

FINANCE AND POLICY COMMITTEE AGENDA



Monday 30 June 2014

at 9.30 am

in the Council Chamber, Civic Centre, Hartlepool

MEMBERS: FINANCE AND POLICY COMMITTEE

Councillors C Akers Belcher, Dawkins, Hind, Jackson, James, Loynes, Payne, Richardson, Riddle, Simmons plus 1 Vacancy.

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 19 May 2014.
- 3.2 To receive the minutes of the meeting of the Safer Hartlepool Partnership held on 21 March 2014.

4. BUDGET AND POLICY FRAMEWORK ITEMS

- 4.1 Medium Term Financial Strategy (MTFS) 2015/16 to 2018/19 – *Corporate Management Team*

5. KEY DECISIONS

- 5.1 Housing Services New Opportunities and Structure – *Director of Regeneration and Neighbourhoods*
- 5.2 Healthy Trainer Service – *Director of Public Health*



6. OTHER ITEMS REQUIRING DECISION

- 6.1 Partnership with Durham County Council for the Position of the Road Safety Team Leader – *Director of Regeneration and Neighbourhoods*
- 6.2 North East Procurement Organisation Transformation – Introduction of New Arrangements for the Leadership and Governance of Service and Regional Collaborative Procurement – *Chief Executive/Chief Solicitor*
- 6.3 Employee Sickness Absence Annual Report 2013/14 – *Assistant Chief Executive*
- 6.4 Public Health Clinical Governance (Clinical Governance, Patient Group Directions, Serious Incidents and Substance Misuse Related Death Policies) – *Director of Public Health*
- 6.5 The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 – Part 5 – Complaints about Public Health Functions of Local Authorities – *Director of Public Health*
- 6.6 Local Government Pension Scheme Discretionary and Other Employer Discretions Policy – *Assistant Chief Executive*
- 6.7 Northgate Community Fund – *Assistant Chief Executive*
- 6.8 Quarter 4 – Council Overview of Performance and Risk 2013/14 – *Assistant Chief Executive*

7. ITEMS FOR INFORMATION

No items.

8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

ITEMS FOR INFORMATION

Date of next meeting – Monday 21 July 2014 at 9.30am in the Civic Centre, Hartlepool.



FINANCE AND POLICY COMMITTEE MINUTES AND DECISION RECORD 19 MAY 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, Robbie Payne and Chris Simmons.

Officers: Dave Stubbs, Chief Executive
Andrew Atkin, Assistant Chief Executive
Peter Devlin, Chief Solicitor
Chris Little, Chief Finance Officer
Gill Alexander, Director of Child and Adult Services
Denise Ogden, Director of Regeneration and Neighbourhoods
Damien Wilson, Assistant Director, Regeneration
Phillip Timmins, Principal Estates Surveyor
Mark Smith, Head of Youth Support Services
Alastair Rae, Public Relations Manager
Joan Stevens, Scrutiny Manager
David Cosgrove, Democratic Services Team.

258. Apologies for Absence

Councillors Ray Martin-Wells, Keith Dawkins, Carl Richardson.

259. Declarations of Interest

None at this point in the meeting.

Councillor Jackson declared a personal interest in Minute Number 264
“Disposal of Surplus Assets – Strategic Housing Land Allocation
Assessment – Council Owned Sites” as the meeting reached that item on
the agenda.

260. Minutes of the meeting held on 25 April, 2014

Confirmed.

261. Health and Wellbeing Board - Minutes of the meeting held on 25 April, 2014

Received.

262. Hartlepool Youth Justice Plan 2014/15 (*Director of Child and Adult Services*)**Type of decision**

Budget and Policy Framework item.

Purpose of report

To present and seek comments from the Finance and Policy Committee on the development of the annual Youth Justice Strategic Plan for 2014-2015.

Issue(s) for consideration

The Head of Youth Support Services reported that the annual Youth Justice Plan should provide an overview of how the Youth Offending Service, the Youth Offending Service Strategic Management Board and wider partnership would ensure that the service had sufficient resources and infrastructure to deliver youth justice services in its area in line with the requirements of the National Standards for Youth Justice Services.

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

Alongside this, the development of the plan had also incorporated recommendations from Children's Services Committee, the views of the Safer Hartlepool Partnership Executive Group and the current scrutiny investigation into re-offending in Hartlepool. The plan also acknowledged the role of the Youth Offending Service in taking forward the priorities of the Cleveland Police and Crime Commissioner.

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

- Re-offending
- Early Intervention and Prevention
- Remand and Custody
- Restorative Justice
- Risk and Vulnerability
- Think Family
- Maintaining Standards
- Effective Governance.

Members again registered their disappointment at the withdrawal of the Youth Court from Hartlepool and its transfer to Teesside Magistrates Court in Middlesbrough. A copy of the letter sent in January on behalf of the Policy Committee Chairs raising the Council's concerns at the potential move of the Youth Court was circulated at the meeting. The contribution to the plan from Cleveland Police was also criticised as Members considered it more appropriate to focus on prevention.

Some of the statistical information in the document was discussed. The table at the top of page 19 of the draft document submitted to the meeting highlighted the small numbers of reoffending young people that accounted for a disproportionately high number of offences. Members questioned the numbers and ages of offenders and the Head of Youth Support Services indicated that once over 17 years, offending statistics were included in the adult statistics. The Director of Regeneration and Neighbourhoods commented that there was liaison between the Youth Offending Service and the Probation Service when offenders transferred from one to the other to look to a continuation of support to reduce reoffending.

It was also noted that the funding organisations for the Youth Justice Plan should refer to Public Health rather than the Clinical Commissioning Group.

Decision

That, subject to the minor amendment detailed above, the Youth Justice Plan for 2014 – 2015 be approved for submission to Council for adoption.

263 Declaration of Interest

Councillor Jackson declared a personal interest in the following item, Minute Number 264 "Disposal of Surplus Assets – Strategic Housing Land Allocation Assessment – Council Owned Sites".

264. Disposal of Surplus Assets – Strategic Housing Land Allocation Assessment – Council Owned Sites
(Director of Regeneration and Neighbourhoods)

Type of decision

Key Decision (test (i) and (ii)) Forward Plan Reference No. RN 13/09.

Purpose of report

To update the Committee on progress in relation to the Strategic Housing Land Allocation Assessment (SHLAA) process and to seek approval both to a revised list of Council owned sites being progressed to the next stages of the SHLAA evaluation process and approval for these sites to be made available for disposal.

Issue(s) for consideration

The Assistant Director, Regeneration reported that following the decision by Council on 17th October 2013 to withdraw the submitted Local Plan, officers had commenced work on a new Local Plan and in particular the Strategic Housing Land Allocation Assessment (SHLAA) which was a key part of the evidence base that underpins a Local Plan. The SHLAA requires the LPA (Local Planning Authority) to demonstrate the availability of sufficient available land for residential development to satisfy the predicted demand for housing within the plan period of 15 years.

The Estates and Regeneration Manager, in conjunction with the Planning Policy officers, reviewed the whole Council estate and selected a number of sites which were considered appropriate to be included in the SHLAA process. These were reported to Committee on 31st January 2014 and approval was granted for the sites to be assessed through the next stages of the SHLAA evaluation process. All the Council owned sites that had been previously selected had now been given further consideration under the SHLAA process and there were a number of Council owned sites that did not comply with the key evaluation requirements of the SHLAA methodology and had been rejected as not being suitable. Appendices to the report set out those sites for inclusion in the final stages of the SHLAA process and those to be withdrawn.

Members expressed some concern that the land at Jackson's landing was included in the SHLAA. The Chair commented that he had raised the same question but had understood the rationale for inclusion. While the authority was looking to some dynamic redevelopment of the site, the option for housing, even when it was the least favourable option, had to be accounted for.

Decision

1. That approval be granted for the inclusion of sites identified in Appendix 1 to the report to be considered for the final stages of the Strategic Housing Land Allocation Assessment evaluation process and to accept the withdrawal of the sites set out in Appendix 2 to the report.
2. That the sites identified in Appendix 1 to the report would be made available for disposal during the first five years of the plan period. This would ensure that the sites were deliverable in the short term.

265. Workforce Strategy *(Assistant Chief Executive)***Type of decision**

Non-Key Decision.

Purpose of report

To seek approval from the Finance and Policy Committee to adopt and implement the draft Workforce Strategy 2014 – 2017.

Issue(s) for consideration

The Assistant Chief Executive highlighted to Members the extensive consultation process undertaken in the development of the Workforce Strategy which included –

- Strategic Development Group
- Departmental Management Teams
- Corporate Management Team
- Employee Wellbeing and Protection Strategic Group
- Single Table
- Local Joint Consultative Committee

Feedback received during the consultation process had been positive and minor changes had been made to the draft strategy at the request of the Trades Unions.

Decision

That the the adoption and implementation of the Workforce Strategy 2014 – 2017 be approved.

266. Delegated Property Transactions (*Director of Regeneration and Neighbourhoods*)

Type of decision

For information purposes only.

Purpose of report

To inform the Committee of the recent Minor Property Issues dealt with under Delegated Powers since the matters were last reported on 26th July 2013.

Issue(s) for consideration

The Assistant Director, Regeneration reported that under Part 3 of the Constitution (Responsibility for Functions) the Director of Regeneration and Neighbourhoods had delegated powers for a variety of transactions within a prescribed threshold which was currently £30,000 in capital value and £12,000 in rental value. The powers were to approve land and property disposals, leases, lettings, licences, wayleaves, easements, undertaking and concluding rent reviews, lease renewals and the release and amendments of restrictions, covenants and other land and property matters within the prescribed thresholds as approved by the Council. This enabled minor property transactions to be concluded efficiently and effectively.

The Assistant Director indicated that in the future the report on such transactions would be reported to this Committee quarterly. To date the delegation had been effective and a number of transactions had been progressed in accordance with delegated consent as summarised in Confidential Appendix 1 to the report. The appendix contained 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).

A Member commented that the Council had been very effective in releasing land at reduced or no cost for schemes that had community benefit; such as housing development by Housing Hartlepool. However, there were occasions when residents wished to buy small parcels of land adjacent to their own property to increase their garden or bring an unmanaged problem area into their control they were charged relatively high costs for these small pieces of land. The Assistant Director commented that the Council was obliged to obtain the best consideration for any land when selling it but understood the Member's comments and would discuss the issue further with the Member.

Decision

That the property issues dealt with under Delegated Powers as reported, be noted.

267. Any Other Items which the Chairman Considers are Urgent

No items.

268. 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 for the following items of business on the grounds that they involved the likely disclosure of exempt information as defined in the paragraphs referred to below 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 268 – Approval for Compulsory Redundancies – 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 (para 1) information relating to an individual.

269. Approval for Compulsory Redundancies *(Assistant Chief Executive)* 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 (para 1)

The Assistant Chief Executive submitted a report seeking a decision regarding the future employment of employees who are affected by budget proposals under consideration for 2014/15. Employees in two departments of the Council were affected. Details are set out in the Exempt section of the minutes.

Decision

The decision is set out in the Exempt section of the minutes.

270. Chairman's Closing Comments

The Chair thanked the Policy Chairs, Members and the Corporate Management Team for their input to meetings during the year and their invaluable support to him in his role as Leader of the Council. The Chief Executive thanked the Chair for the comments and stated that the meetings

of the policy committees in particular had proven to be very productive during the year.

The meeting concluded at 10.00 am.

P J DEVLIN

CHIEF SOLICITOR

PUBLICATION DATE: 23 MAY 2014

SAFER HARTLEPOOL PARTNERSHIP MINUTES AND DECISION RECORD

21 March 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
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
Andy Powell, Housing Hartlepool
John Bentley, Safe in Tees Valley

In accordance with Council procedure rule 5.2 (ii) Paula Swindale was in attendance as a substitute for Karen Hawkins, Hartlepool and Stockton on Tees Clinical Commissioning Group

Officers: Mark Smith, Head of Youth Support Services
Lisa Oldroyd, Community Safety and Research Development
Co-ordinator
Sharon Robson, Health Improvement Practitioner
Laura Stones, Scrutiny Support Officer
Denise Wimpenny, Principal Democratic Services Officer

72. Apologies for Absence

Apologies for absence were submitted on behalf of Clare Clark, Neighbourhood Manager, Chief Superintendent Gordon Lang, Cleveland Police, Karen Hawkins, Hartlepool and Stockton on Tees Clinical Commissioning Group

73. Declarations of Interest

None.

74. Minutes of the meeting held on 7 February 2014

Confirmed.

75. Matters Arising from the Minutes

Minute 60 – Presentation – Give it a Go Initiative – It was reported that the Office of the Police and Crime Commission had requested nominations from the Partnership and the Youth Organisation to take part in the local launch of the Give it a Go Initiative. The Director of Regeneration and Neighbourhoods nominated Belle Vue Community Sports Centre and highlighted her intention to support the launch. The Chair expressed his support for the launch and suggested that all Members of the Partnership be invited to attend.

76. Community Safety Plan 2014-17 *(Director of Regeneration and Neighbourhoods)***Type of decision**

Key – test (ii) applies – Forward Plan Reference RN24/13

Purpose of report

To seek approval from the Safer Hartlepool Partnership on the final draft of the Community Safety Plan 2014-17 (as referred to as the Community Safety Strategy)

Issue(s) for consideration

It was reported that the Safer Hartlepool Partnership was required to produce a three year Community Safety Plan setting out how it intended to tackle crime and disorder, substance misuse and re-offending. The current Plan would come to an end in March 2014. A copy of the Community Safety Plan for 2014-17 was attached at Appendix 1 which had been developed based on the findings of the Strategic Assessment and public consultation.

Members were referred to the four strategic objectives, six annual priorities and feedback from the consultation process that had taken place, details of which were set out in the report. 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 and upon approval by the Partnership, the Community Safety Plan would be presented to full Council in April for endorsement.

Decision

That the Community Safety Plan 2014-17 be approved.

77. Police and Crime Commissioner – Community Safety Partnership Funding Request *(Director of Regeneration and Neighbourhoods)*

Purpose of report

To inform the Safer Hartlepool Partnership (SHP) of an application to the Police and Crime Commissioner (PCC) for funding to progress SHP priorities during 2014/15.

Issue(s) for consideration

The Director of Regeneration and Neighbourhoods reported on the background to significant cuts in the main Police grant and the Community Safety Partnerships (CSP) across Cleveland being informed by the PCC that there were no guarantees that any funding would be allocated to CSPs during 2014/15. However the PCCs Office had advised that they may be willing to consider a joint application from the four Cleveland CSPs around the key areas of anti-social behaviour, integrated offender management and domestic violence.

The four CSP leads had since met and developed a funding request which had been sent to the Police and Crime Commissioner for consideration, a copy of which was attached as an appendix to the report.

In the discussion that followed Members debated at length the proposed funding allocations in terms of reducing re-offending and a number of concerns were expressed regarding the proposed level of funding allocation for Hartlepool as a comparator with other neighbouring authorities. Views were expressed that the allocations should be proportionate to the number of offenders. In response to concerns raised as to how the allocations had been calculated and whether funding was likely to increase in the following year, the Director of Regeneration and Neighbourhoods reported that whilst the level of future funding was difficult to predict, it was envisaged that the

current allocation had been based on the size of the authority.

In relation to future funding priorities, the importance of ensuring services were sustained through mainstream funding was emphasised. The Director of Public Health advised that a report would be presented to a future meeting of the Partnership regarding the future of Integrated Offender Management work across the Tees Valley. The Director of Regeneration and Neighbourhoods provided clarification in response to further queries raised by the Partnership in relation to priorities identified to reduce re-offending and future responsibility arrangements.

Decision

That the contents of the report and the application to the Police and Crime Commissioner for funding to support the delivery of the SHP priorities be noted.

78. Substance Misuse Strategy Group – 2014/15 Substance Misuse Plan Update *(Director of Public Health)*

Purpose of report

To inform and update the Safer Hartlepool Partnership on the progress and process taken to produce a Substance Misuse Plan 2014/15.

