AUDIT AND GOVERNANCE COMMITTEE AGENDA

HARTLEPOOL BOROUGH COUNCIL

Thursday 3 October 2013

at 9.30am

in Committee Room B,
Civic Centre, Hartlepool.

MEMBERS: 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.

1. **APOLOGIES FOR ABSENCE**

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

3. **MINUTES**

   3.1 To confirm the minutes of the meeting held on 20 September, 2013 (to follow)
   3.2 To confirm the minutes of the meeting held on 24 September, 2013 (to follow)

4. **AUDIT ITEMS**

   No Items.

5. **STANDARDS ITEMS**

   No Items.

6. **STATUTORY SCRUTINY ITEMS**

6.1 Scrutiny Investigation into Chronic Obstructive Pulmonary Disease; Setting the Scene:-

(a) Covering Report – *Scrutiny Manager*
(b) Presentation – *Public Health Registrar*

6.2 North Tees and Hartlepool NHS Foundation Trust's Quality Account 2013/14 – Committee Response – *Scrutiny Manager*

6.3 Care Quality Commission Bulletin – Update for Overview and Scrutiny Committees August 2013 – *Scrutiny Manager*

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

7.1 To receive the minutes of the meeting held on 5 August 2013.

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**

9.1 To receive the minutes of the meeting held on 29 July 2013

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

10.1 To receive the minutes of the meeting held on 16 August 2013 (to follow)

11. **REGIONAL HEALTH SCRUTINY UPDATE**

No items.

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

FOR INFORMATION

Date of next meeting – 31 October 2013 at 9.30am in the Civic Centre, Hartlepool.

AUDIT AND GOVERNANCE COMMITTEE
MINUTES AND DECISION RECORD
20 SEPTEMBER 2013

The meeting commenced at 1.00 pm in the Civic Centre, Hartlepool

Present:

Councillor Keith Fisher (In the Chair)

Councillors: Jim Ainslie, Jonathan Brash, and Linda Shields.

Co-opted Member: Clare Wilson.

Officers: Neil Harrison, Head of Service
Clare Clark, Neighbourhood Manager (Community Safety)
Karen Clark, Service Delivery Manager, Drugs and Alcohol
Joan Stevens, Scrutiny Manager
David Cosgrove, Democratic Services Team

62. Apologies for Absence

Councillors S Akers-Belcher, Loynes, Robinson and Co-opted Member Mr Norman Rollo.

63. Declarations of Interest

None.

64. Minutes of the meeting held on 4 September 2013

Confirmed.

Councillor Shields commented that the minutes showed that she was both present and as having submitted apologies and appointing a substitute. The Principal Democratic Services Officer indicated that the formal record would be corrected appropriately.

65. Safer Hartlepool Partnership Performance – Quarter 1 (*Neighbourhood Manager (Community Safety)*)

The Neighbourhood Manager, Community Services gave an overview of Safer Hartlepool Partnership performance for Quarter 1 – April 2013 to June 2013 (inclusive). It was highlighted that while all recorded crime was

down, there had been increases in domestic burglary and shoplifting. Anti-social behaviour incidents reported to the Police had increased with particular issues around the deliberate setting of fires around Summerhill. Offending and re-offending figures were on target with a reduction of first time offenders. This was mainly due to the triage system adopted in Hartlepool for first time young offenders which was now being extended through the Cleveland Police force area. When compared with the other Cleveland Police Force areas, Hartlepool was second for reported crime. When reported incidents of anti-social behaviour were included the crime figures rose substantially over other areas.

Members sought clarification on the target to increase the number of hate crimes. The Neighbourhood Manager commented that the aim was to improve the reporting of such crimes by increasing the confidence in victims of hate crimes to come forward and report incidents to the Police. Members commented that from general public feedback, there were a significant number of crimes, including anti-social behaviour that regularly went unreported and questioned why only one very specific area was being targeted for improved reporting. The Neighbourhood Manager commented that there was a general perception that due to the often personal nature of hate crimes, victims were very reticent about coming forward to report incidents to the Police. Another member indicated that there were a number of migrant workers and asylum seekers in his ward who had found it difficult to report crimes against them. The Neighbourhood Manager stated that there was an asylum seekers group in the town that could provide assistance.

The incidents of rape were noted to have fallen but the incidents of other sexual crime had increased and members questioned the figures. The Neighbourhood Manager commented that the figures showed an increase in the number of sexual assaults being reported to the Police.

Members commented that while recording the types of crimes, little was noted of the causes of crime, particularly where substance misuse was an issue. As many incidents of crime did relate to substance misuse, it would be worthwhile highlighting the figures to the public. The Neighbourhood Manager indicated that the Safer Hartlepool Partnership was undertaking some work around these issues with a cohort of offenders. Initially it could be seen that around a third of these had substance misuse issues.

Members also expressed concern at any indication being given at this early stage that any of the increases in crime figures were being put down to the government's welfare reforms. The Chair indicated his particular dislike of league tables for these kinds of statistics and commented that there could simply be the situation that in Hartlepool residents felt more confident that when reporting crime or anti-social behaviour that something would be done about it and the situation would not get worse.

A Member commented that he had attended the Safer Hartlepool Partnership event at the College of Further Education earlier in the week

and was disappointed at the very low number of councillors present. At that he event he had become aware that there were plans to close the neighbourhood policing office at 173 York Road. Local residents had been very supportive of this facility and it was understood the office was closing due to budget cuts with the Police staff relocating to the Headquarters on Avenue Road. Other Members also expressed their concern and indicated that the office had provided an informal setting for residents to report crime or problems with anti-social behaviour that probably would never get reported at the main station in Avenue Road. There was also particular concern expressed at the lack of information being shared with ward councillors.

It was proposed that the Committee should formally express its views on this closure to both the Neighbourhood Services Committee and the Finance and Policy Committee. The Committee should also write to the Police and Crime Commissioner (PCC) expressing concern at the closure, highlighting the negative impact it would have on the community, and request that another mechanism be explored to identify the required savings, rather than closing this important community facility. The Chair indicated that he supported the proposals. The Chair was concerned that there may be a lack of local knowledge on the PCC's part in relation to the value provided to the local community by 173 York Road.

It was also suggested that a report to Council be requested from the Council's appointed representatives to the Police and Crime Panel seeking clarification as to the rationale behind the decision and outline what representations had been made by them to prevent the closure or suggest alternative proposals. This was also supported by the Chair and members.

Recommended

1. That the report on the Safer Hartlepool Partnership's performance for Quarter 1 – April 2013 to June 2013 be noted.

2. That the Chair, on behalf of the Committee, express the grave concerns of Members at the potential closure of the neighbourhood Police Office at 173 York Road following the withdrawal of Police funding and officers to the Neighbourhood Services and Finance and Policy Committee's.

3. That the Chair on behalf of the Committee write to the Police and Crime Commissioner setting out the valuable role played by the facility at 173 York Road and seeking a reversal of the decision to withdraw Police funding and officers.

4. That the Council's appointed representatives to the Police and Crime Panel be requested to submit a report to full Council clarifying the rationale behind the decision and what representations had been made by them to prevent the closure or suggest alternatives to withdraw funding and officers from 173 York Road.

66. Scrutiny Investigation into Reoffending – Scoping Report (*Scrutiny Manager*)

The Scrutiny Manager reported on the proposed scrutiny investigation into Reoffending as selected by Members at the meeting on 27 June 2013. The report set out the aims and objectives, the proposed terms of reference, potential areas of enquiry and sources of information and evidence. The Scrutiny Manager indicated that in order to complete the investigation it would be necessary to hold at least one additional meeting of the committee and at least two working group meetings. A schedule for the investigation including the potential extra meetings was set out in the report.

Members commented that an element in the investigation should focus on community payback schemes and how these could be utilised to rehabilitate offenders into the community. The Neighbourhood Manager commented that community payback was focussed on reparations rather than rehabilitation. Comment was also made on the Restorative Justice programme and how this may influence the investigation. The Scrutiny Manager indicated that both issues would be included in the process of the investigation.

Recommended

That the proposed aims, remit and timetable for the investigation as reported be approved.

67. Referral from the Health and Wellbeing Board – Autism (*Scrutiny Manager*)

The Scrutiny Manager reported on the scrutiny topic referral of Autism from the Health and Wellbeing Board meeting held on the 5 August 2013 to the statutory Overview and Scrutiny Function. The report outlined the Constitutional requirement for consideration of the referral and detailes the proposed aims and objectives, terms of reference, areas of enquiry and sources of information and evidence. The investigation had been given some focus from the initial referral terms and would require some additional meetings of the Committee to complete.

A Member commented that the Tees Valley Autism Strategy had only recently been completed and adopted across the Tees Valley and this investigation could add no more to that piece of excellent work. If there were gaps in service provision, other bodies were much better placed that this committee to define those and address them. While not wishing to under estimate the issue in any way, it was suggested by the Member that acceptance of the referral be refused. Other Members did question why the matter was not on the agenda for the Children's of Adult Services Committee's.

In response to Members questions, the Head of Service indicated that the Tees Valley Autism Strategy had been developed in conjunction with those

diagnosed as being on the autistic spectrum, their families, service providers both in the health and voluntary sectors on a "you said, we did" basis, so it would be responsive to service users needs. In light of this, Members considered that the focus would be more appropriately applied to implementing the recently approved strategy. Members considered that as the referral from the Health and Wellbeing Board lacked a specific remit for an investigation, the Board should be informed that the Audit and Governance Committee had considered its request but considered that with the Tees Valley Autism Strategy having only recently been approved, there was no scope for an investigation.

Recommended

1. That the report be noted.

2. That having considered the referral request and in light of the recently approved Tees Valley Autism Strategy only being in the early stages of implementation and other bodies being more appropriately placed to monitor its progress, the Health and Wellbeing Board should be informed that the Audit and Governance Committee did not see any scope for a scrutiny investigation at this time.

