

AUDIT AND GOVERNANCE COMMITTEE AGENDA



Thursday 23 January 2014

at 9.30 am

**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.

Local Police Representative: Chief Superintendent Gordon Lang.

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 28 November 2013.

3.2 To confirm the minutes of the meeting held on 12 December 2013

4. AUDIT ITEMS

No items

5. STANDARDS ITEMS

No items



6. STATUTORY SCRUTINY ITEMS

CRIME AND DISORDER ISSUES

6.1 Re-offending Investigation - Second Evidence Gathering Session - Covering Report - *Scrutiny Manager*

- (a) Verbal Evidence from the Chair of the Neighbourhood Services Committee;
- (b) Evidence from NOMS (National Offender Management Service) North East – Presentation by Anthony Lowes, Reducing Reoffending Project Manager, Public Sector Prisons N.E;
- (c) Evidence from the Durham Tees Valley Probation Trust – Presentation;
- (d) Evidence from the Youth Offending Service – Mark Smith, Head of Integrated Youth Support Services;
- (e) Verbal Input from Chief Inspector Lynn Beeston, Local Policing Area Commander for Hartlepool;
- (f) Written evidence from Barry Coppinger, Police and Crime Commissioner;
- (g) Written evidence from Iain Wright MP.

Safer Hartlepool Partnership:-

6.2 Safer Hartlepool Partnership's Draft Community Safety Plan 2014 - 17 - *Neighbourhood Manager (Community Safety)*

6.3 Safer Hartlepool Partnership Performance – Quarter 2 – *Neighbourhood Manager (Community Safety)*

Police and Crime Panel (PCP):-

6.4 PCP Forward Plan and Scrutiny Work Programme - *Scrutiny Manager*

HEALTH ISSUES

6.5 Local HealthWatch Work Plan 2013/14 - *HealthWatch Representatives*

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

7.1 To receive the minutes of the meeting held on 28 October 2013



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

8.1 Extract from the minutes of the meeting held on 29 November 2013.

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

9.1 To receive the minutes of the meeting held on 28 October 2013.

10. MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP

10.1 To receive the minutes of the meeting held on 1 November 2013.

11. REGIONAL HEALTH SCRUTINY UPDATE

No items.

12. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

FOR INFORMATION

Date of next meeting – 20 February 2014 at 2.00 pm in the Civic Centre, Hartlepool.



AUDIT AND GOVERNANCE COMMITTEE MINUTES AND DECISION RECORD 28 NOVEMBER 2013

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

Present:

Councillor Keith Fisher (In the Chair)

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

Co-opted Members: Mr Norman Rollo and Mrs Clare Wilson.

Also Present: Councillor Paul Beck as substitute for Councillor Jean Robinson in accordance with Council Procedure Rule 5.2

Dr Mike Guy, Medical Director, Durham, Darlington and Tees Area Team
Sue Metcalfe, Director of Commissioning, Darlington and Tees Area Team

Deborah Bowden, Commissioning Manager, North of England
Commissioning Support

Mark Cotton, Assistant Director of Communications, North East
Ambulance Service NEAS

Dougie McDougall, Operations Manager, (NEAS)

Jean McKenna, Public Governor, NEAS

Ray Stephenson, Public Governor, NEAS

Lynn Kirby, Associate Director of Operations, North Tees and Hartlepool
NHS Foundation Trust (NTHNFT)

Peter Tindall, Associate Director of Strategic Planning, NTHNFT

Chris Tulloch, Clinical Director, Orthopaedics, NTHNFT

Stephen Thomas, Development Officer, Hartlepool Healthwatch

Officers: Peter Devlin, Chief Solicitor and Monitoring Officer
Laura Stones, Scrutiny Support Officer
David Cosgrove, Democratic Services Team

58. Apologies for Absence

Councillors Brash and Robinson.

59. Declarations of Interest

Councillors Jim Ainslie, Stephen Akers-Belcher, Paul Beck and Linda Shields declared personal interests in Minute No. 61 "Reference of a

Complaint from Council”.

60. Minutes of the meeting held on 31 October 2013

Confirmed.

Councillor Ainslie reported that at the recent Oversight Group for the Implementation and Evaluation of Acute Medicine and Critical Care Reconfiguration – North Tees and Hartlepool NHS Foundation Trust, discussions had taken place on the transfer of services to the Holdforth Unit at the hospital and also relating to transport issues as highlighted in the Healthwatch report later on the agenda.

61. Reference of a Complaint from Council (*Chief Solicitor and Monitoring Officer*)

The Chief Solicitor and Monitoring Officer reported on the conclusions of the consideration of a complaint made at Council on 17 October 2013 relating to the actions of the Leader of the Council, Councillor Christopher Akers-Belcher, when he requested that a Labour Party manifesto document be included within a delegate pack as part of the launch of the Hartlepool Youth Investment Project, which took place on 3rd October, 2013.

Although it was moved and seconded that the Chief Solicitor should investigate this alleged breach, this motion was withdrawn on being advised by the Chief Solicitor that inquiries would be undertaken and the matter reported back to the appropriate Committee. The Chief Solicitor indicated that under the Council's adopted arrangements under the Localism Act, 2011, the determination of whether a matter of complaint should be referred to investigation or whether “other action” or “no action” should be taken is a matter for the Chief Solicitor in his capacity as Monitoring Officer in liaison with the Independent Person.

During the same debate, Councillor Christopher Akers-Belcher indicated that he had requested that this document be circulated at this event. In addition, the draft minutes also note the following;

“The Leader added that he would take responsibility should it be found that any breach of the Constitution had been made”.

On 21st October, 2013, the matter of complaint was discussed between the Chief Solicitor and Mr Norman Rollo, the Independent Person. It was agreed that given the frank and open admission by Councillor Christopher Akers-Belcher it was neither necessary nor expedient to embark upon a full investigation.

The Chief Solicitor reported that informal advice in relation to this matter had been given to Councillor C Akers-Belcher and a note issued to Officers based upon the points outlined in the report on political neutrality and in

order to ensure that there was recognition to those general principles which govern the conduct of both Members and Officers in public life.

The Independent Person, Mr Rollo indicated that he endorsed the comments made by the Chief Solicitor. Mr Rollo did feel, however, that Members needed to acknowledge the wider reputational damage that such issues could cause.

The Chair did feel that as the Leader of the Council had accepted responsibility for the document at the Council meeting at which the issue was raised, then the investigation by the Chief Solicitor was unnecessary. The Chief Solicitor did indicate that when a complaint was made he was required to investigate. The Chair acknowledged this but request he be forwarded details of how much the investigation had cost the authority.

Recommended

That the report and actions to be taken be approved.

62. Recruitment of Good Quality GP's *(Representatives from Durham, Darlington and Tees Area Team)*

Dr Mike Guy, Medical Director, Durham, Darlington and Tees Area Team gave a presentation to the Committee outlining the current workforce position in regard to General Practitioners (GPs) in Hartlepool. Dr Guy indicated that Hartlepool benefitted from good overall number of GPs with no particular issues in relation to an aging workforce. There was a good spread of male and female GPs and few single doctor practices which were usually sources of concern. Overall, the quality of primary care in Hartlepool was good with no GPs causing any concern. Training facilities were also very good but there was some issues of retention with newly qualified doctors not tending to stay in the area.

Members commented on the trend of people attending A&E rather than going to their local GP and asked what could be done to reverse this trend. Dr Guy commented that while there was generally good access to primary care between 8.00 am and 6.00 pm, outside of those hours people did tend to default to A&E. Presently there was no incentive for GPs to extend their hours, but the Director of Commissioning, Darlington and Tees Area Team, commented that some money had been identified to extend the working hours of some GP practices in the area and there would be detailed monitoring of the effects of this.

Dr Guy did comment that one of the major issues once people had been admitted through A&E, was the discharge procedures to return particularly vulnerable people home.

The Healthwatch representative indicated that there were issues with some GPs in the town. Patients had raised issues with gaining appointments with some practices and out of hours services were also a cause of concern. Some practices had also not moved forward in the establishment of Patient

Participation Groups (PPGs). It was acknowledged that PPGs were improving but that the CCG needed to address some issues. In terms of appointments it was not only about patients being able to get appointments with named doctors but also appointments with the other professionals within the practice.

During the debate, the 111 service was highlighted. Dr Guy commented that the service was now delivering to patients and the North East service was ranked fourth in the country. The meeting also discussed the gender balance of local GPs and seven day access to general surgery. The meeting noted that health inequalities were monitored under the JSNA.

Recommended

That the report and presentation be noted.

63. Patient Reported Outcome Measures – Hip

Outcomes *(Representatives from North Tees and Hartlepool NHS Foundation Trust)*

Chris Tulloch, Clinical Director, Orthopaedics, North Tees and Hartlepool NHS Foundation Trust (NTHNFT) gave a presentation on patient related outcome measures (PROMs) in hip replacement surgery. Mr Tulloch highlighted that the Trusts was undertaking a larger than average number of revision hip replacements (second time replacements). This did tend to affect some of the PROMs scores for the Trust but there was a very low complication rate for revision surgery as this surgery was now concentrated within the remit of three out of the six surgeons undertaking these procedures.

In response to questions, Mr Tulloch indicated that only five hospital Trusts undertook the revision surgery for patients with metal to metal hip replacements. The Trust had opted some years ago to give patients metal to metal joints where the accepted practice now was a metal to (softer) plastic joint inserts. Members noted that from the statistics Mr Tulloch outlined in his presentation, the private hospitals consistently scored higher than the NHS hospitals. Members queried if this was due to them taking the 'easier' surgical cases to which Mr Tulloch indicated that he believed so.

Recommended

That the report and presentation be noted.

64. Outpatients Services Update *(Representatives from North Tees and Hartlepool NHS Foundation Trust and Hartlepool and Stockton-on-Tees Clinical Commissioning Group)*

The Trust updated the Committee on the relocation of a number of outpatient clinics from Hartlepool Hospital to the OneLife Centre. The commitment to the Momentum Pathways to Healthcare Programme remained with the key element being to deliver services closer to home and

to offer patients the best possible service.

A number of clinics would be relocated to One Life Hartlepool, however it was highlighted that where there were complex clinics within these specialties these would remain at the University Hospital Hartlepool.

Rheumatology

Diabetes

Respiratory

Pain Services including acupuncture and transcutaneous nerve stimulation

Ear Nose and Throat (ENT)

There will be no change or reduction in services offered to the population of Hartlepool.

The next stage in the process would be to agree the lease with Community Health Partnership (CHP) who now hold the Lease for One Life Hartlepool and agree the timings of clinic moves in a phased approach commencing in early 2014.

A communication strategy involving direct contact with patients currently using the services affected would be developed to include posters, newsletters, local press articles and social media to communicate the moves.

Members expressed their concern as to what services would be replacing these transferred clinics at the University Hospital of Hartlepool. Members were concerned that the Trust appeared not to be bringing any services back to Hartlepool. There was also concern expressed that the main thrust of the transfers of services were to make the OneLife Centre financially viable for its private sector owners.

The Commissioning Manager, North of England Commissioning Support commented that the outpatient services to be transferred to the One Life Centre had been outlined to Members some time ago and this was simply the next stage in the process.

Members indicated that the plan for services based at the OneLife Centre was a package of outpatient services that were part of the proposals for the new hospital at Wynyard and not stand alone proposals. It appeared to the elected Members and the public of Hartlepool that all the services were simply being moved out of the Hartlepool Hospital site to either the OneLife Centre or North Tees Hospital. There were already concerns around the amount of empty space at the hospital and there were rumours that some areas were being used by 'rough sleepers'. The Trust indicated that there was robust security at the University Hospital of Hartlepool site and any reports of people gaining access would be followed up. The new hospital site at Wynyard was still 'plan A' for the Trust and the Department of Health was currently considering the Trusts funding proposal and it was hoped that there would be an announcement before Christmas on that.

The Trust refuted the argument that it was closing the Hartlepool site and the following report outlined the enhancement to services at the hospital currently being implemented.

The Chair reported that the security matter was raised at a formal ward residents meeting where a member complained that his wife, who worked night shift at the hospital, was so concerned and felt insecure in the empty ward areas of the main hospital block that he had actually bought her a personal alarm to carry with her. It was also reported that "a man" was found to have spent a complete night sleeping in one of the unused ward areas and had even had a shower there the next morning.

A Member also reported that they had been informed that there was some site 'realignment' underway to centralise all the services in the main tower block at the hospital.

There was concern expressed at the traffic difficulties experienced around the entrance to the OneLife Centre. There were often parking issues on site and while there were car parks on the opposite side of the road, crossing Park Road at that point was particularly difficult as the crossing lights didn't give sufficient time to cross. Members indicated that there had been information on the traffic situation around the entrance to the OneLife Centre in the past and asked for that to come again to the Committee with input from the relevant Highways Officer.

The Committee also requested details, preferably on a site map, showing what wards/buildings were being used for what purposes and which areas were now unused/closed.

Recommended

1. That the report be noted.
2. That an updated report on the highways situation around the entrance to the OneLife Centre on Park Road be submitted to a future meeting of the Committee.
3. That the North Tees and Hartlepool NHS Foundation Trust be requested to supply a details site plan of the University Hospital of Hartlepool showing the locations of wards/services and the unused/closed areas of the site.

65. Update on Enhancements to Services at the University Hospital of Hartlepool *(North Tees and Hartlepool NHS Foundation Trust)*

The North Tees and Hartlepool NHS Foundation Trust provided an update report on the enhancements to services at the University Hospital of Hartlepool.

Recommended

That the report be noted.

66. North East Ambulance Service (NEAS) – Progress Update on Service Changes *(Representatives from North East Ambulance Service)*

Representatives for the North East Ambulance Service (NEAS) gave a presentation to the Committee updating the committee on the recent service changes and also providing a performance update. The statistics showed that on average, the service was performing well against all government targets and was generally fourth in the country on response times. As well as emergency cases, the service also provided transport for hospital patients to and from hospital and also between hospitals. While there was no government target for this element of the service, it was indicated that 7 out of 10 calls for transport were met within an hour.

The NEAS representatives indicated that the Police had reported to them some issues with delays to calls from Police Officers. There was a strong working relationship between the two services and it appeared that there was some lack of understanding about how the ambulance service responded to calls. There had been some additional training and some information cards issued to officers to assist them when the situation arose that they needed to call for an ambulance. The situation had improved significantly as a consequence.

Members indicated that the Fire Brigade had indicated in the past that where someone lived had an effect on their response time; did this happen with the ambulance service. The NEAS Operations Manager indicated that the service did not work now from ambulance station bases and instead, when not on a call, ambulances would be geographically located. These sites were based on modelled predictions.

Members referred to the 'spike' in calls during the bad winter of 2012 and early 2013 and the hold up in getting people transferred from ambulances to A&E and asked if this had improved. The Operations Manager indicated that a lot of work had been done on improving this aspect of the service. There were also discussions ongoing with the North Tees and Hartlepool NHS Foundation Trust for patients to be admitted direct to the relevant ward from the ambulance without the need to go through the A&E department.

Recommended

That the report and presentation be noted and that a further update be requested for six months time.

67. Patient and Visitor Journey Experience between Hartlepool and North Tees Hospital – August 2013 *(Representatives from Healthwatch Hartlepool)*

The Development Officer, Hartlepool Healthwatch reported on the patient and visitor journey experience between Hartlepool and North Tees

Hospitals. The Development Officer thanked the various HealthWatch volunteers that had undertaken the journeys gathering the data required for the report. The report highlighted some of the difficulties that could be experienced travelling by public transport at different times of the day and from different starting points around the town.

It was highlighted that greater publicity was still required for the volunteer driver scheme as this would provide a valuable alternative for the elderly or those with disabilities who may find public transport, and in particular some of the walking distances and waiting times involved. The shuttle bus service between the two hospitals, while a good resource, was not disabled accessible. There were also issues in booking seats on this service particularly around shift times when it was well used by staff who had been relocated from one site to another.

The Development Officer, Hartlepool Healthwatch commented that this was one of the few areas in the Stockton and Hartlepool Trust area without a direct service to North Tees Hospital. There were in fact direct bus services to James Cook University Hospital in Middlesbrough. There were great concerns that public transport access to North Tees was often at times quite difficult and restrictive for some travellers which was of significant concern when car ownership was so low in Hartlepool.

The Chair and Vice-Chair thanked Healthwatch and its volunteers for undertaking these journeys and preparing the report for the committee's consideration. It was acknowledged that the Trust had made some changes but there were still a number of issues to be faced by people getting to North Tees Hospital by public transport. The Chair did feel that some of the issues for certain groups could be very significant. For example, a single mother with two children who has one admitted to North Tees Hospital and who doesn't own a car is going to find life very difficult in visiting North Tees at an already stressful time.

Members commented that the time of year could also have quite an impact with some finding travelling during the winter months particularly difficult. Costs were also another major issue with Members suggesting that the Trust should be more proactive in providing support rather than waiting until people's financial need overrides their embarrassment at asking for financial support.

Recommended

That the report be noted and that Healthwatch be thanked for producing the report and that the Healthwatch volunteers who undertook the journeys be thanked for their valuable input.

68. Minutes from the Recent Meeting of the Health and Wellbeing Board

No items.

69. Minutes from the Recent Meeting of the Finance and Policy Committee relating to Public Health

The Scrutiny Support Officer submitted an extract of the minutes of the Finance and Policy Committee of 18 October 2013 where the committee received a presentation on 'Cold Kills' detailing the impact of cold on health and welfare.

Recommended

That the report be received.

70. Minutes from Recent Meeting of Tees Valley Health Scrutiny Joint Committee

The minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 16 September 2013 were submitted.

Recommended

That the minutes be received.

71. Minutes from Recent Meeting of Safer Hartlepool Partnership

The minutes of the meeting of the Safer Hartlepool Partnership held on 16 September 2013 were submitted.

Recommended

That the minutes be received.

72. Regional Health Scrutiny Update

The Chair reported that the recent meeting of the Regional Health Scrutiny body held on 4 November, 2013 Members had received a presentation from the North East Ambulance Service, similar to that given to Members today. There was also discussion on the future of paediatric services in Newcastle and Leeds. The minutes of the meeting would be submitted to a future meeting of this Committee.

Recommended

That the report be noted.

73. Any Other Items which the Chairman Considers are Urgent

Members were reminded that as part of the investigation into COPD a focus group involving sufferers of the disease would be held on Tuesday 10 December at 5.30pm at the Civic Centre.

The Chairman ruled that the following item 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.

74. Request for Funding to Support the Committee's Current Scrutiny Investigation (*Scrutiny Support Officer*)

The Scrutiny Support Officer reported that a request to fund a sign language interpreter for a person who would like to attend the COPD Focus Group on 10 December, 2013 had been received. In line with Council procedures, the agreed pro-forma had been completed and was submitted with the report. The indicative costs were £35 per hour for an appropriate sign language interpreter.

Recommended

That the request for funding be approved.

The meeting concluded at 12.00 noon.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE MINUTES AND DECISION RECORD

12 December 2013

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

Present:

Councillor Keith Fisher (In the Chair)

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

Also Present: In accordance with Council Procedure Rule 5.2: -

Councillor Paul Beck as substitute for Councillor Jean Robinson;
Councillor Geoff Lilley as substitute for Councillor Jonathan Brash.

Mark Kirkham and Diane Harold, Mazars.

Officers: Chris Little, Chief Finance Officer
Noel Adamson, Head of Audit and Governance
Louise Wallace, Director of Public Health
Sharon Robson, Health Improvement Practitioner (Drugs and Alcohol)
Joan Stevens, Scrutiny Manager
David Cosgrove, Democratic Services Team

75. Apologies for Absence

Councillor Brash, Robinson and Co-opted Member Clare Wilson.

76. Declarations of Interest

None.

77. Minutes of the meeting held on 28 November 2013

Consideration of the minutes was deferred to the next meeting.

78. Mazars Report – Annual Audit Letter 2012/13 *(Chief Finance Officer)*

The Mazars representatives presented the formal Annual Audit Letter 2012/13 following the completion of the audit of the council's accounts. As had been reported to the meeting on 26 September 2013, Mazars had

provided an unqualified opinion on the council's accounts. The audit letter summarised the audit and made reference to the future challenges the council faced with particular reference to a potential reduction in business rates and the implementation of the Local Council Tax Support Scheme.

Recommended

That the Annual Audit Letter 2012/13 be noted and received.

79. Mazars Report – Audit Progress Report 2013/14 (*Chief Finance Officer*)

The Mazars representatives presented a report outlining the work they would be undertaking as part of the 2014/14 audit which would include –

- assessment of the risks in respect of the 2013/14 opinion and Value for Money conclusion;
- documentation and walkthrough of the key financial information systems (joint walkthroughs with Internal Audit as in previous years);
- completing an IT risk assessment; and
- planning any early substantive testing;

The report also highlighted a number of key national publications produced by the Audit Commission and it was indicated that the Head of Audit and Governance would be reporting on the report "Protecting the Public Purse 2013" at a future meeting of the committee.

The Mazars representatives highlighted that the fees for their services would remain the same for the 2013/14 audit as for the 2012/13 audit.

Members thanked the Mazars representatives for the report and welcomed the very positive results of the 2012/13 audit. The Chair and Members congratulated all the hard work that the Chief Finance Officer and his team had undertaken in conjunction with Mazars to produce such a positive outcome.

Recommended

That the report be noted.

80. Mazars Report – Internal Audit/External Audit Joint Working Protocol 2013/14 (*Chief Finance Officer*)

The Mazars representatives reported that the Internal Audit / External Audit Joint Working Protocol established a framework for coordination, cooperation and exchange of information between internal and external audit (Mazars). The protocol had been refreshed to ensure the maximum benefit was obtained from the audit function. The internal audit function was a management tool governed by public sector standards. The external audit role was covered by international standards and gave opinions on the standards maintained by the council but did not act as a management tool.

The two audit functions did work closely together, however, and undertook joint 'walk throughs' of key financial systems. Auditors from both internal and external audit also met on a regular basis to discuss emerging issues and general workloads.

Recommended

That the report be noted.

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

The Head of Audit and Governance submitted a regular update report for Members information setting out details of the audits completed as part of the 2013/14 programme and those currently ongoing. In relation to the completed audits it was indicated that all appropriate recommendations had been agreed for implementation.

