Trust at the meeting. In the debate that followed, disappointment and a number of concerns were expressed by Members regarding the unprofessional behaviour of the Chief Executive of the Foundation Trust at a final/closing tripartite meeting the previous day of the Joint Health Scrutiny Committee in Stockton Town Hall. Given the strength of feeling, Members requested that the Committee's concerns be reflected in a letter to the Chair of the Board. A representative from the Trust, who was also a Board Member, expressed regret in relation to this issue and was keen to place on record that despite differences of opinion, the Foundation Trust were committed to maintaining mutual respect with fellow colleagues and maintaining effective working relationships.

The Committee went on to discuss in detail the outcome of the consultation and the decisions of the CCG's and expressed extreme disappointment at their conclusions and recommendations. Representatives responded to a number of questions raised by Members which included the following:-

- A member of the public re-emphasised concerns raised at previous meetings regarding the level of services being removed from Hartlepool and the potential outcomes as a result. The public's concerns in relation to travelling to North Tees was highlighted. The representatives acknowledged the level of public concern around transport issues which had been reflected in the outcome of the consultation. The actions that had been taken as well as the key issues that had been considered and identified as part of the consultation were outlined and included input of Healthwatch, testing journeys/travel times, investigation as to whether additional journey times were safe, meetings/clarification from ambulance colleagues that additional journey times were safe and the need to develop an

extensive Travel Plan. Assurances were provided with regard to the CCG's commitment to assist families with travelling arrangements.

- Further concerns were expressed regarding the safety element of additional journey times, to which the CCG representative provided further assurances that there were no significant clinical safety issues in relation to ambulance travel time emphasising that this issue had been extensively scrutinised, details of which were outlined.
- With regard to the proposed Travel Plan and the proposal to utilise volunteer drivers, the Chair was of the view that this was not an acceptable proposal.
- Various personal examples of journey experiences were shared with the Committee during which concerns were raised regarding the impact of lengthy journey times on individuals in poor health, the elderly as well as the financial burden placed on low income families. Given the level of concerns regarding transport issues, Members were of the view that there should be a delay in the implementation of the decision to move the services to North Tees Hospital until the proposed transport plans had been put in place and were shown to be working effectively. This was put to the Trust Board representatives as a proposal.
- In response to the Committee's request for clarification regarding the date for transferring services to North Tees, Members were advised that whilst a proposed date of October 2013 had been identified, a confirmed date was yet to be agreed.
- Discussion ensued in relation to the issue of health inequalities. A Member raised concerns regarding the impact of the proposals on deprived communities in the town. The need to closely monitor how such changes impacted on communities of this type was emphasised. The CCG representative acknowledged the poor health in certain areas of the town and provided details of the reasons for change and stated that the proposals were introduced to achieve better patient outcomes.
- Clarification was sought regarding the types of services that would remain at Hartlepool in future. In response, it was reported that the types of services that would currently be retained in Hartlepool would be those services less likely to need intensive care and included outpatient investigatory services, endoscopy, radiology, MRI scans, day surgery and in patient surgery.
- A query was raised as to the number of in patient beds remaining in Hartlepool following the proposed transfer of services. Members were advised that a total of 55 beds would remain for both elective surgery and rehabilitation.

- A Parish Representative questioned the background to the decision to transfer services to North Tees seeking clarification as to why services could not be retained safely in Hartlepool by utilising the funding allocated to transfer services until such time as the new hospital was built at Wynyard. The financial implications of the proposal were also questioned. The Foundation Trust representative outlined the background and funding arrangements around the new hospital proposals and highlighted that centralisation of services was not unique to Hartlepool and was being implemented in other parts of the country. It was highlighted that the decision to transfer services was not a cost saving exercise. The main issue was in relation to retention and recruitment of staff to maintain standards of care and to ensure an equitable service.
- Representatives responded to a number of further issues/queries/concerns raised by Members in relation to the proposals.

With regard to the grounds for referral to the Secretary of State, the Committee sought advice from the Chief Solicitor as to whether this was an option available to the Committee given the evidence that had been presented. The Chief Solicitor referred Members to the following specific grounds for referral as detailed in the report:-

- (a) the authority is not satisfied that consultation on any proposals has been adequate in relation to content or time allowed.
- (b) in a case where a decision has to be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff, the authority is not satisfied that the reasons given are adequate; or
- (c) the authority considers that the proposal would not be in the interests of the health service in its area.

The Chief Solicitor advised that having considered the grounds for referral, there was insufficient evidence to refer the matter to the Secretary of State.

Following consideration of the requirements of the Regulations, the Committee determined that it could find no grounds or sufficient evidence to support a referral and, as such, were not recommending this course of action to Full Council. Members, however, continued to be extremely dissatisfied with the outcome of the consultation, and the movement of services to North Tees University Hospital, and in concluding the debate, proposed the following:-

- i) That in the absence of sufficient evidence to support a formal referral, a letter be sent to the Secretary of State outlining the authority's frustration and disagreement with the outcome of the consultation;
- ii) That the Council should continue to work collaboratively with

the commissioners and the Trust and all other interested parties, to ensure that the issues raised during the consultation (including specifically those detailed below) were appropriately addressed:

- Transport;
  - Access to health care (with monitoring and review of the impact of changes over a 12/18 month period ); and
  - Communication with the public and all stakeholders.
- iii) That whilst work continued with the CCG and Trusts, potential avenues to engage / work with other Trusts to achieve better clinical outcomes for residents be explored and that as the first stage of this process, the Leader of the Council and the Chair of the Health and Wellbeing Board be invited to a future meeting of the Audit and Governance Committee to outline and discuss proposals; and
- iv) That the Trust be requested to delay the implementation of the decision to move the services to North Tees Hospital until the proposed transport plans have been put in place and are shown to be working effectively.

## Decision

- (a) That the Committee's concerns relating to the unprofessional behaviour of the Chief Executive of the Foundation Trust be reflected in a letter to the Chair of the Board of the Foundation Trust.
- (b) The Committee recommended to Council that:-
- i) In the absence of sufficient evidence to support a formal referral, a letter be sent to the Secretary of State outlining the authority's frustration and disagreement with the outcome of the consultation;
  - ii) The Council should continue to work collaboratively with the commissioners and the Trust and other interested parties, to ensure that the issues raised during the consultation (including specifically those detailed below) were appropriately addressed:
    - Transport;
    - Access to health care (with monitoring and review of the impact of changes over a 12/18 month period); and
    - Communication with the public and all stakeholders.
  - iii) Potential avenues to engage / work with other Trusts to achieve better clinical outcomes for residents be explored and that as the first stage of this process, the Leader of the Council and the Chair of the Health and Wellbeing Board be invited to a future meeting of



the Audit and Governance Committee to outline and discuss proposals; and

- iv) The Trust be requested to delay the implementation of the decision to move the services to North Tees Hospital until the proposed transport plans had been put in place and were shown to be working effectively.

The meeting concluded at 11.10 am.

CHAIR

# AUDIT AND GOVERNANCE COMMITTEE

20 September 2013



**Report of:** Neighbourhood Manager (Community Safety)

**Subject:** SAFER HARTLEPOOL PARTNERSHIP  
PERFORMANCE – QUARTER 1

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## 1. PURPOSE OF REPORT

- 1.1 To provide an overview of Safer Hartlepool Partnership performance for Quarter 1 – April 2013 to June 2013 (inclusive).

## 2. BACKGROUND

- 2.1 The refreshed Community Safety Plan 2011-14 published in 2012 outlined the Safer Hartlepool Partnership strategic objectives, annual priorities and key performance indicators 2012/13.
- 2.2 The report attached (**Appendix A**) provides an overview of Safer Hartlepool Partnership performance during Quarter 1, comparing current performance to the same time period in the previous year, where appropriate.

## 3. PROPOSALS

- 3.1 No options submitted for consideration other than the recommendations.

## 4. EQUALITY AND DIVERSITY CONSIDERATIONS

- 4.1 There are no equality of diversity implications.

## 5. SECTION 17 CONSIDERATIONS OF THE CRIME AND DISORDER ACT 1998 CONSIDERATIONS

- 5.1 There are no Section 17 implications.

## **6. RECOMMENDATIONS**

- 6.1 The Audit and Governance Committee note and comment on partnership performance in Quarter 1.

## **7. REASONS FOR RECOMMENDATIONS**

- 7.1 The Audit and Governance Committee has within its remit responsibility to act as the Council's Crime and Disorder Committee and in doing so scrutinise the performance management of the Safer Hartlepool Partnership.