Issue(s) for consideration

The Health Improvement Practitioner (Drugs and Alcohol) reported on the background to the requirement to produce an Annual Substance Misuse Plan. The current Plan would come to an end in March 2014 and it had been decided that a complete refresh was the way forward and would produce a framework to include the governance structure, substance misuse data, key objectives and actions for the coming year. The Plan was being developed with partners including Child and Adult Services, Community Safety Services and Licensing and Criminal Justice Intervention Team and would be available for consultation in April 2014.

In relation to the future approval process, it was noted that the final Plan would be available in May 2014. In response to the Chair's request that the Plan should be presented to the Partnership in advance of any constitutional approval requirements, the Director of Public Health indicated that the final Plan would be presented to the Partnership for approval prior to final approval by Finance and Policy Committee.

Decision

- (i) That the process and progress in refreshing the Substance Misuse Plan be noted.
- (ii) The Partnership noted that once completed the Substance Misuse Plan would be presented to the Partnership for approval.

79. Hartlepool Youth Justice Strategic Needs Analysis
(*Director of Regeneration and Neighbourhoods*)**Purpose of report**

To present and seek comments from the Safer Hartlepool Partnership on the Youth Justice Strategic Needs Analysis (which will inform the development of the Youth Justice Strategic Plan for 2014-15)

Issue(s) for consideration

The Partnership was referred to the Hartlepool Youth Justice Strategic Assessment, executive summary, attached at Appendix 1, which included an analysis of a wide range of local data combined with the results of consultation with both service users and recipients. Based upon the findings of the Strategic Assessment it was proposed that the Youth Offending Service and broader Youth Justice Partnership focussed on a number of key strategic objectives during 2014/15 which included Re-offending, Early Intervention and Prevention, Remand and Custody, Restorative Justice, Risk and Vulnerability, Think Family, maintain standards and effective governance, details of which were set out in the report.

Comments relating to the Youth Justice Strategic Needs Analysis were sought which would be considered and used to inform the production of the Local Annual Youth Justice Plan 2014-15

With regard to Page 14 of the Executive Summary, a Member commented on the need to include the importance of ensuring there were no gaps during the transition period between leaving youth offending and joining adult services to ensure continuity of services. In response to comments that the Plan should include the financial pressures faced by the Youth Service, the Partnership was provided with assurances that whilst a decision had been taken by the Board not to include such information in the Executive Summary this information would be included in the final Plan.

With regard to funding, the Head of Youth Support Services was pleased to report that confirmation had recently been received that the Youth Justice Grant Settlement remained the same for 2014-15 as the previous year.

The report was welcomed by the Partnership and thanks were expressed to the Head of Youth Support Services and the team for their excellent work which was recognised across the Tees Valley.

Decision

- (i) That the Youth Justice Strategic Needs Analysis, which would inform the development of the Youth Justice Strategic Plan for 2014-15 be noted.
- (ii) That the comments in relation to ensuring there were no gaps during the transition period between leaving youth offending and joining adult services to ensure continuity of services be included in the final Plan

80. Safer Hartlepool Partnership Performance *(Neighbourhood Manager, Community Safety)*

Purpose of report

To provide an overview of Safer Hartlepool Partnership performance for Quarter 3 – October 2013 to December 2013 (inclusive).

Issue(s) for consideration

The Community Safety Officer provided the Partnership with an overview of the Safer Hartlepool Partnership performance during Quarter 3, as set out in an appendix to the report. Information as a comparator with performance in the previous year was also provided.

In the discussion that followed presentation of the report, the Community Safety Research and Development Co-ordinator responded to a number of queries raised in relation to crime figures by type.

The Chair of the Youth Offending Board highlighted that current figures for Quarter 4 identified a more positive picture than predicted with a current potential 3.8% decrease in publicly reported crime. Whilst the Partnership was pleased to note the continuous reduction in crime figures, given the continued reduction in resources, some concerns were highlighted that maintaining such performance would continue to be more challenging in future years.

With regard to the Drugs and Alcohol data, the Director of Public Health stated that there was a mixed picture in relation to performance and whilst this was an important indication in terms of treatment services, the figures should not be viewed in isolation and needed to be considered in the wider

context.

Decision

That Quarter 3 performance and comments of Members be noted.

81. 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.

82. Any Other Business – Durham Tees Valley Probation Trust

The Durham Tees Valley Probation Trust Representative reported that this would be her last meeting of the Partnership as she would shortly be leaving her current role having secured a position of Head of Public Protection with the North East Division. It was envisaged that her successor would be in post by 9 May. The Representative conveyed her thanks and best wishes to the Partnership whereupon the Chair took the opportunity, on behalf of the Partnership, to pay tribute to Luicia for her immense contribution to the Partnership and to wish her the very best of luck in her new role.

The meeting concluded at 10.35 am

CHAIR

FINANCE AND POLICY COMMITTEE

30 June 2014



Report of: Corporate Management Team

Subject: MEDIUM TERM FINANCIAL STRATEGY (MTFS)
2015/16 TO 2018/19

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Budget and Policy Framework Decision.

2. PURPOSE OF THE REPORT

2.1 The purposes of the report are to:-

- i) Update Members on the final 2013/14 outturn;
- ii) Update Members on the Council's financial position and the budget deficits forecast for 2015/16 and 2016/17 and the outlook up to 2018/19;
- iii) To enable Members to approve the recommended approach to be adopted for managing the budget deficits in 2015/16 and 2016/17; and
- iv) To enable Members to approve the proposed budget timetable.

3. BACKGROUND

3.1 This is the first of a series of detailed budget reports which will be submitted to this Committee during the current financial year to enable Members to develop and approve the final 2015/16 budget proposals to be referred to full Council. Following the process adopted last year this report is being referred to Members at this early stage owing to the scale of the budget deficit facing the Council for 2015/16 as result of the Government grant cuts already announced.

3.2 As detailed in previous MTFS reports the Council faces an increasingly challenging financial position which is driven by four key issues:

- Continuing significant Government grant cuts in 2015/16 and future years;

- The impact of financial risks transferred to Local Authorities from April 2013 arising from the implementation of the Business Rates Retention system and the transfer of responsibility for the Local Council Tax Support Scheme;
- The impact of demand led pressures – particularly in relation to Older People demographic pressures and increases in Looked After Children;
- Continued restriction of Council Tax increases.

3.3 Whilst, these factors have applied in previous years and the position has been managed effectively by the Council over the period 2011/12 to 2014/15, it will become increasingly difficult as each year passes to manage these issues. In common with Local Authorities across the Country the Council has managed the cuts to date extremely effectively and without a significant and visible adverse impact on front line services. On the one hand this is exactly what you would expect responsible Councils to deliver, but the downside is a perception that Councils can continue to manage significant ongoing Government grant cuts without impacting on services.

3.4 Clearly this is not the case and it needs to be recognised that the Council's ability to manage the impact of significant Government grant cuts over the last four years is not a guarantee this position will continue as the local cuts implemented to date cannot be repeated. Therefore, the actions which will be required to balance the 2015/16 budget and future years' budgets will become significantly more difficult to achieve. Increasingly cuts will have a visible impact on the services the Council continues to provide and those services which either need to be scaled back or stopped completely.

3.5 The Council is not in a unique position and a recent Local Government Association (LGA) report – *"Under pressure – How Councils are planning cuts"* highlights the financial challenges facing Councils in 2015/16. The report indicated:-

- "There is no single reason why 2015/16 should be such a difficult year (although nationally the cut in Government support to local authorities will be the largest since 2012/13), but rather the squeeze is a result of an accumulation of funding reductions, expenditure pressures, which have been building over a number of years, and a series of other risks";
- The LGA report indicated that cost pressures include Care service reforms (deferred payments scheme, social care cost cap), additional public health duties, an ageing population, increasing costs of concessionary fares schemes, pressures on social housing services and inflation;
- In relation to other risks the LGA report identified business rate appeals, welfare reform (including the benefit cap and Universal Credit) and potential changes to interest rates.

- 3.6 Members will recognise these issues from previous MTFS reports and in particular the continued disproportionate impact of Government grant cuts on Councils (including Hartlepool) with the greatest dependency on Government funding and those suffering from high levels of deprivation.
- 3.7 This report therefore begins the process of developing a detailed financial strategy for 2015/16. The report also commences the development of a longer term strategy to deal with the impact of continuing grant cuts in 2016/17 and future years which will be inevitable whichever party(s) form the next Government. The timing of the General Election will mean Council funding allocations for 2016/17 will not be announced until late in 2015 (probably just before Christmas) which will make financial planning extremely challenging. It is therefore essential that the Council begins to plan for this situation and future reports will enable a longer term strategy to be developed.

4. 2013/14 Final Outturn – General Fund Budget

- 4.1 The gross General Fund budget for 2013/14 was £152m (£96.7m excluding those services funded from fees and charges). Both figures exclude expenditure funded from specific grants, Housing Benefit payments and Local Council Tax Support scheme expenditure. An early assessment of the 2013/14 outturn was prepared and regular up date reports presented to Members throughout the year. This approach enabled the Council to develop a strategic approach for using one-off resources available from the effective management of 2013/14 budgets and the review of reserves completed during 2013/14. The outturn strategy will help the Council manage the significant financial challenges and risks over the next few years. This approach included allocating significant one-off resources to support the revenue budget over the period 2014/15 to 2016/17 to partly mitigate the impact of Government grant cuts on services. Without this longer term strategic approach to managing the Council's resources even greater budget cuts would have been needed in 2014/15 and then again in 2015/16 and 2016/17. Similarly LCTS (Local Council Tax Support Scheme) cuts could not have been phased in during 2013/14 and 2014/15.
- 4.2 The February 2014 MTFS report confirmed an uncommitted forecast managed under spend within the range of £0.729m to £1.160m, which reflected the impact of seasonal factors and demand led budgets. As part of the approved MTFS Member's earmarked the lower forecast outturn of £0.729m to help support the budget over the period 2014/15 to 2016/17. The higher forecast outturn was not committed owing to uncertainty over the achievement of this figure and potential risks in relation to Business Rates income arising from the Business Rates Retention system changes. Assuming the higher outturn was achieved there would have been an uncommitted outturn of **£0.431m**.
- 4.3 Closure of the 2013/14 accounts is progressing and nearing completion and this work has been significantly more challenging than in previous years. This is mainly owing to the year-end accounting requirements in relation to the first financial year end for the Business Rates Retention system, as

information and/regulations from the Government were only received towards the end of April 2014.

- 4.4 The final uncommitted outturn is **£0.495m**, as detailed in Appendix A which provides a comprehensive overview of the outturn position. Whilst there have been a number of variances from the forecast outturn the factors directly under the Council's control have had a broadly neutral impact on the forecast outturn. The key factors affecting the improvement in the outturn relate to the following issues:

- Receipt of House Sale income from Housing Hartlepool - £0.215m

In accordance with the stock transfer agreement the Council will receive £7m (at 2003/04 prices) from Housing Hartlepool from the sale of the housing stock. The Council received notification at the end of March that the amount due in respect of 2013/14 is £0.215m, which reflects a slight improvement in the local housing market.

This amount brings the cumulative amount received since 2004/05 to £4.292m and 88% (£3.752m) of this funding was received before 31st March 2009. The funding received up to 2011/12 was committed to support the budget in earlier years. The 2012/13 amount was earmarked as part of the funding strategy to underpin the Jacksons Landing risk management strategy.

The amount received at the end of 2013/14 is uncommitted as this amount had not previously been anticipated in the forecast outturn. Revised arrangements have been agreed with Housing Hartlepool for 2014/15 to identify this income earlier as it is hoped the improvement in the housing market will continue.

- Receipt of Government Grant hold backs £0.198m.

The Government top sliced the national grant allocation for 2013/14 to fund capitalisation applications approved during the year and committed to return any unspent monies to local authorities. The Government provided no information during the year on the potential value of the amount to be refunded at a national level and the allocations to individual authorities. Notification and payment to individual authorities were received on 28th March 2014, the penultimate working day of the financial year.

4.5 **Strategy for using uncommitted General Fund outturn**

- 4.6 As detailed in section 5 of this report the Council faces an additional one-off budget shortfall in 2015/16 of £0.5m as the financial benefits of the Better Care Fund will not be able to be taken into account in the way previously anticipated. However, there will still be a significant benefit from using this funding to protect Social Care services. A strategy will therefore need to be developed to address this one off additional shortfall in 2015/16.

- 4.7 This shortfall does not continue in future years as a cautious approach had previously been taken regarding the ongoing impact of the Better Care Fund, pending the clarification of the detailed funding arrangements and the development of the Better Care plan.
- 4.8 Two options for using the uncommitted General Fund outturn have been identified:

Option one would be to allocate the uncommitted 2013/14 final outturn of £0.495m to sustainably address this shortfall.

Option two would involve allocating the house sale income of £0.215m to purchase houses for rent to replace those lost from the sale of properties by Housing Hartlepool. There is an opportunity for the Council to purchase five new houses included in a current mixed development of houses for sale and for rent. The purchase of these properties would complement the Social Housing developments already being undertaken by the Council and enable much needed high quality homes to be provided within a short time scale. In line with the previously approved business cases this additional scheme will be funded from a combination of the income received from the share of Housing Hartlepool house sales income and the use of Prudential Borrowing supported from the rental income. The subsidy provided from the house sales income reduces the amount of Prudential Borrowing required for this scheme and therefore the revenue costs to be funded from the rental income. This scheme then provides uncommitted rental income which can be used to support the next phase of the Social Housing project and increase the number of houses which can be provided by a further six. In line with the Council resolution in February a detailed Business Case for extending the Social Housing development project is being worked up and will be reported to a future meeting. It was originally envisaged this should provide an additional 35 to 40 properties, excluding the properties referred to in the previous paragraphs. If the Committee wish to support this proposal it will be necessary to seek Council approval to add this project to the 2014/15 capital programme and Prudential Borrowing limits. Details of capital budget and Prudential Borrowing limits required for this scheme are provided in **Confidential Appendix E. 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 4) information relating to the financial or business affairs of any particular person (including the authority holding that information.**

- 4.9 If **option two** is adopted this would leave £0.280m towards the additional 2015/16 budget shortfall of £0.5m. The residual 2015/16 budget shortfall of £0.220m would then need to be a first call on the 2014/15 outturn and / or any resources identified from reviewing the level of reserves held at the 31st March 2014.
- 4.10 In financial terms either of the options detailed in the previous paragraphs could be adopted and supported by the Chief Finance Officer and the Corporate Management Team. The first option is completely without risk as

the 2015/16 additional one-off budget shortfall would be 99% funded. The second option would help address housing needs within the town by providing additional affordable homes for rent. The adoption of this option will mean the Council needs to achieve one-off funding of £0.220m from a combination of the 2014/15 outturn and / or from reviewing the level of reserves held at the 31st March 2014, which it is anticipated can be achieved. On this basis it is recommended that Members approve **Option 2**.

