FINANCE AND POLICY COMMITTEE AGENDA

HARTLEPOOL BOROUGH COUNCIL

Friday 25 April 2014

at 2.00 pm

in the Council Chamber,
Civic Centre, Hartlepool.

FINANCE AND POLICY COMMITTEE:

Councillors C Akers-Belcher, Cook, Dawkins, Jackson, James, A Lilley, Martin-Wells, Payne, Richardson, Simmons and Thompson

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

3.1 To receive the minutes of the meeting of the Finance and Policy Committee held on 28 March 2014 *(previously circulated/attached for information).*

3.2 To receive the minutes of the meeting of the Safer Hartlepool Partnership held on 7 February 2014 *(attached for information).*

3.3 To receive the minutes of the meeting of the Health and Wellbeing Board held on 13 February 2014 *(attached for information).*

4. BUDGET AND POLICY FRAMEWORK ITEMS

No items.

5. KEY DECISIONS

5.1 School Nursing Services – *Director of Public Health*

5.2 Community Pool Category 4 Grant Allocations 2014-15 – Update – *Director of Regeneration and Neighbourhoods, Director of Child and Adults and Chief Finance Officer*

6. OTHER ITEMS REQUIRING DECISION

6.1 Defibrillation Units – *Director of Public Health*

6.2 Hartlepool Borough Council Alcohol and Substance Misuse Policy and Procedure – *Assistant Chief Executive*

6.3 Hartlepool Maritime Experience – Lease of Catering Outlets – *Director of Regeneration and Neighbourhoods*

6.4 Review of Carers Leave – *Assistant Chief Executive*

7. ITEMS FOR INFORMATION

7.1 Better Care Fund – *Director of Child and Adult Services*

7.2 Corporate Procurement Quarterly Report on Contracts – *Director of Regeneration and Neighbourhoods*

8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

ITEMS FOR INFORMATION

Date of next meeting – 19 May 2014 at 9.30 am in the Civic Centre, Hartlepool.

FINANCE AND POLICY COMMITTEE
MINUTES AND DECISION RECORD
28 March 2014

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

Present:

Councillor: Christopher Akers-Belcher (In the Chair)

Councillors: Rob Cook, Peter Jackson, Marjorie James, Ray Martin-Wells, Robbie Payne, Carl Richardson, Chris Simmons and Paul Thompson.

In accordance with Council Procedure Rule 5.2 (ii), Councillor Geoff Lilley was in attendance as substitute for Councillor Alison Lilley.

Also present:
Edwin Jeffries, Hartlepool Joint Trades Union Committee

Officers: Dave Stubbs, Chief Executive
Andrew Atkin, Assistant Chief Executive
Peter Devlin, Chief Solicitor
Chris Little, Chief Finance Officer
John Morton, Assistant Chief Finance Officer
Gill Alexander, Director of Child and Adult Services
Denise Ogden, Director of Regeneration and Neighbourhoods
Louise Wallace, Director of Public Health
Graham Frankland, Assistant Director, Resources
Nigel Johnson, Housing Services Manager
Alastair Rae, Public Relations Manager
Joan Stevens, Scrutiny Manager
Angela Armstrong, Principal Democratic Services Officer

224. Apologies for Absence

Apologies for absence were received from Councillors Alison Lilley and Keith Dawkins.

225. Declarations of Interest

Councillors Rob Cook and Chris Simmons declared a personal interest in minute 229. See minutes 227, 231 and 239 for further declarations of interest.

226. Minutes of the meeting held on 27 February 2014

Received.

227. Housing Service New Opportunities and Structure

(*Director of Regeneration and Neighbourhoods*)

Type of decision

Key Decision – Test (i) and (ii) apply – Forward Plan Reference RN 31/13.

Purpose of report

To provide more detail on proposals to develop the Housing Services Team following the Finance and Policy Committee recommendations of 19 December 2013. The report provided an overview of the proposals to reduce existing management fees, bring services in-house and deliver new services, including an overview of proposed operational delivery and a more detailed financial analysis of the Housing Services budget. The report sought the Committee's approval to the proposals to reconfigure the Housing Services Team, bring back the management of services and establish a new Social Lettings Agency in Hartlepool.

Issue(s) for consideration

The proposals for the in-house delivery of services were detailed in the report and covered the following areas:

1) Management of the Housing Register to continue to be undertaken by Housing Hartlepool at a reduced cost at 50% in 2014/15 and to nil cost from 2015/16 onwards, following detailed negotiations;
2) Internalise the management of the Council's housing stock (82 new build units and 100 units purchased through the Empty Property Purchasing Scheme);
3) Setting up a Social Lettings Agency for management of private rented stock;
4) Creation of a Housing Trainee Role within the Housing Services team;
5) Introduction of Ward based Selective Licensing.

A number of internal service level agreements were proposed in order to successfully deliver the proposed services and these were outlined in the report. It was proposed to locate the full Housing Services team alongside the Advice and Guidance Hub on Level 2 of the Civic Centre to provide a one stop shop for advice and support to Council tenants.

Councillor Rob Cook declared a personal interest in this item at this point in the meeting.

In response to clarification sought by a Member, the Director of Regeneration and Neighbourhoods confirmed that Housing Hartlepool will remain as an organisation along with Fabric and Tristar and would form part of a bigger group to be known as Thirteen. A Member asked for confirmation of the location of the Housing Register staff and the Director of Regeneration and Neighbourhoods indicated that they would be located in Titan House in York Road from the summer of this year and added that she would provide confirmation of this in writing to that Member direct.

A Member referred to a previous request for further information on the total expenditure of the Council relating to Housing Hartlepool to be included in this report. The Director of Regeneration and Neighbourhoods responded that this information would be would be circulated to the Members of the Committee.

A Member sought clarification on the future arrangements for the management of the Housing Register. The Director of Regeneration and Neighbourhoods indicated that Housing Hartlepool would manage the waiting list which would be phased over two years to at a nil cost from 2015/16. The importance of utilising the expertise of Housing Hartlepool in a partnership arrangement to manage tenancies was emphasised.

It was highlighted by a Member that she was informed that current working practices adopted by Housing Hartlepool resulted in tenants being given authorised trespass status once they fell into arrears with their rent which would result in their right to buy being removed. The Member added that this was an aggressive course action and was not acceptable. The Housing Services Manager indicated he would seek legal clarification on this issue and the options available when dealing relation to the Security of Tenure and Right to Buy when a tenant has rental arrears and report back to a future meeting of the Committee.

A member of the public in attendance addressed the Committee and asked how many Hartlepool jobs would be lost when Housing Hartlepool move its base from Hartlepool. The Chief Executive confirmed that through the formation of the new group Thirteen, Housing Hartlepool had accepted 100 voluntary redundancies. Further clarification was sought from that member of the public on the total savings to be achieved when Council services were moved out of Park Towers. The Director of Regeneration and Neighbourhoods responded that the savings to be achieved from relocating Council services from Park Towers was £56k which would be incorporated into the corporate property savings.

In response to clarification sought by a Member, the Director of Regeneration and Neighbourhoods confirmed that the overall savings to be achieved through the operation of Housing Services would be spread over a 2 year transitional period with the operation of the Housing Register saving £90k across two years and the Housing Management saving £40k across two years.

Decision

(i) The report was noted.
(ii) The reduction of the management fee to Housing Hartlepool for the management of the Housing Register by 50% in 2014/15 and to NIL from 2015/16 onwards was approved.
(iii) The proposal to internalise the management of the Council owned stock into the remit of the Housing Services Team on a phased approach from April 2014 was approved.
(iv) That the setting up of a Social Lettings Agency in Hartlepool as set out in the report, subject to an agreed business case being presented to a future meeting of the Finance and Policy Committee.
(v) That the creation of a Housing Trainee Role within the Housing Services Team was agreed.
(vi) It was noted that a further report on the development of ward based Selective Licensing was included in the Forward Plan and would be considered by the Regeneration Services Committee in the new financial year.
(vii) That the Director of Regeneration and Neighbourhoods to confirm in writing the location of the Housing Register Team.
(viii) That a list of all expenditure of the Council to Housing Hartlepool be circulated to the Committee.
(ix) That a further report be submitted to a future meeting of the Committee outlining the legal position on the options available to the Council in relation to the Security of Tenure and Right to Buy when a tenant has rental arrears.

228. Community Safety Plan 2014-2017 (*Director of Regeneration and Neighbourhoods*)

Type of decision

Key Decision – Test (ii) applies – Forward Plan Reference RN 24/13.

Purpose of report

To present and seek approval on the final draft of the Community Safety Plan 2014-17 (also referred to as the Community Safety Strategy).

Issue(s) for consideration

The Community Safety Plan was attached at Appendix 1 and had been developed based on the findings of the Safer Hartlepool Partnership Strategic Assessment and public consultation including the Council's Household Survey and Safer Hartlepool Partnership "Face the Public" event. The strategic objectives and annual priorities of the Plan were

detailed in the report.

It was noted that in general the consultation results had confirmed that the Partnership had a good understanding and grasp of the issues that mattered to local communities. Action plans to support the delivery of the Community Safety Plan were being developed by the Safer Hartlepool Partnership Task Groups.

Decision

The Community Safety Plan 2014-17 was approved for submission to Council for adoption.

229. Community Pool Category 4 Grant Allocations 2014/15 (*Director of Regeneration and Neighbourhoods)*

Type of decision

Key Decision – Test (i) and (ii) apply – Forward Plan Reference RN 08/14.

Purpose of report

To outline the level of grants recommended for allocation to Voluntary and Community Sector (VCS) organisations through Category 4 of the Community Pool for 2014/15. A decision was sought from the Committee on these proposals.

Issue(s) for consideration

The report provided the background to the current financial allocation to the Community Pool. In accordance with the agreement of the Finance and Policy Committee on 18 October 2013, the allocation of Categories 1 and 2 were complete and this was detailed in the report. It was noted that 19 applications had been received for Category 4 totalling £169,685.68, which was an oversubscription of £94,685.68 on the £75,000 available. In view of the level of funding requested, a thorough assessment process was undertaken by a panel of officers with applications being pre-screened to ensure that the primary criteria was met and then scored accordingly.

It was highlighted that as part of the evaluation process, supporting information was currently being checked in order to safeguard and protect the Council's investment. It was therefore requested that the Committee consider delegating authority for approval to the Director of Regeneration and Neighbourhoods should any alterations to the recommendations be required.

During the discussions that followed, a Member sought clarification on whether there was anything included within the criteria to prevent an organisation continuing to receive community pool funding if they moved out of Hartlepool. The Director of Regeneration and Neighbourhoods confirmed that payments were provided to organisations on a quarterly basis and if the organisation moved out of Hartlepool, that would be taken into account. It was noted that in previous years, the report had included a list of organisations whose applications for funding had been unsuccessful and it was requested that this information be included on future reports.

A Member questioned the inclusion of confidential appendices to the report and sought clarification on whether this information could be included in the open report in future. The Director of Regeneration and Neighbourhoods responded that including this information in the open papers would result in it being public and reported in the local press, prior to the Committee making its decision on the applications. It was therefore suggested that once Members have made their decision, as much information be included in the open decision record as possible.

Members requested that the meeting move into closed session as they had a number of questions on the confidential appendices.

230. Local Government (Access to Information) (Variation) Order 2006

Under Section 100(A)(4) of the Local Government Act 1972, the press and public were excluded from the meeting during the discussion on the previous item of business on the grounds that it involved the likely disclosure of exempt information as defined in paragraph 1 of Part 1 of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006.

Minute 229 – Community Pool Category 4 Grant Allocations 2014/15 – This item contained exempt information under Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006 namely information relating to the financial or business affairs of any particular person (including the authority holding that information) para 3.

229. Community Pool Category 4 Grant Allocations 2014/15 (*Director of Regeneration and Neighbourhoods)*

Further consideration of the report and Appendix 1 can be found in the confidential minutes. **This item contained exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely information relating to the financial or business affairs of any particular person (including the authority holding that information) para 3.**

The meeting returned to open session.

The Chair indicated that future applications for Community Pool funding would be considered with a 50% weighting towards family poverty for an organisation to qualify for funding. However, the Committee had requested that during 2014/15, should there be any slippage in the funding allocated from the Community Pool, this should be allocated to Hartlepool Foodbank.

Decision

(i) That the contents of the report and progress on the Community Pool Programme to date, including the allocation of Categories 1 and 2 as set out in the report be noted.

(ii) That the following applications for the allocation of Community Pool funding be approved as follows:

Organisation	Grant Allocated
Hartlepool PATCH	£10,000.00
Making a Difference	£10,000.00
Hartlepool Mind	£8,7190.00
Salaam Community Centre	£9,888.00
Epilepsy Outlook	£4,729.50
Hartlepool People	£10,000.00
Hart Gables	£9,950.04
West View Project CIC	£6,195.00
Hartlepool Foodbank	£5,518,46

(iii) That delegated authority for approval be given to the Director of Regeneration and Neighbourhoods should any alterations to recommendations be required as a result of supporting information checks.

(iv) That any slippage in the allocation of Community Pool Funding for 2014/15 be allocated to Hartlepool Foodbank.

(v) That the future calculations for the allocation of Community Pool Funding be based on a 50% weighting towards organisations who demonstrated a clear strategic fit to Family Poverty and the Council's priorities and objectives.

(vi) That future reports on applications to the Community Pool should include details of those organisations whose applications for funding were unsuccessful.

Councillor Ray Martin-Wells declared a personal interest in the following item at this point in the meeting.

231. Sale of former Henry Smith School Site, King Oswy Drive (*Director of Regeneration and Neighbourhoods*)

Type of decision

Key Decision – Test (i) applies – Forward Plan Reference RN 13/09.

Purpose of report

To seek approval for the sale of the remainder of the Former Henry Smith School site, King Oswy Drive.

Issue(s) for consideration

The background and recent history of the site were included in the report. It was noted that Vela had secured planning permission for 25 affordable bungalows on part of the site. The remaining land was marketed for sale by informal tender and the tenders received were disappointing and substantially below the Estate and Regeneration Manager's valuation. However, recently an offer had been received which was worthy of consideration. It was understood that the developer was proposing 80 to 90 houses and taking into account the current market conditions, the Estates and Regeneration Manager considered the officer to be acceptable. The Heads of Terms were set out in confidential Appendix 2. **This item contained exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely information relating to the financial or business affairs of any particular person (including the authority holding that information.**

There were a number of alternative options proposed for Members full consideration and these were detailed in the report.

Members were supportive of the proposal to dispose of the land to the developer in line with the offer and Head of Terms recently received. However, they were mindful that any financial arrangements to dispose of the land should be in full and final settlement. A Member suggested that consideration should be given to the Council undertaking to build properties rather than relying on developers.

Decision

The offer to secure a sale of the remainder of the former Henry Smith School Site, King Oswy Drive at a level which will contribute substantially towards the Council's Capital Receipts Target and reduce the risk of a

funding shortfall if capital receipts were not received was approved.

232. Proposed New Centre for Independent Living Burbank Street (*Director of Child and Adult Services*)

Type of decision

Non key.

Purpose of report

To consider the approach to procuring the proposed new Centre for Independent Living project at Burbank Street.

Issue(s) for consideration

A report was presented to the Committee on 19 December 2013 outlining the potential to redevelop land at Burbank Street as shown on Appendix 1. Detailed in the report were the stages of the tender process proposed to be undertaken. It was intended to award the tender in September 2014 with a view to the construction work beginning in September or October so that the new CIL could be completed in late 2015.

An initial option appraisal had been undertaken to identify the costs over the next thirty five years and further details on this were included in the report. It was noted that there would be an ongoing additional revenue cost of providing a new Centre for Independent Living which will either be funded directly by the Council using Prudential Borrowing or the payment of an annual lease charge to an external provider. To enable the proposed timetable to be followed, it was proposed to submit a report to full Council to seek approval of a maximum revenue funding limit and Prudential Borrowing limit for this scheme which will be based on the detailed assessment of costs which had been completed.

In response to a question from a Member, the Director of Child and Adult Services confirmed that the procurement exercise was modelled to comply with the requirement for European procurement regulations.

Members were supportive of the development and indicated it was an excellent proposal for facility that was much needed in that area of town. The Director of Child and Adult Services added that the procurement process would ensure that the process will be fair and efficient and ensure best value was achieved for the Council.

Members thanked Officers for all their hard work and commitment in progressing this proposal which was a much needed facility for the Town.

Decision

(i) That the tendering process be initiated.
(ii) That the approach to be taken and the timescales outlined in the report were noted.
(iii) That a report be submitted to Council to seek the approval of a maximum revenue funding limit and Prudential Borrowing limit for this scheme.
(iv) The approach taken for reporting the outcome of the tendering process as outlined in the report was noted.

233. Any Other Items which the Chairman Considers are Urgent

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

Minute 234 – Clawback – The Domes, Tees Road, Seaton Carew, Hartlepool

234. Clawback – The Domes, Tees Road, Seaton Carew

(*Director of Regeneration and Neighbourhoods and Chief Finance Officer*)

Type of decision

Key Decision – Test (i) and (ii) Applied – Special Urgency Rules Apply.

Purpose of report

To seek approval to dispose of the Council's clawback interest in The Domes, Seaton Carew subject to the terms and conditions as set out in confidential Appendix B. **This item contained exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006 namely information relating to the financial or business affairs of any particular person (including the authority holding that information).**

Issue(s) for consideration

The report provided the background to the previous release of a restrictive covenant on the land as shown in Appendix A in 2012. The release of the covenant was agreed subject to payment of the agreed value and the terms were detailed in confidential Appendix B as noted above. The current owner had developed the site with two domes which provide quality

facilities in the form of indoor football pitches, a golf facility and a health and fitness studio. However, an opportunity has arisen for the development to be sold and the owner had approached the Council seeking an agreement to purchase the Council's interest in the site. The financial considerations surrounding the clawback deed were detailed in the report.

On the basis of Members approving the request to dispose of the Council's interest in return for a one-off payment a strategy for using this money needed to be developed. The Chief Finance Officer recommended that the majority of funding be allocated to manage the financial risks being faced by the Council.

The Chair noted that this was an item of Special Urgency and proposed that the recommendations be accepted with the generated funding being allocated to mitigate the risks associated with the Regional Growth Fund loan for Jacksons Landing. This funding would be set aside until the point when the interest free loan required repayment should this be necessary. It was proposed that the remaining funding be allocated to the Public Health Department to fund a repeat of the free swim initiative at the Mill House Leisure Centre along with the associated free transport for the 6-week summer holiday period. In addition to this, sufficient funding should be allocated to the Regeneration and Neighbourhoods Department to fund two additional enforcement officers over a 2-year period. This will enable a full analysis to be undertaken on the fines given out and assess if this could become self-financing. Any remaining funds should be allocated to the Regeneration and Neighbourhoods Department to match fund the 131k given by the Government for schemes to improve the roads in Hartlepool over the next year. The Chair commented that all the above proposals were all issues that were raised as priorities by residents in the Town.

A Member suggested that footpaths should also be part of the funding to improve local highways. Members were supportive of the proposals as it was noted that the proposals would support local Council services that had been prioritised by residents as well as guaranteeing the financial viability of the Jacksons Landing project.

However, a Member did have concerns that this was a significant amount of funding and suggested that a further report be submitted to the Committee to enable Members to consider the proposals for the generated income in more detail. The Chief Executive commented that this proposal had to be concluded very quickly in order to secure the progression of the development.

A discussion ensued on the operation of previous decision making and the fact that the proposals outlined above were things that the majority of people would like to see in the Town. The Chair indicated that the funding would be ring-fenced to the Departments as proposed and further consideration on the detailed spend of this funding would be undertaken through the appropriate decision making Committee.

The meeting moved into closed session.

235. Local Government (Access to Information) (Variation) Order 2006

Under Section 100(A)(4) of the Local Government Act 1972, the press and public were excluded from the meeting during the discussion on the previous item of business on the grounds that it involved the likely disclosure of exempt information as defined in paragraph 1 of Part 1 of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006, namely information relating to the financial or business affairs of any particular person (including the authority holding that information) para 3.

Minute 234 – Clawback, The Domes, Tees Road Seaton Carew This item contained exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006 namely information relating to the financial or business affairs of any particular person (including the authority holding that information) para 3.

234. Clawback – The Domes, Tees Road, Seaton Carew

(*Director of Regeneration and Neighbourhoods and Chief Finance Officer*)

Further details of the discussions around the report and Appendix B can be found in the exempt section of the minutes. **This item contained exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006 namely information relating to the financial or business affairs of any particular person (including the authority holding that information) para 3.**

The meeting returned to open session.

The majority of Members supported the proposals made by the Chair as noted above. However, Councillor Geoff Lilley wished his vote against the proposal to be recorded.

Decision

(i) The disposal of the Council's interest in The Domes for the sum as set out in the confidential Appendix B **(This item contained exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006 namely information relating to the financial or business affairs of any particular person (including the authority holding that information)** as noted above was approved taking account of the risk and financial issues.

(ii) It was noted that this income was not anticipated when the MTFS was approved and the following proposals be developed further, subject to the approval of the proposals by full Council as departures from the approved Budget and Policy Framework and the subsequent approval of detailed proposals by the relevant Committee, to utilise these resources and reflect the financial risks the Council will need to manage over the period of the MTFS:

a) Funding be allocated to offset the interest free loan for the Jacksons Landing development at the point when this loan was due to be repaid should it be required.
b) That sufficient funding be allocated to support the free swim initiative at the Mill House Leisure Centre and associated free transport over the 6-week summer holiday period in 2014.
c) That funding be allocated for the creation of two Enforcement Officers within the Regeneration and Neighbourhoods Department over a 2-year period to support the further analysis of fines received to ascertain if this service could become self-financing.
d) That any remaining funding be allocated to the Regeneration and Neighbourhoods Department to match-fund the £131k received from the Government to repair local highways.

Councillor Geoff Lilley left the meeting.

236. Review of Carers' Leave (*Assistant Chief Executive*)

Type of decision

Non key.

Purpose of report

To obtain the Committee's ratification to changers to the Carer's Leave arrangements which had been provisionally agreed with the Trade Unions.

Issue(s) for consideration

This report was deferred to the next meeting of the Committee.

Decision

That the report be resubmitted to the next meeting of the Committee.

237. Northgate Community Fund – ICT Contract (*Assistant Chief Executive)*

Type of decision

Non key.

Purpose of report

The ICT contract provided for the provision of a contribution to the local economy beyond a number of other commitments made which include significant job creation and reinvestment in the infrastructure and ICT services for the Council. Given that the commitment is Northgate's, it is appropriate that they were closely involved in the decision making and this meant the process will be different to that for other such funds.

There were a number of aspects to this which give an overall value (on an annual basis) which Northgate had committed to as part of the new contract.

- Commitment to 25 volunteering days per annum
- A Community Fund of £40,000 per annum (the main focus of the report)
- A social value requirement on suppliers for procurement activity associated with the Hartlepool Business Centre (this would have to be determined on an annual basis)
- Residual value of recycled hardware (this would have to be determined on an annual basis)

Through the early stages of the contract, there is the potential, as the new contract provides for the upgrading of council machines that there will be a significant number of machines that could be "donated" to local groups as part of this refresh. Software licences would have to be funded by the local groups themselves as the Council and Northgate could not commit to this. These would not be supported in any way but would provide kit and equipment at very limited cost. This would essentially negate any residual value identified in bullet point 4 above. Any such process would be outside the bidding process and agreements in respect of the Community Fund and would be administered by Northgate.

As part of the development of this report, Northgate have held discussions with representatives from Gus Robinson Developments to identify any areas where the support provided for such activity from both organisations may be aligned.

Issue(s) for consideration

There were a number of aspects to the proposals and whilst the primary focus was in respect of the Community Fund, there were also considerations in respect of general public access to and availability of ICT equipment through Council venues. The report provided Members with further details on the following:

- Public Access Machines
- Priorities for the Community Fund
- Northgate Community Fund Forum
- Management of and Use of the Fund
- Eligibility
- Grant Rates
- Publicity

The report was welcomed by Members as it progressed further public access to computers, however it was suggested that a further audit be undertaken to assess which facilities were being utilised and the reason if they were not being utilised.

Decision

(i) The proposals included in the report for the operation of the Northgate Community Fund were noted.
(ii) The membership of the Community Fund Forum was agreed.
(iii) The Forum to meet annually to determine grant allocations.
(iv) That £10,000 be ring fenced from the fund to match fund the current contributions from the Gus Robinson Foundation for scholarships to be paid through Hartlepool College.
(v) That the application process be annual and that the process for this year commence following agreement from this Committee.
(vi) That a further audit of the use of computer facilities in public buildings be undertaken and if they were not utilised and the reason if they were not being utilised.

238. Review of the Whistle Blowing Policy (*Chief Solicitor*)

Type of decision

Non key.

Purpose of report

The Council's "Corporate Whistle Blowing Procedure" document was last

revised in 2008, albeit reports on "protected disclosures" had been submitted through the 'Annual Report' to subsequent meetings of the Council's former Standards Committee.

The Enterprise and Regulatory Reform Act 2013 made a change insofar as disclosure would not be protected unless there was a reasonable belief on behalf of the individual making the disclosure that it was in the 'public interest'. Previously, there was no requirement for such a 'public interest' qualification upon a disclosure. This change has therefore been incorporated within the revised document as appended herewith (Appendix 1) together with other revisions deemed suitable, mainly to up-date the document since the last revision in 2008. Although the Council's Whistle Blowing document had formerly been approved by the Council's Standards Committee this role has now been assigned to the Council's Finance and Policy Committee under the category of "Other Plans and Strategies" as outlined within the Council's Constitution (Part 3 – Responsibility for Functions).

Issue(s) for consideration

The report provided the background to the introduction of the Whistle Blowing Policy. It was noted that whistle blowing protection applied to all employees and workers and would therefore include all casual staff, agency personnel and trainees. The revised document therefore comprised reference to both "employees" and "workers" at this time.

Further details were provided in the report on the qualifying disclosures to support the reporting of the following events:

- Criminal offence
- Failure to comply with any legal obligations
- Miscarriage of justice
- Danger to health and safety
- Danger to the environment, or
- Deliberate concealment of any of the above.

Decision

The revisions to the Council's 'Corporate Whistle Blowing Policy and Procedure' document was approved.

Minutes 239, 240 and 241 were considered together.

239. Irrecoverable Debts – Business Rates (*Chief Finance Officer)*

Type of decision

Non key.

Purpose of report

To seek the Committee's approval to write-out a number of business rates debts which were now considered to be irrecoverable.

Issue(s) for consideration

The report highlighted that the Council's performance in the collection of NNDR was positive with 98% of business rates collected within the 2012/13 financial year. National statistics show that Hartlepool's performance compared favourably with other Councils with the average collection rate being 97.1%. High level of collection rates had been sustained in 2013/14 with 98.1% being collected by the end of February 2014. Whilst every effort was made to collect all business rates due, certain debts will become irrecoverable and detailed in confidential Appendix A and B were debts submitted for write-out from the accounting records relating to cases of bankruptcy, individuals deceased with no estate, untraceable absconder/ individual in prison. **These items contained exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely information relating to the financial or business affairs of any particular person (including the authority holding that information) para 3.**

Appendix C provided details of an irrecoverable debt relating to a limited company that has been dissolved.