## **8. BACKGROUND PAPERS**

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

Safer Hartlepool Partnership – Community Safety Plan 2011-14  
([http://www.saferhartlepool.co.uk/downloads/file/65/safer\\_hartlepool\\_partnership\\_plan-year\\_3-2011-2014](http://www.saferhartlepool.co.uk/downloads/file/65/safer_hartlepool_partnership_plan-year_3-2011-2014))

## **9. CONTACT OFFICER**

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**Safer Hartlepool Partnership Performance Indicators**  
**2013-14**

**Strategic Objective: Reduce Crime & Repeat Victimisation**

Indicator Name	Baseline 2012/13	Local Directional Target 2013-14	Current Position Apr 13 - Jun 13	Actual Difference	% Difference
All Recorded Crime	6,492	Reduce	1,575	-36	-2.2%
Domestic Burglary	297	Reduce	87	14	19.2%
Vehicle Crime	375	Reduce	72	-5	-6.5%
Shoplifting	774	Reduce	232	67	40.6%
Local Violence	1,111	Reduce	269	-67	-19.9%
Repeat Incidents of Domestic Violence – MARAC	22%	Reduce	24%	-3%	-7.0%

**Strategic Objective: Reduce the harm caused by Drugs and Alcohol**

Indicator Name	Baseline 2012/13	Local Directional Target 2013-14	Current Position Apr 13 - Jun 13	Actual Difference	% Difference
Number of substance misusers going into effective treatment – Opiate	690	3% Increase	Data not available until October 2013		
Proportion of substance misusers that successfully complete treatment - Opiate	7.6%	12%	Data not available until August 2013		
Proportion of substance misusers who successfully complete treatment and represent back into treatment within 6 months of leaving treatment	15%	10%	Data not available until August 2013		
Perceptions of people using or dealing drugs in the community	33%	Reduce	Local Household Survey results due September 2013		
Reduction in the rate of alcohol related harm hospital admissions	2,995 (2011/12)	Reduce	2,213 (Apr - Dec 12)	Awaiting data from Public Health England	
Number of young people found in possession of alcohol	124	Reduce	39	1	2.6%

Strategic Objective: Create Confident, Cohesive and Safe Communities

Indicator Name	Baseline 2012/13	Local Directional Target 2013-14	Current Position Apr 13 - Jun 13	Actual Difference	% Difference
Perceptions of Anti-social Behaviour	29%	Reduce	Local Household Survey results due September 2013		
Perceptions of drunk or rowdy behaviour as a problem	25%	Reduce	Local Household Survey results due September 2013		
Anti-social Behaviour Incidents reported to the Police	6,813	Reduce	1,917	325	20.4%
Deliberate Fires	212	Reduce	112	57	51%
Criminal Damage to Dwellings	493	Reduce	122	9	7.9%
Hate Incidents	101	Increase	33	7	26.9%

Strategic Objective: Reduce Offending & Re-Offending

Indicator Name	Baseline 2012/13	Local Directional Target 2013-14	Current Position Apr 13 - Jun 13	Actual Difference	% Difference
Re-off ending rate of young offenders	1.3 (44 offences)	Reduce	0.33 (15 offences)	-	-
First-Time Entrants to the Criminal Justice System	60	Reduce	8	-5	-38.4%
Re-off ending rate of Prolific & Priority Offenders	-	Reduce	Baseline under development by CJIT Team		
Re-off ending rate of High Crime Causers	-	Reduce	Baseline under development by CJIT Team		
Number of Troubled Families engaged with	97	242	152		
Number of Troubled Families where results have been claimed	0	-	0		

**Recorded Crime in Hartlepool**  
**April 13 – June 13**

Publicly Reported Crime (Victim Based Crime)				
Crime Category/Type	Apr 13 - Jun 13	Apr 12 - Jun 12	Change	% Change
<b>Violence against the person</b>	<b>269</b>	<b>336</b>	<b>-67</b>	<b>-19.9%</b>
Violence with injury	151	211	-60	-28.4%
Violence without injury	118	125	-7	-5.6%
<b>Sexual Offences</b>	<b>22</b>	<b>20</b>	<b>2</b>	<b>10.0%</b>
Rape	8	11	-3	-27.3%
Other Sexual Offences	14	9	5	55.6%
<b>Acquisitive Crime</b>	<b>776</b>	<b>665</b>	<b>111</b>	<b>16.7%</b>
Domestic Burglary	87	73	14	19.2%
Other Burglary	92	71	21	29.6%
Robbery – Personal	4	9	-5	-55.6%
Robbery- Business	1	1	0	0.0%
Vehicle Crime (Inc Inter.)	72	77	-5	-6.5%
Shoplifting	232	165	67	40.6%
Other Theft	288	269	19	7.1%
<b>Criminal Damage &amp; Arson</b>	<b>337</b>	<b>374</b>	<b>-37</b>	<b>-9.9%</b>
<b>Total</b>	<b>1404</b>	<b>1395</b>	<b>9</b>	<b>0.6%</b>
Police Generated Offences (Non -Victim Based Crime)				
Crime Category/Type	Apr 13 - Jun 13	Apr 12 - Jun 12	Change	% Change
<b>Public Disorder</b>	<b>44</b>	<b>66</b>	<b>-22</b>	<b>-33.3%</b>
<b>Drug Offences</b>	<b>98</b>	<b>102</b>	<b>-4</b>	<b>-3.9%</b>
Trafficking of drugs	19	22	-3	-13.6%
Possession/Use of drugs	79	80	-1	-1.3%
<b>Crime Prevented/Disrupted</b>	<b>22</b>	<b>22</b>	<b>0</b>	<b>0.0%</b>
<b>Other State based/Non Victim</b>	<b>7</b>	<b>12</b>	<b>-5</b>	<b>-41.7%</b>
<b>Total Police Generated Offences</b>	<b>171</b>	<b>202</b>	<b>-31</b>	<b>-15.3%</b>
<b>Fraud &amp; Forgery</b>	<b>0</b>	<b>14</b>	<b>-14</b>	<b>-100.0%</b>
<b>TOTAL RECORDED CRIME IN HARTLEPOOL</b>	<b>1575</b>	<b>1611</b>	<b>-36</b>	<b>-2.2%</b>

**Recorded Crime in Cleveland**  
**April 13 – June 13**

Publicly Reported Crime (Victim Based Crime)										
Crime Category/Type	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop
<b>Violence against the person</b>	<b>269</b>	<b>3.0</b>	<b>241</b>	<b>1.8</b>	<b>575</b>	<b>4.2</b>	<b>425</b>	<b>2.3</b>	<b>1510</b>	<b>2.7</b>
Violence with injury	151	1.7	153	1.1	346	2.5	244	1.3	894	1.6
Violence without injury	118	1.3	88	0.7	229	1.7	181	1.0	616	1.1
<b>Sexual Offences</b>	<b>22</b>	<b>0.2</b>	<b>25</b>	<b>0.2</b>	<b>43</b>	<b>0.3</b>	<b>55</b>	<b>0.3</b>	<b>145</b>	<b>0.3</b>
Rape	8	0.1	6	0.0	14	0.1	17	0.1	45	0.1
Other Sexual Offences	14	0.2	19	0.1	29	0.2	38	0.2	100	0.2
<b>Acquisitive Crime</b>	<b>776</b>	<b>8.5</b>	<b>1062</b>	<b>7.9</b>	<b>1871</b>	<b>13.7</b>	<b>1534</b>	<b>8.2</b>	<b>5243</b>	<b>9.5</b>
Domestic Burglary	87	2.2	71	1.2	204	3.6	113	1.4	475	2.0
Other Burglary	92	1.0	197	1.5	191	1.4	203	1.1	683	1.2
Robbery – Personal	4	0.0	7	0.1	25	0.2	19	0.1	55	0.1
Robbery - Business	1	0.0	3	0.0	2	0.0	2	0.0	8	0.0
Vehicle Crime (Inc Inter.)	72	0.8	151	1.1	366	2.7	219	1.2	808	1.5
Shoplifting	232	2.5	231	1.7	495	3.6	383	2.0	1341	2.4
Other Theft	288	3.2	402	3.0	588	4.3	595	3.2	1873	3.4
<b>Criminal Damage &amp; Arson</b>	<b>337</b>	<b>3.7</b>	<b>519</b>	<b>3.9</b>	<b>573</b>	<b>4.2</b>	<b>541</b>	<b>2.9</b>	<b>1970</b>	<b>3.6</b>
<b>Total</b>	<b>1404</b>	<b>15.4</b>	<b>1847</b>	<b>13.8</b>	<b>3062</b>	<b>22.5</b>	<b>2555</b>	<b>13.6</b>	<b>8868</b>	<b>16.1</b>
Police Generated Offences (Non -Victim Based Crime)										
Crime Category/Type	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop
<b>Public Disorder</b>	<b>44</b>	<b>0.5</b>	<b>81</b>	<b>0.6</b>	<b>168</b>	<b>1.2</b>	<b>86</b>	<b>0.5</b>	<b>379</b>	<b>0.7</b>
<b>Drug Offences</b>	<b>98</b>	<b>1.1</b>	<b>79</b>	<b>0.6</b>	<b>179</b>	<b>1.3</b>	<b>131</b>	<b>0.7</b>	<b>487</b>	<b>0.9</b>
Trafficking of drugs	19	0.2	18	0.1	22	0.2	33	0.2	92	0.2
Possession/Use of drugs	79	0.9	61	0.5	157	1.2	98	0.5	395	0.7
<b>Crime Prevented/Disrupted</b>	<b>22</b>	<b>0.2</b>	<b>20</b>	<b>0.1</b>	<b>45</b>	<b>0.3</b>	<b>27</b>	<b>0.1</b>	<b>114</b>	<b>0.2</b>
<b>Other State based/Non Victim</b>	<b>7</b>	<b>0.1</b>	<b>9</b>	<b>0.1</b>	<b>11</b>	<b>0.1</b>	<b>7</b>	<b>0.0</b>	<b>34</b>	<b>0.1</b>
<b>Total Police Generated Offences</b>	<b>171</b>	<b>1.9</b>	<b>189</b>	<b>1.4</b>	<b>403</b>	<b>3.0</b>	<b>251</b>	<b>1.3</b>	<b>1014</b>	<b>1.8</b>
<b>Fraud &amp; Forgery</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>2</b>	<b>0.0</b>	<b>1</b>	<b>0.0</b>	<b>3</b>	<b>0.0</b>
<b>TOTAL RECORDED CRIME</b>	<b>1575</b>	<b>17.3</b>	<b>2036</b>	<b>15.2</b>	<b>3467</b>	<b>25.5</b>	<b>2807</b>	<b>14.9</b>	<b>9885</b>	<b>18.0</b>
<b>Quarterly Year on Year Comparison</b>	Reduced by 2.2%		Increased by 0.4%		Reduced by 4.1%		Increased by 6.4%			