4.11 Business Rate Appeals

- 4.12 As reported on 28th March 2014 a total of 330 Hartlepool businesses have lodged appeals against their rateable values. The majority of these appeals are outstanding and the combined annual rateable value of these appeals is about £23.3m, with an associated gross annual rates yield of £10.1m of which the Council's annual share would be £4.96m. In most cases successful rateable value appeals will be back dated to 1st April 2010. The Government will pass on 50% of the costs of successful appeals to Local Authorities, despite the Government having previously received 100% of the business rates collected for 2010/11, 2011/12 and 2012/13.
- 4.13 The above figures exclude the value of the Power Station appeal which is significantly more complicated owing to the linkages between a potential successful appeal and the level of 'Transitional Relief' awarded to the Power Station. It is currently anticipated that any reduction in the Power Station's rateable value will largely be offset by a corresponding reduction in 'Transitional Relief' which may mean there is a limited potential net financial impact on the Council, currently estimated at £0.13m. However, there remains a risk that 'Transitional Relief' may be clawed back by the Government if there is a successful rateable value appeal which would result in a significant unfunded financial liability for the Council. This position is unlikely to become clear for some time and there is a significant likelihood that owing to the complexity of the Power Station case this appeal will be within the 5% of appeals which the Government has stated will not be resolved until after July 2015.
- 4.14 Regulations regarding the year end accounting requirements for appeals were issued by the Department for Communities and Local Government in May 2014. These regulations require all authorities to use information provided by the Valuation Office to assess the forecast value of appeals. This approach has been adopted to enable the Government to assess the 50% share of potential successful appeals to be funded nationally on a consistent basis across all Authorities. The regulations confirm that the cost of forecast appeals is recognised through the final outturn for the Collection Fund for 2013/14. On this basis this cost will not actually hit the General Fund budget until 2015/16. However, as 2015/16 will be the most difficult financial year the Council has faced so far, it is recommended that the forecast appeals liability is funded from the 2013/14 outturn to avoid an unbudgeted pressure in 2015/16.

- 4.15 On the basis of these regulations the estimated financial impact of forecast successful appeals in 2015/16 is £0.75m and a reserve for this amount is included within the final outturn. This cost consists of the following elements:
- (i) £0.25m – to cover the unbudgeted 2013/14 Business Rates Collection Fund deficit which will need to be funded in 2015/16;
 - (ii) £0.5m to cover the forecast reduction in Business Rates retained by the Council in 2015/16 as a result of forecast successful appeals which have not yet been resolved.
- 4.16 The previous paragraphs underline the continuing financial uncertainties in relation to the annual level of Business Rates income built into the MTFS and the appeal liabilities transferred to Councils. As reported previously the Government has given a commitment to finalise 95% of outstanding appeals by July 2015. This timetable means there will be continuing financial uncertainty until at least the early part of 2016 when the 2015/16 Accounts will be finalised. Depending on the outstanding appeals within the 5% of cases not resolved by July 2015 this financial uncertainty may continue for a longer period. The resources earmarked within the 2013/14 final outturn are a proactive measure designed to mitigate these financial liabilities and avoid, as far as possible, increasing the budget cuts which will need to be made in 2015/16 and future years. Additional resources may need to be set aside for appeal costs and this issue will continue to be reviewed as part of the ongoing budget process.
- 4.17 2013/14 Final Outturn – Local Welfare Support (LWS)**
- 4.18 In response to the Government's decision to withdraw the Local Welfare Support funding after 2014/15 an early assessment of the 2013/14 outturn was completed, including the impact of higher potential LWS demand over the Christmas/early New Year Period. This review identified forecast one-off resources which could be used to supplement the final LWS funding allocated by the Government to provide annual funding for a Hartlepool LWS scheme covering the period 2014/15 to 2016/17 of £0.26m (£0.180m for Financial Support to individuals and £0.080m for staff transferring into the Advice and Guidance Hub).
- 4.19 The available funding and the local solution developed for using this funding over a 3 year period provides a sound basis for the commencement of the Advice and Guidance Hub and reflected Hartlepool experience of managing the new LWS responsibility in 2013/14.
- 4.20 The actual outturn is more favourable than previously forecast and there is an uncommitted under spend of £0.226m, reflecting the following factors:
- £40,000 from a successful bid for additional DWP Discretionary Housing Payment one off funding;
 - £84,000 arising from a lower actual cost of the Council's approved "16 weeks DHP support scheme" for under occupancy changes (bedroom

tax cases) as some people moved to smaller properties, or left the Borough;

- £50,000 from an unused awards contingency provision to manage demand. This amount had been approved by Council on 5th September 2013 within the LWS strategy report to ensure this new responsible could be managed effectively in 2013/14;
- £35,000 arising from lower actual LWS awards in the final quarter than anticipated;
- £17,000 lower actual expenditure on staffing costs than estimated.

4.21 It is recommended that the additional funding is allocated to supplement the funding allocated as part of the MTFS with the aim of sustaining the existing scheme at broadly the same level for a further year in 2017/18, which would provide the following annual allocations:

- 2014/15 £260,000
- 2015/16 £260,000
- 2016/17 £260,000
- 2017/18 £226,000

4.22 Ward Member budget outturn

4.23 The MTFS report approved in February 2014 by full Council included the following resolution *‘that option 3 is approved and that any unallocated Ward Member budget funds be carried forward and put in a reserve to continue Ward Member budgets for future years’*. The MTFS report also indicated that the final outturn would depend on the value of the schemes approved before the year end.

4.24 The year end outturn has now been complete and there is a total unallocated Ward Member budget of £19,330. This relates to unused monies for two former Members for 2012/13 and 2013/14 i.e. £8,830 within the Seaton Ward and £10,500 within the Hart Ward.

4.25 A proposal has been received from the new Councillor for the Hart Ward requesting that consideration be given to allocate the uncommitted Ward Member budget of £10,500 (from the previous incumbent) to the current Hart Ward Councillors to support projects for the benefit of the residents in this Ward.

4.26 The Leader of the Council advised the new Councillor that he supported this proposal, both in respect of the Hart Ward and the Seaton Ward, and advised him that this issue would need to be considered by the Finance and Policy Committee and full Council as a departure from the approved budget.

4.27 The recommendations to this report enable the Finance and Policy Committee to consider this proposal prior to referral to full Council in July 2014.

5. 2015/16 and 2016/17 Budget

5.1 On the basis of the 2015/16 grant cut announced by the Government and the 2016/17 forecast grant cut the February 2014 MTFS report identified the following budget deficits:

- 2015/16 - **£6.246m***
- 2016/17 - **£8.663m*** (if the 2016/17 grant cut reduced to 7.5% there would still be a budget deficit of £7.6m).

* The forecast deficits are net of the one-off contribution from the Budget Support Fund reserve of £1.626m in 2014/15 and £1.648m in 2015/16.

5.2 An initial assessment of changes in the 2015/16 budget planning assumptions has been completed and a range of potential changes have been identified, as summarised below. Further details are provided in Appendix B. These issues reduce the budget cuts required in 2015/16 from **£6.246m to £5.626m**. There is no change in the 2016/17 forecast deficit as this already anticipated total sustainable saving from 2015/16 of £6.246m and the revised proposals simply change the mix of these savings.

2015/16 and 2016/17 Revised Budget Deficit

	2015/16 £'000	2016/17 £'000
Budget Deficit reported to Council February 2014	6,246	8,663
Add back initial 2015/16 Savings continuing in 2016/17	0	6,246
Less revised 2015/16 Savings continuing in 2016/17	0	(5,626)
<u>Changes in Planning Assumptions since February 2014</u>		
Removal of Better Care Fund	500	0
Additional ICT Contract Savings	(150)	(150)
Terms and Conditions Review	(200)	(200)
Centralised Estimates saving	(270)	(270)
Contribution from 2013/14 and 2014/15 outturn	(500)	0
Revised Budget Deficit	5,626	8,663

5.3 It should be noted that no provision has been included within these forecasts for budget pressures (including any priorities Members may identify) which may arise in 2015/16 or 2016/17, which would increase the forecast budget deficits.

5.4 The Corporate Management Team has identified initial options for achieving savings of **£5.536m**, which is £90,000 less than the revised 2015/16 budget deficit. Further savings proposal will be identified to address this shortfall and details will be reported to a future meeting.

- 5.5 The savings options have been identified against a background of delivering significant cuts over the last 4 years which makes the achievement of further savings to balance the 2015/16 budget extremely challenging. It therefore needs to be recognised that the initial savings options will require Members to make even more difficult decision than in previous years. It will be essential that Members make these decisions as early as possible to ensure detailed savings can be implemented before the start of the new financial year.
- 5.6 In terms of the risks of achieving the initial savings options there are currently risks in relation to the benefits of the Better Care Fund (i.e. final confirmation of 2015/16 funding allocation and agreement of the Better Care plan for Hartlepool) and a range of other savings options which the Corporate Management Team considers will be particularly difficult to implement. In total these amount to around £2m of the identified savings options. These areas will need managing carefully to ensure the proposed savings are achieved and a robust 2015/16 budget can be set.
- 5.7 The following table summarises the 2015/16 proposed savings.

Summary of 2015/16 proposed Savings

	£'000
Chief Executive's Department (1)	515
Child and Adult Services (2)	2,864
Regeneration and Neighbourhoods (3)	1,990
Public Health (General Fund budgets)	167
Total Department budgets	5,536

1. The Chief Executive's Department will need to identify additional saving to offset the impact of the forecast 2015/16 Housing Benefit Administration Grant, currently forecast to be up to £0.1m.
 2. The Child and Adult Services proposals include achieving efficiencies through utilising grant funding, such as the Better Care Fund to integrate and protect services and reduce demand through early intervention where this is possible and in line with grant conditions.
 3. The Regeneration and Neighbourhoods Department has identified gross saving of £2.180m of which £0.190m is allocated to offset department budget pressures and £1.990m allocated towards the overall budget deficit. These savings include approximately £0.5m which will be particularly difficult to achieve.
- 5.8 Detailed reports on the savings options are currently being prepared for consideration by individual Policy Committees in line with the recommended budget timetable detailed later in the report.
- 5.9 The Corporate Management Team, in consultation with the Trade Unions, has adopted revised arrangements for staff applying for voluntary

redundancy and / or voluntary retirement whereby requests will be considered at any stage during the year. This arrangement is designed to maximise the opportunities to achieve staffing reductions on a voluntary basis where service need allows, including potentially increasing opportunities for retraining and redeployment where this can be achieved.

- 5.10 There are a number of planning assumptions which still need reviewing and may either impact in 2015/16, or 2016/17 or both years. Further work is required on these issues and details will be reported to a future meeting. These issues are summarised below and further information detailed in Appendix C.

- Council Tax 2015/16 and 2016/17
- Local Council Tax Support (LCTS) Scheme 2015/16
- Pay costs
- Ward Member budgets
- Corporate income (Council Tax, Business Rates and New Home Bonus)
- Council Capital Fund
- Initial 2014/15 Forecast Outturn
- Reserves Review as at 31.03.14
- Looked After Children Social Work Capacity
- Looked After Children costs
- Older People Care costs

- 5.11 In relation to the above issues the following are highlighted for Members information:

i) Council Tax 2015/16

Members previously approved an indicative 2015/16 Council Tax freeze and recognised that a final decision would not be made until February 2015 after the Government issue details of the actual 2015/16 Council Tax freeze arrangements and referendum thresholds. Members will therefore need to reconsider this position later in the budget process.

As reported previously the final decision on the 2015/16 Council Tax level will need to consider:

- The impact on households;
- The additional income generated to support services from increasing Council compared to accepting a Council Tax freeze grant - estimated at £0.2m based on the continuation of the 2014/15 arrangements;
- The sustainability of income from either accepting a Council Tax freeze grant, or increasing the level of Council Tax;

In terms of the sustainability of the Council Tax freeze grant the Department of Communities and Local Government wrote to Councils in January 2014 and stated – *“Ministers have agreed that the funding for 2014/15 (including 2015/16) freeze grant*

should be built into the spending review baseline. This gives as much certainty as possible at this stage that the extra funding for freezing Council Tax will remain available”.

With regard to the sustainability of additional income generated from a Council Tax increase this is guaranteed as sustainable as the Council has permanently increased the level of Council Tax charged.

Given the continuing impact of Government grant cuts in 2015/16 and future years the Council will need to review the approach to Council Tax for 2015/16 and future years and determine whether to confirm a Council Tax freeze for 2015/16 or an increase below the referendum threshold. The implications of these options are summarised in the following table:

Comparison of Council Tax Freeze and 1.9% Council Tax increase

	Council Tax freeze	1.9% Council Tax increase
Impact on households	None	Increased annual Council Tax payments Band A increase - £17.97 (57% households) Band B increase - £20.97 (17% households)
Additional income available to support services	£0.4m	£0.6m
Sustainability of income	Not guaranteed as Government has stated “ <i>should be built into the spending review baseline. This gives as much certainty as possible at this stage that the extra funding for freezing Council Tax will remain available”.</i>	Guaranteed as Council Tax level is permanently increased.

ii) Pay costs

All employers face an increase in National Insurance contributions from April 2016 as a result of Government pension reforms. This will have a significant impact on all public sector organisations, including the NHS, Schools and Councils. This additional cost will need to be funded from existing budgets. The additional annual cost to the Council has been estimated at £0.5m. It is hoped this cost will not increase the current

forecast 2016/17 budget deficit, although this will depend on the actual level of the April 2016 pay award.

iii) Initial 2014/15 Forecast Outturn and Reserves Review

Depending on the option adopted for using the 2013/14 outturn (as detailed in section 4.5) the Council may need to identify resources of £0.220m from the 2014/15 outturn and Reserves Review to support the 2015/16 budget.

Members previously agreed at a meeting of the Finance and Policy Committee on March 28th 2014 and full Council on 3rd April 2014 to make provision of up to £34,000 (based on the costs of the 2013/14 scheme) to cover the cost of the free junior swim initiative over the summer from the proceeds of selling the Council's financial interest in The Domes, Seaton Carew. The actual cost is estimated to be £27,000.

It had been envisaged that the monies from selling the financial interest in the Domes would have been received by now. However, these monies have not yet been received as the legal agreements between the Domes current owner and the new owners have not yet been completed. In order to enable the free swims to progress a fall back funding position is needed. Therefore, it is recommended that as a fall back these costs may need to be a call on the 2014/15 outturn.

A report to the Adult Services Committee on 7th July 2014 will inform Members of the current position regarding Deprivation of Liberty Safeguards and the implications of a recent Supreme Court judgement. As a result of this judgement there are significant implications for Local Authorities in terms of additional workload, capacity and costs.

The judgement and the new test set the bar at which a person may be deprived of their liberty much lower than before. This means that the Council, as Supervisory Body, will receive more requests for assessment under the Deprivation of Liberty Safeguards (DoLS) process. This will put pressure on the DoLS function and on the capacity of Best Interests Assessors as well as generating additional work for the legal team and additional applications to the Court of Protection.

At this early stage it is anticipated that there may be a financial pressure of approximately £448,000 in 2014/15 linked to the creation of a new team to deal with the additional work, plus additional mental health assessments by s12 doctors and increased costs for legal advice and court applications.

The Corporate Management Team recommend the costs for 2014/15 should be funded from the use of Child and Adult Services reserves and any under spends within other areas of the Adult Services budget which can be achieved in 2014/15. This funding strategy is designed to protect the Council's overall financial position. The use of Child and Adult Services reserves reduces the Departments ability to manage

potential increases in the costs of demand led services. It is hoped the actual costs can be managed down to a lower level, which will enable uncommitted reserves to be carried forward to 2015/16 to partly mitigate this ongoing budget pressure.

The ongoing financial pressure will be able to be better quantified later in the year, and a decision will be required as to how this pressure is addressed on a permanent basis. At this stage no provision for these additional costs has been included within the Medium Term Financial Strategy forecasts detailed in this report, pending the outcome of this review. This issue will need to be considered as part of the detailed development of the 2015/16 budget.

If a higher amount of uncommitted funding can be identified from the 2014/15 outturn and the review of reserves, than is needed to address the above issues, a strategy for using these resources will need to be developed, which may include allocating one-off resources:

- a. To fund potential one-off protection costs arising from achieving permanent savings from the Terms and Conditions review, which would enable the full saving to be taken within the 2015/16 budget;
- b. To continue the use of one-off resources to support the budget and protect services beyond 2016/17 when the existing one-off funding of £1.648m will run out;

iv) Ward Member Budgets

There is currently no provision within the 2015/16 forecast deficit for the continuation of these budgets. Members will need to determine whether this is a continuing priority and the impact this will have on the MTFS, or to determine there will be no further allocations after the end of the current financial year.

v) Council Capital Fund

Similarly there is currently no provision within the 2015/16 forecast deficit for the continuation of a Council Capital Fund. In previous years this has been funded using Prudential Borrowing and the revenue repayment costs recognised as a budget pressures. The availability of this fund enables the Council to address local capital priorities which cannot be funded from other sources. The Corporate Management Team would therefore recommend that for 2015/16 a revenue pressure of £50,000 is added to the budget deficit which will provide a capital budget of £0.6m. If Members approve this proposal details of the priorities to be funded from this budget will be reported to a future meeting for Members consideration.