The report set out that 94% of the proposed write out's would be charged against the former central government National Non Domestic Rates Pool bad debt provision and thereby will have no financial impact on the Council.

A Member commented that a lot of the information included on the confidential papers was within the public domain in one way or another and questioned why this information had been included in a confidential appendix. It was suggested that whilst a lot of the information needed to be included in the confidential papers, it should be explored whether this information could be included within the open decision record once a decision had been made. The Chief Finance Officer recognised this and would explore the inclusion of as much information in the open agenda

documentation or decision record with the Chief Solicitor.

Decision

(i) That the write-out of the irrecoverable business rates debts to the value of £219,993.76 against the historical National Non Domestic Pool bad debts provision were agreed.
(ii) That the write-out of the irrecoverable business rates debts to the value of £13,900.31, the cost of which shared between Central Government and the Council were agreed.
(iii) That the Chief Finance Officer and Chief Solicitor explore the provision of more detailed information in the open agenda documentation or decision record of future meetings in relation to irrecoverable debts.

240. Irrecoverable Debts – Council Tax (*Chief Finance Officer)*

Type of decision

Non key.

Purpose of report

To seek the Committee's approval to write-out a number of Council Tax debts which were now considered to be irrecoverable.

Issue(s) for consideration

The Council's performance in collection of Council Tax was positive, especially given the difficult economic climate, with 97% of Council Tax being collected within the financial year it was billed. With the introduction of Localised Council Tax Support, the Council was required to collect Council Tax from 6,000 households that previously paid no Council Tax. Collection of this debt was challenging, but was progressing well and at the end of February 2014 68.1% of the Council Tax debt due for 2013/14 had been collected and arrangements were in place with 56% of this council tax payer group to pay regular sums. Whilst every effort was made to collect debts due to the Council, certain debts become irrecoverable and attached at Appendices A, B and C were the individual Council Tax debts over £1,000 recommended for write-out relating to deceased individuals with no estate, untraceable absconders and one case where further court action was inappropriate. **These items contained exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely information relating to the financial or business affairs of any particular person (including the authority holding that information)**

para 3.

Decision

That the write-out of the irrecoverable Council Tax debts to the value of £7,245.23 were approved and it was noted that this would be charged against the existing bad debts provision.

241. Irrecoverable Debts – Sundry Debt (*Chief Finance Officer*)

Type of decision

Non key.

Purpose of report

To seek the Committee's approval to write-out a number of sundry debts which were now considered irrecoverable.

Issue(s) for consideration

Each year the Council issues sundry debtor invoices totally around £23m and in the current financial year, over 98% of these had been paid within three months. At the end of February 2014, the value of sundry debt outstanding greater than three months old was £0.49m, which was substantially lower than the corresponding figure at February 2013 of £0.72m. Whilst every effort was made to collect debts due to the Council, certain debts become irrecoverable and attached at confidential Appendices A and B were the individual Sundry Debts over £1,000 which it was proposed to write-out. **This item contained exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006 namely information relating to the financial or business affairs of any particular person (including the authority holding that information) para 3.**

Decision

That the write-out of irrecoverable Sundry Debts to the value of £15,741.49 were agreed and it was noted that this will be charged against the existing bad debts provision.

242. Business Rates (*Chief Finance Officer*)

Type of decision

Non key.

Purpose of report

(i) Provide details of the financial risks surrounding business rate appeals and the Council's arrangements for assessing and managing that risk;
(ii) Inform the Committee of the Business Rates system amendments announced by the Government in the Chancellor's December 2013 Autumn Statement;
(iii) Provide details of how the Council was responding to these national policy changes.

Issue(s) for consideration

The report provided the background to the significant financial risks transferred to Councils as a result of the localisation of Business Rates. It was highlighted that under the new Localised Business Rates system, the Government will pass 50% of the costs of appeals onto Local Authorities. However, the Local Government Association were lobbying Government for the cost of the appeals prior to April 2013 to be fully borne by the Government.

At 1 April 2013 there were 330 Hartlepool businesses, excluding the power station, with outstanding appeals against their rateable values, representing a significant financial value. It was noted that in practice many appeals will be unsuccessful or may result in relatively small changes in rateable value. Once the assessment of the potential cost of appeals has been undertaken the outcomes of the exercise will inform a financial plan for managing the financial risk and this will be reported to Members.

It was recommended that the Council opt to fund the estimated cost of back dated appeals over 5 years. The approach will involve back dated appeals and the process for undertaking this was detailed in the report. The report made reference to Business Rates changes announced by the Chancellor in December 2013. Full details of the actual local impact of these changes will be reported to Members in a future monitoring report.

In response to a question from a Member, the Assistant Chief Finance Officer confirmed that the cost to the Cleveland Fire Authority would be 1% of the total Business Rate income for the Fire Authority area.

A discussion ensued on the hardship relief available to local businesses

and the Assistant Chief Finance Officer confirmed that prior to April 2013, in cases where a local authority considered that hardship relief was justifiable with 75% borne by the national pool and 25% by local council tax payers. It was suggested that information should be included on the business rate bills outlining the eligibility for hardship relief. The Chief Finance Officer confirmed that Finance staff worked closely with Economic Development to identify cases of hardship and only a very small number of cases had accessed hardship relief and that the protection of jobs local jobs was a priority.

Decision

(i) The financial risks of backdated business rate appeals and the arrangements for assessing and managing that risk were noted.
(ii) The Business Rate system amendments announced in the Chancellor's December 2013 Autumn Statement and the Council's response to these national policy changes were noted.
(iii) It was noted that a future report would be submitted to the Committee on the actual local impact of the national business rates policy changes announced by the Chancellor.
(iv) That the recommended strategy for funding the cost of back dated appeal costs through a combination of the following was approved and it was noted that further details will be reported when more information was available:
    a) allocating uncommitted resources from the 2013/14 outturn (assuming the final outturn exceeds the minimum net managed underspend already built into supporting the 2014/15 to 2016/17 budgets);
    b) completing a further review of existing reserves and the associated risk they were being held to manage over the summer 2014 as part of the 2015/16 budget process;
    c) In the event that items (a) and (b) do not provide sufficient funding, the shortfall will need to be addressed as part of the 2015/16 budget strategy, which will include consideration of the forecast 2014/15 outturn position.

Councillors Ray Martin-Wells and Robbie Payne left the meeting at this point.

243. Workplace Health (*Director of Public Health*)

Type of decision

For Information.

Purpose of report

To introduce a short presentation regarding the topic of workplace health and wellbeing, which was led by the Health Improvement Team within the Council's Public Health Department.

To inform the Committee of the approaches being taken by Hartlepool Borough Council in relation to improving workplace health and wellbeing, for the Council workforce and also partner organisations across the town.

Key issues and outcomes were highlighted within the presentation and there will be an opportunity for questions and discussion following the presentation.

Issue(s) for consideration

The Director of Public Health provided a detailed and comprehensive presentation which highlighted that the direct costs of absence alone amounted to over £14 billion in 2012 – an average of £721 per employee per year in the public sector. It was noted that Hartlepool Borough Council was the only local authority to achieve Continuing Excellence level in The North East Better Health at Work Award. The presentation outlined the Council's approach to achieving this award including

- a number of sport and recreational activities;
- support for National No Smoking Day
- BHF Wear Red for Heart Health Day
- Movember – Male Cancer Awareness

The presentation highlighted that sickness absence was reducing and the average sickness absence was currently at 6.84 days per person per year. The Director of Public Health concluded by presenting the future proposals to continue improving workplace health for all Council employees.

Councillor Paul Thompson declared a personal interest in this item at this point in the meeting.

Members were encouraged by the reducing sickness absence levels and thanked the team for all their hard work and commitment to supporting the health and wellbeing of the Council's employees. It was suggested that as part of the Free Swim Initiative which was agreed subject to Council approval earlier in the meeting, that the adults who would be attending with the children are offered diabetes and other health screening whilst they were in attendance at the Leisure Centre.

In addition, the team were commended for their work tackling childhood obesity an important part of which was educating parents who would pass it

onto their children. A Member questioned whether, as one of the largest employers in the town, there were any negotiated corporate rates offered at the Council's fitness facilities to encourage a higher uptake of fitness activity. The Director of Public Health confirmed that there were discounts provided in the Council's facilities as well as some other facilities in the town for Council employees.

The Chief Executive added that Council employees were under tremendous amounts of pressure in view of the recent and forthcoming budgetary reductions and it was important to recognise that providing more assistance to assist workplace health was better for their health and wellbeing.

The Director of Public Health thanked Members for their leadership and for being supportive of the Workplace Health initiatives.

Decision

The presentation was noted.

244. Any Other Business which the Chair Considers Urgent

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

Minute 245 – Early Retirement of Assistant Director (Resources) and Assistant Director (Community Services)

245. Early Retirement of Assistant Director (Resources) and Assistant Director (Community Services)

The Chair noted that this was the last meeting that the Assistant Director (Resources) would attend before leaving the Council for early retirement and he was thanked for his contribution and loyalty shown to Hartlepool Borough Council over the years, in particular over the last 12 months as project lead for developing the Advice and Guidance Hub within the Civic Centre.

In addition, the Chair thanked the Assistant Director (Community Services) who was also leaving the Council for early retirement for his commitment to Hartlepool Borough Council and for being an excellent and loyal Officer throughout his years of service.

The meeting concluded at 11.57 am

P J DEVLIN
CHIEF SOLICITOR
PUBLICATION DATE: 4 April 2014

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 2014-208 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)

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

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

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

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

<u>Risk Categorisation High Hazard Industry</u>

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

<u>Horizon Scanning</u>

- 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 (create12 posts)
- Explore feasibility of CARPS
- Open community fire staions 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 breadkdown 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 Communtiy 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 Partnernship.

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

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 on16 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

FINANCE AND POLICY COMMITTEE

25th April 2014

Report of: Director of Public Health

Subject: SCHOOL NURSING SERVICES

1. TYPE OF DECISION/APPLICABLE CATEGORY

Key Decision test (i) and (ii) applies - Forward Plan Reference No PH/03.

2. PURPOSE OF REPORT

2.1 The purpose of this report is to seek approval from the Finance and Policy Committee to secure a school nursing service, funded through the ring fenced Public Health Grant, to commence 1st April 2015.

3. BACKGROUND

3.1 As a consequence of the Health and Social Care Act 2012, in April 2013 Local Authorities assumed the accountability for the commissioning of school nursing services. This has provided a timely opportunity to review the existing commissioning arrangements to shape and design future provision with input from stakeholder engagement, in line with the ongoing review of all public health contracts.

3.2 On 1st April 2013 the Council inherited under the statutory transfer order a contract for a school nursing service provided by North Tees and Hartlepool Foundation Trust. On 29th November 2013 the Finance and Policy Committee agreed to place a one year contract from April 2014 with the existing provider of School Nursing Services, North Tees and Hartlepool Foundation Trust. In the spirit of openness and transparency it was also agreed that the Local Authority would publish a Voluntary Ex-Ante Transparency Notice (VEAT) in relation to this proposed contract award.

3.3 The current school nursing service is a universal service – any child from the age of 5 -16 (or up to 19 for those young people in special schools) is entitled to school nurse support if needed. The team operates a skill mixed model ranging from a clinical lead and clinical practice teacher to health care assistants. Functions of the school nursing service include:

- Delivering the National Child Measurement Programme in Hartlepool
- Delivering national screening for hearing and vision for children upon school entry
- Health assessments for young people (including the annual health assessments for every looked after child in Hartlepool)
- Support to families and children/young people on child protection plans
- Delivery of a range of health advice and support to children, young people and parents/carers which may include health eating, risk taking behaviour, sexual health advice and signposting to specialist agencies
- Delivery of immunisation programmes
- Enuresis clinics
- Delivery of puberty talks and advice to primary school children using the Lucinda and Godfrey programme

4. PROPOSALS

4.1 A new national model for School Nursing has been published by the Department of Health with the expectation that local areas implement the model ensuring a consistent, evidence based approach to the delivery of the school nursing service. The model builds on and compliments the national specification for 0-5 Health Visiting Services which will become the responsibility of the Local Authority from October 2015. The model has 4 tiers: Community, Universal, Universal Plus, Universal Partnership Plus.

4.2 Commissioning a new model for School Nursing based on the national model provides an opportunity to re-define the local service offer, based on evidence, best practice and local needs. It also provides an opportunity for developing a more integrated approach across school nursing, schools, children's services and early help services in line with the Early Intervention Strategy. Discussions regarding this are ongoing between Child and Adults Services and the Public Health Department.

4.3 Whilst statutory engagement is not required an engagement process is about to commence with school aged children, teachers, school nurses and stakeholders of the service (including those who work in the voluntary and social care sectors) to obtain their views on school nursing to inform the detail of the service specification.

4.4 The proposed service model aims to reduce health inequalities amongst children and young people by providing early help services to ensure early access to help and support and to stop identified problems worsening. Specialist support is provided to those children with identified additional needs or complex problems.

4.5 It is intended that the procurement process will commence in October 2014 with a view to the successful provider mobilised to begin operation no later than April 2015.

5. RISK IMPLICATIONS

5.1 The market is currently untested for procurement of school nursing services; there is no tangible control for a lack of providers

6 FINANCIAL CONSIDERATIONS

6.1 As part of the procurement process potential bidders will be encouraged to look at efficiency and innovative practice to provide the best possible value for money. Whilst the quality of the proposed service will be the most important factor in the final decision, the proposed costs of any application will also be a factor in the final decision and award of contract.

6.2 Any successful bidder may be subject to TUPE regulations with regards to staff. There are currently14 members of staff employed by the current service provider with varying full time, term time and part time hours.

6.3 There is a need to commit resource for the procurement of a school nursing service from the 2015/16 even though the Public Health Grant allocation for this financial year is not known therefore this will need to be prioritised.

7. LEGAL CONSIDERATIONS

7.1 The Health and Social Care Act (2012)) proposed the transfer of public health functions to Local Authorities. This includes responsibility of school nursing services with the National Child Measurement Programme being a mandated service.

8. STAFF CONSIDERATIONS

8.1 There is an opportunity to consider the wider children's workforce in relation to providing public health services and develop a more integrated approach especially in relation to early help.

9. RECOMMENDATIONS

9.1 It is recommended that The Finance and Policy Committee note the content of the report.

9.2 It is recommended that the Committee approves the development of a new service specification during 2014/15 based on the national model and taking into consideration local needs and view from the engagement process.

9.3 It is recommended that the Finance and Policy Committee agree to secure a provider for a school nursing service funded by the ring fenced public health grant in 2015/16.

8. BACKGROUND PAPERS

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

8.2 Healthy Child Programme from 5 – 19 years, Department of Health (2009)

8.3 Finance and Policy Committee, Minutes and decision record, 29 November 2013

9. CONTACT OFFICER

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FINANCE AND POLICY COMMITTEE

25th April 2014

Report of: Director of Regeneration and Neighbourhoods, Director of Child and Adults and Chief Finance Officer.

Subject: COMMUNITY POOL CATEGORY 4 GRANT ALLOCATIONS 2014/15 - UPDATE

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Key Decision (test ii).

2. PURPOSE OF REPORT

2.1 The purpose of the report is to update Finance and Policy Committee on an opportunity to fund additional Voluntary and Community Sector (VCS) organisations through Category 4 of the Community Pool for 2014/15.

3. BACKGROUND

3.1 Finance and Policy Committee agreed the allocation of Category 4 grants on 28th March 2014. The available budget of £75,000 was allocated to 9 VCS groups in Hartlepool to support them with core costs for this financial year. 8 VCS organisations were granted the full allocation of funding requested through the application process and one organisation received a part allocation. Grants approved on 28th March 2014 were:

3.2

Organisation	**Grant Allocated**
Hartlepool PATCH	£10,000.00
Making a Difference	£10,000.00
Hartlepool Mind	£8,7190.00
Salaam Community Centre	£9,888.00
Epilepsy Outlook	£4,729.50
Hartlepool People	£10,000.00
Hart Gables	£9,950.04
West View Project CIC	£6,195.00
Hartlepool Foodbank	£5,518.46
Total	**£75,000.00**

3.3 The process followed to allocate the grants was in line with the previous two financial years. 19 applications were received; the total requested was £169,685.68. With £75,000 available, this presented an over-subscription of £94,685.68. As in the two previous years, demand for these grants was high and given the levels of funding available, disappointment to some interested parties has been unavoidable.

3.4 Due to the level of funding requested being in excess of that available, a thorough assessment process was undertaken by a panel of Officers with representation from Neighbourhood Management, Child & Adult Commissioning and First Contact & Support Hub Teams, with input from the Corporate Procurement Team. Applications were considered and scored against the information provided in the application forms.

3.5 Prior to the panel meetings, the applications were pre-screened to ensure that proposals to be considered by the panel met the primary criteria to provide a service which addresses issues associated with Family Poverty. All applications which passed the pre-screening process were fully considered and scored by the panel.

3.6 As part of the evaluation process, supporting information provided with applications is checked in order to safeguard the Council's investment and as agreed by Finance and Policy Committee delegated authority for approval to the Director of Regeneration and Neighbourhoods is in place should any alterations to recommendations be required as a result of supporting information checks.

3.7 Further detail on the overall background to the Community Pool Programme and allocation process was previously presented to Finance and Policy Committee in March 2014.

3.8 Since Finance and Policy Committee approved the grants outlined in Section 3.2, the final budget allocations have been confirmed by officers for the Community Pool for 2014/15. There have been slight variances allowing the grant allocation to Hartlepool Foodbank to be increased to £7,889; this is in line with the decisions made by Committee.

4. PROPOSALS

4.1. The Community and Voluntary Sector in the current economic climate are suffering from income funding pressures which makes future planning of their budgets and operational delivery arrangements increasingly challenging. Against this background, the Community and Voluntary Sector require confirmation of any available funding as early as possible to enable them to maintain their service offering and retain key staffing.

4.2. The process of preparing the Council's financial statements for 2013/14 is currently in progress, however early indications are that the final outturn

under spend will exceed the minimum forecast of £0.729m as reported to Council on 6th February 2014. An opportunity has arisen to commit resources as a one off contribution from the latest forecast outturn from the Child and Adult Services Adult Social Care Budget of £21,143 to the Community Pool Programme for Category 4 to support additional VCS organisations with core costs. In recognition of the particular funding pressures being faced by Community and Voluntary sector organisations, Members are requested to approve the proposed allocation of £21,143 from the forecast uncommitted 2013/14 outturn, in advance of a future Medium Term Financial Strategy review report following closure of the 2013/14 accounts.

4.3 It is proposed that additional funding will support the Hartlepool Foodbank, enabling the full grant allocation and support the next two highest scoring eligible grant applications, provided they meet the wider needs of the local community and are not supported through contractual or needs led services provided by Adult Social Care, as approved by the Director of Child and Adults.

4.4 Details of the additional applications recommended for approval following the completion of the consideration process outlined in Section 3 can be found in the confidential **Appendix Number 1. This item contains exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely 'Information relating to the financial or business affairs of any particular person (including the authority holding that information)' (para 3)**

4.5 Should the proposal be approved, this additional funding would increase the number of VCS organisations supported through Category 4 of the Community Pool to 11 in total.

5. FINANCIAL CONSIDERATIONS

5.1 This additional funding allocated to Category 4 of the Community Pool is a non recurring amount for allocation in 2014/15 only and continued financial support will not be available on an ongoing basis.

5.2 To safeguard the Council's investment and minimise risk, it is recommended that where grant aid is approved, the frequency of payments should be determined on a case by case basis dependent on the level of grant and purpose of the funding. In all cases it is proposed that an element of the grant funding is paid in advance to support the projects.

5.3 Thorough monitoring and performance management processes are in place for the delivery of grants to ensure that the projects are performing as expected. The frequency of monitoring and performance management will be determined on a case by case basis, the detail of which will be set out in

individual offer letters ensuring that organisations are aware of monitoring requirements from the outset of the project.

5.4 This approach will highlight successes within the local supply base, but will primarily allow the Council to monitor the impact of service provision within the VCS in the robust manner.

6. LEGAL CONSIDERATIONS

6.1 There are no known direct legal implications at this stage in relation to Community Pool.

7. PROCUREMENT CONSIDERATION

7.1 As previously reported, a set process has been adhered to in order to commission services via the Community Pool. The Corporate Procurement Team has been fully involved in the allocation of contracts and grants through the Community Pool.

7.2 Further advice has been sought from the Corporate Procurement Team in relation to the proposal set out in Section 4. As this is a grant allocation process there are no procurement related issues to increasing the budget available to support additional applicants involved in the original process with grants towards core costs.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 Impact assessments were prepared as part of the report presented to Finance and Policy Committee on 18th October 2013.

9. SECTION 17 OF THE CRIME & DISORDER ACT 1998 CONSIDERATIONS

9.1 There are no Section 17 implications to this report.

10. STAFF CONSIDERATIONS & SUPPORT

10.1 There are no known staff implications at this stage in relation to Community Pool; however as in the last two years, further advice and guidance will be available for all organisations that are unsuccessful in securing funding through Category 4. This will be delivered by the Community Regeneration and Development Team.

11. RECOMMENDATIONS

11.1 Finance and Policy Committee is requested to note the contents of the report and progress on the Community Pool Programme to date.

11.2 Finance and Policy Committee is requested to consider the following for approval:

i. The allocation of additional grants in Category 4 as set out in **Appendix 1**. **This item contains exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely 'Information relating to the financial or business affairs of any particular person (including the authority holding that information)' (para 3))**

12. REASONS FOR RECOMMENDATIONS

12.1 Recommendations have been made in line with the processes and changes agreed by Finance & Policy Committee on 18th October 2013, ratified on 19th December 2013 and is additional to the decision agreed on 28th March 2014. This report summarises the process undertaken to make recommendations for funding.

13. BACKGROUND PAPERS

(i). Item 5.1 from Cabinet on 21st November 2011.
(ii). Minutes from Cabinet on 21st November 2011.
(iii). Item 6.1 from Cabinet on 6th February 2012.
(iv). Minutes from Cabinet on 6th February 2012.
(v). Item 5.1 from Cabinet on 20th February 2012.
(vi). Minutes from Cabinet on 20th February 2012.
(vii) Item 5.12 from Cabinet on 19th March 2012.
(viii) Minutes from Cabinet on 19th March 2012.
(ix) Item 1.2 from Mayor's Portfolio on 21st May 2012.
(x) Minutes from Mayor's Portfolio on 21st May 2012.
(xi) Item 5.1 from Cabinet on 7th January 2013.
(xii) Minutes from Cabinet on 7th January 2013.
(xiii) Item 5.2 from Cabinet on 15th April 2013.
(xiv) Minutes from Cabinet on 15th April 2013.
(xv) Item 4.1 from Finance & Policy Committee on 23rd August 2013.
(xvi) Minutes from Finance & Policy Committee on 23rd August 2013.
(xvii) Item 4.2 from Finance & Policy Committee on 18th September 2013.
(xviii) Minutes from Finance & Policy Committee on 18th September 2013.
(xix) Item 5.3 from Finance & Policy Committee on 18th October 2013.
(xx) Minutes from Finance & Policy Committee on 18th October 2013.
(xxi) Item 6.1 from Finance & Policy Committee on 19th December 2013.
(xxii) Minutes from Finance & Policy Committee on 19th December 2013.
(xxiii) Item 5.3 from Finance & Policy Committee on 28th March 2014.
(xxiv) Minutes from Finance & Policy Committee on 28th March 2014.

14. CONTACT OFFICERS

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FINANCE AND POLICY COMMITTEE

25th April 2014

Report of: Director of Public Health

Subject: Defibrillation Units

1 TYPE OF DECISION / APPLICABLE CATEGORY

Non-key.

2 PURPOSE OF REPORT

2.1 To inform Members of an opportunity for the Council to contribute to reducing deaths in Hartlepool due to sudden cardiac arrest, by installing easy to use defibrillation units at key sites for both staff and members of the public.

2.2 To obtain Members' views on the location of the defibrillation units and gain support to help raise awareness and knowledge of the units among Hartlepool residents and Council employees.

2.3 A demonstration for Members, of the preferred defibrillator unit will take place prior to the meeting, in the Council Chamber at 1.30pm.

3 BACKGROUND

3.1 For a number of years, the British Heart Foundation (BHF) in partnership with the North East Ambulance Service (NEAS) has provided support to install defibrillator units in remote locations and key community sites in the UK. The overall cost per unit is £849 + VAT.

3.2 Applications are assessed based on ambulance response times and footfall in key areas so that following an initial 999 call, a bystander or trained first aider could administer CPR and, if necessary, an electric shock to help resuscitate a patient before specialist medical help arrives on the scene.

3.3 Following a number of high profile cases such as footballer Fabrice Muamba, demand has been high and has resulted in defibrillators being installed in sports stadiums, leisure centres, shopping centres, and remote villages where ambulance response times are slow etc.

3.4 A recent report from BHF also highlighted that Hartlepool has the lowest rates of emergency resuscitation in the North East (bystander CPR administered in only 12% of cardiac arrests) and it is therefore a priority to improve access to emergency resuscitation training and awareness of defibrillator units in the town.

4 PROPOSALS

4.1 It has been identified in conjunction with NEAS that HBC has a number of sites that could warrant hosting a defibrillator due to the footfall and demographic of its visitors. The proposed sites are:

- Hartlepool Civic Centre (outside concourse)
- Lynn Street Depot
- Hartlepool Central Library
- Brierton Sports Centre
- Hartlepool Maritime Experience
- Borough Hall
- Grayfields Sports Pavilion
- Any other sites/areas as identified

4.2 Other HBC leisure services sites (Mill House Leisure Centre, Headland Sports Hall) already have units in place and these are checked and replaced as appropriate by site staff and funded through existing departmental budgets. Summerhill Outdoor Activity Centre has also applied for a defib unit independently.

4.3 It is proposed to apply for unit/s at the most appropriate venue/s listed above. The Civic concourse is seen as a priority and a launch event for the community would help raise awareness and highlight that the Council is working towards addressing the wider issue.

4.4 A training schedule will be developed for host sites to include designated first aiders, elected Members, leisure services staff, caretakers and any other appropriate staff / volunteers. It should be reiterated however, that anyone on the scene can use the device in an emergency.

5 RISK IMPLICATIONS

5.1 There is a significant risk that should a member of the public / staff suffer a sudden cardiac arrest in a Council building, there may not be a defibrillator unit available on site which may lead to an unsuccessful outcome. Every minute without CPR and defibrillation reduces a person's chance of survival by 10%.