68. Six Monthly Monitoring of Agreed Scrutiny Recommendations (*Scrutiny Manager*)

The Scrutiny Manager reported on with the six monthly progress made on the delivery of scrutiny recommendations that fall within the remit of this Committee.

Members commented that not all of the recommendations arising from the previous scrutiny investigation into Alcohol Abuse - Prevention and Treatment had not yet been implemented and that a progress report from the Health and Wellbeing Board should be requested particularly in relation to the local implementation of minimum alcohol unit pricing. Members commented that the local licensed premises trade body supported the introduction of minimum pricing.

Recommended

1. That the report be noted.

2. That the Health and Wellbeing Board, through the Director of Public Health, be requested to provide the Audit and Governance Committee with an update in relation to:
   - The implementation of the Alcohol Strategy;
   - The implementation / actioning of the recommendations made as part of the Scrutiny investigation into 'Alcohol Abuse – Prevention and Treatment', undertaken in 2009/10 (including the potential for the local introduction of minimum alcohol unit pricing); and
   - The outcome of the work of the Alcohol Strategy Group and implementation of its recommendations.

69. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following items of business should be considered by the Committee as a matter of urgency in accordance with the provisions of Section 100(B) (4) (b) of the Local Government Act 1972 in order that the matter could be dealt with without delay.

Timing of Meetings

A Member commented that two of the reports that had been considered by the Committee on this agenda had proposed the holding of additional meetings. It was suggested that some consideration should be given to holding some meetings outside normal office hours to allow those Members with jobs and also the public to attend. It was requested that a report be brought back to the Audit and Governance Committee on this issue, with a view to influencing the setting of the Audit and Governance Committee diary for 2014/15. The Chair indicated that was always in the forefront of his mind that officers too were required to be present and therefore 'normal office hours' were the first criteria recognised in light of that. While agreeing to discuss the issue of the timings of future meetings, the Chair indicated that other meeting protocols, such as the automatic acceptance of apologies for absence, could also be discussed.

The meeting concluded at 2.15pm

CHAIR

AUDIT AND GOVERNANCE COMMITTEE
MINUTES AND DECISION RECORD
24 SEPTEMBER 2013

The meeting commenced at 2.00pm in the Civic Centre, Hartlepool

Present:

Councillors: Jim Ainslie, and Linda Shields

Also Present: In accordance with Council Procedure Rule 5.2, Councillor Geoff Lilley as substitute for Councillor Jonathan Brash.

Mark Kirkham and Diane Harold – Mazars

Co-opted Member: Mr Norman Rollo

Officers: Dave Stubbs, Chief Executive
Chris Little, Chief Finance Officer
Sandra Shears, Head of Finance (Corporate and Schools)
Noel Adamson, Head of Audit and Governance
Hayley Martin, Constitutional and Administrative Solicitor
Joan Stevens, Scrutiny Manager
David Cosgrove, Democratic Services Team

70. Appointment of Chair

In the absence of the Chair and Vice-Chair of the Committee an appointment of Chair for the meeting was sought.

Councillor Ainslie in the Chair.

71. Apologies for Absence

Councillors S Akers-Belcher, Brash, Loynes and Robinson.

72. Declarations of Interest

None.

73. Minutes

No items.

74. The 2012/2013 Financial Report (including the 2012/2013 Statement of Accounts) (*Chief Finance Officer*)

The Chief Finance Officer submitted for the Committee's approval the Mazars' Audit Completion Report; and the final Council's Financial Report for 2012/13 (which includes the Statement of Accounts).

The representative's from Mazars gave an overview of their report highlighting that they anticipated issuing an unqualified opinion on the statement of accounts and concluded that HBC had made proper arrangements to secure economy, efficiency and effective in its use of resources. The Mazars' representatives also highlighted –

- Adjustments to the financial statements included in the report;
- The letter of representation to be issued by the Council before Mazars issue their opinion and conclusion.
- Significant risks highlighted during planning; including Management override of controls, Pension entries, and Risk of fraud in revenue recognition.
- Although the audit of the Council's accounts is substantially complete, assurance was still awaited from Auditors of the pension fund.
- There were no concerns in relation to internal controls, though an issue with the bank reconciliations with two schools was highlighted. These issues had been brought to the auditor's attention by officers.
- There were no adjustments or unadjusted misstatements that caused any concern.
- An unqualified value for money conclusion had been reached by the auditors. The council had a very good track record on delivering savings and budgets could be seen to be defunded to give confidence that savings would be achieved.
- It was recognised that the council had gone through significant change and the maintenance of good performance during this period was of credit to council officers.
- Capacity at the senior officer level was a concern that the council was aware of but the auditors did not feel it could go too much further and the need for succession planning in senior posts was also highlighted.

The Chief Executive thanked the representatives from Mazars for their professionalism and assistance during the audit process. The Chair thanked the officers and the auditors for their support and asked that this be passed back to their staff.

Recommended

1. That the Mazars' Audit Completion Report be received.

2. That the adjustments to the financial statements set out in Appendix 2, to the report of Mazars' Audit Completion Report be approved.

3. That the reasons detailed in the Letter of Representation (Appendix B to the report) for not amending the Statement of Accounts to reflect the unadjusted misstatements in the accounts be noted and approved.

4. That the Committee approves the Chairman signing the Letter of Representation attached at Appendix B to the report.

5. That the final 2012/13 Statement of Accounts as submitted be approved.

75. Internal Audit Plan 2013/14 Update (*Head of Audit and Governance*)

The Head of Audit and Governance submitted a report outlining the progress made to date in completing the internal audit plan for 2013/14. Members were informed that the programmed audit work was on track.

The Head of Audit and Governance highlighted that the audit of School Kitchen Income had resulted in only a 'Limited' assurance level conclusion due to issues with income reconciliation. The recommendations made in the audit were being applied and a follow up audit would assure they had been implemented fully and the issues resolved.

Recommended

That the report be noted.

76. Manor Residents Association Follow Up Report (*Chief Finance Officer and Head of Audit and Governance*)

The Chief Finance Officer submitted a report on the outcome of the follow up audit review carried out at Manor Residents Association (MRA). The Chief Finance Officer referred to the previous consideration by the Committee at its meeting on 27 June 2013 (minute no. 18 refers).

The Chief Finance Officer informed Members that at this time he could still not give any assurance in relation to MRA's financial practices. The Charity Commission had been informed of the Chief Finance Officer's concerns and there were a range of other issues that had come to light which the Chief Finance Officer had referred to the Police due to the concerns raised. The Children's Services Committee had recently considered and approved a report in relation to the contract for the lead provider for Family Intervention Services. This contract was now being delivered through HVDA and therefore there would be no further follow up on the MRA audit. Any further issues would be reported to Members as and when necessary.

The Chair informed the Committee that the Chief Solicitor had advised that as matters had been reported to the Police for investigation, there could be no discussion on the matters referred to them so as not to prejudice their investigations. Members referred to the report to the Committee on 27

June and asked if the outstanding amounts had been paid by MRA to Who Cares NE. The Chief Executive commented that there was an allegation that money was still owed but the Council had no evidence to substantiate that. Who Cares NE were still trading and would complete their contract obligations to the Council by the end of this month. The final payment from the Council to Who Cares NE would assure that those who had not been paid would be paid at the conclusion of the contract.

Members questioned the reported outstanding employment tribunal awards to former staff of MRA. The Chief Executive indicated that that was a legal matter between MRA and their former employees. The Chief Executive went on to clarify that the contract service delivery by both MRA and Who Cares NE had been excellent; they had delivered exactly what they were paid to do by the Council. There had been allegations of wrongdoing for quite some time but until two weeks ago when matters had been referred to the Police, no evidence had been put forward. There may be opportunity in the future for some of the questions Members undoubtedly had to be asked but this can not happen until the police investigation has concluded.

Recommended

That the report be noted and that any future developments would be reported to the Committee at the appropriate time.

The meeting concluded at 2.50pm.

CHAIR

Audit and Governance Committee

3 October 2013

HARTLEPOOL BOROUGH COUNCIL

Report of: Scrutiny Manager

Subject: SCRUTINY INVESTIGATION INTO CHRONIC OBSTRUCTIVE PULMONARY DISEASE: SETTING THE SCENE PRESENTATION - COVERING REPORT

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1. PURPOSE OF REPORT

1.1 To inform Members that officers from the Public Health Team have been invited to attend this meeting to provide information in relation to the investigation into Chronic Obstructive Pulmonary Disease (COPD).

2. BACKGROUND INFORMATION

2.1 Members will recall that at the meeting of this Committee on 22 August 2013, Members agreed the Scope and Terms of Reference for their forthcoming investigation into COPD.

2.2 Subsequently, officers from the Public Health Team have agreed to attend this meeting to outline the following in relation to COPD:-

- What is COPD;
- Causes;
- Signs and symptoms;
- Prevention;
- Treatment;
- The numbers of people diagnosed with COPD in Hartlepool;
- The predicted numbers of people undiagnosed with COPD in Hartlepool and barriers to diagnosis;
- National comparison;
- Advertising campaigns / methods of advertising; and
- JSNA 'COPD' entry (attached as **Appendix A)**

2.3 The Member of Parliament for Hartlepool and the Chair of the Health and Wellbeing Board have been invited to attend this meeting (subject to availability) to share their views on this topic.

3. RECOMMENDATION

3.1 It is recommended that the Members of the Audit and Governance Committee consider the evidence presented at this meeting and seek clarification on any relevant issues where required.

Contact Officer:- Laura Stones – Scrutiny Support Officer
Chief Executive's Department
Hartlepool Borough Council
Tel: 01429 523087
e-mail: laura.stones@hartlepool.gov.uk

BACKGROUND PAPERS

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

(i) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into COPD – Scoping Report' Presented to the Audit and Governance Committee on 22 August 2013.

(ii) Minutes of the Audit and Governance Committee held on 22 August 2013.

