

AUDIT AND GOVERNANCE COMMITTEE AGENDA



Thursday 17 April 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.

- 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 6 March, 2014
 - 3.2 To confirm the minutes of the meeting held on 20 March, 2014
- 4. AUDIT ITEMS**

No items.
- 5. STANDARDS ITEMS**

No items.



6. STATUTORY SCRUTINY ITEMS

HEALTH ISSUES

North East Ambulance Service (NEAS)

- 6.1 NEAS Winter Pressures Update:-
(a) Covering Report - *Scrutiny Manager*
(b) Presentation - *Representatives from North East Ambulance Service*

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)

- 6.2 TEWV Service Update:-
(a) Covering report - *Scrutiny Manager*
(b) Presentation - *Representatives from TEWV NHS Foundation Trust*

Health Inequalities

- 6.3 Health Inequalities:-
(a) Covering report - *Scrutiny Manager*
(b) Presentation – *Public Health Registrar*

Health and Wellbeing Board Performance

- 6.4 Sub Group Structure of Health and Wellbeing Board - *Director of Public Health*
- 6.5 Health and Wellbeing Board Strategy Performance Report (Quarter 3) - *Director of Public Health*

CRIME AND DISORDER ISSUES

- 6.6 Re-offending Investigation - Additional Evidence – Covering Report – *Scrutiny Manager*
- (a) **Mental Health Services:-**
(i) Evidence from North Tees and Hartlepool NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust.
- (b) **Employment and Benefit Services:-**
(i) Evidence from Jobcentre Plus
- 6.7 Feedback from the Hartlepool Business Forum Event 'A Chance 4 Change - Exploding the Myths of Employing Ex-Offenders' – *Scrutiny Manager*
- 6.8 Youth Justice Strategic Plan 2014-15 - *Head of Integrated Youth Support Services*
- 6.9 Safer Hartlepool Partnership Performance Report - Quarter 3 - *Neighbourhood Manager (Community Safety)*



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

7.1 To receive the minutes of the meeting held on 13 February 2014.

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

No items.

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

9.1 To receive the minutes of the meeting held on 20 January 2014.

10. MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP

10.1 To receive the minutes of the meeting held on 7 February 2014.

11. REGIONAL HEALTH SCRUTINY UPDATE

No items.

12. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

FOR INFORMATION:

Date of next meeting – 2 May 2014 at 10.00 am in the Civic Centre, Hartlepool.



AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

6 March 2014

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

Present:

Councillor Keith Fisher (In the Chair);

Councillors: Jim Ainslie, Brenda Loynes and Linda Shields.

Also Present: Councillor Pamela Hargreaves as substitute for Councillor Jonathan Brash in accordance with Council Procedure Rule 5.2.

Libby Griffiths, Tenancy Relations and Enforcement Manager, Housing Hartlepool

Lucia Saiger-Burns, Director of Offender Services, Durham Tees Valley Probation Trust

Julie McShane, Probation Officer, Durham Tees Valley Probation Trust

Jan Dobson, Manager, PATCH Family Support

Officers: Louise Wallace, Director of Public Health
Joan Stevens Scrutiny Manager
Karen Clark, Service Delivery Manager, Drugs and Alcohol
Clare Clark, Neighbourhood Manager, Central
Julie Keoy, Criminal Justice Integrated Team (CJIT) Manager
Roni Checksfield, Youth Inclusion Custody Coordinator
Lisa Oldroyd, Community Safety Research and Development Coordinator
Caron Auckland, Project Officer – Employability
Rachel Parker, Community Safety Research Officer
David Cosgrove, Democratic Services Team

138. Apologies for Absence

Councillors S Akers-Belcher and Brash.

139. Declarations of Interest

Councillor Ainslie declared a personal interest in Minute 145.

140. Minutes of the meeting held on 23 January 2014

Confirmed.

141. Minutes of the meeting held on 20 February 2014

Deferred.

142. Audit Items

No items.

143. Standards Items

No items.

**144. Feedback from the visit to Holme House Prison –
(Members of the Committee)**

Councillors Ainslie, Loynes and Shields had attended the visit to Holme House Prison on 14 February 2014. The three Councillors reported on the visit indicating that the visit and the opportunity to speak to prisoners had been very insightful. The prisoners that the Councillors had spoken to all raised the issue of benefits and housing as major issues when they were released from prison. Delays in providing benefits impacted acutely on those prisoners released on Fridays as they were left with no means to access benefits or advice until the following Monday. Housing was a major issue as prisoners always felt that they were pushed down the waiting list as soon as it became apparent they were an ex-offender.

The Chair thanked the three Members for undertaking the visit and reporting their impressions back to the Committee. The public perception of prison was not always accurate and it was not a nice place to be. Most prisoners were not there long enough to earn some of the privileges that the public perceived that they all received. What was clear from the feedback from the prisoners was that there was a need to break the cycle of reoffending and much was simply down to them having sufficient money to get by and somewhere to live.

A Member commented that while the prisoners had talked of potential employment when they were released, it was surprising that it wasn't one of their major issues that they felt needed tackling to break the cycle of reoffending. The Director of Offender Services, Durham Tees Valley Probation Trust, commented that the probation service had a target of 30% of offenders achieving employment before the end of their supervision period. This was, however, an extremely difficult target to achieve.

The Criminal Justice Integrated Team (CJIT) Manager commented that for many offenders released from prison, there may be a number of complex issues much higher on their priority list than employment. Homelessness and access to drug rehabilitation programmes may be much more pressing. Benefits did often get resolved quite quickly and those with family to return

to would fare better than those without.

A Member highlighted that there were some employment opportunities available to ex-offenders, though they were often very limited. One good example was the Timpson's chain of shops that employed a larger percentage of ex-offenders due to the company's Chief Executive believing in giving people second chances.

Recommended

That the report be noted.

145. Re-offending Investigation - Family Support Services (Scrutiny Manager)

The Committee received a presentation from officers from the Team Around the Family and Team Around the Household on the support these two services provided families in general as well as offenders. Members were informed that the Team Around the Household tackled not only re-offending but also families with persistent anti-social behaviour issues. The team aimed to provide intensive support to families to break the cycle of reoffending and anti-social behaviour and stop it occurring with new generations in the families. In some cases the support had to protect children first and foremost and there had been occasions where young children had been removed due to persistent drug dealing within a family for example.

The Probation Officer seconded from the Durham Tees Valley Probation Trust to the Team Around the Household indicated that the team provided intensive multi-agency support to a family that had been identified as needing this kind of support. The Officer outlined a case study to the meeting which revealed the high level of multi-agency support that had to be input into these families. The payback from this type of investment was, however, considerable if it broke the cycle of reoffending and anti-social behaviour.

The Youth Inclusion Custody Coordinator highlighted that one of the biggest issues for these families was worklessness. Domestic abuse and drug abuse were major identifiers of the families involved with the service. After speaking to around twenty families involved with the service, the officer indicated that a series of issues came to the fore. Most needed help with benefits and housing, though some simply wanted to be left alone. Some found the process of seeking work confusing. What shouldn't be underestimated were the problems that those with families faced when they were released. They may have a home to go back to but re-integrating back into family life could be very difficult and often traumatic for younger children.

The officer indicated that conversely, those in drug rehabilitation programmes often found those services seamless when they left prison. Prisoners who had been in prison long-term, 24 months or more, often

commented that they found switching back to the pace of normal life very difficult. There was a need for greater coordination of services when prisoners were released particularly between the different agencies. More planning was also needed for the reintroduction of prisoners into their families. There had been a tendency in the past to work with the family and assume the family member in prison was being looked after. The prisoner needed to be an integral part of the work if it was intended that they would return to the home.

What all the officers were unanimous in conveying to the Committee was that the 'Team Around' model worked and was an excellent example of how various agencies could come together in a targeted approach. The majority of families that received this approach were very thankful for the support they received. There were still some offending but others were working hard to gain some 'normality'.

Members welcomed the presentation and the officer's comments on the Team Around model. A Member suggested that the committee should consider through its recommendations that not everything needed to be changed or have additional funding 'thrown' at it. If something was working and working well, then Members support should be directed to maintaining those services and not looking for something new or different. Other Members of the committee echoed those comments and Officers indicated that services weren't always about money. In many instances good services were already in place, it was coordination and focussing the services where they could have best effect that made the 'Team Around' approach very effective.

The Director of Offender Services, Durham Tees Valley Probation Trust did remind the meeting that reoffending rates in Hartlepool were still stubbornly high and while the 'Team Around' approach worked extremely well, the case study outlined to Members turned on the decision of one officer in Housing Hartlepool taking the chance and giving the family a home. In many other instances agencies faced the dilemma with most of these families in that they couldn't get a house unless they behaved, but they wouldn't behave unless they got a house. Not writing these families was key to making everything else work. Giving them the chance to get a house that would be the start of the chance for them to change was hugely important and one of the elements that Members may wish to focus upon.

The representative from PATCH commented that while not focussing services on families with offenders, there was a lot of preventative work being done in the community. There were many other voluntary agencies working with dysfunctional families that could assist with some of the work that the 'Team Around' approach was doing.

In closing the debate the Chair thanked all those involved in the provision of the 'Team Around' approach and their input to the debate. The Chair commented that in responding to the question 'what one thing could we do', one of the things he considered was the cause of, and in effect the solution

to, all these issues was the problem of illegal drugs in the town. Having a house would not solve that. One solution voiced by some was to make them legal and controlled and thus remove the need for offending. It also had to be remembered that in every instance, even if it was a large supermarket chain, there was a victim of every crime and they should not be lost in this debate.

Many of the people caught in the cycle of reoffending would often only listen to their peers and not the views of those who were trying to steer them away from crime. The family at the centre of the case study outlined to Members as part of the presentation could be the kind of 'peer family' that could have influence.

Recommended

That the presentation and comments be noted.

146. Re-offending Investigation - Mental Health Services
(Scrutiny Manager)

The Scrutiny Manager informed the Committee that the representatives that had intended to attend the meeting to address the issue of mental health services had unfortunately indicated that they were unable to attend. The Scrutiny Manager indicated that item would be considered at a future meeting.

Recommended

That the input from the Mental Health Services be deferred to a future meeting.

147. Re-offending Investigation - Drug / Alcohol Services
(Scrutiny Manager)

The Service Delivery Manager, Drugs and Alcohol gave an outline of the services offered to those with drug and alcohol dependency problems in Hartlepool. The officer outlined the development of the Criminal Justice Integrated Team (CJIT). The officer reported that as had been made clear in the previous discussion, housing was an issue for most offenders when they left custody. Often the standard of accommodation they ended up in was not particularly high as was evidenced in the meeting. Work had been undertaken with one local private landlord who had provided a multi-occupancy house for ex-offenders that was working well. The report also provided a couple of case studies that showed how the work of the service impacted directly on individuals.

The Director of Public Health commented that this was a multi-agency / multi-discipline team. There was a review underway on the work of the CJIT team, but the importance of multi-agency working had come through that review very clearly. As had been discussed earlier in the meeting, funding wasn't always the issue but focussing the work of the various disciplines to maximise results. It require many disciplines to move out of

their 'silos' but by doing so, so much more could be achieved.

The Director of Offender Services, Durham Tees Valley Probation Trust commented that strategies didn't make things happen; it was the workers on the ground that delivered the services. Much of the impetus had to come from the top of the organisations involved. If all the partner organisations were signed up to these multi-discipline intervention teams than the commitment to make them happen had to be there as well. In Hartlepool we were a long way down the road to delivering these services already through the very good multi-agency work that was being discussed in this meeting.

Recommended

That the report and the comments be noted.

148. Re-offending Investigation - Housing Services (*Scrutiny Manager*)

The Tenancy Relations and Enforcement Manager for Housing Hartlepool outlined the services provided to offenders and how the level of need for housing for offenders was calculated. This showed that the numbers involved were actually very small.

A sub group of the Safer Hartlepool partnership, the Local Offender Housing Needs Group had recognised the importance housing in breaking the cycle of reoffending and were looking to create a Housing Liaison Post, similar to a post in place in Sunderland, to assist in this area of work. The potential creation of this post was supported by Members who considered that it may be of value to invite the officer from Sunderland to a future meeting to talk about how the role assisted in finding housing for offenders.

A Member commented that one of the offenders that they met at Holme House prison who was coming to the end of a five year sentence had indicated how worried he was about his release. The services that were directed towards prisoners prior to release in terms of housing only kicked in two weeks before their release date. This needed to be extended considerably to provide greater flexibility and the ability for housing services to respond more appropriately to those offenders who may wish to avoid returning to the community where their past offending had been centred.

There was some concern that the additional housing officer post discussed may only be short term, possibly 12 months, due to funding restrictions. Members considered that voicing their support for the creation of the post through the recommendations of the investigation would be appropriate. Even if the funding was only short-term, the post may lead to the development of new approaches to the housing of offenders that could be carried forward.

Recommended

That the report and comments be noted.

149. Re-offending Investigation - Employment Services
(Scrutiny Manager)

The Employability Project Officer outlined the services offered through the Economic Regeneration Team to support ex-offenders back into employment. These services were centred on independent information advice and guidance, work trails, volunteering opportunities and in-work mentoring. The report also outlined the support offered to employers. Hartlepool Working Solutions was based within the Economic Regeneration Team and offered support to both businesses and residents of Hartlepool through a series of different programmes.

Recommended

That the report be noted.

150. Re-offending Investigation - Financial Management
(Scrutiny Manager)

The Committee received some written evidence submitted by the West View Advice and Resource Centre (WVARC) on their work in providing support for offenders referred to the Community. The representative from WVARC indicated that they had had direct experience of the issue discussed earlier in the meeting of offenders being released on Fridays with no access to benefits. The Centre had actually referred some onto the food banks, in the past, in order to get them through the first few days after release. Ex-offenders often found themselves having to go to several different agencies in different buildings and places simply to access the services they needed and this could be challenging for some of them in the immediacy after their release from prison. A one-stop shop approach had to be seen as a development that would bring direct benefits to offenders on their release from prison. The Chair acknowledged the suggestion which would be considered further when the Committee considered its recommendations.

Recommended

That the report from West View Advice and Resource Centre be noted.

151. Re-offending Investigation - Employment and Benefit Services (Scrutiny Manager)

The Scrutiny Manager informed the Committee that the representatives from the employment and benefits services had unfortunately indicated that they were unable to attend.

Recommended

That the input from the Employment and Benefits Services be deferred to a future meeting.

152. Verbal Feedback from the Oversight Group for the Implementation and Evaluation of Acute Medicine and Critical Care Reconfiguration – North Tees and Hartlepool NHS Foundation Trust (19 February 2014)

- (*Scrutiny Manager*)

Councillor Ainslie reported that he had attended two of the three meetings of the Oversight Group as a representative of this Committee and thanked the Scrutiny Manager for her support at the meetings. The meetings had provided little opportunity for any critical review of the changes made to Acute Medicine and Critical Care services. The Chair thanked Councillor Ainslie for attending on behalf of the committee. The Chair expressed his concern at the amount of unused facilities at Hartlepool Hospital now that these services had been transferred to North Tees Hospital. Members had been invited to visit Hartlepool Hospital and the Chair encouraged as many Members as possible to attend the visit to see the services at the site and the levels of unused facilities.

Recommended

That the report be noted.

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

The minutes of the meeting held on 9 December 2013 were submitted for the Committee's information.

Recommended

That the minutes of the Health and Wellbeing Board be noted.

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

The Scrutiny Manager provided the Committee with an extract from the minutes of the Finance and Policy Committee minutes from the meeting held on 31 January 2014 relating to Smoking – Cessation and Tobacco Control.

Recommended

That the extract of from the Policy and Finance Committee minutes be noted.

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

There were no minutes of recent meetings for the Committee to note. The

Chair indicated that in the forthcoming Municipal Year, the Chair of the Joint Committee would transfer to Hartlepool and the meetings would be facilitated by the Scrutiny Team and hosted in Hartlepool.

156. Minutes of recent meeting of Safer Hartlepool Partnership

The minutes of the meeting of the Safer Hartlepool Partnership held on 13 December 2013 were submitted for the Committee's information.

Recommended

That the minutes of the Safer Hartlepool Partnership be noted.

157. Regional Health Scrutiny Update

No items.

158. Any Other Items which the Chairman Considers are Urgent

No items.

The meeting concluded at 11.40 am.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE MINUTES AND DECISION RECORD

20 MARCH 2014

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

Present:

Councillor Keith Fisher (In the Chair)

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

Also Present: In accordance with Council Procedure Rule 5.2;
Councillor Mary Fleet as substitute for Councillor Jean Robinson.
Councillor Sheila Griffin as substitute for Councillor Linda Shields.

Mr Mark Kirkham, Mazars.

Officers: Chris Little, Chief Finance Officer
Noel Adamson, Head of Audit and Governance
Joan Stevens, Scrutiny Manager
David Cosgrove, Democratic Services Team

159. Apologies for Absence

Councillors Robinson and Shields.

160. Declarations of Interest

None.

161. Minutes of the meeting held on 20 February 2014

Confirmed.

162. Mazars Report – Certification of Claims and Returns 2012/13 *(Chief Finance Officer)*

The representative from Mazars reported Hartlepool Borough Council received more than £200 million funding from various grant-paying government departments in 2012/13. These departments attached conditions and restrictions to these grants which the Council must meet otherwise funding may be withdrawn or clawed-back. It was therefore important that the Council can demonstrate that it:

- had put in place adequate arrangements to prepare and authorise each claim and return; and
- could evidence that it had met the terms and conditions put in place by the grant paying body for each claim and return.

As the Council's appointed auditor, Mazars acted as an agent of the Audit Commission to certify specified claims and returns. The Audit Commission, in consultation with the grant-paying bodies, sets out a programme of work in the form of Certification Instructions ('CIs') that Mazars must follow. It also sets an overall framework under which Mazars carried out the certification work.

As required by the Audit Commission's certification instructions, Mazars had assessed the control environment for three claims and returns. Mazars had not noted any significant weaknesses in the Council's control environment for any claim or return.

The number of claims and returns had reduced drastically in recent years; however, the remaining ones were of high value and importance. Appendix A to the report provided a full analysis of all claims and returns on which Mazars carried out certification work. Of the three claims and returns Mazars had certified in 2012/13, one was qualified and amended by the Council. The return qualified (i.e. subject to a qualification letter) was the Housing and Council Tax Benefit Subsidy. The Mazars' representative commented that it was normal for the Housing and Council Tax Benefit Subsidy to receive a 'qualified' return.

Recommended

That the report be noted.

163. Mazars Report – Audit Strategy Memorandum 2013/14 *(Chief Finance Officer)*

The representative from Mazars presented their Audit Strategy Memorandum for 2013/14. The memorandum set out the scope, approach and timetable for the completion of the audit. The significant audit risks were highlighted for Members information;

- management override of controls,
- revenue recognition,
- expenditure recognition, and
- pension entries.

The first three were highlighted as inherent risks as essentially 'things can go wrong when people were employed to do things'. The pension liabilities were highlighted as a potential risk simply due to the large numbers involved and therefore some assurance was needed on those.

The representative from Mazars referred Members to Appendix B to the report 'Materiality' which was of specific importance to the duty of the

committee. It was highlighted to Members that auditors would never give assurance that an authority's accounts were 100% correct; an assurance level of Reasonable, Limited or No Assurance would be given.

Whilst planning, Mazars would make judgements about the size of misstatements which were considered to be material and which provided a basis for determining the nature, timing and extent of risk assessment procedures, identifying and assessing the risk of material misstatement and determining the nature, timing and extent of further audit procedures.

The materiality determined at the planning stage did not necessarily establish an amount below which uncorrected misstatements, either individually or in aggregate, would be considered as immaterial. Mazars revised materiality for the financial statements as the audit progressed should they become aware of information that would have caused them to determine a different amount had they been aware of that information at the planning stage. Mazars auditors would discuss with management any significant misstatements or anomalies that were identified during the course of the audit and report in the Audit Completion Report all unadjusted misstatements identified other than those which were clearly trivial, and obtain written representation that explained why these remain unadjusted.

Currently the threshold for misstatements was set at 2% of gross revenue, around £5.9m. This figure could be lower but HBC officers had been able to provide very accurate account reports, free from errors. The threshold for triviality had been set at 3%. Members questioned the non-reporting of trivial matters. The Mazars representative commented that these could be disclosures or small mis-accounting. In some audits there could regularly be a lengthy list of errors. The methodology applied was normal practice and one that should not cause Councillors concern.

Recommended

That the report be noted.

164. Mazars Report – Audit Progress Report 13/14 (*Chief Finance Officer*)

The representative from Mazars submitted their audit progress report for 2013/14 which outlined the progress since the previous report and emerging issues and national reports which may be of interest to the Committee.

Recommended

That the report be noted.

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

The Head of Audit and Governance reported on progress in completing the internal audit programme for 2013/14. The report included an update on

the school audits completed since the last report with details of the recommendations agreed and implemented. An update of the internal audits concluded since the last report was also set out together with details of the ongoing audits.

The Head of Audit and Governance highlighted that the audit of the Integrated Transport Unit – Private Vehicle Hire had been given the lowest assurance level of 'No Assurance'. There had been a complete breakdown of administrative processes and the audit resulted in 15 actions for management to implement. The Head of Audit and Governance reported that he was happy that the department had agreed all the actions discussed and was satisfied that when implemented there would be adequate controls in place.

The Head of Audit and Governance also highlighted that the audit of Integrated Transport Unit – Child and Adult Provision had only been given 'Limited' assurance. There were concerns that there were some inconsistencies in the operation of the service which had now been rectified and the risks mitigated.

Members questioned the audit of Private Vehicle Hire and raised concern at the audit conclusion of 'No Assurance'. The Head of Audit and Governance stated that there had been some serious weaknesses in administration and checking procedures. It was considered that these were serious enough for the auditor to indicate that no assurance could be given in the operation of private vehicle hire. All the actions were now agreed and were in the process of being put in place.

Members queried the rotation of school audits. The Head of Audit and Governance stated that around ten school audits were planned for each year so each school should be audited every three years. If schools had any particular concerns there was potential for schools to be audited more regularly. Members asked what responsibility there was in relation to Academies. The Head of Audit and Governance stated that Internal Audit had no responsibility for Academies. Currently three academies were still purchasing the audit function from the Council.

The Vice-Chair raised a concern that had come to Members attention during a dismissal appeal at a recent Personnel Sub Committee meeting. This related to the use of purchase cards and the monitoring of scrap materials. The Head of Audit and Governance indicated that there was always capacity built in to the audit programme to consider such referrals and report on them to Members.

A Member questioned the implementation of 'Fleet Master' as set out within the recommendations of the Private Vehicle Hire audit. The Head of Audit and Governance indicated that 'Fleet Master' was a computer system that could provide all the monitoring of vehicles, fuel usage etc that had been raised as concerns in the audit. The implementation of the actions agreed showed that the audit was reducing the potential risks faced by the Council.

Recommended

That the report be noted.