6 FINANCIAL CONSIDERATIONS

6.1 In addition to the £849 cost per unit, HBC will be responsible for the ongoing maintenance of each unit. Each unit comes with a minimum 5 year warranty. Staff training is currently provided free of charge by NEAS – initial training lasts 4hrs plus a 2hr refresher annually. Training may be chargeable in the future.

6.2 Ongoing costs per unit are as follows:

- New battery every 3-5 years = Approx £125 per unit
- Spare / replacement pads after each use (must be two sets at all times, and replaceable every 24-36 months) = Approx £100 per set
- Optional hygiene equipment (gloves, tough cut scissors, pocket mask, paper towels, razors) = Approx £30 per unit
- Additional costs in staff time – attending training, carrying out checks on equipment, maintaining records etc.
- Additional costs would be required if a unit was to be stored outdoors in a secure cabinet e.g. Civic concourse

6.3 A decision will be needed as to whether costs are funded through the Public Health ring-fenced grant, or via departmental budgets. The Council may also be eligible for BHF funding of up to £400 towards the cost of each unit.

6.4 The total cost per unit would be £849 plus approximately £100 per year in maintenance, until warranties expire (minimum 5 years) i.e. £500 in total. Purchasing 6 units including 5 years of maintenance would therefore equate to £8094 + VAT in total (minus any BHF funding received). Further costs (£TBC) would be required to install an external storage cabinet on the Civic concourse.

7 RECOMMENDATIONS

7.1 It is recommended that members note the content of the report, and provide any comments regarding which Council sites should host a defibrillator unit.

7.2 It is recommended that resources are identified from the ring-fenced public health grant (circa £10K) to meet the costs of the defib units and ongoing maintenance.

8 FURTHER READING

The following papers are attached for further information:

Appendix 1: IPAD SP1 defibrillator unit specification.

Appendix 2: Sample MOU between host organisation and NEAS.

Appendix 3 (spreadsheet): Hartlepool's rates of bystander CPR during cases of cardiac arrest is lowest in the North East at only 12%.

9 CONTACT OFFICERS

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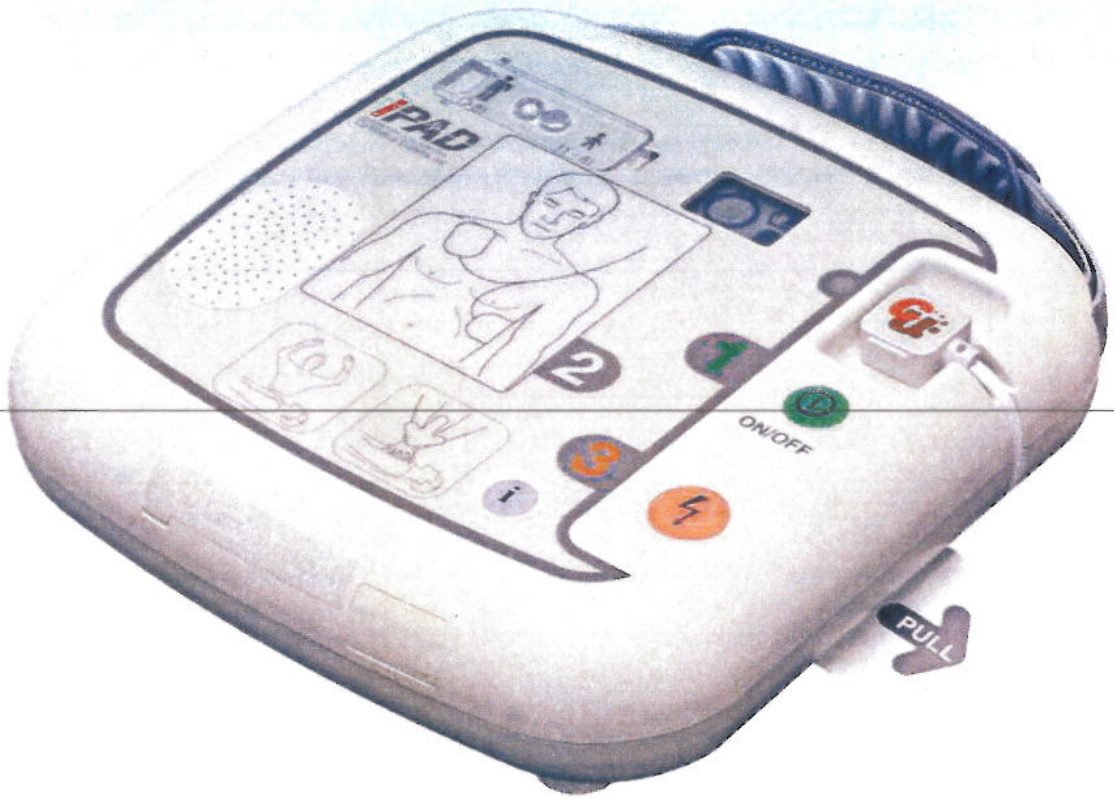
WEL MEDICAL

Life Matters

The iPAD SP1
Automatic External Defibrillator



Overview

Contact Details

Website

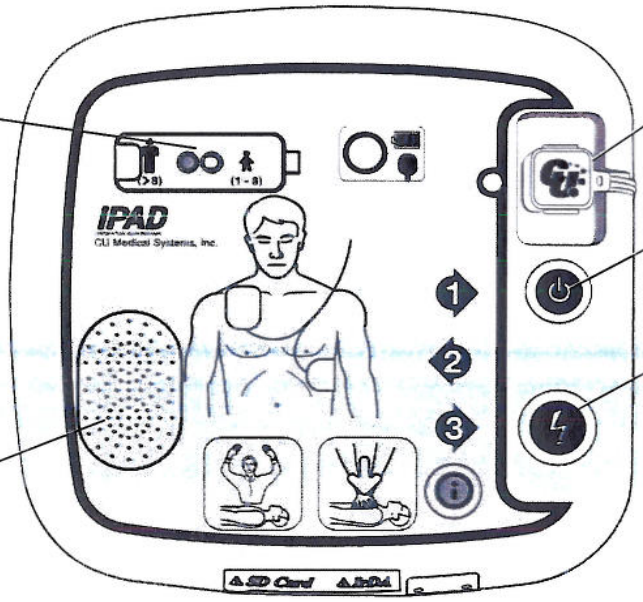
iPAD

SP1 Layout

Patient Mode Switch:

- Easily switch from Adult to Child mode without changing pads.

- Safety cover prevents accidental switching.



Pad Connector

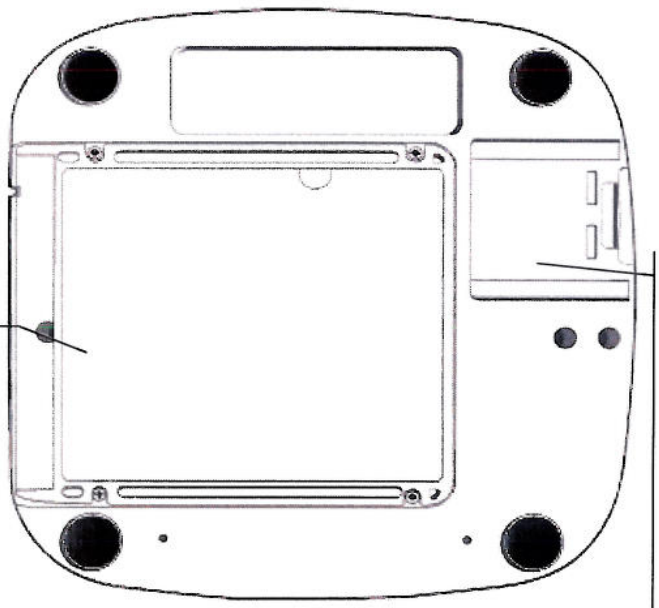
Power Button

Shock Button

Speaker:

Ambient noise detector measures level of background noise and adjusts the volume of the voice prompts accordingly.

Ideal for noisy environments such as public places, factories, warehouses, schools etc.



Smart Pads Storage:

- Electrode pads are stored, pre-connected, in a clear compartment on the underside of the unit.

Disposable Battery Pack

- High Capacity - Type DC 12 Volt 4.2Ah, Lithium Manganese Dioxide

- Capacity - Minimum 200 shocks (150J)

- Lifespan - 5 years - assumes unit is kept within operable temperature range and after the initial check, the unit is left in standby mode.

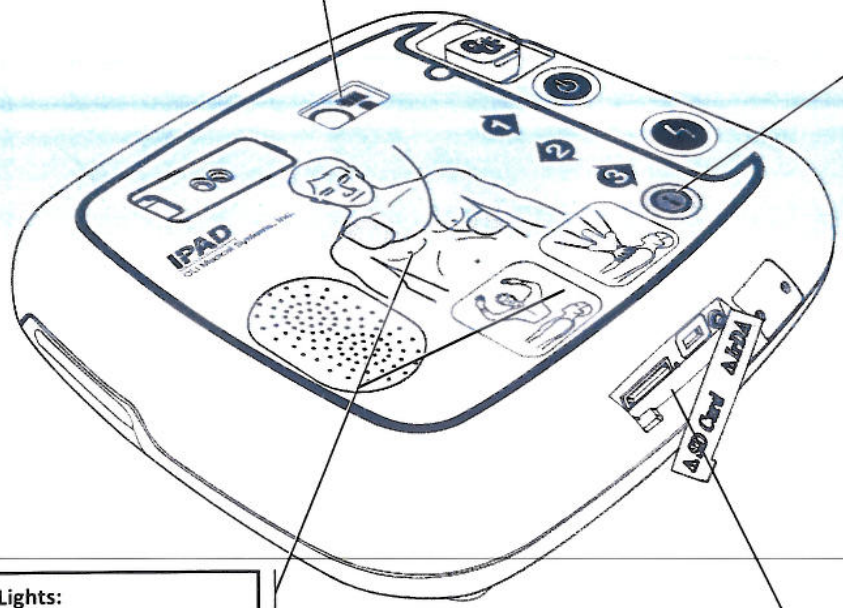
iPAD

SP1 Layout Cont.

Visual Indicator:

Visual Indicator shows at a glance

- Battery Life
- Unit Status
- Pad Status



Information Button:

'i' button performs the following functions;

Allows responder to select if CPR metronome is heard during CPR

Checks for faults and errors

Provides 'handover' information to Ambulance crew (usage time and shocks delivered)

Allows the SP1 to be programmed with CPR protocols such as compression rate, number of compressions, breaths and cycles etc, ensuring that the SP1 is always up to date

Downloads data for review

Checks the units software version

Indicator Lights:

Indicator Lights operate in time with the voice prompts to prompt the responder with;

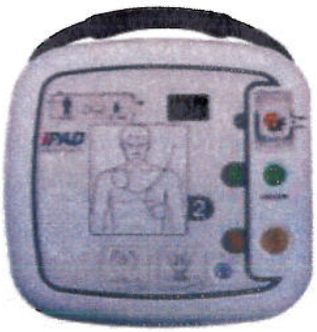
- Pad placement
- Staying clear of casualty
- CPR compressions

Data Recording

- IrDA Port - Wireless Transmission of data to PC
- SD Card Port - Data can be transferred easily
- Internal Memory (Nand-Flash) - ECG, Event
- Storage Capacity - Multi recording 5 events / max 3 hours
- Data review program - CU-EX1 Software (for PC)

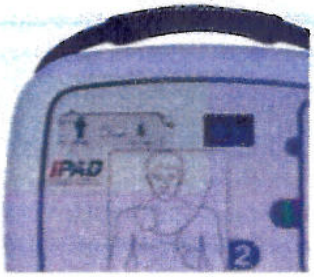
iPAD

Key Features



The new iPAD SP1 from CU Medical is the latest in the range of intelligent public access defibrillators from one of the Worlds leading manufacturers of clinical defibrillator monitors.

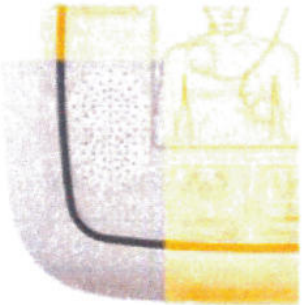
Designed to be used by minimally trained individuals, the iPAD SP1 is suitable for use almost anywhere that people gather, whether it's within the workplace, a shopping centre or a hospital, the iPAD SP1 makes saving lives easier than ever.



Easily switch from Adult to Child mode without changing pads

Safety cover prevents accidental switching

Smaller child pads also available



Ambient noise detector measures level of background noise and adjusts the volume of the voice prompts accordingly.

Ideal for noisy environments such as public places, factories, warehouses, schools etc.

Integrated pad storage - electrode pads are stored, pre-connected, in a clear compartment on the underside of the unit.

Pads are easily removed by pulling on the exposed tab

The pads are always ready for use and easily checked

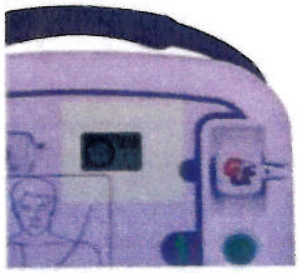
CPR Detection - the iPAD SP1 detects if CPR is being performed when appropriate

If CPR is not being performed, voice prompts encourage the responder to 'perform CPR'

If CPR is being performed, voice prompts encourage the responder to 'continue CPR'

iPAD

Key Features Cont.



Visual Indicator shows at a glance

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- Unit Status
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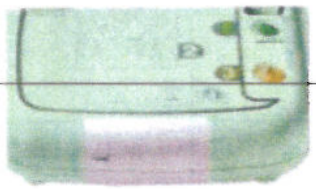
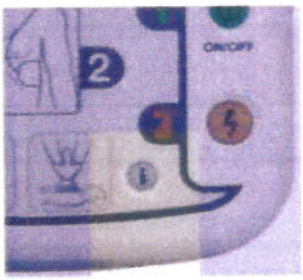


Internal memory stores the last 5 events/3 hours of data.

Data can be transferred via the built in SD card and IrDA ports

Data can be reviewed via the 'CU-EX1' software (for pc)



'i' button performs the following functions;

- Allows responder to select if CPR metronome is heard during CPR
- Checks for faults and errors
- Provides 'handover' information to Ambulance crew (usage time and shocks delivered)
- Allows the SP1 to be programmed with CPR protocols such as compression rate, number of compressions, breaths and cycles etc, ensuring that the SP1 is always up to date
- Downloads data for review
- Checks the units software version

iPAD

Visual Indicator Statuses

Indicator	Description	Note
Status LCD **Device Operation**	The device is functioning normally.	
Status LCD **Device Operation**	The device has an error.	
Status LCD **Battery Level Indicator**	The battery is fully charged.	
Status LCD **Battery Level Indicator**	Less than half battery power remains.	
Status LCD **Battery Level Indicator**	Less than a quarter battery power remains.	
Status LCD **Battery Level Indicator**	Battery is low.	
Status LCD **Pad Status**	The expiration date of the pad is more than 3 months.	
Status LCD **Pad Status**	The pad will expire within 3 months.	
Status LCD **Pad Status**	The pad is used or expired.	
Do Not Touch Patient Indicator: Off	You may touch the patient.	
Do Not Touch Patient **Indicator: Light**	You may not touch the patient.	
CPR Detection Indicator: Light	Indicates that CPR is being performed.	
CPR Detection Indicator: Flashing	Indicates that CPR is not performed or not properly performed.	
i-Button: Flashing in Red	The device detected an error. Press the i-Button for more information.	
Shock Button: **Flashing in Orange**	The device is ready to deliver a defibrillating shock. Press the Shock Button to deliver a shock.	

iPAD

AED Comparison Table

	IPAD SP1	Cardiac Science G3	Philips/Laerdal FR3	ZOLL AED Plus	PhysioControl Lifepak CR+	Heartsine Samaritan
Electrodes Tested For Presence	✓	✓	✓	✗	✗	✗
Daily, Weekly, Monthly Self Tests	✓	✓	✓	✓	✓	✓
All Tests Automated	✓	✓	✓	✓	✓	✓
Status Indicator Showing Clinical Readiness	✓	✓	✓	✓	✓	✓
Battery Capacity Gauge	✓	✓	✗	✗	✗	✗
Pad Life Indicator	✓	✗	✗	✗	✗	✗
Used Pad Detection	✓	✓	✗	✗	✗	✗
Pad Life From Manufacture	36 months	2 Years	2 Years	5 Years	2 Years	3.5 Years
Uses Same Set of Pads of Adult And Child	✓	✗	✓	✗	✗	✗
Ambient Noise Detector	✓	✗	✗	✗	✗	✗
Integrated Pad Storage	✓	✓	✗	✓	✓	✓
CPR Detection	✓	✗	✗	✓	✗	✗
Illuminated Prompts	✓	✗	✓	✓	✓	✓
Internal Memory Capacity	15 hours	1 Hour	TBC	7 Hours	20 Minutes	45 Minutes
Data Transfer Method	IR / SD Card	Direct Connect	Direct Connect	Direct Connect	Direct Connect	Direct Connect
User Reprogrammable	✓	✓	✓	✓	✓	✓
CPR Metronome	✓	✓	✓	✓	✓	✓
Paramedic Handover Information	✓	✗	✗	✗	✗	✗
Fluid Ingress Protection	IP 55	IP 24	IP 55	IP 55	IP 55	IP 56
Battery Capacity (Shocks/Shelf)	200/5 years	290/4 years	/5 years	/5 years	/2 years	/3.5 years
Carry Case Supplied As Standard	✓	✗	✗	✓	✓	✓
Manual Self Test Option	✓	✗	✗	✗	✗	✗
All Status Indicators Visible When Case Is Closed	✓	✗	✗	✗	✗	✗

* Requires Key To Alter Settings.

Data supplied by Community Heartbeat Trust

SP1 Accessories

SP1 Disposable Adult/Child Smart Electrode Pads

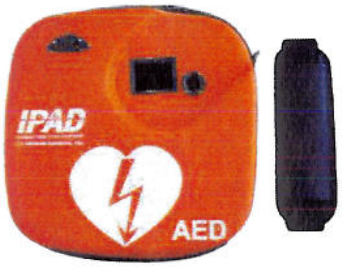
SP1 Adult/Child "Smart" Pads, capable of 'talking' to the device to share expiry notice and previous usage.

These pads are useable with paediatric patients thanks to the intuitive adult/paediatric switch on the device.

SP1 Disposable Battery Pack

This Lithium-Manganese Oxide (LiMnO2) disposable battery.

With up to five years life or in excess of 200 shocks it is high performing while cost effective.



SP1 Orange Carry Case

This highly visible carry case is the perfect companion for your SP1 device. Currently available at no additional cost.

The bag has space for an additional set of pads, a spare battery and an AED Start Kit. There is also a detachable shoulder strap.

The case offers protection while still being able to use the device.

Additional Options

SP1 Wall Bracket

This sturdy metal wall bracket is the perfect means for keeping the i-PAD at hand, ready to use.

The SP1 is securely cradled and held in place, with a Velcro strap for quick release.

SP1 Wall Cabinet

This rigid plastic wall cabinet is ideal for holding your i-PAD within an indoor environment. The device is held firmly in place until required. There is also a battery operated alarm, which is triggered when the door is opened.

Dated 2013

North East Ambulance Service NHS
NHS Foundation Trust

ESTABLISHED BASE RESPONDER AGREEMENT

BETWEEN

NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST

and

[NAME OF THE SITE CONTROLLER]

Ward Hadaway
Sandgate House
102 Quayside
Newcastle upon Tyne
NE1 3DX

Contents

This Agreement is made on **2013**

BETWEEN:

(a) **North East Ambulance Service NHS Foundation Trust** of Bernicia House, The Waterfront, Goldcrest Way, Newburn Riverside, Newcastle upon Tyne, NE15 8NY ("the Trust"); and

(b) [***Name and address of Established Base Responder Site***] of [ ] ("the Site Controller");

(together "the Parties").

RECITALS

(A) The Trust is required to have in place arrangements with established based sites who host an AED and that have staffs who have been trained to attend emergency calls received by the Trust within their place of work, providing appropriate care until the arrival of the statutory emergency resource.

(B) This Agreement between the Trust and the Site Controller is to govern the arrangements set out in Recital A above.

(C) The Parties have agreed to co-operate and work together on the terms of this Agreement.

1. **Interpretation**

"Community Resuscitation Management Team "	means the Trust team detailed at Schedule 4 or as applicable from time to time
"Contact Centre"	means the Trust's control centre which is authorised to receive emergency calls from the public and to act upon these as required in accordance with its terms of authorisation;
"Dispatch Desk"	means the dedicated desk within the Contract Centre to which the Site Controller has access via a non-public means of communication.
"Equipment"	means those items of kit and equipment which the Site Controller has agreed to provide to enable Site Based Responders to provide the Services and as detailed in Schedule 1;
"Life Threatening Conditions"	means a condition where there is an immediate risk to the patient's life.
"NHSLA"	means the National Health Service Litigation Authority;
"Patient"	means an individual who is suffering from a Life Threatening Condition, impairment or illness which results in attendance by a Site Based Responder;

"Services"	means the provision of basic life support including, where appropriate, the use of a defibrillator AED to Patients;
"Site"	means the location where the AED is housed.
"Site Based Responder(s)"	means individuals who are located at the Site who have agreed with or been chosen by the Site Controller to provide Services to Patients in accordance with the terms of this Agreement;
"Training"	means the training to be given to Site Based Responders in accordance with Clause 4.1 and Schedule 5;
"Trust Policies"	means those policies of the Trust which are relevant to the Services, the Site Controller and/or the Site Based Responders, as listed at Schedule 3 including any updates or replacements of the same applying from time to time.
"NEAS07 Incident Form"	means The Trust's generic incident reporting form;

1.1. The Schedules and any appendices form part of this Agreement and will have the same force and effect as if expressly set out in the main body of this Agreement.

2. **The Services**

2.1. The Site Controller shall nominate and engage Site Based Responders to deliver the Services in accordance with the terms of this Agreement.

2.2. The Services delivered under this Agreement are not intended to and does not create a contract of employment between the Site Based Responders and the Trust.

2.3. The Parties shall comply with all statutory obligations, enactments, regulations and legal, professional and ethical requirements relating directly to its provision of the Services.

3. **Duration**

3.1. This Agreement shall commence on the abovementioned date and shall continue until either Party terminates the Agreement by 1 months written notice to the other party.

4. **Site Based Responders Responsibilities**

4.1. The Site Controller shall ensure that Site Based Responders are aware of their responsibilities and will require each Site Based Responder to sign the form attached at Schedule 8. The Site Controller shall also be responsible for the following:

4.1.1. Training

4.1.1.1. The Site Controller agrees to ensure there are sufficient Site Based Responders to deliver the Services and that those individuals are released from any other duties so as to enable them to attend Training.

4.1.1.2. The Site Controller shall ensure that all Site Based Responders involved in the provision of the Services have completed Training to ensure that they are properly trained in basic life support, able to attend Patients and to use the Equipment.

4.1.1.3. All Training delivered by the Trust to Site Based Responders under this Agreement shall be free of charge.

4.1.1.4. If required by the Trust, Site Based Responders shall undertake any further training that may be identified by the Trust in connection with the provision of the Services to ensure that their continuing professional skills and development training is maintained.

4.1.2. Responsibility to Patients

The Site Controller must ensure that Site Based Responders shall:-

4.1.2.1. at all times when delivering care to a Patient act with tact and sympathy towards the Patient and any friends or relatives of the Patient, or others at the scene;

4.1.2.2. not discriminate against any Patient, their friends or relatives or any employee of the Trust on unjustifiable grounds which would include colour, race, nationality, ethnicity, national origin, religion or belief, gender, marital status, responsibility for children or other dependants, disability, sexual orientation, gender reassignment, age, trade union membership, political activities, social class or where a person lives;

4.1.2.3. in delivering care to a Patient, act in the best interests of the Patient up to but not exceeding the level of skill and expertise acquired by the Site Based Responders as a result of the Training;

4.1.2.4. operate in a self-disciplined, honest, respectful manner towards all persons he/she comes into contact with when discharging his/her duties under this Agreement.

4.1.3. Duty of Confidentiality

4.1.3.1. The Site Controller and Site Based Responders must not divulge or discuss with any person, other than relevant medical professionals who are linked to the care of that particular patient or the CRDT, any matters relating to the diagnosis or treatment of a Patient.

4.1.3.2. The Site Controller agrees to adhere to and to ensure Site Based Responders shall adhere to, the confidentially and Freedom of Information provisions set out at Schedule 2.

4.1.4. Appearance and Health and Well Being

4.1.4.1. When delivering the Services the Site Controller shall ensure that Site Based Responders:

4.1.4.1.1. maintain a clean and smart appearance;

4.1.4.1.2. maintain high levels of personal hygiene and cleanliness;

4.1.4.1.3. are fit and healthy;

4.1.4.1.4. shall not act when under the influence of drugs and/or alcohol;

Failure to adhere to any of the above requirements may result in the immediate termination of this Agreement.

4.1.5. Equipment

4.1.5.1. The Site Controller shall ensure Site Based Responders use the Equipment when delivering the Services in accordance with Training received.

4.1.5.2. The Site Controller shall maintain the AED in compliance with manufacturer's instructions and ensure that the appliance has the benefit of an appropriate manufacturer's warranty at all times. In the event that such warranty expires or is unavailable the Site Controller shall notify the Trust immediately and take such steps as the Trust may reasonably require to purchase an appropriate warranty where this is available.

4.1.5.3. The Site Controller shall carry out and record a weekly visual check of any AED to ensure it is operational and all the associated components (and equipment) are in place (i.e. pads). In the event that any AED is not serviceable and/or any associated equipment is missing the Site Controller will contact the Trust as soon as practicable/without delay and services under this Agreement will be suspended until such times as the AED is deemed operational by the Trust.

4.1.5.4. Site Based Responders shall only use the Equipment (and no other equipment) when delivering the Services.

4.1.5.5. If any equipment schedule dates displayed on any item of Equipment are out of date the Site Controller must report this to the Trust via the Community Resuscitation

Management Team immediately and shall not use the Equipment until the items have been replaced by the Site Controller.

4.1.5.6. With regard to the storage of the Equipment, the Site shall ensure that all Equipment is stored safely, securely and in accordance with manufacturer's recommendations, particularly in respect of temperature sensitive items including batteries and defibrillators.

4.1.6. Records of maintenance of Equipment must be available to the Trust upon request.

4.1.7. Consumable items associated with the AED will be purchased by the Site Controller. These sundries are to include:

4.1.7.1. AED Pads (including spares)

4.1.7.2. Batteries

4.1.7.3. Pocket masks

4.1.7.4. Razors

4.1.7.5. Tuff Cut Scissors

4.1.7.6. Towels

4.2. Trust Policies and procedures

4.2.1. The Site Controller agrees that it will comply, and shall ensure that Site Based Responders comply, with the Trust's Policies when delivering the Services.

4.2.2. The Site Controller shall co-operate (and shall ensure that Site Based Responders co-operate) with the Trust in connection with any internal investigations and/or with third parties including the Police with regard to site or incident investigations.