The Head of Audit and Governance highlighted that in relation to the audit of Attendance Management, only a Limited Assurance level had been given as the audit revealed that systems were not being applied consistently across departments. All other completed audits had been given a Reasonable Assurance level. In response to Members questions the Head of Audit and Governance indicated that three levels of assurance were given following an audit; Reasonable, Limited and None. While not giving a 100% assurance for any systems, Reasonable indicated that the systems in place were good, Limited indicate that there was some risk that needed to be addressed and None indicated that there was significant risks.

Members queried the audit of the New Homes Bonus. The Head of Audit and Governance indicated that the audit was at the stage of agreeing a draft report but there were no issues arising from the audit. The Chief Finance Officer commented that the Autumn Statement had indicated that the New Homes Bonus would not be 'top sliced' by government as had been feared to add £400m to the Single Local Growth Fund. At this time it was not known if this funding would be drawn from elsewhere in the Central Grant to Local Authorities.

In relation to the ongoing audit of Payroll, Members questioned if the majority of staff were now receiving their payslips electronically and whether Members were to be transferred to the same system. The Chief Finance Officer indicated that where officers had regular access to a PC, then they received their payslips electronically. There were still some staff without this facility that were receiving paper payslips. Members discussed the issue of IT equipment for elected Members. The Chief Financial Officer indicated that Members IT was an element of the new IT contract and the Assistant Chief Executive would come forward with a range of options for Members consideration in the new year. It was highlighted that any proposed solution had to be compliant standards set by the national regulator in order to ensure the necessary security and maintenance of accreditations.

Members also queried the audit of income arrangements at the Town and Borough Halls. The Head of Audit and Governance indicated that the audit was aimed at the collection and processing of income in respect of lettings and bar takings. Members requested a report detailing the breakdown of income at the two halls.

Members questioned the frequency of school audits and the Head of Audit and Governance indicated that every school was audited at least once every three years so ten or eleven were programmed in each year.

Recommended

That the report be noted.

82. Treasury Management Strategy (*Chief Finance Officer*)

The Chief Finance Officer submitted a report providing a review of Treasury Management activity for 2012/13 including the 2012/13 outturn Prudential Indicators and a mid-year update of the 2013/14 Treasury Management activity. The proposed 2014/15 Treasury Management Strategy was also outlined for the Committee's approval prior to submission to full Council for approval. The Chief Finance Officer commented that at this time, no changes were proposed to the current strategy. The financial situation was still considered to be relatively sensitive as was shown by the Bank of England having to revise its forward guidance recently.

Members raised the ethical investment of the Council's money and questioned the current investments. The Chief Finance Officer indicated that the authority was restricted in where it could invest and was generally constrained to the major banks. The Council did not directly invest in the type of fund that had led to questions of ethical investment at other authorities.

Recommended

1. That the 2012/13 Treasury Management Outturn detailed in section 4 and 5 of the report be noted.
2. That the 2013/14 Treasury Management Mid-year Position detailed in section 7 of the report be noted.
3. That the continuation of the recommended Borrowing and Investment Strategy outlined in section 8 of the report be approved and that this be referred to Council in February 2014.
4. That the detailed prudential indicators be reported to full Council in February 2014.

83. Benefit Fraud and Local Council Tax Support Sanctions Policy (*Chief Finance Officer*)

Since April 2013, the Council had become responsible for its own Local Council Tax Support (LCTS) scheme and it was therefore appropriate to

determine a new updated policy to reflect the new arrangements. For a number of years the Council had operated a sanctions policy framework in accordance with DWP guidance, recognising that until April 2013 both Housing Benefit and Council Tax Benefit were being administered by the Council on behalf of the DWP. This Policy provided for consideration for prosecution for those cases where the value of benefit overpaid (Housing Benefit and or Council Tax Benefit) was greater than £2,000 where the case file indicated the claimant had acted with intent and had knowledge of how the Benefits system worked. Cases where the overpayment was less than this £2,000 threshold could, depending on the facts of the case, still be considered for prosecution, such being a matter for the judgement of the responsible Chief Officer when considering the case.

As the value of LCTS awards were by their nature lower than housing benefit awards it was proposed that to act as a sufficiently robust deterrent that in those cases where there is only LCTS fraud i.e. owner occupier household, that a lower threshold for the Financial Materiality Test is adopted i.e. £1,000. It was proposed that the Financial Materiality Test for cases of Housing Benefit and LCTS fraud together should remain at £2,000 as a robust deterrent.

Research across North East councils has indicated that for joint Housing Benefit / LCTS fraud cases only 2 councils are or intend to operate Financial Materiality Tests higher than £2,000, with the majority continuing with a £2,000 threshold.

The full scheme was set out in an appendix to the report.

Recommended

That the report be noted and the proposed new Benefit Fraud and LCTS Sanctions Policy as set out in Appendix A to the report be approved.

84. Better Governance Forum – Audit Committee Update (Head of Audit and Governance)

The Head of Audit and Governance updated the Committee on advice received from the Better Governance Forum in respect of the quality of internal audit and new guidance regarding Audit Committees. It was also indicated that CIPFA were also expected to produce new advice which would be reported to Members at a future meeting.

Recommended

1. That the report be noted.
2. That the Chief Finance Officer and the Head of Audit and Governance be thanked for the work undertaken by themselves and their teams during the particularly difficult times currently being experienced by local government.

85. Standards Items

None.

86. Alcohol Strategy Update Report *(Director of Public Health)*

The Director of Public Health and the Health Improvement Practitioner (Drugs and Alcohol) provided the Committee with an update of the work being undertaken as part of the Council's Alcohol Strategy as requested by Members. The strategy looked not only at services around education but also at treatment. The Director referred to the cross party support within the Council for alcohol per unit minimum pricing and reported that at the recent Balance conference discussions on research being undertaken in Canada had been held.

During the pursuing discussions the following points were raised: -

- The need to ensure all the various agencies and charities were working in a coordinated manner and not in isolation. The example of the Street Pastors was cited. The Director commented that the Street Pastors were working in Hartlepool.
- The majority of drinkers were probably binge drinkers, going out once or twice a week, and getting them to understand that and face the issues such drinking could cause was a major concern.
- Alcohol was linked to sixty major illnesses. Alcohol related deaths had increased significantly and was becoming an increasingly attributable cause of death for people in their forties.
- Hospital admissions for drink related illnesses were increasing, particularly emergency admissions.
- EMROs (Early Morning Restriction Orders) had been considered by the council but not adopted at this time.. Members questioned if EMROs would be reconsidered at some future date?
- The potential reduction in available Police Officers due to budget cuts could have a significant effect. The Director commented that this was an issue the Safer Hartlepool Partnership as responsible authority may need to consider.
- Minimum Alcohol Pricing would be one way of challenging the culture of 'pre-loading' before people went out on an evening and could also affect the time they went out.
- The implications on mental health through long term alcohol abuse were also highlighted with reference made to the implications of Korsakoff's syndrome. Members queried the impact of changing drinking patterns on the prevalence of the syndrome and requested data in relation to number with the syndrome in Hartlepool. The Director of Public Health agreed to obtain the information and circulate it to the Committee.
- The potential for alcohol abuse among pregnant women and the increase in Foetal Alcohol Spectrum Disorder (FASD) were highlighted. The Health Improvement Practitioner commented that

an increasing number of adults (often in custodial settings) were wrongly diagnosed, often with ADHD when it could be FASD .

- Mothers would prefer their child to be diagnosed with ADHD rather than Foetal Alcohol Syndrome as it removed the blame for their child's condition from them having continued to drink alcohol while pregnant
- The Health Improvement Practitioner commented that there was some work had commenced on FASD with Balance and it was highlighted that 'champions' had been identified in each local authority. There was a spectrum to the disorder with a wide range of effects. FASD was difficult to diagnose at an early stage and was often confused with ADHD, however a child has a better outlook if they can get a diagnosis by age 6.
- Members questioned if there were any figures for the numbers of children/adults with the FASD in Hartlepool to give an indication of the size of the problem. The officers indicated that work was currently underway to develop that data base of evidence and numbers.
- Members commented that the work in relation to educating young expectant mothers in particular about FASD linked into the Breast Feeding Strategy.

In closing the debate the Chair commented that the issues with the night time economy and alcohol problems were not specific to Hartlepool but a national problem that needed national policies and strategies in order to start to change people's perceptions of alcohol. The numbers of people out in the bars and clubs at the weekends had to be recognised as only a minority of the general population and the costs associated with dealing with the problems they created were out of all proportion to the numbers involved. The Chair indicated he personally was unconvinced by the pricing argument as those dependent on alcohol would always find some way of paying for it and the greater concern was what they decided not to pay for that could cause more significant issues, particularly if they were parents.

Recommended

That the report and the discussions be noted.

87. Minutes of the recent meeting of the Finance and Policy Committee Relating to Public Health (*Scrutiny Manager*)

No items.

88. Minutes of the recent meeting of the Health And Wellbeing Board

The minutes of the meeting of the Health and Wellbeing Board held on 28 October 2013 were deferred to the next meeting.

89. Minutes of recent meeting of Safer Hartlepool Partnership

No items.

90. Minutes of recent meeting of Tees Valley Health Scrutiny Joint Committee

No items.

91. Regional Health Scrutiny Update

No items.

92. 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.

Car Parking Charges – University Hospital of Hartlepool

The Vice-Chair reported that residents had complained to him in relation to the car parking charges at the University Hospital of Hartlepool. The Chair agreed that the Trust should be asked to provide some information on the situation in relation to car parking at the hospital and the income it generated.

Recommended

That the North Tees and Hartlepool NHS Foundation Trust be requested to update the Committee on the parking charges at Hartlepool Hospital and the income generated from the charges imposed.

In closing the meeting the Chair wished all Members and Officers Seasons Greetings.

The meeting concluded at 11.10 am.

CHAIR

Audit and Governance Committee

23 January 2014



Report of: Scrutiny Manager

Subject: RE-OFFENDING INVESTIGATION - SECOND
EVIDENCE GATHERING SESSION - COVERING
REPORT

1. PURPOSE OF REPORT

- 1.1 To set the scene for the second evidence gathering session as part of the re-offending investigation and introduce evidence from a variety of sources to inform the Committees consideration of the issue.

2. BACKGROUND INFORMATION

- 2.1 The Committee at its meeting on the 20 September 2013 agreed the Scope and Terms of Reference for its investigation into Re-offending.
- 2.2 In line with the agreed process the Committee, at its meeting on the 31 October 2013, received a very informative 'setting the scene' presentation and specific evidence in relation to the key health issues connected to / influencing re-offending.
- 2.3 As part of today's second evidence gathering session, the Committee agreed that evidence / input would be sought from the following bodies in relation to the re-offending issue:
- Police
 - Prison Service
 - Probation Service
 - Youth Offending Service
 - Police and Crime Commissioner (PCC)
 - Iain Wright (MP)
 - Cllr Peter Jackson (Chair of the Neighbourhood Services Policy Committee)
- 2.4 To assist the Committee, and inform discussion at today's meeting, the following questions have been put forward to representatives from each body.

- (i) What do you feel are the key issues connected to / influencing reoffending?
- (ii) What services do you provide (both in and outside prisons)?
- (iii) How effective are the services provided?
- (iv) How are services co-ordinated across the responsible authorities – Is it effective?
- (v) What are the strategic aims of your organisation in relation to re-offending and how are they implemented / communicated?
- (vi) What are the challenges facing service providers (including potential impact of Welfare reform)?
- (vii) What could be changed?

2.5 Invitations have also been extended to the PCC, MP and Policy Committee Chair to participate in today's meeting.

2.6 Members are asked to receive and consider the following evidence:

- (a) Verbal Evidence for the Chair of the Neighbourhood Services Committee;
- (b) Evidence from NOMS North East - Presentation by Anthony Lowes, Reducing Reoffending Project Manager, Public Sector Prisons N.E;
- (c) Evidence from the Durham Tees Valley Probation Trust - Presentation;
- (d) Evidence from the Youth Offending Service – Presentation by Mark Smith, Head of Integrated Youth Support Services;
- (e) Verbal Input from Chief Inspector Lynn Beeston, Local Policing Area Commander for Hartlepool;
- (f) Written input from Barry Coppinger (Police and Crime Commissioner) (**Appendix A**); and
- (g) Written input from Iain Wright (MP) (**Appendix B**).

3. RECOMMENDATION

3.1 It is recommended that the Members of the Audit and Governance Committee consider the evidence presented and formulate views for either further consideration or inclusion in the Committee final report.

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

BACKGROUND PAPERS

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

- (i) Report of the Scrutiny Manager entitled 'Scrutiny Investigation into Re-offending – Scoping Report' Presented to the Audit and Governance Committee on 20 September 2013.
- (ii) Minutes of the Audit and Governance Committee held on 20 September 2013.



Police & Crime Commissioner for Cleveland
Cleveland Police Headquarters
Ladgate Lane
Middlesbrough
TS8 9EH

Website: www.cleveland.pcc.police.uk

Police and Crime Commissioner:	Barry Coppinger	Tel: 01642 301653
		Fax: 01642 301495
Chief of Staff:	Ed Chicken	Tel: 01642 301653
Chief Constable	Jacqui Cheer	Tel: 01642 301215

Transforming Rehabilitation consultation

Ministry of Justice
8.25, 102 Petty France
London
SW1H 9AJ

Emailed to: transforming.rehabilitation@justice.gsi.gov.uk

19/02/2013

Dear Sir / Madam,

Transforming Rehabilitation Consultation

This is the response of the Police and Crime Commissioner for Cleveland to the Consultation Paper 'Transforming Rehabilitation - A revolution in the way we manage offenders'.

In Cleveland we are on course again to see the lowest ever levels of crime and disorder. This is due in no small part to the excellent partnership working – a key element being the performance of Integrated Offender Management (IOM) arrangements led by Durham Tees Valley Probation Trust.

I support the Government's sustained aim of driving down the rate of reoffending and providing better value for the taxpayer, but I have serious concerns that the proposals set out in the Government paper will not deliver on the stated aims and may prove counter-productive. I believe that the proposals run the risk of replacing a system which is the envy of its equivalents in other developed nations with an untried and untested approach which involves taking major risks with public safety and is not based on robust evidence.

I agree that it is wasteful and wrong that many offenders released from short-term sentences get little or no support on release and I note that successive Governments have stepped back from the short-term resource implications of extending support to all prisoners on release, despite the prospects of longer-term savings. IOM schemes provide continuity of support and interventions until and unless a significant change of behaviour is achieved. The IOM approach of continuity, as opposed to 'revolving doors', and lower caseloads entail higher short-term costs but is surely the place to start any such review.

Experience in other contexts on reliance on private sector finance and of Payment By Results (PBR) mechanisms gives us no confidence in these approaches. I believe that the Government's proposals involve taking major risks and that the Government is therefore morally obliged to publish its risk assessment for these proposals.

I am not averse in principle to working in partnership with the private sector, and to robust testing of efficiency and effectiveness, but our understanding of the Government's proposals is that they are based on the intention to debar Probation Trusts from the competition (although this is not made explicit in the Consultation Paper). Such an approach would eliminate the main safeguard against the uncontrolled operation of market forces, and appears to rest on an ideological conviction that 'private sector is best' regardless of the evidence base (including the failed experiment with a broadly similar approach in New Zealand).

I am not at all reassured by the claims that "our reforms will make use of local experience and will integrate with existing local structures" and that "we will not disrupt local multi-agency working arrangements, including Multi Agency Public Protection Arrangements MAPPA and IOM arrangements, as well as relationships with Youth Offending Teams"; because such detail as is provided appears to contradict these claims. A network of 16 national contract packages, including one which would cover the whole of the Northumberland, Durham and Cleveland Police areas, will not relate effectively to IOM and Youth Offending Team (YOT) arrangements which are organised on much smaller geographies, nor to arrangements by Police & Crime Commissioners.

I have even greater concerns about the interface with other important arrangements e.g. Local Safeguarding Children Boards, Supporting Vulnerable Adults arrangements and Multi Agency Risk Assessment Conferences (MARACs) for domestic violence, given that they do not even merit a mention in the Consultation Paper. The new contract packages will not be 'aligned' to PCC and local authority boundaries, but will aggregate them into much larger areas.

The experiences of the Government's contracts with A4E for return to work services and G4S for Olympic and Paralympic security are not reassuring. Our own local experience of the UK Border Agencies' recommissioning of support for asylum seekers in a similar pattern of contracts covering large parts of the country also fails to inspire confidence.

Our experiences suggest that private providers will make fulsome claims in advance of contract award about how they will engage with local partnerships and that it will prove difficult to get them to make good on these.

The statistics set out on page 7 of the Government Paper support our point of view, i.e. there is a 57.6% reoffending rate for prisoners sentenced to under 12 months, most of whom receive no support from Probation Trusts, but only a 35.9% rate for those sentenced to 12 months or more, who are supported by Probation: surely this is an argument for more of the successful factor i.e. Probation input, not less of it. Furthermore, there is no attempt at a serious comparative survey of how the performance of our current arrangements relate to those of other comparable nations.

The reference on page 9 to a prospective 37% reduction in the cost of Community Payback services in London is an untried remedy – judgements about value for money cannot be made until performance has been seen. A more responsible

approach would be to test out the proposals via selective pilot schemes which could be properly evaluated, as opposed to a 'big bang' approach.

No timescale is given for the publication of the summary of responses to last year's consultation 'Punishment and Reform: Effective Probation Services'. It does not suggest that consultation is being taken seriously when new proposals are rushed out before the results from the previous round have been fairly and properly considered in a transparent and accountable way.

I believe that the design of effective PBR mechanisms which avoid 'perverse incentives' and cannot be 'gamed' by providers is very difficult, and that the process should not proceed until such details have been drafted and subjected to the scrutiny of consultation. The comment on pages 17 and 18 about this being 'work in progress' underlines our point, as does the current crisis in the DWP's Work Programme arrangements.

I note the statement at page 17 that "Public Sector organisations – for example, the police – may be able to engage directly in and be rewarded for the delivery of additional services", but I need to see the definitive position and the supporting detail on this: frankly, 'may' is not good enough as a basis for consultation on such a serious issue, and suggests a rushed approach in which the proposal has not been previously considered. The £500k of support to prepare the VCS nationally is derisory and is clearly a 'plucked from the air' figure with no basis in evidence or research.

The potential for 16 contract package areas will not optimise the links to key services which are planned and commissioned at local level, including housing, drug and alcohol services, the 'Troubled Families' programme, MA RAC etc.

If the proposals go ahead as detailed, PCCs must have the opportunity to feed in views on the claims made by prospective providers about how they propose to sustain and develop local networks and partnerships and in particular existing IOM arrangements". I would want the Ministry of Justice to give a commitment to have due regard to the views of Community Safety Partnerships, YOT Management Boards, LSCBs etc on the issue, rather than simply taking into account the claims made by prospective providers.

I would also like to see a commitment to the continued publication of data on comparative performance at local authority level. This is a minimum requirement to help to secure the continued engagement of all local partners. It would enable aggregation at PCC level.

Further Comments are:

1. Loss of accountability for protecting the public

- The proposal is to transfer the 'management' and 'supervision', to the private sector, of cases which would include child protection cases (as well as domestic abuse, mental health and substance misuse). Whilst I support the relevant involvement of organisations from other sectors in the supervision of offenders, I believe their management should remain with an appropriately competent public sector probation worker.

- Significant numbers of offenders currently managed by the Probation Trust, already engage with service providers from other sectors. They do so, however, with the benefit of ongoing risk assessment by and contact with a probation worker. These proposals remove that safety net and are profoundly worrying.
- I have concerns that accountability to shareholders in the newly proposed structure will compromise accountability to the courts and indirectly the communities I represent. The document appears confused about accountability and responsibility in the management and supervision of offenders. That can only be remedied by the retention of all offender management responsibility with public sector probation.
- Under the proposals a range of serious offenders would be subject to management and supervision by private or voluntary sector organisations without any public sector involvement, ongoing assessment or oversight. Given the record of some private sector providers in the criminal justice field this is a serious concern.
- The attempt to divide the supervision and management of low and medium offenders to be transferred to voluntary private sectors and high risk to be retained by the probation service fails to recognise that in the real world offenders often move from one category to another. The ability to manage that process when responsibilities are fragmented would inevitably increase the risk of delays, miscommunication and mistakes, with potential serious implications for public safety.
- In order to protect the public, promote public confidence in probation, and hold outsourced providers to account, it is essential that any private or voluntary organisation involved in the provision of probation work is subject to freedom of information legislation.

2. These proposals threaten local collaboration and partnerships

- These proposals would be delivered through national commissioning. This runs counter to devolution in other parts of Government and is a threat to local partnerships. The proposals are silent on the 'fit' between current and possible duties in this context, not least in respect of safeguarding.
- As privatisation fragments probation, effective systems of communication and information sharing will be vital to success. The National Offender Management Service has a particularly poor history of commissioning IT services. The C-Nomis system, designed to facilitate the 'end-to-end offender management' aims of NOMS, was delayed by several years, hugely over budget, and finally implemented only in prisons, rather than prisons and probation as originally intended. A report by the National Audit Office found that the project suffered from poor planning, insufficient oversight, weak contractual arrangements with partners, and an underestimation of the complexity and technical understanding required to deliver the system (National Audit Office, 2009).

3. Risks of serious disruption to services during the transition period

- In Durham Tees Valley Probation Trust, the overall calculation regarding the implementation of these proposals would mean the organisation would retain direct

management responsibility for 5% of Community Orders and 13% of Post Release Licences. This is profoundly worrying.

- The Government is proposing to change both structures and delivery mechanisms, at the same time and within challenging time frames. The threat to present performance arising from the inevitable uncertainty of such profound change is real. Blurred lines of responsibility and accountability, a characteristic of these proposals, only add to my concerns in this context.

4. Uncertainty over the future regulation of professional standards

- It is not clear how current and future professional standards and service quality will be regulated. Any risk of de-skilling, over time could have profound implications for managing and supervising safeguarding cases.
- Furthermore, the sub-prime contracting model will impair the ability of the public probation service to monitor and assess risk levels effectively and to remain accountable for public protection. The current proposals are likely to create long and complex chains of subcontractors which will result in the fragmentation of responsibility and accountability. The public probation service will need to work closely with all the organisations in the supply chain which will be highly bureaucratic and labour intensive.