166. Internal Audit Plan 2014/15 (*Head of Audit and Governance*)

The Head of Audit and Governance presented the Internal Audit Plan for 2014/15. The plan had been developed in conjunction with the Chief Finance Officer and the Corporate Management Team. The plan took into account the risks that exist in each auditable area and balanced that against various factors including the last time the area had been audited. To avoid duplication of effort, the work of other agencies was also taken into account; schools to receive a scheduled Ofsted inspection for example.

Linking into the discussions in the previous item a Member questioned if the use of tracking devices in council vehicles was monitored, particularly when they were switched off by drivers; there was a concern that they were being misused. The Chief Finance Officer indicated that the Fleet Master computer programme would pick up any such issues.

Recommended

That the report be noted.

167. Protecting the Public Purse (*Chief Finance Officer*)

The Head of Audit and Governance reported that the Audit Commission had recently published its annual publication 'Protecting The Public Purse 2013' which reflected their analysis of current and emerging fraud risks in local government and highlighting areas that local authorities should address. The document was used as a benchmark to ensure that internal audits were covering all the appropriate risk areas.

Members questioned the number of staff that carried out fraud related tasks and if there was any anticipated reduction. The Chief Finance Officer indicated that there was no reduction in staff anticipated in the next year. Government regulations were changing and there may be a requirement for some staff to transfer to a separate arms length organisation but as the full details had not been published the implications, at this time, were unknown.

Recommended

That the report be noted.

168. Local Audit and Accountability Bill Update (*Chief Finance Officer*)

The Chief Finance Officer submitted a report updating the Committee on proposals for new local audit arrangements as published in the Local Audit and Accountability Bill published by the Department for Communities and Local Government and informing Members of the reply made to the

consultation on secondary legislation. Further update reports would be submitted to the Committee as guidance and regulations were published.

Recommended

That the report be noted.

169. Standards Items

No items.

170. Statutory Scrutiny Items

No items.

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

No items.

172. Minutes of recent meeting of Safer Hartlepool Partnership

No items.

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

No items.

174. Regional Health Scrutiny Update

No items.

175. Any Other Items which the Chairman Considers are Urgent

No items.

The meeting concluded at 2.50 pm.

CHAIR

Audit and Governance Committee

17 April 2014



Report of: Scrutiny Manager

Subject: NORTH EAST AMBULANCE SERVICE
(NEAS) WINTER PRESSURES UPDATE

1. PURPOSE OF REPORT

- 1.1 To introduce an update presentation from representatives from the North East Ambulance Service (NEAS) regarding winter pressures.

2. BACKGROUND INFORMATION

- 2.1 The Committee at its meeting on the 28 November 2013 received a presentation from NEAS on the service changes to ambulance provision and also a performance update. Members requested that an update be brought back to a future meeting providing Members with information on the impact of winter pressures on the ambulance service. Subsequently, representatives from NEAS will be in attendance at today's meeting to provide this update.

3. RECOMMENDATION

- 3.1 It is recommended that the Members of the Audit and Governance Committee note the update and seek clarification on any relevant issues where required.

Contact Officer:- Joan Stevens – Scrutiny Manager
Chief Executive's Department – Legal Services
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) Minutes of the Audit and Governance Committee held on 28 November 2013.

Audit and Governance Committee

17 April 2014



Report of: Scrutiny Manager

Subject: TEES, ESK AND WEAR VALLEY NHS
FOUNDATION TRUST – SERVICE UPDATE

1. PURPOSE OF REPORT

- 1.1 To introduce an update report from the Director of Operations at Tees, Esk and Wear Valleys NHS Trust (TEWV) regarding the consultation into the proposed closure of mental health services at Victoria Road and also to provide an overview of services provided by TEWV.

2. BACKGROUND INFORMATION

- 2.1 The Committee at its meeting on the 31 October 2013 received a presentation informing the Committee on potential changes to the provision of mental health services in the Trust area, which would result in the closure of the rehabilitation unit at Victoria Road and also outlined the consultation process.
- 2.2 Following discussions at the meeting, the Director of Operations indicated that he would report back to the Committee on the impact of the changes particularly in relation to crisis beds and bring an overview of the Trust's services to a future meeting of the Committee. Subsequently, the Director of Operations will be in attendance at today's meeting.

3. RECOMMENDATION

- 3.1 It is recommended that the Members of the Audit and Governance Committee note the update and seek clarification on any relevant issues where required.

Contact Officer:- Joan Stevens – Scrutiny Manager
Chief Executive's Department – Legal Services
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) Minutes of the Audit and Governance Committee held on 31 October 2013.

Audit and Governance Committee

17 April 2014



Report of: Scrutiny Manager

Subject: HEALTH INEQUALITIES IN HARTLEPOOL –
COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To introduce the Public Health Registrar, who will be present at today's meeting to provide an update in terms of health inequalities in Hartlepool including Female Life Expectancy.

2. BACKGROUND INFORMATION

- 2.1 The publication of the Health Profile for Hartlepool in 2009 highlighted that female life expectancy in the Town equated to the worst in England, this generated significant media interest; nationally through the Radio 4 programme 'Woman's Hour' and locally via the Evening Gazette and Hartlepool Mail newspapers.
- 2.2 On the 6 October 2009, the former Health Scrutiny Forum received a report by the Acting Director of Health Improvement into Female Life Expectancy in Hartlepool, Members agreed:-
- "That the Forum [will continue] to monitor the issue of health inequalities in the town and on doing this receive an update report on an annual basis focussing on those specific wards causing concerns in relation to life expectancy of women."
- 2.3 Subsequently, the Public Health Registrar will be in attendance today to provide a presentation to Members in relation to:
- (a) Female Life Expectancy in Hartlepool;
 - (b) Life expectancy in each Ward;
 - (c) Major causes of early deaths in each Ward; and
 - (d) Provision of services across Wards
- 2.4 **Table1** below provides a comparison between the Health Profile for Hartlepool in 2009, 2010, 2011 and 2012 in relation to female life expectancy:-

Table1: Comparison of Average Female Life Expectancy (in years) in Hartlepool to National Averages.

Year	Average Female Life Expectancy in Hartlepool	Average Female Life Expectancy in England	Worst Average Female Life Expectancy in England
2009 ¹	78.1	81.1	78.1
2010 ²	79.0	82.0	78.8
2011 ³	79.8	82.3	79.1
2012 ⁴	81.0	82.6	79.1
2013 ⁵	81.2	82.9	79.3

3. RECOMMENDATIONS

- 3.1 That Members note the content of this report and the presentation by the Public Health Registrar, seeking clarification on any relevant issues where felt appropriate.

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

BACKGROUND PAPERS

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

- (a) Minutes of the Health Scrutiny Forum held on 6 October 2009 and 5 April 2012
- (b) The Association of Public Health Observatories (2009), *Health Profile 2009, 2010, 2011, 2012, 2013 Hartlepool*, Available from http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=50333

¹ APHO, 2009

² APHO, 2010

³ APHO, 2011

⁴ APHO, 2012

⁵ APHO, 2013

Audit and Governance Committee

17 April 2014



Report of: Director of Public Health

Subject: SUB GROUP STRUCTURE OF HEALTH AND WELLBEING BOARD

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to inform the Audit and Governance Committee that the Health and Wellbeing Board agreed to establish two engagement forums and a joint commissioning executive to support the Board.

2. BACKGROUND

- 2.1 In May 2013 the Health and Well Being Board agreed a terms of reference that included establishing sub groups to support the work of the Board.
- 2.2 The Children's Strategic Partnership was included in the terms of reference as a formal subcommittee of the Board as its origins were as a Children's Trust under the Children Act 2004.
- 2.3 As members are aware, the Health and Well Being Board has three statutory responsibilities:
1. Responsibility for the preparation and implementation of a health and well being strategy for the Borough.
 2. Responsibility for the development and use of a comprehensive evidence based joint strategic needs assessment (JSNA) for Hartlepool.
 3. Responsibility for ensuring consistency between commissioning priorities of partners and the Health and Well Being Strategy and the JSNA. Having strategic influence over commissioning and investment decisions across health, public health and social care services to ensure integration and joint commissioning particularly for those services being commissioned and provided to the most vulnerable people.

The Children's Partnership, proposed engagement forums and joint commissioning executive will support the delivery of the above duties.

3. ENGAGEMENT FORUMS

- 3.1 It is proposed that two engagement forums are established as illustrated in the diagram overleaf (**Appendix 1**). One will focus on issues affecting with vulnerable adults and the other with health inequalities. The purpose of both forums is to develop a shared understanding of needs; contribute to the evaluation of services and influence strategic planning and commissioning priorities.
- 3.2 It is proposed that the forums include both commissioners and providers of services from statutory and non statutory sectors to ensure a comprehensive understanding of need.
- 3.3 It is proposed that the vulnerable adults forum is chaired by the Director of Child and Adults and the Chief Officer of the Clinical Commissioning Group and the health inequalities forum is chaired by the Director of Public Health.

4. COMMISSIONING EXECUTIVE

- 4.1 It is proposed that a joint health and local authority commissioning executive is established to develop commissioning strategies for children and adult services. The executive will develop and monitor new integrated service delivery models. It is proposed that the commissioning executive will include representatives from the Clinical Commissioning Group, public health, adult social care, children's education and social care. The executive will drive forward development work through time limited workstreams. The workstreams will focus on pathways of care to deliver improved outcomes for people through integrated multi-agency working.

5. RECOMMENDATIONS

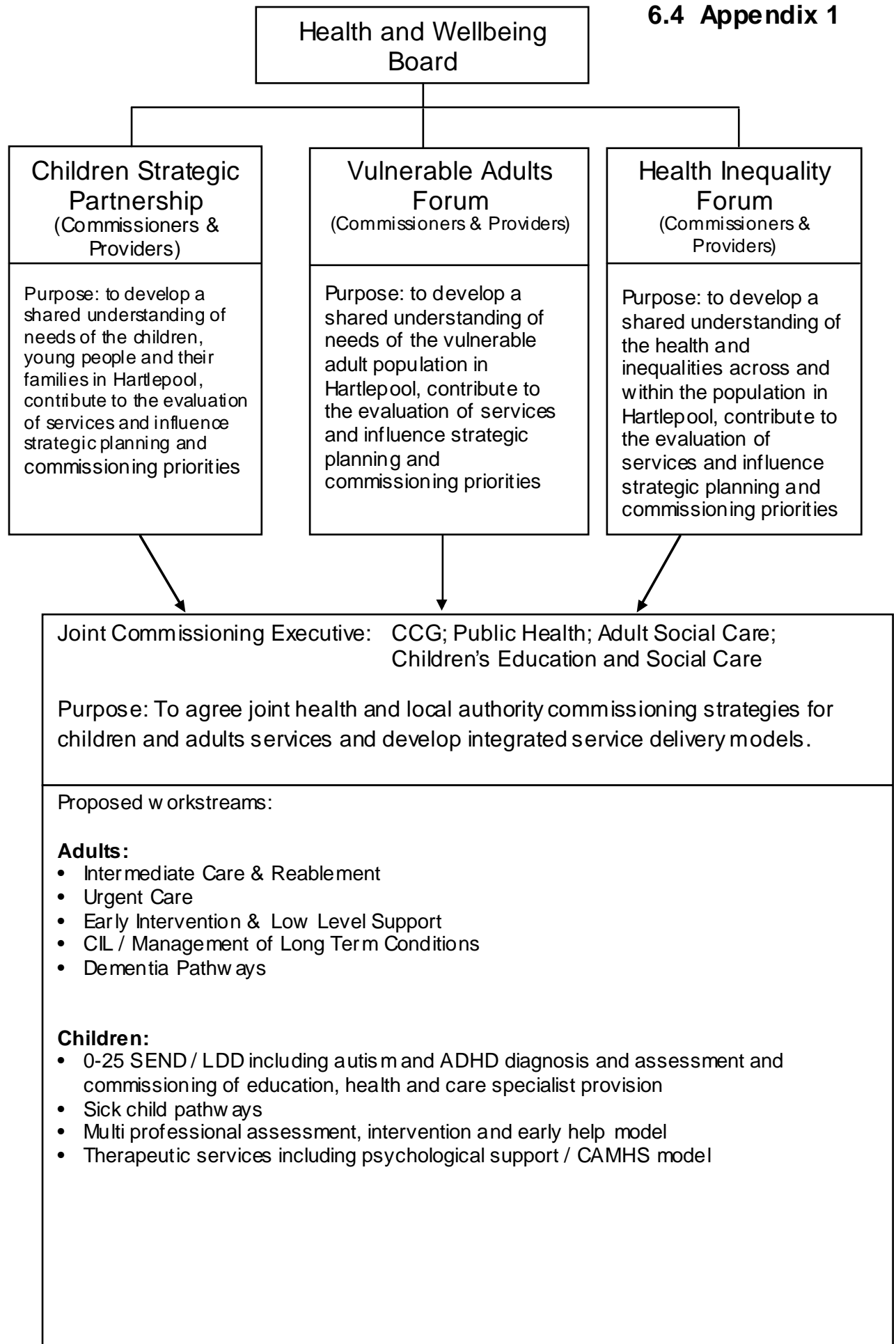
- 5.1 The Audit and Governance Committee is asked to note the creation of two engagement forums and a joint commissioning executive to support the work of the Health and Well Being Board.

6. REASONS FOR RECOMMENDATIONS

- 6.1 The Health and Social Care Act 2012 requires that areas develop a Health and Well Being Board to deliver the statutory requirements as outlined in section 3.2.

7. CONTACT OFFICERS

- 7.1 Louise Wallace
Director of Public Health
Hartlepool Borough Council
louise.wallace@hartlepool.gov.uk



Audit and Governance Committee

17 April 2014



Report of: Director of Public Health

Subject: HEALTH AND WELLBEING STRATEGY
PERFORMANCE REPORT (QUARTER 3)

1. PURPOSE OF REPORT

- 1.1 To update the Audit and Governance Committee on the performance to date against actions and performance indicators within the Health and Wellbeing Strategy.

2. BACKGROUND

- 2.1 The Health and Wellbeing Strategy was agreed in April 2013. The Health and Wellbeing Board are required to provide a performance update on the Strategy to the Councils Audit and Governance Committee.

3. PROPOSALS

- 3.1 This performance report, which gives the position on performance at the end of quarter 3, has been produced to reflect the newly established Governance arrangements of the Health and Wellbeing Board. Performance is identified against the newly established Vulnerable Adults and Health Inequality Forums as well as the existing Children's Strategic Partnership. Each of these groups is responsible for the delivery of the Health and Wellbeing Strategy outcomes set out below;

Children's Partnership

- Outcome 1 – Give every child the best start in life.
- Outcome 2 – Enable all children and young people to maximise their capabilities and have control over their lives.

Vulnerable Adults Forum

- Outcome 3 – Enable all adults to maximise their capabilities and have control over their lives

Health Inequality Forum

- Outcome 7 – Strengthen the role and impact of ill health prevention

- 3.2 The remaining themes of the Health and Wellbeing Strategy not covered within this report are

- Outcome 4 - Create fair employment and good work for all
- Outcome 5 - Ensure healthy standard of living for all

- Outcome 6 - Create and develop healthy and sustainable places and communities

The actions and Performance indicators within these outcomes are also reported through the Councils performance framework, information on these can be provided upon request.

4. QUARTER 3 PERFORMANCE

4.1 Children's

The detailed performance report for this theme is attached as **appendix 1**. In summary there are two outcomes within this area, these are; Outcome 1 – Give every child the best start in life, and Outcome 2 – Enable all children and young people to maximise their capabilities and have control over their lives. Overall there are 13 actions within this outcome; progress is good with 6 actions complete and 7 actions on track for completion. Of the 4 indicators that are targeted 3 are target achieved and the remainder being deemed as making acceptable progress. Further detail on the monitored PI's can be found in Appendix 1.

4.2 Vulnerable Adults

The performance report for this theme is attached as **appendix 2**. There is one outcome from the Health and Wellbeing strategy within this theme which is; Outcome 3; Enable all adults to maximise their capabilities and have control over their lives. The performance report for this outcome is attached as appendix 2. In summary all of the 11 actions are on track to be completed or are completed. In terms of 12 targeted PI's 9 are on track to be achieved and 3 are identified as progress acceptable.

4.3 Health Inequality

The performance report for this area is attached as **appendix 3**. There is one outcome from the Health and Wellbeing Strategy within this area which is Outcome 7; Strengthen the role and impact of ill health prevention. Of the 10 actions within this area 1 is completed, 4 are on track to be completed and 5 are identified as being progress acceptable. Of the 4 targeted PI's 1 is on track to be achieved and 3 are deemed as making acceptable progress. A further 5 PIs are monitored only.

5. NEXT STEPS

- 5.1 Agreement was sought from the Health and Wellbeing Board as to how future performance reporting of the three sub groups to the Board is taken forward for 2014 / 2015 and whether each group should develop and annual action plan with key performance indicators.

6. RECOMMENDATIONS

- 6.1 That the Audit and Governance Committee note the Quarter 3 performance report of the Health and Wellbeing Strategy.







7. REASONS FOR RECOMMENDATIONS

- 7.1 A performance management framework is necessary to manage and measure the delivery of the Health and Wellbeing Strategy.



8. CONTACT OFFICER











Richard Starrs
Strategy and Performance Officer
Hartlepool Borough Council
01429 523589
Richard.starrs@hartlepool.gov.uk

Outcome 1. Give every child the best start in life**Outcome 2. Enable all children and young people to maximise their capabilities and control over their lives****Actions****Outcome 1. Give every child the best start in life****Objective** Deliver Early Intervention Strategy

Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Latest Note	Last Modified Date
CAD 13/14 HW24	Implement the Early Intervention Strategy	31-Mar-2014	 Action Completed		Strategy implemented and year one evaluation completed. Children's Services committee approved savings.	13-Jan-2014
CAD 13/14 HW25	Embed common assessment as a means to identify and respond to need	31-Oct-2013	 Action Completed		Common Assessment is now shared assessment between agencies to identify early needs. Work still ongoing to audit quality	30-Sep-2013
CAD 13/14 HW26	Implement the Early Years Pathway delivering targeted support to children pre birth to five	30-Sep-2013	 Action Completed		The Universal Plus programme in Hotspot areas has been launched and will result in every new pregnancy being allocated a Family Support Worker at 20 weeks pregnant. The Family Support Worker will support the Midwife and then Health Visitor to ensure that families access all of the facilities open to them. A copy of the working papers describing the pathway is attached. In addition to this practical approach to families the Health and Family Support Services will be co-located from the end of September 2013.	09-Aug-2013





Outcome 1. Give every child the best start in life**Objective** Reduce child poverty


Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Latest Note	Last Modified Date
CAD 13/14 JE02	Re-write the Hartlepool 11-19 Strategy.	31-Mar-2014	 Action Completed		The 11-19 Strategy has now been re written and will not be reviewed again until 2014.	15-Jul-2013

CAD 13/14 JE03	Provide support for vulnerable young people to enable them to be economically active.	31-Mar-2014	 Action Completed		We have seen a slight increase in the numbers of young people NEET in comparison to the previous year. However Hartlepool continues to compare favourably with both regional & Statistical Neighbours who are all experiencing the adverse affects of the ongoing economic downturn.	08-Jan-2014
CAD 13/14 HW22	Implement the Child Poverty Action Plan	31-Mar-2014	 Action On track		Action plan in progress	13-Jan-2014
CAD 13/14 JE06	Develop training package for family workforce to identify poverty issues and support parents in poverty	31-Mar-2014	 Action On track		First Contact and Support Hub continue to support professionals to support families that are in poverty.	13-Jan-2014
CAD 13/14 JE07	Develop partnership outreach process to ensure that families understand and plan for Welfare Reform	31-Mar-2014	 Action On track		Advice and Guidance service is in development to ensure that the public receive holistic advice in relation to welfare reform and money management	13-Jan-2014
CAD 13/14 JE08	Support workforce to identify risk factors re: child poverty/welfare reform and implement appropriate packages of support	31-Mar-2014	 Action On track		First Contact and Support Hub workers continue to work closely with lead practitioners to ensure that family plans include financial oversight/welfare reform	13-Jan-2014


Outcome 2. Enable all children and young people to maximise their capabilities and control over their lives

Objective Children and young people are empowered to make positive choices about their lives

Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Latest Note	Last Modified Date
CAD 13/14 JE01	Reduce the level of young people who are Not in Employment, Education or Training (NEET) by implementing NEET Strategy	31-Mar-2014	 Action Completed		We have seen a slight increase in the numbers of young people NEET in comparison to the previous year. However Hartlepool continues to compare favourably with both regional & Statistical Neighbours who are all experiencing the adverse affects of the ongoing economic downturn.	08-Jan-2014
CAD 13/14 JE04	Ensure access to high quality learning opportunities that increase the skills and qualifications of local residents via implementing the Adult Education Service	31-Jul-2014	 Action On track		Curriculum planning has been undertaken to develop new skills programmes for the new term starting in January. These programmes are now in place and have again been developed in line with government priorities to meet the needs of the local community.	13-Jan-2014

	Plan					
CAD 13/14 JE05	Increase the take up of Apprenticeships by liaising with local employers to increase opportunities	31-Jul-2014	 Action On track	<div><div>40%</div></div>	Further development work has taken place between Adult Education and local business employers to offer increased opportunities and apprenticeship participation. This will continue over the coming months to ensure local business needs and requirements are met.	13-Jan-2014





Outcome 2. Enable all children and young people to maximise their capabilities and control over their lives
Objective Develop and deliver new approaches to children and young people with special educational needs and disabilities

Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Latest Note	Last Modified Date
CAD 13/14 LLS07	Implement all actions identified in the Learning Difficulties & Disabilities (LDD) action plan	31-Mar-2014	 Action On track	<div><div>75%</div></div>	The action plan continues to be monitored by the SEN/LDD steering group, all actions are currently on track.	08-Jan-2014





Performance Indicators

Outcome 1. Give every child the best start in life
Objective Deliver Early Intervention Strategy

Code	Short Name	Annual				Expected Outcome	Note
		Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14		
		Value	Value	Value	Value		
NI 53a	Prevalence of breast-feeding at 6-8 wks from birth - Percentage of infants being breastfed at 6-8 weeks	Data not yet available					A statement from DH says that breastfeeding data for







					Q1, Q2 and Q3 will all be issued at the same time, likely to be February 2014. This is due to transition. NHS England will capture breastfeeding at general practice level which will be aggregated up to CCG and LA level.
NI 55(iv)	The percentage of children in Reception who are obese	11%		Monitored	Data from the Health and Information Care Centre which was released in December 2013 demonstrates that there are 11% of children in Reception who are obese.
NI 56(ix)	The percentage of children in Year 6 who are obese	21.2%		Monitored	Data from the Health and Information Care Centre which was released in December 2013 demonstrates that there are 21.2% of children in Year 6 who are obese.
NI 75	Percentage of pupils achieving 5 or more A*- C grades at GCSE or equivalent including English and Maths	57.2%		Collected Annually	Validated data taken from the Statistical First Release Website (November 2013 publication). The UK National figure is 58.6%
NI 112	The change in the rate of under 18 conceptions per 1,000 girls aged 15-17, as compared with the 1998 rate	36.6 / 1000 (latest available data 2012)		Monitored	On 2nd December the Office for National Statistics released the 3rd quarter of the under 18 conception rate for 2012. This demonstrates a rate of 36.6 per 1,000 girls aged 15 to 17. In terms of numbers this equates to 18 conceptions which is 3 more than the same quarter in 2011. We are expecting the release of the 2012 data in February 2014

Outcome 1. Give every child the best start in life
Objective Reduce child poverty



Code	Short Name	Annual					Expected Outcome	Note
		Q1 201 3/1 4	Q2 201 3/1 4	Q3 201 3/1 4	Q4 201 3/1 4			
		Valu e	Valu e	Valu e	Valu e			
CSD P051	Proportion of children living in workless households	Data not yet available					Monitored	new indicator, data not yet available
CSD P093	Percentage gap between pupils eligible for the pupil premium and their peers achieving at least level 4 in reading, writing and Maths at Key Stage 2	24%					Collected Annually	Data taken from the Statistical First Release website (December 2013 publication). Pupils eligible for FSM = 62%, Non FSM pupils = 86%, The difference is 24% The National figure is 19%
CSD P094	Percentage gap between pupils eligible for the pupil premium and their peers achieving 5 A*-C grades at GCSE (and equivalent) including GCSE English and Mathematics at Key Stage 4	30.4%					Collected Annually	DfE Performance Tables report 30.4% gap between disadvantaged and non-disadvantaged pupils in Hartlepool secondary schools. The national gap is reported as 26.9%.
NI 117	Percentage of 16 to 18 year olds who are not in education, employment or training (NEET)	Data not yet available					Collected Annually	Hartlepool value has increased by 0.1% compared to 2011/12. However Hartlepool was lower than the NE Regional average which reported 8.3%

Outcome 2. Enable all children and young people to maximise their capabilities and control over their lives









Objective Children and young people are empowered to make positive choices about their lives







Code	Short Name	Annual					Expected Outcome	Note
		Q1 201 3/1 4	Q2 201 3/1 4	Q3 201 3/1 4	Q4 201 3/1 4			
		Valu e	Valu e	Valu e	Valu e			
NI 79	Percentage of young people achieving a Level 2 qualification by the age of 19	Data not yet available					Collected Annually	There is no new data to report this information is reported annually
NI 80	Percentage of young people achieving a Level 3 qualification by the age of 19	Data not yet available					Collected Annually	There is no new data to report this information is reported annually
NI 81	Percentage gap in the achievement of a Level 3 qualification by the age of 19 between those claiming free schools meals and those that are not	Data not yet available					Collected Annually	There is no new data to report this information is reported annually
NI 82	Percentage gap in the achievement of a Level 2 qualification by the age of 19 between those claiming free schools meals and those that are not	Data not yet available					Collected Annually	There is no new data to report this information is reported annually
NI 111	Number of first time entrants to the Youth Justice System aged 10-17 per 100,000 population (aged 10-17)	85	266	404			PI Target achieved	Quarter 3 provisional data. 38 first time entrants to the Youth Justice system. The Office of National Statistics 2010 mid-year estimate for ages 10-17 is 9,400. Therefore, $38 / 9400 \times 100k = 404$).
RPD P054	Youth Unemployment rate (Hartlepool) The proportion of economically active 18 to 24 year olds who are unemployed (LAA JE7) [A]	15.2	14.6	13.5			Monitored	Further improvement in line with fall in overall unemployment.