4.2.3. In complying with clause 4.2.2, the Site Controller shall at all times adhere to (and ensure Site Based Responders adhere to) the duty of confidentiality set out at clause 4.1.3 and Schedule 2 of this Agreement, and no patient related or other confidential information shall be given to a third party without the prior consent of either the Community Resuscitation Management Team or the Contact Centre, who are responsible for such disclosure on behalf of the Trust.

4.2.4. The Site Controller shall not disclose (and shall ensure Site Based Responders shall not disclose) any information arising out of or in connection with this Agreement without first obtaining the prior written consent of the Community Resuscitation Management Team. For the avoidance of doubt and by way of example only, this obligation applies in respect of all media, internet and website coverage.

4.2.5. The Site Controller and Site Based Responders shall be subject to the supervision of the Community Resuscitation Management Team who shall decide, on behalf of the Trust whether or not the Site Controller is complying with the terms of this Agreement and if not whether this Agreement should be terminated.

4.3. Duty of Care

4.3.1. The scope of clinical practice to be carried out at the Site by Site Based Responders will be prescribed during Training. If the Site Based Responders work outside the scope of this Agreement the Trust may terminate this Agreement and the NHSLA insurance arrangements described at clause 8.2 may not apply.

4.3.2. The Trust will not be responsible for any claims which may arise as a result of Site Based Responders acting outside of their duties under this Agreement.

5. Trust Responsibilities

5.1. Training and Personnel

The Trust shall:-

5.1.1. ensure that the Site Based Responders nominated by the Site Controller and notified to the Trust receive the Training before being authorised to deliver the Services;

5.1.2. maintain an up to date training file on a training database detailing Training received by Site Based Responders at the Site;

5.1.3. if necessary, maintain a personnel file for the Site Based Responders containing all information and documentation as deemed necessary by the Trust from time to time.

5.2. Data Protection

The Trust shall manage and maintain all relevant data and records relating to the Site Based Responders in accordance with the Data Protection Act 1998.

6. The Activation Process and Criteria

6.1. Unless otherwise confirmed by the Trust in writing, the following process will apply in relation to initiating a response from a Site Based Responder:

6.1.1. As soon as it is apparent to a Site Based Responder or the Site Controller that a visitor to the Site is suffering from a Life Threatening Condition, the Site Controller and/or Site Based Responder must inform the Contact Centre via a 999 call immediately to enable to the Trust to assess the situation and to ensure that the appropriate response, and if necessary treatment is provided to the Patient.

6.1.2. Notwithstanding clause 6.1.1, it is possible that the Contact Centre could receive a call from a member of the public and not directly

from the Site Based Responder or Site Controller with information of a Patient suffering from a Life Threatening Condition on the Site.

6.1.3. The Contact Centre and/or Dispatch Desk will notify the Site Controller / Site Based Responder in the event it is considered appropriate for a Site Based Responder to attend to a Patient at the Site and deliver care until the ambulance arrives.

6.1.4. In order for a Site Based Responder to respond to an incident, he/she must first be authorised to attend by the Trust via the Contact Centre and/or Dispatch Desk as outlined in clause 6.1.3 and the Trust will not be liable for any acts or omissions of a Site Based Responder who acts before such authorisation has been given.

6.1.5. The Site Based Responder will only be required to attend the incidents described in Part 1 of Schedule 6

6.1.6. Should a response be required the nearest ambulance resource will be dispatched to the incident at the Site with the crew having been informed that a Site Based Responder is attending where possible.

6.1.7. The Site Based Responder shall be released from the incident scene by the ambulance resource once the Site Based Responder has satisfactorily handed over the Patient to the ambulance crew.

6.1.8. The Site Controller or Site Based Responder shall notify the Trust via the Community Resuscitation Management Team of any near misses, accidents or injuries sustained by the Site Based Responder during such times as he/she is acting in accordance with this Agreement and responding to a Patient whilst on duty and delivering the Services.

6.1.9. The Community Resuscitation Management Team will arrange to meet the Site Based Responder to complete an incident form (NEAS07), if an incident happens out of office hours the Site Based Responder should also notify the relevant Dispatch Desk.

6.1.10. In the event of the AED being deployed and pads placed on a Patient, the Site Controller and/or Site Based Responder must inform the Community Resuscitation Management Team without delay. At the discretion of the Trust:

6.1.10.1. a member of the Community Resuscitation Management Team will visit the Site and/or telephone the Site Based Responder.

6.1.10.2. telephone counselling may be available to all Site Based Responders upon request

6.1.10.3. arrangements shall be made to download the AED to access the data recorded

6.1.10.4. collect or receive the Resuscitation Council UK Event Report Form.

6.2. The Trust will regularly audit compliance with the above procedures by both the Site Based Responder and the Trust.

7. **Vehicle usage**

7.1. Not Used

8. **NHSLA**

8.1. The Trust is a member of the NHSLA insurance scheme which provides employer liability, clinical negligence liability and public liability cover for the Trust and its employees and agents where those agents owe a duty of care to persons injured.

8.2. Provided that the Site Controller acts (and ensures that Site Based Responders are acting) in accordance with the terms of this Agreement and delivers the Services as described herein, the Site Controller and Site Based Responders shall benefit from the Trust's NHSLA insurance arrangements.

8.3. The Trust will not be responsible for any claims which may arise as a result of Site Controller or Site Based Responders acting outside of their duties under this Agreement.

9. **Clinical Governance and Clinical Record Keeping**

9.1. The Site Controller must ensure Site Based Responders complete a UK Resuscitation Council Event Form in the prescribed format for every Patient in respect of whom the AED is deployed. Template forms will be provided in advance by the Trust

10. **Termination**

10.1. Either Party may terminate this Agreement by notice in writing to the other Party.

11. **Miscellaneous**

11.1. The Trust may assign or novate this Agreement to any successor organisation.

11.2. The Site Controller may assign or novate this Agreement with the prior written consent of the Trust / by providing one 1 months written notice to the Trust.

11.3. Either Party may request a meeting to review the terms of this Agreement. Any changes to the Agreement must be consented to by both parties in writing and attached as an appendix to this Agreement.

11.4. Any disagreement or dispute arising out of this Agreement which cannot be resolved between the parties shall be referred:

11.4.1. in the first instance to the Trust's Community Resuscitation Manager who would seek to resolve any issues with the Controller;

11.4.2. if the matter cannot be resolved in clause 11.4.1, then the dispute will be escalated to the Trust's Head of Clinical Education and Development or at their discretion a Trust Director.

11.5. This Agreement shall be governed by and construed in accordance with the laws of England and Wales and the English Courts shall have exclusive jurisdiction to settle any dispute which may arise out of or in connection with this Agreement

11.6. This Agreement is enforceable by the original parties to it and by their successors in title and permitted assignees. Any person who is not a party to this Agreement shall not be entitled to enforce it.

11.7. This Agreement may be executed in any number of counterparts, all of which when taken together shall constitute one and the same instrument.

11.8. In the event that any Site Based Responder is no longer employed by the Site Controller or located at the Site, the Site Controller will notify the Trust of this fact and nominate an alternative individual to undertake Training and become a Site Based Responder.

11.9. The Site Controller shall continue to provide standard equipment and first aiders as required by the Health and Safety Executive or as otherwise required by law for normal first aid provision as required outside of this Agreement. Nothing in this Agreement shall relieve the Site Controller of its duties and obligations required by the Health and Safety Executive for normal first aid provision.

11.10. Each Party agrees to immediately notify the other in the event of any act or omission arising under this Agreement which could reasonably give rise to a claim by a Patient or otherwise affect that party's ability to fulfil its obligations under this Agreement.

IN WITNESS WHEREOF the parties have signed this Agreement on the date first before written

Signed for and on behalf of

North East Ambulance Service)

NHS Foundation Trust) ……
(authorised signatory)

Signed by the [name])

The Site Controller)……
(name)

Schedule 1

Equipment

AED	Live AED fully serviceable and compliant to manufacture operating guidelines Working battery Two sets of in date AED pads hygiene kit – gloves, tough cut scissors, pocket mask, paper towels, two razors At least two Resuscitation Council AED event forms

Schedule 2

Confidentiality and Freedom of Information

Confidentiality

In delivering the Services under this Agreement the Site Controller agrees as follows:

- to treat as confidential all information which may be derived from or be obtained in the course of the Agreement or which may come into the possession of the Site Controller as a result or in connection with the Agreement;
- to provide all necessary precautions to ensure that all such information is treated as confidential by the Site Controller;
- to ensure that any personal information obtained from any Patient or the Trust shall not be disclosed or used in any unlawful manner;
- to indemnify the Trust against any loss arsing under the Data Protection Act 1998 caused by any action authorised or unauthorised, of the Site Controller;
- no further use may be made of personal data/ confidential information other than as specified in this Agreement;
- no copy of data may be made in any circumstances;
- if the Trust informs the Site Controller that any part of any data it has supplied to the Site Controller needs to be amended or deleted the Site Controller will ensure this is carried out promptly on all copies held;
- at all times care shall be taken not to allow any unauthorised person to see personal data on screen, as a hard copy, in temporary or permanent stored form or hear its contents discussed in conversation.

Freedom of Information and Data Protection

The Site Controller acknowledges that the Trust is subject to the Freedom of Information Act 2010, the Environmental Information Regulations 2004 and the Data Protection Act 1998. The Controller agrees to fully co-operate with the Trust to enable it to comply with its obligations and to promptly assist the Trust in relation to any requests it may receive under the Freedom of Information Act 2010.

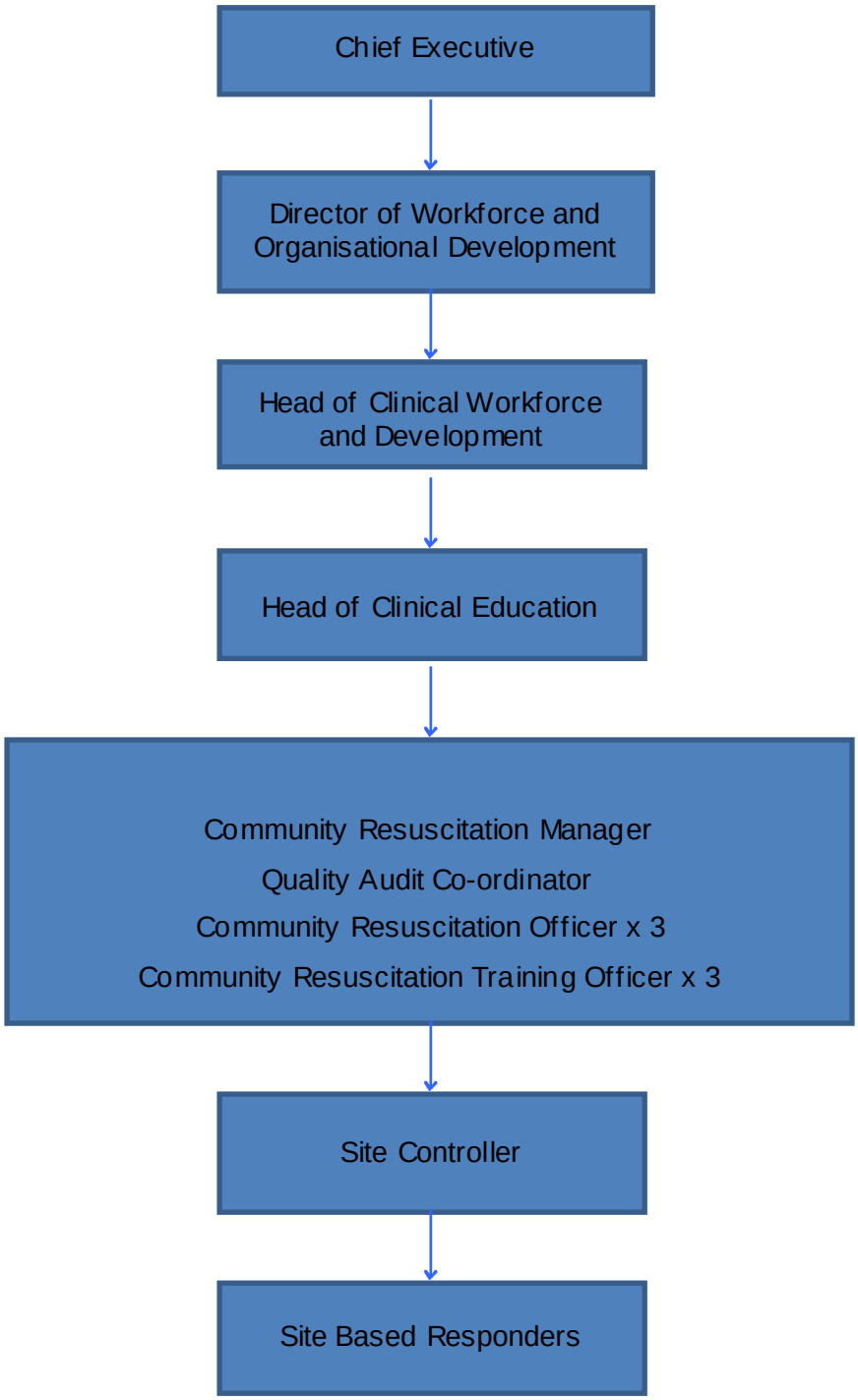
Schedule 3

Trust Policies

- Trust Confidentiality Policy and Staff Code of Conduct
- Infection Control policy
- Trust Equality and Diversity Policy

Schedule 4

Community Resuscitation Management Team



Schedule 5

Training Programme

The Trust will provide an initial four hour training course for new Site Based Responders. Thereafter two (2) hour refresher training sessions shall be provided annually, for such time as the parties agree to co-operate and work together in accordance with the terms of this Agreement.

As a minimum, Training shall include the following:

- E.g. use of an automated external defibrillator;
- Basic Life Support skills, to assist when/if dealing with a patient on Site who is suffering from a Life Threatening Condition.

Schedule 6

Dispatch Criteria

Site Based Responders will be required to assist Patients at the Site who display the following symptoms:

- Breathing difficulties / respiratory arrest;
- Chest Pains;
- Heart Attack;
- Cardiac Arrest;
- Unconsciousness (not due to trauma);
- Collapse;
- Seizures/Fits.

For safety, Site Based Responders will be excluded from attending the following incidents:

- Fire related calls;
- Trauma;
- Suspected spinal injuries;
- Road Traffic Collisions;
- Industrial Incidents;
- Acts of aggression/violence;
- Alcohol or drugs related incidents (including calls to any licensed premises);
- Maternity/Gynaecological Emergencies;
- Patients under 16 years old;
- Confirmed pandemic influenza;
- Meningitis.

Schedule 7

Not Used

Schedule 8

Site Based Responders Consent Form

Site Based Responders will undertake the Training offered by the Trust to ensure they are properly trained in basic life support, able to attend Patients and to use the Equipment otherwise referred to as the Services in the Site Based Responder Agreement between and the North East Ambulance NHS Foundation Trust.

In addition to the above all times when delivering the Services, Site Based Responders shall:

- act within the scope of the Training given by the Trust;
- deliver care with tact and sympathy towards the Patient and any friends or relatives of the Patient
- not discriminate against any Patient, their friends or relatives or any employee of the Trust on unjustifiable grounds which would include colour, race, nationality, ethnicity, national origin, religion or belief, gender, marital status, responsibility for children or other dependants, disability, sexual orientation, gender reassignment, age, trade union membership, political activities, social class or where a person lives;
- In delivering care to a Patient, act in the best interests of the Patient up to but not exceeding the level of skill and expertise acquired by the Site Based Responder as a result of the Training;
- Operate in a self-disciplined, honest, respectful manner towards all persons he/she comes into contact with when discharging his/her duties under this Agreement;
- Treat all information received when performing the Services confidential and not divulge or discuss such information with any person, other than relevant medical professionals who are linked to the care of that particular Patient or the Community Resuscitation Management Team
- Maintain a clean and smart appearance.
- Not act when under the influence of drugs and/or alcohol
- Use Equipment in accordance with Training received;
- Comply with all Trust policies, and training known to the Site Based Responder;
- Co-operate with the Trust in relation to any internal or external investigations;

Signed ……..

Site Based Responder

UA Name	Total Number of Arrests	Number of bystander CPR	%
Hartlepool	98	12	12
Middlebrough	159	22	14
South Tyneside	186	28	14
Gateshead	302	46	15
Newcastle upon Tyne	285	44	15
Stockton	196	31	16
Sunderland	325	55	17
Durham	553	112	20
North Tyneside	219	43	20
Darlington	86	18	21
Northumberland	336	79	24
Redcar & Cleveland	130	32	25

FINANCE AND POLICY COMMITTEE

25th April 2014

Report of: Assistant Chief Executive

Subject: HARTLEPOOL BOROUGH COUNCIL ALCOHOL AND SUBSTANCE MISUSE POLICY AND PROCEDURE

1. TYPE OF DECISION/APPLICABLE CATEGORY

Not applicable.

2. PURPOSE OF REPORT

2.1 To provide an update to the committee on the review of the Councils substance misuse policy and to seek the committees support in the adoption of an alcohol and substance misuse policy.

3. BACKGROUND

3.1 For a number of years the Council has had a substance misuse policy which has been successful in that it has encouraged staff who may have issues with using alcohol/substances to acknowledge these and have received, if appropriate, support from the Council and/or other agencies to deal with their misuse of alcohol or substances. However, there still remains a risk that staff who abuse alcohol or misuse other substances may be at work under the influence of these substances and put themselves, their colleagues, the Council and others at risk. The revised policy (attached as **appendix 1**) aims to address any ambiguities and strengthen the testing regime to maintain a robust and comprehensive policy.

4. CONSIDERATION OF ISSUES

4.1 Alcohol continues to cause significant health effects and conditions (including fatalities) resulting in significant emotional stress to the individual and their families and cost to the health services. The cost of alcohol misuse in Hartlepool equates to **£459** per head of population. Alcohol abuse can also affect the wider community as there is a clear link between alcohol and violent crime with more than one quarter of the population in Hartlepool being “binge drinkers”.

4.2 One of largest impacts of alcohol is through accidents due to impaired judgement and risk taking. Provisional estimates from the Reported Road Casualties in Great Britain Annual Report for 2012 suggests that **280** people were killed in drink drive accidents, an increase of around **17** per cent compared with 2011 and accounting for **16** per cent of all road deaths in Great Britain. The potential for this to impact work should not be under estimated as Police statistics show that in **13** per cent of those arrested for drink-driving last year were caught in the seven-hour "morning-after" time slot with some parts of the UK, reporting that **over half of all arrests** for drink-driving last year being made the 'morning-after'. In the Metropolitan Police area of the **10,411** motorists arrested in 2011 a total of **11** per cent of those caught were between the hours of 5am to 12 noon.

4.3 Substance misuse is more complex in that **less than two thirds** of drug users are known to treatment services and as such it is difficult to estimate how many staff may be regular users but who have not indicated that they have an issue. People who misuse substances often have a range of health and social problems, which may have led to the misusing or maybe a consequence of their addiction. For the people who take them, illegal drugs can be a serious problem. The National Programme on Substance Misuse Deaths for 2012 shows that **1,757** deaths per year in the UK directly attributable to substance misuse. In a similar manner to alcohol substance misuse also has a link to crime mainly through acquisitive crime to fund the addition.

4.4 The revised policy is clear that being under the influence of alcohol or other substance in works time or whilst on Council business is not acceptable. It can lead to impaired judgment which can result in accidents, aggression and/or mistakes. Staff can be driving, in control of machinery, be in other high risk situations e.g. acting as lifeguards or be in the control of highly sensitive data. Any breach of statutory requirements such as causing an accident or release of data may result in the Council being held accountable for the action of an individual employee. Whilst the Council can not completely absolve itself of the liability it would be negligent if it did not ensure robust procedures are in place to reduce the risks by preventing, so far is reasonably practicable, people being under the influence of alcohol or other substances whilst at work.

4.5 The risks to the Council can be quite significant as under the Corporate Manslaughter and Corporate Homicide Act 2007, the Council can be found guilty of corporate manslaughter if as a result of serious management failures a gross breach of a duty of care occurs. In addition individual directors, senior managers or employees can be prosecuted personally for health and safety or gross negligence. Therefore it is important that where alcohol or substance misuse is suspected that it is investigated and robust action taken. Failure to robustly investigate and take action of any alcohol or substance misuse may be treated as breaches by the enforcement agencies such as the Police and Health and Safety Executive.

4.6 The key elements of the revised policy are essentially the same as the previous policy in that it encourages and is supportive of individuals who acknowledge that they have an issue and ask for assistance. However it strengthens the arrangements for testing of an individual following an accident or if there are "grounds to suspect that an employee is impaired" due to the influence of alcohol or other substance. The decision to undertake testing is not taken lightly and can only be authorised by a Chief Officer.

4.7 It has been appreciated throughout the review process that there is a balance to be struck between personal freedoms and protecting the Council, its employees and others from the effects should someone be at work under the influence of alcohol or other substances. The policy has been considered by the Council's Corporate Management Team who support the revised policy. In addition detailed discussions have been held with trade union representatives and following extensive consultation the wording of the policy and procedure has been formerly agreed at the Single Table meeting.

5. RECOMMENDATIONS

5.1 That the Committee supports the adoption of the revised Alcohol and Substance Misuse Policy and Procedure.

6. REASONS FOR RECOMMENDATIONS

6.1 To ensure the Alcohol and Substance Misuse Policy is clear on what is expected of staff and elected members in relation alcohol and substance misuse.

7. BACKGROUND PAPERS

Substance Misuse Policy and Procedure updated October 2012.

8. CONTACT OFFICER

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HARTLEPOOL
BOROUGH COUNCIL

Alcohol and Substance Misuse Policy and Procedure

Workforce Services

Policy Statement

Hartlepool Borough Council is committed to the protecting Health, Safety and Welfare of its employees. The Council aims to demonstrate this commitment by providing a safe working environment and by addressing any health and welfare issues in a fair and consistent manner. The aim of this Policy is to ensure that the Council's response to alcohol and substance misuse is clearly stated and implemented across the Council. This is so that staff and those with whom the Council works recognises that people can have issues with alcohol and substances. If this is acknowledged by an individual and brought to the attention of the Council at an early stage then the Council will, where reasonable and practicable, be supportive of the individual to address this issue. However the misuse and being under the influence of alcohol and substances at work is unacceptable and will be managed. Where an individual is part of a controlled rehabilitation programme, each case will be considered individually and managed in the context of this programme.

1. Scope & Purpose

1.1 Hartlepool Borough Council recognises its duty to ensure, as far as is reasonably practicable, the health, safety and welfare of its employees and as such is concerned with any alcohol, drug or substance abuse or misuse which may affect:

- the health and safety of other employees, clients, service users or members of the public;
- the employee's personal health and safety, work performance and / or attendance;
- the Council's image to the public.

1.2 Employees have a duty under health and safety legislation to co-operate with their employer on health and safety issues and not to put their own or other people's health and safety at risk. Employees must therefore ensure that they are not unfit for their duties at work as a result of being under the influence of alcohol, drugs or other substance. It should also be noted that employees driving, using machinery and equipment whilst unfit to do so through either use of a substance or drugs, or consumption of alcohol, may be committing a criminal offence and could be prosecuted.

1.3 The Council has legal duties to both employees and third parties in relation to health and safety. If an employee might place colleagues in danger by their behaviour, the Council has a responsibility to remove that danger. The Council has an equivalent duty to ensure the safety of the employees themselves, so may need to take steps to remove them from the working environment, either temporarily or permanently.

1.4 Alcohol and substance misuse can lead to considerable problems for both the individual and the organisation as a whole. The Council encourages those who have a problem to seek support early as the effects can be serious and

lead to problems with their health, work performance, conduct and relationships at work.

1.5 An employee deemed to be dependent on alcohol or substances will be actively encouraged to come forward and seek treatment for the condition. An employee who comes forward in these circumstances will normally receive help and support from their line manager and Workforce Services staff linking with any appropriate support services available.

1.6 This policy and procedure applies to all employees of Hartlepool Borough Council regardless of grade or status and is suitable for adoption by the governing bodies of all schools.

1.7 In addition to employees the Council also expects all workers engaged via Hartlepool Borough Council or contractors working on its behalf to comply with this policy (although testing via the Council would not be applicable in these cases). Failure to adhere to this policy is likely to result in the working arrangements being put at risk.

2. Providing Support and Assistance

2.1 The Council will aim to ensure that an employee who has an alcohol and/or substance problem and has recognised this and requested assistance receives appropriate support and assistance whenever these requests are reasonable. However in cases where disciplinary or capability procedures have commenced or need to commence or progress, this may not be appropriate.

2.2 This support may include:

- A referral to the Council's Occupational Health Service for advice and guidance;
- Reasonable time off during work to attend counselling (an individual will be required to produce evidence of appointments);
- Temporary redeployment or restrictive duties if appropriate and where possible

2.3 If appropriate to the circumstances the individual may be required to sign up to an agreed testing regime as part of the rehabilitation programme agreed with the individual.

3. Breach of this Policy

3.1 Where an employee breaches this policy and/or associated procedures then the Disciplinary Procedure may be invoked.

3.2 Serious breaches may result dismissal.

3.3 Under this policy and procedure employees will not be entitled to employee support (and in all circumstances involving illegal drugs, the police will be informed) and the disciplinary procedure will be invoked where they :

- have illegal drugs in their possession whilst at work.
- use illegal drugs whilst at work.

- have illegal drugs in their possession with an intention to supply, whilst at work.
- whilst at work, allow work premises/property to be used for the use or supply of illegal drugs.

4. Policy Aims

4.1 The Council will generally regard the misuse of alcohol, illegal drugs, prescribed drugs or any other substance misuse primarily as a health and welfare issue rather than a disciplinary problem, unless the circumstances are so serious they demand immediate disciplinary action. Employees who are known or suspected of having a problem should be encouraged to seek help and treatment. The Council will aim to ensure that employees who have problems will be treated in confidence, treated fairly and consistently and are given reasonable support to enable them to improve their health`.

4.2 The Policy aims to;

- To raise awareness of alcohol and substance misuse; both its signs and effects, to enable early identification of problems and minimising risks to the health and safety to individuals and others who may be affected by the actions of someone under the influence of alcohol or substances;
- To have a formal procedure in place ensuring awareness of responsibilities of both managers and staff;
- In appropriate cases to offer an employee support in receiving appropriate help and to encourage them to voluntarily seek treatment.

5. Definitions

5.1 Substance - For purposes of the policy, substance is used as the general terminology to include, legal and illegal drugs and other harmful substances including solvents, gases etc.

5.2 Alcohol - is defined to include alcoholic drinks such as beer, wine and spirits and other products e.g. gels, jellies, methylated spirits etc which have an alcoholic content.

5.3 **Alcohol abuse -** is the excessive consumption either on individual occasions (binge drinking) or as a regular practice, which interferes with that person's health and/or job performance and/or which may place themselves or others at risk.

5.4 Substance misuse - is defined as the use of illegal and/or the misuse of known 'legal highs' or prescription and 'over the counter' drugs which interferes with that person's health and/or job performance and/or which may place themselves or others at risk.