5. Inclusion of those released from short term prison sentences in management and supervision

- I welcome this. It recognises that the needs and risks associated with the group contribute disproportionately to reoffending rates. Working with offenders in the context of safeguarding will be strengthened by their being 'on scope'
- No financial analysis is set out to accompany this development.

6. Cost Implications

- It is concerning that there will be no investment in the implementation of the proposed reforms. Indeed, it is the intention of the Ministry of Justice to implement these reforms and extend provision of probation services whilst simultaneously reducing the justice budget by around £2 billion. It is naïve to propose such radical reforms to a vital public service without ensuring the budget needed to implement them is available.
- In addition, any reduction in reoffending will only result in the savings needed to fund the proposed reforms if coupled with policy decisions to close prisons, cancel prison building programmes, and stop the continuous escalation of custodial sentence lengths. Crime levels in England and Wales have been in decline for several years. Figures from the Office of National Statistics (ONS) show that crime has halved since 1995 (ONS, 2013). Yet since 1993 the prison population has increased by 92 per cent (Ministry of Justice, 2013c), with the criminal justice budget rising alongside it.

In relation to specific questions:

C1 No, 16 is not the right number. Contract package areas should be no less than current Probation Trusts and should include performance reporting at local authority level (as at present)

C2/C3 The Government should provide detailed proposals for consultation before proceeding.

C7 Lead providers should be obliged to provide their supply chain information, including all their delivery partners and detailing what they are responsible for providing and to what geographical areas and/or client groups, and what arrangements the lead providers have in place to ensure satisfactory performance.

C8 There should be financial penalties for supply chain mismanagement as for all other forms of mismanagement.

C9 By packaging contracts as outlined in response to C1 above.

C11 This may not be possible.

C12 The remaining public service probation services should be organised at the most local level viable, and certainly no less locally than the proposed 16 contract packages.

C13 Impose an obligation on the providers to attend all multi-agency arrangements currently attended by Probation Trusts whenever invited to do so.

C14 By taking account of response C1 above.

C15/16 The Government should publish detailed proposals for consultation before proceeding.

What seems to be lacking from your analysis is any clear risk assessment. If there is not one then you should not proceed – if there is one then please publish it.

Neither is there regard for the new landscape of Police and Crime Commissioners. Why is there no consideration of devolving responsibility to PCCs who may then commission trusts or other providers? This would fit with the localism and commissioning agendas and would help join up services to make communities safer.

Where is the detailed financial appraisal? It does seem that this matter is being managed with ill considered haste when the risks are not known but are undoubtedly very high.

I trust that these comments will prove helpful, and please do not hesitate to contact me if you require any clarification.

Yours faithfully,

Barry Coppinger
Police and Crime Commissioner for Cleveland

Audit and Governance Committee - Scrutiny Investigation in relation to Reoffending in Hartlepool

Response by Iain Wright, Member of Parliament for Hartlepool

1. One of the best ways to reduce crime, the number of victims and the cost of our criminal justice system is by cutting down on reoffending. The rate of reoffending in Hartlepool, which I believe is now the second highest in the country, is far too high and I welcome the focus brought by this investigation.
2. I think it is important that the Committee be fully aware of the challenges posed by the Government's privatisation of the Probation Service. Through its Transformation of Rehabilitation Strategy the Government intends to abolish local Probation Trusts and allow non-public providers to manage low and medium-risk offenders. In my view this approach risks fragmenting probation services, reducing their quality and will ultimately make the task of the Safer Hartlepool Partnership more difficult. I have raised this matter in Parliament and have held meetings with staff from Durham Tees Valley Probation Service to discuss their concerns.
3. There are two areas of risk from this policy that I would point to. First, the new approach to probation does not take account of the fact that many offenders fluctuate between the different risk levels. Contrary to assurances given by Ministers, private companies are clearly going to be put in charge of some of the most dangerous offenders and any lapse in supervision could put the public at risk. Agencies will need to respond quickly if risk level accelerates but if this is to involve a change in responsibility from the private sector to the public sector the inevitable bureaucracy could make this a difficult process.
4. Second, I am concerned about the introduction of payment by results (PBR) in probation for the new private providers. This is an approach untested anywhere in the world but it is now being rolled out across the country without proper piloting. My impression is that this will create an incentive for agencies to focus their attention primarily on those offenders easiest to rehabilitate and neglect the more difficult cases.

AUDIT AND GOVERNANCE COMMITTEE

23rd January 2014



Report of: Director of Regeneration and Neighbourhoods

Subject: SAFER HARTLEPOOL PARTNERSHIP'S
DRAFT COMMUNITY SAFETY PLAN 2014-17

1. PURPOSE OF REPORT

- 1.1 To present and seek comments from the Audit and Governance Committee on the first draft of the Community Safety Plan 2014-17 (formerly known as the Community Safety Strategy).
- .

2. BACKGROUND

- 2.1 The Crime and Disorder Act 1998 established a statutory duty for the Local Authorities, Police, Fire Brigades, Clinical Commissioning Groups and Probation Trusts to work together to address local crime and disorder, substance misuse and re-offending issues. Collectively these five bodies are known as Responsible Authorities and make up the Safer Hartlepool Partnership.
- 2.2 In accordance with the Crime and Disorder Act 1998 and the Crime and Disorder Regulations 2007, the Safer Hartlepool Partnership is required to produce a three year Community Safety Plan to set out how it intends to tackle crime and disorder, substance misuse and re-offending in Hartlepool.
- 2.3 The current Hartlepool Community Safety Plan which was developed during 2010/11 will come to an end in March 2014.

3. DRAFT COMMUNITY SAFETY PLAN 2014-17

- 3.1 To inform the development and subsequent annual refresh of the Community Safety Plan, the Safer Hartlepool Partnership has a statutory responsibility to undertake an annual strategic assessment to understand the community safety issues that are affecting the local community and identify the key priorities for the forthcoming year.

- 3.2 Undertaken in October 2013, the Safer Hartlepool Partnership strategic assessment, executive summary attached **Appendix 1**, includes the analysis of a wide range of local crime, anti-social behaviour, substance misuse and offending data combined with the results of community consultation, including the Councils Household Survey and Safer Hartlepool Partnership “Face the Public” event.
- 3.3 The first draft of the proposed Community Safety Plan 2014-17 is attached as **Appendix 2**.
- 3.4 Based on the findings from the strategic assessment and public consultation the plan sets out the Partnership’s four strategic objectives 2014-17.

Strategic Objectives 2014 -17	
Reduce crime and repeat victimisation	Create confident, cohesive and safe communities
Reduce the harm caused by drug and alcohol misuse	Reduce offending and re-offending

- 3.5 During 2014-15 the Partnership will focus on Creating Confident, cohesive, and safe communities and the following six priorities.

Annual Priorities 2014-15	
Domestic violence & abuse	Anti-social behaviour
Acquisitive crime	Hate crime
Substance misuse	Re-offending

- 3.6 Responsibility for delivery against the annual priorities has been allocated to themed ‘Task Groups’ of the Safer Hartlepool Partnership, where performance will be monitored on a quarterly basis.

4. NEXT STEPS

- 4.1 The draft plan is being consulted upon in accordance with the Voluntary and Community Sector Strategy undertakings (this contains the former consultation codes of the Hartlepool Compact). The results of the consultation on the first draft of the Community Safety Plan 2014 -17 will be considered and used to inform the production of the second draft which will be presented to the Safer Hartlepool Partnership in March 2014, before being considered by full Council for adoption in April 2014.

5. LEGAL CONSIDERATIONS

- 5.1 In accordance with the Crime and Disorder Act 1998 and the Crime and Disorder Regulations 2007, the Safer Hartlepool Partnership is required to produce a three year Community Safety Plan to set out how it intends to tackle crime and disorder, substance misuse and re-offending in Hartlepool.

6. EQUALITY AND DIVERSITY CONSIDERATIONS

- 6.1 The strategic assessment and consultation process, with an annual refresh, will ensure that the needs of all sections of the community area considered when formulating and implementing the Community Safety Plan 2014-17.

7. SECTION 17

- 7.1 Failure to develop a Community Safety Plan would prevent the Local Authority from fulfilling its statutory responsibilities around reducing crime and disorder, substance misuse, and re-offending.

8. RECOMMENDATIONS

- 8.1 Audit and Governance Committee is requested to note and comment on the draft Community Safety Plan 2014-17.

9. REASONS FOR RECOMMENDATIONS

- 9.1 As a Responsible Authority, the Local Authority has a statutory duty to develop a three year strategy aimed at reducing crime and disorder, substance misuse, and re-offending behaviour.

10. BACKGROUND PAPERS

- 10.1 Safer Hartlepool Partnership Plan 2011
http://www.saferhartlepool.co.uk/downloads/file/65/safer_hartlepool_partnership_plan-year_3-2011-2014

Report to Safer Hartlepool Partnership 5th July 2013 – Community Safety Strategy 2014-17 [http://www.hartlepool.gov.uk/egov_downloads/05.07.13 -
 _Safer Hartlepool Partnership Agenda.pdf](http://www.hartlepool.gov.uk/egov_downloads/05.07.13_-_Safer_Hartlepool_Partnership_Agenda.pdf)

Report to Safer Hartlepool Partnership 13th December 2013 - Safer Hartlepool Partnership Strategic Assessment
[http://www.hartlepool.gov.uk/egov_downloads/13.12.13 -
 _Safer Hartlepool Partnership Agenda.pdf](http://www.hartlepool.gov.uk/egov_downloads/13.12.13_-_Safer_Hartlepool_Partnership_Agenda.pdf)

11. CONTACT OFFICERS

Denise Ogden
Director of Regeneration and Neighbourhoods
Hartlepool Borough Council
Regeneration and Neighbourhoods
Civic Centre
Level 3
Email: Denise.Ogden@Hartlepool.gov.uk
Tel: 01429 523300

Clare Clark
Neighbourhood Manager (Community Safety)
Hartlepool Borough Council
Regeneration and Neighbourhoods
173 York Road
Email: Clare.Clark@hartlepool.gov.uk
Tel: 01429 855560



**Safer Hartlepool Partnership
Strategic Assessment 2013**

Executive Summary

November 2013

Acknowledgements

Safer Hartlepool Partnership Strategic Assessment prepared by the Community Safety Research Team, Hartlepool Borough Council.

We would like to thank the following agencies, partners and organisations who have provided data, material and / or comment on this assessment's content:

- Hartlepool Borough Council Hartlepool Borough Council
 - Community Safety Team
 - Youth Offending Service
 - Public Health
 - Child & Adult Services
- Cleveland Fire Brigade
- Cleveland Police
- Durham Tees Valley Probation Trust
- North Tees and Hartlepool NHS Foundation Trust
- Office of the Cleveland Police and Crime Commissioner
- Housing Hartlepool
- Balance
- Victim Support
- Harbour
- Hart Gables

Introduction

The Safer Hartlepool Partnership has a statutory requirement to undertake an annual strategic assessment to identify and address the community safety issues that impact upon and really matter to the local community. It is important to understand not only what is happening where, but what may be causing the problems and the best way to tackle them. All the work of the Safer Hartlepool Partnership is intelligence led provided by analysis contained within the Strategic Assessment and other detailed analytical reports.

The strategic assessment contains information to aid understanding of the priority community safety issues identified for the communities of Hartlepool, including what has changed over the last year, what work we are doing, how we are measuring effectiveness and future challenges. The executive summary provides a description of the current local and national delivery landscape and a reminder of the objectives and priorities that we set last year.

As the Partnership nears the end of its three year plan 2011-2014, the Strategic Assessment 2013 will assist the Partnership in setting strategic objectives to inform the new Safer Hartlepool Partnership Plan 2014 – 2017.

The Strategic Assessment for 2013 also informs the Hartlepool Joint Strategic Needs Assessment (JSNA), the Alcohol and Drugs Needs Assessments, Community Strategy and the Police and Crime Plan produced by the Office of the Cleveland Police and Crime Commissioner.

Strategic Objectives & Priorities

As agreed by the Safer Hartlepool Partnership in February 2013 and detailed in the Community Safety Plan 2013/14, the Partnerships current strategic objectives and priorities are:

Strategic Objectives 2011-14	Annual Priorities 2013-14
Reduce crime and repeat victimisation	<p>Acquisitive crime – domestic burglary and theft</p> <p>Domestic violence and abuse</p> <p>Support victims and reduce the risk of repeat victimisation</p>
Reduce the harm caused by drug and alcohol misuse	<p>Address substance misuse through a combination of prevention, control and treatment services</p>
Create confident, cohesive and safe communities	<p>Protect and support vulnerable victims and communities including victims of hate crime.</p> <p>Improve public reassurance and fear of crime by actively communicating, engaging and working with local communities.</p> <p>Continue to address anti-social behaviour at a neighbourhood level through effective multi agency working.</p>
Reduce offending and re-offending	<p>Tackle offending and re-offending behaviour through a combination of prevention, diversion and enforcement activity underpinned by a strong multi agency approach.</p>

The Delivery Landscape

There are many factors that will impact on the Safer Hartlepool Partnership in the coming years:

- A challenging economic climate, including the impact of welfare reform.
- Changes to commissioning arrangements following the transition of Public Health into Hartlepool Borough Council and the election of a Police and Crime Commissioner.
- Significant changes to and development of Government policy in key areas, including re-offending, anti-social behaviour, alcohol and serious organised crime.
- Widespread restructuring and change across local public sector agencies due to the significant loss of funding.
- More integrated working across agencies, placing increased reliance on strong effective partnerships, effectiveness and value for money.

The Safer Hartlepool Partnership is well placed to meet these challenges. We have a long established evidence-led service planning and delivery process, ensuring that resources are targeted where they are most needed.

We recognise that community safety priorities impact upon each other, and those of partner organisations, and with limited resources and budgets, there is opportunity to maximise collaborative working and joint commissioning at a local level.

Community engagement and increasing public confidence at a neighbourhood level underpins all partnership work, and involving communities in developing local solutions will become increasingly important. This extends to understanding how we can work more effectively with the community and voluntary sector, and local businesses – not just in terms of delivering against our priorities but also involving these wider partners in identifying the issues for Hartlepool, and their involvement in the prioritisation and planning process.

As a partnership we need to develop new ways to engage with our communities including the increased use of technology and in particular social media, whilst continuing to build good quality relationships with communities to increase social connectedness, confidence, and safety across the neighbourhoods of Hartlepool.

Local Context

Hartlepool is the smallest unitary authority in the North East region and the third smallest in the country comprising of some of the most disadvantaged areas in England. Issues around community safety can be understood by a number of contextual factors:

Population

- Hartlepool has a stable population rate, maintained by low levels of migration.
- Hartlepool has become more diverse in recent years, although a very small proportion of the population are from the Black Minority Ethnic (BME) community.
- 46% of the population in Hartlepool live in five of the most deprived wards in the country, where crime and anti-social behaviour rates are high.

Unemployment

- Unemployment rates in Hartlepool are above the regional average and more than double the national average.
- 14.5% of young people aged 18-24 years are unemployed.
- Hartlepool has high rates of people incapable of work due to disability and ill health.

Housing

- Strong links exist between the occurrence of anti-social behaviour and the location of private rented housing.
- The percentage of long term empty properties in Hartlepool is higher than the regional average.

Deprivation

- Hartlepool has pockets of high deprivation where communities experience multiple issues: higher unemployment, lower incomes, child poverty, ill health, low qualification, poorer housing conditions and higher crime rates.
- Residents living in more deprived, and densely populated areas have high perceptions of crime and anti-social behaviour and feel less safe.

Health & Wellbeing

- The health of people in Hartlepool is generally worse than the England average.
- There is a higher prevalence of long term health problems, including mental health.
- The number of alcohol related hospital admissions and hospital stays for self-harm in Hartlepool are significantly worse than the England average.
- The number of Class A drug users in Hartlepool is more than double the national average.

Geography

- Community safety problems are not evenly spread and tend to be concentrated in geographic hotspots, particularly in the most deprived wards in Hartlepool.

Performance – October 2012 to September 2013

Crime & Incidents	Incidence 2012/13	Actual change since 2011/12	% change since 2011/12
All Crime	6,426	- 185	- 2.8%
Victim Based Crime¹	5,679	- 43	- 0.8%
Non-Victim Based Crime²	747	- 142	- 16.0%
<u>Victim Based Crime Summary</u>			
Violence against the Person	1,167	- 185	- 13.7%
Violence with Injury	659	- 159	-19.4%
Violence without Injury	508	- 26	- 4.9%
Sexual Offences	84	-4	- 4.5%
Rape	34	-7	- 17.1%
Other Sexual Offences	50	3	6.4%
Acquisitive Crime	3,102	285	10.1%
Domestic Burglary	302	- 19	- 5.9%
Other Burglary	395	90	29.5%
Robbery – Personal	22	4	22.2%
Robbery – Business	10	3	42.9%
Vehicle Crime	421	31	7.9%
Shoplifting	873	169	24.0%
Other Acquisitive	1079	7	0.7%
Criminal Damage & Arson	1,326	-139	-9.5
<u>Non-Victim Based Crime Summary</u>			
Public Disorder	184	- 52	- 22.0%
Drug Offences	418	- 29	- 6.5%
Trafficking of drugs	78	- 18	- 18.8%
Possession/Use of drugs	340	- 11	- 3.1%
Crime Prevented/Disrupted	89	- 30	- 25.2%
Other State based/Non Victim	31	7	29.2%
Fraud & Forgery	25	- 38	-60.3%
<u>Anti-social Behaviour</u>			
Police – Anti-social Behaviour Incidents	7460	21	0.3%
HBC – Anti-social Behaviour Cases	330	-69	- 17.3%
Housing Hartlepool – TRET Cases	729	-14	- 1.9%
HBC – Noise Nuisance Complaints	589	91	18.3%
<u>Deliberate Fire Setting</u>			
Deliberate Primary Fires	37	- 13	- 26.0%
Deliberate Secondary Fires	223	29	14.9%

¹ In accordance with HMC guidance – victim based crime includes all police-recorded crimes where there is a direct victim.

² In accordance with HMC guidance – non-victim based crime includes a police-recorded crime where there is no direct individual victim. The rates for some crime types within this category are indicative of proactive police activity, for example searching suspects and finding them in possession of weapons or drugs.

Community Perceptions	2008	2013
% of people w ho feel unsafe during the day	5%	5%
% of people w ho feel unsafe after dark	32%	28%
% of people w ho think rubbish or litter lying around is a problem in their local area	44%	38%
% of people w ho think speeding and volume of traffic is a problem in their local area	-	34%
% of people w ho think people using drug or dealing drugs is a problem in their local area	30%	29%
% of people w ho think groups hanging around the streets is a problem in their local area	43%	25%
% of people w ho think people being drunk or row dy in a public place is a problem in their local area	28%	19%
% of people w ho think run dow n boarded up properties is a problem in their local area	-	18%
% of people w ho think vandalism, graffiti and damage is a problem in their local area	27%	17%
% of people w ho think house burglary is a problem in their local area	-	14%
% of people w ho think vehicle crime is a problem in their local area	-	13%
% of people w ho think noisy neighbours or loud parties are a problem in their local area	14%	12%
% of people w ho think people being harassed or attacked in their local area is a problem	-	9%
% of people w ho think property being set on fire is a problem in their local area	-	5%
% of people w ho think racial harassment is a problem in their local area	-	3%
% of people w ho think abandoned or burnt out cars are a problem in their local area	5%	2%
% of people w ho think people from different ethnic backgrounds get on w ell together	72%	42%
% of people w ho feel they belong to their local area	60%	71%
% of people w ho feel part of their local community	52%	47%
% of people w ho feel that they can influence decisions that affect their local area	33%	12%
% of people w ho are satisfied w ith the quality of service provided by the Police	62%	59%

Strategic Summary

Performance

Overall Hartlepool is a high crime area when compared to similar areas elsewhere in the country.

Despite significant challenges over the last few years Hartlepool continues to experience year on year reductions in overall crime rates, albeit that reductions are smaller than those experienced previously.

It is notable that non-victim based crimes, which are indicative of proactive policing and enforcement activity, have reduced at a greater level (-16%) than victim-based crime offences which have reduced by 0.8%.

Some crimes, particularly those falling within the acquisitive crime category are on the increase with projections indicating an increasing trend for the following twelve months. Whilst current socio-economic factors can affect this crime type, locally it is recognised that substance misuse and re-offending are key drivers in the prevalence of acquisitive offences.

Whilst performance is strong in regard to violence against the person offences, it continues to account for 18.1% of total recorded crime in Hartlepool, with recorded levels being higher than the most similar group average.

Unlike the previous reporting year anti-social behaviour incidents reported to the Police have increased by 0.3%, with year end³ projections indicating an increase of more than 20%.

Anti-social behaviour continues to follow a strong seasonal trend with police incidents, Anti-social Behaviour Unit cases, Tenancy Relations & Enforcement Team (TRET) cases and Noise Nuisance complaints reaching their peak during the summer months.

Hartlepool continues to have the second highest anti-social behaviour rate in Cleveland.

Community perception results from the recent Household Survey indicate that from a town wide perspective the fear of crime and anti-social behaviour related issues have generally improved, however it is noted that these results do vary across wards with perceptions in our most disadvantaged communities remaining high.

Anti-social behaviour and drug dealing related activity continues to be a primary concern to the community, with all 11 wards in Hartlepool citing this as a Neighbourhood Policing ward priority. However despite this prioritisation, it is notable that proactive policing crimes related to these issues, specifically public order and drug offences, have decreased in comparison to the previous assessment period.