Hartlepool JSNA

Respiratory diseases

Respiratory diseases are conditions that affect the lungs such as asthma, chronic obstructive pulmonary disease (COPD); infections like influenza, pneumonia and tuberculosis; and lung cancer and many other breathing problems. This section focuses on asthma and COPD which contribute hugely to health inequalities, ill health and premature death.

The similarities in the symptoms of both diseases can lead to misdiagnosis and poor management. Hence, expert assessments are required to separate their relative contribution to ill health. About 15% of patients with COPD also have asthma.

Asthma
Asthma is a chronic condition that affects airways in the lungs, causing them to become inflamed and swollen. Typical symptoms include breathlessness, tightness in the chest, coughing and wheezing. Environmental factors such as viral infections, allergens, pollution, tobacco smoke, workplace sensitisers and exercise can make the condition worse.

The causes of asthma are not well understood so prevention is not currently possible. However, the condition does not usually deteriorate over time and the aim of treatment is for people with asthma to be free of symptoms and lead a normal life.

It is estimated that about 5 million (1.4 million are children aged under 16 years) people in the UK are affected by asthma. There are between 1000 and 2000 deaths from asthma per year, but it is estimated that 90% of these deaths are associated with preventable factors. Asthma is a common cause of large numbers of emergency admissions in those aged less than 19 years. High numbers of hospital admissions for asthma are considered to represent a mismanagement of the condition.

COPD
Chronic obstructive pulmonary disease is a chronic disabling disease which causes a gradual decline in lung function, with increasing episodes of chest infections and exacerbations as the condition progresses. It is a general term which includes chronic bronchitis and emphysema. It mainly affects people over the age of 40 and risk increases with age. Smoking is the main cause in the vast majority of cases.

COPD is incurable but treatments help to slow down the decline in the lung function, so early diagnosis and support for effective self-management and self-care can help patients live an active life. About 835,000 people in the UK are currently diagnosed with COPD and an estimated 2.2 million people have the condition but do not know it.

COPD is the fourth biggest killer in the UK, the second most common cause of emergency admissions to hospital and one of the most costly in-patient conditions treated by the NHS.

Integrated working between health, social and leisure services and people with asthma and COPD is critically important to improve health and wellbeing and reduce the health inequalities associated with these conditions.

This topic links with the following JSNA topics:

- **Children**
- **Older people**
- **Smoking**
- **Diabetes**

- **Circulatory diseases**
- **End of life care**
- **Carers**
- **Housing**

1. What are the key issues?

1. Generally, there is a decreasing trend in the number of deaths from COPD in Hartlepool.
2. The number of people with COPD is increasing, placing additional demand on services.
3. There is a lack of community awareness of COPD and its risk factors.
4. There are high numbers with undiagnosed COPD that may lead to increased complications, ill health and health inequalities and inefficiency
5. There are variations in the quality of diagnosis and management of asthma and COPD among general practices.
6. There is a need to improve the management of asthma in children and thereby reduce the numbers attending or admitted to hospital as emergencies.
7. There is a need for integrated care pathways across relevant organisations to ensure effective care that relieves symptoms, reduces progression of disease, enhances recovery and promotes independence through to end of life.

2. What commissioning priorities are recommended?

2012/01
Develop proactive, systematic and sustainable approaches to increasing the numbers of people diagnosed and treated for COPD.

2012/02
Reduce smoking prevalence by targeting high risk groups, including improving access to smoking cessation services for people with asthma and COPD.

2012/03
Improve public and professional awareness of asthma and COPD prevention, diagnosis and treatment.

2012/04
Reduce variation in clinical management of asthma and COPD to ensure that people with COPD, across all social groups, receive safe and effective care, which minimises progression, enhances recovery and promotes independence.

2012/05
Implement a systematic and co-ordinated proactive approach to early identification, diagnosis and intervention, and proactive care and management at all stages of the disease, with a particular focus on the disadvantaged groups and areas with high prevalence.

2012/06
Provide co-ordinated support for people with asthma and COPD to better self-manage their conditions.

2012/07
Ensure resources for respiratory disease reflect the rising number of people with the condition and the demand on health and social care.

2012/08
Develop, implement and monitor strategies for tackling the wider issues that increase the risk of asthma attacks and exacerbation of COPD through effective partnership working.

2012/09
Improve secondary prevention for people with asthma and COPD by increasing uptake of seasonal flu immunisations, smoking cessation and other lifestyle interventions.

3. Who is at risk and why?

Asthma

Age
Asthma affects people of all ages. About 40% of deaths from asthma occur in people under the age of 75.

Asthma is the most common chronic disease of childhood affecting 12.5 % of children. There were nearly 80,000 emergency hospital admissions for asthma in the UK in 2008-09. Of these, 31,000 (39%) were children aged 14 years or under.

Gender
In childhood, asthma is seen more frequently in boys than in girls. In adulthood, females show a higher prevalence of asthma, more asthma-related health care utilisation and more hospitalisation for asthma than males.

Family history
A family history of diagnosed allergies, eczema and asthma is an important risk factor in developing asthma. The risk of a child developing asthma if both
parents have diagnosed allergies and or asthma is estimated to be about 75%.

Deprivation
Asthma is higher in children living in areas experiencing higher levels of deprivation. This is likely to be due to the higher levels of risk factors in these areas. Maternal smoking and home environment are important factors.

COPD

Age
Most people with COPD are 40 years old or over when symptoms begin. It is unusual, but possible, for people under 40 years of age to have COPD symptoms.

Gender
COPD is more common in men than women but the British Thoracic Society estimates that the rate of COPD among women is increasing. The decreasing number of deaths from COPD in men is not being observed in women. This may be associated with the increasing number of women smoking.

Smoking
Smoking is the main cause of COPD. Stopping smoking reduces the risk of developing COPD and can halt the progression of the disease and reduce the risk of death in those diagnosed with the disease.

Deprivation
COPD is highest in areas experiencing higher levels of deprivation. This is likely to be due to the higher levels of risk factors in these areas. It is estimated that about half of diagnosed and undiagnosed COPD in England are in people in the routine and manual occupational group.

4. What is the level of need in the population?

This sub-section is still under development.

Summary

There are variations in the prevalence and management of COPD and asthma in primary care in terms of prevalence of conditions, emergency admission rates and key elements of management.

Asthma

- The prevalence of asthma in Hartlepool has remained fairly stable in the past three years, in line with the national trend.
- Emergency admissions for asthma in Hartlepool are higher than the England average and there is variation between general practices.
- The emergency admission rate in the under 16s in 2008/09 was lower (but not significantly) than the England average. There were 138 hospital admissions associated with asthma in under 5s from April 2007 to October 2010.
- There are variations between general practices in key elements of asthma management. Over 1,000 people with asthma did not have an annual review.

Prevalence

The prevalence of asthma in Hartlepool has been consistently lower than the England average in the past five years. In 2010/11, 5,500 (5.8%) people of all ages from the general practice registered population were diagnosed with asthma (5.7% in 2005/6). (Source: Quality and Outcomes Framework Database **http://www.gpcontract.co.uk/**)

Admissions

The emergency admission rate for people of all ages in Hartlepool is higher than England average.

There is variation in the emergency admissions rate for asthma between general practices. Three-year pooled data show the rate in general practices ranges from 0.6 to 2.4 per 1,000 population. (Source: **http://www.nhscomparators.nhs.uk/**)

In 2008/09, the standardised emergency admission rate for children aged under 16 was higher (but not significantly) than England (284 vs. 257 per 100,000 population). This represented 52 admissions. Data from the Tees Information Management Service show that there were 138 hospital admissions due to asthma and acute severe asthma attacks in the under 5s in Hartlepool in three-and-a-half years (April 2007 to October 2010).

Management

The proportion of people (aged 8 years and over) with asthma diagnosis confirmed with measures of variability or reversibility is generally higher in Hartlepool compared to the England average. Significantly higher percentages of patients with asthma in Hartlepool received an annual review in the previous 15 months compared to the England average. However, over 1,000 people in Hartlepool with asthma were not reviewed in 2010/11. (Source: Quality and Outcomes Framework Database **http://www.gpcontract.co.uk/**)

There are significant variations between general practices in the management of asthma. Only three practices had all asthma diagnosis confirmed with measures of reversibility. Also, only two practices had all patients with asthma reviewed in the previous 15 months, ten practices reviewed fewer than 90%, with five reviewing fewer than 80%. (Source: Quality and Outcomes Framework Database **http://www.gpcontract.co.uk/**)

COPD

- The number and rate of deaths from COPD in Hartlepool is decreasing.
- The estimated prevalence of COPD in Hartlepool is 4.3% but only 2.7% of the population has been diagnosed. This suggests that about 1,250 people with COPD remain undiagnosed.
- The COPD emergency admission rate in Hartlepool is higher than England and there is variation between general practices.
- Spirometry confirmation of COPD, annual lung function check and annual review rates are all higher than the England average.
- There is variation between general practices in key elements of COPD management.