**Anti-social Behaviour in Hartlepool****April 13 – June 13**

Incident Category	Apr 13 - Jun 13	Apr 12 - Jun 12	Change	% Change
AS21 - Personal	485	600	-115	-19.2%
AS22 - Nuisance	1354	939	415	44.2%
AS23 - Environmental	78	53	25	47.2%
<b>Total</b>	<b>1917</b>	<b>1592</b>	<b>325</b>	<b>20.4%</b>

**Anti-social Behaviour in Cleveland****April 13 – June 13**

Incident Category	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop
AS21 - Personal	485	5.3	569	4.2	768	5.6	913	4.9	2735	5.0
AS22 - Nuisance	1354	14.9	1778	13.3	2176	15.9	2399	12.8	7707	14.0
AS23 - Environmental	78	0.9	122	0.9	104	0.8	160	0.9	464	0.8
<b>Total</b>	<b>1917</b>	<b>21.0</b>	<b>2469</b>	<b>18.4</b>	<b>3048</b>	<b>22.3</b>	<b>3472</b>	<b>18.5</b>	<b>10986</b>	<b>20.0</b>
Quarterly Year on Year Comparison	<b>Increased by 20.4%</b>		<b>Increased by 7.9%</b>		<b>Increased by 1.6%</b>		<b>Increased by 12.5%</b>			



## **AUDIT AND GOVERNANCE COMMITTEE**

20 September 2013



**Report of:** Scrutiny Manager

**Subject:** RE-OFFENDING INVESTIGATION  
– SCOPING REPORT

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

- 1.1 To make proposals to Members of the Audit and Governance Committee for their forthcoming investigation into 'reoffending'.

### **2. BACKGROUND INFORMATION**

- 2.1 While in the UK, the number of offenders coming to court is falling, alongside falling crime rates, more people who do commit crime are receiving prison sentences, according to recent figures. In the year up to September 2011, more than 400,000 crimes were committed by those who had broken the law before, and of those sentenced to less than 12 months, 58.5% had reoffended within 12 months of release. The cost of this to the taxpayer being an estimated £9.5 to £13 billion per year.
- 2.2 Many of the costs of re-offending by ex-prisoners are not quantifiable, but can be devastating and long-term, and are frequently felt by the most vulnerable in society. Most obviously, there is the impact on victims, many of whom will be repeat victims, and on their families; also on communities, predominantly the most disadvantaged. In turn, where re-offenders are caught and imprisoned, a heavy toll is taken on their families and on their own lives.
- 2.3 The Safer Hartlepool Partnership has a statutory obligation under the Crime and Disorder Act 1998 to reduce crime and disorder, anti-social behaviour, substance misuse and re-offending in Hartlepool. As detailed in the Community Safety Plan 2011-2014 considerable progress is being made to address the issue of re-offending with a 48% reduction in the re-offending rate of prolific offenders and a fall of over 52% in the reoffending rates of young offenders. However, despite the major progress Hartlepool's performance in relation to the Ministry of Justice's 'Single Proven Re-offending Measure' remains high with adult re-offending being a significant factor.

- 2.4 In response to this, the Safer Hartlepool Partnership has identified the need to develop a local Reducing Re-offending Strategy to tackle high rates of re-offending whilst being mindful of the anticipated changes that will flow from the Government's Transformation of Rehabilitation Strategy. The Safer Hartlepool Partnership also supported the identification of re-offending as an issue for investigation by the Audit and Governance Committee in 2013/14.

### **3. OVERALL AIM OF THE SCRUTINY INVESTIGATION/ENQUIRY**

- 3.1 To explore the level and impact of re-offending in Hartlepool and gain an understanding of the complexity of associated issues and services.

### **4. PROPOSED TERMS OF REFERENCE FOR THE SCRUTINY INVESTIGATION/ENQUIRY**

- 4.1 The following Terms of Reference for the investigation/review are proposed:-

- (a) To ascertain the level, impact of re-offending nationally, regionally and locally and gain an understanding of the complexity of key factors which influence / impact upon it;
- (b) To gain an understanding of the role and responsibilities of the local authority, and its partners, in reducing re-offending levels; and
- (c) To explore:
  - National and local strategies / rehabilitation programmes in place to reduce re-offending rates and consider if they are being effectively implemented and resourced; and
  - The services provided in Hartlepool to reduce / prevent re-offending and gain an understanding of how partners work together in the provision of these services.
- (d) To explore any good practice being implemented elsewhere and consider the potential effectiveness of its use in Hartlepool; and
- (e) To seek the views of service users (re-offenders and their families) in relation to their experience of services and potential improvements.

### **5. POTENTIAL AREAS OF ENQUIRY / SOURCES OF EVIDENCE**

- 5.1 Members of the Committee can request a range of evidential and comparative information throughout the Scrutiny review.
- 5.2 The Committee can invite a variety of people to attend to assist in the forming of a balanced and focused range of recommendations as follows:-

(a) Member of Parliament for Hartlepool;

**(b) Local Authority**

- Chair of the Safer Hartlepool Partnership;
- Chair of the Neighbourhood Services Committee;
- Director of Regeneration and Neighbourhoods;
- Director of Public Health;
- JSNA Entry;
- Assistant Director of Children's Services – Troubled Families Co-ordinator, Early Intervention Strategy; and
- Assistant Director of Adult Services.

**(c) Health**

- Hartlepool and Stockton-on-Tees Clinical Commissioning Group (Offender care and Working Group looking at offender health);
- Tees, Esk and Wear Valley NHS Foundation Trust (Mental Health Service Manager Offender Care); and
- North East Offender Health Commissioning Unit.

**(d) Police**

- Cleveland Police and Crime Commissioner; and
- Cleveland Constabulary.

**(e) Employment and Benefits**

- DWP;
- Jobcentre Plus; and
- Work Programme Providers; Avanta & Triage.

**(f) Housing**

- Vela;
- Hartlepool Council (Housing Options);
- Stonham (Avondene and Scott Grange, Hartlepool); and
- Shelter.

**(g) Youth Offending**

- Youth Offending Service; and
- HMYOI Deerbolt (Head of Offender Management, Head of Reducing Reoffending, Drug Treatment Manager).

**(h) Probation**

- Durham Tees Valley Probation Trust; and
- National Offender Management Directorate (NOMS).