³ March 2014

QUICK FACTS - RECORDED CRIME IN HARTLEPOOL

Figures refer to the 12 month period ending 30th September 2013

Level of Crime	6,426 recorded crimes
Annual change	Reduced by 2.8% (185 crimes) compared with 2012/13
Crime rate per 1,000 population	69.8 crimes per 1,000 population
Local Comparison	Hartlepool has the second highest crime rate in the Cleveland area <ul style="list-style-type: none"> Middlesbrough – 101.3 per 1,000 population Stockton – 61.8 per 1,000 population Redcar & Cleveland – 59.9 per 1,000 population Cleveland – 72.5 per 1,000 population
National Comparison	The crime rate in Hartlepool is above the national average of 66.0 ⁴ crimes per 1,000 population and the Most Similar Group ⁵ average of 65.6 per 1,000 population
General trend	<p>Crimes – 12 month rolling total</p> <p>— Crime Hartlepool - - - 12 Month Projection</p>
Breakdown of crime types	<p>■ Acquisitive Crime ■ Criminal Damage & Arson ■ Violence against the Person ■ Drug Offences ■ Public Disorder ■ Other ■ Sexual Offences</p>
Crime rates by ward	<p>Crime Rate per 1,000 population</p> <p>Hartlepool 69.8</p>

⁴ Crime in England & Wales 2012/13

⁵ Most Similar Group (MSG) Community Safety Partnerships – I-Quanta: Gateshead, South Tyneside, Neath & Port Talbot, Sunderland, Walsall, Stockton-on-Tees, Merthyr Tydfil, Bamsley, Corby, Rochdale, Doncaster, Halton, North East Lincolnshire, Middlesbrough.

Crime

It is estimated that the total cost of crime in Hartlepool during the last 12 months exceeds £60 million⁶.

Crime continues to be concentrated in our most disadvantaged and vulnerable communities, co-existing with high levels of anti-social behaviour, health inequalities, unemployment and poor housing all of which place a significant demand on partner resources. People living in deprived areas experience significantly higher levels of crime and disorder, therefore they are at greater risk of victimisation and for this reason remain vulnerable.

Crime rates in the Victoria, Headland & Harbour, Burn Valley and Manor House wards continue to be much higher than the rest of the town, with the crime rate in the Victoria being twice the national average.

It is anticipated that acquisitive crime rates will increase over the forthcoming twelve months placing residents and businesses at risk in Hartlepool. It is therefore imperative that the partnership works with at risk groups to reduce the risk of victimisation and opportunities for offenders, whilst also ensuring that effective offender management arrangements reduce the risk of re-offending.

Whilst violence against the person offences have reduced by 13.7%, crime rates still remain above the local⁷ and national average. Most notably the rate of emergency hospital admissions for violence in Hartlepool, 133.8 per 100,000 population, is almost double the national average of 67.7.

Domestic violence continues to be a key factor in the occurrence of violence offences, with more than half of offences being domestic related. Domestic violence has a devastating impact on individuals, families and communities. Tackling this issue requires a significant amount of resources from all public sector agencies.

Whilst trends in reported crime show a slight decrease, it is anticipated that there is a risk that levels will increase as victims and their families struggle to cope with added financial and emotional pressures brought about by the current economic situation i.e. higher unemployment and welfare reform.

Females continue to be at the greatest risk of domestic violence, where repeat victimisation is apparent. Often indirect victims, children experiencing domestic abuse are at an increased risk of behavioural, emotional trauma and mental health issues that may continue into adulthood.

Under reporting continues to be factor in domestic related violence, especially in regards to Black & Minority Ethnic (BME) and Lesbian, Gay, Bisexual and Transgender (LGBT) communities.

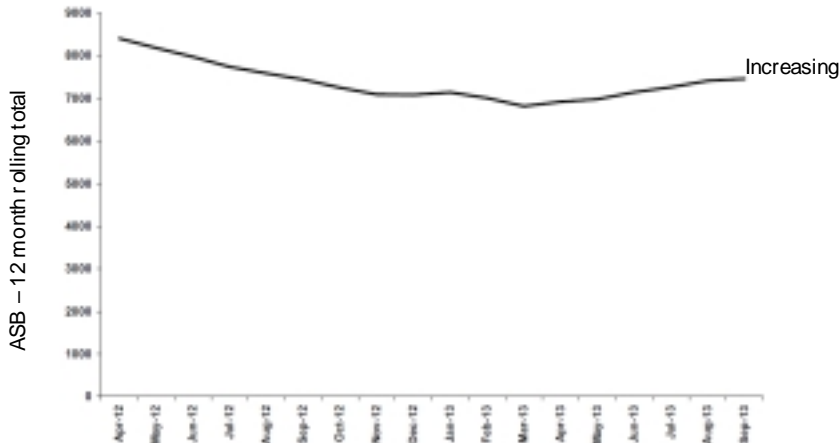
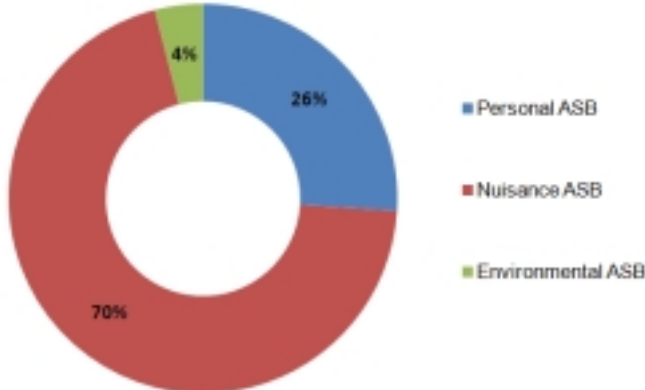
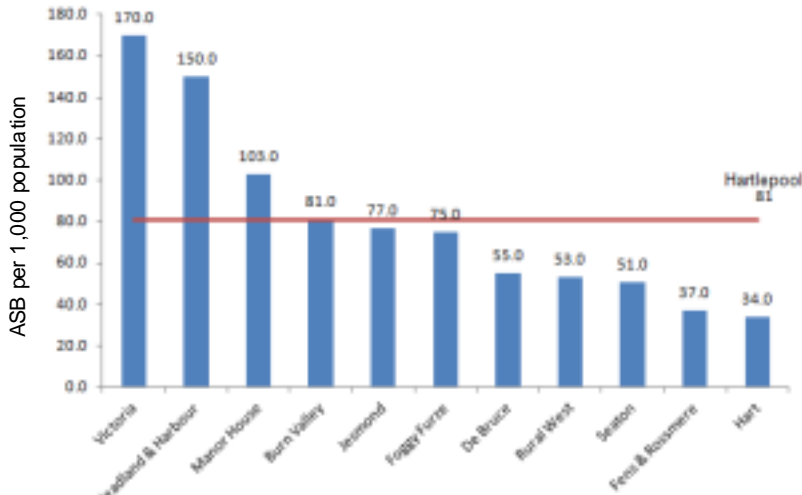
The relatively low level of referrals from Health professionals into domestic violence support services and the Multi-Agency Risk Assessment Conference (MARAC), particularly from the primary care setting continues to be an area of concern.

Overall acquisitive crime and domestic related violence & abuse pose a significant risk to the community, businesses, vulnerable people and families.

⁶ Home Office - Integrated Offender Management Value for Money Toolkit 2011 – Multipliers & Unit Costs of Crime
⁷ Cleveland

QUICK FACTS - ANTI-SOCIAL BEHAVIOUR (ASB) IN HARTLEPOOL

Figures refer to the 12 month period ending 30th September 2013

Level of ASB	7,460 incidents
Annual change	Increase by 0.3% (+21 incidents) compared with 2012/13
ASB rate per 1,000 pop	81 incidents per 1,000 population
Local Comparison	<p>Hartlepool has the second highest ASB rate in the Cleveland area</p> <ul style="list-style-type: none"> Middlesbrough – 86.5 per 1,000 population Stockton – 67.8 per 1,000 population Redcar & Cleveland – 70.2 per 1,000 population Cleveland – 75.2 per 1,000 population
National Comparison	The ASB rate in Hartlepool is twice the national average of 40 ⁸ incidents per 1,000 population
General trend	 <p>ASB - 12 month rolling total</p>
Breakdown of ASB incident categories	 <p> ■ Personal ASB ■ Nuisance ASB ■ Environmental ASB </p>
ASB rates by Ward	 <p>ASB per 1,000 population</p> <p>Hartlepool 81</p>

Anti-social Behaviour

Anti-social behaviour continues to be the number one priority for the community.

Anti-social behaviour in all its forms, nuisance or rowdy behaviour, misuse of vehicles, littering, dog fouling, is a very visible sign of disorder in our communities and is closely linked to perceptions of safety, satisfaction with the local area as a place to live and confidence in local services. As identified from the Partnership's Vulnerable Victims Group, in its most persistent and serious forms it can have a significant impact on health and wellbeing.

Anti-social behaviour continues to be linked to a wide range of other issues including hate crime, the night-time economy, drug dealing, alcohol misuse and housing tenure.

Reported incidence of anti-social behaviour shows considerable variance, with over half of all anti-social behaviour incidents reported in Victoria, Headland & Harbour, Manor House and Bum Valley wards. The rate of incidents per 1,000 population in these neighbourhoods is double the national average.

Public perceptions of anti-social behaviour commonly highlight young people as "being a problem", however despite this only one third of anti-social behaviour incidents are linked to young people. The type of anti-social behaviour linked to young people predominantly relates to groups of young people congregating in public spaces, underage drinking, being noisy and verbally abusive. Therefore the continued provision of targeted outreach services for young people is an essential diversion tool.

Hate Crime

Hate crime remains high on the Partnership agenda, with the number of reported hate crimes and incidents increasing by 27%.

Hate crime is different to other forms of crime as it targets people because of their identity. Research has shown that hate crime causes greater psychological harm than similar crimes without a motivation or prejudice. Hate crime creates fear in victims, groups and communities and can act as a catalyst to communities to turn against each other.

Local data suggests that victims of racially motivated incidents and crimes are more likely to report such matters, unlike victims of sexual orientation, disability and transphobic discrimination where incident levels remain low.

The reasons for not reporting include anticipation that it will not be taken seriously, a fear of negative response and a belief that there is little that anyone can do. In relation to the LGBT community, national research⁹ indicates that two thirds of those who experienced a hate crime or incident did not report it.

Therefore building confidence in local communities to report hate and discrimination should be a primary focus over the next twelve months, ensuring that victims of hate crime can access third party reporting centres and rapidly receive the support that they need.

The Partnership's Community Intelligence process continues to assist in the identification of individuals who may be vulnerable to hate crime as either a victim or perpetrator, and extends to the disruption of right-wing activity that is a threat to community cohesion.

⁹ Stonewall – British Gay Crime Survey 2013

Victims

Whilst crime rates in Hartlepool have fallen, the likelihood of being a victim of crime still remains a reality, especially in our most vulnerable and disadvantaged communities.

The risk of being a victim of crime or anti-social behaviour in Hartlepool is higher than in some of our neighbouring local authorities¹⁰ in the Cleveland area.

It is acknowledged that the likelihood of someone reporting a crime can depend on the nature of the crime they have experienced, this is particularly relevant to domestic related abuse and hate crime.

A variation in repeat victimisation is evident, with those experiencing domestic violence & abuse, particularly females, being more likely to suffer from repeat victimisation than any other type of victim.

Locally there continues to be established pathways into support services for victims of crime and domestic abuse, but pathways for victims of anti-social behaviour need to be improved.

The impact of becoming a victim of crime or anti-social behaviour varies from person to person. A relatively minor offence can have a serious outcome for a vulnerable victim. Therefore it is essential that the Partnership adopts a victim-centred approach; responding to the needs of the individual, rather than the crime type or incidents suffered.

¹⁰ Redcar & Cleveland and Stockton

Community Perceptions

Community Perceptions 2013	Hartlepool	<div> <div>Most Deprived</div> <div>Least Deprived</div> </div>										
		Headland & Harbour	Manor House	Victoria	De Bruce	Jesmond	Burn Valley	Foggy Furze	Fens & Rossmere	Sutton	Hart	Rural West
% of people who think that they do not belong to their local area	29%	27%	31%	40%	27%	35%	33%	31%	24%	22%	32%	24%
% of people you feel that they cannot influence decisions that affect their local area?	56%	51%	52%	57%	56%	53%	59%	55%	57%	57%	56%	56%
% of people who do not feel part of the local community	53%	48%	56%	59%	54%	60%	58%	57%	52%	48%	57%	42%
% of people who believe people from different ethnic backgrounds do not get on well together in their local area	16%	19%	19%	19%	19%	20%	19%	17%	13%	12%	15%	9%
% of people who do not think that people in the area pull together to improve the local area	28%	28%	32%	42%	37%	32%	34%	29%	18%	20%	30%	13%
% of people who feel unsafe when outside in your local area after dark	28%	27%	37%	45%	29%	37%	35%	37%	20%	15%	18%	16%
% of people who feel unsafe when outside in your local area during the day	5%	7%	6%	12%	6%	6%	7%	7%	3%	1%	3%	2%
% of people who think noisy neighbours or loud parties are a problem	12%	16%	19%	23%	16%	18%	17%	14%	6%	5%	6%	4%
% of people who think rubbish or litter lying around is a problem	38%	51%	45%	56%	44%	44%	47%	43%	21%	29%	27%	21%
% of people who think vandalism, graffiti and other deliberate damage to property or vehicles is a problem	17%	26%	22%	31%	23%	23%	22%	17%	7%	9%	10%	9%
% of people who think drug use or dealing is a problem	29%	42%	40%	54%	39%	29%	46%	37%	12%	12%	7%	11%
% of people who think drunk or rowdy in public places is a problem	19%	27%	24%	40%	18%	20%	34%	23%	9%	9%	7%	7%
% of people who think groups hanging around the streets is a problem	25%	27%	32%	37%	31%	34%	29%	28%	20%	18%	18%	12%
% of people who think abandoned or burnt out cars are a problem	2%	3%	1%	2%	2%	6%	2%	1%	1%	1%	1%	1%
% of people who think run down or boarded up properties are a problem	18%	23%	9%	42%	12%	23%	42%	23%	4%	19%	3%	8%
% of people who think speed and volume of road traffic is a problem	34%	29%	38%	40%	37%	33%	48%	38%	30%	28%	25%	30%
% of people who think racial harassment is a problem	3%	5%	3%	7%	4%	6%	4%	3%	1%	1%	2%	1%
% of people who think being attacked or harassed is a problem	9%	15%	12%	20%	10%	14%	13%	10%	4%	4%	5%	3%
% of people who think household burglary is a problem	14%	16%	15%	24%	17%	17%	22%	15%	7%	6%	11%	8%
% of people who think car crime is a problem	13%	21%	21%	23%	16%	18%	19%	10%	6%	7%	5%	5%
% of people who think property being set on fire is a problem	5%	6%	6%	10%	6%	7%	4%	3%	2%	2%	1%	5%
% of people dissatisfied with the quality of the service provided by the police	13%	17%	15%	13%	13%	13%	13%	15%	11%	11%	10%	11%

Community Perceptions and Neighbourhoods

Results from the Household Survey indicate that there has been a general town-wide improvement in perceptions of crime and anti-social behaviour when compared to results from 2008.

However perceptions regarding crime and anti-social behaviour remain much higher in our most disadvantaged neighbourhoods, where residents continue to identify anti-social behaviour related issues specifically; litter, speeding traffic and drug use/supply as community priorities.

These findings generally correlate to local Neighbourhood Policing ward priorities, where anti-social behaviour and drug dealing related activity feature as priorities for all 11 wards in Hartlepool.

The continuation of Neighbourhood Policing in Hartlepool is also a community priority, with residents raising their concerns about policing levels with the Police & Crime Commissioner at Your Force Your Voice meetings. Neighbourhood Policing has also been raised as a priority through the Partnerships Face the Public Event, and through consultation undertaken on the Community Strategy.

From a community cohesion perspective only four out of ten people participating in the Household Survey agreed that their local area is a place where people from different backgrounds get on well together. This is a marked reduction from responses received in 2008, when 72% of people agreed with this statement. Similarly, percentage rates remain low in relation to community engagement, where only one in ten residents feel that they can influence decisions in their local area.

Our most disadvantaged and vulnerable neighbourhoods; Victoria, Headland & Harbour, Burn Valley and Manor House wards continue to suffer from disproportionate levels of crime and anti-social behaviour issues.

Partnership working is essential to successfully tackle these community safety issues at a neighbourhood level. Proactive neighbourhood management that considers all aspects of the local environment and aims to increase social connectedness both between those living and sharing the same space, and those providing services in neighbourhoods, is a key element in promoting cohesive confident communities, reducing crime and anti-social behaviour, and making the local area safer, more attractive and economically productive.

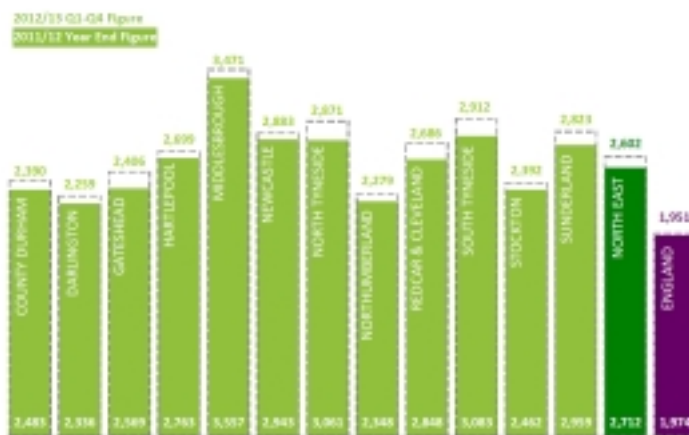
QUICK FACTS – DRUGS & ALCOHOL

Alcohol consumption

In Hartlepool approximately 4,800 people aged over 16 years are drinking at higher risk levels, more than double the recommended safe levels or above.

Alcohol Related Hospital Admissions per 100,000 population

Alcohol related hospital admissions have reduced by 2.3% in Hartlepool.



Number of arrests

33% of arrests in Hartlepool were alcohol related

Number of people dependent on opiates and/or crack

Hartlepool rate: 18.6 per 1,000 population
National rate: 8.7 per 1,000 population

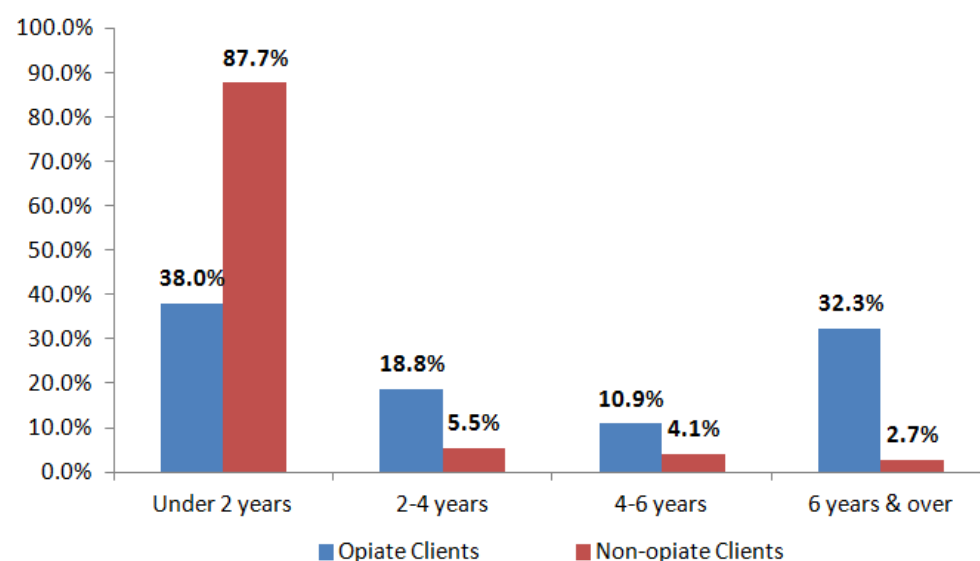
Proportion of dependent drug users in treatment

Hartlepool rate: 63.7%
National rate: 53.4%

Number of people in drug treatment

861 people are in treatment, comprising of 706 opiate users and 155 non-opiate users.

Proportion of clients still in treatment in years



Alcohol

It is estimated that costs associated with alcohol misuse in Hartlepool are in excess of £40 million¹¹. This figure equates to an overall cost per head of population of £459, the second highest of the 12 local authorities in the North East region.

Alcohol cuts across all aspects of partnership service delivery and represents a significant cross cutting theme for other priority areas of criminality. Alcohol is associated with a range of crime and anti-social behaviour but plays a particular factor in violent crime, with more than half of assault related Accident & Emergency (A&E) presentations being linked to alcohol.

Alcohol related violent crime remains at its highest in the Victoria and Headland & Harbour wards and is predominantly linked to the night-time economy, where offences have increased by 13%

Linked to price, availability and social attitudes, alcohol consumption levels in Hartlepool remain above the national and regional average. Despite a reduction the number of alcohol related hospital admissions for adults and young people remain high.

Drugs

Although the number of drug related offences have reduced by 6.5% in Hartlepool, drug use and drug dealing continues to be a community concern particularly in our most deprived neighbourhoods.

Nationally the number of individuals accessing drug treatment has fallen by 1.1%, however in Hartlepool numbers have increased by 5.5%

In Hartlepool the number of people who are dependent on drugs is twice the national average, standing at 18.6 per 1,000 population, with more than half of these users accessing treatment services. More than 80% of the treatment population are opiate users, where successful treatment completions remain below the national average, with almost one third of clients retained in treatment for 6 or more years.

Drug misuse continues to be a contributory factor in adult offending behaviour, specifically in regard to acquisitive crime and high rates of re-offending.

Cannabis misuse continues to be the most prevalent drug used by young people in Hartlepool, where adjunctive use with alcohol is high.