In the event that the reserves review and the 2014/15 outturn position provides more resources than is needed for commitments detailed in (iii) it may be possible to fund the Council Capital Fund from these resources. However, at this stage this cannot be relied upon.

6. Budget Timetable 2015/16

6.1 The budget timetable will need to cover the following issues:

- Detailed consideration of key corporate issues by the Finance and Policy Committee regarding the overall budget position, proposed savings and review of reserves;
- Referral of specific savings proposal to individual service Committees for detailed consideration;
- Public Consultation;
- The timetable for completing the statutory process for setting the overall budget, consulting employees/Trade Unions where cuts impact on staff and any other necessary consultation/legal process to implement cuts.

6.2 In previous years the budget process was not completed until February when the final budget proposals, including budget cuts and the level of Council tax were approved.

6.3 The main drawbacks to this 'traditional timescale' is impact this had on the implementation of the full year savings from 1st April and the prolonged period of uncertainty for staff affected by compulsory redundancies. These issues will be more challenging for 2015/16 and future years as budget cuts will become significantly more difficult to achieve. These issues could be addressed by splitting the budget decisions into two components, as detailed below:

- Budget Decisions – this would require Finance and Policy Committee and full Council to approve all the detailed measures underpinning the 2015/16 budget on the basis of the provisional 2015/16 Grant Settlement issued in January 2014 before the Christmas 2014 holidays commence. These measures would include approving the detailed 2015/16 savings proposals, the indicative 2015/16 Council Tax level, the 2015/16 Local Council Tax Support Scheme, the 2015/16 Capital Programme and confirming the amount of reserves to be used to support the 2015/16 budget.
- Council Tax Decisions - Statutory Calculations - these cannot be completed until the final 2015/16 Local Government Finance Settlement is issued and the Police and Fire precepts have been set. Therefore, this technical report would still be submitted to Finance and Policy Committee and the full Council in late January/early February 2015.

6.4 A suggested alternative timetable has been developed which would maximise the time available at the start of the process for the development of detailed Departmental savings proposals and consideration of these proposals by individual Policy Committees. This recognises that these tasks are critical to the delivery of sustainable savings and need an appropriate timeframe for completion.

- 6.5 A draft budget timetable is set out below, which includes when reports on the 2015/16 Local Council Tax Support Scheme will be considered by Members (shaded text), as this issue needs considering at broadly the same time as the budget.

Proposed Budget Timetable

Description of Activity	Timetable
Budget Decisions	
Update of MTFS	Finance and Policy Committee - 30.06.14
Development of the 2015/16 Local Council Tax Support scheme	Finance and Policy Committee - 21.07.14 2014
Consideration of detailed Departmental savings reports by individual Policy Committees (special meeting for each Committee)	July to August 2014
Review Reserves held at 31.03.14	Finance and Policy Committee – 13.10.14
Consideration of feedback from individual Policy Committees on budget proposals and update of MTFS and update on proposed 2015/16 Local Council Tax Support scheme.	Finance and Policy Committee – 13.10.14
Finalise 2015/16 budget proposals to be referred to Council and proposed 2015/16 Local Council Tax Support scheme	Finance and Policy Committee – 24.11.14
Consider Finance and Policy Committees' 2015/16 budget proposals and proposed 2015/16 Local Council Tax Support scheme.	Council – 11.12.14
Council Tax Decisions – Statutory Calculations	
Finalise Council Tax proposals to be referred to full Council	Finance and Policy Committee – 26.01.15
Consider and approve Council Tax statutory calculations for HBC	Council – 05.02.15
Approve Council Tax statutory calculations including precepts set by Police and Fire.	Council – 26.02.15

7 Financial Outlook 2017/18 and 2018/19

- 7.1 This report concentrates on the short-term financial challenges facing the Council in 2015/16 from the grant cut already announced by the Government and the forecast further grant cut in 2016/17. This shorter term planning period is appropriate owing to the scale of the cuts which will need to be made over these two years.

- 7.2 However, the Council has previously prepared a MTFS covering a 3 to 4 year period, which has enabled the Council to develop and then implement an effective multi-year financial strategy. It is therefore recommended that this approach continues to be adopted.
- 7.3 To enable Members to begin to develop a longer term financial strategy up to 2018/19 a number of key issues have been identified as detailed in Appendix D. These forecasts assume that cuts required to balance the budgets for 2015/16 and 2016/17 will be permanent and sustainable and highlights that future budget deficits will to be driven by the combined impact of:-
- Continuing Government Grant cuts – forecast at 5% to 10%. The actual level of cuts will be determined after the General Election and the next Government has determined their spending priorities;
 - Pay and Inflation pressures – forecast at 2.5% per year;
 - The impact in 2017/18 of removing the one-off funding being used to support the budget and services over the period 2014/15 to 2016/17; and
 - Continuing income restriction either from limits on Council Tax increases, or the receipt of Council Tax Freeze Grant if this regime continues.
- 7.4 In summary the current forecasts show that the Council will continue to face significant budget deficit until at least 2018/19 as the level of resources available to fund services will continue to reduce. The table overleaf reflects the issues detailed in Appendix D which can currently be quantified and shows a 'best' and 'worst' case forecast.

Forecast budget deficits 2017/18 and 2018/19

	2017/18 Best Case £'000	2017/18 Worst Case £'000	2018/19 Best Case £'000	2018/19 Worst Case £'000
Government Grant cut (5% per annum 'best' case, 10% per annum 'worst' case)	1,330	2,660	1,260	2,390
Council Tax increase (1.9% annual increase in income from either a Council Tax increase, or continuation of Council Tax freeze regime)	(700)	(700)	(700)	(700)
Pay and inflation pressures	2,150	2,150	2,200	2,200
Local Welfare Support Scheme pressure (potentially phased depending on use of 2013/14 outturn as detailed in section 3.17)	34	260	226	0
Sub Total	2,814	4,370	2,986	3,890
Removal of one-off funding to support the revenue budget (1)	1,648	1,648	0	0
Forecast Budget deficit	4,462	6,018	2,986	3,890

(1) The 2017/18 forecasts assumes that the level of one-off funding from the Budget Support Fund cannot continue at the same level as in 2016/17 i.e. £1.648m. The removal of this temporary support equates to the amount of grant which would be lost from a 6% grant cut. If this amount continued in 2017/18 there would be a corresponding increase in the 2018/19 deficit.

(2) The forecast budget deficits also assume the retained Business Rate income remains stable in 2017/18 and 2018/19 at the current level. As detailed earlier in the report there is a risk that successful appeals reduce this amount. The Council also continues to face a significant risk in relation to in-year reductions in the rates paid by the Power Station if there is an unplanned shut down. A risk reserve has been earmarked to manage this risk, although depending in the length and frequency of such shut downs this amount may not be sufficient.

7.5 The following table summarises the issues included within Appendix D which cannot yet be quantified and which require further information and / or analysis to quantify. For planning purposes it is currently anticipated that at best these issues will be budget neutral and will not provide any significant net funding towards the forecasts deficits detailed above. As time progresses other issues may need to be taken into account and Members will be updated when more information becomes available.

Budget issues requiring further information and / or analysis to quantify financial impact.

- Public Health Funding 2017/18 and 2018/19
- Council Tax base increase
- Business Rates income
- Demand Pressures
- Local Council Tax Support Scheme costs
- Expansion of the town costs
- Legislative changes – e.g. Care Bill.

8. CONCLUSION

- 8.1 As detailed in previous MTFS reports robust budget management arrangements were in place during 2013/14. The final **General Fund outturn** is an uncommitted underspend of **£0.495m**. The report provides a detailed analysis of the variances behind this figure, which includes the adverse impact on Business Rate income retained by the Council. This risk was highlighted in previous reports and the 2013/14 outturn confirms the risk transferred to the Council as a result of implementation of the Business Retention system. Fortunately this income shortfall was offset by lower costs in other areas, including the actual net cost of the LCTS scheme in 2013/14. The report outlines two options for using the uncommitted General Fund outturn and the recommendations section details the option recommended by your Officers.
- 8.2 The outturn for the **Local Welfare Support scheme** is also positive and there is an uncommitted outturn of **£0.180m**. It is recommended this amount is earmarked to continue the LWS in 2017/18 at broadly the level of annual funding allocated over the period 2014/15 to 2016/17 of £0.260m. This proposal will avoid a significant budget pressure in 2017/18.
- 8.3 In relation to the **budget positions for 2015/16** previous reports highlighted the impact of the Government grant cut announced in January 2014 of **14.6%** (2014/15 cut 9.6%).
- 8.4 The continuation of significant grant cuts means that in 2015/16 the Council's **grant will £30.578m lower than it was in 2010/11, which is a cumulative cut of 39%**.
- 8.5 In response to this position the MTFS approved in February 2014 sort to partly mitigate the Government grant cuts by allocating one-off resources to provide some limited protection of services. The one-off resources were achieved through a combination of effectively managing the 2013/14 budget and reviewing reserves. Despite these measures significant cuts will be required over the next two years as result continuing Government grant cuts, as detailed overleaf:

Summary of 2014/15 to 2015/16 Budget Forecasts

2014/15 Approved Budget £'000		2015/16 Forecast Budget £'000	2016/17 Forecast Budget £'000
6,280	Gross Deficit – reported to Council February 2014	7,872	10,311
(1,904)	Use of one-off Budget Support fund	(1,626)	(1,648)
0	Contribution from 2013/14 and 2014/15 outturn (paragraph 4.2)	(500)	0
n/a	Changes in 2015/16 Planning assumptions (paragraph 4.2)	(620)	n/a
(4,376)	Savings approved by Council	0	0
0	Net Deficit (i.e. cuts to be identified)	5,626	8,663

- 8.6 Addressing the budget deficit in 2015/16 will be extremely challenging as the Council is cutting from a lower base and has already made significant cuts over the last four years which cannot be repeated. Therefore, the actions which will be required to balance the 2015/16 budget and future years' budgets will become significantly more difficult to achieve. Increasingly cuts will have a more visible impact on the services the Council continues to provide and those services which either need to be scaled back, or stopped completely.
- 8.7 To help manage the impact of achieving further significant budget cuts in 2015/16 a 'continuous ER/VR' process is being adopted to maximise the opportunity for retraining and redeploying staff where service need allows. However, this will unfortunately not avoid the need for compulsory redundancies, although it should help reduce the numbers.
- 8.8 The budget position in **2016/17** and future years will become even more difficult and increasingly the cuts which will be required to balance the budget will have a much more visible impact. The forecasts will need to be updated after the General Election and the new Government has determined their spending priorities. Owing to uncertainty of a number of budget assumptions, including future grant cuts, a range of forecast budget deficits have been determined to underline the scale of the future budget cuts which will be needed, which range between **£15m** and **£18.6m**, which equates between **17%** and **21%** of the 2015/16 budget:

Summary of Forecast budget deficits 2016/17 to 2018/19

	Best case £'000	Worst case £'000
2016/17	7,600	8,663
2017/18	4,462	6,018
2018/19	2,986	3,890
	15,048	18,571

- 8.9 At this stage the above forecasts assume there will be no net change in the Council's resource base for Council Tax and Business Rates. It is anticipated that housing developments should increase the Council Tax base and therefore the income generated by the Council. Clearly, there is a lead time between planning permission being granted and new houses being built and occupied, which will mean increased Council Tax flows over a number of years. In relation to Business Rates it is hoped the improvement in the economic outlook results in a sustainable increase in business rates. There remains a risk that Business Rates income at best stands still as growth may be offset by the outcome of outstanding Business Rates appeals. Further detailed work will be completed over the coming months to assess these issues and the potential impact on the budget forecast for 2016/17 to 2018/19.
- 8.10 It will be essential that early decisions are made in relation to the 2015/16 budget and the recommended budget timetable and process is designed to achieve this objective. Once the 2015/16 budget decisions are made this will then enable work to begin at an earlier stage on the 2016/17 budget. This should ensure a robust financial strategy is developed and sufficient lead in time is available to implement the 2016/17 cuts which will need to be implemented from April 2016.

9. RECOMMENDATIONS

- 9.1 It is recommended that Members consider and approve the following detailed recommendations:
- 9.2 **General Fund 2013/14 Final Outturn**
- 9.3 Note the final outturn position detailed in Appendix A, including the additional risk reserves and the uncommitted final 2013/14 General Fund outturn of £0.495m
- 9.4 Approve the proposals to use the uncommitted outturn to implement **Option 2** – which will allocate the housing income received from Housing Hartlepool of £0.215m to purchase additional houses for rent and the residual balance of £0.280m to partly support the additional one-off 2015/16 budget deficit arising from clarification of the Better Care funding regime.
- 9.5 On the basis of Members approving recommendation 9.4 to then seek Council approval to include the purchase of 5 houses within the capital programme through a combination of Housing income and Prudential Borrowing (which will be fully funded from rental income), as detailed in **Confidential Appendix E. 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.**

- 9.6 To note that if Option 2 is adopted this will require a one-off contribution of £0.220m from a combination of the 2014/15 outturn and review of reserves to fully address the additional budget shortfall in 2015/16, which it is anticipated can be achieved. To also note that as a fall back the costs of the free junior swims initiative in summer 2014 may need to be funded from the 2014/15 outturn, but only in the event that the Domes proceeds are not received.

9.7 Local Welfare Support 2013/14 Final Outturn

- 9.8 Note the uncommitted final 2013/14 Local Welfare Support outturn of £0.226m and approve the proposals to earmark this funding to supplement the funding allocated as part of the MTFS (as detailed in paragraph 3.17) with the aim of sustaining the existing scheme at broadly the same level for a further year in 2017/18.

- 9.9 To refer the above proposal to full Council for approval.

9.10 Ward Member Budgets 2013/14 Outturn

- 9.11 Approve the proposal to allocate the unused Ward Member budgets for the Hart Ward of £10,500 and the Seaton Ward of £8,300 for use by the current Ward Members for these areas to support projects which meet the existing criteria for using Ward Member budgets.

- 9.12 To refer the above proposal to full Council for approval.