Mortality

COPD mortality for both men and women is higher than the national average. (Source: nww.indicators.ic.nhs.uk)

Prevalence

The prevalence of COPD in Hartlepool is consistently above the England average. The recorded prevalence increased from 2.2% in 2005/06 to 2.7% in 2010/11. However, it is estimated that 4.3% of the population has COPD. This suggests that 1.6% of the adult population (about 1,250 people) have undiagnosed COPD. (Source: Quality and Outcomes Framework Database **http://www.gpcontract.co.uk/**)

In general practices the level of undiagnosed COPD varies considerably. The estimated ratio of reported to expected prevalence of COPD range from 55% to 105%. Only one practice has identified 100% of the people expected to have COPD; five pravtices have recorded 80% or fewer. (Source: NHS Comparators **http://www.nhscomparators.nhs.uk/**)

Emergency admissions

The emergency admission rate for COPD in Hartlepool is significantly higher than the England average. In 2005/06, there were 236 emergency admissions which increased to 363 in 2009/10. (Source: NHS Comparators **http://www.nhscomparators.nhs.uk/**)

There is considerable variation in COPD emergency admissions at general practice level. Three-year pooled data show the admission rate range from 1.0 to 8.8 per 1,000 population. Fourteen out of 16 general practices had rates above the England average. (Source: NHS Comparators **http://www.nhscomparators.nhs.uk/**)

Management

The process measures of care for COPD in Hartlepool tend to be higher than the England average. The percentages of people with COPD confirmed with spirometry and those who received a lung function check (FEV1 - amount of air you can expel in the first second of a rapid breathing out) and an annual review are higher than the England average. (Source: Quality and Outcomes Framework Database **http://www.gpcontract.co.uk/**)

There are variations in the management of people with COPD between general practices. For example, only one practice had all patients with COPD reviewed in the previous 15 months. (Source: Quality and Outcomes Framework Database **http://www.gpcontract.co.uk/**)

5. What services are currently provided?

There are effective interventions which can improve the quality of life for patients with asthma and COPD. It is therefore important to monitor regularly and provide them with appropriate systematic support to self-manage the conditions.

North of Tees Respiratory Disease Management
There is no formal group with the responsibility for integrating care across primary, community and secondary care in the North of Tees.

Primary care
General practices deliver day-to-day care to patients with asthma and COPD on locally developed and agreed shared care pathways. There are systems and processes in place to monitor and review patients annually. These activities are largely carried out by nurses. Respiratory education and training activities are provided to improve knowledge, skills and care provision.

Secondary and community services
The North Tees Community Respiratory Service is hosted by the North Tees and Hartlepool Hospitals Foundation Trust. This is facilitating increased access to early diagnosis, supported discharge, acute respiratory assessment and COPD complex case management services in the community.

Lung health screening in smoking cessation clinics
Stockton and Hartlepool Specialist Stop Smoking Service carries out screening for COPD for both current and ex-smokers. Since January 2010 the service has been offering spirometry tests at selected clinic venues to smokers aged over 35 who have early symptoms of COPD. In the initial 6

month pilot period, 31% (19 out of 61) of smokers tested had either restriction or obstruction. A proposal to continue with the programme is being developed.

Community Respiratory Assessment and Management Service
The Community Respiratory Assessment and Management Service (CRAMS) based at the One Life Centre provides care in the community setting and supports the knowledge and skills of community staff in respiratory health.

Outreach service
There are COPD Outreach and Oxygen Assessment services with physiotherapy input for COPD patients operating from the University Hospital of North Tees. These services support both respiratory and other acute medical wards giving advice on early supported discharge and home oxygen requirements. COPD patients are followed up in their own homes after discharge.

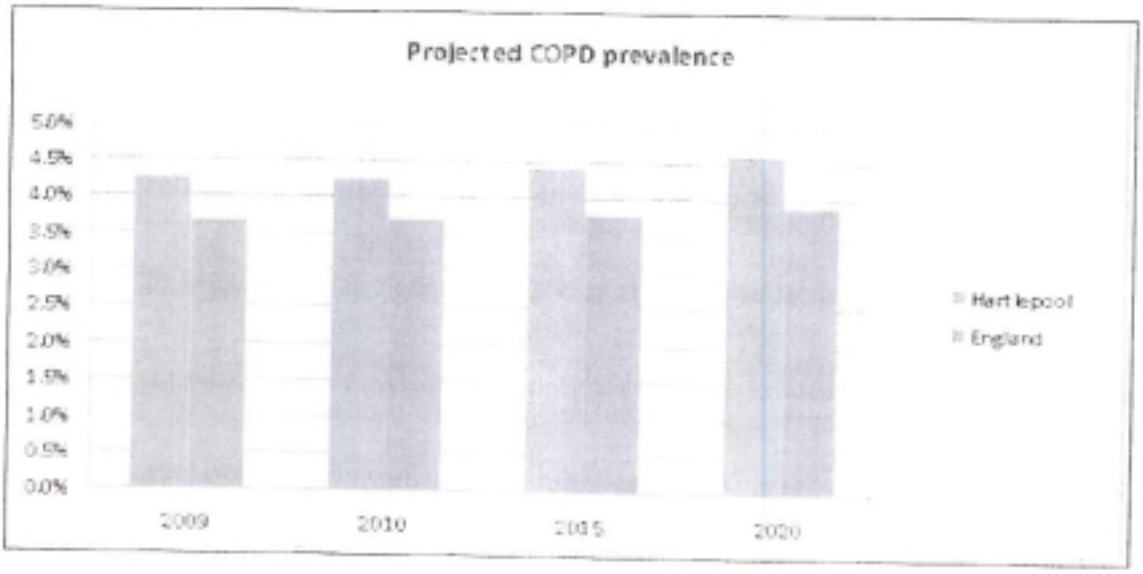
Pulmonary rehabilitation
The Pulmonary Rehabilitation Service is run by a Senior Physiotherapist with classes for groups of patients with COPD. The service works with primary care on the End of Life Care Pathway (Gold Service Framework) to improve the quality and organisation of care for all people nearing the end of life.

Self-management and self-care
There are educational activities to promote self-management for people with COPD.

6. What is the projected level of need?

Modelled prevalence (taking into account age, sex, ethnicity, smoking status and deprivation) suggests that the number of people with COPD in Hartlepool will continue to rise. The model suggests that the number of adults with COPD in Hartlepool will reach nearly 3,600 by 2020, and increase of 40% from the number currently diagnosed.

This has important resource implications, in terms of ensuring appropriate systems and processes are in place to identify and effectively manage the condition to reduce deaths and associated illness.



Source: Association of Public Health Observatories Disease Prevalence Model

No projections for asthma are available.

7. What needs might be unmet?

- The capacity and capability of current services to cope with the projected increase in the number of people with COPD, from a recorded prevalence of 2.7% in 2010 to 4.5% in 2020.
- There is low awareness of lung health and COPD in communities that are at high risk (for example current and ex-smokers and women).
- There is inequitable access to high quality spirometry in primary care and community settings.
- Inappropriate admissions imply unmet need for continuing care and education and support for patients.
- Care process measures for asthma and COPD are generally better in Hartlepool than England but emergency admission rates are higher; there is need to explore the reasons.
- There is limited access in terms of capacity and location to supported self-management programmes based on Expert Patient evidence.
- Patient support group especially for young people with asthma.
- Many people with COPD don't have an end of life care plan.

8. What evidence is there for effective intervention?

Inhaler systems (devices) in children under the age of 5 years with chronic asthma. NICE Technological Appraisal 10 (2000: NHS Evidence accredited).

Inhaler devices for routine treatment of chronic asthma in older children (5-15 years). NICE Technological Appraisal 38 (2002: NHS Evidence accredited).

Corticosteroids for the treatment of chronic asthma in children under the age of 12 years. NICE Technological Appraisal 131 (2007: NHS Evidence accredited).

Omalizumab for severe persistent allergic asthma. NICE Technological Appraisal 133 (2007: NHS Evidence accredited).

Corticosteroids for the treatment of chronic asthma in adults and children aged 12 years and over. NICE Technological Appraisal 138 (2008: NHS Evidence accredited).

Omalizumab for the treatment of severe persistent allergic asthma in children aged 6-11. NICE Technological Appraisal 201 (2010: NHS Evidence accredited).

Chronic obstructive pulmonary disease (COPD) quality standard. (NICE)

Chronic obstructive pulmonary disease: management of chronic obstructive pulmonary disease in adults in primary and secondary care. NICE clinical guideline 101 (2010; NHS Evidence accredited).

Commissioning services for people with COPD. NICE commissioning guide (2011).

National Gold Standards Framework.

South Tees COPD and Asthma Pathways. Map of Medicine (This is only available to healthcare professionals).

South Tees Service Reviews for COPD and Asthma (2010)

9. What do people say?

There needs to be consultation with patients and engagement events with people with asthma and COPD to establish their needs.

More work needs to be done to identify issues for young people (older teenagers) with asthma.

10. What additional needs assessment is required?

- A comprehensive assessment of the education and training needs for respiratory disease in primary care.
- Assess the local needs for asthma from patients' perspective.
- Assess service and training needs for the management of asthma in children.
- Audit of the quality of end of life care should be undertaken for all patients with severe COPD.
- The high rates of emergency admissions require review

Key contact

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References

Local strategies and plans

National strategies and plans

Other references

APHO Disease Prevalence Models

British Lung Foundation

NHS Indicator portal **http://nww.indicators.ic.nhs.uk/webview/** (Access through NHS net only)

Department of Health (2010). **NHS Outcomes Framework 2011/12.**

Department of Health (2011). **An Outcomes Strategy for people with chronic obstructive pulmonary disease (COPD) and asthma in England**

Department of Health (2008). **End of Life Care Strategy – promoting high quality care for all adults at the end of life**

NHS Choices (online). **Chronic obstructive pulmonary disease**

HEALTH SCRUTINY FORUM

3 October 2013

HARTLEPOOL BOROUGH COUNCIL

Report of: Scrutiny Manager

Subject: NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST'S QUALITY ACCOUNT 2013/14 – COMMITTEE RESPONSE

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1. PURPOSE OF REPORT

1.1 To promote discussion amongst Members in agreeing the three key priorities for consideration by North Tees and Hartlepool NHS Foundation Trust (NTHFT) for inclusion as part of its annual Quality Account.

2. BACKGROUND INFORMATION

2.1 Members will recall that at the meeting of this Forum on 22 August 2013, Members received a presentation from the Assistant Director of Nursing, Quality, Patient and Public Engagement at NTHFT in relation to their Quality Account for 2013/14.