(i) **Prisons**

- HMP Durham (Governor, Head of Reducing Reoffending, Head of Offender Management, DART, offender supervisors, IOM prison officers);
- HMP Holme House (Head of Reducing Reoffending, Head of Offender Management, Resettlement Officer, Offender Supervisors, IOM Prison Officers); and
- HMP Low Newton (Head of Reducing Reoffending, Head of Offender Management, Resettlement Officer, Offender Supervisors, IOM Prison Officers).

(j) **Her Majesty's Court Service**

- Hartlepool Magistrate Court (Court Clerk, Magistrate)

(k) Local residents

(l) Offenders / Re-offenders and their families

(m) **Potential Other Outside Organisations and Voluntary and Community Sector Groups**

- The Justice Data Lab pilot - New statistical service open to all organisations who work with offenders, with particular focus for supporting the Voluntary and Community Sector (VCS), which was launched in April 2013. The Justice Data Lab pilot enables organisations working with offenders to access central re-offending data.
- Bridging the Gap (BTG) - Charity that aims to help reduce re-offending by helping discharged prisoners settle into their communities after release.
- St Giles Trust (Yorkshire) - Charity that aims to help break the cycle of prison, crime and disadvantage and create safer communities by supporting people to change their lives.
- Reducing Reoffending Third Sector Advisory Group
- Cyrenians (Addiction Services, GAP and WoW projects)
- Hartlepool Citizens Advice Bureau
- Nacro
- DISC
- NEPACS

(n) Representatives of minority communities of interest or heritage; and

- (o) Ward Councillors;
- (p) Best practice in other areas;
  - Northumbria University Centre for Offenders and Offending.
  - Centre for Social Action - Trial of a payment-by-results scheme to rehabilitate prisoners - The pilot, run by private investors Social Finance with support from a number of voluntary organisations, has seen re-conviction rates at Peterborough and Doncaster prison come down.

5.3 The Committee may also wish to refer to a variety of documentary / internet sources, key suggestions are as highlighted below:-

- (a) 'Reducing re-offending in the North East: improving joint working between prisons and local authorities' June 2013 (National Offender Management Service and Association of North East Councils)
- (b) The Social Exclusion Unit 2002 report 'Reducing Re-offending by Ex-prisoners';
- (c) Breaking the Cycle (Green Paper)
- (d) Proven Re-offending Statistics October 2010 to September 2011 July 2013 Ministry of Justice;
- (e) Proven re-offending statistics: definitions and measurement October 2012 Ministry of Justice;
- (f) Offender Management Statistics Quarterly Bulletin October to December 2012, England and Wales;
- (g) 2013 Compendium of re-offending statistics and analysis Ministry of Justice July 2013;
- (h) Safer Hartlepool Partnership Performance Report 2012-2013;
- (i) Hartlepool Community Safety Strategy 2011-14;
- (j) Crime, Disorder, Substance Misuse and Reducing Re-offending Strategy (2011-2014) – Hartlepool;
- (k) Offender Rehabilitation Bill [HL] 2013-14; and
- (l) Consultation Paper Entitled "Transforming Rehabilitation: A Revolution In The Way We Manage Offenders" - January 2013, The Ministry Of Justice.

## 6. COMMUNITY ENGAGEMENT / DIVERSITY AND EQUALITY

- 6.1 Community engagement plays a crucial role in the Scrutiny process and diversity issues have been considered in the background research for this enquiry under the Equality Standards for Local Government. Based upon the research undertaken, paragraph 5.2 includes suggestions as to potential groups which the Forum may wish involve throughout the inquiry (where it is felt appropriate and time allows).

## 7. REQUEST FOR FUNDING FROM THE DEDICATED OVERVIEW AND SCRUTINY BUDGET

- 7.1 Consideration has been given, through the background research for this scoping report, to the need to request funding from the dedicated Overview and Scrutiny budget to aid Members in their enquiry. At this stage no additional funding has been identified as being necessary to support Members in their investigation. Members, however, may wish to seek additional funding over the course of the investigation and the (*blank*) pro forma attached at **Appendix A** outlines the criteria on which a request to Scrutiny Co-ordinating Committee will be judged.

## 8. PROPOSED TIMETABLE OF THE SCRUTINY INVESTIGATION

- 8.1 Detailed below is the proposed timetable for the review to be undertaken, which may be changed at any stage:-

### 31 October 2013

- i) **‘Setting the Scene’** Presentation / Report (to cover terms of reference (a) and (b))

- a) To introduce the Committee to:

- The size / scale of problem (national, regional and local data / comparison);
- The profile of repeat offenders (does reality match perception); and
- Key factors influencing re-offending.

#### Data to include:

- The complexity of issues / needs;
- Where Hartlepool offenders are placed;
- The potential impact of the economic climate on re-offending;
- Potential gaps in service provision; and
- Organisational Change (Transformation of Rehabilitation Strategy).

b) To provide an overview of:

- The responsible authorities (Local Authority, Probation, Police, Clinical Commissioning Group);
- National and local strategies in place to reduce re-offending rates;
- Services provided to prevent reoffending;
- Organisational change and its impact on services provision;
- What is the strategic view of how organisations / providers work together.

ii) Specific evidence in relation to the provision of **health services** in relation to re-offending:-

a) Key health issues connected to / influencing re-offending (i.e. substance misuse (drugs & alcohol), mental health, sexual health)

b) More detail in relation to:

- Life expectancy of offenders;
- How and what services are provided both in and outside prisons (Public Health, PCT/ CCG's and Prison Service);
- How effective are services;
- How are services co-ordinated across the responsible authorities;
- What are the strategic aims and how are they implemented / communicated;
- Challenges facing providers;
- What could be changed; and
- Outcomes of the CCG Working Group looking at offender health.

\*Noting the findings of other relevant pieces of work, including the 'Reducing reoffending in the North East: improving joint working between prisons and local authorities' and the Local Authorities JSNA entry.

### **Mid November 2013 – Working Group**

#### **Views of Service Users (Re-offenders)**

Views welcome on the benefits of a Working Group to meet with re-offenders with views on what has been successful and what hasn't worked. Suggestions as to potential offender groups welcomed. Are there any groups in the prisons themselves that might be worth talking to? Perhaps, older and youth offenders?

**23 January 2014** - Specific evidence from the following bodies in relation to re-offending services:-

**Police / Police and Crime Commissioner**  
**Prison Service**  
**Probation Service**  
**Youth Offending Service**

- i) Key issues connected to / influencing reoffending
- ii) More detail in relation to\*:
  - How and what services are provided both in and outside prisons;
  - How effective are services;
  - How are services co-ordinated across the responsible authorities;
  - What are the strategic aims and how are they implemented / communicated;
  - Challenges facing providers; and
  - What could be changed.

\*Noting the findings of other relevant pieces of work, including the 'Reducing reoffending in the North East: improving joint working between prisons and local authorities' and the Local Authorities JSNA entry.

- iii) Potential areas of good practice being implemented elsewhere.
- iv) Views from the MP and Chair of the Neighbourhood Services Committee in relation to re-offending and the services provided.

### **Early February 2014 – Working Group**

#### **Views of Service Users (Families)**

Views welcome on the benefits of a Working Group to meet with families with views on what has been successful and what hasn't worked. Suggestions as to potential groups welcomed. Perhaps families of older and youth offenders?

NEPACS support offender's families and provide a good insight into the affects through their 'Hidden Sentence' work <http://www.nepacs.co.uk/home>

**Early March 2014** (additional meeting) - Specific evidence from the following bodies in relation to re-offending services:-

#### **Local Authority Services (Family Services - Early intervention / adult care)**

#### **Employment and Benefits Services**

#### **Housing Services**

#### **Voluntary and Community Sector Services**

- i) Key issues connected to / influencing reoffending
- ii) More detail in relation to\*:
  - How and what services are provided both in and outside prisons;
  - How effective are services;
  - How are services co-ordinated across the responsible authorities;
  - What are the strategic aims and how are they implemented / communicated;
  - Challenges facing providers (including potential impact of Welfare reform); and
  - What could be changed.



\*Noting the findings of other relevant pieces of work, including the 'Reducing reoffending in the North East: improving joint working between prisons and local authorities' and the Local Authorities JSNA entry.

iii) Potential areas of good practice being implemented elsewhere.

### **15 May 2014 – Approval of Draft Final Report**

**Date TBC – Consideration of Final Report by the Safer Hartlepool Partnership and Health and Wellbeing Board**

## **9. RECOMMENDATION**

- 9.1 Members are recommended to agree the Audit and Governance Committees investigation as outlined in paragraphs 3 and 4 and the proposed timescale outlined in paragraph 8.