9.13 2015/16 General Fund Budget

- 9.14 Note the planning assumptions changes detailed in paragraph 5.2 which reduce the 2015/16 budget deficit to be funded from service cuts by £0.620m (i.e. from £6.246m to £5.626m) and note that further detailed reports will be submitted in relation to this issues as follows:

- Additional ICT contract saving - £0.150m
- Terms and Conditions Review - £0.200m
- Centralised estimates saving - £0.270m

- 9.15 Note the initial Departmental savings options of £5.536m (as detailed in paragraph 5.7) which include increasingly difficult proposals and further details will be reported to individual Policy Committees for consideration in July/August 2014;

- 9.16 Note the initial saving proposal of £5.536m are £90,000 less than the revised 2015/16 budget deficit and that further savings proposals will be identified to bridge the gap;

- 9.17 Note the information provided in paragraph 5.11 (i) in relation to the impact of either accepting the Council Tax freeze grant, or increasing Council Tax by 1.9% and note this issue will need to be reviewed by Members later in the year before a final recommendation is referred to Council;

- 9.18 Note that a review of reserves held at 31st March 2014 will be completed and details reported to a future meeting;
- 9.19 Note that an initial review of Child and Adult Services Reserves has been completed to identify resources to fund the estimated costs in 2014/15, of up to £0.448m, arising from changes to the Deprivation of Liberty Safeguards arising from a recent Supreme Court judgement and approve the allocation of the following amounts to fund these costs:
- Demographic Pressures in Adult Social Care Reserve – £0.331m
 - Supporting Social Care Reserves £0.117m
- 9.20 To note it is hoped the actual 2014/15 costs will be lower, which will enable the unused reserves to be carried forward to partly mitigated the ongoing costs in 2015/16 , currently estimated to be £0.269m:
- 9.21 To approve the Corporate Management Team recommendation that any one off resources identified from the reserves review and the 2014/15 outturn not needed to fund the commitments detailed in recommendation 9.6 should be allocated to address the following priorities to protect the Council's medium term financial position:
- To fund one-off protection costs arising from achievement of permanent savings from the Terms and Conditions review;
 - To continue the use of one-off resources to support the budget and protect services beyond 2016/17 when the existing one-off funding of £1.648m will run out;
- 9.22 **Ward Members Budgets 2015/16**
- 9.23 Members need to determine whether this is a continuing priority and the impact this will have on the MTFS, or to determine there will be no further allocations after the end of the current financial year.
- 9.24 **Council Capital Fund**
- 9.25 Approve the continuation of a Council Capital Fund of £0.6m for 2015/16 to enable local capital priorities to be addressed and funded from Prudential Borrowing;
- 9.26 To note that the resulting annual repayment costs of using Prudential Borrowing will increase the 2015/16 budget deficit by £50,000;
- 9.27 To note that if recommendation 9.23 is approved detailed proposals for using the Council Capital Fund will be reported to a future meeting.
- 9.28 **Budget Timetable**
- 9.29 Approve the budget timetable detailed in paragraph 5.6 which will enable budget decisions to be considered and approved by Council in December 2014 and Council Tax setting to be completed in February 2015;

9.30 General Fund 2016/17 to 2018/19

- 9.31 Note the financial outlook for 2016/17 to 2018/19 as detailed in paragraph 8.9.

10. REASON FOR RECOMMENDATIONS

- 10.1 To enable the Finance and Policy Committee to commence the 2015/16 budget process and approve those issues which need to be referred to Council for approval.

11. BACKGROUND PAPERS

- 11.1 Medium Term Financial Strategy 2014/15 to 2016/17 report to Finance and Policy Committee 6th February 2014.

12. CONTACT OFFICER

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2013/14 GENERAL FUND OUTTURN

	Forecast Outturn - Overspend/ (underspend) £'000	Actual Outturn - Overspend/ (underspend) £'000	Decrease / (increase) in forecast outturn £'000	Note
Chief Executive's Department	(828)	(1,034)	(206)	1
Child and Adult Services	145	(101)	(246)	2
Public Health Department (General Fund budgets)	167	91	(76)	3
Regeneration and Neighbourhood Services	40	(130)	(170)	4
Corporate Budgets	(253)	(309)	(56)	
Local Council Tax Support Scheme and Business Retention System	0	622	622	5
World War 1 Memorial	0	50	50	6
Sub Total - Controllable Budget	(729)	(811)	(82)	
Receipt of House Sale income from Housing Hartlepool	0	(215)	(215)	7
Receipt of Government Grant hold backs	0	(198)	(198)	8
Grand Total	(729)	(1,224)	(495)	9

1. Chief Executive's Department

The increase in the forecast outturn mainly relates to the early achievement of 2014/15 savings, increased income from Court costs and increased vacancies in the final 3 months of the year.

2. Child and Adult Services Department

The increase in forecast outturn mainly relates to the early achievement of 2014/15 savings and increased use of grant income.

3. Public Health Department (General Fund budgets)

The decrease in the forecast outturn overspend is mainly the result of increased income within Sport & Recreation and licensing.

4. Regeneration and Neighbourhood Services Department

Appendix A

The final outturn is mainly owing to an under spend on the Winter Maintenance budget as a result of a mild winter period. The shortfall in Car Parking was also slightly lower than forecast, including the impact of free parking at Christmas.

5. Local Council Tax Support Scheme and Business Retention System – over spend £0.622m

As reported previously these issues were the most fundamental changes in the Local Government finance system since the Council Tax system was introduced in 1991. As a result of these changes significant new financial risks transferred to Councils in April 2013. Managing these changes was extremely challenging owing to the timescales for implementation and the late announcement of information needed to set the 2013/14 budget. In addition, detailed regulations regarding the closure requirements for 2013/14 were only received in April 2014, which made forecasting the final position difficult as it was uncertain how a range of technical issues would need to be accounted for.

The actual net cost of the 2013/14 Local Council Tax Support Scheme was £0.605m lower than forecast. Previous reports highlighted the potential volatility of the LCTS scheme costs, particularly in the first year of operation, owing to changes in the numbers of claimants, the impact of changes in their financial circumstances (LCTS is a means tested scheme) and the level of Council Tax collection achieved in the first year of operating the LCTS scheme. The first year's outturn was better than forecast and the pressure included in the 2013/14 budget was not needed. This position is not sustainable as the ongoing budget has been reduced from £0.605m in 2013/14 to £0.488m in 2014/15, with a further planned reduction in 2015/16 to £0.312m as the Council phases in reduction in LCTS support as previously approved within the MTFS forecasts. There were also benefits in 2013/14 from higher Council Tax income generated from policy changes to Council Tax exemption discounts, a small reduction in claimant numbers, a reduction in the average value of LCTS awarded to individual claimants and better than forecast collection rates for LCTS claimants, reflecting the Council's effective recovery arrangements.

Further detailed work needs to be completed to assess the sustainability of these factors in 2014/15 and future years. Some of these trends may not continue or will become increasingly challenging to sustain, particularly in-year collection rates which will become increasingly difficult as LCTS support has reduced for 2014/15 and further cuts will be need to be made in future years. This detailed work will be completed as soon as practical and will form the basis for an LCTS update report to the Committee in July 2014, which will enable Members to review the existing planning assumptions for 2015/16 and future years LCTS scheme.

Unfortunately this lower cost was offset by the impact of a reduction in Business Rate income of £0.477m from the amount forecast in January 2013 within the 2013/14 Local Government Finance settlement. This reduction reflects the impact of changes in the town's rateable value owing to more properties being empty and claiming Business Rates relief, successful appeal outcomes (although this remains a significant risk owing to the continuing numbers of outstanding appeals) and the impact of schools converting to academies and becoming

Appendix A

eligible for charitable relief. As detailed in previous MTFS reports Councils do not receive 'safety net' payments until in-year business rates shortfall exceed 7.5% of the baseline Business Rates threshold figure. 'Safety net' payments are then only paid for the shortfall above the threshold figure. For Hartlepool the 'safety net' limit for 2013/14 was £1.7m. Therefore, the whole of 2013/14 shortfall in Business Rates needs to be funded locally.

The 2013/14 Business Rates reductions will continue in 2014/15 and future years. However, based on current regulations this should not have an adverse impact on the 2014/15 budget position as the level of Business Rates income included in the 2014/15 budget is less than the actual amount received in 2013/14. However, owing to the financial risk built into the Business Retention system if there are further reductions in Business Rates income during 2014/15 there would be a new, and continuing shortfall, when the 2014/15 outturn is prepared.

As detailed in section 3.11 of the report the 2014/15 outturn also needs to make provision for Business Rate appeals costs of £0.75m.

After reflecting the factors in the previous paragraphs the net outturn for these areas is an over spend of £0.622m, against a combined 'turnover' for Business Rates income and LCTS scheme expenditure of approximately £30 million and a background of the most significant changes in these regimes since they were originally implemented.

6. World War 1 Memorial

This provision is to underwrite the Regeneration Services Committee's proposal that the Council underwrites the cost of the Bombardment Memorial so that work can commence with an expectation that the cost could be covered by commercial sponsorship and through existing resources.

7. Receipt of House Sale income from Housing Hartlepool

The detailed reason for this variance is provided in paragraph 3.4.

8. Receipt of Government Grant hold backs

The detailed reason for this variance is provided in paragraph 3.4.

9. The uncommitted outturn of £0.495m is net of additional risk reserves detailed in table 1 set out below. The Statement of Accounts will show a contribution of £1.115m to General Fund Reserves, which consists of the uncommitted outturn of £0.495m plus £0.620m approved as part of the MTFS to manage future potential reductions in the Public Health grant to provide a longer lead time to manage this position.

Part 2 - Risk Reserves created from final outturn

	Value of reserves created £'000	Reason of Reserve
Chief Executive's Department		
Legal Department	36	Risk reserve to manage income volatility between financial years.
ICT	30	One-off IT costs to enable higher ongoing savings to be achieved in 2015/16 than anticipated when contract was awarded in 2013.
Website/Covalent	34	Provision to fund project costs rephased to 2014/15.
Individual Voter Registration	23	Carry forward of funding to supplement Government funding provided to fund implementation of Individual Voter Registration.
Child and Adult Services Department		
School Improvement / School Attainment	150	To support school improvement/attainment: through a variety of measures: 1. Support for all schools that are not currently OFSTED Grade 1 / 2 to ensure that all a our schools are good or outstanding by December 2015 2. Any additional expertise needed to support the most vulnerable schools e.g. where the LA is utilising Associate Head teachers 3. Continued support for three secondary schools to supplement council-provided funding. 4. Support for Governing Bodies via the modular Governor Training Programme currently operating 5. To support any potential shortfalls in de-delegated budgets throughout the year. 6. To ensure that, in the short term, all services continue to be offered to schools
Pupil Premium	36	Carry forward of ring fenced grant funding for Looked After Children to be allocated in 2014/15
Adult Social Care savings implementation reserve.	147	The 2014/15 savings for Adult Social Care included £250k from combining and re-tendering the current contracts for low level services, day services for older people and support for people with dementia. The tendering process for these services was designed to allow new contracts to be in place by 1 April 2014, but the Council has been unable to award contracts within the planned timeframe. The creation of this reserve will enable existing contracts to be extended for up to six months while the new contractual arrangements are implemented.
Community Pool Reserve	22	Council (8th May 2014) approved the creation of this reserve to contribute towards the 2014/15 Community Pool to support additional VCS organisations with core costs.
Regeneration and Neighbourhood Services		
Coast Protection Reserve	90	Council contribution to partly match fund grant funding of £6.3m to be received, subject to final approval of project by the Environment Agency.
	568	

CHANGES IN PLANNING ASSUMPTIONS 2015/16 AND 2016/17**Appendix B**

	2015/16 £'000	2016/17 £'000
Budget Deficit reported to Council February 2014	6,246	8,663
Add back initial 2015/16 Savings continuing in 2016/17	0	6,246
Less revised 2015/16 Savings continuing in 2016/17	0	(5,626)
<u>Changes in Planning assumptions:</u>		
<u>Better Care Fund</u>	500	0
For planning purposes the use of the Better Care Fund to protect Adult Social Care services was initially reflected within the budget deficit reported in February of £6.246m, pending clarification of the detail operation of this grant regime. This amount now needs to be added back as the Child and Adult Services budget proposals include achieving efficiencies through utilising grant funding, such as the Better Care Fund to integrate and protect services and reduce demand through early intervention where this is possible and in line with grant conditions.		
<u>Additional ICT Contract Savings</u>	(150)	(150)
Anticipated additional savings from release of contingency provision, review of IT applications and energy savings from roll out of new IT equipment. Detailed work to quantify these issues is currently ongoing.		
<u>Terms and Conditions Review</u>	(200)	(200)
Initial assessment of forecast savings which can be taken corporately, net of £25,000 allocated towards funding the full year cost of the Hartlepool Living Wage introduced in 2014/15. Final figure will be subject to the outcome of negotiations.		
<u>Centralised Estimates saving</u>	(270)	(270)
A comprehensive review of this area was completed in December 2012 based on the temporary nature of the existing strategy of netting down investments and borrowing, the future outlook for interest rates and the convergence of the Council's Capital Financing Requirement with the current level of long term external debt in 2024/25.		
A further review will be completed in the current year to reflect the actual year end position for 2013/14 and the latest interest forecasts. Initial analysis indicates that it should be possible to take account of additional savings earlier than previously forecast owing to the outlook for future interest rates. Further work is needed to assess this area, which will include the additional risks of taking savings earlier, particularly if interest rates increase sooner and / or to a higher level than currently forecast. Therefore, the review will also consider measures to mitigate this financial risk.		
<u>Additional one-off funding</u>		
As detailed in section 3 of the report this funding will be allocated from the 2013/14 uncommitted outturn, or a combination of the 2013/14 outturn, the 2014/15 outturn and the review of reserves depending on the options adopted by Members for using the 2013/14 outturn.	(500)	0
	5,626	8,663

2015/16 AND 2016/17 PLANNING ASSUMPTIONS

Council Tax 2015/16 and 2016/17 – Members have previously approved an indicative Council Tax freeze for 2015/16 and a 1.9% increase for 2016/17. These forecasts will need to be reviewed later in the year when more information is (hopefully) provided by the Government, particularly in relation to 2015/16 and confirmation of the indicative Council Tax freeze grant and referendum thresholds are confirmed.

Local Council Tax Support (LCTS) Scheme 2015/16 – Members previously approved an indicative 20% scheme for 2015/16. A detailed report will be submitted to the Finance and Policy Committee in July to update the 2015/16 forecasts and to enable Members to consider whether any changes to the indicative 20% scheme can be considered.

Pay costs - The budget forecast for 2015/16 already includes a reduced pay award provision to reflect continued public sector pay restraint.

A review of the provision for increased 2016/17 pay costs has been completed. This is more complex than in previous years as the 2016/17 budget increase needs to cover a potential pay award and the impact of an increase in employers National Insurance contributions announced by the Chancellor from April 2016.

In relation to the April 2016 pay award it is anticipated that there will be increasing pressure owing to the impact of the pay freezes implemented for the 3 years up to 2012, pay increase being limited to 1% in April 2013 and forecast to remain at this level in April 2014 and 2015. These pressures are likely to increase if pay awards in the private sector continue to increase.

The National Insurance increase this will increase pay costs by approximately £0.5m. It is hoped that the combined impact of the April 2016 pay award and the National Insurance increase will not result in an additional budget pressure, although this will depend on the level of the actual April 2016 pay award.

Ward Member budgets – details are provided in paragraph 5.9 (iv).

Corporate income (Council Tax, Business Rates and New Home Bonus) – a detailed assessment of these areas needs completing for 2015/16 and 2016/17. For Council Tax this needs to consider the impact forecast private sector house building, future Local Council Tax Support scheme cuts and the impact on collection rates. This assessment will be informed by the 2013/14 outturn, hopefully including experience from the other Tees Valley Councils already operating 20% LCTS schemes.

For Business Rates this will reflect the outturn for 2013/14, which is the first year of the new system and will be affected by the year end arrangements implemented by the Government and national accounting requirements. Business Rates income will also be affected the outlook for the economy and the outcome of appeals. Until this very detailed work can be completed the planning assumptions is that the overall

Appendix C

changes in Corporate Income will at worst be budget neutral, although this cannot be guaranteed. At best there may be a financial benefit.

Council Capital Fund - in previous years a revenue pressures has been included in the budget forecast to fund Prudential Borrowing for the Council Capital Fund. There is no such provision within the MTFS for 2015/16 and future years. Consideration needs to be given to whether a revenue budget pressure needs to be included in the MTFS, which will increase the budget cuts which need to be made. A revenue pressure of £50,000 would support Prudential Borrowing of around £600,000.

Initial 2014/15 Forecast Outturn - in 2013/14 a very early forecast of the outturn was prepared and then updated at regular intervals. A similar approach will be undertaken for 2014/15 and details will be reported to a future meeting to enable an outturn strategy to be developed which underpins the MTFS.

Reserves Review as at 31.03.14 – a comprehensive reserves review was carried out last year and it would be good practice to update this position at the end of 2013/14.

Looked After Children Social Work Capacity - One-off funding of up to £175,000 was provided from an existing Departmental Reserve to address this issue for 2014/15, pending the development of a permanent strategy for 2015/16 and future years.