Outcome 2. Enable all children and young people to maximise their capabilities and control over their lives
Objective Develop and deliver new approaches to children and young people with special educational needs and disabilities





Code	Short Name	Annual				Expected Outcome	Note
		Q1 201 3/1 4	Q2 201 3/1 4	Q3 201 3/1 4	Q4 201 3/1 4		
		Valu e	Valu e	Valu e	Valu e		
CSD P060	Percentage gap between pupils identified as having Special Educational Needs (SEN) and their peers achieving level 4 or above in reading, writing and Maths at Key Stage 2	46%				 Monitored	46% of SEN pupils achieved L4+ compared to 92% of Non SEN achieving L4+, this equates to a differences of 46%. Data generated from LA Primary Analysis Packs
NI 105	Percentage gap between pupils identified as having Special Educational Needs (SEN) and their peers achieving 5 A*-C grades or equivalent including English and Maths at Key Stage 4	31.7%				 Monitored	Provisional data shows 31.7% gap. Data will be validated for quarter 4.

Outcome 2. Enable all Adults people to maximise their capabilities and control over their lives**Actions****Outcome 3. Enable all adults to maximise their capabilities and have control over their lives****Objective** Adults with health and social care needs are supported to maintain maximum independence





Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Latest Note	Last Modified Date
CAD 13/14 HW35	Increase the number of people using assistive technology as a means to remain independent.	31-Mar-2014	 Action On track		The number of people using assistive technology as a means to remain independent continues to increase with over 1,430 users at end of October 2013 which exceeds the year end target of 1,250.	07-Jan-2014
CAD 13/14 HW38	Implement the recommendations from the Hearing Loss Strategy, as well as supporting people with a disability into employment.	31-Mar-2014	 Action On track		An update on the implementation of the Hearing Loss strategy was provided at a meeting with Hartlepool Deaf Centre on 16th January 2014. A brief update was presented with progress in a number of areas reported. Comments received were complimentary. It was also confirmed that funding would be made available to tender for a Focus on health Project and a Deaf advice services.	24-Jan-2014
CAD 13/14 HW39	Develop services to provide information and support to carers with a focus on short breaks and access to employment opportunities.	31-Mar-2014	 Action On track		The carers' group has now moved to a quarterly meeting so Hartlepool Carers will be updating the Action Plan at the next meeting early in the new year and this will cover support given to Carers. The recent Carers' Event was well attended and included a market stall approach with a plethora of groups and organisations offering information and advice to carers.	20-Dec-2013
CAD 13/14 HW40	Work collaboratively with partners to implement the National Dementia Strategy in Hartlepool.	31-Mar-2014	 Action On track		The North of Tees Dementia Collaborative is working well with seven Rapid Process Improvement Workshops delivered as planned within a year. Improvements are now being measured and maintained and the success of the RPIW to reduce inappropriate A&E attendances from care homes has resulted in the CCG agreeing funding for this to be rolled out to all care homes.	07-Jan-2014

					All partners have agreed to continue funding for the Collaborative Project Manager for a further year until October 2014.	
CAD 13/14 HW41	Work in partnership with health partners to develop robust reablement services that promote maximum independence, facilitate people living in their own homes, avoid unnecessary admissions to hospital and enable timely and safe hospital discharges.	31-Mar-2014	 Action On track		Referrals are back up to the norm after a seasonal decrease in the summer. Length of package remains at approx 6 weeks with 70% requiring no further services following the period of re-ablement. The information system is to be adjusted to enable a flag to be recorded where the person has dementia to enable a more detailed picture of how many people with dementia are being referred to re-ablement.	08-Jan-2014
CAD 13/14 HW42	Continue to promote independence and facilitate recovery for people with mental health needs by increasing the numbers of personal budgets and direct payments, promoting independence and increasing volunteering and employment opportunities.	31-Mar-2014	 Action On track		Over 500 people with MH needs who meet the criteria now have a personal budget. Of these 74 people currently have a Direct Payment, and 249 people in total have or have had a Direct Payment since 2010.	08-Jan-2014
CAD 13/14 HW44	Improve the transitions process to ensure every child and young person in transition (aged 14-25) with a disability has a person centred outcome focused plan for adulthood.	31-Mar-2014	 Action On track		Progress of children and young people is monitored through a multi-agency Transitions Operations Group. These meetings will utilise information from the proposed Single Plan (one plan) to better inform commissioners and ensure person centred outcome focused plans are implemented. Hartlepool is an early implementer of the SEND 0-25 Pathfinder. HBC is awaiting the outcome of the children and Family Bill and social care Bill both expected to give clarity and new regulations for Transitions. Early indications suggest that any Child assessed with a disability who will have needs as an adult will not pay a contribution towards their care.	24-Jan-2014

Outcome 3. Enable all adults to maximise their capabilities and have control over their lives**Objective** Meet specific housing needs

Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Latest Note	Last Modified Date
HS 3A15	Implement changes to the Choice Based Letting (CBL) scheme (Common Allocations Policy) following the review in 2012.	31-Mar-2014	 Action Completed		All changes introduced following the review of the CBL system have been implemented. The new policy and procedures have been finalised and adopted.	06-Jan-2014
RND 13/14 HO06	Assist people to maintain independent living through the provision of minor adaptations	31-Mar-2014	 Action On track		During Quarter 3, 358 minor adaptations were carried out to assist people.	06-Jan-2014




Outcome 3. Enable all adults to maximise their capabilities and have control over their lives**Objective** Vulnerable adults are safeguarded and supported while having choice and control about how their outcomes are achieved




Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Latest Note	Last Modified Date
CAD 13/14 HW36	Continue to increase the number of people accessing personal budgets through focused work in mental health services, developing personal budgets for carers and continued work with health partners.	31-Mar-2014	 Action On track		The Partnership agreement with TEWV to carry forward integrated MH services in Hartlepool has been signed for another year. Over 500 people with MH issues who meet the FACS eligibility criteria have a personal budget.	07-Jan-2014
CAD 13/14 HW37	Further develop local arrangements to safeguard vulnerable adults, ensuring the engagement of all strategic partners and an appropriate and timely response to any new legislation that is introduced.	31-Mar-2014	 Action On track		The Hartlepool Safeguarding Adults Board (HSAB) Statistics & Safeguarding Progress Report for 2012/13 were presented to the Adult Services Committee in June 2013 along with the HSAB Strategic Objectives and Action Plan for 2013/14. The Strategic Objectives and Action Plan for 2013/14 have been ratified by HSAB and actions will be delivered and progress monitored throughout the year. Partners continue to be engaged in the Hartlepool Safeguarding Adults Board and work is underway to determine the local response to the new legislation regarding statutory	07-Jan-2014


					Adult Safeguarding Boards and the future relationship between the local arrangements and the Tees wide Safeguarding Vulnerable Adults Board.	
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Performance Indicators

Outcome 3. Enable all adults to maximise their capabilities and have control over their lives
Objective Adults with health and social care needs are supported to maintain maximum independence



Code	Short Name	Annual					Expected Outcome	Note
		Q1 201 3/1 4	Q2 201 3/1 4	Q3 201 3/1 4	Q4 201 3/1 4			
		Value	Value	Value	Value			
ACS P050	Access to equipment and telecare: percentage equipment delivered in 7 days (LAA HC37a)	91.5 4%	93.6 %	91.9 %			PI Progress acceptable	Latest updated information is 91.9% from August 2013. Further information has not yet been received from Tees Community Equipment Service (TCES) as they have been implementing a new on-line system for all partner agencies. Information is due in January and will be updated as soon as available. Discussion with the TCES manager has confirmed that performance is consistent around the 90% level, but the actual figures have not yet been produced.
ACS P051	Access to equipment and telecare: users with telecare equipment (LAA HC37b)	1,211	1,366	1,501			PI On track to achieve target	Quarter 3 figure is expected to exceed the year end target figure of 1250.
ACS P088	Percentage of people who received intermediate care or reablement package on discharge from hospital who remain at home 91 days after	89.5 %	83.7 %	83.7 %			PI On track to achieve target	Information is a quarter behind, due to the nature of



	discharge							collecting the information 90 days later, i.e. those people who are at home or in extra care housing or an adult placement scheme setting three months after the date of their discharge from hospital. Therefore Qtr 2 information is reported in Qtr 3 etc. Performance of 83.7% is above the target figure of 70%, which points to very good performance.
NI 125	Percentage of older people achieving independence for older people through rehabilitation/intermediate care	89.5	83.7	83.7			PI Progress acceptable	Latest information (due to built in 91 days time lag on this PI) is for the period up to the end of September 2013 - figure of 83.7%, which is very good performance.
NI 131	Average weekly rate of delayed transfers of care from all NHS hospitals, acute and non-acute, per 100,000 population aged 18+	0.0	0.0	0.0			PI On track to achieve target	This figure is on target at 0 rate of delayed discharges (due to social care). This is based on information for the period April to November 2013, as the figures for December 2013 will not be published until the end of January 2014.
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information as a percentage of all people receiving a community based service	6.8%	14.8 %	20.8 %			PI On track to achieve target	Quarter performance of 20.8% is slightly under the 3rd quarter level of expected performance of 22.5% (yearly target 30%). This is very good performance and is expected to meet the year end target once additional components are added in to this figure, ie. from Hartlepool Carers and Tees Esk & Wear Valley (TEWV) Mental Health Trust.

NI 136	Number of people supported to live independently through social services (all adults) per 100,000 population	5262 .00	5311 .00	5488 .00			PI On track to achieve target	Performance up to Quarter 3 is on track to achieve the year end target.
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Outcome 3. Enable all adults to maximise their capabilities and have control over their lives



Objective Meet specific housing needs


Code	Short Name	Annual					Expected Outcome	Note
		Q1 201 3/1 4	Q2 201 3/1 4	Q3 201 3/1 4	Q4 201 3/1 4			
		Valu e	Valu e	Valu e	Valu e			
NI 145	Percentage of adults with learning disabilities in settled accommodation	22.9 %	40.9 %	52.3 %			PI On track to achieve target	This information relates to 201 people in settled accommodation out of 384 people with learning disabilities known to the council. These 201 people are those that have had assessments or reviews so far during the year. If all people with learning disabilities in settled accommodation were included, the figure would be 297 out of 384 giving 77.3%, which is above the 73% target. On this basis, year end performance is expected to reach the target figure.
NI 149	Percentage of adults receiving secondary mental health services in settled accommodation	87.9 %	88.9 %	88.3 %			PI On track to achieve target	Latest information now received from Tees, Est & Wear Valley (TEWV) NHS Trust which gives the quarter 3 performance figure of 88.32%. This is a cumulative figure made up of 446 people in settled accommodation out of a

								total of 505 service users. This is good performance above the year end target of 70%.
NI 156	Number of households accommodated in temporary accommodation each quarter	0	0	0			Monitored	On the last day of the quarter no relevant households needed to be provided with temporary accommodation
RPD P022	The number of Disabled Facilities Grants completed (HSG DPI 5)	17	24	22			Monitored	144 DFGs completed during 2012/13





Outcome 3. Enable all adults to maximise their capabilities and have control over their lives

Objective Vulnerable adults are safeguarded and supported while having choice and control about how their outcomes are achieved

Code	Short Name	Annual					Expected Outcome	Note
		Q1 201 3/1 4	Q2 201 3/1 4	Q3 201 3/1 4	Q4 201 3/1 4			
		Value	Value	Value	Value			
NI 130	Social care clients receiving Self Directed Support	99.7	98.8	100.0			PI On track to achieve target	This figure is made up of 2,125 people who are eligible for a personal budget being in receipt of a personal budget. The figure is susceptible to small degrees of variation as new people start receiving support and others may cease support, but this is still well above the year end target of 80% and is excellent performance.
NI 146	Percentage of Adults with learning disabilities (known to the Council) in paid employment	2.6%	7.3%				PI Progress acceptable	The Employment link team have since merged with Econ and Regeneration. A Service Level Agreement is in place and key performance measures are



								captured. The National average for this client group is 7% Hartlepool compares favourably with this comparison.
NI 150	Percentage of adults receiving secondary mental health services that are in paid employment	13.9 %	12.6 %	12.9 %			PI On track to achieve target	Latest information now received from Tees, Esk & Wear Valley (TEWV) NHS Trust which gives the quarter 3 performance figure of 12.9%. This is a cumulative figure made up of 65 people in settled accommodation out of a total of 505 service users. This is good performance above the year end target of 7%.









Outcome 7. Strengthen the role and impact of ill health prevention**Actions****Outcome 7. Strengthen the role and impact of ill health prevention****Objective** Reduce the health inequality gap between communities across Hartlepool

Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Latest Note	Last Modified Date
CAD 13/14 HW01	Develop a corporate approach to measuring excessive winter deaths	30-Sep-2013	 Action Completed		Committee discussed the issue of 'cold kills' at the October meeting. The Committee considered issues relating to winter deaths across a range of partners including the fire service. The national measurement for calculating excess winter deaths used by Public Health England was used as part of the Committee discussion.	13-Jan-2014
CAD 13/14 HW02	Be an active lead partner in the delivery of the physical activities workstream for Public Health	31-Mar-2014	 Action On track		<p>Partnership working with Public Health continues to be very effective and is supporting key outcomes within the Public Health agenda and the service is due to be transferred to the new Public Health Department in January. Key initiatives are detailed as follows.</p> <p>Success was achieved with the pilot and consultation for FiIT Hart - over 20 families accessed the physical activity sessions and proved a real success. The feedback received was that families would like to see continuation of this type of activity so they can do something together. Not all families were the correct target group for the programme however consulting with those most in need revealed that they were intimidated by a group environment even if it was with people who are experiencing similar issues. One to one provision was preferred so it was considered how this could be managed effectively.</p> <p>A new pathway has been devised for launch in January and already families are very keen to take part. This approach allows a real focus on the motivational interviewing and behaviour change</p>	13-Jan-2014





					<p>model that has been identified as key to weight management programmes within NICE and other guidance. Families will received one to one support with a physical activity and nutritional specialist (4 hours each) and they will be directed into appropriate services based on their need specifically. This approach has attracted keen interest from partners and networks that are keen to see if it has the desired impact. There are a number of families already signed up to pilot this new approach and a waiting list is beginning to be collated.</p> <p>As part of the BHF programme, the Sport & Physical Activity Team have developed a training programme for teachers and young leaders to support the long term impact and development of sustainable structures in schools. In September/October 2013 DCFA hosted a Level 1 course at Grayfields which was well received. The course attracted candidates from a wide range of backgrounds and 20 successfully completed the course.</p> <p>During the month of October, England Handball delivered a Handball Leaders/Introduction to Teaching course at Brierton Community Sports Centre. 14 candidates attended the course - these comprised of teachers (primary/secondary), college students and Sport and Physical Activity staff. Since delivery of the training provision has commenced in both primary/secondary schools, further plans to implement a town competition structure have been discussed. Furthermore, DCFA delivered a sport specific first aid course in November 2013. This training was attended by 10 and feedback from participants was positive.</p> <p>Cardio Tennis training course was arranged during December 2013 at Dyke House Sport and Technology College. The training generated a great deal of interest and as a result of teachers being trained, 3 educational establishments were provided with Cardio Tennis equipment to ensure sustainability.</p>	
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					<p>Further to the above, all courses for 2014 have been scheduled and a new partnership has been formed with Rounders England who are scheduled to deliver a UKCC Level 1 and Young Leaders Award course.</p> <p>Leadership Conferences were arranged in October and November 2013. The first date in October was a huge success with 48 students from 6 educational establishments in attendance. Courses delivered as part of the conference included Tennis (Leaders and Competition Organisers – 16), Rugby (RugbyReady and Level 1 Refereeing Children – 18) and Hockey (Quicksticks and In2 – 14). The second conference took place in November 2013 and again proved extremely popular with 54 students present from 8 educational establishments. Training carried out included Football (Junior Football Leaders Award – 21), Netball (Young Netball Organisers – 18) and Badminton (Junior Helper Award – 15).</p> <p>Following completion of the 2013 Leadership Conference, feedback has been received and work is underway with delivery and planning for an additional date in 2014. Furthermore, schools have been provided with a copy of the new sports club directory where those wanting to create school links have been highlighted. This will help feed qualified leaders in to a club environment. Supplementary to this schools have put delivery plans in place whereby leaders will assist with delivery in cluster primary schools.</p> <p>The Edan (Escape Diabetes, Act Now) project has just seen its first cohort complete their one year follow up. The results from group 1 have been positive. The programme format included coaching patients using gym based exercise techniques at least twice a week and delivering nutritional advice sessions fortnightly. The group were closely trained over a 12 week period as well as given home programmes to complete as part of their regular daily activities.</p> <p>Results were then obtained from their General</p>	
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					<p>Practitioner at 6 month and 12 month intervals. The end results for group 1 were obtained and are identified below:</p> <ul style="list-style-type: none"> · Blood Glucose Levels were reduced with a mean of 4.25% · Total cholesterol levels were reduced with a mean of 5.5% · HDL Cholesterol levels were increased by a mean of 1.5% · Waist circumference was reduced with a mean of 20% · BMI was reduced with a mean of 0.6% <p>All figures obtained were positive and show that the programme and long term compliance can reduce the risk of early onset of diabetes.</p> <p>Hartlepool pre and post natal physical activity programme is developing well and will link into the wider obesity pathway looking at Maternal obesity specifically which is increasing within the Hartlepool locality. Instructors have now accessed specialist training and will begin delivery in January 2014. A New and Expectant Mum's leaflet is in final draft and will support to raise awareness of physical activity before and after birth. The draft timetable is in place and will commence W/C 20th January 2014. Risk Assessments and PARQ have been signed off by the Mum's on the Move planning group and will be reviewed periodically throughout the programme for revision and changes.</p> <p>A new Begin to Dance programme will launch at various stages throughout January to target a broad range of target groups. The programme will be based at the Borough Hall and delivery will be done by Nouveau Fitness and will offer a range of dance genres covering all ages.</p>	
CAD 13/14 HW16	Review, update and implement Smoking in Pregnancy Action Plan	31-Mar-2014	 Action On track		<p>The annual action plan continues to be reviewed, updated and monitored quarterly to ensure implementation. The regional project - babyClear is to commence activity January 2014 - all key staff now trained and staffing in place.</p>	02-Jan-2014

CAD 13/14 HW04	Implement the early detection and awareness of cancer programme across Hartlepool	31-Mar-2014	 Action Progress acceptable		Work continues through the Be Clear on Cancer campaign	13-Jan-2014
CAD 13/14 HW06	Ensure all eligible people (particularly in high risk groups) take up the opportunity to be vaccinated especially in relation to flu	31-Mar-2014	 Action Progress acceptable		NHS England are leading on the promotion of flu vaccination and the Director of Public Health is assuring these plans are robust to protect the health of the population. The flu vaccination programme is underway. The County Durham and Tees Valley Immunisation Screening Board has been established with Toks Sangowawa from the Tees Shared Service representing the Tees DPHs. A flu vaccine for 2-3 year olds has been piloted which is delivered as a nasal spray with a plan to roll out nationally in 2014/15. A shingles vaccine has been introduced for 70-79 year olds	13-Jan-2014
CAD 13/14 HW07	Ensure all eligible groups for respective screening programmes are aware and able to access screening	31-Mar-2014	 Action Progress acceptable		NHS England are leading on the promotion of screening programmes and the Director of Public Health is assuring uptake rates are robust and services accessible to protect the health of the population.	13-Jan-2014
CAD 13/14 HW10	Influence the commissioning of effective based Stop Smoking and work collaboratively through the Smoke Free alliance to reduce illicit tobacco across the town	31-Mar-2014	 Action Progress acceptable		An update on the work of the Stop Smoking Service and the smoke free alliance will be taken to F & P at the end of January	13-Jan-2014