2.2 During the presentation, the Trust recommended that the priorities from last year should be rolled forward for 2013/14. While significant change had been achieved through the priorities, it was considered that the work was not yet complete. The recommended priorities are:-

(i) Patient Safety (covers dementia care, safeguarding adults, infection control)

(ii) Effectiveness of Care (covers discharge processes – information, discharge processes – medication, discharge processes – safe and warm, nursing dashboard)

(iii) Patient Experience (covers End of Life Pathways and Patient Voice, is our care good (patient surveys), Friends and Family recommendation

2.3 During the meeting of the Audit and Governance Committee held on 22 August 2013 Members were asked what they would like to see changed or added to the 2014 – 2015 priorities and the following items were discussed:-

(i) Discharge processes: Co-ordination between the hospital, GPs, district nurses and the local authority still remains an area for improvement.

(ii) Dementia Services: training needs: The improvements in services around dementia were welcomed. However, some concerns were raised around training provided to nursing staff in relation to dementia awareness.

(iii) Patient experience: Members welcomed the word bubble approach and asked for all comments to be reflected in the word bubbles.

2.4 Members are asked to identify **three** priorities to forward onto the Assistant Director of Nursing, Quality, Patient and Public Engagement for consideration as part of NTHFT's Quality Account for 2014/15. Members are advised that any suggestion should be measurable.

3. RECOMMENDATION

3.1 It is recommended that the Members of the Audit and Governance Committee:-

(i) Consider the recommended key priorities for the 2013/14 Quality Account under paragraph 2.2; and

(ii) Identify **three** key priorities for consideration in NTHFT's Quality Account for 2014/15

Contact Officer:- Laura Stones – Scrutiny Support Officer
Chief Executive's Department
Hartlepool Borough Council
Tel: 01429 523087
e-mail: laura.stones@hartlepool.gov.uk

BACKGROUND PAPERS

The following background paper was used in the preparation of this report:-

(i) Presentation by the Assistant Director of Nursing, Quality, Patient and Public Engagement, North Tees and Hartlepool NHS Foundation Trust entitled 'Quality Accounts 2013 - 2014; Moving Forward Together' presented to the Audit and Governance Committee on 22 August 2013

(ii) Minutes of the Audit and Governance meeting held on 22 August 2013

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CareQuality Commission **Bulletin**

Update for Overview and Scrutiny Committees Aug 2013

New NHS inspections

This month's ebulletin has a special focus on our new style inspections of NHS hospitals. We are sending a special letter about this to all OSCs along with this ebulletin.

We want to work closely with OSCs across England in the new-style inspections of acute hospitals starting in early September. Our new Chief Inspector of Hospitals, Sir Mike Richards, will lead significantly bigger inspection teams headed up by clinical and other experts that include trained members of the public. The teams will spend longer inspecting hospitals and cover every site that delivers acute services and eight key services areas: A&E, maternity, paediatrics, acute medical and surgical pathways, care for the frail elderly, end of life care and outpatients.

The first four hospitals to be inspected in this way will be:

- Croydon Health Services NHS Trust
- Taunton and Somerset NHS Foundation Trust
- Airedale Foundation Trust
- The Royal Wolverhampton NHS Trust.

Read the details of all 18 trusts, along with the evidence we have brought together about these trusts so far **here…**

This month:

CQC news

How OSCs can get involved in the new NHS inspections

The views and experiences of local people will play a vital role in shaping our hospital inspections from the beginning. OSCs and other groups are invited to give us their views on the 18 trusts over the coming weeks.

We will use the information you have already shared with us but we welcome further public comments, survey reports and findings and other information you have gathered from local people about these trusts. You can share it with us in the usual way by emailing **enquiries@cqc.org.uk** or ringing 03000 616161. Your local CQC manager remains your point of contact, and you can also discuss any evidence with them.

Public listening events to be held during the new NHS inspections

We will also hold public listening events before each inspection. Details of the first four are shown in the press release **here…**

The events will also be advertised in the local media. Please let your local CQC manager know if there are other local public events we should know about around the same time. We hope you can promote these events to local groups and the public in your area. Please see the press release for more information. We would encourage you to register to attend these events and please tell us of any access or other particular requirements you have which will help you participate more fully in the event.

Quality summits – OSCs chance to shape the local response to the NHS inspection findings

After each hospital inspection we will hold a quality summit to discuss our inspection findings and any improvement action needed. We will involve OSCs in these summits as we hope you will want to shape the local response where hospitals need to improve. More information about the quality summits will be available shortly.

Our Chief Inspector of Adult Social Care is announced

We have appointed Andrea Sutcliffe as its first Chief Inspector of Adult Social Care. Andrea joins us from the Social Care Institute for Excellence SCIE), where she is currently chief executive. The Chief Inspector of Adult Social Care will lead our inspection and regulation of the adult social care sector. Andrea will be responsible for developing the new approach to the way we regulate adult social care, in consultation with people who use and provide services. **Read more…**

Thematic review of mental health care announced

We will carry out a review of emergency mental health care, following recent concerns about access to appropriate treatment for people with mental health issues. We would welcome any views from local OSCs about the focus of this review. Please email **involvement.edhr@cqc.org.uk**. We will let you know when we are seeking evidence for the review itself. **Read more…**

Professor Steve Field, Chief Inspector of General Practice

Professor Steve Field will join CQC from NHS England and will lead the inspection and regulation of primary care services across the public, private and independent sectors. **Read more…**

Public information

We welcome first Friends and Family survey findings

NHS England has revealed the findings of its first Friends and Family survey which asked patients whether they would recommend A&E and inpatient wards to their nearest and dearest based on their own experiences. **Read more here…**

An interview with Prof Sir Mike Richards

Recently, our first Chief Inspector of Hospitals Prof Sir Mike Richards announced his plans for changes to the way we inspect hospitals.

Select here to watch our Regional Director for London, Matthew Trainer, interview Sir Mike about those plans as well as how he intends to listen to the public and NHS staff, what he thinks needs to change and his background as a doctor.

Results of the review into the quality of care at 14 NHS trusts published
The results of the Keogh review into the quality of care and treatment provided by 14 NHS trusts and foundation trusts have been published by NHS Choices. **Read more…**

CQC and Overview and scrutiny committees

Overview and Scrutiny committee contact details
If you have any further names and contact details (email and phone numbers where possible) for anyone in your committee who you would like to receive information directly from us please let us know. Please email **involvement.edhr@cqc.org.uk**.

Your local CQC contact and their 'information offer'
You should have contact with your local CQC manager.
If you don't know who they are please email **involvement.edhr@cqc.org.uk** or ring 03000 616161 and ask for the involvement team. We will send you the name and email of your local manager and send them your details. They will then get in touch to meet with you and to develop a local agreement about how you both share information and communicate with each other.

Over the coming months your local CQC manager will be able to share a package of information with you. This will include the services registered with us to provide care, the inspections we have been doing in your area and the findings from these inspections. We will let you know more about this in the next ebulletin and you can discuss it with your local CQC manager.

Please share your information about peoples experiences of care
If you have evidence from scrutiny reports, or other work from your committee (including the views and experiences of local people about the quality or safety of health/social care), please discuss it with your local CQC manager and email it to **enquiries@cqc.org.uk**. These may be positive or negative about a service or groups of services or about an issue across local services. It is all useful to help us make a judgement about the quality and safety of care.

If you have immediate concerns about someones safety please contact your local authority safeguarding team, as they have the primary responsibility to act on individual safeguarding concerns.

Getting out press releases
Scrutiny committees should be receiving press releases about national reports and about our findings for services in your area – where we issue a special press release. If you do not receive this information please email **involvement.edhr@cqc.org.uk**.

Feedback from local groups

You can send us views and experiences of any of the services we regulate, or tell us about how they work together in your area. We want to hear from Local Involvement Networks, Overview and Scrutiny Committees, Foundation Trust governing bodies and groups representing people who use health and adult social care services. **Read more…**

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HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

5 August 2013

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor Richardson (substitute for Councillor C Akers-Belcher, Leader of Council) (In the Chair)

Prescribed Members:
Elected Members, Hartlepool Borough Council, Councillors G Lilley and Simmons
Representing Hartlepool and Stockton-on-Tees Clinical Commissioning Group; Dr Pagni
Representing Director of Child and Adult Services, Jill Harrison, Assistant Director (Adult Services)
Director of Public Health, Hartlepool Borough Council, Louise Wallace
Representatives of Healthwatch, Margaret Wrenn and Steve Thomas

Other Members:
Chief Executive, Hartlepool Borough Council; Dave Stubbs
Representative of the NHS England; Caroline Thurlbeck
Representative of Hartlepool Voluntary & Community Sector, Tracy Woodall
Representative of North Tees and Hartlepool NHS Foundation Trust; Alan Foster
Representative of Tees Esk and Wear Valley NHS Trust, David Brown (substitute for Martin Barkley)

Councillor Fisher, Chair, Audit and Governance Committee (Observer)

Rosemary Granger, Project Director, Security Quality in Health Services

Officers: Neil Harrison, Hartlepool Borough Council, Head of Service
Joan Stevens, Hartlepool Borough Council, Scrutiny Manager
Amanda Whitaker, Democratic Services Team

Also in attendance were the following members of public:

Mr Hobbs and Health Watch representative

13. Apologies for Absence

Councillor C Akers-Belcher, Leader, Hartlepool Borough Council
Councillor Hall, Hartlepool Borough Council

Director of Regeneration and Neighbourhoods, Hartlepool Borough Council, Denise Ogden
Representative Hartlepool and Stockton-on-Tees Clinical Commissioning Group; Alison Wilson

14. Declarations of interest by Members

None

15. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 24 June 2013 were received.

The following matters arising from the minutes were discussed:-

Minute 12 – Development of a New Hospital – an elected member sought clarification from the Chair regarding when he became aware of the item which sought the approval of the Board to send letters to the Secretary of State. Concerns were expressed that Board Members had not received advance notice of the item. Reference was made also to media coverage of the item and it was highlighted that not all Members of the Council supported the letters which had been sent to the Secretary of State.