Looked After Children costs – In 2013/14 costs exceed the budget owing to increased number of LAC, which is offset by Departmental under spends in other areas. It is anticipated this trend will continue in 2014/15 and will be funded from the Departmental LAC risk reserve, which will only leave a forecast uncommitted balance of £0.3m to manage risk in 2015/16. Further work is needed to assess the impact of demand continuing in 2015/16 and the impact of opening the Children's Home in reducing costs in 2014/15 and future years. There is a risk in 2015/16 of a significant ongoing unbudgeted pressure, potentially in the region of £0.4m.

Older People Care costs – There is a Departmental Reserve of £0.4m earmarked to manage the impact of actual service demand exceeding the available budget. This risk has previously been recognised and reflects demographic pressures, but has not been included in the MTFS owing to the available risk reserve. It is anticipated that £90,000 of this reserve will be used in 2014/15.

An assessment of the forecast commitment on this reserve in 2015/16 and 2016/17 is needed to determine how long the existing reserve is forecast to last and when a budget pressure may need to be included in the MTFS. This assessment will need to incorporate the financial impact of the Care Bill which is scheduled to be implemented in April 2016 and further information is needed from the Government to assess the impact.

PLANNING ASSUMPTIONS 2017/18 AND 2018/19**Table 1 – Issues which can currently be forecast and quantified**

	2017/18 Best Case £'000	2017/18 Worst Case £'000	2018/19 Best Case £'000	2018/19 Worst Case £'000
Funding issues				
<u>Government Grant cuts</u> The level of grant cuts will depend on the priorities of the next Government. However, whichever Party(s) forms the next Government it is clear there will be cuts in Public Sector spending and Councils will not be a protected area. The best Councils serving more deprived communities can hope for is fairer distribution of the cuts. For planning purposes it is recommended that the 2017/18 and 2018/19 forecast are based on a 'best' case annual grant cut of 5% and a 'worst' case annual grant cut of 10%.	1,330	2,660	1,260	2,390
<u>Council Tax increases</u> The current Government has sort to limit Council Tax increases through the combination of providing Council Tax freeze grants and the implementation of Council Tax Referendum thresholds. These arrangements increase dependency on Central Government funding for those authorities opting to freeze Council Tax and also permanently reduces the local Council Tax resource base cash limiting the level of Council Tax. In future years the Government will need to determine if Council's are able to increase Council Tax to pay for local services, or whether the current regime will continue. For planning purposes it is assumed that additional income of 2% will be able to be raised in 2017/18 and 2018/19 by either increasing Council Tax, or through the continuation of a Council Tax Freeze funding regime.	(700)	(700)	(700)	(700)

Expenditure issues				
<u>2017/18 and 2018/19 Pay and inflation pressures</u> It is recommended that the budget forecasts continue to include provision for pay and inflation pressures. At this stage it is recommended annual provisions of 2.5% are included to cover potential pressures in these areas. The allocation of this amount between pay and non pay budgets will depend on the economic circumstances apply at the time. For example, assuming public sector pay restraints continues over the next two year and private sector pay increases exceed inflation there may be increased pressure for pay awards in 2017/18 and beyond. Whether this actually results in higher pay awards for the public sector cannot be determined at this stage, although for planning purposes it is recommended this risk is recognised in the initial 2017/18 and 2018/19 budget forecasts.	2,150	2,150	2,200	2,200
<u>Local Welfare Support (LWS) Scheme</u> The MTFS approved in February provided funding to sustain the LWS scheme for the period 2014/15 to 2016/17. The proposals within the final outturn strategy would enable this support to continue at broadly the same level for 2017/18, thereafter there would be a budget pressure of £0.26m if Members wish to continue to scheme.	34	260	226	0
Sub Total	2,814	4,370	2,986	3,890
<u>Sustainability of one-off funding to support the revenue budget</u> The current MTFS is based on using one-off funding in 2014/15, 2015/16 and 2016/17 to support the revenue budget. The removal of this funding in 2017/18 is the equivalent of an additional grant cut in that year of 6%. It is therefore recommended that if one-off resources become available over the next 3 years, for example from the outturn strategy or reserves review, that these resources are earmarked to continue support of the revenue budget beyond 2016/17 to help manage the withdrawal of this temporary funding.	1,648	1,648	0	0
Forecast Budget deficit	4,462	6,018	2,986	3,890

Table 2 - Budget issues requiring further information and / or analysis to quantify financial impactPublic Health Funding 2017/18 and 2018/19

The level of Public Health Funding allocations for these years will have a financial impact on the mix of services the Council can provide using this funding. Reductions in the current level of funding would require the Council to prioritise services.

Council Tax base increase

The Council will benefit if there is an increase in the Council Tax base as a result of anticipated private sector house building. It is anticipated this development will be phased over a number of years and further financial modeling needs to be completed to assess the forecast financial benefit to the Council.

Prior to the introduction of the Local Council Tax Support Scheme regime i.e. the period 2008/09 to 2012/13 the Council Tax base increased by the equivalent of 440 Band D properties, which equates to an average annual increase of 110. The increase between the 2013/14 and the 2014/15 Council Tax base was the equivalent of 200 Band d properties, which reflected an improvement in the local housing market. Taking account of this increase the average annual increase in the Council Tax base over the period 2008/09 to 2014/15 is approximately 130 Band D properties. If this trend continues in future years it would equate to an increase in the Council's income of approximately £0.18m per annum (£0.280m if there was an annual increase of 200 Band D properties).

Depending on the scale of development, location and density the Council may face some additional costs from the expansion of the town, which would need to be recognised as a budget pressures against this increased income. These additional service demands will take a number of years to feed through and will only occur if there is a sustained growth in the numbers of properties within the town.

Business Rates income

This area will be subject to a future report as an assessment of how the Business Retention system changes introduced in April 2013 needs to be completed after the 2013/14 accounts have been finalised and the Government has completed the national closure. For planning purposes it is not currently anticipated there will be a financial benefit to the Council from these changes unless there is a significant improvement in the local economy. In reality, despite the potential benefit of economic growth, Business Rate remains a financial risk to the Council owing to the reliance on a small number of large business rate payers and the potential ongoing impact of outstanding appeals, which if successful will permanently reduce income.

Demand Pressures

These will need to be quantified to reflect changes over the next few years, such as the impact of the Better Care Fund, continuing demographic pressures etc. At this stage it is too early to quantify these issues and details will be reported within future update reports when there is more certainty.

Local Council Tax Support Scheme

The ongoing costs and level of support to households will need to be reassessed to reflect the overall level of grant funding provided to the Council in 2017/18 and 2018/19 as this funding needs to support both General Fund Services and the LCTS scheme. At this stage this issue is identified for Members information and will be subject to further updates as more information becomes available.

Expansion of the town costs

Under the previous grant system Councils did not benefit from increasing the Council Tax base as there was a corresponding reduction in Government grant. Therefore, the costs associated with expanding the town (such as the Middle Warren development) were either absorbed within existing budgets, or funded as a specific budget pressure. Under the new funding system Councils should benefit from increasing the Council Tax base and it is recommended that an element of this funding will need to be allocated to cover the increased costs of an expanded town. There should still be a net financial benefit as the Council Tax generated should exceed the additional marginal costs of extending specific locality services, such as refuse collection, grounds maintenance etc.

Legislative issues

The Council will continue to face potential additional costs as a result of the Government passing new legislation and legal precedents determined by the Courts.

In accordance with the “new doctrines” commitment Councils should be fully funded by the Government for the impact of new legislation. However, this does not always happen in practice, as the Government may underestimate the cost of the new requirement, or there may be a mismatch between the impact of the legislative change and the methodology adopted for allocating funds to individual Councils. In the case of legal precedents these are unfunded and Councils are required to fund any costs from existing budgets.

FINANCE AND POLICY COMMITTEE

30th June 2014



Report of: Director of Regeneration and Neighbourhoods

Subject: HOUSING SERVICES NEW OPPORTUNITIES AND STRUCTURE

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Key Decision (test (i)/(ii) applies). Forward Plan Reference No. RN 20/14.

2. PURPOSE OF REPORT

2.1 To present to Committee the Business Case for setting up a Social Lettings Agency; a new service to be offered by the Housing Services Team.

3. BACKGROUND

3.1 The Finance and Policy Committee has previously considered a series of reports relating to the development of the Council's Housing Services to develop a more robust service, which provides the statutory elements, additional core services and enhanced housing services; meeting the aims and objectives of the adopted Housing Strategy (2011-15) developed by the Council with the Housing Partnership.

3.2 In the most recent report of 28th March 2014, Committee approved the request to further explore the setting up of a Social Lettings Agency in Hartlepool; decision subject to an agreed Business Case being presented to a future meeting of the Finance and Policy Committee.

4. PROPOSAL TO SET UP A SOCIAL LETTINGS AGENCY

4.1 The need for the Social Lettings Agency

4.1.1 Over the last century, the structure of home ownership in England and Wales has changed. Policies and economic developments have transformed the tenure structure over the century from a largely renting to an

owner occupier population. The last decade however has seen the first rise in the percentage of households renting since 1918.

- 4.1.2 Within Hartlepool the private rented sector is an important provider of accommodation for local people, particularly for those not wishing or unable to enter the housing market. The private rented sector accounts for 14.8% of the overall housing stock (Census, 2011) rising from 7.4% since the Census, 2001. This is higher than the average for the Tees Valley. It is estimated that 34.8% of the private rented sector does not meet the Decent Homes Standard, demonstrating the problem of poor stock condition within this sector.
- 4.1.3 The Housing Strategy aims to bring together a broad range of tools available to the Council and its partners to improve the overall private sector housing offer. The strategy identifies existing problems within the private rented sector and within the objectives states “aim to improve property conditions and management standards in the private rented sector”.
- 4.1.4 Some of the problems experienced with the private rented sector include poor management, poor quality housing, unresponsive repairs and maintenance, high rent levels and poor visual appearance of properties. There are also considered to be a number of barriers for tenants accessing private rented housing in Hartlepool these include:
- High rents;
 - Rent in advance/deposit;
 - No guarantor;
 - Lack of references due to no previous tenancy history;
 - Landlords aren't responsive to repairs/rent arrears issues;
 - Concerns over condition of property; and
 - Insecure nature of tenancies.
- 4.1.5 Through the development of a Social Lettings Agency there is an opportunity to generate income and provide a much needed service, in Hartlepool, to assist with improving the quality, standard and management of property in the private rented sector.
- 4.2 An overview of the Social Lettings Agency
- 4.2.1 The Social Lettings Agency would provide similar services to a commercial 'high street' letting and managing agent, but will work more closely with a landlord and tenant to help establish and sustain tenancies for the longer term. A commercial business approach is therefore required to develop this scheme.
- 4.2.2 The Social Lettings Agency would be developed with social objectives at the core of the Business Plan. The Social Lettings Agency would offer the reliability and good reputation of the local authority to private landlords looking for a managing agent. The Social Lettings Agency would aim to provide good quality and affordable housing management services and

access to a range of in house skills and expertise in legal (including housing law and possession procedures), finance, housing advice and vetting tenants, identifying vulnerability in tenants and providing floating support services, housing benefit advice and welfare benefits generally, dealing with anti-social behaviour, undertaking property refurbishment, knowledge of local markets and strong established links to the Police, other housing providers and resident / community groups. As a managing agent the Council would insist on good housing standards, reasonable rent levels and effective tenancy agreements. Research from other areas of the country implementing a Social Lettings Agency has indicated that reputation and reliability are significant influential factors considered by a landlord when selecting a managing agent. There are some good examples of successful Social Lettings Agency initiatives for example, Havering 'Private Housing Solutions' and Poole and Bournemouth 'Homes 4 Let'.

4.3 Market Research - Hartlepool

- 4.3.1 Initial market testing suggests there is an appetite from landlords for a reliable and affordable lettings and management agency and an appetite from tenants to live in a property that is well managed. The Housing Market Renewal Programme, Empty Property Purchasing Scheme and Baden Street Regeneration Initiative have all identified owners who had encountered problems with the management of their portfolio and were looking for recommendations for effective reliable managing agents or for the Council to manage their properties.

4.4 Social Lettings Agency Services

- 4.4.1 In order to deliver the objectives of a Social Lettings Agency the Council needs to offer the following services through their management contracts to attract clients and provide a good service.
- Initial property inspection including a full inventory and photographs;
 - Finding a tenant;
 - In depth tenant vetting (inc. ASB, drugs, rent arrears) via Good Tenants Scheme and affordability assessments for tenants;
 - Accompanied viewings, signups and full explanation of tenancy conditions;
 - Advice and assistance regarding welfare benefits including housing benefit;
 - A six week new tenant visit and further periodic visits/property inspections;
 - Effective rent collection and arrears management up to where legal costs will be incurred;
 - Legal advice and support;
 - Routine and reactive repairs service and out-of-hours/make safe service;
 - Gas and electrical safety checks and Energy Performance Certificates;
 - Dealing with all tenancy issues up to where legal costs will be incurred;
 - Licensing discounts if owners enter into management arrangements with the Council;* and
 - A team of experienced and skilled Housing Officers to deliver a professional property management service.

*subject to a new designation being introduced

4.5 Target Market of the Social Lettings Agency

- 4.5.1 The service will be targeted at existing landlords with whom the Council has already received expressions of interest in a service such as this, landlords who are perceived to have a willingness to consider creative lettings solutions, the wider market, especially smaller and affordable homes, empty or otherwise available properties and the more general market.
- 4.5.2 For tenants the target will be people who are facing homelessness, cannot afford to buy a home in the town, those who are finding it hard to secure a tenancy in the existing private sector and the more general market.

4.6 Management of the Social Lettings Agency

- 4.6.1 The day to day activities of the Social Lettings Agency will be managed by the Head of Housing Services however, it is proposed a Management Board will be established to oversee, constantly review and adapt service provision, as required, to ensure the service is flexible and responsive to the commercial market and can react quickly and competitively to market changes. It is anticipated the Board will consist of the Assistant Director (Regeneration), the Head of Housing Services, a Principal Housing Officer, a Principal Housing and Regeneration Officer and a representative from the Finance and Policy Committee, for example the Chair of Regeneration Service Committee.

4.7 Links to other projects

- 4.7.1 The creation of a Social Lettings Agency supports the delivery of the Housing Strategy, the Empty Homes Strategy, the Homelessness Strategy and the Safer Hartlepool Partnership Plan. Developed and implemented alongside these strategies and the associated initiatives for example the Empty Property Purchasing Scheme, enforcement through Housing Standards and potential Selective Licensing designation, would potentially assist significantly in tackling the key priorities of the Council and its partners.

5. **FINANCIAL CONSIDERATIONS**

- 5.1 The Council must price its services competitively to ensure they are attractive to and affordable for prospective landlords. The intention is not to undercut the market, but provide a competitive rate for a comprehensive service.
- 5.2 The tables included in **CONFIDENTIAL APPENDIX 1 This information contains exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely (para. 3), information**

relating to the financial or business affairs of any particular person (including the authority holding that information. Demonstrate potential income levels for the proposed based fee.

- 5.3 As shown in **Confidential Appendix 1 This information contains exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely (para. 3), information relating to the financial or business affairs of any particular person (including the authority holding that information**, the Council is able to benefit from relatively low costs by using existing resources. The proposal will generate additional income which could assist with future savings targets whilst at the same time help to deliver social objectives in line with the Housing Strategy as detailed within the Housing Services New Opportunities and Structure report of March 2014. The Business Case assumes that existing Housing Services staff will deliver the scheme and the set up costs and new systems are already required to bring back in-house the management of Council owned properties. As the service expands, the cost of any additional staff required would be met by the income generated.
- 5.4 The net income arising from the creation of a Social Lettings Agency will be considered as part of the process for developing the 2015/16 budget. 2014/15 is a transitional year and any income will be dependent on the number of properties managed. There is also the possibility that some of this income may be needed to offset reductions in other income streams within Housing Services. The provisional target for properties to be managed by the Council is 70 in 2015/16 up to 100 in 2016/17.