Outcome 7. Strengthen the role and impact of ill health prevention**Objective** Reduce the number of people living with preventable ill health and dying prematurely

Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Latest Note	Last Modified Date
CAD 13/14 CS01	Ensure effective integrated treatment of Drug and Alcohol services	31-Mar-2014	 Action On track		All services involved in multi agency development plan	12-Jan-2014
CAD 13/14 HW17	Work with partner agencies, young people, schools and families to tackle substance misuse (including alcohol)	31-Mar-2014	 Action On track		HYPED continue to respond well and contract monitoring shows good outcomes being achieved.	13-Jan-2014

CAD 13/14 HW12	Ensure the delivery of comprehensive sexual health services	31-Mar-2014	 Action Progress acceptable	<div><div>75%</div></div>	Public Health continues to lead the commissioning and contract management of sexual health services and the main provider of service is Assura	13-Jan-2014
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Performance Indicators


Outcome 7. Strengthen the role and impact of ill health prevention
Objective Reduce the health inequality gap between communities across Hartlepool

Code	Short Name	Annual					Expected Outcome	Note
		Q1 201 3/1 4	Q2 201 3/1 4	Q3 201 3/1 4	Q4 201 3/1 4			
		Value	Value	Value	Value			
ACS P035	GP Referrals - Of those completing a 10 week programme the percentage going onto mainstream activity	81%	83%	84%			PI On track to achieve target	Remains on course to achieve target at year end
LAA HW P001	Percentage of women smoking during pregnancy	Data not yet available					Monitored	No data yet available for quarter one of 13/14 Always one quarter behind
NI 120a	All-age all cause mortality rate - Females (directly age standardised mortality rate per 100,000 population)	Data not yet available					Monitored	Quarterly data for 12/13 not yet available
NI 120b	All-age all cause mortality rate - Males (directly age standardised mortality rate per 100,000 population)	698.09 latest available data					Monitored	2012 figure published in 2013 is 698.09 Quarterly data for 12/13 not yet available
NI 121	Mortality rate from all circulatory diseases at ages under 75 (directly standardised rates per 100,000 population aged under 75)	64.40 latest available data					Monitored	2012 figure published in 2013 is 64.40



Outcome 7. Strengthen the role and impact of ill health prevention


Objective Reduce the health inequality gap between communities across Hartlepool; Reduce the number of people living with preventable ill health and dying prematurely

Code	Short Name	Annual					Expected Outcome	Note
		Q1 201 3/1 4	Q2 201 3/1 4	Q3 201 3/1 4	Q4 201 3/1 4			
		Value	Value	Value	Value			
ACS P081	Number of patients completing a 10 week programme of referred activity recommended as a health intervention	52	82	60			PI Progress acceptable	<p>The number of participations attending all 10 weeks of their referred activity continues to be below the target set. This is not an indication of poor performance but more about the different range of health issues that participants have within each cohort and the tendency of some clients (eg with mental health issues) to not attend all sessions. As we move forward as a service, we are developing more specific interventions to deal with specific medical issues (eg diabetes) running alongside but linked to the GP Referral Programme and we are currently looking at the revision of the 10 week programme as a consequence. This may mean the revision of our targets for next year.</p> <p>This quarters figure is obviously affected by the Christmas and New Year break.</p>

								The other point to note is that we are looking more and more at outcome based intervention and the parallel PI that looks at clients sustaining their activity 6 months after doing the initial 10 week programme remains to be extremely high (84% for Quarter 3) which is more indicative of the value and performance of this discrete area of specialist work.
NI 122	Mortality rate from all cancers at ages under 75 (directly standardised rates per 100,000 population aged under 75)	130.60				Monitored		Data just released confirming 11/12 rate and providing 12/13

Outcome 7. Strengthen the role and impact of ill health prevention
Objective Reduce the number of people living with preventable ill health and dying prematurely

Code	Short Name	Annual					Expected Outcome	Note
		Q1 201 3/1 4	Q2 201 3/1 4	Q3 201 3/1 4	Q4 201 3/1 4			
		Value	Value	Value	Value			
NI 39	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm	Data not yet available					PI Progress acceptable	Data has started to come through again from new sources however this is still behind.
NI 113b	Number of positive diagnoses for Chlamydia in the resident population aged 15 -24	117					Collected Annually	The number of positive tests for Chlamydia from April to June is 117 out of 1,287 screening tests. This equates to a positivity rate of 9.1% (Source: NHS National Chlamydia Screening Programme)

								January 2014
NI 123	Stopping smoking - rate of self-reported 4-week smoking quitters per 100,000 population aged 16 or over	381	696				PI Progress acceptable	No data available for quarter 3 - this information is always one quarter behind

Audit and Governance Committee

17 April 2014



Report of: Scrutiny Manager

Subject: RE-OFFENDING INVESTIGATION - ADDITIONAL EVIDENCE - COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To set the scene for an additional 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 6 March 2014, received evidence from the sources outlined below in relation to activities undertaken and services provided in relation to re-offending:-

Family Support Services
Mental Health Services
Drug / Alcohol Services
Housing Services
Employment Services
Financial Management Services

- 2.3 As part of today's evidence gathering session, the Committee agreed that additional evidence would be sought in relation to the following areas / services that impact, affect and influence re-offending.

(a) Mental Health Services:-

- (i) Evidence from Tees, Esk and Wear Valleys NHS Foundation Trust.
(Appendices A and B)

(b) Employment and Benefit Services:-

(i) Evidence from Jobcentre Plus.

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.

- (a) What services are provided and how?
- (b) How effective are the services currently provided in the north east (in particular Hartlepool) to reduce re-offending?
- (c) How are services co-ordinated across the responsible authorities?
- (d) What are the challenges facing providers?
- (e) What could be changed?
- (f) What will be the financial impact of reducing resources on the ability of the service to meet needs?

2.5 Members are asked to receive and consider the evidence provided.

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.
- (iii) Reports and minutes of the Audit and Governance Committee held on 6 March 2014.

Trust wide Offender Health Services Currently Provided by TEWV

A Large forensic in-patient service with over 250 secure beds (Mental Health, Learning Disabilities, Autism and Older People)
Prison Mental Health Contract covering 7 North East prisons with a total population of 5,500 covering every category
Women's prison health (HMP Low Newton)
Women's Dangerous and Severe Personality Disorder service - Primrose project
PIPE (Psychologically informed planned environment) the only prison PIPE accredited by RCPsych – Dec 13

Tees Community Offender Health Services consisting of;

A Criminal Justice Liaison Team,
A Street Triage Team,
An all-age Liaison and Diversion Service (under development, and due April 2014)

Criminal Justice Liaison Team (Current Service)

Hours of operation Monday to Friday 8am – 4pm

The Service provides assessment and liaison for people with mental health problems who are either currently in the criminal justice system or at risk of entering the criminal justice system to address their health and social care needs. Also to provide signposting for all other persons which do not meet the criteria for adult mental health services.

The focus of the services is very much towards the early part of the offender pathway. In terms of the role of the service the priorities are around Advice and support to Criminal Justice Staff, Assessment of both mental state and risks and to provide Access to appropriate services.

The Criminal Justice Liaison Service provides an inclusive service to ensure that persons within the criminal justice system and carers receive a high quality, competent and effective range of interventions. The service delivery includes liaison, prevention and ultimately equitable access to mental health services across the trust.

The service promotes social inclusion and acceptance of service users within mental health provision who have offended, or are likely to re-offend to enable them to live a more productive, positive and fulfilling life.

The liaison service is an integrated part of mainstream services ensuring easy access to psychiatric assessment and advice, creating robust multi-agency working.

The liaison service promotes prevention and reduction of offending by working in a flexible, mobile and timely manner with all agencies in the locality.

The service is predominantly for adults with recognition of the need for age sensitive services. In the Cleveland area a service is offered to 16-17 year olds from the CAMHS services. In terms of older adults there is no upper age limit for the service and the service liaises with older adult services as appropriate and follows the agreed pathway for MHSOP.

If during a mental health assessment a learning disability is suspected this is brought to the attention of the custody staff, and although the CJLS team do not have specialist skills in this area they do have a general awareness and would follow the principles of Green Light and would signpost to the most appropriate service.

Where a Mental Health Issue is identified, as part of that assessment process, Drug and Alcohol Issues are screened for and if any issues are identified then staff from the Arrest Referral Scheme are notified.

The Service links in at all points of the Criminal Justice System but has a heavy emphasis on early intervention, liaison and diversion, such as pre-arrest, custody and courts.

The will be accessible at any point in the criminal justice system, including individuals on bail or when remand is being considered or where the subject is a current client of probation or social care.

Street Triage Team

Hours of operation Monday to Sunday 12pm till 12am

In October 2011 as part of the National Development Programme, a funding opportunity arose for TEWV to develop a business case for enhancements to the current Liaison and Diversion Services.

As part of the needs assessment undertaken in Cleveland, it was found that there was an increase in the number of persons brought to a place of safety under Section 136 MHA 1983 who were later released as not being mentally ill. This showed that Cleveland Police detained a high proportion of people under the Mental Health Act, that is not to say that those people did not need some level of intervention based on their presentation, but that the use of the place of safety as an intervention was not always proportionate nor did it meet their needs.

Data for a twelve month period between September 2010 and August 2011 was gathered and of the number of detentions in a place of safety under Section 136, 76% were returned to the community as not being mentally ill and without further follow up. A basic cost of detention had been calculated on average at £1,780 per person, working on this figure it is estimated that if the number of people picked up by police and subsequently released without any intervention had been identified by

the Street Triage Team then there could be projected savings of around £690,000 in a twelve month period.

The team operates with two nurses on duty at any one time between the hours of 12pm and 12am 7 days a week. They respond to calls from the police and attend the scene to assess a person's mental state and advise the officers accordingly on the best course of action.

The implementation of this team has led to more timely interventions by mental health professionals and avoids unnecessary detentions either in a police station or hospital which equates to a better experience for these individuals as well as achieving a substantial cost saving for those services.

These interventions have a number of benefits:

- Reducing the number of inappropriate detentions to both hospital and custody.
- Reducing the number of call outs for FME's and AMHP's within custody.
- Reduce the burden on both police and health staff who are tied up whilst awaiting assessments.
- Improving the contact time CJLS spend with appropriately detained persons.
- Improve the outcomes for those who are detained and also those who are dealt with in the community.
- Increased accessibility to CJLS staff beyond normal working hours up until midnight seven days a week.
- Experiential learning due to multi-agency teamwork, leading to greater understanding of the roles of other professionals within the CJS and a greater understanding of mental illness and pathways to support such a clients.
- By working in partnership with the police and community mental health services, the team can offer an assertive outreach and follow up service to those difficult to engage following initial contact with the police.
- Reduced costs to health/criminal justice system

The scheme operates across the whole of Cleveland and by intervening at the earliest opportunity is more likely to have an impact on reducing offending/reoffending.

All-age Liaison and Diversion Service (to commence April 2014 as a 1 year pilot study)

Hours of operation 8am till 8pm Monday to Sunday (Custody)

9am till 5pm Monday to Friday (Court)

Liaison and Diversion is a process whereby people of all ages passing through the criminal justice system are assessed and those with mental health, learning disability, substance misuse and other vulnerabilities are identified as soon as possible in the justice pathway.

Identified suspects/offenders will be provided with and supported in access to appropriate services including, but not limited to, mental and physical health care, social care, and substance misuse treatment and safeguarding.

Information gained from assessments will be shared with relevant youth and criminal justice agencies to enable key decision makers to make more informed decisions on diversion, charging, case management and sentencing.

Diversion is interpreted in its wider sense, referring to both diversion 'out of' and 'within' the youth and criminal justice systems. Access to L&D services by individuals with identified vulnerabilities does not imply that they will avoid appropriate sanctions imposed by the Youth Justice System or Criminal Justice System, but that the process will be better informed, and access to appropriate health and social care interventions will be improved.







The overall strategy is to improve the health and criminal justice outcomes for adults and children who come into contact with the criminal justice system where a range of complex needs are identified as factors in their offending behaviour.

Individuals will be treated and managed within a whole care pathway approach with services working collaboratively to ensure that individuals receive a coordinated approach to address their health and social care needs and their offending behaviour. The Care Programme Approach (CPA) process will underpin service delivery.

The service will aim to improve health and criminal justice outcomes for children, young people and adults who come into contact with the youth and criminal justice systems. The entry point to the service will be where an individual is under suspicion of having committed a criminal offence. The service will be accessible to an individual irrespective of the nature or class of offence under investigation

Key service outcomes

Outcomes

-  Improved access to health and social care services
-  Improved health outcomes for individuals
-  Improved criminal justice system outcomes
-  Improved criminal justice outcomes for individuals
-  Reduction in the number of first time entrants to the youth justice system
-  Reduction in offending and re-offending by individuals passing through Liaison & Diversion services as measured by a national minimum data set

The current Offender Health services and initiatives provided by TEWV have been developed towards reducing reoffending by utilising appropriate interventions and signposting, but from a health perspective, reducing reoffending is not always quantifiable.

It is well established that a significant number of crimes are committed by individuals who have multiple, often complex needs and live chaotic lifestyles. By addressing these multiple issues in a coordinated way with our partners we have a greater chance of individuals becoming well enough to engage with services to tackle their offending behaviour and our services are all about getting people to that point where such offending behaviours can be addressed, the knock on effect being that the individual is less likely to reoffend.

If we look specifically at the services provided to Hartlepool this comes from the Criminal Justice Liaison Service and the Street Triage Service, they are both geared towards identifying and addressing the needs of people who come into contact with the criminal justice system, some as offenders and others as potential offenders or reoffenders if their needs are not adequately met.

There is currently a Criminal Justice Liaison Service in operation in Hartlepool Custody Suite that operates as previously mentioned above but both of these services will be strengthened by the introduction of a new all-age Liaison and Diversion Service.

In 2013 NHS England picked TEWV as one of twenty pilot sites across the country to develop an all-age liaison and diversion service in line with a national service specification and model of operation. TEWV have been offered £420,000 to run a 12 month pilot in the Tees area. This was less money than was asked for and as such has meant that we are unable to offer the complete service we had hoped for, nevertheless it will mean the expansion of current Child and Adolescent Mental Health Services from South of Tees into North of Tees, which will enhance the adult service provision already in existence and provide a service to the Youth Offending Service in Hartlepool.

It will also lead to an enhanced adult service into Hartlepool Magistrates Court supplying information to the court in relation to a person appearing before the magistrates. Help and advice can be given around what services can be offered to a defendant post court, either in the community, prison or hospital.

All of these services have a strong management and governance structure which ensures that we have high quality staff providing high quality services that aim to exceed people's expectations.

The main challenge facing Offender Health Services is funding, however we have to work smarter and leaner than ever before and by reconfiguring some of our services and looking at joint working and integrated working we are able to maximise the

potential of our staff. This has led to TEWV being seen as an innovative and forward thinking trust and this has brought with it investment for development projects like Street Triage Pilot, now a commissioned service, the Integrated Offender Management Unit Pilot, now a commissioned service and the All-age Liaison and Diversion Pilot soon to begin.

One of the ways that we can strengthen our position is to have further joint commissioning of services. With the Street Triage Service for example, the funding is coming from Offender Health Commissioning at NHS England, yet there are many services which benefit from the delivery of this service, not least the police, social care and secondary care mental health services.

The monies provided for this service, £170,000 per annum only allow for a limited service of 12 hours per day; however the team have in a 2013 assessed 332 people and only 5 went on to be detained in a place of safety under s136 Mental Health Act. In the same period when Street Triage was not on duty Cleveland Police detained 324 people under s136 MHA, however 272 of those people were released as not being in need of detention.

This means that 272 people went through a process that they didn't need to go through and that has implications not only for the person but financially for the services involved in that process. *Based on methodology by the Sainsbury Centre for Mental Health (2009)* the cost of dealing with a person through custody without any outcome through the criminal justice system, i.e. taken into custody, detained for a period of time and then shown the door, costs on average £1,780 per person.

Taking the figures for Street Triage, by not detaining a person in custody, not having to call out a s12 doctor, and not having to call out an Approved Mental Health Professional, this process saved in the region of £580,000. When Street Triage was not used then the cost incurred by dealing with 272 people in custody who didn't need to be dealt with through custody was in the region of £484,000.

If further funding was available to have a 24 hour Street Triage Service then figures suggest that a team costing around £500,000 per annum could save after taking out the cost of the team around £600,000 per annum.

This shows the financial impact of reducing resources like the Street Triage Team through lack of funding, creates a demand in the need for resources like section 12 Doctors and Approved Mental Health Professionals in custody with the accompanying increase in costs. By increasing the staffing for Street Triage there is a reduced wastage of time spent by S12 doctors and AMHP's who could be using their time more effectively.

From TEWV's perspective there are no plans to reduce services, this is purely a commissioner led issue and there are opportunities to look at non health commissioning in the offender health process, i.e. Police and Crime Commissioners

and Clinical Commissioning Groups. TEWV continue to put themselves forward for national development programmes which have a local impact on service provision and continually strive for equity of service across all of its pathways of care.

Who we are...

Tees, Esk and Wear Valleys **NHS**
NHS Foundation Trust



- Specialist MH & LD Trust
- Foundation status April 2008
- £270 million, 5700 staff
- 1.6 million population
- 3600 square miles
- Mixture of industrial, coastal & rural
- Mixture of affluence & deprivation

making a

difference

together

Cleveland

Tees, Esk and Wear Valleys **NHS**
NHS Foundation Trust



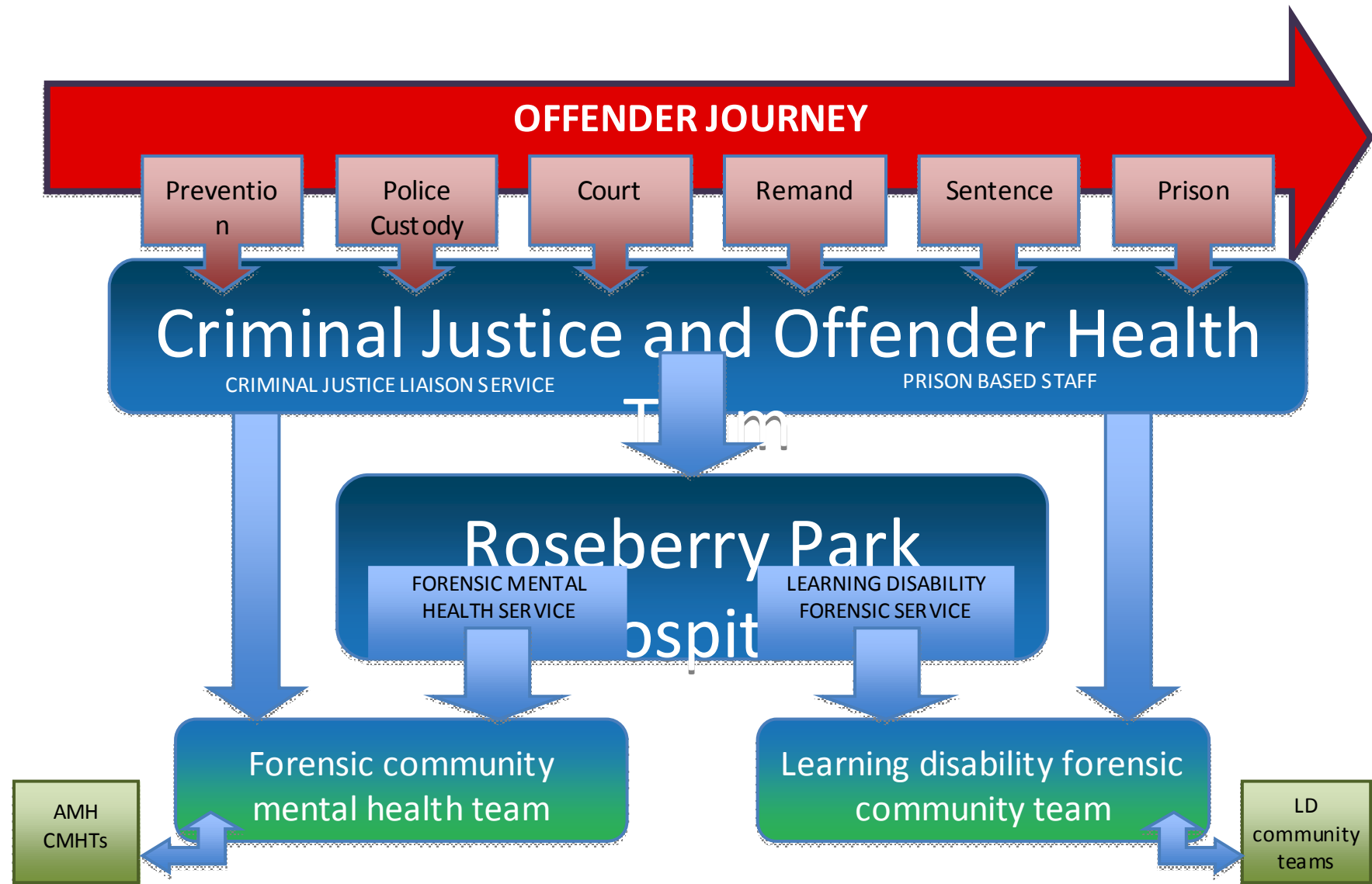
Middlesbrough
Stockton-on-Tees
Hartlepool
Redcar and Cleveland



making a

difference

together



Our role in offender health (1)

- **Large forensic in-patient service**
 - **250+ secure beds** (LD, autism and older people)
- **Prison Mental Health Contract**
 - **7 prisons** (total population 5,500, every category)
- **Women's prison health (HMP Low Newton)**
 - **Women's DSPD - Primrose project**
 - **PIPE** (Psychologically informed planned environment)
 - Only prison PIPE accredited by RCPsych – Dec 13

making a

difference

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Our role in offender health (2)

- **Community Offender Health Services**
 - **Criminal Justice Liaison Team**
 - (1 Band 7, 4 Band 6s, 1 SW/AMPH)
 - **Integrated Offender Management Unit Nurse**
 - Peterlee and Chester-le-Street 1 Band 7
 - **Probation Personality Disorder Psychology Service**
 - Durham and Tees Valley Probation Trust
 - **Street Triage Team**
 - 3 Band 6, 1 Band 3 Support Worker
 - **All-age Liaison & Diversion Service**
 - 6 Band 6, 1 Band 3 Support Worker

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Audit and Governance Committee

6 March 2014



Report of: Scrutiny Manager

Subject: RE-OFFENDING INVESTIGATION - FEEDBACK FROM THE HARTLEPOOL BUSINESS FORUM EVENT 'A CHANCE FOR CHANGE - EXPLODING THE MYTHS OF EMPLOYING EX-OFFENDERS'

1. PURPOSE OF REPORT

- 1.1 To provide feedback from the visit the Hartlepool Business Forum event 'A Chance 4 Change - Exploding the Myths of Employing Ex-offenders'.