Minute 4 – Health and Wellbeing Board Terms of Reference – The Director of Public Health highlighted that it had been agreed that the Children's Strategic Partnership (CSP), Health Inequalities Delivery Group & the Healthy and Independent Adults Delivery Group would be the regular sub groups of the Health and Wellbeing Board. Following suggestions made by the Director, the Board agreed that the Delivery Groups would be Chaired as follows:-

- Children's Strategic Partnership (CSP) – Chair of Hartlepool Borough Council's Children's Services Committee
- Health Inequalities Delivery Group – representative of Public Health Department
- Health Inequalities Delivery Group & the Healthy and Independent Adults Delivery Group – to be identified by Hartlepool Borough Council's Assistant Director, Adults Services and the Chief Officer, Hartlepool and Stockton on Tees Clinical Commissioning Group

Minute 7 – Potential Topics for inclusion in the Audit and Governance Statutory Scrutiny Health Work Programme – the Scrutiny Manager advised the Board that Hartlepool Borough Council's Audit and Governance Committee had agreed that the Health Scrutiny investigation for 2013/14 would be Chronic Obstructive Pulmonary Disease (COPD) rates and services in Hartlepool.

16. Declaration on Tobacco Control (*Director of Public Health*)

The Board was presented with a proposed declaration on tobacco control. A charter on tobacco control had been adopted by Newcastle Council in May 2013 and had been circulated to the Board to consider whether the Board would also wish to make this declaration for Hartlepool.

The Board was reminded that smoking was still the single preventable killer across the North East and caused a significant burden of ill health including cancer and respiratory disease in communities. Around 23% of the adult population of Hartlepool smoke cigarettes and in some of the more socio-economically deprived wards over 50% of adults smoked. Therefore, there was still an ongoing public health challenge to tackle smoking rates and ensure sustained effort in an attempt to eradicate smoking.

Decision

Members of the Board supported the declaration on tobacco control for Hartlepool.

17. Constitutional and Structural Arrangements for the Children's Strategic Partnership as a Subgroup of the Health and Wellbeing Board (*Assistant Director (Children's Services*)

The report informed members of the Board of the changes to the Children's Strategic Partnership, arising from the implementation of amendments to Hartlepool Borough Council's Constitution and the establishment of the statutory Health and Wellbeing Board from 1st April 2013.

The report set out the background to the establishment of Children's Trusts by the Children Act 2004. Whilst a number of sections of the Act had been repealed by the current government, the requirement to have a forum that brought together all services for children and young people remained with guidance being issued by the Department for Education as set out in the report.

Board Members were advised that Hartlepool Borough Council had agreed a new Constitution. Under the new arrangements there were 5 Policy Committees, which included a Children's Services Committee and the Chair of that Committee was the Lead Member for Children's Services. The Committee was responsible for all aspects of children's services, including children's social care, early intervention and prevention services, exercising the Council's functions as the Local Education Authority, commissioning and the oversight of the Children's Strategic Partnership for the purposes of the Children Act 2004.

The function of the Children's Strategic Partnership was set out in the report together with a table which demonstrated the governance arrangements for the Partnership. The terms of reference for the Partnership was appended to the report. Board Members were requested to ratify the terms of reference.

The proposed membership of the Children's Strategic Partnership included Chair, NHS Hartlepool and Stockton on Tees Clinical Commissioning Group. Dr Pagni highlighted that due to his position on this Board it had been agreed that he would also represent the Clinical Commissioning Group on the Children's Strategic Partnership for continuity.

Decision

Board members agreed the governance arrangements for the Children's Strategic Partnership.

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.

19. The Challenging Behaviour Charter (*Assistant Director, Adult Services)*

The report sought approval to sign up to the principles of the Challenging Behaviour Foundation (CBF) Charter. The Charter had been developed by the Challenging Behaviour National Strategy Group and had endorsement from the Association of Directors of Adult Social Services and several NHS organisations. The Charter requested Child and Adult Services and the NHS to collaborate and develop plans across education, social care and health to meet the individual needs of children, young people and adults with a behaviour described as challenging to ensure people have a good quality of life.

Board Members were advised that Hartlepool would continue to develop and review its Joint Strategic Needs Assessment (JSNA) in collaboration with NHS partners and could show good joint working which complements the CBF Charter. In March 2011, the Government had published its consultation Green Paper on special educational needs and disability (SEND). Hartlepool had been chosen as an early implementer (pathfinder) and had been supported to design new arrangements to pilot and improve life outcomes for children and young people; to give parents confidence by giving them more control; and to transfer power to professionals on the front line and to local communities. The (SEND) 0-25 pathway provided further evidence of joint working with the development of the single plan and the ability to deploy a personal budget for Health, Education and Care.

The Charter appended to the report would further support the development of the JSNA for Children and Adults and the rights and values expressed within the Charter would act as a checklist for commissioners. Also appended to the report was information on a range of key organisations already signed up to the CBF Charter.

Decision

The Health & Wellbeing Board endorsed the principles of the CBF Charter and reflected these principles in the JSNA and in any future commissioning decisions and that organisations that are members of the Health & Wellbeing Board sign up to the principles of the CBF Charter and promote best practice for people with challenging behaviour

20. Scrutiny Investigation into Selected Joint Strategic Needs Assessment (JSNA) Topics – Final Report and Agreed Actions(Scrutiny Manager)

The report set out the findings of the scrutiny investigation into the selected Joint Strategic Needs Assessment (JSNA) Topics. As part of the Overview and Scrutiny Work Programme for 2012/13, it was agreed that the Scrutiny Co-ordinating Committee, and each of the individual Scrutiny Forums, would

consider selected JSNA topics and formulate views and comments for consideration where appropriate. Selected JSNA topics were looked at in detail during the course of 2012/13, culminating in the production of a report which had been circulated to the Board. Also appended to the report were the detailed outcomes of investigations into the selected JSNA topic areas.

The report and its appendices had been considered and accepted by the Finance and Policy Committee on the 28 June 2013 alongside detailed action plans, copies of which were appended to the report. In addition to the recommendations made by each Forum, the Board's attention was drawn to a number of overarching comments in relation to the overall JSNA process and content. These were detailed in the report and actions against them were detailed in the Appendix.

The Board was asked to note the content of the reports and the Action Plans. Progress against the actions identified would be monitored by the appropriate Policy Committees as part of the six monthly monitoring of outstanding scrutiny actions. The exception to this would be recommendations / actions in relation to the Sexual Health JSNA Topic, which would be monitored by the Audit and Governance Committee as part of the statutory scrutiny process.

Following reference made at the meeting to progress in addressing health inequality issues in the Borough, the Director of Public Health responded to an issue raised regarding availability of up to date information. The Director referred to the availability of both qualitative and quantitative data. The Director also referred to a presentation which had been made to Hartlepool Borough Council's Finance and Policy Committee which was based on the Longer Lives data, released on a national basis through Public Health England, on health inequalities. With regard to the JSNA topic of 'poverty', an Elected Member referred to the implications of Government Policy.

Decision

That Board noted the content of the report(s) at Appendix 1 and the Action Plans at Appendix 2

21. Securing Quality in Health Services (*Chief Officer, Hartlepool and Stockton on Tees Clinical Commissioning Group and Project Director, Security Quality in Health Services)*

The report informed the Board of a piece of work which was being carried out across County Durham and Tees Valley that was focused on improving the quality of acute hospital services. The project had been initiated in April 2012. The overall objective of the project was to enhance the commissioning of acute hospital services by reaching consensus on the key clinical quality standards in acute hospital care that should be commissioned by Clinical Commissioning Groups (CCG). The project aimed to produce a report that would describe the agreed clinical quality standards in the context of the financial and workforce resources that were expected to be available to

support implementation of the standards. The project report from the first phase of the work was received at the final meetings of the Primary Care Trust in March 2013. A copy of the final summary report and quality standards had been circulated. The report set out a summary of key messages and recommendations for the four clinically led groups which considered acute paediatric, maternity and neonatal services, Acute Care, End of Life Care, Long Term Conditions and Planned Care

Following completion of phase one of this project and the project report described in the report, the five CCGs across County Durham and Tees Valley had agreed to build on this legacy work and would take this work forward in line with the duty placed upon them to commission high quality sustainable services. It had been agreed that this work would continue to be a commissioning led process and as such, Darlington CCG would lead the work on behalf of the five CCGs. Hambleton, Richmondshire and Whitby CCG was working closely with the project due to the scale of their patient flows into the Tees Valley area. The project would also feed into and is supported by the work of the Area Team of NHS England. The objectives for the next phase of work which was expected to be complete by the end of the summer 2013 were to assess the feasibility of, and options for, implementing the standards and progressing implementation.

The Project Director highlighted that a number of the quality standards were based on 24/7 availability of senior clinicians and presented some challenges in terms of workforce resources. Issues arising from the report were discussed including addressing the availability of midwives to meet the key quality standard of 1:1 Midwife care for women in established labour together with general capacity and training issues. The link to obesity of the expected increase in diabetes prevalence, referred to in the report, was also highlighted.

In response to clarification sought from the Director of Public Health with regard to further engagement with the Board, the Project Director agreed that an agenda item be included on the agenda for the meeting of the Board on 28 October 2013.

Decision

The Board accepted the report for information and agreed that a further report be submitted to the October meeting of the Health and Wellbeing Board as the project progresses.

22. Feedback from Chairs of Health and Wellbeing Boards Regional Meeting (*Chair)*

The report provided feedback to the Board from the regional meeting of the Chairs of Health and Well Being Boards. The meeting of the Chairs of Health and Well Being Board was an opportunity for the chairs across the North East to discuss common issues affecting health and well being boards. The report

set out the items which were discussed at the meeting on 17 June 2013 together with those items which had been deferred due to time constraints. It was noted that the meeting had been supported by the Association of North East Councils (ANEC).

In response to a request from a member of the Board the Chair agreed to include key issues, arising from meetings, in future reports to the Board and to circulate papers relating to those meetings to Board Members.