**Contact Officer:-** Joan Stevens  
Chief Executives Department – Corporate Strategy  
Hartlepool Borough Council  
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## **BACKGROUND PAPERS**

The following background paper(s) was/were used in the preparation of this report:-

**APPENDIX A**

**PRO-FORMA TO REQUEST FUNDING TO SUPPORT  
CURRENT SCRUTINY INVESTIGATION**

<b>Title of the Overview and Scrutiny Committee:</b>
<b>Title of the current scrutiny investigation for which funding is requested:</b>
<b>To clearly identify the purpose for which additional support is required:</b>
<b>To outline indicative costs to be incurred as a result of the additional support:</b>
<b>To outline any associated timescale implications:</b>
<b>To outline the 'added value' that may be achieved by utilising the additional support as part of the undertaking of the Scrutiny Investigation:</b>

**To outline any requirements / processes to be adhered to in accordance with the Council's Financial Procedure Rules / Standing Orders:**

**To outline the possible disadvantages of not utilising the additional support during the undertaking of the Scrutiny Investigation:**

**To outline any possible alternative means of additional support outside of this proposal:**

## AUDIT AND GOVERNANCE COMMITTEE

20 September 2013



**Report of:** Scrutiny Manager

**Subject:** REFERRAL FROM THE HEALTH AND WELLBEING BOARD - AUTISM

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### 1. PURPOSE OF REPORT

- 1.1 To inform Members of the Audit and Governance Committee of the scrutiny topic referral from the Health and Wellbeing Board meeting held on the 5 August 2013 to the statutory Overview and Scrutiny Function.

### 2. BACKGROUND INFORMATION

- 2.1 In November 2009 the Autism Act was introduced and made two key provision that:
- The Government produce an adult Strategy by 1 April 2010; and
  - The Secretary of state for Health issues statutory guidance for local authorities and local health bodies on supporting the needs of adults with autism by 31 December 2010.
- 2.2 The Health and Wellbeing Board, at its meeting on the 5 August 2013, approved the Tees Autism Strategy and during the course of the meeting discussed a variety of issues in relation to the diagnosis and treatment of autism. The Board, as part of its discussions, was of the view that the issue would be appropriate for further consideration through the Scrutiny process and made a formal referral to the Audit and Governance Committee, for inclusion in its work programme.
- 2.3 A summary of the issues for raised for consideration as part of the referral is provided below, with a full copy of the referral minute (minute no. 18) attached at **Appendix A:**

- The focus of the Tees Autism Strategy (i.e. Adults) and how it relates to children, including their transition at the age of 14 – 25;
- The Social implications of autism in terms of impact on families and financial implications;
- The need to address issues associated with autism in childhood.
- The importance of:
  - raising awareness of the wide ranging nature, and complexity, of autism and the very skilled nature of the management of the condition; and
  - the provision of training to the wider community.

2.4 As outlined within the Authority's Constitution, the Audit and Governance Committee has a mandatory obligation to consider referrals from Council, Policy and other Council Committees. In accepting the referral, the Audit and Governance Committee is asked to consider how it wishes to proceed and in doing so Sections 3, 4, 5 and 8 provides suggestions in relation to the:

- Aim of the referral;
- Terms of Reference;
- Areas of enquiry / sources of evidence; and
- Timetable.

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

3.1 To raise awareness of autism, its level and complexity, and explore potential gaps in the services provided for its diagnosis and treatment to inform the Hartlepool local autism action plan.

### **4. PROPOSED TERMS OF REFERENCE FOR THE SCRUTINY INVESTIGATION/ENQUIRY**

4.1 The following Terms of Reference for the investigation/review are proposed:-

- (a) To gain and understanding of legislation and guidance in relation to the provision of autism services and examine progress made since the introduction of the Autism Act 2009;
- (b) To identify a clinical definition of autism for the purpose of the referral;
- (c) To gain an understanding of the level of autism cases nationally, regionally and locally and explore the complex nature of the condition;
- (d) To explore the services provided in Hartlepool for the diagnosis and treatment of autism and consider if supply meets demand;

- (e) To review the actions outlined in the Hartlepool local Autism Action Plan and analyse the data from the 2013 autism self assessment framework; and
- (f) To consider potential gaps in service provision and recommend priority areas for inclusion in the Hartlepool local autism action plan.

## **5. POTENTIAL AREAS OF ENQUIRY / SOURCES OF EVIDENCE**

5.1 Members of the Committee can request a range of evidential and comparative information throughout the Scrutiny review.

5.2 The Committee can invite a variety of people to attend to assist in the forming of a balanced and focused range of recommendations as follows:-

- (a) Member of Parliament for Hartlepool;
- (b) Mayor;
- (c) Leader of the Council;
- (d) Chair of the Health and Wellbeing Board;
- (e) Director of Public Health;
- (f) Director of Child and Adult Services;
- (g) Hartlepool and Stockton on Tees CCG and North Tees and Hartlepool Foundation Trust;
- (h) Other relevant partner organisations and bodies (including voluntary and community sector groups and representation from the prison and probation service);
- (i) Local GP's;
- (j) Local residents;
- (k) Representatives of minority communities of interest or heritage; and
- (l) Ward Councillors.

5.3 The Committee may also wish to refer to a variety of documentary / internet sources, key suggestions are as highlighted below:-

- (a) Joint Strategic Needs Assessment – 2012/13 Autism;
- (b) Autism Self Assessment Framework 2013;
- (c) Hartlepool local Autism Action Plan;
- (d) The Autism Act;
- (e) Tees Autism Strategy; and
- (f) Children's services Scrutiny Forum Report – JSNA Topic of Autism.

## **6. COMMUNITY ENGAGEMENT / DIVERSITY AND EQUALITY**

6.1 Community engagement plays a crucial role in the Scrutiny process and diversity issues have been considered in the background research for this enquiry under the Equality Standards for Local Government. Based upon the research undertaken, paragraph 5.2 includes suggestions as to potential groups which the Committee may wish involve throughout the inquiry (where it is felt appropriate and time allows).

## 7. REQUEST FOR FUNDING FROM THE DEDICATED OVERVIEW AND SCRUTINY BUDGET

- 7.1 Consideration has been given, through the background research for this scoping report, to the need to request funding from the dedicated Overview and Scrutiny budget to aid Members in their enquiry. At this stage no additional funding has been identified as being necessary to support Members in their investigation. Members, however, may wish to seek additional funding over the course of the investigation and the (*blank*) pro forma attached at **Appendix B** outlines the criteria on which a request to Audit and Governance Committee will be judged.

## 8. PROPOSED TIMETABLE OF THE SCRUTINY INVESTIGATION

- 8.1 Detailed below is the proposed timetable for the review to be undertaken, which may be changed at any stage:-

**Date TBC** - 'Setting the Scene' - Covering Terms of reference (a), (b), (c) and (d)

**Date TBC** - Covering Terms of reference (d), (e) and (f)

**15 May 2014** - Approval of Draft Final Report

**June 2014** - Consideration of Final Report by the Health and Wellbeing Board

## 9. RECOMMENDATION

- 9.1 Members are recommended to agree the Audit and Governance Committee's remit of the investigation as outlined in paragraphs 3 and 4 and the proposed timescale outlined in paragraph 8.

**Contact Officer:-** Joan Stevens, Scrutiny Manager  
Chief Executives Department – Corporate Strategy  
Hartlepool Borough Council  
Tel: - 01429 284142  
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## BACKGROUND PAPERS

The following background paper(s) was/were used in the preparation of this report:-

- (i) Health and Wellbeing Board – report 5 August 2013 – Tees autism strategy
- (ii) Children's services Scrutiny Forum – report 12 February 2013 – Scrutiny referral of the JSNA topic of Autism

- (iii) Children's services Scrutiny Forum – report 16 April 2013 – Response to the consultation on the JSNA topic of Autism
- (iv) Autism self-assessment framework – Public Health England September 2013
- (v) Hartlepool Borough Council – Child and adult services, workforce development programme, summary of attendance
- (vi) Joint Strategic Needs Assessment – 2012/13 Autism



## APPENDIX A

**18. Tees Autism Strategy** *(Assistant Director, Adult Services)*

The report set out the background to proposals outlined in the Tees Autism Strategy 2013-2018, a copy of which was appended to the report. The Tees Valley Autism Strategy Delivery Group (ASDG) had been formed in 2005 following a Strategic Health Authority review of mental health and learning disability services that highlighted shortfalls in the provision of services for people with autism. Following the introduction of requirements included in the Autism Act 2009, the Government had published statutory guidance for local councils and local NHS bodies setting out what they had to do to ensure they met the needs of adults with autism in England, details of which were highlighted in the report.