2. BACKGROUND INFORMATION

- 2.1 The Committee at its meeting on the 6 March became aware of an event being organised by the Hartlepool Business Forum event entitled 'A Chance 4 Change - Exploding the Myths of Employing Ex-offenders'.
- 2.2 The Committee felt that discussions at the event could be beneficial in terms of the evidence gathering process for its re-offending investigation. It was agreed that an invitation would be extended to all Committee members to attend the event and feed back any relevant comments / information to today's meeting.

3. RECOMMENDATION

- 3.1 It is recommended that the Members of the Audit and Governance Committee consider the feedback from the event 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.
- (iii) Reports and minutes from the Audit and Governance Committee meeting on the 6 March 2014.

AUDIT AND GOVERNANCE COMMITTEE

17th April 2014



Report of: Director of Child and Adult Services

Subject: FIRST DRAFT - HARTLEPOOL YOUTH JUSTICE
PLAN 2014 - 2015

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Budget and Policy Framework

2. PURPOSE OF REPORT

2.1 To present and seek comments from the Audit and Governance Committee on the development of the annual Youth Justice Strategic Plan for 2014-2015 (see **Appendix 1**).

3. BACKGROUND

- 3.1 The national Youth Justice Performance Improvement Framework is the Youth Justice Board's primary tool for monitoring and securing performance improvement across Youth Offending Services in England and Wales. The framework builds upon the statutory responsibilities for Youth Offending Services established under the Crime and Disorder Act 1998 through a requirement for all Youth Offending Services to annually prepare, as part of the local business planning cycle, a local Youth Justice Plan for submission to the Youth Justice Board.
- 3.2 The primary functions of Youth Offending Services are to prevent offending and re-offending by Children & Young People and reduce the use of custody. It is the responsibility of local Youth Offending Services to develop and coordinate the provision of these services for all of those young people in the Local Authority area who need them.

3.3 The annual Youth Justice Plan should provide an overview of how the Youth Offending Service, the Youth Offending Service Strategic Management Board and wider partnership will ensure that the service has sufficient resources and infrastructure to deliver youth justice services in its area in line with the requirements of the *National Standards for Youth Justice Services* to:

- promote performance improvement;
- shape youth justice system improvement;
- improve outcomes for young people, victims and the broader community.

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

- Resourcing and value for money - The sufficient deployment of resources to deliver effective youth justice services to prevent offending and re-offending.
- Structure and Governance - The Plan will set out the structures and governance necessary to ensure the effective delivery of local youth justice services. The leadership composition and role of the multi agency Youth Offending Service Management Board are critical to this.
- Partnership Arrangements - To demonstrate that effective partnership arrangements are in place between the Youth Offending Service, statutory partners and other local partners that have a stake in delivering youth justice services and that these arrangements generate effective outcomes for children and young people who offend or are at risk of offending.
- Risks to Future Delivery - To ensure the Youth Offending Service has the capacity and capability to deliver effective youth justice services, identifying risks to future delivery and the Youth Offending Service's partnership plans to address these risks.

4. PROPOSALS

4.1 The planning framework to support the development of the 2014/2015 Youth Justice Strategic Plan has drawn upon the appraisal of the Youth Justice Boards Regional Partnership Manager, the local Youth Offending Service Strategic Management Board and the views and opinions of service users, staff and key partners.

4.2 Alongside the above, the development of the plan has also incorporated recommendations from Children's Services Committee, the views of the

Safer Hartlepool Partnership Executive Group and the current scrutiny investigation into re-offending in Hartlepool. The plan also acknowledges the role of the Youth Offending Service in taking forward the priorities of the Cleveland Police and Crime Commissioner.

4.3 Based upon the findings from the Strategic Assessment, it is proposed that the Youth Offending Service and broader youth justice Partnership focuses on the following key strategic objectives during 2014 - 15:

- **Re-offending** - reduce further offending by young people who have committed crime
- **Early Intervention and Prevention** – sustain the reduction of first time entrants to the youth justice system by ensuring that their remain strategies and services in place locally to prevent children and young people from becoming involved in crime and anti-social behaviour
- **Remand and Custody** – demonstrate that there are robust and comprehensive alternatives in place to support reductions in the use of remands and custody.
- **Restorative Justice** – ensure all victims of youth crime have the opportunity to participate in restorative justice approaches and restorative justice is central to work undertaken with young people who offend.
- **Risk and Vulnerability** – ensure all children and young people entering or at risk of entering the youth justice system benefit from a structured needs assessment to identify risk and vulnerability to inform effective intervention and risk management.
- **Think Family** – embed a whole family approach to better understand the true impact of families in our communities and improve our understanding of the difficulties faced by all members of the family and how this can contribute to anti-social and offending behaviour.
- **Maintain Standards** – ensure that all assessments, reports and interventions developed by the Youth Offending Service are effective and of a high quality.
- **Effective Governance** – ensure that the Youth Offending Strategic Management Board will be a well constituted, committed and knowledgeable Board which scrutinises Youth Offending Service performance.

- 4.4 The local Youth Justice Strategic Plan for 2014 – 2015 will establish responsibility across the Youth Offending Service and the Youth Offending Strategic Board for taking each improvement activity forward within agreed timescales.

5. RECOMMENDATIONS

- 5.1 Audit and Governance Committee is requested to comment upon the priorities identified as part of the planning process.

6. REASONS FOR RECOMMENDATIONS

- 6.1 The development of the Youth Justice Plan for 2014 - 2015 and the comments of the Audit and Governance Committee will provide the local youth justice partnership with a clear steer to bring about further reductions in youth offending and contribute to the broader community safety agenda.

7. BACKGROUND PAPERS

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

8. CONTACT OFFICERS

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

**First Draft
Hartlepool Youth Justice Strategic Plan
2014 - 2015**

1 FOREWORD

Welcome to the 2014 - 2015 Hartlepool Youth Justice Strategic Plan. This plan sets out our ambitions for Youth Justice Services in Hartlepool and how they will contribute to our overarching aspirations for the town, set out in our Community Strategy 2008-20 wherein:

“Hartlepool will be an ambitious, healthy, respectful, inclusive, thriving and outward looking community, in an attractive and safe environment, where everyone is able to realise their potential”.

The Youth Offending Service has a key role in contributing to this vision by building upon the success of 2013-2014 through the delivery of high quality, effective and safe youth justice services that prevent crime and the fear of crime, whilst ensuring that young people who do offend are identified and managed appropriately without delay.

In recent years Hartlepool has witnessed a significant reduction in youth crime. The local youth justice partnership has been particularly effective in reducing the numbers of young people entering the youth justice system for the first time and we are now starting to see a reduction in the rate of crime being committed by those young people who have previously offended.

Beyond this the service was the subject of a Short Quality Screening Inspection in 2013 – 2014 undertaken by Her Majesty’s Inspectorate of Probation who found that ‘Hartlepool Youth Offending Service can be ‘rightly proud of the substantial progress it has made since our previous inspection in 2011’. The inspectors highlighted that staff were well supported, committed and were delivering high quality services. They produced good quality assessments and plans and had ready access to an appropriate range of services.

This plan seeks to build upon the above progress by identifying priorities for the Youth Offending Service in the coming year and highlighting further areas for improvement.

As always, the Strategic Management Board is extremely grateful for the skill and dedication of our employees in supporting young people who offend or are at risk of becoming involved in offending in Hartlepool.

On behalf of the Youth Offending Service Strategic Management Board I am pleased to endorse the Youth Justice Strategic Plan for 2014 -2015.

Signature

Lynn Beeston Youth Offending Service Strategic Management Board Chair

2 INTRODUCTION

The national Youth Justice System primarily exists to ensure that children and young people between the age of 10 and 17 who are arrested and charged with a criminal offence are dealt with differently to adult offenders to reflect their particular welfare needs.

In summary, children and young people who offend are:

- dealt with by youth courts
- given different sentences
- and when necessary, detained in special secure centres for young people as opposed to adult prisons.

It is the responsibility of the Local Authority and statutory partners to secure and coordinate local youth justice services for all of those young people in the Local Authority area who come into contact with the Youth Justice System as a result of their offending behaviour through the establishment and funding of **Youth Offending Services**.

The primary functions of Youth Offending Services are to prevent offending and re-offending by Children & Young People and reduce the use of custody.

Hartlepool Youth Offending Service was established in April 2000 and is responsible for the delivery of youth justice services locally. It is a multi-agency service and is made up of representatives from the Council's Children Services, Police, Probation, Health, Education, Community Safety and the local voluntary/community sector and seeks to ensure that:

- all children and young people entering the youth justice system benefit from a structured needs assessment to identify risk and protective factors associated with offending behaviour to inform effective intervention.
- courts and youth offender panels are provided with high quality reports that enable sentencers to make informed decisions regarding sentencing.

6.8 Appendix 1

- court orders are managed in such a way that they support the primary aim of the youth justice system, which is to prevent offending, and that they have regard to the welfare of the child or young person.
- services provided to courts are of a high quality and that magistrates and the judiciary have confidence in the supervision of children and young people who are subject to orders.
- comprehensive bail and remand management services are in place locally for children and young person's remanded or committed on bail while awaiting trial or sentence.
- the needs and risks of young people sentenced to custodial orders (including long-term custodial orders) are addressed effectively to enable effective resettlement and management of risk.
- those receiving youth justice services are treated fairly regardless of race, language, gender, religion, sexual orientation, disability or any other factor, and actions are put in place to address unfairness where it is identified

Beyond the above, the remit of the service has widened significantly in recent years due to both national and local developments relating to prevention, diversion and restorative justice and there is a now requirement to ensure that:

- strategies and services are in place locally to prevent children and young people from becoming involved in crime or anti-social behaviour.
- assistance is provided to the Police when determining whether Cautions should be given.
- out-of-court disposals deliver targeted interventions for those at risk of further offending.

6.8 Appendix 1

- restorative justice approaches are used, where appropriate, with victims of crime and that restorative justice is central to work undertaken with young people who offend.

The Hartlepool Youth Justice Plan for 2014-2015 seeks to establish how youth justice services will be delivered, funded and governed in response to both local need and the changing landscape and how the Hartlepool Youth Offending Service will work in partnership to prevent offending and re-offending by Children & Young People and reduce the use of custody.

3 STRATEGIC NEEDS ANALYSIS

The strategic assessment contains information to aid understanding of the priority youth justice issues identified for the communities of Hartlepool, including what has changed over the last year, what work we are doing and how we are measuring effectiveness and future challenges, alongside a description of the current local and national delivery landscape.

As the service nears the end of its annual Youth Justice Plan 2013-2014, the Strategic Assessment will assist the Local Authority and broader partnership in setting strategic objectives to inform the new Youth Justice Plan 2014 – 2015.

The Delivery Landscape

There are many factors that will impact on the Youth Offending Service 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 and alcohol.
- Widespread restructuring and change across local public sector agencies due to the significant loss of funding.
- The transfer of financial burdens associated with the remand of young people to the Local Authority continues to be a key financial pressure.
- The decision to transfer Youth Court listings to Teeside Magistrates

The Hartlepool Youth Offending Service remains well placed to meet these challenges. The service is confident that it has a structure and the staff with the appropriate skills alongside the support of a committed, strong strategic management board to meet any future challenges.

We recognise that youth justice 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.

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 youth justice 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.

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.

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.

Geography

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

Children, Young People and Families

Most young people in Hartlepool make the transition to adulthood successfully through a combination of supportive families, good schools, colleges and training providers and access to opportunities for personal and social development outside the classroom along with the vision and belief that they can succeed.

Whilst many young people make mistakes along the way and do things they should not do, or wish they had not done, most are able to get back on track quickly with little harm done.

But whilst many young people in Hartlepool are thriving, evidence is clear that it is young people from deprived and disadvantaged backgrounds and communities who lack many of the protective factors highlighted above, who are disproportionately at greater risk of involvement in anti-social and offending behaviour and poorer outcomes generally.

Despite significant regeneration over the past twenty years the Index of Multiple Deprivation (2007) indicates that Hartlepool is still ranked as the 23rd most deprived out of England's 354 Local Authority districts. Deprivation covers a broad range of potentially life limiting issues and refers to unmet needs caused by the interplay of a number of local factors that impact upon families living conditions such as:

low Income;

exclusion from the labour market;

impairment of quality of life by poor physical and mental health and disability;

educational underachievement, barriers to progression and a shortage of skills and qualifications amongst adults;

barriers to accessing key local services and affordable housing;

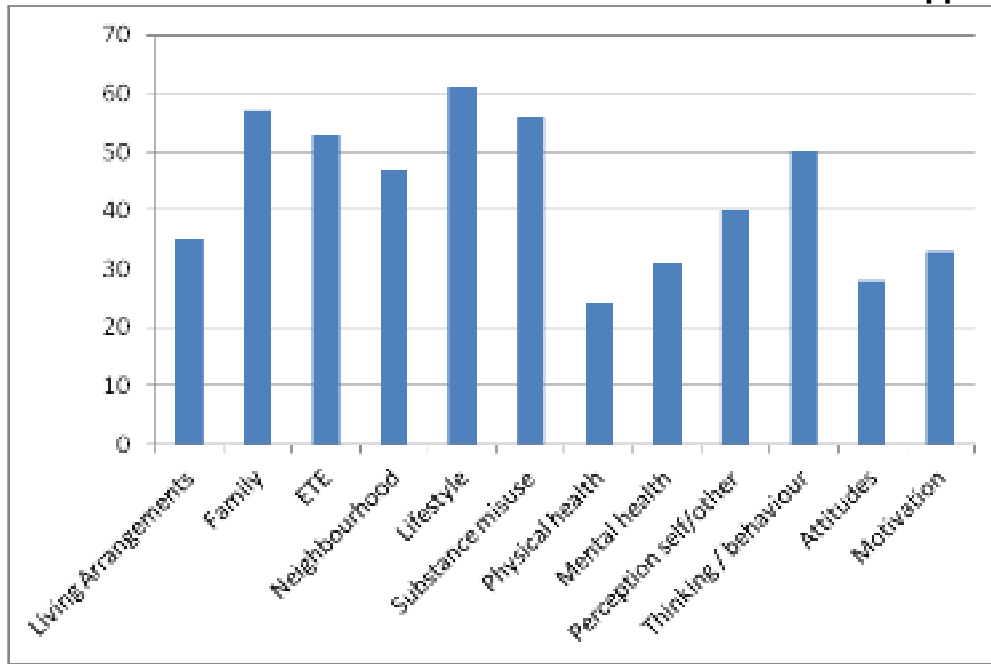
low quality of individuals' immediate surroundings both within and outside the home; and

a prevalence of violent crime, burglary, theft and criminal damage in an area.

Local analysis of need and outcomes highlights that, whilst there are families who are more resilient to deprivation, the interplay of the above factors clearly places families who are contending with deprivation at a disadvantage. This can significantly limit the opportunities and outcomes for their children which, in time, will tend to perpetuate a cycle of deprivation and disadvantage due to diminished life chances.

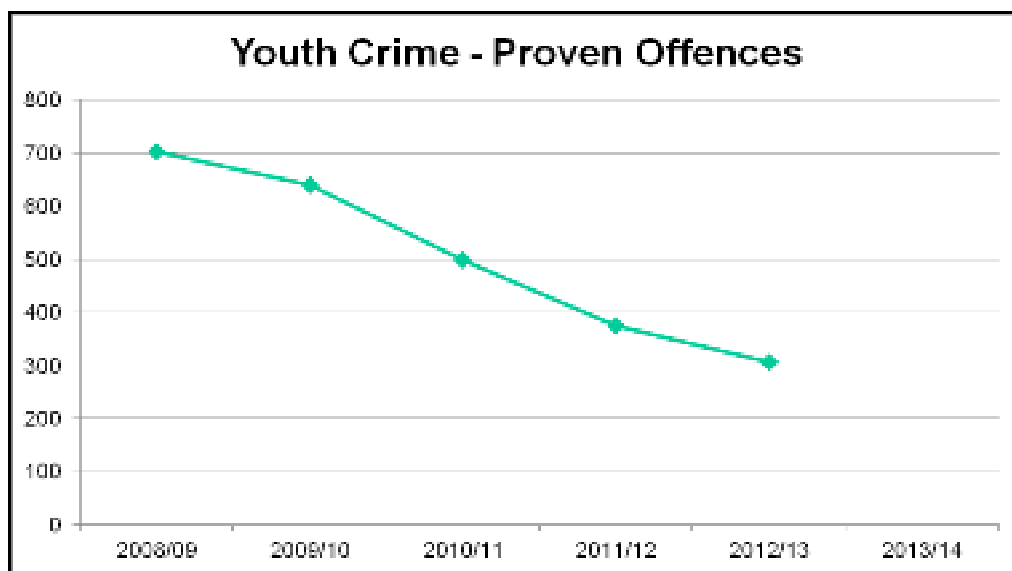
A more detailed analysis of the broader circumstances/factors of families whose children are experiencing difficulties indicates that parenting, parental substance misuse, housing and home conditions, employment issues and domestic violence are often the main factors linked to the prevalence of poor outcomes in local children and young people. It is often the complex interplay of each of these factors that makes problems in some households insurmountable and places the children at significant risk of involvement in anti-social and offending behaviour.

An annual local analysis (see below) of the factors that contribute to young peoples offending behaviour highlights that the most prevalent factors are often a combination of the young person's family circumstances, their lifestyle, their misuse of substances and a lack of engagement with education and/or further learning all of which shapes thinking and behaviour.



Youth Crime

In spite of the adversities that families and communities contend with in Hartlepool the local Youth Justice Partnership has had significant success in recent years in terms of preventing and reducing youth offending behaviour.



It is notable that there have been significant reductions in:

- Violence against the person
- Criminal Damage
- Public Order offences

- Breach of Bail

Some crimes, particularly those falling within the acquisitive crime category are estimated to be 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 continues to be the key driver in the prevalence of acquisitive offences across the young offender cohort..

Given the recent decision to transfer Youth Court listings to Teesside Magistrates it is anticipated that there is likely to be an increase in Breach of Bail as young people and their broader families struggle to undertake the journey to from Hartlepool to Teesside.

Anti-social behaviour relating to young people continues to follow a strong seasonal trend with incidents and complaints often related to alcohol reaching their peak during the summer months.

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.

Youth 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.

Offence Category - Year on Year Comparisons

OFFENCE CATEGORY	Apr 2010 - Mar 2011	Apr 2011 - Mar 2012	Apr 2012 - Mar 2013	Actual Change 2011/12 Vs 2012/13
Arson	7	0	0	0
Breach of Bail	26	26	10	-16
Breach of Conditional Discharge	14	14	12	-2
Breach of Statutory Order	67	65	27	-38

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Criminal Damage	144	121	77	-44
Domestic Burglary	39	10	15	5
Drugs	30	19	20	1
Fraud and Forgery	6	4	0	-4
Motoring Offences	39	13	22	9
Non Domestic Burglary	26	11	9	-2
Other	41	10	18	8
Public Order	189	92	69	-23
Racially Aggravated	5	5	1	-4
Robbery	7	3	0	-3
Sexual Offences	8	2	11	9
Theft and Handling Stolen Goods	221	111	114	3
Vehicle Theft / Unauthorised Taking	26	5	9	4
Violence Against the Person	156	126	93	-33
TOTAL	1051	637	507	

Prevention and Diversion

Research consistently highlights that children and young people who are exposed to multiple risks and disadvantage are more likely to become involved in crime and anti-social behaviour. Similarly, children and young people who engage in anti-social behaviour at an early age are more likely to become serious persistent offenders.

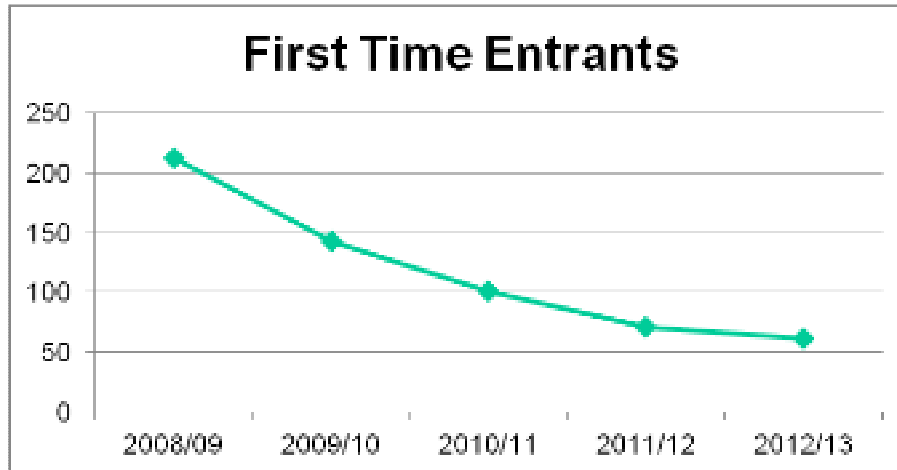
In addition to this, research highlights that young people involved in offending behaviour are more likely to experience significant difficulties during adulthood in relation to housing, health, relationships, substance misuse and employment.

Youth crime prevention and diversion is based on the premise that it is possible to change the life-course trajectories of young people by reducing risk factors that may lead to offending behaviour and building on protective factors that might help prevent offending.

It marks a concerted shift away from reactive spending towards early action and intervention through a range of programmes for young people who are deemed to be at risk of offending, which can result in better outcomes and greater value for money.

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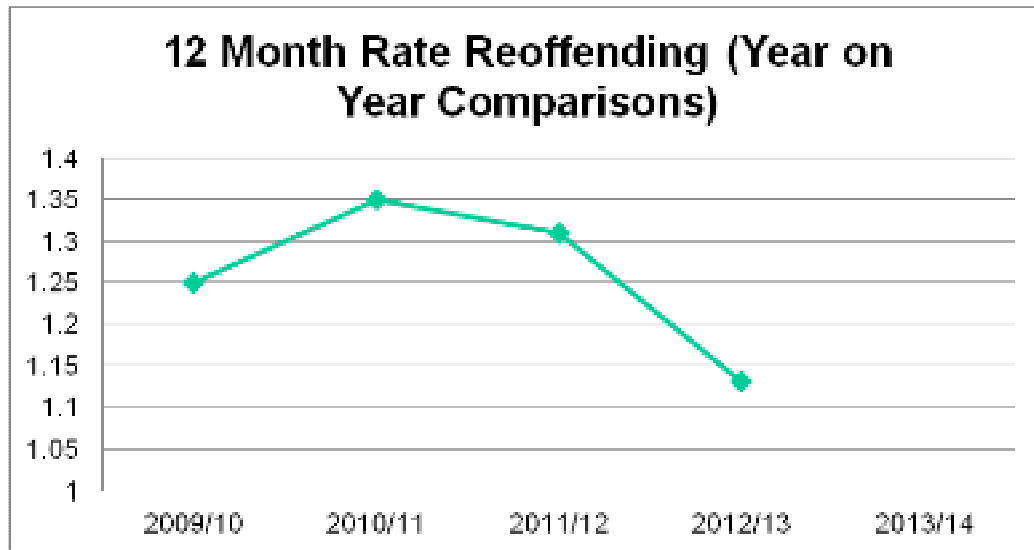
In recent years, Hartlepool Youth Offending Service and the broader youth justice partnership have placed a significant emphasis on the prevention of young people's involvement in crime and anti-social behaviour and this has had a notable impact upon the numbers of young people entering the Youth Justice System.