Decision

The report was noted.

23. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following items of business should be considered by the Committee as a matter of urgency in accordance with the provisions of Section 100(B) (4)(b) of the Local Government Act 1972 in order that the matters could be dealt with without delay.

24. NHS Structures and Budgets

As a general observation, it was highlighted to the Board that there was some confusion in relation to the NHS Structures and budgets. In response the Chairman suggested that a presentation be made to the next meeting of the Board.

25. Victoria Road Community Support Bed Facility

Reference was made to consultation which was being undertaken in relation to the closure of the community support bed facility, located within 25 Victoria Road. The Tees Esk and Wear Valley NHS Trust representative referred to the need to provide better services and advised that a report was to be submitted to Hartlepool Borough Council's Audit and Governance Committee, on 22 August, in relation to this issue.

CHAIR

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE
29th July 2013

PRESENT:-
Representing Hartlepool Borough Council:
Councillors Fisher (in the Chair), Ainslie (vice Councillor Shields)
Representing Middlesbrough Council:
Councillor Cole
Representing Redcar and Cleveland Borough Council:
Councillor Mrs Wall
Representing Stockton-On-Tees Borough Council:
Councillors Mrs Wilburn, Mrs Womphrey.

APOLOGIES – Councillors Newall, Mrs Scott and Taylor (Darlington Borough Council); Councillors Robinson and Shields (Hartlepool Borough Council), Councillors Dryden and Mrs Pearson (Middlesbrough Council), Councillors Carling and Lanigan (Redcar and Cleveland Borough Council), Councillor Javed (Stockton on Tees Borough Council).

IN ATTENDANCE - Cllr Mrs Skilbeck (Hambleton District Council).

OFFICERS – N.Hart, P. Mennear (Stockton-On-Tees Borough Council), J.Stevens, L. Stones (Hartlepool Borough Council), E.Pout (Middlesbrough Borough Council), M.Ameen (Redcar & Cleveland Borough Council).

EXTERNAL REPRESENTATIVES –
A.Hume, (South Cleveland Clinical Commissioning Group),
J.Stevens (South Cleveland Clinical Commissioning Group),
E.Lovell (Co Durham & Darlington Foundation Trust).

Due to there not being a representative present from each of the Tees Valley Local Authorities, the meeting was inquorate and an informal meeting was held.

DECLARATIONS OF INTEREST –
None

MINUTES – Submitted –The informal notes of the inquorate meeting of the Tees Valley Health Scrutiny Joint Committee held on 17th June 2013 were submitted for consideration.

AGREED – That the Minutes be approved in principle and be referred to the next meeting for confirmation as a correct record.

IMPROVE PROGRAMME-SOUTH TEES CCG

Consideration was given to a presentation from Amanda Hume, Chief Officer of the South Tees Clinical Commissioning Group (STCCG), together with Julie Stevens, South Tees Clinical Commissioning Group, outlining the content of their Integrated Management and Proactive Care for the Vulnerable and Elderly (IMProVE) Programme, as part of the engagement exercise which included a programme of public consultation commencing Sept-Jan 13/14.

This followed work undertaken over the past year with local GP's, hospital clinicians, nurses, health professionals and social care partners etc examining the many challenges faced by the NHS and social care in South Tees and considering how the STCCG could develop a

more responsive and joined-up approach to caring for the growing population of older patients with long term conditions and other care needs. This would require a move away from the current reactive care model with particularly high demand in this region for emergency hospital services, to a more proactive model designed to prevent deterioration into ill health and hospital admission, and wherever possible allow people to receive care in their own home or local community. It was also hoped to eliminate the current variation in access to and provision of care and ensure greater equity of services across the South Tees area, whilst maximising available resources to meet the needs of the population.

The development of this vision would include consideration of:-

-Opportunities to enhance services in the community; eg developing better provision for those suffering from respiratory diseases, improving rehabilitation support for stroke patients, providing services in the community and in patients' own homes;

-Putting GP's at the heart of an integrated service, undertaking more proactive management of patients to identify those at most risk and co-ordinating support across health and social care;

-Making better use of a 'step up' (GP led direct admissions) model of care which would reduce the number of patients admitted to acute hospital beds;

-Improving quality of care by providing seven day multi-disciplinary team ward rounds and reducing the length of stay of those patients who are admitted;

-Delivering some out-patient clinics closer to home, where appropriate, and reviewing the use of community hospitals to provide better access for patients;

-Better information sharing across health and social care teams;

-Providing healthy living advice and encouraging self-management and self-care to prevent escalation of health conditions;

-Increased involvement of the voluntary and third sector in providing community-based services;

-Incorporating best practice, national strategy and Department of Health guidelines into our approach.

Details of the Communication and Engagement Implementation Plan were submitted, which included specific questions upon which the publics' views were requested. Focus groups would consider more detailed questions as appropriate.

Members welcomed the measurable approach taken by the proposed consultation and the involvement of GP's etc whose support would be vital to the successful delivery of this new vision. Caution was however urged before any decision was taken to reduce the number of hospital beds as it would take some time before any new adequately robust infrastructure was in place. Reference was made to the likely cost of such a vision should it be supported. It was impossible at this stage to quantify such a cost, however, the cost of hospital stay at crisis point was excessive and it was envisaged that the quality of care delivered would significantly improve as a result of this new approach. Rehabilitation at home could be of better quality and at the same time as being lower cost.

Consideration was being given to the services that could be provided by the voluntary and community sector. It was also noted that a steering group had been set up in order to advise on the appropriate sharing of data across agencies.

As part of the engagement process, further, more detailed work would take place with the Middlesbrough, and Redcar and Cleveland health scrutiny Members.

AGREED that:-

1. The content of the presentation be noted.
2. Members comments regarding the proposed Integrated Management and Proactive Care for the Vulnerable and Elderly (IMProVE) Programme, be noted.

WORK PROGRAMME 2013-14

Further to a suggestion from Hartlepool BC's health scrutiny committee, regarding a possible future review of Alcohol services within the Tees Valley, it was suggested that, as a starting point, it may firstly be appropriate for each Authority to submit a position statement regarding their current alcohol related services for consideration at a future meeting of this Committee, in order to determine what the scope of any review may cover.

AGREED that each Authority be contacted to present a position statement regarding their current alcohol related services for consideration at a future meeting of this Committee.

SAFER HARTLEPOOL PARTNERSHIP
DECISION RECORD
16 August 2013

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

Present:

Councillor: Christopher Akers-Belcher (In the Chair)

Dave Stubbs, Chief Executive
Clare Clark, Neighbourhood Manager
John Bentley, Safe in Tees Valley
Andy Powell, Housing Hartlepool

In accordance with Council procedure rule 5.2 (ii) Andy Graham was in attendance as a substitute for Louise Wallace, Director of Public Health, Superintendent Ian Coates as substitute for Chief Superintendent Gordon Lang and Chief Inspector Lynn Beeston and Julie Keay as substitute for Lucia Saiger-Burns, Tees Valley Probation Trust

Also present:

Karen Hawkins, Hartlepool and Stockton Clinical Commissioning Group
Mark Smith, Head of Youth Services
Councillor Keith Fisher, HBC
Steven Hume, Stockton on Tees Borough Council
Anthony Lowes, NOMS North East

Officers: Joan Stevens, Scrutiny Manager
Danielle Swainston, Head of Access and Strategic Planning
Richard Starrs, Strategy and Performance Officer
Denise Wimpenny, Principal Democratic Services Officer

16. Apologies for Absence

Apologies for absence were submitted on behalf of Denise Ogden, Director of Regeneration and Neighbourhoods, Lucia Saiger-Burns, Durham Tees Valley Probation Trust, Gordon Lang, Chief Superintendent, Cleveland Police, Chief Inspector Lynn Beeston, Cleveland Police, Ian McHugh, Cleveland Fire and Rescue Authority, Councillor Carl Richardson, Cleveland Fire and Rescue Authority and Louise Wallace, Director of Public Health.

17. Declarations of Interest

None.

18. Minutes of the meetings held on 5 July 2013

Confirmed.

19. Matters Arising from the Minutes

Superintendent Ian Coates confirmed acceptance of the role of Vice-Chair of the Partnership on behalf of Chief Superintendent Gordon Lang. The Chair requested that confirmation of the appointment be made in writing.

20. Troubled Families (*Assistant Director, Children's Services*)

Purpose of report

To update the Safer Hartlepool Partnership on the implementation of the Think Family Think Communities (Troubled Families) Programme in Hartlepool and changes to the arrangements for local delivery.

Issue(s) for consideration

The report included background information relating to the Troubled Families Programme following the Government's announcement that £448m be allocated to the programme.

As at 31 March 2013 Hartlepool submitted return data to the Troubled Families team, details of which were set out in the report. Since the start of the programme 97 families had been identified and work had commenced with the 97 identified. It was estimated that 28 payments by results would be claimed for July 2013.

With regard to changes to the arrangements for local delivery of the programme, in March 2013, the Troubled Families Co-ordinator role moved from the Director of Regeneration and Neighbourhoods to the Assistant Director, Children's Services and over the past 3 months a time limited core team had been developed to support the delivery of the programme, progress of which was provided.

It was reported that to date the Hartlepool Think Family Think Communities Programme had been able to identify 57 families that met the claim criteria. However, claims could only be made for 51 as funding was only attached to 5 out of 6 families. It was highlighted that this was higher than the

forecasted figure of 28.

The Head of Access and Strategic Planning responded to issues raised by Members. Clarification was provided in relation to the payment by results process and the support arrangements in place following the conclusion of the claims process. In terms of the costs of implementing the programme, a query was raised in relation to the anticipated income against additional expenditure to which the Partnership was advised that whilst cost benefits were yet to be examined, the DCLG had produced a cost benefit analysis tool to assist with the issue. Feedback in this regard would be provided to the Partnership in due course.