5.5 Substance abuse - is defined as the use of substances such as solvents, glues etc other than for their recognised purpose which interferes with that

person's health and/or job performance and/or which may place themselves or others at risk.

6. Conduct at Work in relation to Alcohol, Drugs and other substances

6.1 The Council has a duty to protect other employees and members of the public from the adverse effects of an employee who may be using alcohol and/or substances.

6.2 The following requirements apply to all staff. Failure to comply is likely to result in disciplinary action which could lead to dismissal.

- Employees must not consume alcohol whilst at work unless specific permission to drink reasonable amounts of alcohol e.g. during an awards ceremony has been given by an appropriate Chief Officer or other person in a position of authority. Where permission is granted employees should bear in mind that they are at work and should therefore ensure they behave in an appropriate manner.
- Employees must not take drugs requiring a prescription which have not been prescribed for them whilst in the course of their duties or present themselves for work under the influence of alcohol or drugs which have been consumed / taken prior to commencing their duties.
- Employees must notify their Line Manager of any side effects due to prescribed or over the counter drugs which may affect their performance at work. This may result in a restriction of duties or a referral to the Council's Occupational Health Service for advice.
- Employees must be fit to perform the duties required of them whilst at work. No individual will be permitted to work while suspected of being under the influence of alcohol, drugs or any other substance which may impact on their performance at work.

7. Procedure for dealing with Alcohol and/or Substance Misuse

7.1 Where a manager suspects an employee has an alcohol, drug or substance misuse problem they should;

- Hold a meeting with the individual to discuss the concerns/work issues, taking advice from a Human Resources Officer.
- Ensure the employee is aware of their right to be represented by a trade union representative or work colleague during the meeting
- Assess the relevance of testing programme.
- Make them aware of any support available
- Explain the consequences of continued poor work performance
- Hold regular progress meetings being accompanied if they wish by a trade union representative or work colleague during all of these meetings.
- Keep accurate confidential records of performance issues/problems and actions taken/agreed

7.2 Where an employee is referred to the occupational health service upon receipt of the medical advice it is likely a timescale for treatment will be agreed where appropriate.

7.3 If help and support is rejected or a relapse occurs the disciplinary or capability procedure may be progressed

7.4 During treatment/rehabilitation it may be necessary for an individual to be on sick leave, be temporarily redeployed or to work on restrictive duties. At this time the manager must maintain contact and give support particularly upon return to work.

8. Roles and Responsibilities

General

8.1 The **Assistant Chief Executive** has overall responsibility for the implementation, and monitoring the effectiveness of the policy and procedure and is specifically responsible for:

- ensuring the delivery of appropriate training
- provision and analysis of sickness absence and accident data.

8.2 **Managers and Supervisors** are responsible for:

- ensuring that employees are aware of the policy and procedure and what is expected of them;
- recognising problems which may arise due to alcohol, drug or substance abuse;
- investigating accidents, incidents and near misses;
- monitoring and managing attendance and performance;
- discussing health-related concerns at appraisals.
- ensuring employees receive the necessary training, and
- providing reasonable support depending upon the circumstances ;

8.3 **Employees**:
All employees have a responsibility under the Health and Safety at Work Act 1974 to ensure that as individuals they take reasonable care for the health and safety of themselves and other persons who may be affected by their acts or omissions at work.

8.4 **All employees have a responsibility to;**

- Not to attend work when they know they are under the influence of alcohol and/or substances but telephone work in accordance with the sickness absence procedures; Corporate Attendance Management Procedure
- Make management aware of their own individual problems with alcohol and drugs that affect work performance;
- Encourage their colleagues who may be experiencing difficulties with alcohol or substance misuse to bring this to the attention of their manager/supervisor;
- Co operate with any support and assistance available and provided to address the problem;
- Familiarise themselves and ensure adherence to this policy;
- To inform their Line Manager immediately of any side effects as a result of taking prescribed or over the counter medicines that impair their ability to perform their duties safely and satisfactorily;

- To submit to an alcohol and/or substance test in line with the policy.Refusal to take a test may mean judgments are made on circumstances/evidence available.

8.5 **Trade Unions / Staff Organisations** are available to:

- assist in implementing and operating the policy and procedure;
- inform employees about the policy and procedure;
- encourage employees who may have alcohol, drug or substance-related issues to seek help voluntarily;
- advise their members of their rights and responsibilities under the policy and procedure;
- support members at all stages of the policy and procedure.

8.6 **Workforce Services** are responsible for:

- providing advice and assistance to managers and employees on the policy and procedure;
- Arrange and undertake where appropriate any individuals substance testing.
- Ensuring confidential support and advice is available to employees with an alcohol, drugs or substance related problem or those working alongside such employees.
- Communicating the support and assistance available to employees.
- Signposting to specialist agencies.
- Providing support (and encouragement) if the employee refers themselves to a specialist agency.

8.7 **The Council's Occupational Health Service provider** is responsible for:

- providing impartial and confidential advice and guidance to employees on referral;
- providing reports to management detailing a prognosis and measures to assist with the employee's recovery and rehabilitation, where the employee has given written permission for this, or where this has been agreed as a condition of support being provided;
- providing general assistance and guidance to managers and employees.

9. Alcohol and Substance Testing

9.1 Intervention Testing

9.1.1 Where there are grounds to suspect that an employee is impaired through having alcohol or other substances in their body or where an accident or incident has occurred then the employees involved may be asked to provide a sample e.g. breath, urine etc. for alcohol or substance testing purposes as appropriate.

9.1.2 Where alcohol and other substance testing is considered justified then the testing must be authorised by an appropriate Chief Officer. The only exception is where an employee has pre-declared a condition/addiction and has requested support where a testing regime forms part of the written agreement.

9.1.3 Employees have the right to refuse to provide a sample for alcohol or substance testing purposes . However failure to provide a sample may mean judgements are made on the circumstances/evidence available.

9.1.4 Unsatisfactory performance or attendance alone will not be deemed to be a specific cause for concern that will lead to testing

9.2 **Post Accident/Incident Testing**

9.2.1 Where an accident or incident has occurred then the employees involved may be required to provide a sample e.g. breath, urine etc. for alcohol or substance testing purposes. Failure to provide a sample may mean judgements are made on the circumstances/evidence available.

9.3 **Alcohol Testing**

9.3.1 Alcohol will normally be undertaken via a Breathalyzer Test (similar to those used by the Police). The test will be carried out in accordance with the appropriate procedure.

9.3.2 Prior to any test being carried out, the employee will have the test and implications of the results of the test explained to him/her. This will be documented and issued to the individual at the time of the test.

9.3.3 Collection and analysis of samples will only be undertaken by nominated people, currently only senior officers from the Workforce Service section or specified organisations acting on behalf of the Council. Those officers and/or organisations will be responsible for taking the sample and for maintaining the chain of custody procedure. Employees attending occupational health or other testing centre for a test will be required to show photographic identification as verification e.g. Hartlepool Borough Council Identity Card.

9.3.4 Where the test is deemed to be positive i.e. the employee has more than the alcohol legal limit for driving the Strategic Manager for the service will be informed for appropriate management action to be investigated in accordance with the disciplinary procedure Corporate Disciplinary Procedure, Corporate Capability Procedure, and/or Corporate Attendance Management Procedure.

9.3.5 Where it would appear from initial discussions with the individual that the positive test is associated with underlying health (including mental health) concerns then consideration should be given to providing access to the Council's employee (or other agencies) support services.

9.3.6 If the test is negative then further investigation is to be undertaken into the grounds for suspicion and discussed with the employee. The employee is entitled to have a work colleague/trade union representative present at these discussions. The employee will then be able return to work and undertake their normal duties and responsibilities if there is no reason to suspect that it is unsafe to do so and may access support provided under this policy in appropriate circumstances. .

9.4 **Substance Testing**

9.4.1 Substance testing will normally be undertaken by the collection of a sample of urine.

9.4.2 Prior to any test being carried out, the employee will have the test and implications of the results of the test explained to him/her. This will be documented and issued to the individual at the time of the test.

9.4.3 Collection and analysis of samples will only be undertaken by nominated people, currently only senior officers from the Workforce Service section or specified organisations acting on behalf of the Council. Those officers and/or organisations will be responsible for taking the sample and for maintaining the chain of custody procedure. Employees attending occupational health or other testing centre for a test will be required to show photographic identification as verification e.g. Hartlepool Borough Council Identity Card.

9.4.4 The employee will be required to provide a sample of urine into a collection chamber. Part of that sample will be subjected to an indicative 'dip test'. Part of that sample will be subjected to an indicative 'dip test' or 'non evidential test', which tests for a number of different substances.

9.4.5 In the event of a positive result, the remainder of the urine will undergo a laboratory confirmation (evidential) test to substantiate misuse of substance abuse and/or interpret the legitimate use of prescription or propriety substances. The procedure will be carried out in accordance with the Chain of Custody Procedure. See Appendix 2.

9.4.6 Any screening and testing will be carried out under strict medical confidentiality and the Chain of Custody will be maintained to ensure:

- The samples tested are actually provided by the person being screened;
- The samples cannot be tampered with;
- The laboratory analysis and interpretation is guaranteed to be accurate.

9.4.7 All test results will be forwarded directly to the Health, Safety and Wellbeing Manager.

9.4.8 Where a positive result is received following the evidential test, a report will be forwarded from the testing organisation to the Health, Safety and Wellbeing Manager on behalf of Hartlepool Borough Council. A copy of the report will be passed to the relevant Senior Officer for investigation in accordance with the disciplinary procedure Corporate Disciplinary Procedure, Corporate Capability Procedure, and/or Corporate Attendance Management Procedure..

9.4.9 If the test is negative then further investigation is to be undertaken into the grounds for suspicion and discussed with the employee. The employee is entitled to have a work colleague/trade union representative present at these discussions. The employee will then be able return to work and undertake their normal duties and responsibilities if there is no reason to suspect that it is unsafe to do so and may access support provided under this policy in appropriate circumstances.

10. CONFIDENTIALITY

10.1 The Council will ensure that any employees suffering from alcohol or substance misuse problems are dealt with in confidence and will endeavour to maintain confidentiality regarding an employee's individual problems subject to any legal requirements the Council may have to comply with.

10.2 Employees with a substance misuse problem have the same rights to confidentiality and support as they would have if they had any other medical or psychological condition.

11. RECORDS

11.1 Records shall be kept by Workforce Services detailing the nature of any alcohol and substance misuse issues, areas of support and any other subsequent developments. These records should be kept confidential and retained in accordance with the Council's Data Protection Arrangements, the Data Protection Act 1998 and the Information Commissioner's Code of Practice on Employee Records.

12. MONITORING

11.1 The Council will ethnically monitor this Policy in accordance with the specific Employment Equalities Legislation through the testing body appointed.

13. FURTHER INFORMATION

13.1 Further information is available in the following Council documents;
Corporate Disciplinary Procedure,
Corporate Capability Procedure,
and Corporate Attendance Management Procedure.

For school staff the disciplinary procedure is here;
For school staff the sickness absence procedure is here;
For school teaching staff the capability procedure is here
For school support staff the capability procedure is here

Appendix 1

Recognising Alcohol and Substance Misuse

It is important to recognise that the following characteristics in isolation may appear insignificant but when appearing in a combination may indicate the presence of an alcohol or substance abuse related problem:

Absenteeism
- Multiple unauthorised leave
- Excessive sickness absence
- Absence on certain days, particularly near weekends
- Lateness
- Leaving work early
- Frequent occurrences of certain illnesses e.g. diarrhoea, colds, flu etc.

High Accident Rates
- Frequent accidents both in and out of work.

Difficulty in Concentration
- Work requires greater effort
- Tasks take more time
- Difficulty on recalling instructions, details etc.
- Increasing difficulty in handling complex work

Spasmodic Work Pattern
- Alternate periods of high and low productivity
- Increasing general unreliability and unpredictability

Generally Deteriorating Job Efficiency
- Missed deadlines
- Mistakes due to inattention or poor judgement
- Wasting materials/supplies
- Making bad decisions
- Improbable excuses for poor work performance

Poor Employee Relations at Work
- Over-reaction to real or imagines criticism
- Unreasonable resentment
- Irritability
- Complaints from co-workers
- Avoidance of line manager or colleagues

Appendix 2

Chain of Custody Procedure

The Chain of Custody procedure is as follows:

Role of person/organisation supervising the test

Alcohol Testing	**Substance Testing**
The employee will be required to undertake a Breathalyzer Test. Where the test is deemed positive the Strategic Manager for the service will be informed for appropriate management action to be investigated in accordance with the disciplinary procedure Corporate Disciplinary Procedure, Corporate Capability Procedure, and/or Corporate Attendance Management Procedure. Where it would appear from initial discussions with the individual that the positive test is associated with underlying health (including mental health) concerns then consideration should be given to providing access to the Council's employee (or other agencies) support services.	The employee will be required to provide a sample of urine into a collection chamber. Part of that sample will be subjected to an indicative 'dip test'. In the event of a non-negative result, the remainder of the urine will undergo a laboratory confirmation (evidential) test to substantiate misuse of substance abuse and/or interpret the legitimate use of prescription or propriety substances. Where a positive result is received following the evidential test, a report will be forwarded from the testing organisation to the Health, Safety and Wellbeing Manager on behalf of Hartlepool Borough Council. A copy of the report will be passed to the relevant Senior Officer for investigation in accordance with the disciplinary procedure Corporate Disciplinary Procedure, Corporate Capability Procedure, and/or Corporate Attendance Management Procedure

All samples are required to be collected and transported under continual strict conditions within the Chain of Custody. As any one of the tests carried out has the potential to be positive, each step from the collection of the sample to the final is included within the Chain of Custody procedure. This procedure may be subjected to close scrutiny under legal proceedings. Samples are treated as evidence and it is vital therefore, that all stages in this protocol are adhered to.

To ensure the strictest security of samples vital elements of the Chain of Custody are as follows:

- To identify the employee beyond all reasonable doubt (Hartlepool Borough Council Identity Card/Photographic Driving Licence/Passport)
- To collect a sample using a unique sample identification system
- To label and seal the container
- To despatch container in a sealed package to the laboratory
- Documented handling and sample analysis by the laboratory

Role of Laboratory

- Confirmation of sample delivery and handling
- To analyse the sample
- Confirmation of positive results where appropriate
- To compile a report in the event of a positive result (written report by Toxicologist in the event of legal proceedings to ensure correct interpretation)
- To forward the report to the Health, Safety and Wellbeing Manager who will provide a report to the relevant manager.
- To secure positive samples for one year in case the donor requests re-analysis or challenges the result;
- The availability of expert professional witnesses to appear and testify in court procedures if necessary

Challenging the Results

An employee or individual who tests positive for substance misuse has the right to challenge the result and the laboratory is required to keep all positive samples for one year in the event of a request for re-analysis or independent analysis. Information will be given to individuals on this at the time of the test.

Appendix 3

Chain of Custody Procedure – Employee Guidance

Procedure

Ensure you read these instructions and that you fully understand the procedure:

- Please produce proof of identity to the collector e.g. with a Hartlepool Borough Council's photographic identification card.
- You will be asked to give your Surname, Forename, Date of Birth, Gender and organisation details which will be entered onto a request form / logbook and onto a test request form. You will be asked to sign this request form / log book to confirm the details are correct.
- If you are taking, or have taken in the last 30 days, any form of medication including prescribed drugs, aspirin, paracetemol, cold cures, etc., please inform the collector.
- Have you been to the dentist or to hospital within the last 30 days and received medications, injections or tablets? Please inform the collector.
- If applicable, you will be asked to sign a consent form to say that you agree for the results of the test to be given to your employer.
- Please remove any coat or overall and leave any bag or purse with the collector.
- If you require a drink prior to producing the sample, you will be given a sealed bottle of mineral water. In this case, you will be required to sign the request form / logbook to confirm that the bottle was sealed when given.
- Please produce a full sample of urine into the collection vessel. You may continue to pass urine directly into the toilet but you are requested not to flush the toilet.
- Immediately upon production of the sample, please hand it directly to the collector who will submit the urine to a "dip test". In the event of a non-negative test result the remaining urine will be divided into two specimen bottles in your presence.
- The samples will be authenticated in your presence. This involves affixing uniquely numbered labels to the bottles. These labels will match exactly the label placed on the request form. You will also be asked to initial and date two security seals, which will be placed over the caps of the bottles. This will ensure that they are tamperproof.
- The samples will then be placed in the bag attached to the request form and the bag sealed.
- You will be required to sign the Chain of Custody request form to certify that the samples placed in the bag belong to you.

Appendix 4

List of Support Agencies within Hartlepool/Tees Valley area

Drug Services		
Agency	**Contact details**	**Description of services**
Community Drug Centre	Whitby Street, Hartlepool. Tel No. 01429 285000 Opening times Monday – Friday 9.00am – 5.00pm Wednesday late clinics 5pm – 8pm	The Community Drug Centre takes referrals from adults over the age of 18 with substance misuse issues. Referrals are accepted by telephone, letter and in person from voluntary and professional organisations as well as individuals. Lifeline Dual Diagnosis together provide an integrated alcohol and drug reduction and stabilisation treatment programmes. This will consist of prescribing options, complementary therapies, 1-2-1 motivational therapies, counselling and a pathway to residential detoxification and rehabilitation. In addition there is a wide range of structured groupwork programmes, relapse and aftercare programmes and diversionary activities including sport, education and employment support. All of the above drug and alcohol services offer individually tailored approaches and interventions that will include harm minimisation, overdose prevention, information and advice, one to one support and access to activities and leisure programmes.
Lifeline	Victoria House 44 Victoria Road TS26 8DD Tel No. 01429 267595	Prospects Lifeline staff offer support with education, training and employment opportunities to adults in Hartlepool with a history of substance misuse. Appointments can be arranged at a time and place

		to suit the individual with the aim of helping remove barriers and assist in achieving goals.
Intrahealth- Specialist prescribing	Hartlepool Community Drug Centre Whitby Street Hartlepool Tel. No. 01429 852970	This service consists of prescribing GP's, a team of clinical nurses and support workers. All staff engage in substitute prescribing of medications, general medical services, obstetrics/pregnancy services and immunisation programmes.
DISC- Range of treatment support	Lynn Street Centre Hanson Square Lynn Street Hartlepool TS24 7AB Tel. No. 01429 269300 DISC Harm Minimisation Services Lynn Street Centre Hanson Square Lynn Street Hartlepool TS24 7AB Tel. No. 01429 262797	This service provides assertive outreach to maintain contact, develop and deliver structured therapeutic support to individuals and families experiencing substance misuse difficulties. There is a stimulant service delivering a specific reward based group work programme for those using stimulant drugs. 'Back to You' is a 12 week aftercare programme addressing behavioural change and recovery focussing on unmet needs, harm reduction, and long term goal setting. Complementary Therapies are available to support individuals to engage with treatment, improve sleep, relaxation and reduce tension.
Dual Diagnosis	Stewart House 53 Church Street Hartlepool Tel. No. 01429 424500	The service offers a holistic package of care that focuses on individual need. In addition the service can support access to the specialist mental health team to which they are aligned. The focus is to support those with a severe and enduring mental health problem who use substances receive assistance with both their

		mental health and addiction issues.
There are a similar range of services for both drug and alcohol available across Tees Valley.	Detail and contact for services in Stockton , Middlesbrough, Redcar and East Cleveland, Darlington can be accessed by contacting the Safer Hartlepool partnership Team on Tel No. 01429 523852 or 01429 285000	

Alcohol Services		
Agency	**Contact details**	**Description of services**
Community Alcohol Service PROVIDED BY DISC	Crown Buildings, Avenue Road, Hartlepool, TS24 8RZ Tel. No. 01429 860111	DISC provides structured counselling including brief interventions, motivational interviewing, alcohol reduction techniques, as well as outreach support with practical issues and social activity. In addition to this they provide access to clinical support. Culminating in a wrap around aftercare support package.

Young People and Self help Services		
Agency	**Contact details**	**Description of services**
DISC-HYPED Team	Outreach venues and home visits. Tel No. 01429 860333	Multi-disciplinary young people treatment service offering prescribing, psychosocial and educational packages of care for individual up to the age of 18 years. Referrals accepted from self, family, friends, GP's and statutory services via telephone.
P.I.N.'s – Parents in Need of Support	Dimensional House, Hartlepool. Tel No. 01429 260110 24 hour answer phone service.	Drop-in facility for one-to-one meetings, group support, awareness and parenting training, practical and emotional support for parents, families and carers coping with substance

		misuse in the family.
First Contact and Support Hub Hartlepool Borough Council	fcsh@hartlepool.gov.uk 01429 284284	Single Point of contact for access to services and support.

FINANCE AND POLICY COMMITTEE

25th April 2014

Report of: Director of Regeneration and Neighbourhoods

Subject: HARTLEPOOL MARITIME EXPERIENCE – LEASE OF CATERING OUTLETS

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1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Non-key

2. PURPOSE OF REPORT

2.1 To seek approval for the lease of the catering premises at Hartlepool Maritime Experience and also Museum of Hartlepool (the Wingfield Castle) to a new lessee.

3. BACKGROUND

3.1 From the opening of the HME in the 1990's the Historic Quay Cafe was let to Kevin Connolly trading as Cleveland Caterers. The function rooms were also run by Cleveland Caterers as the exclusive catering provider with the Council receiving the room hire fees. The original lease was for only 3 years but the tenant held over and remained in place on the same terms. In 2012 a decision was made to renew the lease and notice was served on the tenant. Agreement was reached on new terms but a further review of the situation was then carried out and eventually the tenant gave notice to quit and left the premises at the end of December 2013.

3.2 The Wingfield Castle cafe was also originally run by Cleveland Caterers but has been run by the Council for a number of years. It is loss making and a decision was therefore made last year to offer the Wingfield Castle facility along with the Quay Cafe and function rooms to the market on a lease basis.

3.3 The opportunity to take a new lease of the catering facilities at HME and Wingfield Castle was marketed in the latter part of 2013 and early this year.

3.4 A tender considered suitable was received from Johnorr Developments Ltd, a shell company controlled by Brian Morton, owner of the Staincliffe Hotel and a number of other enterprises in Hartlepool and elsewhere. The terms

offered are set out in **Confidential Appendix 1**. **This item contains exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely, (paragraph 3) information relating to the financial or business affairs of any particular person (including the authority holding that information.**

3.5 During the previous tenancy Cleveland Caterers also acted under a memorandum of understanding as caterers for events on HMS Trincomalee on behalf of the Trincomalee Trust. The intention is that the new incumbent will take on the same role and discussions have therefore taken place with representatives of the Trust. They had a number of concerns but they have now indicated that they are reasonably happy if we go ahead with a new lease to Johnorr Developments. Johnorr and the Trust will nevertheless have to agree terms between themselves for the catering arrangements. Whilst at this stage this does not guarantee Johnorr the business with the Trust, it does seem likely that this will be the outcome, and clearly this would be beneficial for both Johnorr and HBC.

4. PROPOSALS

4.1 Subject to references, it is proposed to proceed with a new lease to Johnorr Developments Ltd on the terms outlined in the **Confidential Appendix 1**. **This item contains exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely, (paragraph 3) information relating to the financial or business affairs of any particular person (including the authority holding that information.**

5. ASSET MANAGEMENT CONSIDERATIONS

5.1 The decision to adopt a commercial approach to asset management requires the Council to realise the full value of any properties or property rights that it disposes of.

6. FINANCIAL CONSIDERATIONS

6.1 The previous agreement was a profit share arrangement and in the past this income, along with function room hire, has made a substantial contribution to HME budgets - in excess of £60,000 in 2000/200. This has been reducing and this has resulted in a budget pressure on the HME site. This agreement will mean that budgeted levels of income associated with catering are achieved and this is important to the continued running of the Quay.

6.2 A successful new letting should ensure a steady income whilst also reducing outgoings both in relation to expenditure on equipment and internal repairs in the cafe and function rooms (which will become a tenant responsibility) and the losses made on the Wingfield Castle. Expenditure on repairs in 12/13

was in the region of £5,000 and the loss on the Wingfield Castle Cafe was in excess of £22,000.

7. EQUALITY AND DIVERSITY CONSIDERATIONS

7.1 There are no equality or diversity implications.

8. CONSULTATION

8.1 As noted above, the Trincomalee Trust has been consulted in relation to the proposals.

9. RECOMMENDATIONS

9.1 It is recommended to Committee that the proposed lease to Johnorr Developments Ltd is progressed

10. REASONS FOR RECOMMENDATIONS

10.1 The tender received from Johnorr Developments is considered to reflect fully the market rental value of the premises. Whilst other detailed terms need to be specifically agreed Brian Morton has a considerable track record in the catering and hospitality business both locally and further afield and it is considered he has the potential to run the facilities successfully and to contribute to the long term success of the Historic Quay and museum.

10.2 Discussions with representatives of the Trincomalee Trust have dealt with a number of concerns raised by them and they have indicated they are prepared to work with the proposed tenant.

10.3 It is important to both the finances of HME and to the visitor experience that a new catering operator is in place as soon as possible. The food outlets at HME have considerable potential for growth and widening of the offer to both visitors and the general public and it is therefore imperative to the future strategy for the whole facility that the catering and hospitality dimension is successfully developed over the next few years.

11. BACKGROUND PAPERS

11.1 There are no Background Papers in relation to this report.

12. CONTACT OFFICERS

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FINANCE AND POLICY COMMITTEE

25 April 2014

Report of: Assistant Chief Executive

Subject: REVIEW OF CARERS LEAVE

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non Key Decision.

2. PURPOSE OF REPORT

2.1 To obtain Finance and Policy Committee ratification of changes to the Carers Leave arrangements which have been provisionally agreed with the Trade Unions.

3. BACKGROUND

3.1 The national conditions of service set out the maternity leave arrangements for employees, which are a combination of statutory and occupational arrangements. In addition, provision is made in national conditions of service for maternity support leave (similar to paternity leave but the employee has to be the mothers nominated carer which is a wider definition than for paternity leave where eligibility is limited to the father, spouse or partner of the mother or adopter). All other carers leave in the Council and schools is a combination of statutory and occupational arrangements with the latter being detailed in policies and schemes rather than conditions of service.

3.2 The Council and schools have the following carers leave provisions as detailed in Table 1 with the main differences in occupational provision detailed in **Appendix 1**.

Table 1 – Carers Leave Provisions

Council Provisions	School Provisions
Adoption	
Fostering	
Maternity	
Paternity Leave	
Maternity Support Leave	
Caring for Children/Caring for Adults	Dependants Leave
Flexible Working	
General support for the carer	Not applicable

3.3 The Single Status Agreement, which applies to most Council employees and all non teaching employees in school, was implemented in 2007. One of its main purposes was to harmonise conditions of service for employees employed under the Local Government Services (Green Book) conditions of service.