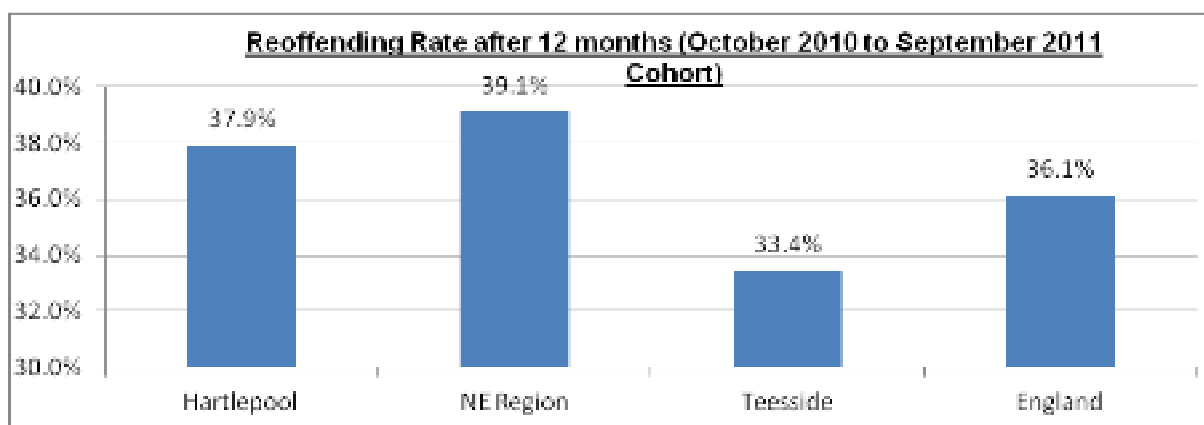
For young people whose behaviour has become more problematic robust pre-court interventions have proven to be highly successful in diverting young people away from further involvement in crime and anti-social behaviour through the use of interventions that whilst impressing upon the young people the seriousness and potentially damaging effect of their actions, do not criminalise the young people in the way that statutory court orders inevitably do.

Re-offending

On top of the continuing reductions in the numbers of young people entering the youth justice system for the first time, we are now starting to see a reduction in the rate of crime being committed by those young people who have previously offended.



However, the re-offending rate for young offenders in Hartlepool remains higher than both the Teesvalley average and the national average.



Data highlights that were a young person offends for the first time in Hartlepool 60% do not go on to re-offend. Analysis highlights that the service is dealing with a small number of persistent offenders (see below) who repeat offend;

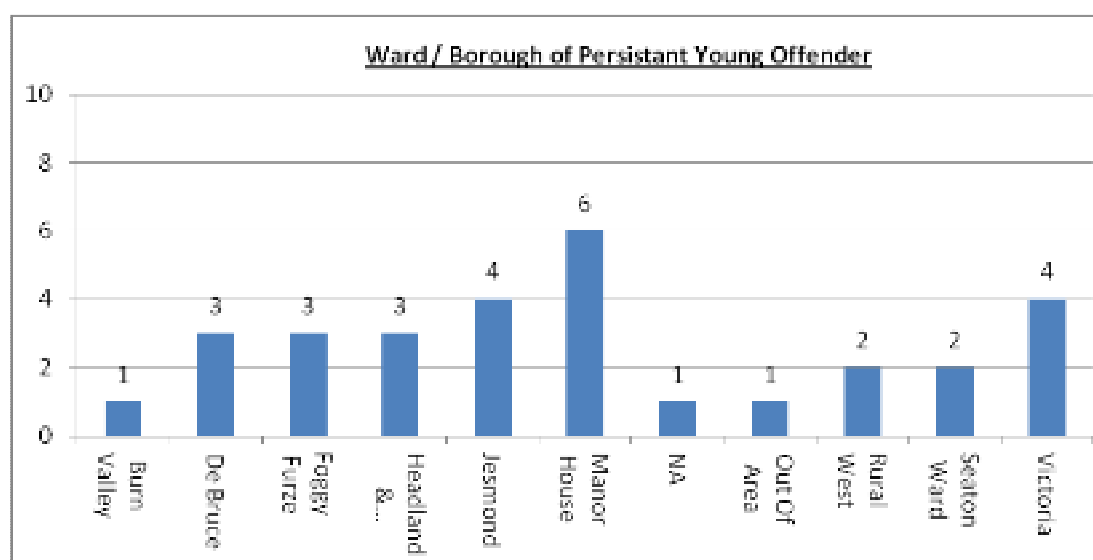
6.8 Appendix 1

often in line with broader lifestyle choices relating to substance misuse and the need to generate income to maintain substance misuse levels.

Number of Re-offences Committed

No. of Offenders	77	28	13	5	3	5	5	4	2	1	1	1
No. of Re-offences	0	1	2	3	4	5	6	7	8	10	13	14

This cohort of persistent young offenders are predominantly young men who are aged between 15 and 17 and who reside within Hartlepool's most deprived neighbourhoods.



These young people are often the most socially excluded and often have complex and deep rooted health and social problems such as:

- higher than average mental health needs
- higher levels of drug and alcohol use than for the general population and in particular 'heavy cannabis use'
- low educational attachment, attendance and attainment
- having family members or friends who offend
- higher than average levels of loss, bereavement, abuse and violence experienced within the family
- a history of family disruption

Working in partnership with the local 'Think Families – Think Communities' initiative will be key to supporting a greater understanding these underlying issues and addressing them in a holistic and co-ordinated way to provide “pathways out of offending”, reduce crime and break the cycle of offending behaviour across generations.

Victims of Youth Crime

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 Youth Offending Service is working hard to reduce the numbers of victims of crime, including the successful use of restorative justice to achieve this objective. Restorative Justice aims to give victims of crime a voice, choice and control in the criminal justice system. Personalised victim impact statements are collected to enable the offender to hear first-hand how their offence has impacted on the victim and wider community.

Restorative Justice in Hartlepool has contributed to the reduction in reoffending rates and repeat victimisation. Over the past 4 years victim satisfaction rates have significantly improved following participation in a Restorative Justice process. This year 96% of victims reported feeling very satisfied with their participation in restorative justice. 84% of offenders also showed an improved attitude towards the victim of their offence.

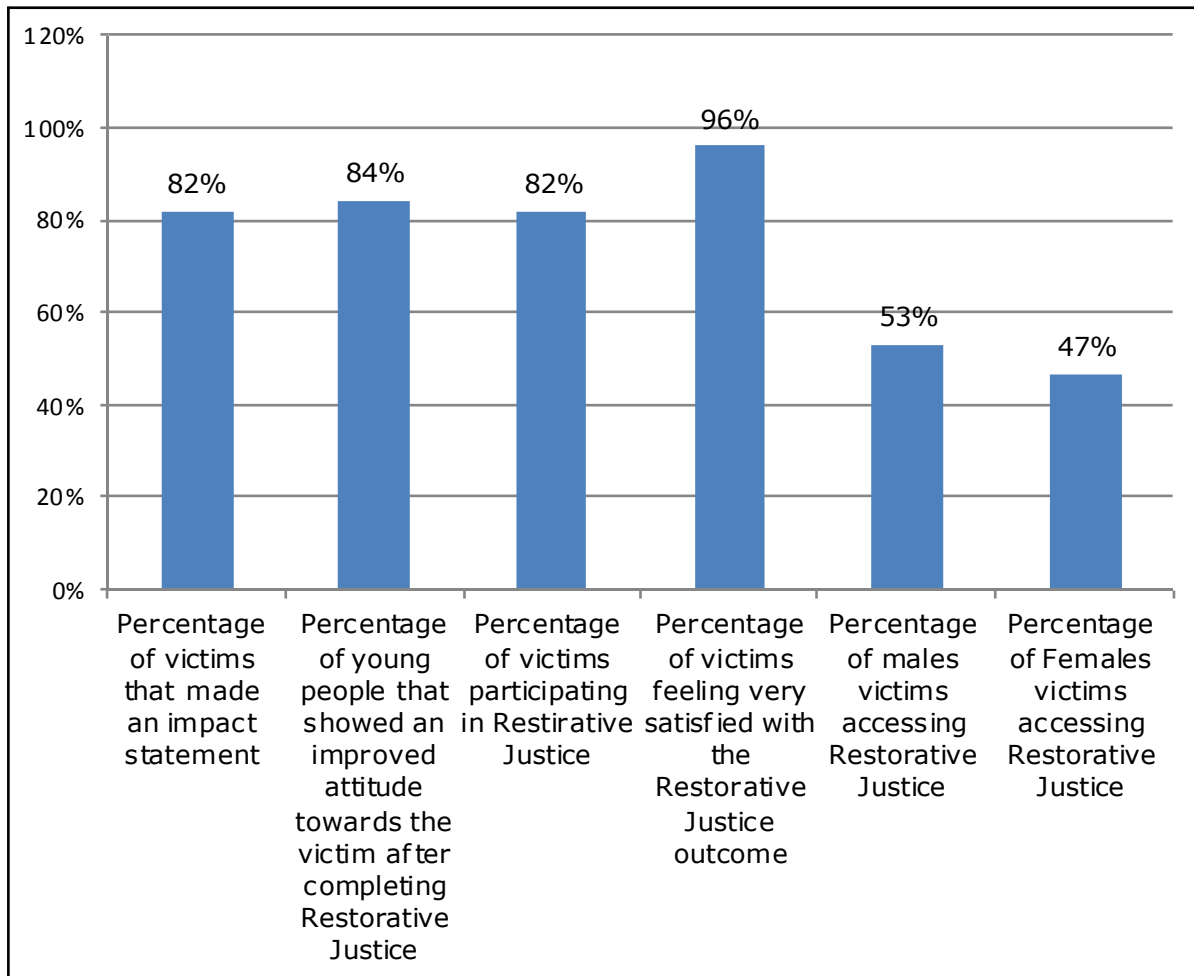
Victims of crime are helped to access appropriate support pathways that enable them to move on from the impact of crime. A personalised approach is taken to ensure that victims of crime in Hartlepool are placed at the centre. This includes ensuring that individual needs and wishes are fully taken into account. As a result we aim to visit all victims of crime so they are able to access pathways to support, including the option to participate in restorative justice.

Hartlepool is no different from many other areas across England. It has pockets of Anti-Social behaviour which tend to be more prevalent in some of our more disadvantaged areas. To tackle this we gather intelligence to identify the issues

6.8 Appendix 1

that are cause for concern, and are committed to using restorative justice to resolve issues of Anti-Social Behaviour and restore community confidence. To build on this, we are encouraging local communities to get involved in restorative justice and where possible volunteer their time to make a difference. This approach has been successful and we are now looking at how young people tend to migrate out of their local communities to commit crime and or anti-social behaviour.

Hartlepool recognises that females are more likely to suffer repeat victimisation in general; particularly in relation to domestic abuse. As a result Hartlepool is committed to providing services to stop this cycle of abuse from happening. Restorative Justice in some incidences can be used to help victims of domestic violence to tell the perpetrator how they feel about the abuse and how to stop it from reoccurring. Perpetrators of domestic violence are then supported to acknowledge how the victim feels with the aim of stopping cycles of abusive and harmful behaviour from reoccurring. Restorative Justice in Hartlepool has successfully resolved domestic incidents involving young people assaulting their parents/carers. As a result we are currently exploring the wider use of restorative justice to reduce the number of repeat domestic violence incidents in Hartlepool.



Quality of Service

In May 2013 a Short Quality Screening Inspection of Hartlepool Youth Offending Service was undertaken by Her Majesty's Inspectorate of Probation.

The Short Quality Screening inspection is an inspection of the initial assessment, planning, effective management and partnership working undertaken by a Youth Offending Service in response to young people who are subject to a court order.

The inspection focused upon the timelines and quality of the work undertaken to increase the likelihood of successful outcomes relating to:

- Reducing the likelihood of reoffending
- Protecting the public
- Protecting the child or young person
- Ensuring that the sentence is served

Overall, Her Majesty's Inspectorate of Probation found a 'very positive picture' in Hartlepool. The Inspectors reported that Hartlepool Youth Offending Service can be 'rightly proud of the substantial progress it has made since our previous inspection in 2011'. The inspectors highlighted that staff were well supported, committed and were delivering high quality services. They produced good quality assessments and plans and had ready access to an appropriate range of services.

The Inspectors found that Hartlepool Youth Offending Service had responded to its previous inspection by implementing a range of measures aimed at improving the quality of their work. This included co-locating the team with relevant partner services and developing practice guidance for work that tackled risk of harm to others, vulnerability and compliance.

The Short Quality Screening inspection determined that staff had welcomed these developments and had incorporated them into their practice. The inspectors found that the Hartlepool Youth Offending Service staff were well trained and supported in their work and that they were clear about what was required of them. The inspectors reported that staff were aware of the principles of effective practice and of the local policies and procedures that related to addressing risk of harm, vulnerability and compliance in their work with children and young people.

The best aspects of work that the inspectors found in Hartlepool included:

- There was routine engagement with children and young people and with their parents/carers in carrying out initial assessments and in case planning. This was often in the face of challenging circumstances and we noted the determination and persistence shown by staff in this respect.
- The assessments of risk of harm and vulnerability issues were of good quality and reflected the skills and experience of staff and the organisational support that underpinned their work.

The areas for improvement identified were:

- In all cases, assessments, plans and reviews of work to tackle risk of harm and vulnerability should be timely.
- There was scope for further improving the quality of the work by ensuring that plans fully reflected the breadth of the issues that had been identified in the assessments undertaken in the cases.

These areas for improvement were swiftly addressed through the development of an action plan.

4 RESOURCES AND VALUE FOR MONEY

Adequate resourcing and the appropriate use of resources underpin the ability of the Youth Offending Service to deliver high quality services. The Youth Offending Service budget is made up of a central grant from the Youth Justice Board and contributions from statutory partners (Health, Children's Social Care, Police and Probation).

Funding from the national Youth Justice Board for 2014-2015 has remained at the same level to the previous year. However, contributions from some statutory partners will inevitably reduce in light of significant reductions in their own funding arrangements. As a consequence it is anticipated at this stage that the overall budget for the Youth Offending Service will be 3.8% less than 2013/2014.

Alongside this, in 2013-2014 Hartlepool Youth Offending Service was able to secure the funding diverted by the Home Office from Youth Offending Services Service's to support the introduction of the Police & Crime Commissioners.

Hartlepool Youth Offending Service has again applied to the Cleveland Police and Crime Commissioner to secure this money for 2014 – 2015 to support the ongoing continuation of the local Triage and the emphasis on Out of Court Disposals.

5 STRUCTURE AND GOVERNANCE

Governance

The Youth Offending Service is located within the Prevention, Safeguarding and Specialist Services Division of Child and Adult Services. The Management Board is chaired by a local Chief Inspector and is made up of representatives from Child and Adult Services, Police, Probation, Health, Courts, Housing, Youth Support Services, Community Safety and the local Voluntary and Community Sector. Effective integrated strategic partnership working and clear oversight by the Management Board are critical to the success and effective delivery of youth justice services in Hartlepool.

The board is directly responsible for:

- determining how appropriate youth justice services are to be provided and funded;

- overseeing the formulation each year of a draft youth justice plan;

- agreeing measurable objectives linked to key performance indicators as part of the youth justice plan'

- ensuring delivery of the statutory aim to prevent offending by children and young people.

- giving strategic direction to Youth Offending Service Manager and Youth Offending Service Team

- providing performance management of the prevention of youth crime and periodically report this to the Safer Hartlepool Executive Group.

- promoting the key role played by the Youth Offending Service within local integrated offender management arrangements.

The Management Board is clear about the priority areas for improvement, and monitors the delivery of the Youth Justice Strategic Plan, performance and prevention work. It is well attended and receives comprehensive reports relating to performance, finance and specific areas of service delivery.

6.8 Appendix 1

Members of the Board are knowledgeable, participate well in discussions and are members of other related boards, which contribute to effective partnership working at a strategic level. Board meetings are well structured and members are held accountable.

The membership of the Board is as follows:

Lynn Beeston Chair	Local Police Area Commander
Mark Smith	Head of Youth Support Services (incorporating YOS Manager functions)
Sally Robinson	Assistant Director - Prevention, Safeguarding & Specialist Services Hartlepool Borough Council
Dean Jackson	Assistant Director – Performance and Achievement Hartlepool Borough Council
Lucia Saiger	Director of Offender Services - Durham Tees Valley Trust
Louise Hurst	Deputy Youth Offending Service Manager
Emma Rutherford	Education Inclusion Co-ordinator
Paul Whittingham	Commissioning Manager NHS
Lindsey Robertson	Community Services Manager for Children and young people North Tees & Hartlepool NHS Foundation
Lynda Igoe	Principal Housing Officer Hartlepool Borough Council
Sally Forth	Community Safety Manager Hartlepool Borough Council
Dave Wise	Chair of the West View Project (Voluntary/Community Sector representative).

The Youth Offending Service Manager and nominated officers from within the Youth Offending Service are members of strategic boards relevant to young people who offend. For example representatives sit on the Criminal Justice Intervention Managers Partnership, 11-19 Strategic Board, Secondary

6.8 Appendix 1

Behaviour and Attendance Partnership, Parenting Strategy Board, Substance Misuse Steering Group, Pupil Referral Unit Management Board, Social Inclusion Strategy Group and Multi Agency Public Protection Arrangements (MAPPA). The Youth Offending Service is also represented on the Children's Strategic Partnership, Local Safeguarding Children Board, Health and Well-being Board and the Crime and Disorder Reduction Partnership.

6 PARTNERSHIP ARRANGEMENTS

Hartlepool Youth Offending Service is a statutory partnership which includes, but also extends beyond, the direct delivery of youth justice services. In order to deliver youth justice outcomes it must be able to function effectively in both of the two key sectors within which it operates, namely:

criminal justice services.

services for children and young people and their families.

The Youth Offending Service contributes both to improving community safety and to safeguarding and promoting the welfare of children and in particular protecting them from significant harm. Working Together to Safeguard Children highlights the need for Youth Offending Services to work jointly with other agencies and professionals to ensure that young people are protected from harm and to ensure that outcomes for local children, young people and their families are improved.

Many of the young people involved with the Youth Offending Service are amongst the most vulnerable children in the borough and are at greatest risk of social exclusion. The Youth Offending Service's multi-agency approach ensures that it plays a significant role in meeting the safeguarding needs of these young people. This is achieved through the effective assessment and management of vulnerability and risk and through working in partnership with other services, for example Children's Social Care, Health and Education to ensure young people's wellbeing is promoted and they are protected from harm.

In order to generate effective outcomes for children and young people who offend or are at risk of offending the Youth Offending Service has in place effective partnership arrangements and is an important delivery partner for the Safer Hartlepool Partnership and the Children and Young Peoples Strategic

Partnership. This close relationship is embedded in Hartlepool's 'Crime, Disorder, and Drugs Strategy' and 'Children and Young People's Plans'.

7 RISKS TO FUTURE DELIVERY

There are many factors that have the capacity to have an adverse impact on the Youth Offending Service in the coming twelve months and potentially beyond.

Secure Remand Costs

The service continues to contend with the financial risks inherent in remand costs following the decision to transfer financial responsibility to Local Authorities for the funding of all remands to Youth Detention Accommodation (A secure Children's Home; a Secure Training Centre; a Young Offender Institution) following the passing of Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act in 2012.

In 2013 – 2014 Hartlepool incurred a total of **115 days** at an approximate combined cost of **£77k** which at this stage represents an estimated **27k** overspend against the monies allocated to Hartlepool.

The financial pressure lies in:

- a) the unpredictability of a youth from Hartlepool being charged with a serious offence which then runs for several months whilst waiting to be dealt with in Crown Court. This could result in a lengthy period on remand for the young person.
- b) the desire to advocate for secure arrangements that are commensurate with the young persons needs.

And it will be essential that the service can demonstrate to magistrates going forward that there are robust and comprehensive alternatives in place to support reductions in the use of remands and custody.

The Anti-social Behaviour, Crime and Policing Bill

These recent reforms set out in the Anti-social Behaviour, Crime and Policing Bill are intended to ensure that 'professionals have effective powers that are quick, practical and easy to use, provide better protection for victims and communities and act as real deterrents to perpetrators of anti-social behaviour.

However, it has been highlighted that the grounds of the new civil injunction - 'preventing nuisance and annoyance' and that it is 'just and convenient' – constitute a lower threshold than that for current anti-social behaviour orders.

For example, a civil injunction can be made on the basis of the balance of probabilities. This is a weaker test than currently in place for ASBOs which are subject to a 'heightened civil standard' of proof. Like ASBO's, the new provisions allow the use of hearsay evidence.

Alongside this, the inclusion of positive requirements in civil injunctions and criminal behaviour orders may support some children to address their problem behaviour. However, they are also likely to make compliance harder for children, resulting in more breaches. Children with learning disabilities, communication difficulties, mental health problems and low literacy have difficulty understanding what is expected of them, and what will happen if they fail to comply. Children may lack parental support to ensure they stick to positive requirements. Take-up of Individual Support Orders at present is limited, and many have questioned whether take-up of the new requirements will be significant.

Access to suitable support locally is already highly variable, and is likely to be limited by current budgetary pressures, which are reducing levels of youth service provision and positive activities, with the greatest reductions focused on disadvantaged localities with high levels of anti-social behaviour.

It is hard to predict the likely impact of the provisions in practice on levels of anti-social behaviour by children. However, it is becoming increasingly accepted

that aspects of the Bill are likely to lead to an increase in the number of children being subject to civil injunctions, more breaches of orders and injunctions, and more children being sent to custody.

It will be essential that the service works closely with Police and the local Community Safety Team to ensure that orders support local children and young people to address their problem behaviour, whilst ensuring that the correct support arrangements are secured to enable them to fully comply with requirements stipulated within the orders.

Decision to Transfer Youth Court Listings to Teesside Magistrates

From April 2014 local young people listed to appear before magistrates will be required to present at Teesside's Magistrates in Middlesbrough. It is anticipated that this additional requirement is likely to have a significant impact upon the ability of local young people and their families to attend court as and when specified and is likely to have the following consequences:

- Cost and time taken to get to Middlesbrough to attend court – families using public transport will have to set off very early and this is expensive. These are generally the families with little spare capacity in weekly budgets.
- Likely increase in non-attendance at court and issuing of warrants which will result in significant police time in chasing these up.
- Travel to and from Middlesbrough court by Youth Offending Service staff will result in a pressure on resources.
- There is the potential of significant expenses being incurred if Hartlepool has to seek internet access through installation of a fixed line at Teesside Magistrates.

6.8 Appendix 1

- The whole principle of “local justice” will seem less likely. Hartlepool YOS has a good working relationship with all court staff and other users (Solicitors / Magistrates /Security Staff etc)

It will be essential that the service works closely with Teesside's Magistrates to develop a similar relationship to the one experienced in Hartlepool.