The Tees Autism Strategy had been developed over a period of two years using detailed information from statutory agencies, providers, adults with autism and families / carers. The strategy pulled together information gathered from three key sources, World Autism Day, a co-produced 'working together for change' report and feedback from key members of the Tees Valley ASDG. The strategy outcomes and key target areas would be monitored through the existing Tees Valley ASDG and reported to the North East Autism Consortium (NEAC) through an action plan published on their website. It was noted that the Tees Autism Strategy supported the Autism Act, the Department of Health's Guidance 'Rewarding and Fulfilling Lives' and provided the information required to support the development of Hartlepool's Joint Strategic Needs assessment.

It was highlighted that there was an ongoing commitment to train the existing workforce in Autism Awareness; not just within Child & Adult Services but all key contact points and public facing services. This work was underway but funding needed to be identified to ensure that the wider workforce were able to access appropriate training. From April 2013 Tees Esk & Wear Valley NHS Foundation Trust's Adult Diagnostic and Assessment Service would be required to refer all newly diagnosed people to adult social care departments in order to meet their obligation under existing contractual arrangements. Additional resource implications were not known at this point.

Following a request prior to commencement of the meeting, the Chair permitted Mr Hobbs to address the Board. Mr Hobbs advised the Board of research which he had undertaken and referred to his grandson's experience of autism. He expressed the view that the only hope for recovery was for doctors to treat autism. Mr Hobbs highlighted that he had written a book entitled 'My Version of Autism Awareness' and that a copy of his comments on the Tees Autism Strategy had been circulated to all Board Members.

Board Members discussed the contents of the report and issues highlighted by Mr Hobbs as follows:-

- The Tees Autism Strategy appeared to focus on adults. Mr Harrison advised that although the Autism Act focused on adults, it was expected that where relevant it would be considered for Children also and that the Act mentioned People in transitions which was regarded as people aged 14 – 25.
- Social implications of autism in terms of impact on families and financial implications.
- Issues associated with autism should be addressed in childhood.
- It was appropriate to raise awareness of autism and for training to be available to the wider community. The Chair agreed with a suggestion made by Mr Hobbs that it was important that specialist autism training was essential.
- The complex nature of autism which included a wide range of conditions was highlighted together with the very skilled nature of the management of the condition. The Board noted that there were doctors employed by Tees Esk & Wear Valley NHS Foundation Trust who specialised in autism.

The Chair proposed that it was appropriate for Hartlepool Borough Council's Audit and Governance Committee to consider issues which had been highlighted at the meeting.

## **Decision**

The Board approved the Autism Strategy and the associated action plan and agreed that the issues which had been highlighted at the meeting be referred to the Audit and Governance Committee.

APPENDIX B

**PRO-FORMA TO REQUEST FUNDING TO SUPPORT  
CURRENT SCRUTINY INVESTIGATION**

<b>Title of the Overview and Scrutiny Committee:</b>
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<b>To outline the 'added value' that may be achieved by utilising the additional support as part of the undertaking of the Scrutiny Investigation:</b>

**To outline any requirements / processes to be adhered to in accordance with the Council's Financial Procedure Rules / Standing Orders:**

**To outline the possible disadvantages of not utilising the additional support during the undertaking of the Scrutiny Investigation:**

**To outline any possible alternative means of additional support outside of this proposal:**

## AUDIT AND GOVERNANCE COMMITTEE

20 September 2013



**Report of:** Scrutiny Manager

**Subject:** SIX MONTHLY MONITORING OF AGREED  
SCRUTINY RECOMMENDATIONS

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### 1. PURPOSE OF REPORT

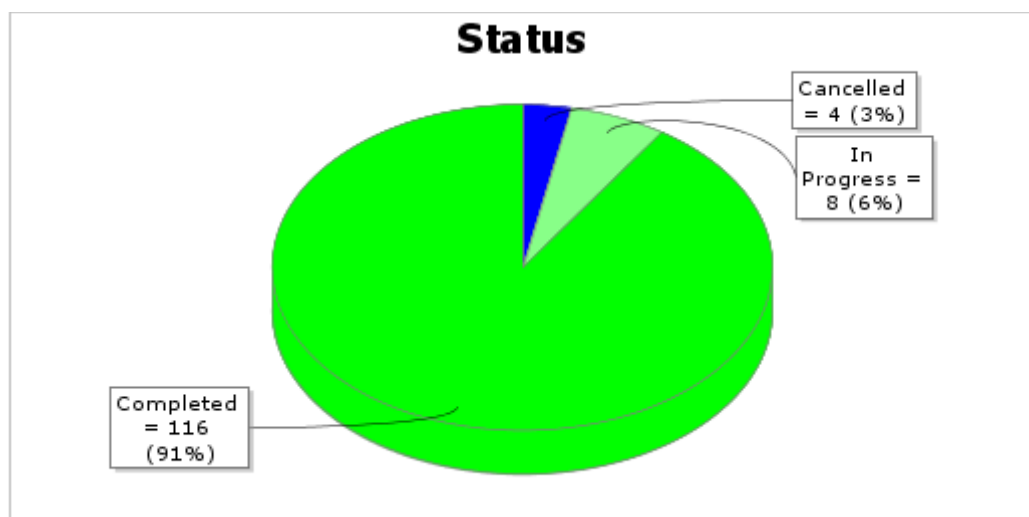
- 1.1 To provide Members with the six monthly progress made on the delivery of scrutiny recommendations that fall within the remit of this Committee.

### 2. BACKGROUND INFORMATION

- 2.1 This report provides details of progress made against the investigations undertaken by the previous Health Scrutiny Committee. These recommendations now fall within the remit of the Audit and Governance Committee. **Chart 1** (overleaf) provides a detailed explanation of progress made against each scrutiny recommendation since the last six monthly monitoring report was presented to the Health Scrutiny Forum in February 2013.

## Health Scrutiny Forum - All

Generated on: 28 August 2013



Year 2009/10

Investigation Alcohol Abuse - Prevention and Treatment




Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress		
SCR-HSF/3h In promoting safe, sensible drinking, that the Council be encouraged to evaluate any opportunities to work towards recognising the Town Centre as a Purple Flag zone.	SCR-HSF/3h	Securing Purple Flag status would be challenging and is an aspiration at this time considering the current level and baseline. Improvements would include not only the participation of licensees but also consideration of the wider night time economy environment which does need	Ian Harrison	30-Sep-2011	30-Sep-2013	06-Aug-2013 On 7th May 2013 Hartlepool became the first authority in the country to formally consider the adoption of an EMRO to help tackle problems associated with its Night time Economy. A number of objections to the proposal were received from the licensed trade, particularly national chains and brewers and, following consideration	70%	In Progress	

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
	<p>significant investment. There is however a tiered development plan in place to work towards this award. This includes more positive engagement with the trade to develop higher standards of customer care; more consideration of safe routes home and closer working with town centre management. One of the first stages is the voluntary adoption of voluntary codes by operators and moving to the introduction of the Best Bar None scheme. There will also be a review of the impact of the Transport Interchange.</p>				<p>of all of the evidence presented the Licensing Committee determined to give the trade a further 12 months to 'put their house in order'. As a result of this the trade are now looking once again at the feasibility of introducing a Best Bar None Scheme. The Council are committed to assisting with this as it progresses.</p> <p>24-Jan-2013 The Council is continuing to make incremental improvements to the Night time Economy and the introduction of an EMRO in August 2013 will play a significant positive role. Achieving Purple Flag status is however dependent upon the agreement and cooperation of licensees and other businesses and therefore, whilst partnership working remains strong, it is not possible to state that Purple Flag will be achieved by any particular date.</p>		




## Year 2012/13

## Investigation JSNA Topic - Sexual Health

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress		
SCR-HSF/7a/i HBC increases awareness and understanding of the types of STIs, prevention and the services available through: - (i) social media; (ii) schools/colleges/literature; (iii) counselling/advisory	SCR-HSF/7a/i	Deborah Gibbin; Louise Wallace	31-Dec-2013	31-Dec-2013	03-Jul-2013 An initial meeting has taken place with the Sexual Health Provider to scope out what is currently provided from a service and Local Authority perspective. Planning has taken place to undertake insight research to understand what moves and motivates young people to access sexual health services.	<div><div></div></div> 23%	In Progress	