Decision

(i) That the change of management arrangements of the Think Family Think Communities Programme be endorsed.
(ii) That the changes to the delivery model be ratified.
(iii) That the work to date on delivery of the programme in Hartlepool be noted.

21. Safe Places Scheme (*Director of Regeneration and Neighbourhoods*)

Purpose of report

To make the Safer Hartlepool Partnership aware of the Tees-wide Safer Places Scheme and seek the endorsement of the Partnership for the scheme.

Issue(s) for consideration

The Neighbourhood Manager provided background information relating to the scheme and made reference to the offer from Inclusion North to assist in the creation of a Safer Places Scheme across Teesside. The scheme was presently at the discussion stage in Stockton and Middlesbrough and was still being trialled by the Community Safety Team in Redcar and Cleveland. In Hartlepool, there had been take up of 50 places. One of the barriers to the success of the scheme was take up by transport providers. A steering group had been established with representation from all the agencies and districts working to launch a tees-wide scheme.

It was reported that there would be a sub-regional launch in the week commencing 14 October and the various methods of promoting the scheme were outlined, as detailed in the report.

In the discussion that followed, some concerns were raised that when testing the system, some staff employed in designated safe place locations

were not aware of the scheme and unsure as to what action to take in the event of any requests for assistance. Members emphasised that the success of the scheme was dependent upon staff employed in designated safe place locations being confident to deal with such requests and the benefits of training and briefing sessions for staff were highlighted as well as the need to publicise the success of the scheme. The Neighbourhood Manager agreed to feed those comments back to the Steering Group.

Decision

(i) That the contents of the report and comments of Members be noted.
(ii) That the approach being taken to introduce a Tees-wide Safe Places Scheme be endorsed.
(iii) That the Director of Regeneration and Neighbourhoods explore the potential for expansion of the scheme with partners eg Health and Wellbeing Board and Safeguarding boards.

22. Community Safety Connect – Verbal Update

(*representative from Stockton Borough Council*)

Purpose of report

To provide an overview of the Community Safety Connect project.

Issue(s) for consideration

A representative from Stockton Borough Council, who was in attendance at the meeting, provided the Partnership with a detailed and comprehensive presentation in relation to the Community Safety Connect project which had been introduced in Stockton. The aim of the scheme was to build on the strong work that had been carried out on providing reassurance to local residents as well as continue to reduce the fear of crime and anti-social behaviour (ASB) in local areas. The presentation included background information as to how the project was developed including details the following three key elements of the project which could be adapted or developed at a low cost to meet the needs of individual areas.-

- Community Connect
  - web based application to report ASB
  - keep track of progress
  - benefits of the system
  - increased use of Quick Response (QR) codes

- Client Connect
  - single partnership document providing key information such as offending history, housing tenure, family makeup, health/special

needs, risk factors, chronology of involvement with agencies including named officers
- will enable the individual to receive the best possible support

- Re-connect
  - focuses on use of restorative practices to address ASB
  - to provide victims and perpetrators with the opportunity to come together to address issues that have been caused as a result of ASB
  - network made up of a number of representatives – local authority, police, fire service volunteers from local communities.

Following conclusion of the presentation and in response to concerns regarding the effectiveness of anti-social behaviour orders, the representative acknowledged that whilst anti-social behaviour orders were effective in some cases, they may not address the problem in others. The need to positively engage with individuals, improve use of sanctions imposed and improve the monitoring and review process was highlighted.

A query was raised in relation to the impact on resources as a result of the project. The representative stated that whilst it was not envisaged that service requests would reduce, it was hoped that the project would reduce the workload of officers in the longer term with less time being spent dealing with telephone calls and manual input of information as well as better quality case notes to assist with enforcement.

The Chair thanked the representative for his attendance and requested that feedback from the Partnership be reported back to individual teams.

Decision

(i) The presentation was noted.
(ii) The comments of the Partnership be reported to individual teams.

23. Scrutiny Topic Selection – Reoffending (*Scrutiny Manager)*

Purpose of report

To advise the Safer Hartlepool Partnership of the crime and disorder topic selected by the Audit and Governance Committee for investigation as part of its statutory scrutiny responsibilities.

Issue(s) for consideration

The Scrutiny Manager reported on the background to the requirements of the Police and Justice Act 2006 to establish a Crime and Disorder Scrutiny

Committee and the suggestion made by the Partnership at the last meeting that the issue of reoffending should be investigated. The Audit and Governance Committee had welcomed the Partnership's suggestion and, in recognition of the importance of the issue, had agreed that an investigation would be undertaken as part of the 2013/14 work programme.

Decision

That the selection of 'reoffending' as the crime and disorder topic for investigation by the Audit and Governance Committee be noted.

24. Reducing Reoffending in the North East – Improving Joint Working Between Prisons and Local Authorities (ANEC/NOMS Report) (*Director of Regeneration and Neighbourhoods*)

Purpose of report

To update the Safer Hartlepool Partnership on a joint report produced by the North East Councils (ANEC) and National Offender Management Directorate (NOMS) into improving joint working between prisons and local authorities in the North East to reduce re-offending.

To propose that the 'reducing re-offending strategic group' takes responsibility for local implementation of the recommendations contained within the report as part of a broader strategy for reducing re-offending in Hartlepool.

Issue(s) for consideration

The report provided background information in relation to the production of a joint report produced by ANEC and NOMS. The ANEC Mayors and Leaders Group had agreed in principle to support the recommendations. However, had requested that the report be presented to the Local Community Safety Partnership to ascertain their views before giving their full support to the recommendations. An executive summary of the report was attached at Appendix A.

It was acknowledged within the report that amongst the many recommendations there would be some quick wins requiring minimum effort and resource with others requiring greater consideration through a North East Reducing Re-offending Forum. It was therefore proposed that the Safer Hartlepool Partnership ask the reducing re-offending strategic group to take responsibility for implementing the recommendations in the report as part of their work on the broader strategy.

Members were advised that a representative from the National Offender Management Directorate (NOMS) had been invited to the meeting to provide information on the report.

The Chair welcomed the representative from NOMS to the meeting who went on to deliver a detailed and comprehensive presentation on the project that had been initiated by ANEC and NOMS to identify opportunities for joint work directed at reducing reoffending and the associated harm to communities and focussed on the following:-

- Scope of the project
- The project answered a number of key questions
- Prison data by local authority as at July 2013

Recommendations

- Action based on resettlement pathways
- Focus on areas where prisons and local authorities can have greatest impact and improve outcomes
- A holistic approach to joined up end to end offender management
- ANEC and NOMS to work with partners to articulate local priorities
- NOMS and local authorities to work together with other key partners via a North East Reducing Reoffending Forum
- Strengthen co-operation and engagement at North East level to respond to opportunities, issues and risks by the planned reforms of offender management and through gate services.

Following the conclusion of the presentation Members discussed the contents of the report and issues highlighted by the representative which included the following:-

(i) The representative from NOMS sought clarification as to whether partner organisations were engaging with prisoners in other areas outside the geographical boundaries. The representative from the Probation Trust referred to the strong links with Holme House Prison and the Probation Trust. Whilst acknowledging that links with other areas could be strengthened, it was highlighted that arrangements were in place to improve joint working to produce better outcomes for individuals. Details of joint working arrangements and the wraparound service in place with the local authority was provided. It was noted that all local authorities did not adopt a similar approach.

(ii) Discussion ensued in relation to the importance of improving joint working and pathways from prison into the community, the problem of accessing services whilst in prison particularly those of a housing related nature and the impact on reoffending as a result. In order to address some of the issues identified, the NOMS representative advised that funding was provided by the

12 local authorities into a regional homelessness group contract to provide specific services. Arrangements were in place for a housing provider to engage with individuals at an early stage and, following release, there was a 13 week wrap around service provided by peer mentors.

(iii) The Partnership debated the advantages and disadvantages of utilising volunteers as peer mentors to support offenders following release, the sustainability of this approach, access to internal housing support mechanisms as well as how individuals were supported following a withdrawal of an offer of accommodation as a result of unacceptable behaviour. In response, it was reported that the option to establish an Offenders Housing Group was being explored to alleviate risks of this type in future. It was noted that a discretionary grant was available to Prison Governors for emergency housing related issues.

(iv) The Neighbourhood Manager, on behalf of the Durham Tees Valley Probation Trust representative, who had submitted her apologies and views prior to the meeting, questioned the value of a regional forum given the lack of outcomes of a previous forum that had been established a number of years ago. The importance of improving local connections with the prison and/or the reducing reoffending group to ensure things happened operationally was also highlighted. The NOMS representative indicated his availability to attend future meetings of the partnership as necessary.

In concluding the debate, the Chair was keen to receive feedback from the Reducing Reoffending Group, of which the NOMS representative was a Member, on the recommendations outlined in the report prior to a formal response being submitted to the Partnership to the ANEC Leaders and Mayors Group.

The Chair thanked the representative for his attendance at the meeting and responding to Members' questions.

Decision

(i) That the information given and comments of the Partnership be noted.

(ii) That feedback on the recommendations, as detailed in the report, be sought from the Reducing Re-offending Strategic Group to enable a formal response to be submitted by the Partnership to the ANEC Leaders and Mayors Group.

25. Safer Hartlepool Partnership Performance

(*Neighbourhood Manager (Community Safety)*)

Purpose of report

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

Issue(s) for consideration

The Neighbourhood Manager provided the Partnership with an overview of the Safer Hartlepool Partnership performance during Quarter 1, as set out in an appendix to the report. Information as a comparator with performance in the previous year was also provided.

Whilst noting an overall reduction in crime of 2.2%, the Partnership debated the potential reasons for the increase in domestic burglary, shop lifting and anti-social behaviour including the measures that had been introduced to reduce this trend.

Decision

That the Quarter 1 performance of the Partnership be noted.

26. Date and Time of Next Meeting

It was reported that the next meeting was scheduled for 27 September at 9.30 am.

The meeting concluded at 11.25 am.

CHAIR