Alongside this, the impact on local re-offending rates will need to be keenly monitored to determine if the inability of young people and their families to attend Teesside Magistrates has an adverse impact upon local resources and affects local performance in relation to the reduction of re-offending by young people.

Strategic Summary

In spite of the adversities that families and communities contend with in Hartlepool the local Youth Justice Partnership has had significant success in recent years in terms of preventing and reducing youth offending behaviour.

However, an emphasis on prevention and diversion needs to be maintained and in spite of recent reductions in re-offending, the rate of re-offending in Hartlepool continues to be higher than the Tees Valley average and national average.

Evidence highlights that it is often the complex interplay of multiple deprivation factors and difficulties that makes problems in some households insurmountable and places the children at significant risk of involvement in anti-social and offending behaviour. As a result there is a need to place an even greater emphasis on whole family interventions to create “pathways out of offending”, reduce crime and break the cycle of offending behaviour across generations.

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 and there remains a need to continue to invest in the delivery of restorative approaches to give victims of crime a voice, choice, control and satisfaction in the criminal justice system.

Alongside the above, there has been a significant shift in the local delivery landscape, such as changes to commissioning arrangements, the transfer of financial burdens associated with the remand of young people to the Local Authority and the decision to transfer Youth Court listings to Teesside Magistrates.

Clearly, the Youth Offending Service and broader Youth Justice Partnership will need to be proactive in addressing the above challenges to ensure it continues to achieve its central aim of preventing offending by children and young people.

Proposed Strategic Objectives and Priorities

Based upon the findings from the Strategic Assessment, it is proposed that the Youth Offending Service and broader youth justice Partnership focuses on the following key strategic objectives during 2014 - 15:

Youth Justice Strategic Priorities
Re-offending - reduce further offending by young people who have committed crime
Early Intervention and Prevention – sustain the reduction of first time entrants to the youth justice system by ensuring that their remain strategies and services in place locally to prevent children and young people from becoming involved in crime and anti-social behaviour.
Remand and Custody – demonstrate that there are robust and comprehensive alternatives in place to support reductions in the use of remands and custody.
Restorative Justice – ensure all victims of youth crime have the opportunity to participate in restorative justice approaches and restorative justice is central to work undertaken with young people who offend.
Risk and Vulnerability – ensure all children and young people entering or at risk of entering the youth justice system benefit from a structured needs assessment to identify risk and vulnerability to inform effective intervention and risk management.
Think Family – embed a whole family approach to better understand the true impact of families in our communities and improve our understanding of the difficulties faced by all members of the family and how this can contribute to anti-social and offending behaviour.
Maintain Standards – ensure that all assessments, reports and interventions developed by the Youth Offending Service are effective and of a high quality.
Effective Governance – ensure that the Youth Offending Strategic Management Board will be a well constituted, committed and knowledgeable Board which scrutinises Youth Offending Service performance.

The local Youth Justice Strategic Plan for 2014 – 2015 will establish

responsibility across the Youth Offending Service and the Youth Offending Strategic Board for taking each improvement activity forward within agreed timescales.

Hartlepool Youth Justice Partnership



AUDIT AND GOVERNANCE COMMITTEE

17th April 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 3 – October 2013 to December 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 1**) provides an overview of Safer Hartlepool Partnership performance during Quarter 3, comparing current performance to the same time period in the previous year, where appropriate.

3. PROPOSALS

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

4. EQUALITY AND DIVERSITY CONSIDERATIONS

- 4.1 There are no equality of diversity implications.

5. SECTION 17

- 5.1 There are no Section 17 implications.

6. RECOMMENDATIONS

- 6.1 The Audit and Governance Committee note and comment on partnership performance in Quarter 3.

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 Oct 13 – Dec 13	Actual Difference	% Difference
All Recorded Crime	6,492	Reduce	1,552	-83	-5.1%
Domestic Burglary	297	Reduce	68	5	7.9%
Vehicle Crime	375	Reduce	150	32	27.1%
Shoplifting	774	Reduce	182	-28	-13.3%
Local Violence	1,111	Reduce	268	-49	-15.5%
Repeat Incidents of Domestic Violence - MARAC	22%	Reduce	29%	8	33.3%

Strategic Objective: Reduce the harm caused by Drugs and Alcohol

Indicator Name	Baseline 2012/13	Local Directional Target 2013-14	Current Position Oct 13 – Dec 13	Actual Difference	% Difference
Number of substance misusers going into effective treatment – Opiate	690	3% Increase			
Proportion of substance misusers that successfully complete treatment - Opiate	7.6%	12%		Awaiting Data	
Proportion of substance misusers who successfully complete treatment and represent back into treatment within 6 months of leaving treatment	15%	10%			
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	23	1	4.5%

Strategic Objective: Create Confident, Cohesive and Safe Communities

Indicator Name	Baseline 2012/13	Local Directional Target 2013-14	Current Position Oct 13 – Dec 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	1,638	27	1.7%
Deliberate Fires	212	Reduce	70	12	20.6%
Criminal Damage to Dwellings	491	Reduce	116	-19	-14.0%
Hate Incidents	101	Increase	26	-1	-3.8%

Strategic Objective: Reduce Offending & Re-Offending

Indicator Name	Baseline 2012/13	Local Directional Target 2013-14	Current Position Oct 13 – Dec 13	Actual Difference	% Difference
Re-off ending rate of young offenders	1.13 (44 offences) (39 offenders)	Reduce	0.94 (49 offences) (46 offenders)		
First-Time Entrants to the Criminal Justice System	60	Reduce	39	-7	-15.2%
Re-off ending rate of Prolific & Priority Offenders	2.4 (94 convictions)	Reduce	2.5 (101 convictions)		
Re-off ending rate of High Crime Causers	7.8 (255 convictions)	Reduce	4.1 (167 convictions)		
Number of Troubled Families engaged with	97	242	242		
Number of Troubled Families where results have been claimed	0	121	56		

**Recorded Crime in Hartlepool
October 2013 – December 2013**

Publicly Reported Crime (Victim Based Crime)				
Crime Category/Type	Oct 12 - Dec 12	Oct 13 - Dec 13	Change	% Change
Violence against the person	317	268	-49	-15.5%
Violence with injury	178	172	-6	-3.4%
Violence without injury	139	96	-43	-30.9%
Sexual Offences	17	19	2	11.8%
Rape	8	7	-1	-12.5%
Other Sexual Offences	9	12	3	33.3%
Acquisitive Crime	764	763	-1	-0.1%
Domestic Burglary	63	68	5	7.9%
Other Burglary	112	91	-21	-18.8%
Robbery – Personal	7	9	2	28.6%
Robbery - Business	3	1	-2	-66.7%
Vehicle Crime (Inc Inter.)	118	150	32	27.1%
Shoplifting	210	182	-28	-13.3%
Other Theft	251	262	11	4.4%
Criminal Damage & Arson	338	318	-20	-5.9%
Total	1436	1368	-68	-4.7%
Police Generated Offences (Non -Victim Based Crime)				
Crime Category/Type	Oct 12 - Dec 12	Oct 13 - Dec 13	Change	% Change
Public Disorder	39	49	10	25.6%
Drug Offences	102	103	1	1.0%
Trafficking of drugs	19	22	3	15.8%
Possession/Use of drugs	83	81	-2	-2.4%
Crime Prevented/Disrupted	31	25	-6	-19.4%
Other State based/Non Victim	10	7	-3	-30.0%
Total Police Generated Offences	182	184	2	1.1%
Fraud & Forgery	17	0	-17	-100.0%
TOTAL RECORDED CRIME IN HARTLEPOOL	1635	1552	-83	-5.1

Recorded Crime in Cleveland October 2013 – December 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	268	2.9	256	1.9	541	4.0	448	2.4	1513	2.8
Violence with injury	172	1.9	171	1.3	320	2.4	271	1.4	934	1.7
Violence without injury	96	1.1	85	0.6	221	1.6	177	0.9	579	1.1
Sexual Offences	19	0.2	46	0.3	39	0.3	38	0.2	142	0.3
Rape	7	0.1	16	0.1	12	0.1	9	0.0	44	0.1
Other Sexual Offences	12	0.1	30	0.2	27	0.2	29	0.2	98	0.2
Acquisitive Crime	763	8.4	1166	8.7	1763	12.9	1311	7.0	5003	9.1
Domestic Burglary	68	1.7	103	1.7	206	3.6	106	1.3	483	2.0
Other Burglary	91	1.0	188	1.4	173	1.3	143	0.8	595	1.1
Robbery – Personal	9	0.1	8	0.1	36	0.3	11	0.1	64	0.1
Robbery - Business	1	0.0	3	0.0	1	0.0	1	0.0	6	0.0
Vehicle Crime (Inc Inter.)	150	1.6	145	1.1	304	2.2	222	1.2	821	1.5
Shoplifting	182	2.0	310	2.3	512	3.8	338	1.8	1342	2.4
Other Theft	262	2.9	409	3.1	531	3.9	490	2.6	1692	3.1
Criminal Damage & Arson	318	3.5	516	3.9	642	4.7	600	3.2	2076	3.8
Total	1368	15.0	1984	14.8	2985	21.9	2397	12.8	8734	15.9
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	49	0.5	64	0.5	127	0.9	86	0.5	326	0.6
Drug Offences	103	1.1	62	0.5	200	1.5	137	0.7	502	0.9
Trafficking of drugs	22	0.2	9	0.1	18	0.1	16	0.1	65	0.1
Possession/Use of drugs	81	0.9	53	0.4	182	1.3	121	0.6	437	0.8
Crime Prevented/Disrupted	25	0.3	24	0.2	50	0.4	30	0.2	129	0.2
Other State based/Non Victim	7	0.1	14	0.1	13	0.1	15	0.1	49	0.1
Total Police Generated Offences	184	2.0	164	1.2	390	2.9	268	1.4	1006	1.8
Fraud & Forgery	0	0.0	2	0.0	2	0.0	0	0.0	4	0.0
TOTAL RECORDED CRIME	1552	17.0	2150	16.1	3377	24.8	2665	14.2	9744	17.7
Quarterly Year on Year Comparison	Reduced by 5.1%		Increased 0.3%		Reduced by 7.7%		Reduced by 10.3%		Reduced by 6.4%	

Anti-social Behaviour in Hartlepool
October 2013 – December 2013

Incident Category	Oct 12 - Dec 12	Oct 13 - Dec 13	Change	% Change
AS21 - Personal	503	400	-103	-20.5%
AS22 - Nuisance	1066	1196	130	12.2%
AS23 - Environmental	42	42	0	0.0%
Total	1611	1638	27	1.7%

Anti-social Behaviour in Cleveland
October 2013 – December 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	400	4.4	612	4.6	723	5.3	762	4.1	2497	4.5
AS22 - Nuisance	1196	13.1	1529	11.4	2067	15.1	2284	12.2	7076	12.9
AS23 - Environmental	42	0.5	47	0.4	88	0.6	82	0.4	259	0.5
Total	1638	18.0	2188	16.3	2878	21.0	3128	16.6	9832	17.9
Quarterly Year on Year Comparison	Reduced by 1.7%		Increased by 6.2%		Increased by 9.3%		Increased by 8.0%		Increased by 6.8%	

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

13 February 2014

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

Present:

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

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors Ged Hall, Geoff Lilley and 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
Director of Child and Adult Services, Hartlepool Borough Council – Gill Alexander
Representatives of Healthwatch - Margaret Wrenn and Stephen Thomas.

Other Members:

Director of Regeneration and Neighbourhoods, Hartlepool Borough Council – Denise Ogden
Representative of the NHS England – Caroline Thurlbeck
Representative of Hartlepool Voluntary and Community Sector – Tracy Woodhall
Representative of North Tees and Hartlepool NHS Foundation Trust – Alan Foster

Observer – Representative of the Audit and Governance Committee, Hartlepool Borough Council – Councillor Keith Fisher

In accordance with Council Procedure Rule 5.2 (ii) the following substitutes were in attendance:-

Petrina Smith as substitute for Nichola Fairless, North East Ambulance NHS Trust
David Brown as substitute for Martin Barkley, Tees Esk and Wear Valley NHS Trust

Also in attendance:- Mike McGuire, Chair, Durham, Darlington and Tees Local Professional Network (Pharmacy) (LPN)

Officers: Andy Graham, Public Health Registrar
 Jill Harrison, Assistant Director, Adult Services
 Karen Hawkins, Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Dr Phillipa Walters, Tees Valley Public Health Shared Service
Amanda Whitaker, Democratic Services Team

59. Apologies for Absence

Chief Executive, Hartlepool Borough Council – Dave Stubbs
Representative of North East Ambulance NHS Trust – Nichola Fairless
Representative of Cleveland Fire Brigade – Steve McCarten
Representative of Tees Esk and Wear Valley NHS Trust – Martin Barkley

60. Declarations of interest by Members

None

61. Minutes

The minutes of the meeting held on 9 December 2013 were confirmed.

The representative of Hartlepool Voluntary and Community Sector referred to the Palliative Care review and advised that it appeared that the outcome of the Review would certainly come into effect on 1 April 2015. The Chair advised that in accordance with minute 56, a report would be submitted to the next meeting of the Board on the development and implementation of the End of Life Strategy and the wider implications of the Strategy.

62. Better Care Fund (BCF) Programme for Hartlepool

(Director of Child and Adults and Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group)

With reference to minute 53 of the meeting of the Board held on 9 December 2013, the report set out further information regarding the Better Care Fund (formerly the Integration Transformation Fund) including the latest guidance, financial allocations and timescales. The report included the draft plan for approval by the Board and outlined next steps with regard to the submission of the final Plan.

The Board was advised that the deadline for submission of the final Plan was 4 April 2014. The next scheduled meeting of this Board was 10 March which could be a challenging timescale in terms of final BCF documentation being available for consideration at that meeting. The Board agreed it was appropriate, therefore, to change the date of the next meeting of the Board.

Board Members expressed appreciation of the work which had been undertaken by Local Authority and Clinical Commissioning Group Officers in a challenging timeframe and expressed support of the draft Plan. It was highlighted that the Better Care Fund had been created to promote the integration of health and social care services that supported some of the most vulnerable population groups. The key risk area was highlighted as the ability

to deliver and the forthcoming year was essential, therefore, in ensuring delivery of the Plan. The Board was advised that there was a high probability that benefits would start to be seen within the next year.

A representative of Healthwatch highlighted issues associated with work which had been undertaken by the organisation relating to domiciliary care. Problems in relation to hospital discharge into the community had been highlighted where there was a need for appropriate funding and interaction between agencies.

Decision

- (i) The draft Better Care Fund Plan for Hartlepool was approved.
- (ii) The Board agreed to change the date of the next meeting of the Board from 10th March to a date during week commencing 24th March, the date and time to be agreed by the Chair.

63. Safer Hartlepool Partnership's Draft Community Safety Plan 2014-17 *(Director of Regeneration and Neighbourhoods)*

The comments of the Board were sought on the first draft of the Community Safety Plan 2014-17. In accordance with the Crime and Disorder Act 1998 and the Crime and Disorder Regulations 2007, the Safer Hartlepool Partnership was required to produce a three year Community Safety Plan to set out how it intended to tackle crime and disorder, substance misuse and re-offending in Hartlepool. The current Hartlepool Community Safety Plan which had been developed during 2010/11 would end in March 2014.

The Safer Hartlepool Partnership strategic assessment, executive summary attached at Appendix 1, included the analysis of a wide range of local crime, anti-social behaviour, substance misuse and offending data combined with the results of community consultation. The first draft of the proposed Community Safety Plan 2014-17 had been circulated at Appendix 2.

Board Members were advised that the draft plan was being consulted upon in accordance with the Voluntary and Community Sector Strategy undertakings. The results of the consultation on the first draft of the Community Safety Plan 2014 -17 would be considered and used to inform the production of the second draft which would be presented to the Safer Hartlepool Partnership in March 2014, before being considered by full Council for adoption in April 2014.

Reference was made to a statement included in the Executive Summary which related to drug use where successful treatment completions remained below the national average, with almost one third of clients retained in treatment for 6 or more years. Social costs associated with drug use were highlighted together with the complexities of the multi factor issues associated with health inequalities. Partnership working was recognised as essential to address the issues which had been highlighted. It was noted that a report was

due to be submitted to the Council's Finance and Policy Committee on the Substance Misuse Treatment Plan. It was suggested that it would be appropriate for a comprehensive report to be submitted to the Board on the impact and challenges of drug use and its implications on health and social care. It was suggested that it would be appropriate for the report to be submitted to the Board in conjunction with 'the review of prescribing and distribution arrangements of methadone within Hartlepool pharmacies' report which was to be submitted to a future meeting of the Board by Healthwatch.

Decision

- (i) The draft Community Safety Plan 2014-17 was noted by the Board.
- (ii) It was agreed that a comprehensive report be submitted to the Board on the impact and challenges of drug use and its implications on health and social care.

64. **Pharmaceutical Needs Assessment** (*Director of Public Health*)

With reference to minute 32 of the Board meeting held on 16 September 2013, the report reminded Members of the intention to publish the Board's first Pharmaceutical Needs Assessment (PNA) by 1 April 2015. The PNA which had been inherited from Hartlepool PCT was being used by NHS England (Durham, Darlington Tees Area Team), directing decision-making on the commissioning of pharmaceutical services in the area.

Dr Phillipa Walters, Tees Valley Public Health Shared Service (TVPHSS), advised the Board that when assessing the PNA and associated Refresh documents inherited from the PCT against the 2013 Regulations, it had to be acknowledged that the Assessment was intended to 'expire' in Feb 2014. Consequently, notwithstanding any changes to pharmaceutical services and related NHS services that had taken place since first publication in 2011, and without prejudice to the assessment of need described in the existing PNA, the Board was advised to formally report that the Pharmaceutical Needs Assessment of NHS Hartlepool 2011 was under review. The Board was similarly advised to formally commence the process leading to publication of a revised assessment, its own first PNA; with a planned publication date in March 2015. It was highlighted that the Director of Public Health had identified two PNA Champions from within the Public Health team, to work within the context of this shared resource to lead the PNA development process for Hartlepool. The Board was advised that a draft PNA would be presented to the Board for approval mid-late summer 2014 prior to formal 60-day consultation to include those stakeholders identified in Part 2, Regulation 8 (1) of the 2013 Regulations as set out in the report. This was a critical part of the development process that the Director of Public Health, and the Board, acknowledges the commitment to resource. The final draft of the PNA would then be presented to the Board in late 2014/early 2015 to ensure approval and readiness for final formal publication in March.

The Board was advised that in the intervening time, the Board (facilitated by

TVPHSS) was still required to

- (a) respond to any consultation request from NHS England in respect of pharmacy applications
- (b) undertake the decision-making required in relation to the publishing of any associated Supplementary Statement and
- (c) maintain and publish an up to date map as required
- (d) respond, when consulted by a neighbouring Health and Wellbeing Board on a draft of their PNA; the Health and Wellbeing Board must consult with the Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC) for its area (unless the areas are served by the same LPC and/or LMC) and have regard for the representations from these committee(s) before making its own response to the consultation.

The Director of Public Health advised that a report would be submitted to the next meeting of the Board in relation to the Notification of Applications to join Pharmaceutical list. However, in view of the agreement earlier in the meeting to change the date of the next meeting of the Board, the agreement of the Board was sought to delegating authority to the Director of Public Health to deal with an application which had been submitted.

During the discussion which followed presentation of the report, Board Members discussed issues associated with the broad spectrum of services covered by pharmacies.

Decision

- (i) The Board acknowledged the content of the Report including the outline plan and timetable towards the first PNA of the Hartlepool HWB, commencing immediately.
- (ii) The Board agreed that
 - a Statement (or a link to a Statement) reporting this will thereafter be available on the HWB website as follows:
“Hartlepool Health and Wellbeing Board understands its statutory duties in relation to Pharmaceutical Needs Assessment and intends to publish its own first PNA within the required timeframe. The HWB acknowledges that the PNA inherited from their respective PCT was, according to the Regulations in place at the time, intended to ‘expire’ in Feb 2014. Notwithstanding any changes to pharmaceutical services and related NHS services that have taken place since first publication, and without prejudice to the assessment of need described in the existing PNA, the HWB for Hartlepool formally reports that the Pharmaceutical Needs Assessment of NHS Hartlepool (2011) is under review. Hartlepool HWB has commenced the process leading to publication of a revised assessment, its own first PNA; with a planned publication date in March 2015.”

- TVPHSS continue to facilitate and advise on all issues related to the PNA on behalf of the HWB as noted above
 - Agenda items related to consultation, review, maintenance (including Supplementary Statements) and future publication of the Hartlepool PNA be received as required at future Board meetings.
- (iii) Authority was delegated to the Director of Public Health to deal with a pharmaceutical application which had been submitted.
- (iv) It was agreed that a report would be submitted to the next meeting of the Board regarding delegation arrangements in respect of applications to join pharmaceutical list.

65. Sub Group Structure of Health and Wellbeing Board

(Director of Child and Adult Services, Chief Officer Hartlepool and Stockton-on-Tees Clinical Commissioning Group and Director of Public Health)

In May 2013 the Health and Well Being Board had agreed a terms of reference that had included establishing sub groups to support the work of the Board. The Children's Strategic Partnership had been included in the terms of reference as a formal subcommittee of the Board as its origins were as a Children's Trust under the Children Act 2004.

The statutory responsibilities of the Board were set out in the report. The Children's Partnership, proposed engagement forums and joint commissioning executive would support the delivery of those duties. It was proposed that two engagement forums be established as illustrated in the diagram submitted to the Board. One would focus on issues affecting vulnerable adults and the other with health inequalities. The purpose of both forums was to develop a shared understanding of needs; contribute to the evaluation of services and influence strategic planning and commissioning priorities. It was proposed that the forums include both commissioners and providers of services from statutory and non statutory sectors to ensure a comprehensive understanding of need.

It was proposed that the vulnerable adults' forum be chaired jointly by the Director of Child and Adults and the Chief Officer of the Clinical Commissioning Group and the health inequalities forum be chaired by the Director of Public Health.

It was proposed also that a joint health and local authority commissioning executive be established to develop commissioning strategies for children and adult services. The executive would develop and monitor new integrated service delivery models. It was proposed that the commissioning executive would include representatives from the Clinical Commissioning Group, public health, adult social care, children's education and social care. The executive would drive forward development work through time limited workstreams. The workstreams would focus on pathways of care to deliver improved outcomes for people through integrated multi-agency working.

Board Members welcomed the proposals which supported the significant work which had been undertaken already and which would introduce a meaningful

process to support the Board. The Director of Child and Adult Services provided reassurance that the Forums would allow dialogue with the voluntary and community sector.

Decision

- (i) The creation of two engagement forums and a joint commissioning executive to support the work of the Health and Wellbeing Board was supported by the Board.
- (ii) That a representative of NHS England be added to the membership of the commissioning executive.