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress		
services available.		groups with consistent messages about safe sex.							
SCR-HSF/7a/ii The need to raise awareness of good sexual health is highlighted within the JSNA 'Sexual Health' entry and HBC:- (ii) Works with partner organisations to produce marketing material to raise awareness	SCR-HSF/7a/i	A comprehensive sexual health communications plan will be developed across all partners to ensure sound evidenced based advice and support is available to the whole population.  This plan will look at all forms of communication including social media. It will be targeted at different age groups with consistent messages about safe sex.	Deborah Gibbin; Louise Wallace	31-Dec-2013	31-Dec-2013	03-Jul-2013 An initial meeting has taken place with the Sexual Health Provider to scope out what is currently provided from a service and Local Authority perspective. Planning has taken place to undertake insight research to understand what moves and motivates young people to access sexual health services.	 25%	In Progress	
SCR-HSF/7b/i ccessibility to services is identified as a key issue within the JSNA 'Sexual Health' entry and Hartlepool Borough Council improves accessibility to services	SCR-HSF/7b/i	The local authority became the commissioner of sexual health services on 1 April 2013. Commissioning sexual health services is a mandatory function and the local authority will seek to maximise all service provision in existing contracts. The commissioning of services will ensure that services provide open access comprehensive sexual health services for the whole population.	Deborah Gibbin; Louise Wallace	31-Dec-2013	31-Dec-2013	03-Jul-2013 Planning for a sexual health needs assessment is currently underway this needs assessment will identify any accessibility issues for local sexual health services	 25%	In Progress	
SCR-HSF/7b/ii Accessibility to services is identified as a key issue within the JSNA 'Sexual Health' entry and HBC improves accessibility to services by: (ii) Integrating easy access to sexual health	SCR-HSF/7b/i	The local authority became the commissioner of sexual health services on 1 April 2013. Commissioning sexual health services is a mandatory function and the local authority will seek to maximise all service provision	Deborah Gibbin; Louise Wallace	31-Oct-2013	31-Oct-2013	03-Jul-2013 Discussion with Mark Smith (Head of Integrated Youth Support Services) to ensure the integration of easy access of sexual health services into the "Youth Offer". Agreed to be involved in the emerging development of the local "Youth Offer"	 25%	In Progress	



Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress		
services into the 'Youth Offer'								
SCR-HSF/7b/iii Accessibility to services is identified as a key issue within the JSNA 'Sexual Health' entry and Hartlepool Borough Council improves accessibility to services by: (iii) Making condoms freely available at the Sexual Health Clinic	SCR-HSF/7b/i ii	The local authority became the commissioner of sexual health services on 1 April 2013. Commissioning sexual health services is a mandatory function and the local authority will seek to maximise all service provision in existing contracts. The commissioning of services will ensure that services provide open access comprehensive sexual health services for the whole population.	Deborah Gibbin; Louise Wallace	31-Oct-2013	31-Oct-2013	03-Jul-2013 Meeting arranged with the Sexual Health provider to discuss the availability of condoms within the sexual health clinic at the One Life Centre	 25%	In Progress
SCR-HSF/7c/i that partnership working is integrated into the JSNA 'Sexual Health' entry and that Hartlepool Borough Council: (i) Improves communication links between all services that delivery sexual health services, advice and support	SCR-HSF/7c/i	The Public Health Team will ensure effective partnerships and relationships between all sexual health service providers. This will be done through contract management and pathway development.	Deborah Gibbin; Louise Wallace	31-Mar-2014	31-Mar-2014	03-Jul-2013 A Sexual Health Commissioning Group has been established a meeting has been arranged for 26 July to discuss terms of reference and a programme of work	 25%	In Progress
SCR-HSF/7d That Hartlepool Borough Council commissions the APAUSE programme through the allocated budget for sexual health	SCR-HSF/7d	The Public Health Team will develop a proposal regarding the commissioning of the APAUSE programme through the ring fenced public health grant.	Deborah Gibbin; Louise Wallace	31-Aug-2013	31-Aug-2013	03-Jul-2013 Preparatory work has been undertaken to develop a proposal in respect of the commissioning of the APAUSE programme	 25%	In Progress

Year 2008/09

**Investigation** Reaching Families in Need

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
SCR-HSF/1a That the local authority take the lead in providing a co-ordinated leadership approach across the different providers in order to facilitate a systematic approach to tackling health inequalities in the town.	SCR-HSF/1a/i  The government has provided guidance regarding a "Think Family" initiative that we are developing in Hartlepool. This initiative will support this recommendation and will endeavour to lead a culture change in the way that our services are designed.	Ann Breward; John Robinson	01-Mar-2011	01-Mar-2013	<p>25-Mar-2013 Current experience of the roll out of the prevention strategy would suggest that "Think Family" is embedded across services and partners. A recent example of this is an agreement in Principle that Health Visitors and Midwives become part of an integrated service with Family Support and develop a new Universal Plus pathway.</p> <p>11-Jan-2013 The Peer review was very supportive of the Early Intervention Strategy and in particular commented positively on the Information Hub and the Localities. The peer review identified issues around the lack of identity of the Children's Centres within communities and a strategy is being developed to take on this challenge. The implementation of the early years pathway is moving forward with the locality hotspots being identified and the full programme being agreed with colleagues in health. It has been agreed that teenage mothers will become a locality hotspot and consequently every teenage parent will have an enhanced service. Full launch date will be April 2013.</p>	100% Completed	
SCR-HSF/1f That other agencies / bodies be consulted and involved in the further development of the	SCR-HSF/1f  A Common Assessment Framework Coordinator is now in place and will lead on this action as part of the agreed roll out of the	John Robinson	01-Sep-2009	01-Sep-2009	27-Apr-2010 CAF training dates now in place across agencies. Already achieving wider range of organisations completing CAF Forms.	100% Completed	

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress		
various forms of CAF (Pre CAF, Full CAF or E.CAF) in order to ensure the creation of an assessment framework that can be used by across the board.		programme. The extension of CAF to other services and client groups will be determined by the outcomes achieved through the development process.						

**Year 2010/11**  
**Investigation** Connected Care

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress		
SCR-HSF/5b/iv That once recommendation (a) is completed, Connected Care is rolled-out to other communities in Hartlepool: - (iv) That a feasibility study is carried out into support for the Connected Care roll-out through the transfer of staff.	SCR-HSF/5b/iv	Jill Harrison; Geraldine Martin	31-Mar-2013	31-Mar-2013	04-Apr-2013 A report detailing progress of low level support services across Hartlepool was considered by Cabinet in February 2013 and it was noted that the service is achieving the desired outcomes. A decision was taken to undertake a tendering exercise for low level services for 2013/14 with the current contract extended until such time as a tendering process can reasonably be completed.  04-Apr-2013 Annual review showed that the low level services are achieving the desired outcomes. A decision has been taken to tender this contract for the year 2013/2014. The current service will continue until award of contract, expected around October 2013.	100% Completed		
SCR-HSF/5c/i That following the completion of the work being undertaken by the LSE: - (i) That the findings are shared with	SCR-HSF/5c/i	Geraldine Martin	31-Aug-2012	31-Aug-2012	03-Jul-2013 As previous note. LSE and Who cares NE are unable to agree on the data required.  30-May-2013 This action cannot be completed as the research from the LSE is unavailable following	0% Cancelled		This action cannot be completed as the LSE research has not been progressed.



Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress		
the Health Scrutiny Forum.					difficulties with securing relevant data collection			
SCR-HSF/5c/ii That following the completion of the work being undertaken by the LSE: - (ii) That where evidence demonstrates the financial benefits of Connected Care, those organisations benefitting from early intervention by Connected Care.	SCR-HSF/5c/i i	Positive outcomes highlighted in the LSC research will be used to encourage all agencies that benefit from the preventative / early intervention approach to contribute to the ongoing delivery of services via a connected care model.	Geraldine Martin	30-Sep-2012	30-Sep-2012	03-Jul-2013 -- enter new status update --As previous note. LSE and Who Cares NE are unable to agree on the way forward or the data required. 30-May-2013 This action cannot be completed as the research from the LSE is unavailable following difficulties with securing relevant data collection	<div><div></div></div> 50% Cancelled	This action cannot be completed as the LSE research has not been progressed.