3.4 The main provisions of the Children and Families Act 2014 in relation to carers leave include

i) Increasing statutory adoption pay to bring it in line with statutory maternity pay (the new statutory provision is pay at 9/10th pay for the first 6 weeks which schools already pay to employees taking adoption leave so this will not change the current adoption policy)
ii) New entitlement to paid time off to attend adoption appointments prior to adoption (the primary adopter may take up to five days at 6.5 hours per day and the secondary adopter may take up to two days at 6.5 hours per day – this extends the current provision of 2.5 days pro rata unpaid leave for training for the primary adopter)
iii) New entitlement for spouses, partners and fathers of the child to unpaid time off to accompany a pregnant woman to up to 2 ante natal appointments
iv) Introduction of a new right to shared parental leave
v) Extending the right to request flexible working where the purpose is not to care for a child or adult

3.5 A review of the support ('occupational carers leave arrangements') provided by the Council and schools to employees so they can meet their caring responsibilities e.g. adoption, fostering, maternity, paternity, caring for adult dependants and children etc has been undertaken with the trade unions and the Assistant Director (Children) with the following aims

i) Update the local support to reflect the provisions contained in the Children and Families Act
ii) Ensure occupational support is directed where it is most needed
iii) Harmonise the arrangements for employees on the same conditions of service in the Council and schools
iv) Harmonise the occupational arrangements for adoption and maternity as the statutory arrangements will be harmonised by the Children and Families Act
v) Ensure national conditions of service are adhered to
vi) Ensure that support is provided in a cost effective way without having a detrimental effect on service delivery.

3.6 In the last 3 years only 2 employees in the council and schools have taken maternity leave in their first year of service. Since 2006, 1 employee has adopted and 1 employee is approved for adoption and 7 employees have fostered and 1 is approved for fostering. No other Councils in the Tees Valley currently provide comprehensive fostering support to employees.

3.7 The Assistant Director (Children) advises that

- People do not normally enter into a long term fostering arrangement immediately as this normally follows a period of short term fostering where the foster parent and foster child have already had the opportunity to establish a relationship and therefore the current support to enable relationships to be built during long term fostering is not needed;
- The current Council arrangements do not provide sufficient support to short term foster carers when a child is first placed with them;
- The current school arrangements for adoption and fostering are significantly less generous than the current Council arrangements provided;
- Children up to the age of around 7-8 tend to be adopted whereas older children are more likely to be fostered;
- The Fostering and Adoption Teams encourage people to apply to become Council foster carers and/or adoptive parents. Enhancing, where appropriate, and aligning the current support the Council and schools provide to employees where it is most needed may encourage more to become foster carers and/or adoptive parents;
- The Council pre placement provisions for adoption and fostering provide for significantly more time off than is needed, particularly as the Fostering and Adoption teams are flexible and will arrange pre placement meetings and training outside of normal working hours where appropriate.

4. PROPOSALS

4.1 Provisional agreement has been reached with the Trade Unions, subject to ratification from this Committee, to incorporate into the Single Status Agreement the current Council and school occupational carers leave arrangements for employees (excluding teachers) as amended by the proposed changes (as summarized in Table 2 and detailed in Appendix 1).

Table 2 – Summary of proposed changes to occupational carers leave arrangements

Type of Leave	Summary of provisionally agreed changes
Adoption	Rationalise the payment arrangements and align them to the national maternity provisions. Apply the new statutory pre adoption arrangements with a day not being restricted to the statutory definition of 6.5 hours.
Fostering	Apply the statutory pre adoption arrangements to fostering. Short term foster carers entitled to the same support as birth and adoptive parents. Fostering leave for long term fostering arrangements limited to where a relationship between foster parents and foster children has not already been formed and may be taken in 'bite size' chunks. Rationalise the payment arrangements.
Maternity	Removal of one year qualifying period for access to the occupational provisions

Type of Leave	Summary of provisionally agreed changes
Maternity Support	Application of national conditions of service
Ante Natal Appointments	Apply the new statutory right to leave to accompany a pregnant woman to appointments with a day not being restricted to the statutory definition of 6.5 hours and provide paid leave.
Caring for Children/Caring for Adults/Dependants	Employees required to have a robust care plan for their dependants in place tailored to their individual circumstances in order to be entitled to leave where the robust care plan is not sufficient. Immediate access to the occupational provisions for foster parents. Leave limited to 1 week (equivalent to 37 hours - pro rata for part time employees) paid leave per leave year regardless of the number of adults and children the employee cares for. etc. In exceptional circumstances additional leave may be granted.
General support for the carer	Updated arrangements apply to all Green Book employees in the Council and extended to school support staff

4.2 It is anticipated that the above changes will harmonise the arrangements for Council employees and school support staff on the same conditions of service, be broadly cost neutral, although there will be some savings as a result of the changes to the caring for children/adults provisions and some additional costs as a result of the improvements to the occupational maternity arrangements. The adoption and fostering provisions apply equally regardless of whether the Council or some other agency place the child with the employee. Schools have been consulted on the proposed changes and no concerns have been raised. The proposed arrangements will apply to all Council employees, including centrally employed teachers as a consequence of the Pay Policy decisions by Finance and Policy Committee on 28 February 2014.

4.3 No changes have been agreed in respect of the new right to shared parental leave as the draft regulations have only just been published with a view to them coming into force on 1 October 2014 and take effect for babies born on or after 5 April 2015. No action is necessary in respect of requesting flexible working as the current Council and school arrangements already allow employees to make requests for flexible working for reasons other than caring for a child or adult.

4.4 The Assistant Director (Children) is supportive of the proposed changes in relation to the fostering and adoption proposals as they ensure that the support provided more closely meet employees needs in terms of caring for children and also supporting the employee to be a carer e.g. by allowing time off to attend carer support meetings and undertake carer related promotional work which may result in other people becoming carers. The changes also help to encourage employees to become adoptive parents and foster carers in a cost effective way without potentially having a significant detrimental impact on service delivery across the Council.

4.5 Hartlepool Joint Trade Union Committee (HJTUC) has commented as follows

"HJTUC support the proposed changes to Carers Leave as they harmonise the support provided to Council employees and support staff in schools and incorporating the provisions into the Single Status Agreement provides additional protection for employees if TUPE applies. HJTUC welcome the proposed realignment to areas where it will be of most help and the removal of the discriminatory qualifying period for access to the occupational maternity provisions. Whilst the unions would normally be pressing for improvements to the overall package HJTUC recognises the current economic situation and the need to provide support without having a detrimental impact on service provision, particularly in schools where the absence of employees can have a direct impact on the education of children. It has therefore reluctantly agreed to some lessening of provision in some areas in exchange for improvements elsewhere. HJTUC welcomes the flexibility for additional support when caring for dependant adults and children where the employee has taken responsibility for making robust care arrangements but these are simply not sufficient".

4.6 Corporate Management Team has considered the proposals and are supportive of the recommended changes.

5. RECOMMENDATION

5.1 That the provisional agreement reached with the Trade Unions to incorporate into the Single Status Agreement the current occupational carers leave arrangements for employees (excluding teachers) as amended by the proposed changes (as summarized in Table 2 and detailed in Appendix 1) be ratified.

5.2 That subject to agreement by the Committee that the revised policy is communicated widely.

6. REASONS FOR RECOMMENDATIONS

i) To update the carers leave provisions to reflect the new provisions contained in the Children and Families Act
ii) To ensure occupational support is directed where it is most needed
iii) To harmonise the arrangements for employees on the same conditions of service in the Council and schools
iv) To harmonise the occupational arrangements for adoption and maternity as statutory arrangements will be harmonised by the Children and Families Act
vii) To ensure national conditions of service are adhered to

7. BACKGROUND PAPERS

Children and Families Act 2014l
National Conditions of Service in respect of maternity
Finance and Policy Committee Report 28 February 2014
Council's Support for Employees with Caring Responsibilities Policy
Council's Adoption and Fostering leave Scheme
Council's Caring for Children Scheme
Council's Caring for Adults Scheme
Council's Paternity and Maternity Support Leave Scheme
Council's Flexible Working Policy and Procedure
Guide to Adoption & Fostering Leave for Staff in Schools
Guide to Parental Leave for Staff in Schools
Paternity Leave Policy & Procedure for Schools
Guide to Dependants Leave for Staff in Schools
Guide to Paternity Leave and Maternity Support Leave for Staff in Schools
Flexible Working for Staff in Schools

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Appendix 1

Proposed Changes to Carers Leave Provisions

Type of Leave	Current Council Provisions	Current School Provisions	Proposed Council and School Provisions	Comment
Adoption	Up to 4 weeks paid pre placement adoption leave for primary and secondary adopters	Up to two and a half days for training. Annual leave or unpaid leave for the matching process	The primary adopter may take up to five days paid leave and the secondary adopter, where there is a joint application, may take up to two days unpaid leave to attend adoption meetings pre placement.	Based on provisions in Children and Families Act whereby the primary adopter is entitled to paid leave of up to five days (at a maximum of 6.5 hours per day) and the secondary adopter is entitled to unpaid leave of up to two days (at a maximum of 6.5 hours per day) in order to attend appointments at any place for the purpose of having contact with the child or for any other purpose connected with the adoption
	Able to carry forward unused paid pre placement leave	No entitlement	No entitlement	
	Up to 4 weeks paid pre placement leave for adoption for second employees (where both adopters are employed by the Council) who are either the primary and secondary adopter	No entitlement	The primary adopter may take up to five days paid leave and the secondary adopter, where there is a joint application, may take up to two days unpaid leave to attend adoption meetings pre	Based on provisions in Children and Families Act

Proposed Changes to Carers Leave Provisions

Adoption cont.			placement.	
	Second employees (where both adopters work for the Council) entitled to paid leave for 9 weeks (post placement)	No entitlement	No entitlement to post placement leave	All employees able to request unpaid leave (and may be able to buy annual leave under a salary sacrifice scheme in future). Very unlikely to affect any employees as only one employee has adopted a child since 2006 and only one other is approved for adoption. The chance of both adopters also being Council employees is extremely low
	Full pay (including Statutory Adoption Pay i.e. SAP) for 9 weeks. SAP for a further 30 weeks Nil pay thereafter	9/10ths pay (including SAP) for the first six weeks.Half pay plus SAP for the next twelve weeks. SAP for next 21 weeks. Nil pay thereafter (up to a maximum of 52 weeks)	Half pay plus SAP at £136.78 per week be paid for the first eighteen weeks of adoption leave and increased to 9/10ths pay (including SAP) for the first six weeks and half pay plus SAP for the next twelve weeks when the proposed SAP increase to 9/10ths pay for the first six weeks is implemented SAP for a further 21	Reflects current provisions in Children and Families Act and is consistent with maternity provisions

Appendix 1

Proposed Changes to Carers Leave Provisions

Adoption Cont.			weeks Nil pay thereafter. Entitlement to half pay removed where employee has received occupational fostering pay in respect of the same child.	
	No provision for employees to repay adoption leave payments if they leave within 3 months of returning to work	Recovery arrangements in place if employees leave within 3 months of returning to work. 13 weeks in the case of a Teacher.	Maternity provisions for repayment to be applied	
Fostering	Up to 4 weeks paid pre placement leave for short term and long term fostering for employees who are either the primary and secondary foster carer	5 days paid leave for pre and post placement training	The primary foster carer may take up to five days paid leave and the secondary foster carer, where there is a joint application, may take up to two days unpaid leave to attend fostering meetings pre placement.	Based on provisions in relation to adoption in Children and Families Act. Requirements to attend meetings pre placement similar for adoption and fostering
	Able to carry forward unused paid pre placement leave	No entitlement	Not able to carry forward	
	Paid long term fostering able to be taken after short term fostering of the same child	No entitlement	Not able to be taken	Not appropriate as leave is given for foster carer and child to build up a relationship. Provision made in Caring

Appendix 1

Proposed Changes to Carers Leave Provisions

				for Children Scheme
Fostering (cont.)	Second employees (where both foster carers work for the Council) entitled to paid leave for 9 weeks (post placement)	No entitlement	No entitlement to post placement leave	All employees able to request unpaid leave (and may be able to buy annual leave under a salary sacrifice scheme in future). Very unlikely to affect any employees as only one employee fosters a child per year and the chance of both foster carers also being Council employees is extremely low
	9 weeks post placement paid leave for long term foster carers	No entitlement	Employees have choice of 18 weeks at half pay post placement leave OR 9 weeks at full pay post placement	
	No provision for employees to repay fostering leave payments if they leave within 3 months of returning to work		Maternity provisions for repayment to be applied	
	Longer term fostering entitlement must be taken as a single block	No entitlement	Able to take entitlement in 'bite size' blocks of a minimum of a week	More appropriate to long term fostering as children typically aged 8 or older
Maternity	Reduced benefits to employees on maternity leave in first year of local government service not entitled to occupational provisions		Occupational maternity provisions apply to all employees regardless of service	

Appendix 1

Proposed Changes to Carers Leave Provisions

Statutory Paternity Leave	Comply with law that provides for 2 weeks leave paid at Statutory Paternity Pay (SPP) for fathers, husband or partner of the mother (or adopter) or child's adopter			
Maternity Support Leave	Entitlement in accordance with national conditions of service which stipulate one weeks paid leave for the nominated carer (which is a broader definition than Paternity leave). Where employees entitled to both Statutory Paternity Leave and Maternity Support Leave then combined entitlement is one week paid leave including SPP and one week at SPP	Entitlement to two weeks paid leave for the nominated carer (which is a broader definition than Paternity Leave). Where employees entitled to both Statutory Paternity Leave and Maternity Support Leave then combined entitlement is two weeks paid leave including SPP	Apply the current Council arrangements in order to be compliant with national conditions of service	
Ante natal appointments	No entitlement for spouses, partners and fathers of the child to accompany a pregnant woman to ante natal appointments		Spouses, partners and fathers of the child have the right to paid time to accompany a pregnant woman to up to 2 ante natal appointments.	Based on provisions in Children and Families Act whereby the spouses, partners and fathers of the child have the right to unpaid time to accompany a pregnant woman to up to ante natal appointments (at a maximum of 6.5 hours per day)

Appendix 1

Proposed Changes to Carers Leave Provisions

Caring For Children (Dependants leave for staff in school).	No provision in either the foster carer scheme or the caring for children scheme for short term foster carers and children to establish relationships	No entitlement	'establishing relationships between the short term foster carer and child' becomes one of the criteria for long term leave under the Caring for Children Scheme. No additional entitlement to leave.	
	Foster carers are not eligible to take leave to care for children until one year after placement	No provision	Foster carers become eligible for the Caring for Children scheme from day 1.	
	Prospective adopters and foster carers are eligible for leave	No provision	Remove eligibility from prospective adopters and foster carers	Pre placement leave is provided under the adoption and fostering arrangements.
Caring For Children (Dependants leave for staff in school) cont.	Entitlement to 5 days per child per year for emergency and short term reasons	Up to five days paid leave regardless of the number of children/adults the employee cares for	Providing employees have robust care arrangements in place, are well organised personally and also have fall back plans in place full time employees may be granted up to 1 week (equivalent to 37 hours - pro rata for part time	

Proposed Changes to Carers Leave Provisions

			employees) paid leave per leave year regardless of the number of adults and children the employee cares for to deal with emergencies and unexpected events where there are no other alternatives e.g. changing working arrangements, working from home, taking annual leave or flexileave etc. In exceptional circumstances additional leave may be granted.	
Caring For Children (Dependants leave for staff in school) cont.	Entitlement to 5 days per child per year for longer term reasons	Up to five days paid leave regardless of the number of children/adults the employee cares for	Providing employees have robust care arrangements in place, are well organised personally and also have fall back plans in place employees may be granted up to 1 week (equivalent to 37 hours - pro rata for part time employees) paid leave per leave year regardless of the number of adults and children the	

Appendix 1

Proposed Changes to Carers Leave Provisions

			employee cares for to deal with longer term caring requirements where there are no other alternatives e.g. changing working arrangements, working from home, taking annual leave or flexileave etc. In exceptional circumstances additional leave may be granted.	
Caring For Adults (Dependants leave for staff in schools).	Entitlement to 5 days per dependant adult per year for emergency and short term reasons	No additional entitlement	Combined with Caring for Children arrangements - no additional paid leave	
	Entitlement to 5 days per dependant adult per year for longer term reasons	No additional entitlement	Combined with Caring for Children arrangements - no additional paid leave	
General support for the carer	Employees are entitled to time off on normal pay to attend assessment meetings with Council staff. Additional support is available to employees who have been subject to a carers assessment as follows	No entitlement	Employees who have undertaken a formal carers assessment by a social care department of a Council are entitled to paid time off, up to a maximum of 1 week (equivalent to 37 hours - pro rata for part time employees) paid leave	

Proposed Changes to Carers Leave Provisions

General cont.	• Access to the Councils Employee Support Officer (and service) in accordance with the Council's Employee Support Policy • Time off on normal pay to ➢ Attend official Carer Support and Consultative groups run/facilitated by Council departments ➢ Receive counselling where this is being funded by the Council ➢ Undertake City & Guilds training: 'Learning for Living – on-line learning for carers' or similar ➢ Be involved in official Carers promotional work"		per leave year which may be increased by the Assistant Chief Executive where he/she agrees there are exceptional circumstances to • attend carer assessment meetings • attend official carer support and consultative groups run, facilitated and/or funded by the Council • undertake training (including e-learning) specifically linked to the employees caring responsibilities e.g. moving and lifting or dementia friends training where a related outcome has been identified in the employees carer plan • undertake training (including e-learning) which will enable the employees to be actively involved in	

Proposed Changes to Carers Leave Provisions

			carer related promotional work (including information workshops) e.g. dementia champion training where the employee has made a commitment to be actively involved • be actively involved in carer related promotional work (including information workshops)	

FINANCE AND POLICY COMMITTEE

25 April 2014

Report of: Director of Child & Adult Services

Subject: BETTER CARE FUND

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

2. PURPOSE OF REPORT

2.1 The purpose of this report is to provide the Finance & Policy Committee with information regarding the Better Care Fund, including the latest guidance, financial allocations and timescales. The report includes the final plan that was approved by the Health & Wellbeing Board on 26 March 2014 for submission by 4 April 2014.

3. BACKGROUND

3.1 A letter from the Department for Communities and Local Government and the Department of Health to Chairs of Health and Wellbeing Boards and Directors of Adult Social Services on 26 June 2013 announced a £3.8bn pool of funding to promote the integration of health and social care services that support some of our most vulnerable population groups.

3.2 Subsequent guidance issued by the Local Government Association and NHS England sets out the context of the Better Care Fund (BCF), how the funding pool has been created and how local plans should be developed for its use.

3.3 The guidance reiterates that the BCF is a genuine catalyst to improve services and value for money and a real opportunity to create shared plans that integrate services to provide improvements for local communities and strengthen current arrangements for sharing information, staff, funding and risk across the health and social care economy. It forms part of the NHS planning framework that requires CCGs to agree five year strategies including two year operational plans that include the BCF and respond to the outcomes of local Call to Action public engagement.

3.4 There is a recognition that changing services will take time and that planning for 2015/16 when the fund becomes fully functional needs to commence so that implementation can begin during 2014. Providers must be engaged in the planning process from the outset given the impact of the changes and in order to achieve the best outcomes for local people.

3.5 There are six National Conditions that must be met in order for the pooled money to be accessed. These are:

- Plans to be jointly agreed (by Councils and CCGs, with engagement of providers and sign off by the Health & Wellbeing Board.
- Protection for social care services (not social care spending)
- Provision of seven day services in health and social care to support hospital discharges and prevent unnecessary admissions at weekends.
- Better data sharing between health and social care using the NHS number.
- A joint approach to assessments and care planning with an accountable professional for integrated packages of care.
- Agreement on the impact of changes in the acute sector.

3.6 There are five nationally determined performance measures associated with the BCF:

- Permanent admissions of older people (aged 65 and over) to residential and nursing homes.
- Proportion of older people (aged 65 and over) who are still at home 91 days after discharge from hospital to reablement / rehabilitation services.
- Delayed transfers of care from hospital.
- Avoidable emergency admissions to hospital.
- A measure of patient / service user experience (which is still under development).

3.7 BCF plans are also required to include one locally determined performance measure. The agreed local measure for Hartlepool is:

- Estimated diagnosis rate for people with dementia.

3.8 The fund will be allocated to local areas where it will form a pooled budget jointly governed by the CCG and local authority. In order to access this fund, CCGs and local authorities must jointly agree plans for how the money will be spent, and the plans must meet certain requirements.

3.9 Strategic and operational planning by the CCG must take place within the context of a 'unit of planning' that will be the North of Tees. The North of Tees Partnership Board, as the 'unit of planning' across the North of Tees, will ensure that there is strategic alignment of plans across that footprint and will encourage the sharing of best practice.

4. DEVELOPMENT OF THE BCF PLAN FOR HARTLEPOOL

4.1 In December 2013, the North of Tees Partnership Board (an existing forum that brings together key strategic partners across health and social care, which has also acted as the oversight group for the BCF) agreed the local principles for the BCF, which are consistent with the principles and aims set out in the planning guidance published on 20 December 2013.

4.2 The North of Tees Partnership Board also agreed that whilst plans would be developed at a local level, the Board would ensure that, where appropriate, similar services would be commissioned across the CCG footprint to ensure equity for local populations, avoid potential destabilisation of services and to ensure that providers are able to respond to required redesign of care pathways in a consistent and timely way.

4.3 The principles agreed were that BCF plans need to:

- support the priorities in the Joint Health and Wellbeing Strategy as well as align with the CCG Plan, NHS England operational plan and others;
- be based on clear evidence, including cost / benefit analysis of funding early-intervention and prevention services to achieve greater long-term sustainability and reduce pressure on acute services; and
- support existing or new services or transformation programmes where such programmes are of benefit to the wider health and social care system, have positive outcomes for service users and reduce demand on acute care.

4.4 Hartlepool's BCF plan has been developed in partnership with stakeholders from the Council, CCG, primary care and community services and acute and mental health service providers. Mechanisms to develop the plan have included:

- Fortnightly meetings of the North of Tees Partnership Board to ensure that the project was on schedule and meeting the aims and objectives of all partners as well as providing a forum for discussion regarding any issues or concerns
- Fortnightly meetings between key officers of the CCG and HBC
- Joint workshops and meetings with stakeholders from HBC, community service, acute services, primary care and mental health service providers to align the schemes and projects to the existing Momentum: Pathways to Healthcare programme, and to ensure that the schemes and projects support both health and local authorities to meet their objectives.

4.5 The BCF plan templates are attached as **Appendix 1** and **Appendix 2**. The planning templates include the detailed information relating to the Hartlepool BCF schemes, including a financial summary, the investment required to deliver the proposed developments and the outcomes and metrics against which the BCF plan will be measured.

5. NEXT STEPS AND IMPLEMENTATION

5.1 Key timescales and milestones for BCF are outlined below:

Key Milestones	Timescales
Final BCF Plans to be submitted to NHS England and NHS Local Area Team as part of the CCG Strategic and Operational Plans	4 April 2014
Report to Health & Wellbeing Board detailing governance, project management and risk sharing arrangements for the BCF	28 April 2014
Detailed implementation plan to be developed and agreed with clear project plans, milestones and performance metrics for each of the schemes.	June 2014

5.2 Although the majority of the impact of the BCF plans is expected in 2015/16 it should be noted that there is a drive to deliver as much as possible during 2014/15.

5.3 The North of Tees Partnership Board will continue to provide ongoing oversight of the Hartlepool and Stockton BCF plans, ensuring that there is strategic alignment of plans across North of Tees (as the agreed 'unit of planning') and encouraging the sharing of best practice.

5.4 This oversight will be further supplemented via the Strategic Partners group allowing discussion around proposals and impact of the investments made through the Better Care Fund. This group will provide an important forum given the cross agency implications and opportunities created by the fund to further integrate services to meet the needs of local people.

5.5 A project team and programme structure will be required to manage the BCF implementation. Funding is available from the CCG to help support this and detail of how this will be structured and the associated resource implications will be developed and submitted to Health and Wellbeing Board for approval in April 2014.

5.6 More detailed work is also underway to confirm the risk sharing and contingency arrangements. A paper outlining these arrangements will also be submitted to the Health and Wellbeing Board for approval in April 2014.

6. FINANCIAL CONSIDERATIONS

6.1 The BCF allocation for Hartlepool is £7.476m which is made up as follows:

Funding Stream	Funding
Existing NHS Transfer to Social Care (2013/14)	£1.8m
Existing Reablement Funding	£0.61m
Existing Carers Funding	£0.2m
Additional NHS Transfer to Social Care (2014/15)	£0.5m

Capital Grants (including Disabled Facilities Grant)	£0.83m
Funding from CCG baseline budget	£3.54m

6.2 All existing resources and capital grants are fully committed and a piece of work will be undertaken to review how these resources are being deployed, to ensure that the funding is being used to improve health and social care outcomes and support the integration agenda.

6.3 A high level summary of how the available funding will be allocated across the key themes within the BCF plan is included in **Appendix 2**. Further work will be undertaken as plans are developed to identify the funding required to deliver the BCF proposals and potential financial benefits resulting primarily from reduced admissions to hospital and residential or nursing care.

7. RISK IMPLICATIONS

7.1 The BCF requires partners to develop a shared risk register and have an agreed approach to risk sharing.

7.2 An initial risk assessment has been undertaken as part of the BCF plan and is included in **Appendix 1**. This is a high-level risk assessment and more detailed risk assessments will be developed for each of the planned developments identified in the plan.

7.3 In addition, contingency plans must be agreed to identify the implications of planned reductions in hospital and care home admissions not being achieved. Work is underway to develop these contingency plans which will be included in the final version of the BCF plan.

8. COMMUNICATION & ENGAGEMENT

8.1 The BCF plan has been jointly developed and agreed with key stakeholders from the Council, CCG, primary care and community services and acute and mental health service providers. The plan has also been informed by a range of existing engagement activities involving service users, carers, families and the public, focusing on a range of local health and social care services

8.2 There has not yet been any formal consultation relating specifically to the BCF plans but it is recognised that further engagement and consultation activities will be required throughout the implementation of the plan and a communication and engagement plan will be developed to support implementation.

9. RECOMMENDATIONS

9.1 It is recommended that the Finance & Policy Committee review and note the BCF plan for Hartlepool.

10. REASONS FOR RECOMMENDATIONS

10.1 While it is a requirement of the BCF that plans are jointly agreed between Local Authorities and Clinical Commissioning Groups and approved by Health & Wellbeing Boards, it is recognised that this plan has wider finance and policy implications.

11. CONTACT OFFICER

11.1 Gill Alexander
Director of Child and Adult Services
Hartlepool Borough Council
gill.alexander@hartlepool.gov.uk

Better Care Fund Planning Template – Part 1

Please note there are two parts to the template. Part 2 is in Excel and contains metrics and finance. Both parts must be completed as part of your Better Care Fund Submission.