66. **Everyone Counts: Planning for Patients 2014/15 to 2018/19** (*Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group*)

Karen Hawkins advised the Board that the report set out an overview of the planning guidance issued on the 20th December 2013 for commissioners. The guidance set out the ambition for the NHS over the years ahead, including a focus on outcomes for patients. It described a series of changes to the way health services were delivered that were considered required to deliver improved outcomes within the resources that are available to the NHS. The guidance also set out the steps expected of commissioners to take in order to achieve the ambitions identified. It explained the planning requirements to develop 5 year strategic plans (for 2014/15 to 2018/19) and 2 year operating plans (for 2014/15 to 2015/16). The key elements were expected to be included in strategic and operational plans.

The report also provided an update of the local timetable in place to ensure delivery of the requirements of the Better Care Fund (previously referred to as the Integration Transformation Fund) and the first draft of the CCG vision statement required for both the Strategic and Better Care Fund Plan.

During the debate which followed presentation of the report, Board Members discussed issues associated with the capacity of hospital car parks. In response, the Chief Executive of North Tees and Hartlepool NHS Foundation Trust acknowledged that there was a car parking problem. The Board was provided with a reassurance that the issue was recognised, discussions were ongoing and the Trust was doing all that it could to improve the situation. The Chief Executive of the Trust agreed to send an e mail confirming details of the update which he had provided to the Board and to provide appropriate contact details.

Decision

- (i) The timescales, approach and requirements of the planning guidance were noted.

- (ii) The vision statement describing what the desired state would be for the health economy in 2018/19 was approved.

67. Community Pharmacy Call to Action – Presentation

The Board received a presentation by Mike Maguire, Chair, Durham, Darlington and Tees Local Professional Network (Pharmacy). The presentation included the background and national strategic context of the 'NHS Belongs to the People: A Call to Action' which had been launched in July 2013. The Board was advised of community pharmacy provision in Hartlepool, Clinical Commissioning Group commitments, local opportunities and the role of the Local Professional Network and its priorities to align local need and support the health and wellbeing strategy delivery.

Board Members expressed their appreciation of the informative presentation and the excellent work undertaken by pharmacies. The opportunities arising from the initiative were acknowledged. In response to a request from a Healthwatch representative for further information, the Chair of the Local Professional Network agreed to consider a suggestion by the Chair of the Board of using the Council's community magazine 'Hartbeat' to disseminate salient information. Discussion followed on the complexity of drug use, the development of the preventative work in which the Network was currently involved in schools and the need for interaction within the NHS to ensure 'connectivity' with pharmacies. Board Members received clarification in relation to economic considerations and in relation to the number of pharmacies located in the town in the context of the Pharmaceutical Needs Assessment.

Decision

The presentation was noted and the Board expressed their appreciation of the informative presentation.

CHAIR

**TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE
20TH JANUARY 2014**

PRESENT:-

Representing Darlington Borough Council:

Councillors Newall and Taylor

Representing Hartlepool Borough Council:

Councillor Fisher and Shields

Representing Redcar & Cleveland Borough Council:

Councillor Carling

Representing Middlesbrough Borough Council

Councillors Loughborough and Junier (Vice Councillors Cole and Dryden)

Representing Stockton-On-Tees Borough Council:

Councillors Javed(Chair) Mrs Wilburn, Mrs Womphrey.

APOLOGIES – Cllrs Mrs H. Scott(Darlington Borough Council), Cole, Dryden, Pearson(Middlesbrough Council) and Wall(Redcar and Cleveland Borough Council).

OFFICERS – E Pout(Middlesbrough Borough Council), A Metcalfe(Darlington Borough Council), Karen Graves(Darlington Borough Council) J Stevens (Hartlepool Borough Council) P Menear and K Wannop (Stockton Borough Council)

EXTERNAL REPRESENTATIVES – Cameron Ward (NHS England Area Team)

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.

MINUTES – 9th December 2013

AGREED – That the Minutes be approved.

Update from Durham, Darlington and Tees Area Team

The Committee received an update from a member of the Area Team with regard to the first year's operation of the local Area Team. The main information provided included:

- NHS England's Role including Department of Health mandate to improve outcomes, improve health, reduce inequalities and improve the quality of healthcare.
- All area teams had the same core functions including oversight of the commissioning system, responsibility for commissioning primary care, emergency planning, and system oversight. Local Area Teams were buying in some support from commissioning support units.
- Call to Action national engagement exercise with patients, public, partners and staff to discuss major challenges facing the NHS over the next 10 years.
- Better Care Fund previously known as Service Transformation Fund was looking to spend money to help reduce pressures by allocating money to areas such as social care and prevention.
- NHS England also hosted Clinical Senates which were made up of thirty clinicians that advised on service reconfigurations and strategic plans.

Members made the following points/comments/questions:

- It was noted that NHS England's mandate did not specifically reference services being 'cheaper' but there was an expectation that quality should improve. The

reconfiguration of stroke care in London was given as an example and this has saved around 400 lives a year in London. Members requested evidence of this figure.

- The NHS funding allocations for 2014-15 were discussed. It was outlined that the funding formula had changed and deprivation counted for less than before. All areas had seen an increase however some areas in other parts of England had seen greater increases due to their population increases and age. The Committee felt that Money should be distributed per person per capita and deprivation should have a bearing on the funding available. The Committee requested a breakdown of funding by English region.
- The Area Team chaired the sub-regional Quality Surveillance Group which has been set up to monitor the quality of local NHS care. The Group included CQC, Monitor and CCGs. Members queried how this would work and it was noted that it would enable all inspectors and regulators to share information much better than before.
- Reference was made to a suggestion that when Panorama cameras were recently present in North Tees & Hartlepool Foundation Trust hospital A and E they were not seeing a normal day as there were more staff and beds available than usual. This would be investigated further by the Area Team.
- It had been reported anecdotally that it was easier to go to A&E than to wait for an appointment with a GP. More was being done for GPs to be more responsive for patients.
- More need to be done to attract staff to work in the area to fill the gaps in recruiting staff. It was stated that more GPs and nursing staff were in training than ever before but more needed to be done.
- Although there were costs to backfill the work of clinicians being involved in CCG commissioning, it was thought that this added much value to the NHS.
- Members stated that Health and Wellbeing Boards needed to be representative of the areas they served. Area Team would examine into how each HWB undertook engagement work.
- Members felt that the Call to Action survey could have been designed better and this would be taken on board.

The Committee thanked Cameron for his presentation.

AGREED – that the information requested be provided.

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

Cllr Fisher raised the issue regarding the charity Bloodrun EVS. The charity does valuable work in transporting blood and medical supplies to hospitals. Due to financial reasons the charity could close unless money is received. Cllr Fisher would be sending a letter to Members from all Tees Valley authorities to see what can be done.

SAFER HARTLEPOOL PARTNERSHIP MINUTES AND DECISION RECORD

7 February 2014

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

Present:

Councillor: Christopher Akers-Belcher (In the Chair)
Dave Stubbs, Chief Executive
Denise Ogden, Director of Regeneration and Neighbourhoods
Clare Clark, Neighbourhood Manager
Louise Wallace, Director of Public Health
Chief Inspector Lynn Beeston, Chair of Youth Offending Board
Luicia Saiger-Burns, Durham Tees Valley Probation Trust
Councillor Carl Richardson, Cleveland Fire and Rescue
Authority Nominated Member
Ian McHugh, Cleveland Fire and Rescue Authority
Andy Powell, Housing Hartlepool
John Bentley, Safe in Tees Valley
Karen Hawkins, Hartlepool and Stockton on Tees Clinical
Commissioning Group

Also present:

Keith Fisher, Chair of Audit and Governance Committee, HBC
Peter Graham, Cleveland Police

Officers:

Mark Smith, Head of Youth Services
Richard Starrs, Strategy and Performance Officer
Denise Wimpenny, Principal Democratic Services Officer

57. Apologies for Absence

Apologies for absence were submitted on behalf of Councillor Allan Barclay,
Barry Coppinger, Police and Crime Commissioner, Chief Superintendent
Gordon Lang, Cleveland Police, Tony Lowes, NoMs North East

58. Declarations of Interest

None

59. Minutes of the meeting held on 13 December 2013

Confirmed.

60. Presentation - Give it a Go Initiative *(Representative from Cleveland Police)***Issue(s) for consideration**

The Chair welcomed Peter Graham of Cleveland Police who was in attendance at the meeting to provide the Partnership with a verbal presentation in relation to the Give it a Go Initiative. Members were advised that the concept of the initiative was to reduce anti-social behaviour and criminal damage and to provide information on activities available for young people via a mobile application. Various organisations were involved including local authority Neighbourhood Safety Teams, Teesside University and housing associations. Details of funding secured to date as well as potential sources of funding were outlined. Funding support was also sought from the Partnership to assist in taking the project forward.

Following conclusion of the presentation, the representative responded to queries raised by Members in relation to how the initiative and software would operate and current funding support. The Head of Youth Services advised that a comprehensive directory of services for young people was available on the Council's website and offered support in terms of sharing this information to avoid any duplication. It was noted that the intention was to build upon information available and provide links to mobile sites as well as other internet based systems. In response to some concerns that the initiative would only target individuals with more advanced mobile technology, it was reported that whilst the initial target was mobile phones users, there was an intention to target internet based access systems in schools.

The Chair thanked the representative for an informative presentation and indicated that the request for funding support would be considered as part of a separate agenda item regarding funding later in the agenda.

Decision

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

61. **Presentation - Integrated Risk Management Plan** (Representative from Cleveland Fire and Rescue Authority)

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 Integrated Risk Management Plan 2014-2018 and focussed on the following:-

- Reduction in budget for 2014-2018 of £117.520m
- Accidental Dwelling Fires
 - 161 in 2012/13 representing 2% of incidents
 - 338 (Reduction by 67% in last 10 years)
- Major Incidents
 - 2 major incidents in last 10 years – no loss of life
- Total Incidents and Mobilisations
 - 7,981 incidents and 11,736 mobilisations in 2012/13
 - 7,881 (Reduction by 49.7% in last 10 years)

Risk Categorisation Dwellings – Cleveland Fire Authority's Community Risk Map 2013/14

- Prevention and Protection Risk Assessment
 - 14 high risk wards in Teesside
 - 38 medium risk
 - 30 low risk

Cleveland Fire Authority's Service Demand Risk Map 2013/14

- - 2 high risk wards in Teesside
- 14 medium risk
- 66 low risk

Risk Categorisation High Hazard Industry

- 33 top tier and 3 lower tier COMAH sites on Teesside representing 12% of all national COMAH sites

Horizon Scanning

- Reduce size of Fire Authority
- Reduce size of senior management team 0.136K
- Organisational review 1.1M
- Reduce revenue budget 0.8M
- Close Marine Fire Station (relocate fire engine to Stockton) 0.6M

- Review on-call duty system
- Explore shared services and buildings
- Introduce on-call Fire Fighters at Thornaby, Redcar, Grangetown, Stranton and Stockton 2.2M
- Feasibility Study into small fires unit (create 12 posts)
- Explore feasibility of CARPS
- Open community fire stations at Headland, Middlesbrough, Thornaby and Grangetown
- Improve rescue capability

Impact of Proposals

- Impact of Proposals - Community safety, firefighter safety, delivery of services, organisational performance, financial and people

Next Steps

- Consultation process and approval timescales

What does it mean for Hartlepool

- Headland Fire Station rebuild goes ahead as planned
- 2nd appliance at Stranton Station will change from whole time staffing to an on-call staffing model in 17/18 of the Integrated Risk Management Plan

In the discussion that followed the conclusion of the presentation, whilst Members were pleased to note the positive outcomes in terms of prevention and were keen to see these outcomes maintained, concerns were expressed regarding future service delivery given the extent of the continuing Central Government budget cuts on the Fire Service and the Council.

The Chair thanked the representative for his attendance and informative presentation.

Decision

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

62. **Community Alcohol Partnership Update** (*Neighbourhood Manager, Community Safety*)

Purpose of report

To update the Safer Hartlepool Partnership on the work of the Community Alcohol Partnership, and to consider the recommendation to formally launch the Partnership with targeted activities focused on a designated area.

Issue(s) for consideration

The Neighbourhood Manager updated Members on the background and progress made to date on work of the Community Alcohol Partnership (CAP) in relation to delivery of the following aims:

- to co-ordinate activities aimed at reducing alcohol consumption by young people in Hartlepool; and
- to challenge the widespread acceptance by parents of underage alcohol consumption in public places.

The report included an analysis of incidents of anti-social behaviour by ward together with the level of youth and alcohol related anti-social behaviour by ward. The analysis highlighted a number of wards where youth and alcohol related anti-social behaviour was prominent including Headland and Harbour, Victoria, Manor House and Fens and Rossmere wards. However, as the incidents in both Headland and Harbour and Victoria Wards were related to the night time economy it was proposed that the Manor House and Fens and Rossmere wards be the focus for a CAP pilot.

The Neighbourhood Manager responded to queries raised by the Partnership in relation to the statistics and gave assurances that upon completion of the pilot in the proposed areas, the lessons learnt would be rolled out to other areas. A Member of the Partnership referred to the acknowledgment that further progress was needed in terms of engaging with schools and suggested that alternative methods of engagement with schools should be explored. Members were pleased to note the success of the Balance North East Publicity Campaign and were of the view that campaigns of this type should be utilised to assist with delivery of the aims of the Partnership.

The Chair highlighted that some of the incidents identified in the Headland and Harbour and Victoria wards may be outside the night time economy and suggested that a mapping exercise in these wards should be undertaken in readiness for the commencement of the review in other wards.

Decision

- (i) The Safer Hartlepool Partnership noted progress made to date by the Community Alcohol Partnership.
- (ii) The Partnership agreed to a relaunch of the CAP with a targeted approach being undertaken in the Manor House and Fens and Rossmere wards.
- (iii) That a mapping exercise be undertaken in the Headland and Harbour and Victoria Wards in readiness for commencement of the review of other wards.

63. Domestic Homicide Reviews, Disclosure Schemes and Domestic Violence *(Director of Regeneration and Neighbourhoods)***Purpose of report**

To update the Safer Hartlepool Partnership on a report published by the Home Office in November 2013 on Domestic Homicide Reviews, and the rollout of Domestic Violence Disclosure Schemes (DVDS), and Domestic Violence Protection Orders (DVPOs).

Issue(s) for consideration

The Director of Regeneration and Neighbourhoods reported on the background to the publication of a report in November 2013 which highlighted the common themes that had emerged from the 54 completed Domestic Homicide Reviews between April 2011 and March 2013 and the rollout of a report by the Home Office on DVDS and DVPOs which were aimed at enhancing the ability to protect and safeguard victims and their families. A number of key messages had been identified which included the need for a consistent approach to risk identification and the need for better information sharing amongst different agencies, details of which were set out in the report.

The Disclosure Scheme introduced a framework to enable the police to disclose information about previous violence by a new or existing partner. Domestic Violence Protection Orders would give the police and magistrates the power to protect a victim of domestic violence by preventing the perpetrator from contacting the victim, removing the perpetrator from a household, and/or preventing a perpetrator from returning to a household for up to 28 days. A meeting had been scheduled in relation to how implementation would take place locally.

A discussion ensued in relation to how the protection process may operate in practice and the Partnership requested that the Domestic Violence and Abuse Group should examine what was achievable in terms of protection

and enforcement and provide clarification to a future meeting of the Safer Hartlepool Partnership.

Decision

1. That the responsibility for local implementation of the recommendations contained within the Home Office 'Domestic Violence Reviews – Lessons Learned' report be overseen by the Domestic Violence & Abuse Group and reported back to the Safer Hartlepool Partnership as part of the theme group standard reporting process.
2. That the Police and Community Safety Team representatives involved in the planning and implementation of DVDS and DVPOs feedback to the Domestic Violence & Abuse Group on future rollout of these new tools to tackle domestic violence and abuse.
3. That the Domestic Violence and Abuse Group examine how the protection process would operate in practice, what was achievable in terms of protection and enforcement and provide clarification to a future meeting of the Safer Hartlepool Partnership.

64. Early Intervention Grant – Home Office (YCAP)

Element *(Neighbourhood Manager, Community Safety Neighbourhoods)*

Purpose of report

To consider allocation of the Community Safety (Home Office) element of the Early Intervention Grant (EIG) 2013/14.

Issue(s) for consideration

The Neighbourhood Manager reported that the total funding available from the Early Intervention Grant to the Partnership to take forward a preventative programme of activities during 2013/14 was £169,914. In April 2013 the Partnership allocated £117,800, a breakdown of which was included in the report, leaving a total balance of £52,114 remaining.

In October 2013 it was agreed that the extension of activities delivered by the Fire Service to young people and families in the Hartlepool area be explored. A number of meetings involving the Fire Service, the Council's Community Safety Team, Troubled Families and Youth Offending Teams had taken place to discuss potential activities. This had resulted in a package of proposals aimed at reducing offending/re-offending by developing key life skills, citizenship and improving the employability of young offenders/those at risk of offending. The activities included an intensive week long life course available to 24 13-17 year olds, a Fire Team

course available to 12 individuals targeted at offenders aged 16-25, a family life course for 3 to 4 families participating in the Think Family/Think Communities Programme in Hartlepool and a Cadets course available to 16 young people of secondary school age and beyond, further details of which were included in the report. The total funding needed for delivery of these activities was £49,500 leaving a total remaining of £2,614.

Members' views were sought in relation to the above proposals as well as the requests for funding from Cleveland Police regarding the "Give it a Go Initiative" and an earlier request that consideration be given to allocating funding to raising awareness/publicity activities.

Members considered the funding requests at length noting that it was unclear at present what funding would be available in future years. The Chair commented on the need to examine future funding issues as soon as possible to feed into the 15/16 budget setting process and requested that a report be submitted to a future meeting of the Partnership to consider such issues as well as outcomes of current projects with a view to determining future funding priorities. With regard to the importance of raising awareness, as discussed at a previous meeting of the Partnership, it was reported that Housing Hartlepool and the CCG had agreed to provide funding support.

Following further debate the Partnership was keen to support the activities, as set out in the report for delivery by the Fire Service at a cost of £49,500 and agreed that the total funding remaining of £2,614 be allocated to the Give it a Go Initiative.

Decision

1. That the balance of £52,114 from the Community Safety (Home Office) element of the Early Intervention Grant (EIG) 2013/14 be allocated as follows:-
 - (i) £49,500 – for activities to be delivered by the Fire Service as detailed in Section 3 of the report.
 - (ii) £2,614 – Give it a Go Initiative
2. That a report regarding future funding be submitted to a future meeting of the Partnership.

65. Serious and Organised Crime Strategy (*Director of Regeneration and Neighbourhoods*)

Purpose of report

To update the Safer Hartlepool Partnership on the Government's 'Serious and Organised Crime Strategy' published in October 2013.

Issue(s) for consideration

The Director of Regeneration and Neighbourhoods reported on the background to the recent publication of the 'Serious and Organised Crime Strategy' and the four key elements of the strategy. Attached at Appendix 1 was a letter to the Council's Chief Executive requesting local authority collaboration in the fight against serious and organised crime and the intention to hold workshops in the near future to develop processes in relation to local roll-out of the strategy.

A nominated lead officer was sought to attend future workshops and report back to the Partnership.

A Member made reference to the links between this Strategy and the Council's Anti Fraud and Corruption Strategy and the importance of ensuring there were no conflicting priorities in terms of the two strategies was emphasised.

Decision

1. That the contents of the letter, attached at Appendix 1, be noted.
2. That the Neighbourhood Manager, HBC, be appointed as Lead Officer to attend future workshops and report back to the Partnership.

66. Offender Housing Needs Mapping Event *(Director of Housing Services, Housing Hartlepool)***Purpose of report**

To update the Safer Hartlepool Partnership (SHP) on the outcome of an 'Offender Needs Mapping Event' organised by the 'Offender Housing Needs Group' in December 2013.

Issue(s) for consideration

The Director of Housing Services, Housing Hartlepool, who was in attendance at the meeting, presented the report which provided an update on the outcome of an 'Offender Needs Mapping Event' Three round table workshops had been undertaken as part of the event exploring pathways from custody to the community, pathway for offenders presenting homeless to housing advice and existing service provision in Hartlepool. A full note of the main discussion points arising from the workshops including issues and gaps was attached at Appendix 1.

A number of agreed priorities for action had been identified from the event, details of which were provided as set out in the report. Priorities included

the creation of a Housing Liaison Post, development of a Housing contact directory, introduction of a single assessment form, explore the feasibility of a one stop shop for offenders, review of the compass application process, introduce team around the offender initiative and to consider a hostel with licensed tenancies.

The Director of Housing Services responded to issues raised by the Partnership in relation to the priorities and outcome of the workshops. The Partnership supported the priorities for action acknowledging the benefits of exploring the feasibility of a One Stop Shop for offenders being released from custody on a Friday to address, benefit, housing and substance misuse issues and the housing/tenancy support actions identified to address homelessness issues following offenders release from prison.

The Chair requested that the actions be monitored via regular progress reports to the Partnership.

Decision

1. That the outcome of the Offender Housing Needs Event and comments of Members be noted.
2. That regular progress reports in relation to the actions be provided to the Partnership.

67. Police and Crime Plan 2013-2017 Consultation

(Neighbourhood Manager, Community Safety)

Purpose of report

To seek comments from the Safer Hartlepool Partnership on the Police and Crime Plan 2013-17.

Issue(s) for consideration

The report set out the background to the requirement of Cleveland Police and Crime Commissioner (PCC) to produce a four year Police and Crime Plan to set out the objectives for policing and reducing crime and disorder in the force area. Members were referred to the current Crime and Police Plan 2013-2017 for Cleveland, attached as an appendix to the report, which set out the five commitments which the PCC aimed to deliver over the lifetime of the Plan.

To inform the annual refresh of the Police and Crime Plan the PCC had launched a stakeholder consultation seeking views on a number of issues, details of which were included in the report.

Decision

1. That the contents of the report be noted.
2. That the priorities of the Safer Hartlepool Partnership be fed into the Plan.

68. Independent Police Commission Report – November 2013 (Policing for a Better Britain) *(Director of Regeneration and Neighbourhoods)*

Purpose of report

To inform the Safer Hartlepool Partnership of the recently published Independent Police Commission Report (The Stevens Report) 'Policing for a Better Britain' and its key recommendations

Issue(s) for consideration

The Director of Regeneration and Neighbourhoods referred Members to the Independent Police Commission Report, attached at Appendix 1, which was considered to be the most in-depth and comprehensive look at policing since the 1950s. The report contained a detailed and integrated set of recommendations designed to give effect to their vision and proposed a programme of reform framed around a number of themes.

Decision

The contents of the report and summary of recommendations, attached at Appendix 1 were noted.

69. Any Other Items which the Chairman Considers are Urgent

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.

70. Any Other Business - Chair's Closing Remarks

The Chair advised that it was Ian McHugh's last meeting and took the opportunity, on behalf of the Partnership, to pay tribute to Ian and wish him the very best of luck in his new post.

71. Any Other Business – Reorganisation of Durham Tees Valley Probation Trust

The Partnership was advised that following reorganisation of the Durham Tees Valley Probation Trust, it was envisaged that the new arrangements

would commence from 1 April 2014 and the Probation Trust nominated representative would not change.

The meeting concluded at 11.20 am.

CHAIR