## Year 2011/12

## Investigation Cancer Awareness and Early Diagnosis

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress		
SCR-HSF/6a/i That in relation to the Teesside Cancer Awareness Roadshow (i) Hartlepool Borough Council hosts a Roadshow ensuring messages are embed in the Council's health and wellbeing promotion to staff.	SCR-HSF/6a/i	Plans are well in hand to deliver cancer roadshows for council staff. The dates of these events are as follows: 16th August - Civic Centre, 12th September - Civic Centre, 13th September - Brian Hanson, 24th September - Brian Hanson, 18th October - Civic Centre. There are also other events open to a wider audience in venues such as Middleton Grange car park planned. Voluntary and community groups in the town are also accessing small pots of money to facilitate delivery of cancer roadshows to reach wider community audiences.	Steven Carter	30-Nov-2012	30-Nov-2012	23-Apr-2013 Macmillan Cancer Awareness Roadshows were delivered to HBC staff at a variety of venues as part of the Better Health at Work Gold Award activity. Roadshows have also been held in community settings and partner workplaces including Vela Group and Cleveland Fire Brigade.	<div><div></div></div> 100% Completed	

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress		
SCR-HSF/6a/ii That in relation to the Teesside Cancer Awareness Roadshow (ii) Hartlepool Borough Council encourages appropriate Town based community venues and events to host a Teesside Cancer Awareness Roadshow	SCR-HSF/6a/i	Plans are well in hand to deliver cancer roadshows for council staff. The dates of these events are as follows: 16th August - Civic Centre, 12th September - Civic Centre, 13th September - Brian Hanson, 24th September - Brian Hanson, 18 October - Civic Centre. There are also other events open to a wider audience in venues such as Middleton Grange car park planned. Voluntary and community groups in the town are also accessing small pots of money to facilitate delivery of cancer roadshows to reach wider community audiences.	Steven Carter	30-Nov-2012	30-Nov-2012		100% Completed	
SCR-HSF/6e That the evidence about the impact of the role of the former Head of Community Midwifery in encouraging access to stop smoking services by pregnant women, be emphasised with North Tees and Hartlepool NHS Foundation Trust	SCR-HSF/6e	Continue to implement the smoking in pregnancy action plan as part of the wider smoking cessation programme. Support from North Tees and Hartlepool NHS Foundation Trust has continued despite staffing changes. Improvement in reducing smoking in pregnancy continues in Hartlepool.	Carole Johnson	30-Apr-2013	30-Apr-2013	10-Apr-2013 The North of Tees Smoking in Pregnancy Group continues to meet regularly with excellent attendance and input from the Foundation Trust. Preliminary work is being undertaken to begin delivery of a Regionally-funded initiative - BabyClear- in May/June. Successful delivery of this more hard-hitting approach is very dependent on Acute Trust commitment.  02-Jan-2013 The North of Tees Smoking in Pregnancy Group continues to meet regularly to oversee the implementation of the action plan for 12/13. A regional project is being developed to work with all Acute Trusts in the North East to deliver a more 'hard hitting' approach to those pregnant smokers who decline stop smoking	100% Completed	

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress		
					support. Tees is due for roll out of the programme in May/June 2013. Successful delivery will be very dependent on Acute Trust commitment.			
SCR-HSF/6f That Hartlepool Borough Council, through its new Public Health responsibility, ensures that young people in schools and youth groups receive appropriate hard hitting messages about the cancer risk of smoking, alcohol and poor diet.	SCR-HSF/6f  The British Heart Foundation funded project commenced on 1st April. This is a 3 year project aimed at children and young people between 7-14 years and will focus on the issues of smoking, healthy eating and increasing physical activity. Although aimed at preventing heart disease there will be an impact on cancer prevention.	Chris Briddon	30-Apr-2013	30-Apr-2013	<p>05-Aug-2013 This project is not due to finish until 31st March 2015. This is ongoing. We have a programme of events that are fitting into the curriculum and this is going well. Report to Finance Committee This project has really gained momentum in the last 6 months and the British Heart Foundation is very positive about this. Since this project has commenced and is well underway, this action is now complete.</p> <p>26-Apr-2013 We have now engaged with 37 of the 38 schools and the project is going very well, with all aspects of heart health being delivered in the schools. We have secured extra funding into the project from the Lawn Tennis Association and external partners to make the project sustainable in the long term. Work continues with the children, parents and teachers to continue to reduce obesity and cardiovascular disease across the town.</p>	 100% Completed		
SCR-HSF/6g/i That in line with the smoke free workplace, HBC develops a strategy with partner organisations that Educates licensed taxi drivers about the effects of passive	SCR-HSF/6g/i  HBC's Public Protection Team carry out programmed inspections of all premises, including licensed vehicles such as taxis. These inspections include confirmation of compliance with the requirement to display 'No Smoking' signs in	Ian Harrison	30-Apr-2013	30-Apr-2013	22-Apr-2013 With the assistance of the Trading Standards Tobacco Control Officer the 'knowledge test' for new taxi drivers has been amended to incorporate questions about smoking in vehicles. This is backed up by the inclusion of 'No Smoking' material, including advice on the law, in the licence application	 100% Completed		

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
smoking, reminding them of the legislation of not smoking in the workplace	<p>the vehicles.</p> <p>Failure to display the appropriate signage or to smoke, or allow smoking, in a licensed vehicle is a criminal offence. Drivers and vehicle owners who breach this requirement face prosecution. Drivers are tested on their knowledge and understanding of tobacco control law as part of their 'knowledge test' prior to obtaining their first licence.</p> <p>To date, no one has been prosecuted in Hartlepool for a continued breach of these requirements but a number of warnings have been issued.</p>				<p>pack that is sent to all new and existing drivers on an annual basis. Private Hire Operators and other companies that manage taxis and their drivers have also been visited by officers to ensure they understand their obligations with regard to smoking being permitted in their offices and their vehicles.</p> <p>18-Jan-2013 The Trading Standards Service has, on a temporary basis, a tobacco control officer who monitors legal compliance on all tobacco issues, including smoking in smoke free areas, the underage sale of tobacco products and the sale and supply of illicit tobacco. This officer has contributed towards the current information that is passed to taxi drivers prior to their knowledge tests and will be working with partner agencies to shortly develop a plan to deal with existing drivers.</p>		
SCR-HSF/6g/ii That in line with the smoke free workplace, HBC develops a strategy with partner organisations that determines appropriate enforcement options for licensed taxi drivers who are in breach of the smoke free workplace	<p>SCR-HSF/6g/i</p> <p>HBC's Public Protection Team carry out programmed inspections of all premises, including licensed vehicles such as taxis. These inspections include confirmation of compliance with the requirement to display 'No Smoking' signs in the vehicles.</p> <p>Failure to display the appropriate signage or to smoke, or allow smoking, in a licensed vehicle is a criminal offence. Drivers and vehicle owners who breach this requirement face prosecution. Drivers are tested on their</p>	Ian Harrison	30-Apr-2013	30-Apr-2013	<p>06-Aug-2013 Additional advisory literature has been produced and distributed to taxi drivers, vehicle owners and taxi offices advising of the legal requirements relating to smoking in vehicles. The Trading standards (Tobacco Control) officer is carrying out unannounced inspections of licensed premises and taxi ranks to ensure that smoking is not taking place. The officer is also liaising with taxi operators to assist in the education of drivers. Work has been done with neighbouring authorities with regard to the possibility of issuing FPN's to those drivers found smoking but no decision has been taken yet to proceed with this step.</p>	100% Completed	

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress		
	<p>knowledge and understanding of tobacco control law as part of their 'knowledge test' prior to obtaining their first licence.</p> <p>To date, no one has been prosecuted in Hartlepool for a continued breach of these requirements but a number of warnings have been issued.</p>				18-Jan-2013 Enforcement options available to the Council are detailed in legislation and generally involves either prosecution, fixed penalty notice or an informal warning. To date, no prosecutions have taken place and enforcement officers do not have the delegated power to issue fixed penalty notices. A number of warning have been issued - including to taxi drivers and taxi operators. The ability for Public Protection Officers to issue fixed penalty notices is being investigated by a number of North East Councils and the matter will be considered further if it is established that delegations are possible.			

Year 2012/13

Investigation JSNA Topic - Sexual Health

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress		
SCR-HSF/7c/ii That partnership working is integrated into the JSNA 'Sexual Health' entry and that Hartlepool Borough Council: (ii)Makes the C-Card scheme and other sexual health training and resources widely available	<p>SCR-HSF/7c/i</p> <p>The C-Card scheme will continue to be offered in a wide range of venues as well as training for service providers.</p>	Deborah Gibbin; Louise Wallace	31-Jul-2013	31-Jul-2013	03-Jul-2013 A meeting has taken place with the sexual health provider to discuss the delivery of the C-Card in Hartlepool for 2013-2014. The provider will offer training to a range of venues across the Town and supply the resources for delivery. In addition support for C-Card outlets will be available.	<div>100% Completed</div>		



**3. RECOMMENDATIONS**

- 3.1 That Members note progress against the agreed recommendations and explore further where appropriate.

**4. REASONS FOR RECOMMENDATIONS**

- 4.1 In order for Members to continue to monitor the progress of Scrutiny recommendations.

**5. BACKGROUND PAPERS**

- (a) Report of the Scrutiny Support Officer entitled 'Six Monthly Monitoring of Agreed Health Scrutiny Forum's Recommendations' presented to the Health Scrutiny Forum on 7 February 2013.

**6. CONTACT OFFICER**

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