Plans are to be submitted to the relevant NHS England Area Team and Local government representative, as well as copied to: NHSCB.financialperformance@nhs.net

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

1) PLAN DETAILS

a) Summary of Plan

Local Authority	Hartlepool Borough Council
Clinical Commissioning Groups	NHS Hartlepool & Stockton-on-Tees Clinical Commissioning Group
Boundary Differences	Hartlepool Borough Council and Hartlepool Health & Wellbeing Board share the same boundary. NHS Hartlepool & Stockton-on-Tees Clinical Commissioning Group also covers Stockton Borough Council area and a separate plan has been developed for the Stockton area.
Date agreed at Health and Well-Being Board:	26/03/2014
Date submitted:	04/04/2014
Minimum required value of BCF pooled budget: 2014/15	£418,000
2015/16	£7,476,000
Total agreed value of pooled budget: 2014/15	£503,000
2015/16	£7,476,000

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	NHS Hartlepool & Stockton-On-Tees Clinical Commissioning Group
By	Ali Wilson
Position	Chief Officer
Date	

Signed on behalf of the Council	Hartlepool Borough Council
By	Dave Stubbs
Position	Chief Executive
Date	

Signed on behalf of the Health and Wellbeing Board	Hartlepool Health & Wellbeing Board
By Chair of Health and Wellbeing Board	Cllr Christopher Akers-Belcher
Date	

c) Service provider engagement
Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it.

Our vision and plans reflect a number of existing programmes which have included health and social care providers as active participants; together with our voluntary and community sector.

The proposals in relation to the Better Care Fund were developed following confirmation of the North of Tees Partnership Board as the 'unit of planning'. Each statutory body is represented on this group; membership includes the Clinical Commissioning Group (CCG), both local authorities (Stockton Borough Council and Hartlepool Borough Council) and both Foundation Trusts (North Tees and Hartlepool NHS Foundation Trust and Tees Esk and Wear Valley NHS Foundation Trust).

The North of Tees Partnership Board;
- Agreed areas of focus for the BCF;
- Agreed principles for approval of plans;
- Provided oversight across the CCG boundaries in development of the plans;
- Agreed outcomes required and key performance indicators; and
- Ensured alignment of plans in order to achieve equitable services.

BCF proposals were further developed through:
- Fortnightly meetings of the North of Tees Partnership Board to ensure that the project was on schedule, meeting the agreed aims and objectives and dealing with issues raised by partners.
- Fortnightly meetings between the CCG and LA.
- Workshops within the LA to develop ideas and gather data and supporting evidence from a social care perspective.
- Joint workshops and meetings with stakeholders from the LA, community services, acute services, primary care and mental health service providers to align proposals to the existing Momentum programme and to ensure that proposals support both health and social care objectives.

As the North of Tees Partnership Board includes representatives of both local authorities that are within the CCG boundary there has been multi agency work undertaken to ensure that plans are aligned where appropriate. Issues identified in relation to the development of the plans are discussed and worked through by operational leads and then brought back to the North of Tees Partnership Board for agreement if required.
In addition to the work specifically related to the BCF, the Council regularly engages with

social care providers (including the care home market and providers of housing related support) through provider forums or consultation on specific issues. The Council's direction of travel in terms of personalisation, reablement and promoting independence has been consistently communicated in recent years and a number of providers have shaped their services to meet changing demand and strategic direction as a result. A recent market engagement event relating to low level services attracted interest from a range of providers, some already established in the area and some not currently providing services locally, providing a further opportunity to encourage providers and potential providers to deliver joined up services that are focused on prevention and early intervention.

The CCG actively engages with providers across health and social care and the voluntary sector. Stakeholders are active participants and members of the CCG clinical work streams and project groups, which are responsible for developing and shaping future services and delivering the transformation agenda, and have been instrumental in shaping a number of the schemes. To ensure parity of esteem between physical and mental health across the health and social care economy whilst creating new models of care, our main mental health provider has been actively engaged in appropriate clinical work streams within the CCG and has been a key member of the North of Tees Partnership Board.

The CCG has worked with providers in relation to joint engagement events (both internal and external facing) where system or service change is required and continues to work with providers in delivering the Momentum |Programme, which is the blueprint used to develop the BCF plans.

The voluntary sector is represented on the Health & Wellbeing Board, with the Chief Executive of Hartlepool & District Hospice being the nominated attendee. The Vulnerable Adults Forum, reporting to the Health & Wellbeing Board brings together commissioners and providers to develop a shared understanding of needs of the vulnerable adult population in Hartlepool, contribute to the evaluation of services and influence strategic planning and commissioning priorities

The LA and CCG see the Better Care Fund as a vehicle to build on the partnership working and integrated approach to services which has been in place in Hartlepool for a number of years, and to further improve outcomes for local people.

The Health and Wellbeing Board considered the draft plan in February 2014 before approving the final version of the plan for submission by the 4 April deadline, by which time the CCG must submit the plan to NHSE (National Health Service England) as part of its Strategic and Operational plans. A wider range of providers will also have the opportunity to consider the plan and be able to comment on it.

In addition, formal contract meetings with all acute, community and mental health providers held by the CCG will be utilised to raise the profile of the plan and seek feedback on it. It will be included in commissioning intentions and contracting principles for 2014/15 and beyond to ensure that providers are engaged in and understand the planned impact.

d) Patient, service user and public engagement

Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

Active consultation with people who use services and the public has contributed to the development of plans for local services and our vision is based on what people have told us is most important to them, including local community based services that provide care close to home.

By focusing on our vision for integrated care we have been able to engage with all partners and believe this will help us to achieve true co-design of the future sustainable model for health and social care delivery.

Our vision is based on what people have told us is most important to them. Over the past year, with the establishment of the CCG and the Health and Wellbeing Board, both the Council and the CCG have engaged with people who use services, carers, residents and the workforce across the public, private and voluntary sectors about the vision and priorities for health and social care.

The CCG remains committed to this level of engagement. A recent stakeholder engagement exercise focussed on local priorities with two 'Call to Action' engagement events held using a market stall approach which was clinically led and supported by CCG staff and wider team members from our Commissioning Support Unit.

To extend this conversation beyond the events, the CCG engaged with the voluntary sector and Healthwatch to undertake further conversations with those community groups that are often deemed as hard to hear / reach.

Key themes and comments from people were

- Services close to home
- Improved communication
- Self-management for Long Term Conditions
- Improved access
- Improved Urgent Care
- Education and support for carers

The work undertaken to engage with the public and the themes identified have provided assurance that service user views are driving the development of integrated services that will meet local needs.

The CCG has a robust programme of engagement and communication to ensure that this momentum is built upon, and is committed to undertake a number of engagement events focused on specific projects including integrated care.

The Council engages with people who use services through regular forums such as the Carers Strategy Group, Learning Disability Partnership Board, Mental Health Forum and Champions of Older Lifestyles group and a Service User Focus Group that provides a user perspective on a range of issues and consultation topics. People who use services have been actively involved in the development of the Carers Strategy and Housing Care & Support Strategy, which clearly support the direction of travel for joined up services that intervene early and have a focus on prevention and maintaining people's independence for as long as possible.

Healthwatch Hartlepool is represented on the Health & Wellbeing Board and has been involved in recent consultation with service users and the public on a number of health and social care issues including domiciliary care and hospital discharge arrangements. Healthwatch Hartlepool also works closely with the Council to assess quality standards in care homes, providing a valuable independent perspective.

e) Related documentation

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	**Synopsis and links**
JSNA	Joint local authority and CCG assessment of the needs of the local population in order to improve the physical and mental health and well-being of individuals and communities.
Joint Health & Wellbeing Strategy	The Joint Health and Wellbeing Strategy sets out the priorities and actions which the Health and Wellbeing Board are planning to carry out to address the needs identified in the JSNA.
Carers Strategy	Multi agency strategy that identifies the needs of carers locally and priorities to deliver improvements over a three to five year period.
Moving Forward Together	Hartlepool's vision for adult social care from 2011 – 2014.
2012/13 Local Account	Summary of the priorities, progress and future direction of adult social care in Hartlepool.
Clear and Credible Plan	Description of the main health issues and how the CCG will tackle these http://www.hartlepoolandstocktonccg.nhs.uk/publications/
CCG Prospectus	http://www.hartlepoolandstocktonccg.nhs.uk/publications/

2) VISION AND SCHEMES

a) Vision for health and care services

Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

The system vision is: *'To develop outstanding, innovative and equitable health and social care services, ensuring excellence and value in delivery of person centred care working across both health and social care'.*

We will do this by:

- Commissioning for quality outcomes and services that deliver the required standards;
- Putting people at the heart of what we do and creating a system that is flexible and responsive enough to recognise the different needs of individuals;
- Actively seeking out unmet need as well as responding to expressed need;
- Establishing systems and processes that are sustainable and affordable to deliver continuity of care, ensuring that people are involved in decision making and planning of their own care and support, including referrals, and being helped to navigate services and systems;
- Striving to improve on what we do through change and innovation;
- Learning from successes and setbacks; and
- Ensuring we include 'Care, Compassion, Competence, Communication, Courage, Commitment' in all we do.

Residents of Hartlepool deserve the best possible 'joined up' health and social care and should get the right care, in the right place, at the right time, supporting them to have longer, healthier lives and ensuring they can say *"I can plan my care with people who work together to understand me and my carer(s), allowing me control, and bringing together services to achieve the outcomes important to me" (Integrated Care and Support: Our Shared Commitment).* This is why all partners in the public, independent and voluntary sector are working together to improve the local health and social care system.

There is already a strong focus on partnership working within Hartlepool. The Momentum: Pathways to Healthcare programme has been the blueprint for the last 5 years and is the means by which the Trust and local health community partners will reconfigure services to deliver safe, high quality, efficient and effective health services for the local population, reflecting both the expectations of the patients, and local and national initiatives which define the expectations on NHS provider organisations. This continues to provide the philosophy for the health and social care economy as closer integration is brought about.

Working in close partnership within the Momentum programme has helped us to achieve many changes in clinical services which deliver improved quality, safety and patient experience in the services that are commissioned. We now need to ensure that we continue this and ensure a joined up approach across health and social care partners. The Better Care Fund is seen as a significant step forward in developing integrated health and social care services, providing a framework for change and ensuring that partners work together to provide better support at home and earlier treatment in the

community. Through this joint planning we will be able to reduce pressures on urgent care and prevent people needing emergency care in hospital or a permanent care home admission.

Our vision of service delivery as we move forward is to have a sustained focus on integration, meaning '*organisations working together to create services that maximise health and wellbeing and address individual needs, improving outcomes and experiences for individuals and communities (Integrated Care and Support: Our Shared Commitment)'.*

Our vision is that by 2018/19 everyone is able to live at home longer, be healthier and get the right support services where required, whether this be provided by health and / or social care. We will have healthcare system where we have integrated health and social care, a focus on primary prevention, early diagnosis and intervention, and supported self-management. Where a person requires hospital treatment, if this cannot be provided in a community setting, we expect this will be carried out as a day case treatment or in an outpatient setting.

Care will be provided to the highest standards of quality and safety, with the person remaining at the centre of all decisions. Our focus will be to ensure that people can remain in their own homes or when this is not possible and they have to be treated in hospital we will ensure that their discharge is appropriately planned to ensure that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

The aims and objectives of our integrated system are:

- To ensure that the population of Hartlepool has access to a wide range of primary prevention interventions including, but not limited to, smoking cessation services, exercise, weight management, IAPT, problem drinking support, cancer screening programmes, immunisation, social prescribing, carer's support and good nutrition.
- To identify the 'missing thousands' of people who have undiagnosed and unmanaged long term conditions such as cardiovascular disease (including atrial fibrillation and hypertension), diabetes, COPD, liver disease dementia and early cancer.
- To maximise independence and quality of life and help people to stay healthy and well through the development of integrated community health and social care services with a focus on long term conditions, frail elderly (including end of life) and dementia, delivered through the roll out of an integrated care model building on existing care planning, care co-ordination, risk stratification and multi-disciplinary working.
- To streamline care and reduce activities that are carried out by multiple organisations ensuring the right services are available in the right place, at the right time through an integrated community approach providing rapid response to support individuals to remain at home and avoid admission

- To improve people's experience of services through the introduction of a single point of access across health and social care, utilising the NHS number. We want to work towards improving systems and connectivity across the whole health and social care system that will share people's information to enhance the quality of care and ensuring continuity of delivery.
- To improve outcomes for service users and carers through clearer and simpler care pathways and proactive management of people with long term conditions. We will do this through co-designing models of care that will meet need. These pathways will be simple to understand, simple to follow and will be available for all staff, service users and carers to see.
- To have a skilled workforce that understands both the health and social care system and works across organisational boundaries, making every contact count.
- To ensure that each person has a package of care that improves their physical, social and emotional wellbeing, acknowledging that all three elements are necessary to enjoy good health.
- To support personalisation and choice by developing a range of co-ordinated alternatives to hospital and residential care. This will be delivered through investment in personalised health and care budgets ensuring individuals are able to make informed decisions.
- To ensure that digital technology is utilised innovatively to deliver the greatest possible benefit to people using services and carers across health and social care.
- To improve access to community health and social care services 7 days a week to improve user experience and provide responsive services in and out of hours, reduce delayed discharges and improve support to empower people to live independently.

Our vision for integration is ambitious, it is about establishing a landscape in which different public bodies are able to work together, and with their partners in the third and independent sectors, removing unhelpful boundaries and using their combined resources, to achieve maximum benefit for service users, carers and families.

The expected outcomes are both qualitative and quantative. We are determined that any changes we implement will have the person at the heart of them and specifically will increase the quality and timeliness of service provision.

The specific quantative aims of our the schemes are:

- To maintain or reduce the number of people aged 65 and over who are permanently admitted to residential care;
- To maintain current excellent performance in relation to delayed discharges attributable to social care;
- To maintain or reduce the number of delayed discharges and lost bed days from acute settings for people aged 65 and over who are medically fit for discharge;
- A decrease in avoidable emergency admissions of people aged 65 and over; and
- An increase in the estimated diagnosis rate of dementia.
- An increase in the number of people supported by assistive technology.
- An increase in the number of people accessing reablement services.

To support these aims, we will also expect to see significant qualitative improvements through a more integrated and person centred model of delivery including.

- Faster response times and more integrated support for individuals and their carers/families.

- Improved quality of care in care home settings; and
- Positive feedback and customer satisfaction reports.

A programme team will be established to oversee the planning, and mobilisation of the BCF proposals and the development of a performance framework to ensure that there is a detailed understanding of the impact of the services on local NHS providers and the local authority with a particular emphasis on how activity has moved throughout the health and social care system and most importantly, how the proposals have impacted on the outcomes and experiences of people using services.

c) Description of planned changes

Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

The changes planned for Hartlepool mean significant change across the whole of the current health and care provider landscape and are focused in three key areas:

- Low Level Support and Management of Long Term Conditions
- Intermediate Care
- Improved Dementia Pathways

All services share a focus on provision of services as close to people's homes as possible, recognising that receiving care and support within Hartlepool whenever possible is important to our population and provides increased opportunities to maintain links with families, carers and the local community.

<u>Low Level Support and Management of Long Term Conditions</u>

People must be supported more systematically to maximise their own financial, human and community resources to achieve self-determination. We will support people to access resources in their own communities and to manage their own conditions and will work with the voluntary and community sector to ensure that those not yet experiencing acute need, but requiring support, are helped to remain healthy, independent and well. We will invest in empowering local people through effective facilitation and signposting, carers support, self-management and low level preventative services to maximise their independence and wellbeing and we will help identify and combat social isolation, as a major influence on overall health and wellbeing. We will work with our public health colleagues to review opportunities to further support and target people with a range of long term conditions in the community and / or their own homes, building upon the success of existing programmes commissioned by public health (such as Health Trainers and the Falls Service) whilst developing a more preventative, proactive and targeted approach.

We will use the BCF to:

- Commission low level services that:
  - Link people to community activities and facilities
  - Signpost and support people, providing good information

- Use facilitators to encourage people into the service and to support them to try new experiences and activities, motivate and reassure them and co-ordinate a range of activities across community based sites
- Include a community hub with meeting rooms for sessional work and services similar to those provided at the current day centres
- Provide one to one support for people who have been assessed as eligible for this service (who are likely to have high level health needs and / or dementia) either within the community hub, in the community or in a person's own home.
- Provide low level support services such as luncheon clubs and a handyperson service.

- Invest in good quality, accessible, person-centred advice, information and advocacy services that support people to manage their own conditions and maximise their own resources, as well as signposting to services where appropriate.

- Commission support and navigation services from the voluntary sector and user led organisations for people with long term conditions, such as stroke, and for people with sensory loss to help reduce social isolation and promote independence.

- Provide additional support to carers through direct payments allowing them to maintain a caring role while playing an active role in their own families / communities.

- Develop an expert carer programme that trains carers to manage the long term condition(s) of those that they care for.

- Develop an Occupational Therapy Trusted Assessor role providing advice and guidance on low level equipment and supporting daily living skills for those with lower level needs.

- Commission housing related support for vulnerable people in sheltered housing or extra care, enabling them to remain in their own homes for as long as possible.

<u>Intermediate Care</u>

We will support people in their own homes and in the community to prevent avoidable admissions to hospital and to prevent or postpone permanent admissions to residential care through providing a range of community based alternatives. Services will focus on supporting people in their own homes wherever possible through enhanced community nurse and social care intervention building upon and enhancing the model of community services already in place – the Community Integrated Assessment Team (CIAT) and Teams Around Practices (TAPS). This approach will be further enhanced through the availability of community based step up provision, which will focus on lower level health needs which currently account for high numbers of avoidable emergency admissions. When a hospital admission is necessary and can't be prevented, we will work together to ensure that hospital discharge is timely and seamless and that people are supported through reablement services to regain their confidence, maximise their abilities and develop the skills and capacity to retain their independence for as long as possible.
We will use the BCF to:

- Invest in a co-located Early Intervention model that supports hospital discharges through additional social work and occupational therapy capacity and procurement of

additional capacity within the independent sector to deliver reablement packages following a period of assessment. This will facilitate smooth hospital discharges and enable CIAT (and specifically the Rapid Response Nursing service) to discharge people efficiently following a period of intensive involvement and will be supported by a review of the current model of service for Rapid Response Nursing.

- Commission new pathways of care including a clinically led 'step up' service in the community for people requiring intensive, short term, complex nursing interventions that would normally necessitate a hospital admission. This locally focused service will ensure that Hartlepool residents are treated close to home with individual support that ensures continuity of care and is designed to meet the needs of the older population, inclusive of those with dementia. This service will primarily address the management of conditions which currently are admitted to hospital such as UTIs (the primary diagnosis for almost 400 admissions of over 65s per year in Hartlepool) and respiratory issues (the reason for almost 850 admissions of over 65s per year, at a cost of over £2m) as part of a new COPD pathway. The service will be clinically led by the most appropriate health professional and will complement existing services and those outlined in the plan. To determine the most appropriate model of care and associated pathways for the 'step up' service an independent review has been commissioned and agreed by the Unit of Planning. The review will include consideration of integrated community based services that provide enhanced support in people's own homes and step up beds within the community to deliver an alternative to hospital admission. The review will commence in April and will consist of both desk top appraisal and a clinical evaluation of the different models. This evaluation will ensure that all factors are considered in determining the most suitable, clinically safe, evidence based model which will also take into account local demographics, choice for people and their carers and provision of care close to home. This approach will ensure delivery of a sustainable future model that meets the needs of the local population.

- Expand the use of assistive technology and bring together existing community health and social care services that operate out of hours in a shared base within Hartlepool to meet planned and unplanned need for known service users overnight and during weekends. This will be achieved through:
  - a single personalised health and social care plan for all individuals with agreed contingency arrangements, risk assessment and RAG rating, linked to existing plans to roll out Emergency Health Care Plans;
  - better utilisation of personal budgets and personal health budgets which include contingency plans and can include planned access to respite care in a location of choice;
  - access to the Carers Emergency Respite Scheme;
  - proactive calls and visits;
  - reactive calls and visits that offer an integrated response and utilise skill mix to provide the most appropriate response for each individual; and
  - access to step up provision as an alternative to a hospital admission or a temporary place of safety if needed.

- Invest in additional professional support for care homes through an integrated care home liaison and support model that offers care home providers professional advice and support on a range of issues that are common factors in hospital admissions and / or safeguarding referrals. This will include pharmacist support in relation to

medication issues, falls advice and support, support in relation to pressure ulcer and continence management, respiratory nurse input, dietetics and advice on management of dementia. This model will also support the community based 'step up' provision and builds on an existing pilot that has been supported with non recurrent CCG funding.

- Invest in a 7 day community equipment service to support hospital discharges at weekends, if there is evidence that this would be beneficial.

We will also deliver on the new provisions of GMS, including a named GP for patients aged 75 and flexible provision over 7 days as well as providing additional GP input to care homes through Emergency Health Care Planning. A core focus for GPs will be on providing joined up support for those individuals with long-term conditions and complex health needs, particularly the frail elderly.

The volume of emergency activity in hospitals will be reduced and we will eliminate delays in transfers of care, reduce pressures in A&E and ensure that people are helped to regain their independence after episodes of ill health as quickly as possible.

<u>Improved Dementia Pathways</u>
It is our aim that people with dementia can access the same range and quality of services as the general population and we will ensure that new service developments are dementia friendly and easily accessible by people with dementia and their carers. We will use the learning from the North of Tees Dementia Collaborative to inform the future direction of travel, and to ensure that improvements are made and sustained.

We will use the BCF to:

- Create Dementia Advisor roles that support individuals and their families from the earliest possible point in their journey, filling the gap between health and social care and offering proactive 'stigma-free' support to individuals who need information, advice and peer support at the pace they can absorb. The advisors will work closely with the memory screening service, community mental health and social care teams to offer seamless support for people with dementia and their carers and will facilitate peer to peer dementia support so that people with dementia can meet and discuss how dementia affects them and share coping strategies.

- Provide a sitting service that supports people with dementia, providing short breaks for carers and enabling them to continue in their caring role for as long as they are willing and able to.

- Commission a service that supports people with dementia to access the community, as well as providing a building based service for those requiring this level of support.

- Develop group living services for people with dementia as a further alternative to residential care, which reduces hospital admissions and enables people to stay in their own home and end their lives there if that is their choice.

- Fund additional social work capacity to support people with dementia, including those with young onset dementia. How this resource is best provided in an integrated model will be informed by a review of the Community Dementia Liaison Service.

An overview of the timeline for key elements of the proposals are provided below:

April – June 2014

- Development of an accommodation strategy to support co-location and integration.
- Engagement with clinicians to inform the service specification for step up provision.
- Evaluation of tenders for low level services (Social Inclusion & Lifestyle Pathways).
- Additional Social Work capacity in Early Intervention in place.

July – September 2014

- Review of current model for Rapid Response Nursing and 24hr District Nursing.
- Commence tender for step up provision should service model determine this is required.
- Dementia Advisors appointed for 1 October 2014 start date.
- Commissioned low level services (Social Inclusion & Lifestyle Pathways) commence.

October – December 2014

- Conclude commissioning of step up service model
- NHS number identified for all current social care cases.

January – March 2014

- Expert carer programme commissioned.
- Appointment of additional Social Workers to support people with dementia.
- Contracts awarded for support and navigation services for LTCs and sensory loss.
- Appointment to posts providing professional support for care homes.

The outcomes of the BCF plan will be:

- Less dependency on intensive acute services due to earlier and targeted intervention.
- Fewer avoidable acute episodes through better management of conditions in the community, reducing unnecessary hospital and residential / nursing care admissions.
- A reduction in emergency bed days associated with repeat acute admissions by more timely and co-ordinated intervention.

- Reduced duplication, inefficiency and waste at the interface of care.
- Reorganisation of pathways and removal of professional boundaries.
- Health and social care delivered in a more co-ordinated, efficient and cohesive way.
- Patients and family carers knowing their individual pathway and having greater confidence in service delivery.

d) Implications for the acute sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

The implications for the acute sector are significant given that the funding to support BCF is already committed and the necessary shift of funding is most likely to come from spend with acute providers. The impact on acute providers has not been underestimated and plans have been shaped accordingly with input from NHS providers.

The main purpose of the proposed developments is to ensure that those individuals at high risk of health and social care interventions are proactively managed and supported to avoid the requirement for hospital based interventions.

We recognise to deliver the BCF plan and to achieve longer term sustainability, the overall spend in the acute sector must reduce significantly in order to properly resource the integrated out of hospital model. Through our joint workshop with the main acute provider locally, it has been agreed the proposed BCF model along with the Momentum Pathways to Healthcare programme will help us achieve this. Momentum: Pathways to Healthcare is based on delivery of a reduced hospital footprint, deliverable through scalable change in the way services are provided outside of hospital. The planned BCF developments will support this change and be a driver for transformation across health and social care.

The key to success will be in turning this high level plan into real action that allows all partners to reshape their models of service provision accordingly.

We will aim to target our efficiency savings specifically around a reduction in avoidable emergency admissions and A&E attendances, using the available data to target conditions and causes of admission which are deemed to be potentially avoidable.

e) Governance

Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

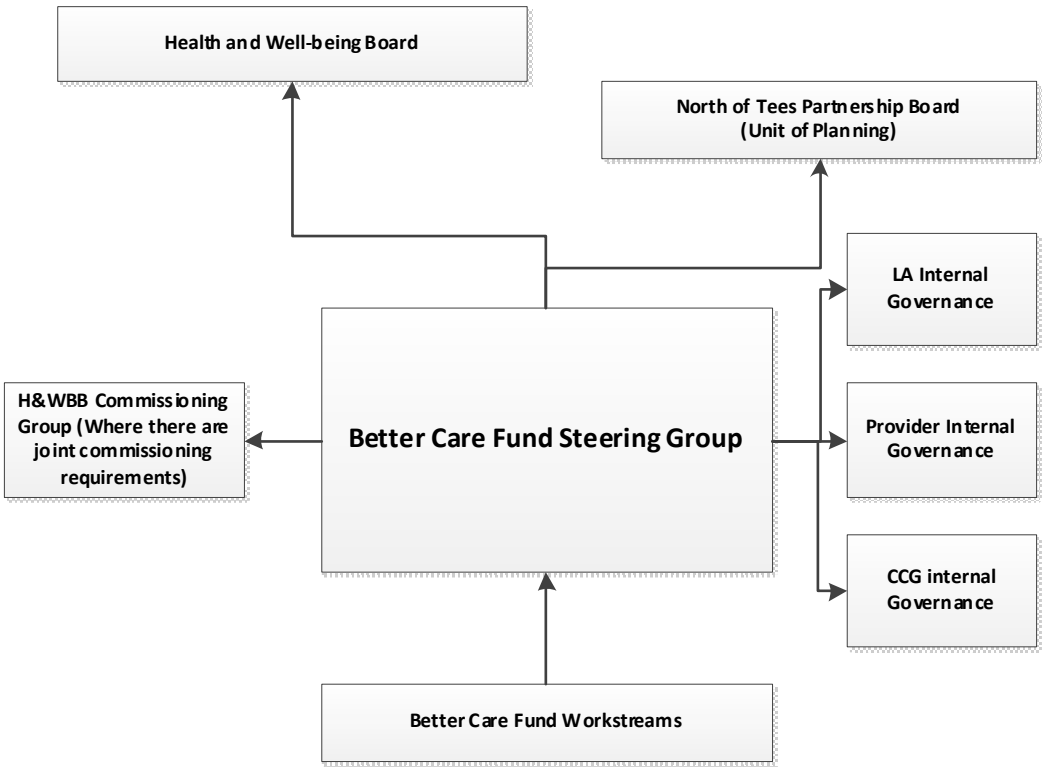
The governance mechanism that oversees the progress and the outcomes for the work in relation to the BCF is the North of Tees Partnership Board This group brings together key partners and will provide strategic direction and performance management of the BCF plan as proposals are further developed and move to the implementation phase.