¹¹ Balance – The Cost of Alcohol 2013

QUICK FACTS – RE-OFFENDING

All offenders cautioned, convicted or released from custody in the 12 month period ending September 2011, measured over the following 12 months

Re-offending Rate

- Total cohort of offenders 1,720
- 35.6% of offenders re-offended within 12 months
- 612 re-offenders committed 2,029 re-offences (3.32 offences per offender)

Annual Change

Reduced from 35.7%, minus 0.1 percentage point

Local Comparison

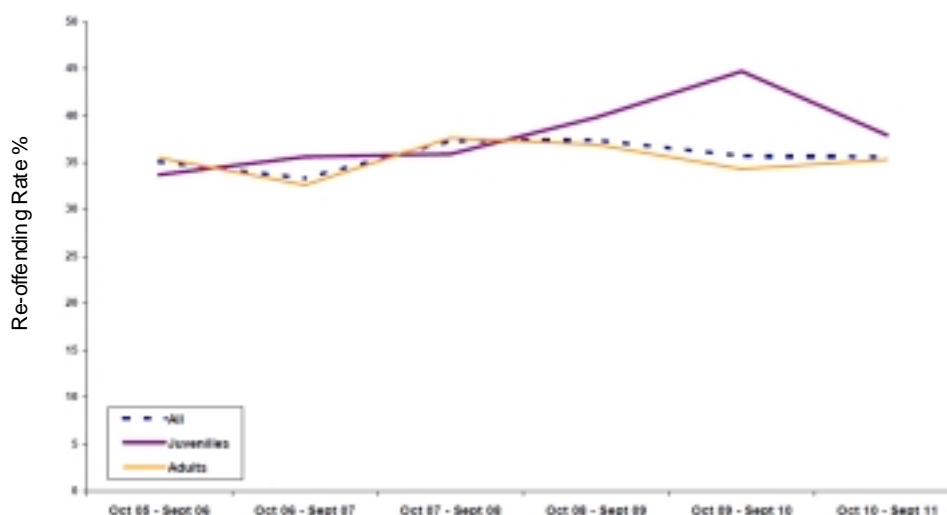
Hartlepool has the highest re-offending rate in Cleveland

- Middlesbrough – 32.8%
- Stockton – 30.2%
- Redcar & Cleveland – 29.1%

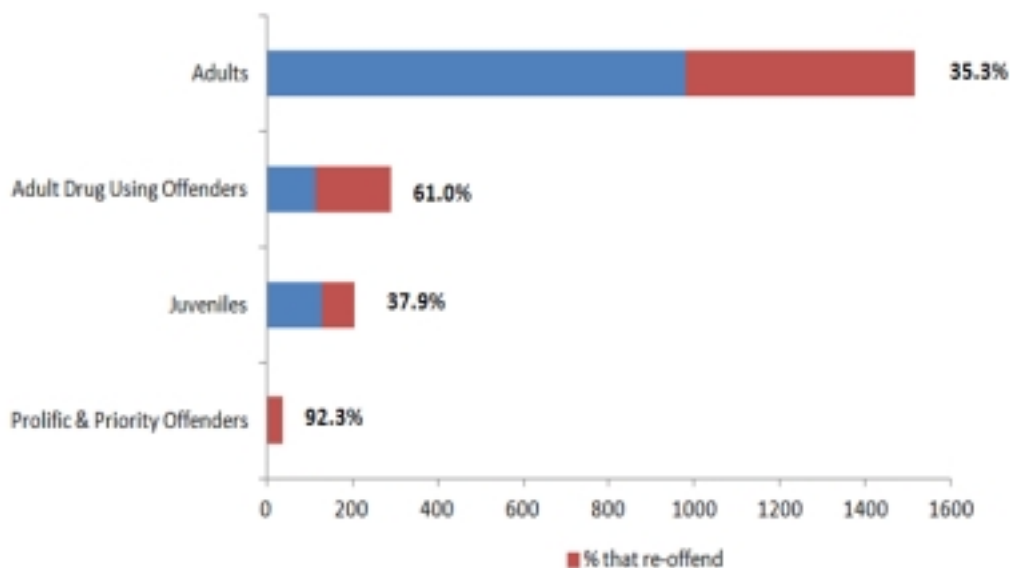
National Comparison

The national re-offending rate stands at 26.9%, Hartlepool has the second highest re-offending rate in the country.

General trend



Re-offending rate of offender cohorts



Re-offending

Repeat offending in Hartlepool accounts for more than two thirds of crime¹², with re-offending rates remaining higher than the national average for both adults and young people.

Acquisitive crime continues to account for the highest proportion of re-offences in Hartlepool, with shoplifting accounting for more than half of these.

Drug and alcohol misuse has a significant impact upon re-offending activity, with opiate misuse being a key driver in the occurrence of acquisitive crime.

Adult repeat offending continues to be a significant factor, with 92% of repeat offenders being aged 18 years and over.

Offenders are often the most socially excluded in society and often have complex and deep rooted health and social problems, such as substance misuse, mental health, housing issues and debt, family and financial problems. Understanding and addressing these underlying issues in a holistic and co-ordinated way is important to provide “pathways out of offending”, reduce crime and break the cycle of offending behaviour across generations.

Both local and national data suggests that offenders who receive short prison sentences are at the greatest risk of re-offending, therefore it is essential that partners work together to identify the offenders that present the most risk to their communities, intervening early to prevent an escalation of offending and providing community-based support to address their needs.

A single Reducing Re-offending Strategy will assist in identifying gaps, learning more about non-statutory offenders and offender health and wellbeing needs (including mental health).

Overall re-offending continues to present a high risk to communities of Hartlepool, with adult repeat offending presenting the highest risk.

¹² Detected crime

Proposed Strategic Objectives and Priorities

The Safer Hartlepool Partnership is required to publish its Community Safety Plan 2014 – 2017 by 1st April 2014.

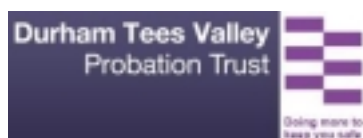
Based upon the findings from the Strategic Assessment, it is proposed that the Partnership focuses on one key strategic objective during 2014/15 which will be to:

“Create confident, cohesive and safe communities”

It is proposed that this objective is underpinned by the following proposed priorities for 2014 – 2015.

Create Confident Cohesive and Safe Communities
Re-offending - reduce re-offending through a combination of prevention, diversion and enforcement activity
Acquisitive Crime – reduce acquisitive crime through raising awareness and encouraging preventative activity
Domestic violence and abuse –reduce the risk of serious harm and provide the right response to safeguard individuals and their families from violence and abuse
Anti-social behaviour – ensure effective resolution of ASB, divert perpetrators and identify and support vulnerable individuals and communities
Substance misuse – reduce the harm caused to individuals, their family and the community, by illegal drug and alcohol misuse
Reduce hate crime - work together to better understand the true impact of hate crime in our communities, improve our understanding of issues for vulnerable groups and increase reporting

Safer Hartlepool Partnership





Safer Hartlepool Partnership Plan 2014 – 2017 Year 1



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Foreword

I am pleased to introduce the Safer Hartlepool Partnership Plan for 2014 - 2017. This new three year plan, based on the findings from the Partnership's Annual Strategic Assessment and consultation with the public at the annual "Face the Public" event, outlines the Partnership's strategic objectives and priorities and will be refreshed annually to incorporate new objectives and priorities as they emerge.

Since becoming Chair of the Safer Hartlepool Partnership in May 2013, I have been impressed by the strength of partnership working and the dedication and continued support of those organisations that are responsible for the Partnership; the Council, Police, Fire Authority, Clinical Commissioning Group, Probation and the Cleveland Police and Crime Commissioner.



Despite the ongoing cuts to public services and significant reductions in funding, the Safer Hartlepool Partnership has continued to make Hartlepool a safer place to live, work and socialise. Since the beginning of the previous Partnership Plan in April 2011, recorded crime and anti social behaviour has reduced year on year.

The Safer Hartlepool Partnership has successfully supported and delivered numerous partnership initiatives and some of these successes are outlined in this plan.

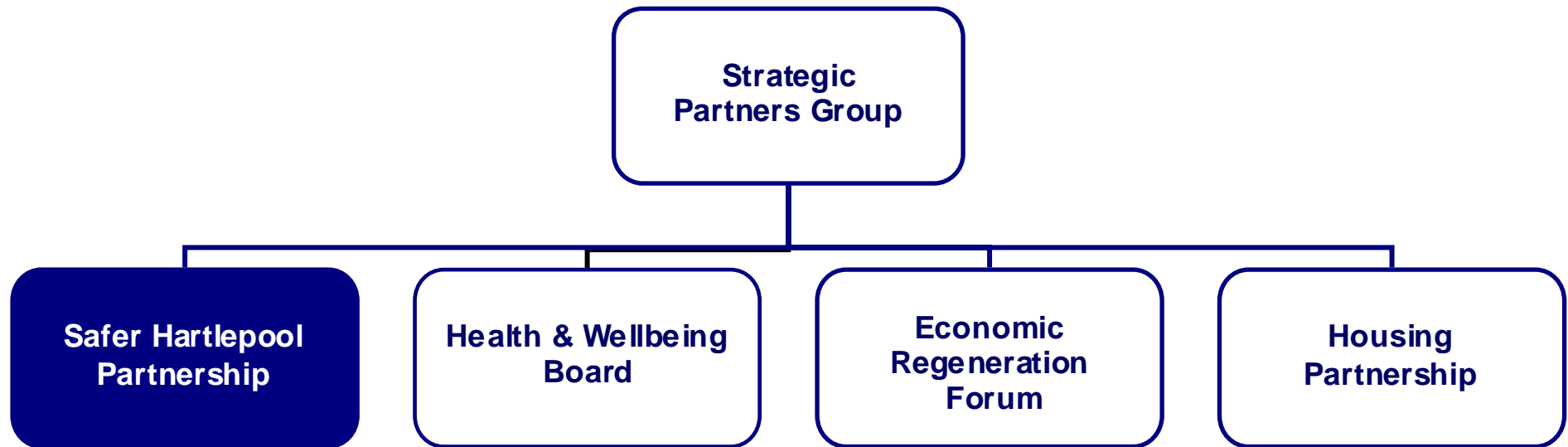
During the lifetime of this plan, there are a number of factors which will impact on the Safer Hartlepool Partnership; a challenging economic climate, including the impact of Welfare Reform, changes to commissioning arrangements following the transition of Public Health into Hartlepool Borough Council and the election of a Police and Crime Commissioner and widespread restructuring and change across local public sector agencies.

I am confident that this Partnership Plan will help us to make Hartlepool a safer place to live, work, and socialise.

Councillor Christopher Akers-Belcher
Chair of the Safer Hartlepool Partnership

The Safer Hartlepool Partnership

The Safer Hartlepool Partnership is Hartlepool's statutory Community Safety Partnership and is one of the four¹ themed partnerships of the Hartlepool Strategic Partners Board. The aim of the Safer Hartlepool Partnership is to make Hartlepool a safer place to live, work and socialise by addressing crime and anti-social behaviour, substance misuse and to reduce re-offending.



The Partnership is responsible for delivering the following: *Community Safety Plan; annual Youth Justice Plan; Substance Misuse Plan (Drugs and Alcohol); CCTV Strategy; Domestic Violence Strategy; Social Behaviour Plan; Prevent Action Plan; Cohesion Strategy; Troubled Families Programme*. The Partnership is also responsible for the delivery of the community safety outcomes within the *Sustainable Communities Strategy* and the *Hartlepool Plan*. These local strategies and plans will have regard to the Cleveland Police and Crime Plan and appropriate national strategies and plans, to ensure that national policy is followed.

¹ The themed Partnerships are: The Safer Hartlepool Partnership, The Health and Well Being Board, the Housing Partnership and the Economic Regeneration Forum

Local Context

Hartlepool is the smallest unitary authority in the North East region and the third smallest in the country comprising of some of the most disadvantaged areas in England. Issues around community safety can be understood by a number of contextual factors:

Population

- Hartlepool has a stable population rate, maintained by low levels of migration.
- Hartlepool has become more diverse in recent years, although a very small proportion of the population are from the Black Minority Ethnic (BME) community.
- 46% of the population in Hartlepool live in five of the most deprived wards in the country, where crime and anti-social behaviour rates are high.

Housing

- Strong links exist between the occurrence of anti-social behaviour and the location of private rented housing.
- The percentage of long term empty properties in Hartlepool is higher than the regional average.

Health & Wellbeing

- The health of people in Hartlepool is generally worse than the England average.
- There is a higher prevalence of long term health problems, including mental health.
- The number of alcohol related hospital admissions and hospital stays for self-harm in Hartlepool are significantly worse than the England average.
- The number of Class A drug users in Hartlepool is more than double the national average.

Geography

- Community safety problems are not evenly spread and tend to be concentrated in geographic hotspots, particularly in the most deprived wards in Hartlepool.

Deprivation

- Hartlepool has pockets of high deprivation where communities experience multiple issues: higher unemployment, lower incomes, child poverty, ill health, low qualification, poorer housing conditions and higher crime rates.
- Residents living in more deprived and in densely populated areas have high perceptions of crime and anti-social behaviour and feel less safe.

Unemployment

- Unemployment rates in Hartlepool are above the regional average and more than double the national average.
- 14.5% of young people aged 18-24 years are unemployed.
- Hartlepool has high rates of people incapable of work due to disability and ill health.

Partnership Activity 2011 – 2014

Over the last the 3 years, the Partnership has delivered a number of projects and initiatives against the strategic objectives in the Partnership Plan 2011 - 2014, and developed new services which have been designed to reduce crime, disorder, anti-social behaviour, substance misuse and re-offending. Examples are listed below:

Strategic Objective: Reduce Crime & Repeat Victimisation

- **Crime Prevention & Target Hardening** - We have continued to offer crime prevention advice and promote safety measures throughout the year, with seasonal campaigns addressing specific crime types and issues. Since 2011 we have targeted hardened more than 1,700 properties in Hartlepool, providing reassurance to victims and reducing their risk of repeat victimisation.
- **Dedicated Victim Service** – We have enhanced our services for victims through the provision of a Victim Support Officer who has been trained to provide crime prevention advice, enabling them to provide a holistic response to victims needs. Over 85% of victims who have received this service report increased feelings of safety.
- **Specialist Domestic Violence Service** – In April 2012 we jointly commissioned Harbour to provide support to victims and families suffering domestic violence and abuse. Over the last 18 months Harbour has received more than 1,000 requests for support.
- **Joint Action Groups (JAG's)** – Using an intelligence led approach the JAG continues to tackle community safety issues at a neighbourhood level. Each multi-agency JAG has a localised action plan that has focused on areas of greatest vulnerability and need, but also keeping abreast of any emerging issues or trends. The JAG has supported the delivery of youth diversionary activities, domestic violence joint repeat visits initiative and neighbourhood CCTV provision.



Strategic Objective: Reduce the harm caused by drug & alcohol misuse

- **Drug and Alcohol Treatment and Support** – The Partnership has commissioned a range of community based specialist services to support those who misuse substances. Operating across four sites in Hartlepool, these services have helped more than 1,000 people on their journey to recovery.
- **Awareness Campaigns** – The Partnership is driving forward campaigns to promote responsible drinking and highlight the dangers of drug misuse - campaigns include Dry January and Substance Misuse Week.
- **Alcohol Arrest Referral** – Operating in Hartlepool custody suite, this scheme had delivered over 1,500 brief interventions to individuals arrested for an alcohol related crime in Hartlepool. Brief interventions include linking alcohol and the offence, with the aim of motivating a reduction in alcohol consumption and re-offending behaviour.
- **Community Alcohol Partnership** – The Community Alcohol Partnership has secured funding to deliver a range of preventative, educational and enforcement activity to address the issue of alcohol misuse amongst young people in our most disadvantaged communities.



Strategic Objective: Create confident, cohesive and safe communities

- **Community Cohesion Action Plan** – A range of activities and initiatives to promote cohesion and inclusion have been supported by the Partnership during 2013 including the roll out of the 'Safe Places Scheme', and a Diversity Event held in November to promote cultural awareness. The event was attended by 150 local community members who received presentations from the Partnership on hate crime and how to report it, and how the Partnership monitors and supports our most vulnerable and at risk victims to ensure that appropriate multi-agency interventions can be deployed to reduce the risk of further victimisation
- **Anti-social Behaviour Awareness Day (ASBAD)** – More than 1,500 secondary school pupils have taken part in the annual ASBAD event. Interactive sessions on topics such as alcohol awareness, making hoax calls, bullying and litter are led by a series of partner agencies, with successive event evaluations demonstrating that ASBAD continues to be successful in engaging young people in thinking about behaviour, its effects and consequences.
- **Restore Project** – Supported by the Police and Crime Commissioner, the Safer Hartlepool Partnership launched their Restore Project in Hartlepool in November 2013. The project has recruited and trained a group of facilitators in restorative conferencing and is now available to provide an alternative way of dealing with the harm caused to victims of minor crimes and anti-social behaviour. Restorative Justice is proven to improve victim satisfaction rates, and reduce offending behaviour by bringing the offender face to face with the harm their behaviour has caused.

Strategic Objective: Reduce offending and re-offending

Reducing offending and re-offending has been one of the main focuses of the Partnership during 2013/14. In response to high rates of reoffending in Hartlepool the Partnership is in the process of developing a new strategy which aims to break the cycle of re-offending behaviour and improve public safety. The strategy will strengthen the ability of the Partnership to work together to provide local solutions to reoffending set against the broader context of the national Transforming Rehabilitation Strategy. Current activities aimed at reducing offending and reoffending include:

- **Triage Programme** - This scheme diverts young offenders into positive activities and support, instead of charging them and taking them to court. The initiative has significantly reduced the numbers of young Hartlepool people entering the criminal justice system in Hartlepool and the success of the scheme is now being replicated across the Cleveland area.
- **Integrated Offender Management (IOM)** – This multi-agency team involving Council, Cleveland Police, Durham & Tees Valley Probation Trust, HMP Prison Service and Outreach Workers, is dedicated to working with the most prolific offenders responsible for committing a large number of crimes in Hartlepool, together with those offenders on substance misuse orders issued by the Courts. The team is currently working with over 100 offenders providing support to address the problems associated with their offending behaviour, and challenging and taking enforcement action where necessary.
- **Troubled Families Programme – Think Family / Think Community** – This government funded initiative is now in its second year. The programme aims to reduce youth offending, reduce anti-social behaviour, increase education attendance and get people into work. During the first year of the programme 56 pay-by-results claims have been made where 64% of young people had reduced their offending behaviour and 93% of families had reduced their anti-social behaviour.



Strategic Assessment 2012/13

The seventh Safer Hartlepool Strategic Assessment was completed in December 2013 and contains information to aid the Partnership's understanding of the priority community safety issues in Hartlepool. The Assessment forms part of an intelligence-led approach to community safety, which enables a more focused, resource-effective and partnership-orientated delivery of options to help:

- Better understand the patterns and trends relating to crime, disorder and substance misuse issues affecting the Borough;
- Set clear and robust strategic priorities for the Partnership;
- Develop interventions and activities that are driven by reliable intelligence-led evidence.

The Strategic Assessment covers the twelve month period October 2012 to September 2013 and contains analysis of data obtained from both statutory and non-statutory partner agencies including: the Hartlepool Borough Council, Cleveland Police, Durham Tees Valley Probation Service, Cleveland Fire Brigade, North Tees & Hartlepool NHS Foundation Trust, Housing Hartlepool, and Harbour Support Services. Additional information has also been obtained from community consultations and meetings.

RESTRICTED



Safer Hartlepool Partnership

Strategic Assessment 2013

This document contains sensitive information and is intended for strategic priority setting purposes only. No part of this document may be copied or disseminated beyond the authorised recipients without prior consultation with the author or Safer Hartlepool Partnership Co-ordinator.

Key findings from the Strategic Assessment period include:

Strategic Objective: Reduce Crime & Repeat Victimisation

- We continue to make great progress in reducing crime in Hartlepool with year on year reductions in crime for the seventh consecutive year.
- Successful reductions have been achieved in most major crime categories, however acquisitive crime and violence continues to account for more than two thirds of total crime.
- The theft of pedal cycles has been an emerging issue throughout the assessment period.
- Repeat victimisation is evident in most crime categories; however it is even higher in violence offences, particularly domestic related violence.
- In the current economic climate there is potential that the numbers of repeat and vulnerable victims will increase.

Strategic Objective: Reduce the harm caused by drug & alcohol misuse

- The cost of alcohol misuse equates to £459 per head of population.
- Alcohol plays a significant factor in the occurrence of violent crime, including domestic violence and abuse.
- Alcohol specific hospital admissions for adults and under 18's in Hartlepool are significantly higher than the national average.
- The number of people dependant on drugs in Hartlepool is twice the national average.
- There is a clear link between Class A drug misuse and the occurrence of acquisitive crime.
- The number of individuals accessing drug treatment has increased since the previous assessment period.

Strategic Objective: Create confident, cohesive and safe communities

- Anti social behaviour is following an increasing trend with certain communities and neighbourhoods suffering from disproportionate levels.
- Hotspot locations for anti social behaviour are located in areas that are densely populated by privately rented properties.
- Perceptions of anti social behaviour in Hartlepool are above the national average.

Strategic Objective: Reduce offending and re-offending

- Hartlepool has one of the highest proven re-offending rates in the country.
- Re-offenders have greater needs in respect of housing, education, training, employment and substance misuse.
- The number of young people entering the criminal justice system for the first time has reduced by almost 4% in comparison to the previous assessment period.

Public Consultation

To ensure that the Partnership is focusing on the issues that residents consider to be a priority, findings from local community consultations have been taken into consideration when setting the strategic objectives and priorities.

Face the Public

At the Safer Hartlepool Partnership 'Face the Public' event held in September 2013 we asked:

“What can the Safer Hartlepool Partnership do to make your neighbourhood a safer place to live?”

Public responses included:

- Maintain partnership working
- Improve Neighbourhood Policing
- Tackle anti-social behaviour & improve neighbourhood safety
- Reduce re-offending
- Break the cycle of domestic violence
- Address substance misuse

Sustainable Community Strategy Consultation

The Sustainable Community Strategy identifies 'Safer, Stronger Neighbourhoods' as one of its key priorities. During consultation on the strategy participants were asked:

“Which one of the Safer Stronger Neighbourhoods improvements is most important to you?”

From the four choices available, the majority of respondents identified creating confident, strong and safe communities as the area most in need of improvement, as below:

- Create confident, strong and safe communities (37%)
- Reduce crime and victimisation (24%)
- Reduce the harm caused by drug and alcohol misuse (23%)
- Reduce offending and re-offending (17%)

Hartlepool Household Survey

The Hartlepool Household Survey was undertaken during May – August 2013. Questionnaires were delivered to 18,960 households with a 30.6% response rate and over 6,000 completed surveys being returned.