6. STAFF CONSIDERATIONS

- 6.1 Both setting up a commercial 'high street' lettings agency and the management of the existing Council owned stock would be managed by existing experienced and skilled Housing Services staff who will provide the intensive housing management service required. It is anticipated that this project can be delivered within the existing Housing Services Team with the addition of a Housing Trainee to assist existing staff. In order for this to be achieved a Principal Officer from the Estates and Assets section has transferred into the Housing Services Team.
- 6.2 In order for the services of a Social Lettings Agency to be provided effectively it would require close interdepartmental working and the setting up of a Service Level Agreement from the outset with areas such as Council Tax, Housing Benefits, Anti-Social Behaviour Unit and Building Design and Construction. The details of such service requirements were included, in detail, in the report considered by Committee on 28th March 2014.

7. RISK IMPLICATIONS

- 7.1 The Housing Advice Officers do not just provide advice, but are specialists in housing management and tenancy support; skills vital for the management of the Council's own housing stock and the development of a Social Lettings Agency. It is therefore important that the Council's Housing Services Team remains as generic as possible to assist development of its core and new services.
- 7.2 There will be set up costs associated with the proposed new service. The majority of these costs will relate to officer time and also costs associated with computer software, required in order to bring back the management of the Council stock, as well as set up a Social Lettings Agency. If the services are unsuccessful there will be damage to the Council's reputation and the loss of the set up costs associated with the proposals. In order to ensure success the support of legal, financial and building services will be essential.
- 7.3 The project is unlikely to have financial risks and as detailed above and the income generated can cover the set-up costs. Evidence from similar schemes elsewhere suggests that the scheme will then begin to generate a profit at the end of year 2 to cover staffing costs, replacing revenue costs currently funded by the Authority and therefore contributing towards MTFS savings programme for 15 / 16 – 16 / 17.
- 7.4 Managing private sector properties also presents risks, managing tenancies both social and private, dealing with rent collection, tenancy management and anti social behaviour could require additional staff at some stage and therefore have further financial implications. This risk can be mitigated by ensuring that tenant vetting processes and tenancy agreements are robust to reduce the likelihood of problems. Management agreements and contracts will also be robust and reviewed on an annual basis (as a maximum) to provide the flexibility to end these short term contracts with landlords if required. Close partnership working with services across the Council will be also be essential. Appropriate insurance would need to be obtained for the delivery of this scheme.
- 7.5 The management of private stock through a Social Lettings Agency must deliver on the promise of effective tenancy management as failure would have a reputational risk for the Council. Effective business planning, accounting systems and experienced staff in place reduces this risk significantly. The Housing Services existing staff have a key set of skills and experience in tenancy management.

8. LEGAL CONSIDERATIONS

- 8.1 There are a number of legal implications to consider when setting up a Social Lettings Agency. The Council has a duty in certain circumstances to provide housing to households who are homeless or are threatened with

homelessness. It also has discretion in other circumstances to provide other assistance in accessing housing pursuant to section 179 of the 1996 Housing Act. A Social Lettings Agency is outside the powers set out above and therefore there must be alternative powers available to the Council to undertake this activity. Section 1 of the Localism Act 2011 gives a Local Authority the power to do anything that individuals generally may do. The Council also has power to charge for discretionary services, this is derived from section 93 Local Government Act 2003.

- 8.2 Sections 95 and 96 of the Local Government Act 2003 enables the Secretary of State to make an order imposing conditions on a local authority's power to trade. The Local Government (Best Value Authorities) (Power to Trade England) Order 2009 made by the Secretary of State gives best value authorities authorisation to do for commercial purpose anything which it is authorised to do for the purpose of carrying on any of its ordinary functions. Before exercising the functions the authority shall prepare and approve the Business Case, Under Section 95(4) the power to trade must be exercised through a company”.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 An Impact Needs Requirement Assessment (INRA) Equality Impact Assessment (EIA) and Diversity Impact Assessment (DIA) would need to be undertaken to identify any adverse or differential impact or unmet needs of service users and to predict the impact of the development of the Social Lettings Agency, associated working procedures and ways of delivering services before they are implemented.

10. SECTION 17 OF THE CRIME AND DISORDER ACT 1998 CONSIDERATIONS

- 10.1 More robust management practices surrounding tenancy matters in the private rented sector are likely to contribute to reductions in anti-social behaviour.

11. RECOMMENDATIONS

- 11.1 The Committee is requested to:
- (i) Approve the proposal to set up a Social Lettings Agency in Hartlepool.
 - (ii) Approve the proposed management fee as outlined in the **Confidential Appendix 1. This information contains exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely (para. 3), information relating to the financial or business affairs of any particular person (including the authority holding that information.**

- (iii) Approve the set up of a Management Board with delegated powers to make decisions on adjustments to fees and service standards.
- (iv) Note the income generated outlined in Section 5 of the report forms part of the 15/16 savings proposals.

12. REASONS FOR RECOMMENDATIONS

- 12.1 The recommendation will support the delivery of the Council's housing services. The recommendations will allow future opportunities for the delivery of Housing Services in Hartlepool to be explored in detail in the context of reducing Council resources and generating income to protect core services. The proposals provide important social benefits and will ensure a robust housing service able to meet the needs of service users into the future. The overall aim is to develop a more robust housing service which provides the statutory services, additional core services and enhanced housing services meeting the aims and objectives of the adopted Housing Strategy. The staffing resource being retained in the service is crucial to the development of the new services as they hold valuable skills and knowledge essential to the delivery of the new services. The team will link into the new Advice and Guidance service to provide a one stop shop of advice and to improve the customer experience.

13. BACKGROUND PAPERS

- 13.1 The following background papers were used in the preparation of this report:-
- (i) Report of the Assistant Director (Regeneration) entitled 'Housing Services New Opportunities and Structure' (presented to the Finance and Policy Committee on 19th December 2013); and
 - (ii) Report of the Director of Regeneration and Neighbourhoods entitled 'Housing Service New Opportunities and Structure' (presented to the Finance and Policy Committee on 28th March 2014).

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FINANCE AND POLICY COMMITTEE

30th June 2014



Report of: Director of Public Health

Subject: Healthy Trainer Service

1. TYPE OF DECISION/APPLICABLE CATEGORY

Key Decision test (i) and (ii) applies – Forward Plan Reference PH04/14.

2. PURPOSE OF REPORT

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

3. BACKGROUND

- 3.1 Overweight and obesity is a major public health issue nationally with 63.8% of the population either overweight or obese. In Hartlepool, rates are higher still, with 68.5% of residents carrying excess weight (37.9% overweight and 30.6% obese). Hartlepool also has a lower rate of active adults in the population (49.7%) compared to 56% nationally (all data from the Active People Survey published February 2014, Sport England). Overweight and obesity is a major risk factor and contributor to cases of many chronic health conditions including heart disease, stroke, diabetes and certain cancers, hence a healthy weight service to support Hartlepool residents is a key priority.
- 3.2 On 1st April 2013, the Council inherited under the statutory transfer order a contract for a healthy weight service provided by North Tees and Hartlepool NHS 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 Healthy Weight Services, North Tees and Hartlepool NHS 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. No formal challenges were made.

- 3.3 The healthy weight service in Hartlepool has operated as the NHS Health Trainer Team for a number of years. The service provides free weight management support to adults in Hartlepool either on a one-to-one basis or in groups, throughout the community and in various settings. The service is a tier 2 intervention in the obesity pathway, providing diet/nutrition/lifestyle/exercise education to obese/overweight individuals. Following guidance from NHS England, it was agreed that Public Health would be responsible for commissioning tiers 1 and 2 services, with Clinical Commissioning groups taking responsibility for tiers 3 (specialist) and 4 (surgery).
- 3.4 Clients are typically offered 12 sessions and weight and lifestyle factors are monitored and recorded to gauge progress. Health Trainers support clients in community settings such as children's centres, sports/community centres, libraries and make home visits. Clinics are also held in several GP practices.
- 3.5 A healthy weight review is currently underway in partnership with Stockton, where a similar NHS Health Trainer Service operates with shared management. Outcomes and feedback from this exercise will be used to develop a comprehensive service specification for a new healthy weight service for Hartlepool.

4. PROPOSALS

- 4.1 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 It is vital to secure a new (tier 2) healthy weight service for Hartlepool to support residents and address rising levels of overweight and obese adults. Without a tier 2 service, there would be no free to access community-based weight management support for the general population.

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 currently 7 members of staff employed in Hartlepool by the current service provider (North Tees and Hartlepool NHS Foundation Trust):

a service manager (shared 0.5wte with Stockton), a team leader (0.8wte) and five health trainer posts (5.24wte).

- 6.3 There is a need to commit resource for the procurement of a healthy weight 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 in Local Authority Public Health for Tiers 1 and 2 weight management / healthy lifestyle services. Tiers 3 and 4 are commissioned by HAST CCG and South Tees Hospitals NHS Foundation Trust respectively.

8. STAFF CONSIDERATIONS

- 8.1 There is an opportunity to consider the wider workforce in relation to providing public health services and develop a more integrated approach particularly in relation to obesity prevention, personal health budgets (social care) and long term conditions.

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 and taking into consideration local needs and views from the consultation and service review process.
- 9.3 It is recommended that the Finance and Policy Committee agree to secure a provider for a healthy weight service, funded by the ring fenced public health grant in 2015/16.

10. BACKGROUND PAPERS

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

Joined up clinical pathways for obesity (NHS England)
<http://www.england.nhs.uk/2014/03/14/comm-obesity-serv/>

Developing a specification for lifestyle weight management services, Best practice guidance for tier 2 services (NICE)

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FINANCE & POLICY COMMITTEE

30th June 2014



Report of: Director of Regeneration and Neighbourhoods

Subject: PARTNERSHIP WITH DURHAM COUNTY COUNCIL
FOR THE POSITION OF THE ROAD SAFETY TEAM
LEADER

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Non Key

2. PURPOSE OF REPORT

2.1 To seek approval for a secondment arrangement between Hartlepool Borough Council and Durham County Council for the services of the Council's Road Safety Team Leader

3. BACKGROUND

- 3.1 Experience from across the United Kingdom confirms that Councils can achieve significant efficiencies from collaborative working such as through a regional highways alliance. This is to be expected as there are 150 English Councils who are Local Highway Authorities who provide near identical services.
- 3.2 The most advanced regional highways alliance in the United Kingdom is the Midlands Highway Alliance which was formed in 2007. This has produced savings of £14 million to date for its 17 members.
- 3.3 The Department for Transport's Highways Maintenance Efficiency Programme (HMEP) is keen to support the development of regional highways alliances across England including in the North East
- 3.4 The success of the Midlands Highway Alliance and the emergence of other similar alliance across the country have led to the establishment of the North East Highway Alliance (NEHA), led by Durham County Council and supported by all of the North of England Councils.

- 3.5 Proposals for a North East Highways Alliance was presented by George Garlick (Chief Executive, Durham County Council) at a meeting of the ANEC Chief Executive's Group on 22 March 2013
- 3.6 The ANEC Chief Executive's Group were supportive of taking the proposal forward and requested that the North East Highway Directors meet to discuss the proposal in more detail and agree how to take forward and then report back.
- 3.7 The North East Highway Directors meeting took place on 2 May 2013 in Durham and was attended by one or more representative from each of the 12 North East Councils.
- 3.8 There was a consensus that there is an opportunity to take forward a North East Highways Alliance and achieve savings through collaborative working. With all North East Councils facing significant budget reductions it is incumbent on all Councils to maximise all potential savings including those from collaborative working
- 3.9 It was recognised that the proposal includes the full range of collaboration projects building on work already done such as collaborative purchasing and standard specifications to shared services which are complex and take time to deliver.
- 3.10 The benefits of collaborative working include sharing information on how each Council manages its service.
- 3.11 This has been taken a step further by Hartlepool Borough Council and Durham County Council through a situation that has arisen due to the resignation of Durham's Road Safety Team Leader.
- 3.12 Hartlepool BC and Durham CC considered and discussed the merits of sharing Hartlepool Borough Council's Road Safety Team Leader on a 50/50 basis.
- 3.13 After discussions with the Officer in question it was agreed that this was a workable option which would result in significant savings for both Authorities.
- 3.14 Members should be aware that the proposed Agreement would operate under the principles established under Section 113 of the Local Government Act, 1972. This allows a Local Authority to enter into Agreement with another Local Authority *".....on such terms as may be decided by the Agreement, of the services of Officers employed by the former, but shall not enter into any such Agreement with respect to any Officer without consulting him"*. The Council's Road Safety Team Leader has expressed his willingness to act as the Joint Road Safety Team Leader for the respective Councils. For the purposes of Section 113, this Officer will remain employed by Hartlepool Borough Council and would effectively be "seconded" to Durham County Council upon the terms and conditions as expressed within the Agreement as attached herewith.

4. PROPOSALS

- 4.1 The agreement would operate under the principles of Section 113 of the Local Government Act, 1972. Further, that the Council's Road Safety Team Leader ".....*shall on the terms of this Agreement spend 50% of his work time working for Durham County Council (DCC) but shall for all other purposes remain an employee of Hartlepool Borough Council on the terms of this Agreement*".
- 4.2 The Agreement contains a number of standard terms and conditions, which is appropriate for use in this particular situation. The Finance & Policy Committee are therefore invited to make such comments upon the Agreement as they deem appropriate. It will be noted that, due to DCC wanting to commence the arrangement on 2nd June 2014, the Agreement has already been signed by all parties and interim arrangements made to facilitate it. Should Members deem the agreement to be unacceptable, or require any alterations to it, these can be done in negotiation with DCC.

5. FINANCIAL CONSIDERATIONS

- 5.1 Durham County Council will pay 50% of all costs associated with the Road Safety Team Leaders.

6. SECTION 17 OF THE CRIME AND DISORDER ACT 1998 CONSIDERATIONS

- 6.1 There are no Section 17 implications.

7. RECOMMENDATIONS

- 7.1 That Members approve the implementation of the Secondment Agreement for Hartlepool Borough Council's Road Safety Team Leader with Durham County Council

8. REASONS FOR RECOMMENDATIONS

- 8.1 To work in collaboration and generate savings for the Council in the spirit of the North East Highway Alliance principals

9. CONTACT OFFICER

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FINANCE AND POLICY COMMITTEE

30th June 2014



Report of: Chief Executive Officer and Chief Solicitor

Subject: NORTH EAST PROCUREMENT ORGANISATION TRANSFORMATION – INTRODUCTION OF NEW ARRANGEMENTS FOR THE LEADERSHIP AND GOVERNANCE OF SERVICE AND REGIONAL COLLABORATIVE PROCUREMENT

1. TYPE OF DECISION/ APPLICABLE CATEGORY

Non Key Decision

2. PURPOSE OF REPORT

- 2.1 For the Committee to consider and agree revised governance arrangements for the leadership and management of the North East Procurement Organisation (NEPO) service and regional collaborative procurement and to note the implications for the Council.

3. BACKGROUND

- 3.1 NEPO is responsible for organising collaborate contracts through which Councils purchase goods and services. The Council's Contract Procedure Rules reflect this position in relation to central purchasing contracts and framework agreements. This is underpinned through a shared services agreement entered into on 28th October, 2010 by the 12 North East local authorities with Gateshead Metropolitan Borough Council acting as "lead authority". The 12 local authorities pay an annual subscription to contribute to meeting the costs of this service and enhancing regional collaborative procurement.
- 3.2 Through an extensive review during 2013 and subsequent report to the Regional Chief Executives Group, the Executive Sub-Committee of NEPO and through the Association of North East Councils (ANEC) Leaders and Mayors Board, it was resolved to takes steps to improve the efficiency and effectiveness, including exploring options and to set up arrangements for the purpose of transforming the way in which regional procurement should be delivered in the future. It was therefore agreed to;

- create a revised accountability structure and strengthen members involvement with the NEPO service via ANEC (the Association of North East Councils Limited)
- clarify strategic leadership with ANEC's management structure and governance
- improve the operational relationship between NEPO and the 12 local authorities
- improve credibility for NEPO and provide clarity about its new role and agree areas of common purpose including managing and delivering collaboration as well as applying a flexible approach to local and sub-regional and regional procurement through NEPO or through alternatives
- clarify the range of activities and procurements for the benefit of the contributing authorities
- create sustainability for the NEPO service by appropriate funding arrangements and budget planning.