The Partnership Board will provide regular progress and outcome reports to ensure all partners are able to meet their respective reporting requirements in line with their own governance arrangements. This includes but is not limited to; ensuring that the Health and Wellbeing Board remains central to the development and oversight of the proposed schemes making up the Better Care Fund and provision of regular updates via the Vulnerable Adults Forum and Joint Commissioning Executive that support the Board.

There will be regular briefings with the Local Authority lead member and updates provided to the Council's Adult Services Committee ensuring that plans are aligned with the priorities of local communities and the wider strategic direction of the Council. The Adult Services Committee is the constitutional forum for key decision making and a core part of the process for implementation of these changes and will also provide a forum for challenge and monitoring success.

The CCG Delivery Team and Governing Body will be kept appraised of the developments and kept informed of the progress of all plans; this will be achieved through development sessions and/or Governing Body meetings. Member Practices of the CCG will also be kept appraised through Clinical Time Out events, Clinical Reference Groups and Council of Member meetings. The diagram below sets out the governance arrangements for the Hartlepool Better Care Fund (BCF) programme.

Programme Management/Governance Arrangements



3) NATIONAL CONDITIONS

a) Protecting social care services

Please outline your agreed local definition of protecting adult social care services.

Protecting social care services means ensuring that people in Hartlepool with eligible social care need continue to be supported in a time of increasing demand due to the ageing population, and reducing local government resources.

This will be achieved through further integration of services that proactively intervene to support people at the earliest opportunity, ensuring that they remain well, are engaged in the management of their own wellbeing and, wherever possible, are able to stay in their own homes and retain their independence while contributing to their local communities for as long as they are able to.

Please explain how local social care services will be protected within your plans.

Funding currently allocated through the NHS Transfer to Social Care has been used to enable the local authority to sustain the current level of eligibility criteria and to maintain existing integrated services that support timely hospital discharge, delivery of reablement and telecare services, commissioning of low level support services and support for carers. Investment in these services will need to be sustained to maintain this as the social care offer for Hartlepool and to maintain current eligibility criteria and increased in order to deliver 7 day services and to address the implications of the Care Bill, which will require additional assessments to be undertaken for people who did not previously access social care and provision of further support for carers.

It is proposed that additional resources are invested in social care to deliver enhanced reablement and step up services, which will reduce hospital admissions and readmissions as well as permanent admissions to residential and nursing home care.

b) 7 day services to support discharge

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends.

The integrated health and social care out of hours service will prevent unnecessary admissions during evenings, overnight periods and weekends through the provision of personalised health and social care plans and clearly identified contingency arrangements for all people known to services, and through the provision of an integrated and appropriate response to unplanned needs. In hours, co-location of the current Single Point of Access for community services with the Council's Early Intervention Service will provide an integrated response at the first point of contact, reducing duplication and ensuring that a seamless service is provided to the individual.

Step up provision will be provided across seven days and will enable patients to be maintained in a safe environment and reduce the necessity to be admitted to hospital This service will enhance and complement the existing services commissioned.

We will develop a social work function within the integrated health and social care out of hours service, enabling social work assessments to be provided seven days a week. This will facilitate hospital discharge at weekends and enable professional social work support to be provided to the out of hours service so that decisions are made which are person centred and in the best interest of the individual. We will explore the delivery of the AMHP function through this service and the potential to review the current Emergency Duty Team arrangements (covering five neighbouring local authorities) and provide a more responsive, cost effective service based within Hartlepool and integrated with community health provision.

We will also determine if there is a requirement to invest in a 7 day community equipment service to support hospital discharges at weekends.

c) Data sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

All health services use the NHS number as the primary identifier in correspondence.

All health providers are commissioned using the NHS Standard Contract. This contract requires completion of a valid NHS Number field and in mental health and acute commissioning data sets this is submitted via SUS. This is a national quality requirement of the contract with a financial penalty applied to breaches in threshold tolerance.

Adult social care services are committed to adopting the NHS number as the primary identifier for correspondence.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

From an NHS perspective, where individual organisations are non compliant with the NHS Standard Contract terms, a Data Quality Improvement Plan (DQIP) would be agreed to ensure that this requirement is delivered.

From a social care perspective, there is a commitment to use the NHS number as the primary identifier for correspondence by April 2015.

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

We are committed to adopting systems based upon Open APIs and Open Standards.

Adult Services are committed to ensuring that all systems are established, maintained and developed in a open style with appropriate links to partner systems and, where required, with direct interfaces between systems. This requires further development between local health and social care IT systems to enable more automatic information sharing between health and social care.

Main systems currently in use within adult social care services are ‘CareFirst’ (master system for assessment and care management), ‘Controcc’ (services, direct payments &

personal budgets, along with provider and client payments), 'Call Confirm' (domiciliary scheduling & monitoring) & 'ICLipse' (document management system).
A project will commence in 2014 to look at N3 connection for Adult Social Care.

Hartlepool Borough Council has Public Services Network Compliance Certification and robustly uses secure email, e.g. through GCSX to NHS.net emailing etc.
From a CCG perspective a high percentage of member GP practices are actively updating the Summary Care Record, and there is a commitment to adopting Open API functionality as it becomes available in the clinical systems deployed through the GPSoC2 framework (SystmOne, EMIS and InPS). The CCG will also look to include appropriate weighting in future tenders and system replacements which favour those with Accessible/Open API functionality.

The Electronic Prescription Service is currently being implemented in all member practices, which will allow prescriptions issued by clinicians to meet the ISB0052 dm+d interoperability standards for transmission to other care partners.

The CCG is currently in the early stages of a CCG wide deployment of SharePoint which utilises OpenXML document standards and will facilitate greater information availability and sharing.

All clinicians and CCG staff are using NHSMail which complies with Government 'RESRICTED' standards and can be used to communicate Personal Identifiable Information securely with other clinicians and LA colleagues using GSX Mailboxes.

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott 2.

From an NHS perspective, all providers are required to comply with the terms and conditions of the NHS Standard Contract which requires confirmation from providers that they are compliant with the IG Toolkit Level 2. All providers are required to provide the relevant IG policies relating to confidentiality, data protection and information disclosure (GC21.10.1); handling and disclosing personal data (GC21.10.2 and 21.10.4); and obligations under NHS Care Records Guarantee (GC 21.10.3).

The Council's adult social care service is committed to maintaining and further developing a comprehensive range of Information Governance controls. A full range of IG policies are in place, which are overseen and reviewed by a corporate IG group and an extensive training and awareness programme is currently in place and will be reviewed during 2014. All new and revised contracts with provider agencies include a detailed Information Sharing Protocol that outlines full and comprehensive data sharing procedures. We are currently working on the Adult Social Care IG toolkit in order to gain compliance in 2014/15.

d) Joint assessment and accountable lead professional

Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

The proposed integrated model provides a single access point for every person with whom we engage with and a single personalised plan in order to facilitate the most appropriate health and social care response, in hours and out of hours.

The model will focus on all people known to community nursing and social care services initially, and will use a range of tools to identify those at higher risk of requiring intervention. These include:

- Social Care Eligibility Criteria (FACS)
- GP Practice Quality and Outcome Framework (QOF) Registers
- Risk Stratification Assessment and Identification, which is built in to provider contracts, both in primary care and community services

The predictive risk stratification model that is currently commissioned from a health perspective is delivered in partnership across GPs and community matrons and the current predictive risk tool identifies individuals most likely to be at risk of an emergency admission in the next twelve months. This tool is to be further developed to incorporate both social and health risk to enable a targeted multi disciplinary approach to support people to better self-manage their long term condition, having an appropriate identified accountable lead.

Whilst we acknowledge that each of the above has a part to play in risk identification, we do require a more structured and joint approach to risk stratification and this will form a key work stream of our overall plan for 2014/15.

We believe focusing on high intensive current users of health and social care within our area will provide us with the maximum impact and benefit in our joint work creating and maintaining a positive environment within which we can transform and integrate local health and social care services.

4) RISKS
Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Risk	Risk rating	Mitigating Actions
There is insufficient information and data at the correct level and quality to effectively monitor outcomes (financial and performance) of all the interlinking projects and schemes and ensure overall delivery of the BCF plan	High	• Health and social care information teams will work together to ensure that information is collected and presented meaningfully to inform planning and service development. • Gaining assurance through the work streams that the planned BCF developments will deliver the required outcomes. Regular reviews will be undertaken to refine plans and potentially disinvest in schemes that fail to deliver the best outcomes • National performance measures will be used where appropriate and where these are not available a locally agreed indicator set will be developed.
The schemes are not in line with existing NHS or LA delivery plans undoing existing good practice.	Med	• Partners are, and will continue to be, involved in the development of the BCF plans to ensure that organisational plans are aligned. • The agreed governance arrangements ensure that the impact of decisions relating to the implementation of the BCF is considered by all partners on the North of Tees Partnership Board. • Plans build on the good practice already in place.
There is insufficient time to implement the schemes to have the impact in the short term on performance and savings.	High	• Plans build on existing good practice. • Existing services will contribute to delivery of the BCF plan. • Any available funding during 14/15 will be utilised to progress the schemes faster, where appropriate. • Contractual mechanisms will be used where appropriate to ensure that partners are contractually bound to deliver changes within agreed timescales.

The schemes identified in the BCF fail to deliver the required reduction in acute and care home activity by 2015/16, impacting on the funding available to support core services and future schemes.	High	• Assumptions have been modelled using a range of available data. • 2014/15 will be used to review, test, and refine the assumptions.
The focus is on performance and savings rather than being person-centred and designed to ensure that the individual receives the best possible care.	Low	• All the proposals will be implemented in a within a person centred approach. • Ongoing consultation and engagement throughout the implementation of the BCF plan to ensure service users are involved in the design of new care pathways.
Partners can't agree the best model of service delivery and / or the implementation of the model.	High	• Partners will continue to be involved in the development of evidence based services that meet local need. • The agreed governance arrangements ensure that there are mechanisms in place to reach agreement on decisions and resolve any issues via the North of Tees Partnership Board.
The non-coterminous boundaries for health and social care result in differing priorities and levels of investment that need to be managed by a single CCG and acute provider, which disadvantages Hartlepool.	High	• The North of Tees Partnership Board enables plans to be shared and implications understood with the clear service specifications in place to assure equity across both localities for people accessing services • Opportunities for joint working across the two LAs have been explored.
As current funding to social care is reduced there will be a detrimental impact on the delivery of savings and BCF outcomes.	Low	• Funding has been agreed and secured for 14/15 and 15/16 subject to the implementation of the schemes. • North of Tees Partnership Board will continue to monitor the impact of changes to social care funding and risks posed to the BCF.
Introduction of the Care Bill results in significant pressures for social care services with resulting impacts on the delivery of the BCF plan as well as the wider Health and Social Care system.	Med	• Work is being undertaken to understand the possible impact of the Care Bill; this will be refined as the detail is confirmed.
Organisational pressures and wider health and social care reform restrict the capacity of all partners to deliver the BCF plan.	Med	• Dedicated project management resources are being identified to support delivery of the BCF and capacity will be regularly reviewed.

Workforce skill mix and availability to deliver the new pathways of care is not adequate.	Med	• Workforce planning and development with Health Education North East and NHS England Local Area Team.
Shifting resources to fund new integrated services destabilises current providers, particularly in the acute sector.	High	• Further work will be undertaken to understand the wider impact of the proposed developments.

This template is to be used for part 2 of HWB BCF plans and replaces the original template available on the NHS England BCF webpage. The new version contains more information in t metrics section and is locked in order to assist in the NHS England assurance process .

This new template should be used for submitting final BCF plans for the 4th April

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Finance - Summary

##

Organisation	Holds the pooled budget? (Y/N)	Spending on BCF schemes in 14/15 /£	Minimum contribution (15/16) /£	Actual contribution (15/16) /£
Hartlepool Borough Council	Y	£ 418,000	£ -	£ -
NHS Hartlepool & Stockton on Tees CCG	N	£ 85,000	£ *7,476,000*	£ *7,476,000*
BCF Total		**£ 503,000**	**£ 7,476,000**	**£ 7,476,000**

Approximately 25% of the BCF is paid for improving outcomes. If the planned improvements are not achieved, some of this funding may need to be used to alleviate the pressure on other services. Please outline your plan for maintaining services if planned improvements are not achieved.

Hartelpool Borough Council and NHS Hartlepool and Stockton-On-Tees Clinical Commissioning Group have agreed to explore the possibility of a 5-10% topslice of the additional BCF resource in 2015/16 to create a contingency. The proposed BCF developments will be evaluated throughout the year to identify added value and contribution to the delivery of the performance metrics, which may inform disinvestment and reinvestment decisions if appropriate. The CCG already has set contingencies within their financial plans which may be required should schemes not achieve agreed outcomes.

Contingency plan:		2015/16	Ongoing
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		
Avoidable emergency admissions (composite measure)	Planned savings (if targets fully achieved)	1437057	1437057
	Maximum support needed for other services (if targets not achieved)	TBC	TBC

Please list the individual schemes on which you plan to spend the Better Care Fund, including any investment in 2014/15. Please add rows to the table if necessary.

BCF Investment	Lead provider	2014/15 spend		2014/15 benefits		2015/16 spend		2015/16 benefits	
		Recurrent /£	Non-recurrent /£	Recurrent /£	Non-recurrent /£	Recurrent /£	Non-recurrent /£	Recurrent /£	Non-recurrent /£
Low Level Services	TBC	£ 100,000		£ -	£ -	£ 1,165,000	£ -	£ -	£ -
Intermediate Care	TBC	£ 226,000		£ -	£ -	£ 4,711,000	£ -	£ 1,437,057	£ 1,437,057
Dementia	TBC	£ 115,000		£ -	£ -	£ 430,000	£ -	£ -	£ -
Carers	TBC			£ -	£ -	£ 345,000	£ -	£ -	£ -
DFG / Capital	TBC			£ -	£ -	£ 825,000	£ -	£ -	£ -
Transitional	TBC		£ 62,000	£ -	£ -		£ -	£ -	£ -
Total		£ 441,000	£ 62,000	£ -	£ -	£ 7,476,000	£ -	£ 1,437,057	£ 1,437,057

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Outcomes and metrics

Please provide details of how your BCF plans will enable you to achieve the metric targets, and how you will monitor and measure achievement

Permanent admissions of older people to residential and nursing homes: the expected outcome of the proposed BCF developments is a reduction in the number of admissions per 100,000 patients. The aim of the proposed developments is to maximise the ability of older people to remain independent in their own homes for as long as possible, reducing the need for permanent admissions to residential and nursing home settings, in the context of an ageing population and increased prevalence of dementia.
Proportion of older people at home 91 days after discharge into reablement / rehabilitation services: Reablement services are well established in Hartlepool and over 84% of people discharged into reablement / rehabilitation services are currently maintained in their own homes 91 days after discharge. The BCF proposals include additional investment in reablement services and support for hospital discharges and it is expected that there will be an improvement in current performance (to 92.31%) as a result of this investment. The target for this metric has been set using a 90% confidence level
Delayed Transfers of Care: Hartlepool's current performance in relation to delayed transfers of care is very good due to existing joint working arrangements between health and social care, with no delayed discharge attributable to social care ever having been reported. It is anticipated that the planned BCF developments will enable this level of performance to be maintained despite the increasing over 65 population and the increased prevalence of dementia and deliver a 15.74% reduction in the overall number of delayed transfers of care (Average per month). The target for this metric has been set using a 75% confidence level due to the already very good performance.
Avoidable Emergency Admissions: It is anticipated that CCG commissioning intentions will deliver a 7.64% reduction in avoidable emergency admissions in 2014/15 with a greater impact expected in 2015/16 as planned BCF developments are implemented. The target for this metric has been set using a 95% confidence level.
Estimated Diagnosis Rate for Dementia: The target set for this metric in the Outcomes Framework is 67%, through the BCF schemes we will look to stretch this target to 68% by the end of March 2015.

For the patient experience metric, either existing or newly developed local metrics or a national metric (currently under development) can be used for October 2015 payment. Please see the technical guidance for further detail. If you are using a local metric please provide details of the expected outcomes and benefits and how these will be measured, and include the relevant details in the table below

The national metric (currently under development) will be adopted locally once finalised. From a social care perspective, results from the 2012/13 national survey of users of social care indicate that 73.6% of people using social care services in Hartlepool are satisfied with the care and support that they receive - this is the third highest overall satisfaction rate nationally.

For each metric, please provide details of the assurance process underpinning the agreement of the performance plans

Performance plans have been developed using BCF base data and agreed based on analysis of baseline data, analysis of trends in recent years, comparison with other areas within the region and demographic projections. Plans also take into account anticipated implications of planned service changes and the recommendations from the national statistical significance calculator. It is acknowledged that statistically significant changes will not be achieved against all metrics in 2014/15, but it is anticipated that there will be greater levels of improvement in 2015/16 when there is additional investment in services.
A performance framework will be developed for the BCF proposals which will provide assurance to the North of Tees Partnership Board (Unit of Planning Oversight Group) regarding delivery of projected performance. Performance will also be reported through internal processes within the Council (Corporate Management Team) and CCG (Delivery Team / Governing Body) and to the Health & Wellbeing Board on a regular basis.

If planning is being undertaken at multiple HWB level please include details of which HWBs this covers and submit a separate version of the metric template both for each HWB and for the multiple-HWB combined

Not applicable - plan refers to Hartlepool Health & Wellbeing Board only.

Please complete all pink cells:

Metrics		Baseline*	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	*Metric Value*	863.9	N/A	830.8
	Numerator	140		140
	Denominator	16205		16851
		(Apr 2012 - Mar 2013)		(Apr 2014 - Mar 2015)
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services *NB. The metric can be entered either as a % or as a figure e.g. 75% (0.75) or 75.0*	*Metric Value*	84.62	N/A	92.31
	Numerator	55		60
	Denominator	65		65
		(Apr 2012 - Mar 2013)		(Apr 2014 - Mar 2015)
Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month) *NB. The numerator should either be the average monthly count or the appropriate total count for the time period*	*Metric Value*	175.3	160.9	146.5
	Numerator	127	117	107
	Denominator	72438	72736	73062
		April 2012 - March 2013 12	Apr - Dec 2014 (9 months)	Jan - Jun 2015 (6 months)
Avoidable emergency admissions (average per month) *NB. The numerator should either be the average monthly count or the appropriate total count for the time period*	*Metric Value*	3048.3	1444.2	1354.9
	Numerator	2826	1344	1266
	Denominator	92707	93064	93439
		October 2012 - September 2013 12	Apr - Sep 2014 (6 months)	Oct 2014 - Mar 2015 (6 months)
Patient / service user experience *For local measure, please list actual measure to be used. This does not need to be completed if the national metric (under development) is to be used*		*(State time period and select no. of months)* 1	N/A	*(State time period and select no. of months)* 1
Local measure *Estimated diagnosis rate for people with Dementia (NHS Outcomes Framework indicator 2.6.i)*	*Metric Value*	60.36		67.99
	Numerator	632		773
	Denominator	1047		1137
		Apr 2013 to Sep 2013 6	*(State time period and select no. of months)* 1	*Apr 2014 - Mar 2015* 12

FINANCE AND POLICY COMMITTEE

25 April 2014

Report of: Director of Regeneration and Neighbourhoods

Subject: CORPORATE PROCUREMENT QUARTERLY REPORT ON CONTRACTS

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Non key.

2. PURPOSE OF REPORT

2.1 To satisfy the requirements of the Council's Contract Procedure Rules with regard to the Finance & Policy Committee:

- Receiving and examining quarterly reports on the outcome of contract letting procedures including those where the lowest/highest price is not payable/receivable.
- Receiving and examining reports on any exemptions granted to these Contract Procedure Rules.

3. BACKGROUND

3.1 The Council's Contract Procedure Rules require that the following information be presented to the Finance & Policy Committee on a quarterly basis:

Section of Contract Procedure Rules		**Information to be reported**
Introduction	Para 8 iii & Para 8 vi	Outcome of contract letting procedures
Part G	Para 12 v	

Introduction Part B	Para 8 iii Para 3 v	Basis of award decision if not lowest/highest price payable/receivable
Introduction	Para 8 vi	Contract Name & Reference Number
Part G	Para 12 v	
Introduction	Para 8 vi	Description of Goods/Services being procured
Part G	Para 12 v	
Introduction	Para 8 vi	Department/Service area procuring the goods/services
Part G	Para 12 v	
Introduction	Para 8 vi	Prices (separate to Bidders details to preserve commercial confidentiality)
Part G	Para 12 v	
Part G	Para 12 v	Details of Bidders

3.2 In addition to tender related information, details of exemptions granted to the Contract Procedure Rules are also reportable quarterly.

4. INFORMATION FOR REVIEW

4.1 Tender information

The table at **Appendix A** details the required information for each procurement tender issued since the last quarterly report.

4.2 The Committee may within the Contract Procedure Rules request further information or seek further monitoring reports on selected contracts.

4.3 In addition the Audit and Governance Committee may request a contract to be monitored under their specific responsibilities relating to the scrutiny of contracts.

4.4 Exemption information

Appendix B provides details of the required information in relation to Contract Procedure Rules exemptions granted since the last Corporate Procurement Quarterly Report on Contracts.

4.5 The table at confidential **Appendix C** includes the commercial information in respect of the tenders received. **This item contains exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely, Appendix C.**

5. RECOMMENDATIONS

5.1 That the Committee note and comment on the contents of the report.

6. REASONS FOR RECOMMENDATIONS

6.1 The Committee is required to review the information supplied to ensure that monitoring in the award of contracts is carried out and evidenced.

8. BACKGROUND PAPERS

8.1 No background papers.

9. CONTACT OFFICER

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Tender Information

Date of Contract Award	Contract Name and Reference Number	Description of Goods / Services being procured	Department / Service area procuring the goods / services	Details of Bidders	Location of Bidder	Basis of award decision if not lowest/highest price payable / receivable	Outcome of contract letting procedures
5/3/14	Restorative Justice Services – CRN 654-2014	To support victims of youth crime to have their say and to talk about the full impact of a crime on their lives whilst ensuring that the young person who has offended learns about the full consequences of their actions.	Child and Adult Services	Unite Ltd The Children's Society – Tees Valley	Middlesbrough Stockton-on-Tees	Most economically advantageous tender	The Children's Society – Tees Valley
10/2/14	Benefit Advice and Financial Support Services –CRN 621 - 2014	Provision of benefit advice and financial support services for Hartlepool Communities funded by Community Pool	Regeneration and Neighbourhoods	West View Advice and Resource Centre Hartlepool Citizens Advice Bureau Hartlepool Credit Union	Hartlepool Hartlepool Hartlepool	Most economically advantageous tender	West View Advice and Resource Centre
24/2/14	Specialist Drug & Alcohol Prescribing Services – CRN 669-2014	Comprehensive range of specialist clinical treatment and prescribing services for drug and alcohol misusing adults (18+) within the Borough of Hartlepool	Public Health	Addaction Counted 4 CIC Crime Reduction Initiatives Fulcrum Medical Practice Lifeline Project Ltd	Middlesbrough Sunderland Brighton Middlesbrough Manchester	Most economically advantageous tender	Addaction

Procurements Exempted from Council Contract Procedure Rules

Dept	Service Unit	Company Name	Company Based at	Estimated Expenditure	Description	Approval
R&N	Building Design and Construction	Outdoor Places Ltd	Petersfield, Hampshire	Approx £9K	A timber amphitheatre is required for the Rossmere Forest School project - Specialist work	08.01.2014
R&N	Street Care	Northern Stray Care Veterinary Centre	Coxhoe, Durham	£6000 per annum	Immediate Veterinary care as part of the contact for the Kennelling of Stray Dogs - For practical purposes, it has been agreed that veterinary services should be sub-contracted to a suitable veterinary facility/ or facilities, within close proximity of the contracted kennelling facility.	16.01.2014
R&N	Culture and Information (Libraries)	Demco Interiors	Hoddesdon, Hertfordshire	£10,000	Library Shelving - Using the same supplier as phase one for continuity of project	24.01.2014
R&N	Building Design and Construction	C & A Pumps and Engineering Ltd	Hartlepool	£16,200.00	Refurbishment of pumping station to enable a fountain to operate as designed. Specialist work no other supplier found.	05.02.2014
C&A	Commissioning	National Youth Advocacy Service	Birkenhead, Wirral	£2,952	Regulation 33 inspections - three month temporary pilot basis	07.02.2014
R & N	Building Design and Management	Beehive Folding Partitions Ltd	Northallerton	£4505 ext vat	Folding Partition to meeting room at Brierton School EDC Works - Specialist company. Specialist design to suit particular site location.	20.02.2014
R & N	Building Design and Management	Platform Lift Solutions Ltd	Hartlepool	£26400 ext vat	Disabled platform lifts at Brierton School EDC Works - Specialist Company	20.02.2014
R&N	Neighbourhood Management	Harbour Support Services	Hartlepool	£47,732	Prevention and reduction of domestic violence and abuse in Hartlepool. Specialist professional accreditation, knowledge, skills and ability to effectively deliver these services over a 12 month period	20.02.2014
Public Health	Carlton Outdoor Education Centre	Davinci Mobility	Liverpool	£3462 inc vat	Off road wheelchair for Carlton Outdoor Education Centre. Bendrigg Trust suggested the above supplier as they have used this company to build bespoke off road wheel chairs for their centre usage and recommended them highly.	26.02.2014
R & N	Economic Regeneration Team	Various Schools in Hartlepool	Hartlepool	€174,000 euros	Establishing a Partnership to set up a Youth Guarantee scheme in Hartlepool - DMT approved the proposed grant allocation process	26.02.2014
R & N	Estates	Carter Jonas	York	£4,500.00	Specialist advice and also urgent timescales	07.03.2014
C & A	Workforce Planning & Development	Msitua - Autism Consultancy	Sleaford, Lincolnshire	£3,000.00	Specialist training advice and knowlege	11.3.2014

Extensions to existing Contracts

Public Health	Commissioning and Clinical Quality Team	Addaction	London	£160,000.00	A Criminal Justice Interventions Service - An exemption is sought to ensure the continuation of the provision of this service.	30.01.2014