Results from the Household Survey indicate that there has been a general town-wide improvement in perceptions of crime and anti-social behaviour when compared to results from 2008. But when residents were presented with a list of anti-social behaviour issues, and asked to tell us which they felt were a very or fairly big problem in their local area the following three issues were identified:

Rubbish or litter lying around

Speed and volume of road traffic

People using or dealing drugs

Partnership Strategic Objectives 2014-2017

Based on the findings in the annual Strategic Assessment and consultation with the local community, the Partnership will retain the following four strategic objectives during the lifetime of the three year plan:

Strategic Objectives 2014 - 2017	
Reduce crime and repeat victimisation	Reduce the harm caused by drug and alcohol misuse
Create confident, cohesive and safe communities	Reduce offending and re-offending

Partnership Priorities 2014-2015

To reflect community priorities evidenced in the community consultation process, during the first year of this plan our key focus will be to: “**Create confident, cohesive and safe communities**” by concentrating on the following areas of concern:

Annual Priorities 2014 - 2015	
Re-offending - reduce re-offending through a combination of prevention, diversion and enforcement activity	Acquisitive Crime – reduce acquisitive crime through raising awareness and encouraging preventative activity
Domestic violence and abuse –reduce the risk of serious harm and provide the right response to safeguard individuals and their families from violence and abuse	Anti-social behaviour – ensure effective resolution of anti-social behaviour, divert perpetrators and identify and support vulnerable individuals and communities
Substance misuse – reduce the harm caused to individuals, their family and the community, by illegal drug and alcohol misuse	Hate crime - work together to better understand the true impact of hate crime in our communities, improve our understanding of issues for vulnerable groups and increase reporting

Key activities over the next 12 months include:

Restorative Justice - We will embed and promote a partnership approach to Restorative Justice as a tool to reduce crime and anti-social behaviour in Hartlepool.

Community Cohesion - We will embed public reassurance; community engagement and confidence work at a neighbourhood level. In response to the public priorities raised at the Safer Hartlepool Partnership Face the Public event, we will work with the Cleveland Police & Crime Commissioner to further develop Neighbourhood Policing, improving communication with youth people and the wider community.

Support for Victims - The Partnership will continue to support dedicated victim services in Hartlepool and improve pathways for victims of anti social behaviour.

Substance Misuse – In response to community concerns raised in relation to drug use and dealing, will we focus on providing education and awareness in relation to the danger of drugs to young people, work together to disrupt the availability of drugs, and promote recovery services.

Environmental Crime Campaign – As identified from the Hartlepool Household Survey, environmental issues continue to be a top priority for residents, as such the Partnership will drive forward an enforcement campaign to tackle environmental issues at the earliest opportunity.

Hate Crime – We will work with local communities to build confidence in reporting hate crime, ensuring victims can access third party reporting centres and rapidly receive the advice and support that they need.

Crime Prevention – The Partnership is committed to continue to offer crime prevention advice and promote safety measures throughout the year. This activity will be accompanied by a wide-scale improvement to Hartlepool street lighting and maximising the use of CCTV technologies.

Anti-social Behaviour – The Partnership will continue to effectively use anti-social behaviour tools and powers to curb the behaviour of serious and persistent offenders, this will also include the extension of Selective Licensing of private rented properties across the town.

Troubled Families Programme – We will continue to develop new ways of working with families to prevent them from offending, increase education attendance and get parents back into work.

Re-offending Strategy – We will develop a strategy to reduce reoffending in Hartlepool which will ensure that local services are coordinated in a manner that meets the needs of offenders, whilst at the same time ensuring local communities remain safe.

Face the Public Event – As part of our continuing commitment to consulting with communities we will hold a Face the Public event in September 2014.

Measuring Performance

Partnership performance monitoring will be undertaken on a quarterly basis to assess progress against key priorities drawn from the strategic assessment and identify any emerging issues. Performance management reports will be provided to the Safer Hartlepool Partnership.

The following performance indicators will be monitored over the next 12 months:

Strategic Objective	Performance Indicator
Reduce crime & repeat victimisation	Total recorded crime rate per 1,000 population
	Domestic burglary rate per 1,000 household
	Vehicle crime rate per 1,000 population
	Robbery rate per 1,000 population
	Shoplifting rate per 1,000 population
	Violent crime (including sexual violence) rate per 1,000 population*
	% of violent crime (including sexual violence) that is domestic related
	% of repeat cases of domestic violence (MARAC)
	Violent crime (including sexual violence) hospital admissions for violence per 100,000 population*
Reduce the harm caused by drug and alcohol misuse	Drug offences per 1,000 population
	% of people who think drug use or dealing is a problem
	% of opiate drug users that have successfully completed drug treatment*
	% of non-opiate drug users that have successfully completed drug treatment*
	% of alcohol users that have successfully completed alcohol treatment
	Alcohol related hospital admissions rate per 100,000 population*
	Number of young people known to substance misuse services

*Indicators link to the Public Health Outcome Framework

Strategic Objective	Performance Indicator
Create confident, cohesive & safe communities	Anti-social behaviour incidents per 1,000 population
	Public order offences per 1,000 population
	Criminal damage rate per 1,000 population
	Deliberate fires rate per 1,000 population
	Number of reported hate crimes & incidents
	% of the population affected by noise - number of complaints about noise
	% of people who feel safe during the day
	% of people who feel safe after dark
	% of people who think rubbish or litter lying around is a problem
	% of people who think groups hanging around the streets is a problem
	% of people who think people being drunk or rowdy in a public place is a problem
	% of people who think vandalism, graffiti and other deliberate damage to property is a problem
	% of people who think noisy neighbours or loud parties is a problem
	% of people who think abandoned or burnt out cars are a problem
	% of people who think that they belong to their local area
	% of people who feel that they can influence decisions that affect their local area
	% of people who believe that people from different back grounds get on well together
	% of people who think that people in the area pull together to improve the local area
Reduce offending & re-offending	Rate of first-time entrants to the Youth Justice System per 100,000 population*
	Re-offending levels - percentage of offenders who re-offend*
	Re-offending levels - average number of re-offences per offender*
	Re-offending rate of Prolific & Priority Offenders
	Re-offending rate of High Crime Causers
	% of Troubled Families who have reduced their offending behaviour

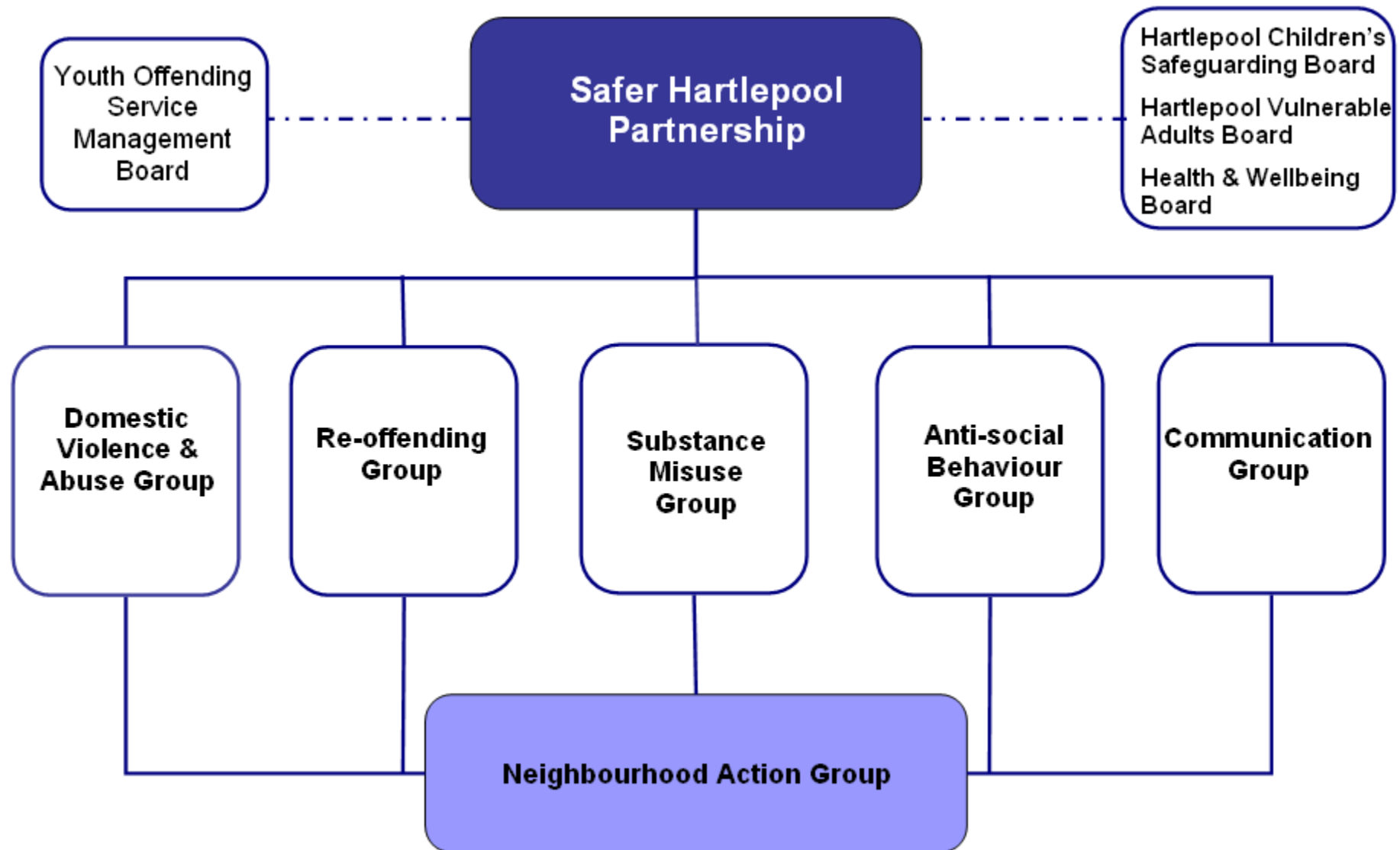
*Indicators link to the Public Health Outcome Framework

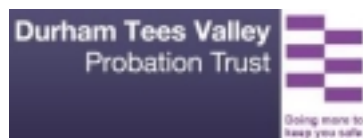
To be published in April 2014

Delivering the 2014/15 Priorities – Delivery Structure

Appendix 2

The responsibility for delivery of each of the priorities has been allocated to a dedicated theme group of the Safer Hartlepool Executive Group.





AUDIT AND GOVERNANCE COMMITTEE

23 January 2014



Report of: Neighbourhood Manager (Community Safety)

Subject: SAFER HARTLEPOOL PARTNERSHIP
PERFORMANCE

1. PURPOSE OF REPORT

- 1.1 To provide an overview of Safer Hartlepool Partnership performance for Quarter 2 – July 2013 to September 2013 (inclusive).

2. BACKGROUND

- 2.1 The refreshed Community Safety Plan 2011-14 published in 2012 outlined the Safer Hartlepool Partnership strategic objectives, annual priorities and key performance indicators 2012/13.
- 2.2 The report attached (**Appendix A**) provides an overview of Safer Hartlepool Partnership performance during Quarter 2, comparing current performance to the same time period in the previous year, where appropriate.

3. PROPOSALS

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

4. EQUALITY AND DIVERSITY CONSIDERATIONS

- 4.1 There are no equality or diversity implications.

5. SECTION 17

- 5.1 There are no Section 17 implications.

6. RECOMMENDATION

- 6.1 The Audit and Governance Committee note and comment on partnership performance in Quarter 2.

7. REASONS FOR RECOMMENDATIONS

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

8. BACKGROUND PAPERS

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

Safer Hartlepool Partnership – Community Safety Plan 2011-14
(http://www.saferhartlepool.co.uk/downloads/file/65/safer_hartlepool_partnership_plan-year_3-2011-2014)

9. CONTACT OFFICER

Clare Clark, Neighbourhood Manager (Community Safety)
Hartlepool Borough Council
(01429) 855560
clare.clark@hartlepool.gov.uk

**Safer Hartlepool Partnership Performance Indicators
2013-14**Strategic Objective: Reduce Crime & Repeat Victimisation

Indicator Name	Baseline 2012/13	Local Directional Target 2013-14	Current Position Jul 13 - Sept 13	Actual Difference	% Difference
All Recorded Crime	6,492	Reduce	1,625	-30	-1.8%
Domestic Burglary	297	Reduce	75	-9	-10.7%
Vehicle Crime	375	Reduce	104	16	18.2%
Shoplifting	774	Reduce	212	32	17.8%
Local Violence	1,111	Reduce	315	-23	-6.8%
Repeat Incidents of Domestic Violence - MARAC	22%	Reduce	27%	0	0.0%

Strategic Objective: Reduce the harm caused by Drugs and Alcohol

Indicator Name	Baseline 2012/13	Local Directional Target 2013-14	Current Position Jul 13 - Sept 13	Actual Difference	% Difference
Number of substance misusers going into effective treatment – Opiate	690	3% Increase	677 (Position at Aug 13)	17	-2.5%
Proportion of substance misusers that successfully complete treatment - Opiate	7.6%	12%	29% (Position at Aug 13)	-	-2.0%
Proportion of substance misusers who successfully complete treatment and represent back into treatment within 6 months of leaving treatment	15%	10%	5.87% (Position at Aug 13)	-	-1.91%
Perceptions of people using or dealing drugs in the community	30% (2008)	Reduce	29% (2013)	-	-1.0%
Reduction in the rate of alcohol related harm hospital admissions	2,995 (2011/12)	Reduce	2,943 (Apr 12 - Mar 13)	-52	-1.7%
Number of young people found in possession of alcohol	124	Reduce	41	6	17.1%

Strategic Objective: Create Confident, Cohesive and Safe Communities

Indicator Name	Baseline 2012/13	Local Directional Target 2013-14	Current Position Jul 13 - Sept 13	Actual Difference	% Difference
Perceptions of Anti-social Behaviour	29%	Reduce	Measurement to be defined		
Perceptions of drunk or rowdy behaviour as a problem	28% (2008)	Reduce	19% (2013)	-	-9.0%
Anti-social Behaviour Incidents reported to the Police	6,813	Reduce	2,230	321	16.8%
Deliberate Fires	212	Reduce	57	8	16.3%
Criminal Damage to Dwellings	491	Reduce	116	-13	-10.0%
Hate Incidents	101	Increase	21	11	110.0%

Strategic Objective: Reduce Offending & Re-Offending

Indicator Name	Baseline 2012/13	Local Directional Target 2013-14	Current Position Jul 13 - Sept 13	Actual Difference	% Difference
Re-off ending rate of young offenders	1.13 (44 offences)	Reduce	0.76 (35 offences)		
First-Time Entrants to the Criminal Justice System	60	Reduce	17	0	0%
Re-off ending rate of Prolific & Priority Offenders	2.4 (94 convictions)	Reduce	1.9 (78 convictions)		
Re-off ending rate of High Crime Causers	7.8 (255 convictions)	Reduce	4.1 (124 convictions)		
Number of Troubled Families engaged with	97	242	201		
Number of Troubled Families where results have been claimed	0	121	56		

Recorded Crime in Hartlepool
July 2013 – September 2013

Publicly Reported Crime (Victim Based Crime)				
Crime Category/Type	Jul 12 - Sept 12	Jul 13 - Sept 13	Change	% Change
Violence against the person	338	315	-23	-6.8%
Violence with injury	201	183	-18	-9.0%
Violence without injury	137	132	-5	-3.6%
Sexual Offences	20	26	6	30.0%
Rape	12	10	-2	-16.7%
Other Sexual Offences	8	16	8	100.0%
Acquisitive Crime	743	786	43	5.8%
Domestic Burglary	84	75	-9	-10.7%
Other Burglary	82	75	-7	-8.5%
Robbery – Personal	3	3	0	0.0%
Robbery - Business	3	3	0	0.0%
Vehicle Crime (Inc Inter.)	88	104	16	18.2%
Shoplifting	180	212	32	17.8%
Other Theft	303	314	11	3.6%
Criminal Damage & Arson	315	297	-18	-5.7%
Total	1416	1424	8	0.6%
Police Generated Offences (Non -Victim Based Crime)				
Crime Category/Type	Jul 12 - Sept 12	Jul 13 - Sept 13	Change	% Change
Public Disorder	65	59	-6	-9.2%
Drug Offences	117	115	-2	-1.7%
Trafficking of drugs	25	17	-8	-32.0%
Possession/Use of drugs	92	98	6	6.5%
Crime Prevented/Disrupted	32	19	-13	-40.6%
Other State based/Non Victim	5	8	3	60.0%
Total Police Generated Offences	219	201	-18	-8.2%
Fraud & Forgery	20	0	-20	-100.0%
TOTAL RECORDED CRIME IN HARTLEPOOL	1655	1625	-30	-1.8%

6.3 Appendix A

Recorded Crime in Cleveland July 2013 – September 2013

Publicly Reported Crime (Victim Based Crime)										
Crime Category/Type	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop
Violence against the person	315	3.5	255	1.9	597	4.4	468	2.5	1635	3.0
Violence with injury	183	2.0	151	1.1	316	2.3	279	1.5	929	1.7
Violence without injury	132	1.4	104	0.8	281	2.1	189	1.0	706	1.3
Sexual Offences	26	0.3	28	0.2	50	0.4	59	0.3	163	0.3
Rape	10	0.1	14	0.1	13	0.1	25	0.1	62	0.1
Other Sexual Offences	16	0.2	14	0.1	37	0.3	34	0.2	101	0.2
Acquisitive Crime	786	8.6	1106	8.3	1829	13.4	1732	9.2	5453	9.9
Domestic Burglary	75	1.9	70	1.2	223	3.9	121	1.5	489	2.1
Other Burglary	75	0.8	159	1.2	216	1.6	212	1.1	662	1.2
Robbery – Personal	3	0.0	13	0.1	26	0.2	22	0.1	64	0.1
Robbery - Business	3	0.0	1	0.0	1	0.0	3	0.0	8	0.0
Vehicle Crime (Inc Inter.)	104	1.1	164	1.2	309	2.3	201	1.1	778	1.4
Shoplifting	212	2.3	265	2.0	454	3.3	425	2.3	1356	2.5
Other Theft	314	3.4	434	3.2	600	4.4	748	4.0	2096	3.8
Criminal Damage & Arson	297	3.3	489	3.7	599	4.4	543	2.9	1928	3.5
Total	1424	15.6	1878	14.0	3075	22.6	2802	14.9	9179	16.7
Police Generated Offences (Non -Victim Based Crime)										
Crime Category/Type	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop
Public Disorder	59	0.6	74	0.6	150	1.1	90	0.5	373	0.7
Drug Offences	115	1.3	64	0.5	163	1.2	119	0.6	461	0.8
Trafficking of drugs	17	0.2	11	0.1	26	0.2	19	0.1	73	0.1
Possession/Use of drugs	98	1.1	53	0.4	137	1.0	100	0.5	388	0.7
Crime Prevented/Disrupted	19	0.2	24	0.2	49	0.4	31	0.2	123	0.2
Other State based/Non Victim	8	0.1	7	0.1	9	0.1	6	0.0	30	0.1
Total Police Generated Offences	201	2.2	169	1.3	371	2.7	246	1.3	987	1.8
Fraud & Forgery	0	0.0	0	0.0	4	0.0	1	0.0	5	0.0
TOTAL RECORDED CRIME	1625	17.8	2047	15.3	3450	25.3	3049	16.2	10171	18.5
Quarterly Year on Year Comparison	Reduced by 1.8%		Increased by 5.8%		Increased by 0.7%		Increased by 8.4%			

6.3 Appendix A

Anti-social Behaviour in Hartlepool July 2013 – September 2013

Incident Category	Jul 12 - Sept 12	Jul 13 - Sept 13	Change	% Change
AS21 - Personal	686	513	-173	-25.2%
AS22 - Nuisance	1177	1619	442	37.6%
AS23 - Environmental	47	97	50	106.4%
Total	1910	2229	319	16.7%

Anti-social Behaviour in Cleveland July 2013 – September 2013

Incident Category	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop
AS21 - Personal	513	5.6	631	4.7	893	6.5	928	4.9	2965	5.4
AS22 - Nuisance	1619	17.8	1996	14.9	2580	18.9	2634	14.0	8829	16.1
AS23 - Environmental	97	1.1	89	0.7	101	0.7	114	0.6	401	0.7
Total	2229	24.5	2716	20.3	3574	26.1	3676	19.6	12285	22.4
Quarterly Year on Year Comparison	Increased by 16.7%		Increased by 16.5%		Increased by 8.1%		Increased by 14.0%			

CLEVELAND POLICE AND CRIME PANEL - FORWARD PLAN

<u>Date of meeting/event</u>	<u>Item/Subject</u>
	2013 – 14
22 October 2013	<ul style="list-style-type: none"> • Q2 Monitoring Report on progress against Police and Crime Plan • Cleveland Police and Crime Commissioner's First Year in Office • Scrutiny Update – Officer Reporting In • Probation Service – Scrutiny approach • Local Authority Crime and Disorder Scrutiny Committee Work Programmes • Audit Completion Report • Police and Crime Commissioner's Registration with ICO • Review of Complaints Handling Procedures • Decisions of the Police and Crime Commissioner (including forward plan of decision) • Programme of Engagement for the Police and Crime Commissioner • Youth Engagement • Member Development • Forward Plan • Public Questions • Complaints
5 February 2014	<ul style="list-style-type: none"> • Consider budget/precept proposals for 2014/15 • Scrutiny Review Report – Overall Budget Strategy • Consider Police and Crime Plan • Q3 Monitoring Report on progress against Police and Crime Plan • Decisions of the Police and Crime Commissioner (including forward plan of decision) • Programme of Engagement for Police and Crime Commissioner • Forward Plan • Public Questions
February 2014 (if required)	<ul style="list-style-type: none"> • To consider a revised precept, if the Panel has previously vetoed the draft budget/precept. If the Panel accept the draft budget/precept then this meeting will not be required.

<u>Date of meeting/event</u>	<u>Item/Subject</u>
	2014/15
26 June 2014	<ul style="list-style-type: none"> • Appointment of Chairman 2014/15 • Appointment of Vice Chairman 2014/15 • Police and Crime Commissioner – Performance Outturn Update • Annual Report of Cleveland Police and Crime Commissioner • Scrutiny arrangements/ Scrutiny Topics • Training Overview • Decisions of the Police and Crime Commissioner (including forward plan of decision) • Programme of Engagement for Police and Crime Commissioner • Grant Expenditure • Forward Plan (including approval of schedule of meetings) • Public Questions
24 July 2014	<ul style="list-style-type: none"> • Q1 Monitoring Report on progress against Police and Crime Plan • Decisions of the Police and Crime Commissioner (including forward plan of decision) • Programme of Engagement for Police and Crime Commissioner • Forward Plan • Public Questions

Cleveland PCP Scrutiny Work Programme

Format of scrutiny work	Topic
Task and Finish Reviews	<ol style="list-style-type: none"> 1. Overall Budget Strategy (to report by December) 2. Work in schools
Officer Update reports on the following issues (22 October)	<p>Independent Advisory Groups</p> <p>Shared Services</p> <p>Energy Efficiency</p> <p>Management of Police Officer Hours</p>

	Drug Treatment / Interventions in Custody
Scope of work to be confirmed	Future of Probation Services

Audit and Governance Committee

23 January 2014



Report of: HealthWatch Hartlepool

Subject: LOCAL HEALTHWATCH WORK PLAN 2013/14

1. PURPOSE OF REPORT

- 1.1 To inform the Audit and Governance Committee of HealthWatch Hartlepool's agreed work plan together with their Communication and Engagement proposal. The Committee is also asked to note the work plan and comment on the intended priorities.

2. BACKGROUND

- 2.1 HealthWatch Hartlepool is the independent consumer champion for patients and users of health and social care services in Hartlepool. To support our work we have appointed an Executive committee, which enables us to feed information collated through our communication and engagement plan to form the strategic vision. This ultimately should lead to influence of all services within the borough. Further information relating to the work of Healthwatch can be viewed via www.healthwatchhartlepool.co.uk
- 2.2 The purpose of this work programme is to set out the activities, priorities and outcomes expected from Healthwatch Hartlepool in 2013/14 (attached as **Appendix 1**). This will be delivered in conjunction with the Governance Framework, meetings of associated task and finish groups, public meetings and service specification.

3. PROPOSALS

- 3.1 Established under the Health and Social Care Act 2012, the requirements set out in the legislation mean HealthWatch Hartlepool will be expected to:
- Obtain the views of the wider community about their needs for and experience of local health and social care services and make those views known to those involved in the commissioning, provision and scrutiny of health and social care services.
 - Promote and support the involvement of a diverse range of people in the monitoring, commissioning and provision of local health and social care services through membership of local residents and service users.

- Make reports and recommendations about how those services could or should be improved.
- Provide information to the public about accessing health and social care services together with choice in relation to aspects of those services.
- Represent the views of the whole community, patients and service users on the Health & Wellbeing Board and the Hartlepool Clinical Commissioning Group (locality) Board.
- Make the views and experiences of the broad range of people and communities known to Healthwatch England helping it to carry out its role as national champion.
- Make recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it, go direct to the CQC with recommendations, if for example urgent action were required by the CQC).

4. EQUALITY & DIVERSITY CONSIDERATIONS

- 4.1 HealthWatch Hartlepool is for adults, children and young people who live in or access health and/or social care services in the Borough of Hartlepool. HealthWatch Hartlepool aims to be accessible to all sections of the community. The Executive committee will review performance against the work programme on a quarterly basis and report progress to our membership through the 'Update' newsletter and an Annual Report. The full Healthwatch Hartlepool work programme will be available from www.healthwatchhartlepool.co.uk

5. RECOMMENDATIONS

- 5.1 That the Audit and Governance Committee note the HealthWatch Hartlepool work plan 2013/14 and provide feedback where necessary.

6. REASONS FOR RECOMMENDATIONS

- 6.1 Coordinated communication and engagement between any local healthwatch organisation and their partner Health & Wellbeing board are integral to the success of both service areas. The proposals laid out here within the HealthWatch Hartlepool work plan intend to ensure that the vision and expectations of joint working can be achieved.

7. BACKGROUND PAPERS

- 7.1 Governance Framework and Communication & Engagement proposal

8. CONTACT OFFICER

Christopher Akers-Belcher - HealthWatch Manager
Hartlepool Voluntary Development Agency
'Rockhaven'
36 Victoria Road
HARTLEPOOL. TS24 8DD

Workplan:-

Appendix A:

Clear-We will be clear about what activities we are carrying out. For example, we will be honest about whether we are informing, consulting, involving or co-producing.

Identify the need-We will be clear about the need to engage the community by:

- a. Being clear about the identified need or knowledge gap
- b. Involving the community at the earliest stage in the process
- c. Identify and justify the target audience
- d. Produce a clear project plan with deadlines including details of when results and actions will be available.

Consider other options/information

- a. Where possible, look to coordinate consultation
- b. Identify if there has been recent research –sharing results
- c. Sharing common intelligence
- d. Forward planning-where possible linking consultation to the business planning cycle

Consistent-We are committed to involving citizens in all aspects of our work. These principles apply to the way we involve and consult across the board, including the way that we involve our own staff in decisions that affect their working lives.

Accountable-We will make sure that we feed citizen's views into decisions, policies and service developments and we will demonstrate and communicate what has changed as a result of public involvement.

Purposeful-We will only carry out engagement when there is a clear purpose. For example:

- a. Stakeholders themselves want to be involved
- b. The policy or strategy will have a direct impact on stakeholders' lives
- c. We have identified a gap in our knowledge
- d. There is a statutory requirement

Honest-when involving and consulting we will be honest about:

- a. What we are doing
- b. Why we are doing it
- c. What level of commitment we are asking from participants
- d. Be clear about individual responsibilities (that is both those asking and those responding)
- e. Only consult on what is achievable
- f. How we will use our findings
- g. How this feeds into our decision-making process
- h. How we will feed back

Open-We will make sure that our full meetings are held in public and that stakeholders can easily access the records of our meetings. We will also increase the opportunities for stakeholders to be involved.

Accessible- We will make sure that engagement is accessible by:

- a. Using plain English in any documents we publish
- b. Using the right methods of engagement for the right audiences
- c. Actively promoting materials in a range of formats, for example on tape, in Braille or in large print
- d. Using venues that are easy to get to and held at times and place that are appropriate to the participants.

Inclusive- We will be inclusive by:

- a. Making extra efforts to involve people whose views have been underrepresented in the past
- b. Making sure that people are not excluded from engagement processes through circumstances. This might mean providing crèches or carer support, hearing loop systems, language signers and holding meetings at appropriate times and in appropriate venues
- c. Making sure that no participants are out-of-pocket for taking part in involvement activities
- d. Ensuring consultees have the necessary information to participate effectively
- e. Enabling people to participate through building their capacity or by providing advocacy arrangements
- f. Communicating using plain English, avoiding jargon and abbreviations
- g. Making sure the consultation is widely communicated to the target audience
- h. Making sure information is available on request in large print or other formats (e.g. audio tape) and in both paper and electronic formats

Flexible- We will endeavour to provide a flexible approach by:

- a. Making sure that we allow enough time and space so that participants can contribute
- b. Where we have time constraints, making this clear and explaining the reasons why
- c. Making sure, where possible, to involve stakeholders at the earliest stages in the planning of services and projects rather than simply consulting then about pre-determined options
- d. Giving people the chance to get involved in ways that suit them best by offering a range of ways they can respond
- e. Making sure, with reason everyone who wants to take part can do so
- f. Giving people enough time to take part
- g. Working within the VCS Compact when involving voluntary and community groups
- h. Undertake robust research that can stand up to scrutiny

Safe- We will make sure that participants are safe and their views respected by:

- a. Making sure that we consider the needs of vulnerable participants
- b. Respecting what participants tell us in confidence
- c. Complying with the Data Protection Act 1998
- d. Recognising our duties under the Freedom of Information Act 2000.

Efficient- We will co-ordinate and link our community engagement activities where appropriate to help avoid duplication of effort, time and resources. We will take an active

part in regional and countrywide activities and networks intended to achieve cost effectiveness.

Supported- We will make sure that elected members and staff undertaking public involvement activities are properly supported resourced and trained.

Evaluated- We will make sure that we build evaluation and monitoring into our consultation planning so that there is a way of measuring whether the outcomes have impacted on policy and strategy development.

Shared- We will make the results of engagement available to participants, partners and wherever possible, the general public and other key stakeholders.

Improved- We will learn lessons from our own activities and those conducted elsewhere so that we share, promote and publicise good practice and innovation in engagement

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

28 OCTOBER 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 – Councillor Geoff Lilley and Councillor Chris Simmons.

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (2) – Dr Pagni and Alison Wilson

Director of Public Health, Hartlepool Borough Council - Louise Wallace

Representatives of Healthwatch - Margaret Wrenn and Stephen Thomas.

Other Members:

Chief Executive, Hartlepool Borough Council – Dave Stubbs

Representative of Hartlepool Voluntary and Community Sector – Tracy Woodhall

Representative of Tees Esk and Wear Valley NHS Trust – Martin Barkley

Representative of North Tees and Hartlepool NHS Foundation Trust – Alan Foster

Representative of North East Ambulance NHS Trust – Nicola Fairless

Representative of Cleveland Fire Brigade – Ian McHugh

Also in attendance:-

Andy Summerbell, NHS England

Lucia Saiger Bums, Director of Offender Management, Durham Tees Valley Probation Trust

Officers: Sally Robinson, Assistant Director, Children's Services
Zoe Westley, Head of Social and Education Inclusion
Richard Starrs, Strategy and Performance Officer
Joan Stevens, Scrutiny Manager
Andy Graham, Public Health Registrar
David Cosgrove, Democratic Services Team

37. Apologies for Absence

Councillors Ged Hall, Gill Alexander, Director of Child and Adult Services, Denise Ogden, Director of Regeneration and Neighbourhoods, Caroline

Thurlbeck, NHS England, and Councillor Keith Fisher Representative of the

Audit and Governance Committee.

38. Declarations of interest by Members

None.

39. Minutes of the meeting held on 16 September 2013

Confirmed.

40. Maintaining and Developing the Joint Strategic Needs Assessment (JSNA) Proposal for 2013 Onwards *(Director of Public Health)*

The Director of Public Health gave an overview of the JSNA website including reference to the grouped topics in the website. The Director highlighted that following the recent changes within the NHS and the local authority, officers had been working with the CCG primarily in updating the various sections of the JSNA and the website.

The Director stressed the need for all partners to keep the JSNA updated, particularly with contact details for example, as changes to services became embedded and to improve existing topic content in breadth and depth where required and to demonstrate how policy and practice is influenced by JSNA processes.

The Director indicated that a summary of the current JSNA commissioning intentions and unmet needs had been published and a further report would be submitted to a future meeting.

Decision

That the content of the report and the process for maintaining and developing JSNA be noted.

41. Reviewing the Sustainable Community Strategy for Hartlepool *(Director of Public Health)*

The Strategy and Performance Officer reported that the Council had a statutory duty to prepare a Sustainable Community Strategy (SCS) for the Borough. The previous SCS was adopted 5 years ago in 2008 and therefore needed to be reviewed to ensure that it remains relevant, reflects local circumstances and responds to national changes.

Three options for reviewing the SCS were presented to Finance and Policy Committee on the 31st May 2013 and the Committee agreed to 'a change in approach with a downsized Community Strategy focussing on other key strategies to provide the detail.'

Therefore the new SCS would be greatly downsized and would compliment other key strategies and plans for the Borough for example the Health and Wellbeing Strategy, Housing Strategy, Economic Regeneration Strategy and the Community Safety Plan.

The first draft of the new strategy had been produced and had been subject to consultation through the summer. A copy of the draft was appended to the report for the Board's information. The Strategy and Performance Officer reported that there had been feedback from over 800 people to the draft strategy which were currently being analysed.

The second draft of the Strategy would be presented to Finance and Policy Committee in November. A further two week consultation would then be undertaken before the final draft of the SCS was produced for consideration by Finance and Policy Committee before submission to Council for adoption in February 2014.

Decision

That the first draft of the Strategy be noted and any feedback from partner organisations be provided to the Performance and Partnerships team at the Borough Council.

42. Making the Difference: the Role of Social Care Services in Supporting Vulnerable Offenders *(Director of Offender Management, Durham Tees Valley Probation Trust)*

The Director of Offender Management at Durham Tees Valley Probation Trust reported on the role of Social Care Services in supporting vulnerable offenders who live in Hartlepool in the light of the report 'Making the Difference'; the role of Adult Social Care Services in supporting Vulnerable Offenders'.

The Director highlighted that the Safer Hartlepool Partnership was ahead of many through its reducing re-offending focus and the role adult social care could play in assisting this. The 'Making the Difference report put the Health and Wellbeing Board in a key position in coordinating the provision of services to those offenders with multiple needs.

The Director also outlined for the Board the transition that probation trusts would be undergoing in the next twelve months as the government privatised offender rehabilitation services with an emphasis on payment by results. There was concern among many current probation trusts and probation officers that the most difficult offenders and those with complex needs could be almost excluded from the system as new contractors focussed their efforts on those offenders most likely to provide outcomes consistent with their contract.

Some Board members expressed their concern at the government's move to contracts with payment by results and the consequences that could have for

offenders with complex needs. The need to work with offenders to break the cycle of reoffending and help them attain things like stable tenancies and employment could not be underestimated. The Director commented that mental illness was prevalent among offenders and there was a great need to ensure there was appropriate early intervention combined with long term support as this had been shown to have the best results. This was one of the concerns with contracts that involved payment by results as this long term assistance may not be in the financial interests of contractors.

The Director indicated that with many offenders, by the time they came into the probation service at 18, much of the damage had already been done. The earlier intervention was made through social care services the better. Elected members agreed with the comments made by the Director but considered that the government's recent cut to Early Intervention Grant monies made this extremely difficult. The Chief Executive commented that it did appear that long term intervention strategies were not in favour with the government and the Board and all its partners needed to decide how they were going to invest in the provision of long term interventions. This view was supported by the representatives at the meeting and it was commented that greater communication between agencies was needed to ensure that maximum benefit was obtained from the services that were available across all providers.

The Director agreed that that level of communication at the front line was key as there had been reports of one family having as many as 29 different workers involved with them at one time. In such a situation, family members simply played one worker off against another. There were families where it had to be acknowledged that their life chances were extremely limited but breaking the cycle of offending could just be the key to improving their situation considerably. The concern was that with new contractors providing services from November 2014, there might be a level of reluctance from some to share information.

Decision

That the Health and Wellbeing Board considers the prioritising at both strategic and operational level within adult social care is key to ensuring that vulnerable offenders with multiple needs have those needs met in Hartlepool.

43. Summer and Winter Preparedness Plan (*Director of Public Health*)

Director of Public Health and Co-chair of the Local Health Resilience Partnership (LHRP) and the Head of Emergency Planning, Risk and Resilience, NHS England's Durham Darlington and Tees Area Team (DDTAT) reported that a new Summer and Winter Preparedness Plan had been approved by the LHRP in August. The plan was informed through reference to the NHS England Heatwave Plan for 2013 and Cold Weather Plan for England 2011. The plan had been produced to provide a coordinated multi-agency response to the varying levels and, therefore, did not remove individual agency responsibilities to maintain their own plans in accordance

with the National documents.

Elected Members commented that the report and the plan were timely in light of the recent background of fuel price increases. There was some concern expressed at the apparent lack of consistency across local GP surgeries in ensuring take up of flu vaccinations. The government target of 70% take up across target groups seemed somewhat low in light of the potential benefits and risks. It was suggested that a more proactive approach involving health visitors and district nurses could assist in vaccinating some of the harder to reach patients. The key message was that you would not get the flu from the flu jab.

The Chief Officer of Hartlepool and Stockton-on-Tees Clinical Commissioning Group commented that the local target was 75% though some did fall short of that. The CCG had recently put in place a scheme to ensure that 85% of the target groups were vaccinated in Stockton and Hartlepool through provision of some additional funding available to GPs who were a little more innovative in reaching those hard to reach groups and those who were simply reluctant to have the vaccination. It was unfortunate that there were still a sizeable minority that refused to have the vaccination and it was commented that this applied to some front line staff as well. It was also highlighted that considerable effort was being applied to the vaccination of infant school aged children.

Decision

That the Summer and Winter Preparedness Plan be noted and endorsed.

44. Referral to the Audit and Governance Committee – Autism (*Audit and Governance Committee*)

In the absence of the Chair of the Audit and Governance Committee, the Scrutiny Manager reported that the Health and Wellbeing Board, at its meeting on the 5 August 2013, approved the Tees Autism Strategy and during the course of the meeting discussed a variety of issues in relation to the diagnosis and treatment of autism. The Board, as part of its discussions, was of the view that the issue would be appropriate for further consideration through the Scrutiny process and made a formal referral to the Audit and Governance Committee, for inclusion in its work programme.

The Audit and Governance Committee at its meeting on the 20 September 2013, considered the content of the referral and in doing so, noted 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. This had resulted in the development of a strategy that is fully responsive to service users’ needs.

In light of the information provided, and the only recent implementation of the Strategy, concern was expressed that the referral lacked significant detail to enable an effective scrutiny investigation to be undertaken, and as

such an investigation would add little, at this time, to the excellent piece of work already undertaken in the formulation of the strategy. In addition, the following points were raised;

- (i) Given the complexity of the issue, other bodies would be much better placed to explore and define gaps in services, and address them.
- (ii) Time and effort would be more appropriately applied to the implementation, and monitoring, of the recently approved Strategy.

The Committee discussed the referral in detail, including the constitutional requirement for consideration of such referrals, and after careful consideration, concluded that there was insufficient scope for an investigation at this time. On this basis, the Health and Wellbeing Board is asked to note that its referral has not been accepted for scrutiny by the Audit and Governance Committee.

The Scrutiny Manager indicated that in taking this decision, the Audit and Governance Committee emphasised their full support and appreciation of the extreme complexity of the issue and wished to make clear that this decision does not seek to undermine or devalue the importance of providing effective diagnosis and treatment services for those with autism.

A Member of the public present at the meeting questioned why autism was not treated by doctors and why there was no database of sufferers. It was indicated that should a GP consider that there may be a possibility of a child being diagnosed anywhere of the autistic spectrum, they were referred for a specialist assessment. The member of the public commented that for many autistic children their lack communication was one of their most debilitating symptoms which made diagnosis extremely difficult. This was agreed but it was highlighted that any diagnosis, while difficult, would involve a number of specialists on a multi-agency approach.

Decision

That the Health and Wellbeing Board note the Audit and Governance Committee's decision in respect of this particular referral.

45. Referral from Children's Services Committee regarding Speech and Language Therapy (*Children's Services Committee*)

The Chair of the Children's Services Committee reported that the committee wished to refer for consideration to the Health and Well Being Board the implications of the Early Intervention Grant Funding no longer being available for speech and language therapy services. The Chair indicated that at the meeting Members had received a report proposing cuts of over £1.5m following the government's Early Intervention Grant (EIG) reduction. Speech and language services were one of the cuts that the committee, reluctantly, had to accept.

The Chief Officer of Hartlepool and Stockton-on-Tees Clinical Commissioning Group questioned what issues had been raised through the impact assessment as there was concern that the removal of the commissioning of speech therapy services from EIG funds may increase referrals through to medical services. The Assistant Director, Children's Services commented that an Equality Impact Assessment had been completed but related to the impacts of the withdrawal of the service on service users. The CCG Chief Officer indicated that it was important that such issues were raised with partner organisation through the Board as all were in the same situation with budget cuts driving service reduction. It was important that where possible there was a coordinated approach to ensure that cuts in one organisation didn't simply lead to pressure in another.

The Chair questioned if a further report on the potential pressures should come to the next meeting. The CCG Chief Officer considered that there would need to be some time lapse following the removal of dedicated speech therapy from the early intervention services to judge the impact on other organisations. It was agreed that a report be submitted to the Board six months after the changes had taken place.

Decision

That a report be submitted to the Health and Wellbeing Board outlining the impacts of the removal of the commissioning of speech therapy services through the Early Intervention Grant six months after the implementation of the cuts enforced through the reduction in the grant.

46. Presentation - SEND Reforms and the Pathfinder Status *(Head of Social and Education Inclusion)*

The Head of Social and Education Inclusion gave a presentation to the Board updating the Board on the Council's Pathfinder Status for the implementation of the government's SEND Reforms. The previous updated presented to the Shadow Board in January had highlighted that the pathfinder status had been extended for a further 18 months. The Council was now essentially operating the reforms a year ahead of the legislative timetable.

The pathfinder status and the implementation of the new education, health and care plans had thrown up some interesting feedback from those involved. For example, parents had expressed a desire to see information accessible through mobile phones which would require some IT changes. There had been some trialling of personal budgets in relation to the provision of services to children with the new plans. The authorities experience with personal budgets in other service areas had informed the implementation though take-up was low at the moment.

One of the reforms that was going to be difficult to deliver was the single point of redress for families and young people. With a number of separate agencies involved in the delivery of services to children and young people with a plan providing a single point of redress was going to be difficult to coordinate and deliver.

Hartlepool was working with Darlington as a Pathfinder authority in terms of the implementation of the new legislation. Hartlepool was also acting as a 'champion' authority for north east authorities. A significant amount of work had been delivered during the pathfinder stage.

New plans need to be prepared for the children with current SEN Statements and Section 139a Assessments. This meant that around 700 new plans needed to be prepared. In response to questions, the Head of Social and Education Inclusion commented that there would be little form based work for GPs to do but those assessing children for their plans would meet parents to explain the details of the plan. There may be some time commitment but it was not expected to be particularly high for GPs.

Members questioned the impact on schools particularly with personal budgets. The Head of Social and Education Inclusion commented that there would be an element of funding that could not be accessed through personal budgets and that would be that allocated to the school.

The impact of the plans on young offenders was questioned and would providing them with assistance to desist from criminal activity be included in their new plan. The Head of Social and Education Inclusion commented that there would be one single plan for the young person so any plans in relation to offending would be included. Board members welcomed the new plans as an example of how agencies working together could make a significant difference on the lives of children and young people. The next time the progress was reported to the Board, members requested some real-life examples of the plans and how they were being implemented.

The Head of Social and Education Inclusion indicated that the Department of Health had published only two plans from the pathfinders as examples of good practice and one was a Hartlepool plan.

A series of consultation events were being held over the forthcoming weeks at the Historic Quay. Details of the events would be circulated to the Board.

Decision

That the presentation and discussions be noted.

47. Any Other Items which the Chairman Considers are Urgent

None.

The meeting closed at 11.50 am.

CHAIR

Extract from the minutes of the Finance and Policy Committee on 29 November 2013 relating to Public Health

154. Public Health Commissioning Programme 2014/15

(Director of Public Health)

Type of decision

Key Decision – Test (i) and (ii) applies – Forward Plan Reference PH 02.

Purpose of report

To update the Committee regarding investment of the ring-fenced public health grant in 2013/14.

The report also sought approval for a commissioning programme and the procurement process for services funded through the ring-fenced public health grant 2014/15.

Issue(s) for consideration

The report provided the background to the new vision for public health as set out in 'Health People, Healthy Lives: Our Strategy for Public Health in England' (2010) and detailed the investment of ring-fenced Public Health Grant in 2013/14 across a number of statutory services. The report outlined the Public Health Commissioning Programme for 2014/15 and confirmed that the investment of ring fenced public health grant should be based on a robust Joint Strategic Needs Assessment (JSNA), Joint Health and Wellbeing Strategy (JHWS) and Public Health Outcomes Framework. It was expected that the grant would be used for improving health and wellbeing; carrying out health protection functions delegated from the Secretary of State, reducing inequalities and ensuring the provision of population healthcare advice.

It was highlighted that the following contracts were above the EU threshold:

- School nursing service
- Falls service
- Health trainers
- Smoking services.

It was therefore requested that an exemption to the Council's Contracting and Procurement Rules was sought to place a one year contract on 1 April 2014 with existing providers for the services noted above. In the spirit of openness and transparency, it was requested that the Local Authority publish a Voluntary Ex-Ante Transparency Notice (VEAT) in relation to this proposed contract award.

During the discussions, it was noted that in view of the number of services the local authority had inherited from the NHS, it was prudent to undertake a review of those services to ensure good value for money was being provided, the services were actually having an impact on the problems they were trying to solve and whether there was the potential to provide the service on an in-house basis. A Member highlighted a particular need to

focus on childhood obesity as this was increasingly becoming a problem. A Member questioned whether there was any additional support that could be provided in relation to COPD. The Director of Public Health informed Members that there was an ongoing scrutiny investigation into COPD and the provision of services to support people with COPD.

In response to a question from a Member on the provision of mental health services, the Director of Child and Adult Services confirmed that it was the Clinical Commissioning Group's responsibility to provide specialist support service for mental health. However, a response would be forwarded on behalf of the Council to the consultation on the proposal to remove mental health services from the Victoria Road premises and would reflect Members concerns.

A Member highlighted that 'statutory' service provision was also subject to change in relation to how this was financed and how it was provided. In relation to smoking cessation, a Member questioned how young people were educated on the impact and effects of smoking. The Director of Public Health indicated that theatre groups and interactive drama were useful tools to educate young people and these were being utilised within local schools. It was noted that Hartlepool had received national recognition for having the most successful smoking cessation service in the Country and possibly Europe. However, it was recognised that whilst there had been fantastic progress in reducing the number of people smoking from 33% to 21%, this work should continue to be progressed to lower the number of people smoking even more. It was acknowledged that the affects of being such an industrial area in the past may also have impacted on the number of people suffering from COPD. It was suggested that showing young people images of the effects smoking has on lungs and by speaking to people suffering from lung disease should form part of the education of young people on the affects of smoking. The Director of Child and Adult Services indicated that there was the potential to offer joint curriculum activities with education and public health services to examine the most effective ways of educating young people.

Members were pleased to note the Government's recent announcement to introduce plain packaging on cigarettes, a proposal that the Council had supported approximately 18 months ago.

Decision

- (i) It was noted that in accordance with the recommendations approved in the Medium Term Financial Strategy by Council on 18 February 2013, the Director of Public Health had determined the contractual commitments against the Public Health funding and prepared a detailed budget on the impact of integrating Public Health both operationally and financially as set out in this report.
- (ii) It was noted that services funded currently by the ring fenced Public Health Grant will be reviewed during the remainder of 2013/14 and 2014/15 on a phased basis.
- (iii) It was noted that a further report regarding the Criminal Justice

Intervention Team be brought back to a future meeting of the Committee.

- (iv) It was noted that the 2014/15 budget will be submitted to Members as part of the overall budget strategy, reflecting the identified General Fund costs which can be funded from the Public Health Grant in 2014/15.
- (v) The Public Health Commissioning Programme and exemptions to Council's Contract and Procurement Rules for services funded through the ring-fenced public health grant in 2014/15 were approved.
- (vi) The publication of a VEAT in relation to the services outlined in the report was approved.

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

28th October 2013

PRESENT :-

Representing Hartlepool Borough Council:

Councillor Shields

Representing Darlington Borough Council:

Councillors Newall

Representing Redcar & Cleveland Borough Council:

Councillors Carling and Mrs Wall

Representing Stockton-On-Tees Borough Council:

Councillors Javed(Chair) Mrs Wilburn, Mrs Womphrey.

APOLOGIES – Councillors Fisher (Hartlepool Borough Council), Mrs H Scott, J Taylor (Darlington Borough Council) and J Cole (Middlesbrough Borough Council)

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

OFFICERS – L Stones(Hartlepool Borough Council), A Metcalfe(Darlington Borough Council), E Pout(Middlesbrough Borough Council), P Menear and Kirsty Wannop(Stockton Borough Council)

EXTERNAL REPRESENTATIVES – K Dhesi, D Newton (Hambleton, Richmond & Whitby Clinical Commissioning Group), B Aitken, S Cronin, A Davidson (County Durham & Darlington Foundation Trust) and J Moulton (South Tees 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 –

Cllr Mohammed Javed declared a disclosable pecuniary interest as he was employed by Tees, Esk and Wear Valley NHS Foundation Trust. Cllr Javed had been granted a dispensation in this regard.

Cllr Wall declared a personal interest in item 5 – Consultation on proposed changes to children's and maternity services at the Friarage Hospital as she had a relative who worked for North East Ambulance Service.

MINUTES – Submitted –The informal notes of the inquorate meeting of the Tees Valley Health Scrutiny Joint Committee held on 16th September 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.

Consultation on proposed changes to children's and maternity services at the Friarage Hospital

Members were provided with a copy of the papers and DVD used for the Consultation on proposed changes to children's and maternity services at the Friarage Hospital. It was explained that the issue was raised in regard safety issues for patients by the clinicians in the Friarage hospital and not at management level. The units at the Friarage were under increasing pressure from staffing difficulties, the need to meet ever improving standards, and the need to maintain skill levels.

This led to an independent review by the National Clinical Advisory Team of the services supporting the case for change and highlighting the need to discuss the possible options for making it safe for patients. A number of options were considered and it was now down to two options:

- Option 1 – Establish a midwifery led unit (MLU) that would only deal with low risk births and paediatric short stay assessment unit that would run during the day but

no in patients, with a full outpatient service.

- Option 2 – Establish a midwifery led unit that would only deal with low risk births and provide paediatrics on an outpatient basis (with urgent appointments available)

The consultation on the two options was open until 25th November 2013.

It was also explained that for a six month period after the proposed change to the services a shuttles bus would operate from Friarage Hospital to the other hospitals for patients and their family and friends. Along with the shuttle bus there would be an ambulance for emergency transfers for patient safety. The Friarage Hospital received approximately 1200 births, it was anticipated after the proposed changes 500 of these births could continue at Friarage if the expectant mothers wanted. Some mothers would choose to attend a different hospital where consultants were available on site. 700 of the expectant mothers would not be deemed suitable due to being high dependency and possibly requiring consultant led care.

The Committee raised the following comments/questions:

- Concerns were raised regarding travel times to nearest hospitals that would be providing the consultant-services which would be removed from Friarage;
- Capacity of ambulance services to undertake emergency transfers from the Friarage to consultant-led units and the assurances given in this regard;
- The need to avoid the situation at the Bishop Auckland MLU which had seen services suspended, pending reassurances on the availability of ambulance cover for emergency transfers;
- Plans needed to be made for women travelling from what could be a long distance being sent home because they are not in established labour. In response it was explained this would be taken into account and appropriate action would be taken i.e. rooms available for them;
- The benefits of midwife led units for appropriate cases;
- The need for the shuttle bus to be available for during visiting times to allow family and friends to visit patients;
- The need to ensure that sick children were cared for at the right place once the in-patient unit closed, including public information surrounding the correct use of A and E.

The Committee thanked officers for attending and presenting the information.
The Committee agreed:

1. that the above comments be included in a response to the consultation
2. that a draft response be circulated to the Committee prior to sign off by the Chair and Vice-Chair

Any urgent items which in the opinion of the Chair can be considered.

There were no further items to be considered.

SAFER HARTLEPOOL PARTNERSHIP DECISION RECORD

1 November 2013

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

Present:

Councillor: Christopher Akers-Belcher (In the Chair)
Councillor Allan Barclay, Elected Member, HBC
Denise Ogden, Director of Regeneration and Neighbourhoods
Clare Clark, Neighbourhood Manager
John Bentley, Safe in Tees Valley
Andy Powell, Housing Hartlepool

In accordance with Council procedure rule 5.2 (ii) Carl Broughton was in attendance as a substitute for Chief Inspector Gordon Lang, Ian Wolstenholme as substitute for Barry Coppinger, Police and Crime Commissioner, Julie Keay as substitute for Lucia Saiger-Burns, Durham Tees Valley Probation Trust

Also present:

Karen Hawkins, Hartlepool and Stockton Clinical Commissioning Group
Tabitha Falcus, NoMs North East
Les Jones, Cleveland Fire and Rescue Authority

Officers: Joan Stevens, Scrutiny Manager
Alastair Rae, Public Relations Manager
Denise Wimpenny, Principal Democratic Services Officer

39. Apologies for Absence

Apologies for absence were submitted on behalf of Dave Stubbs, Chief Executive, Louise Wallace, Director of Public Health, Mark Smith, Head of Youth Services, 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 and Barry Coppinger, Police and Crime Commissioner.

40. Declarations of Interest

None.

41. Minutes of the meeting held on 27 September 2013

Confirmed.

42. Working with Communities Presentation *(Representative from the Fire Service)***Issue(s) for consideration**

A representative from Cleveland Fire and Rescue Authority, who was in attendance at the meeting, provided the Partnership with a detailed and comprehensive presentation in relation to the role of the Fire Service. The presentation included an overview of the methods used to engage with young people, how services were delivered to the community and focussed on the following:-

- Cleveland Fire Brigade Vision
- Why is Prevention Important?
- Incidents by number and by type
- 2002/03 – 9288 incidents
 - 512 accidental dwelling fires
 - 8262 deliberate fires
- 2012/13 - 2609 incidents
 - 161 accidental dwelling fires
 - 1829 deliberate fires
- What contributed to incident reductions in 2012/13
- Economic Cost of Fire
- Community Health and Wellbeing Services
- Vulnerable Persons Process
- Vulnerability of Persons supported April – October 2013
- Stay Safe and Warm Initiative
- Children and Young Persons Services
- Education
- Engagement Strategy/Engagement Programmes
- Use of Volunteers
- Campaigns
- Brigade Communications

In response to a request for clarification as to how the support arrangements were publicised to the community, the Partnership was advised that the service worked with key agencies and the Safeguarding Board to identify vulnerable persons and the service was promoted via

regular media updates.

With regard to the range of activities available to young people in other areas, a query was raised as to why activities of this type were not available in Hartlepool. The representative advised that discussions were ongoing with the Neighbourhood Manager in relation to piloting the Troubled Families Initiative in Stockton and indicated that this issue could also be explored. Members welcomed the use of volunteers and were keen to extend this initiative in Hartlepool. It was suggested that a link to the Hartlepool Borough Council website be added outlining how to become a volunteer.

The Chair thanked the representative for his attendance at the Partnership.

Decision

- (i) The contents of the presentation and comments of Members be noted.
- (ii) That the potential to extend activities available to young people in other areas of Hartlepool be explored.
- (iii) That the Fire Service volunteering information be added to Hartlepool Borough Council's website.

43. Safer Hartlepool Partnership Domestic Violence Update *(Director of Regeneration and Neighbourhoods)*

Purpose of report

To update the Safer Hartlepool Partnership on progress made on the Domestic Violence Strategy 2012-2015 and associated action plan.

To consider a recommendation to reconvene the Domestic Violence Strategic Group to oversee implementation of the strategy.

Issue(s) for consideration

The Director of Regeneration and Neighbourhoods presented the report which provided background information in relation to the strategy. Attached as an appendix to the report was the Domestic Violence Action Plan which provided an overview of progress made over the last 18 months and described some of the partnership activity that had been undertaken to address domestic violence and abuse in Hartlepool. Details of performance against domestic violence and abuse indicators as well as support service indicators were set out at Appendix 2 of the report.

Members were advised that work undertaken against the plan was progressing well and the results outlined in terms of the reduction in

domestic violence and abuse incidents together with take up of services suggested that the Partnership's Strategy for breaking the cycle of domestic violence and abuse in Hartlepool was achieving what it set out to do. However, domestic related crime in Hartlepool continued to be a problem with Hartlepool continuing to experience higher than average domestic related crime rates across the Cleveland area. It was reported that in view of the future challenges ahead, as detailed in the report, the need to refresh the current strategy for 2015-18 and the need to review commissioning arrangements, there was an identified need to reconvene the Domestic Violence Strategic Group.

Following the conclusion of presentation of the report, Members discussed the contents of the report and issues highlighted including the need to consider all cohorts who may be subject to domestic violence, the impact of welfare reform and the importance of inter agency working to ensure the correct measures were in place to protect vulnerable individuals. With regard to the recommendation to reconvene the Strategic Domestic Violence Group, it was highlighted that the current membership should be reviewed and should include representatives from the Police, specifically their Vulnerability Unit, Child and Adult Services, an Equality and Diversity Officer as well as the Voluntary and Community Sector. Emphasis was placed upon the need for established links in relation to operational and strategic issues. It was suggested that a report be submitted to a future meeting of the Partnership to include clarification on the proposed membership of the Strategic Domestic Violence Group.

Decision

- (i) That the contents of the report and progress made in delivering the Domestic Violence Strategy Action Plan be noted.
- (ii) The Partnership agreed the proposals to reconvene the strategic Domestic Violence Group to lead on the refresh of the 2015-2018 strategy, develop the action plan for 2014-15 and oversee the commissioning process.
- (iii) That a report be submitted to a future meeting of the Partnership to include clarification on the proposed membership of the Strategic Domestic Violence Group

44. Safer Hartlepool Partnership Communications Strategy *(Director of Regeneration and Neighbourhoods)*

Purpose of report

1. To agree a draft revised Safer Hartlepool Partnership (SHP) Communications Strategy.
2. To consider options for strengthening implementation of the Communications Strategy.

Issue(s) for consideration

The report provided background information in relation to the Communications Strategy and detailed the responsibility of the Public Confidence and Cohesion Group for delivery of the Strategy on behalf of the Partnership. The success of the Group in leading the way on the Communications Strategy had been limited with many of the channels of communication not being fully utilised. The workload was not currently being shared equally among the various partner organisations with Hartlepool Borough Council's Press/Public Relations team being the only one to be represented regularly at meetings.

The importance and need for a higher profile in relation to the SHP brand was growing, the reasons for which were set out in the report. Approval was sought in relation to the proposed draft Communications Strategy, attached as an appendix to the report. The Partnership were also asked to consider the following options, details of which were included in the report, in terms of how the Communications Strategy should be taken forward in the future:-

Option 1 – Continue with current arrangement

Option 2 – A renewed commitment from partners to play an equal part

Option 3 – Appoint a Press/PR Team

A lengthy discussion ensued in relation to how the Communications Strategy should be taken forward. A Member raised concerns that the ringmaster facility was not been adequately utilised and highlighted the importance of promoting this service.

Whilst noting the resource implications of appointing a Press/PR Team, the Chair was keen for the Partnership to further explore the benefits of this option together with the funding options and cost implications given the weaknesses identified in relation to communication. The Neighbourhood Manager, on behalf of the Public Confidence and Cohesion Group had considered this issue and were of the view that Option 2 may be an appropriate way forward. The need for discussions with key partners in relation to funding was also highlighted.

Decision

- i) That the revised Communications Strategy be agreed on the basis that an action plan would be developed to support delivery of the strategy.
- ii) That option 3 be pursued in relation to future implementation of the strategy.
- iii) That a further report be provided in relation to the benefits of Option 3 to include financial and funding considerations.

45. Safer Hartlepool Partnership Performance (Neighbourhood Manager (Community Safety))

Purpose of report

To provide an overview of Safer Hartlepool Partnership performance for Quarter 2 – July 2013 to September 2013 inclusive.

Issue(s) for consideration

The Neighbourhood Manager provided the Partnership with an overview of the Safer Hartlepool Partnership performance during Quarter 2, 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 increase in anti-social behaviour and the reporting figures of anti-social behaviour incidents, the Partnership debated the potential reasons for this trend, whether there had been an increase in the use of the 101 number and queried whether the calls were monitored. The representative of the Police and Crime Commissioner agreed to further explore this issue and provide clarification of the reasons for this increase as well as details of incidents reported by type, for discussion at the next meeting of the Partnership.

Decision

That Quarter 2 performance of the Partnership be noted and further information in relation to monitoring be awaited.

46. Public Confidence and Cohesion Group Update (District Commander, Fire Service and Neighbourhoods Manager, Community Safety)

Purpose of report

To provide the Partnership with an update on the work currently being undertaken by the Public Confidence and Cohesion Task Group.

Issue(s) for consideration

The Neighbourhood Manager presented the report which provided background information together with an update on the work currently being undertaken by the Group. The Task Group had developed an annual action plan, attached at Appendix A, which was monitored at its bi-monthly

meetings alongside the Partnerships Community Cohesion Framework Action Plan.

In general, progress against the Task Group Action Plan was positive. The increase in reported incidents of hate crime suggested that the work being undertaken to raise awareness of hate crime and the promotion of third party reporting centres was having a positive impact. The action that the group had been unable to make progress on to date was the Group's desire to explore opportunities to make better use of the Ringmaster system. Cleveland Police were currently developing a new communications tool and it was anticipated that this particular action would be rolled forward into 2014-15 once the new system was in place.

Given the limited progress that had been made on the expansion of the Ringmaster system, the Chair requested further details in this regard for consideration at the next meeting.

In relation to the emphasis placed upon communication, Members welcomed the opportunity to pursue the feasibility of a student placement with Teesside University to be placed within the Press and Public Relations Team and the Neighbourhood Manager responsible for Community Safety agreed to explore this.

Decision

- (i) That progress made by the Public Confidence and Cohesion Task Group be noted.
- (ii) That further details of the Ringmaster system be provided for consideration at the next meeting.
- (iii) That the opportunity to pursue the feasibility of a student placement with Teesside University to be placed within the Press and Public Relations Team be explored.

47. Community Cohesion Framework (2012-2015) Update (*Neighbourhood Manager (Community Safety)*)

Purpose of report

To update the Safer Hartlepool Partnership on the current position of the Community Cohesion Framework (2012-2015) and associated action plan for 2013/14.

Issue(s) for consideration

The Neighbourhood Manager reported on the background to the development of the framework together with details of progress made to date on the Community Cohesion Framework action plan. It was

highlighted that a large proportion of the actions outlined were on track for completion within the specified timescales.

Decision

That the contents of the report and progress made on the Community Cohesion Framework (2012-2015) and associated action plan (2013/14) be noted.

48. Safer Hartlepool Partnership Funding 2014/15 *(Director of Regeneration and Neighbourhoods)*

Purpose of report

To update the Safer Hartlepool Partnership on Community Safety funding 2014/15.

Issue(s) for consideration

The Director of Regeneration and Neighbourhoods advised that over the last three years Community Safety grant funding had significantly reduced with many funding streams previously available to the Partnership coming to an end. In 2014/15 the following funding currently available to the Partnership would also cease:-

▪ Police and Crime Commissioner	£ 78,916
▪ Youth Crime Action Plan (EIG)	£169,700
▪ Police Funding	£ 38,110

The Council's savings programme would also result in significant reductions, details of which were set out in the report. It was noted that the combined loss of funding (£723,009) would result in a restructuring of the Neighbourhood Management Service. The report included details of other services currently in receipt of Partnership funding.

Concerns were expressed regarding the impact of the loss of funding streams and the Partnership debated what areas were likely to suffer the most significant impact as a result. The Chair indicated the need to tackle the prevention agenda in a different way, explore all options and potential outputs and emphasised the importance of maintaining front line services and staff where possible as opposed to investing in retaining buildings.

Decision

That the contents of the report and comments of Members be noted .

49. Feedback from Domestic Homicide Review – Verbal Update *(Director of Regeneration and Neighbourhoods)***Issue(s) for consideration**

The Director of Regeneration and Neighbourhoods provided feedback from a recent Domestic Homicide Review. The Home Office had requested clarification on some issues which the Independent Chair was currently examining.

Given the timescale for submission of the information and the requirement for the Partnership to endorse the submission, the Partnership's views were sought in terms of the preferred approach for approving the information prior to submission to the Home Office. The option to call an additional meeting or delegate authority to the Chair of this Committee and the Director of Regeneration and Neighbourhoods to finalise the submission on behalf of the Partnership was highlighted. Members agreed that the most appropriate way forward was to delegate responsibility to the Chair and Director of Regeneration and Neighbourhoods to finalise the submission on behalf of the Partnership.

Decision

- (i) That the information given be noted.
- (ii) That the Chair and Director of Regeneration and Neighbourhoods be authorised to finalise the submission to the Home Office on behalf of the Partnership.

50. Date and Time of Next Meeting

It was reported that the next meeting was scheduled for 13 December 2013 at 9.30 am.

The meeting concluded at 11.00 am.

CHAIR