4. GOVERNANCE AND FUNDING ARRANGEMENTS PROPOSALS

- 4.1 At its meeting on 9th April, 2014 the Executive Sub-Committee of NEPO approved new and revised functions and objectives for the NEPO service and future collaborative procurement activity. It was also proposed to establish a new arrangement for the governance of this service and for regional collaborative procurement through ANEC. It was also agreed the current NEPO Joint Committee arrangements should be disestablished by the 12 local authorities and a new governance and delivery arrangement for collaborative procurement be created under ANEC. Such changes will require the local authorities to terminate the current Joint Committee arrangements and through ANEC agree a new arrangement under the Leaders and Elected Mayors Group (as ANEC's Member Management Board) with strategic direction and advice available through the proposed member led Collaborative Procurement Sub-Committee advised by two of the Directors of Resources on behalf of the Directors of Resources Group. Under such proposals, issues can if necessary be referred to the Regional Chief Executive's Group.

Constituent local authorities will therefore be required to appoint members to the NEPO Collaborative Procurement Sub-Committee in line with their constitutional arrangements. Presently under Part 7 of the Council's Constitution ("Appointments to Outside Organisations and Other Bodies") there are two places upon NEPO taken by the Chair of the Finance and Policy Committee and one other Councillor. On the basis of the proposed changes there would be one position, namely through the Chair or other Member of the Finance and Policy Committee, as this Committee has procurement within its range of responsibilities. This was raised at the Council meeting on 10th June and a nomination in line with the proposed governance changes has already been approved to represent the Council on the proposed Collaborative Procurement Sub Committee..

4.2 The Leaders and Elected Mayors Group of ANEC will have the following responsibilities;

- Overarching responsibility for North East collaborative procurement activity and the NEPO service.
- On the recommendation of the Collaborative Procurement Sub Committee, approval of the annual business plan, annual report and work programme.
- Receive regular six monthly updates from the NEPO Collaborative Procurement Sub Committee and
- Receive reports as to the relevant issues where necessary for decision.

The Collaborative Procurement Sub Committee would have the following responsibilities;

- Develop an annual business plan and work programme in order to further collaborative procurement including the existing regional service and agree an annual report for approval by the Leaders and Elected Mayors Group
- Monitor and scrutinise the provision of collaborative procurement services and their budgets
- Monitor the range and effectiveness of collaborative procurement activity undertaken generally
- Provide the Leaders and Elected Mayors Group with assurance on all aspects of internal control and risk management
- Keep under review appropriate and strategic plans, a regional procurement strategy and an appropriate performance management framework
- Ensure that there are appropriate and effective arrangements for stakeholder engagements in the NEPO service and
- Ensure appropriate protocols and procedures are in place to secure the effective operation of the service and collaborative procurement across the North East

5. STAFFING AND SUPPORT SERVICES

- 5.1 Following completion of a staffing review and appropriate communication and consultations, arrangements would be undertaken in accordance with TUPE Regulations and all existing assets and contracts would be passed to ANEC Limited under the terms of an agreement to be entered into between the 12 constituent authorities of NEPO and ANEC Limited. The intention is for the new structure and governance to come into effect on or around 1st July, 2014 and for TUPE to apply from 1st August, 2014. There had been intimation that ANEC Limited, subject to formal approval, wish to continue with Gateshead Council as “lead authority” at least for an initial period to support a new transition to the new governance and service delivery model. For that purpose, it is envisaged that a further agreement will be entered into between ANEC Limited and Gateshead Council under which the support services would continue to be provided on similar terms as presently exists.

- 5.2 Under the Council's Constitution there is a power for the Council to establish joint arrangements with one or more local authorities to exercise functions (Article 11.02 refers). There is also reference to the present North East Purchasing Organisation within the Constitution (Article 9 – Joint Committees and Partnership Boards) wherein as indicated the establishment of a joint committee "as a means of joint contracting for pooling purchase power, knowledge and expertise". It is also noted that this Joint Committee presently comprises 24 members from the 12 constituent North East local authorities (two from each). As indicated the revised governance arrangements are based on one member per local authority and the Council's Constitution indicates that representation from Hartlepool Borough Council will be through the membership of the Committee "with responsibility for procurement". That responsibility rests with the Council's Finance and Policy Committee and this is further reflected within Part 7 of the Council's Constitution. The Council's Monitoring Officer has authority to make necessary minor and other changes to the Constitution without formal recourse to Council and in view of the earlier notification of the proposed changes through the Council meeting on 10th June, it is suggested that the Monitoring Officer acts under his delegated powers to record these changes within the Constitution.

6. RECOMMENDATIONS

- 6.1 That the Committee approve, subject to ANEC's formal agreement, the revised governance structure and staffing arrangements as outlined within this report for the administration of the NEPO service and collaborative procurement on behalf of the 12 North East local authorities.
- 6.2 The Committee notes the appointment in line with Part 7 of the Council's Constitution and the decision of Council made on the 10th June, 2014 for representation on the Collaborative Procurement Sub Committee of ANEC.
- 6.3 Authorise the Chief Solicitor following consultation with the Chief Executive Officer and Leader of the Council to approve such other changes to the agreements envisaged by this report as he may determine.

7. REASONS FOR RECOMMENDATIONS

- 7.1 These proposals seek to improve the capacity and capability of the collective local authorities to maximise the benefits of engagement in collaborative procurement both regionally and locally. The Council's Constitution reflects such collaboration "..... to deliver value for money, efficiencies and savings within the public sector including the development of the local economy wherever possible". The revised governance structure and staffing arrangements, it is believed will further this objective. It should be noted the funding model has yet to be finalised but that potential savings can be achieved and the cost of the NEPO service will be passed on to each individual member authority.

8. BACKGROUND PAPERS

None

9. CONTACT OFFICERS

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FINANCE AND POLICY COMMITTEE

30th June 2014



Report of: Assistant Chief Executive

Subject: EMPLOYEE SICKNESS ABSENCE
ANNUAL REPORT 2013/14

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non Key Decision.

2. PURPOSE OF REPORT

- 2.1 To update the Committee on the Council's performance in 2013/14 in relation to employee sickness absence and seek approval for the sickness absence targets (paragraph 3.7) and key focus areas (paragraph 3.8) for 2013/14.

3. BACKGROUND

- 3.1 The extent to which employees are absent from work due to illness has a direct impact on the quality, level and cost of the provision of services. As such the Council have included this as a Local Performance Indicator (HRPI 5A) – The number of working days/shifts lost due to sickness absence in its group of Corporate Health Performance Indicators.

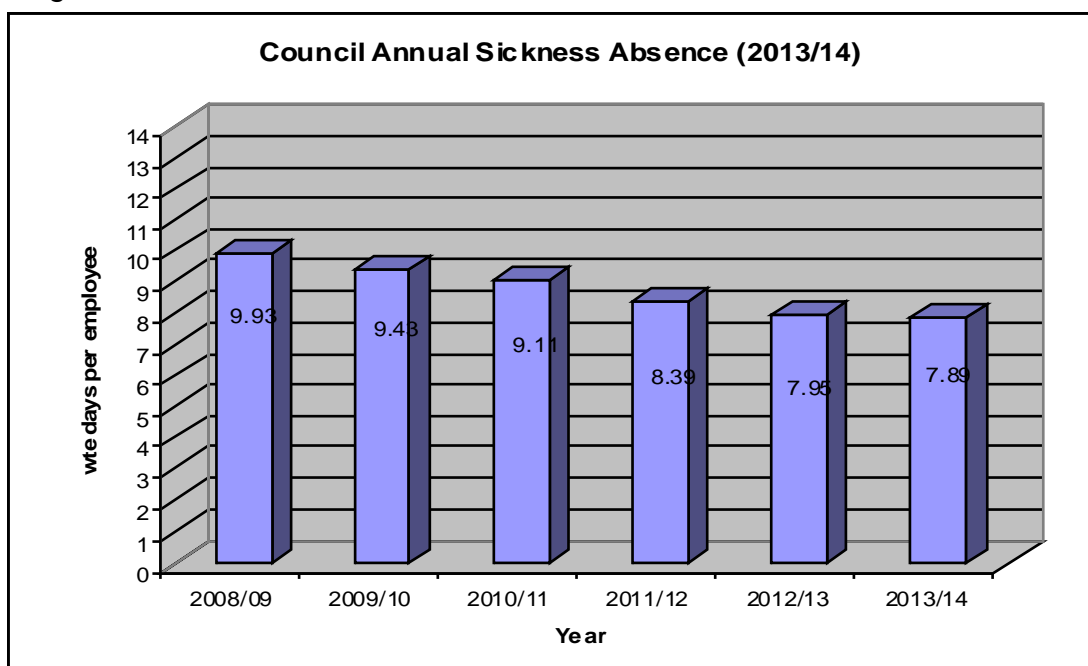
4. SICKNESS ABSENCE PERFORMANCE INFORMATION 2013/14

4.1 Sickness Absence Performance 2013/14

The target figure for 2013/14 for the Council is 7.70 wte days absence per wte employee (whole time equivalent). The end of year figure, although not meeting the target, still shows an improved figure of 7.89 days per wte per employee per annum as illustrated in Figure 1 below.

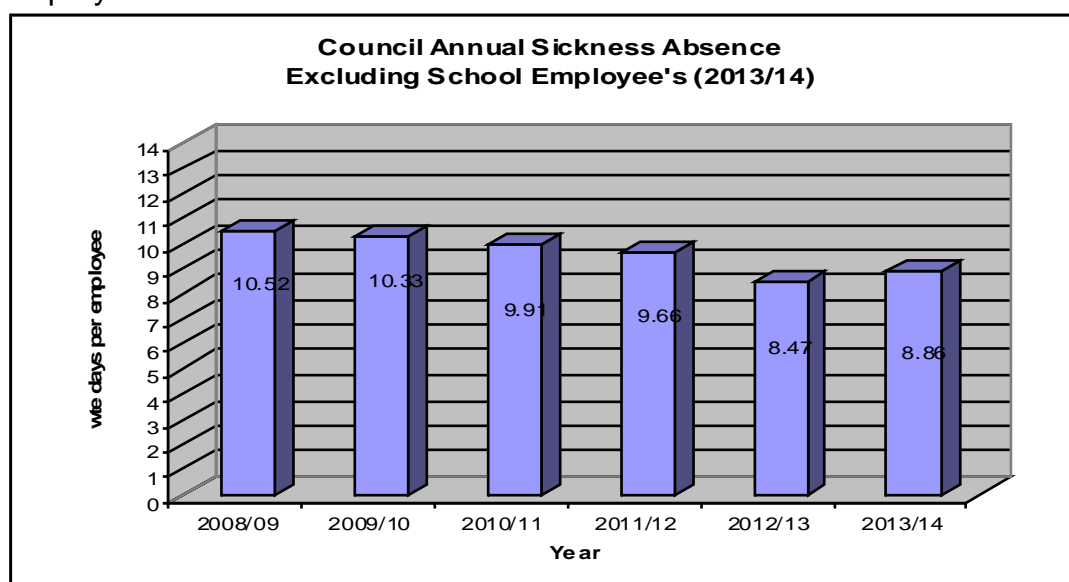
This shows a continued reduction in levels of sickness absence rates for the sixth year running and represents a reduction of 2.04 wte days per employee / annum since 2008/9. The Council continues to focus on sickness absence management to drive these figures down further. This commitment is demonstrated in the target proposed at paragraph 3.7.

Figure 1



- 4.2 The Council have introduced a new measure this year to monitor employee sickness excluding School employees and have set a target for 2014/15. As more schools move to academy status and as options for HR services opens up to the competitive market then the Council will move away from reporting sickness absence including Schools. This year both sets of figures will be reported consecutively.

Figure 2 below shows the Council performance excluding Schools employees.

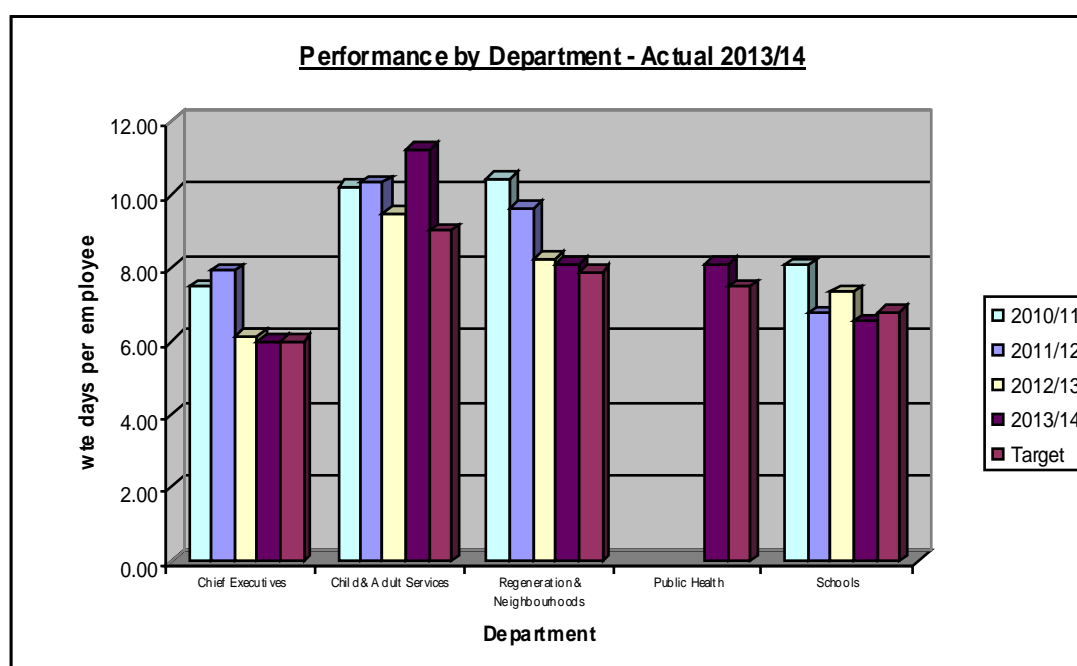


- 4.3 Figure 3 below illustrates the actual performance for each Department and Schools as at 31 March 2013. This can be compared to performance over the last three years in Chief Executives and Schools. However due to

corporate restructuring, Regeneration & Neighbourhood's and Child & Adults Services Departments show the last two years data. The final column shows the 2012/13 annual target set by each Department and Schools.

The figure identifies that there is a continued overall downward trend in sickness absence rates in Schools and Regeneration & Neighbourhood's. There has been an increase in rates in both Chief Executives and Child & Adult Services due to the number of long term ill health cases in these departments during the 12 month period. However, overall the Council has achieved an overall reduction in annual sickness rates from 8.39 to 7.96 wte.

Figure 3



- 4.4 The last Workforce Survey undertaken by Local Government Association 2012/13 highlights the average wte days per employee per annum lost due to sickness absence for Authorities (England) was 8.8 wte. Long term sickness averages 5.0 wte and short term average is 3.9 wte.

The Corporate Institute of Personnel and Development (CIPD) in their annual survey report 2013 report the average sickness rate at 8.6 days per employee across all sectors. The public sector sickness averages have increased from 7.9 days per employee in 2012 to 9.1 days per employee in 2013. The not for profit sector averages at 8.6 and the private service sector average is 8.8 days / employee.

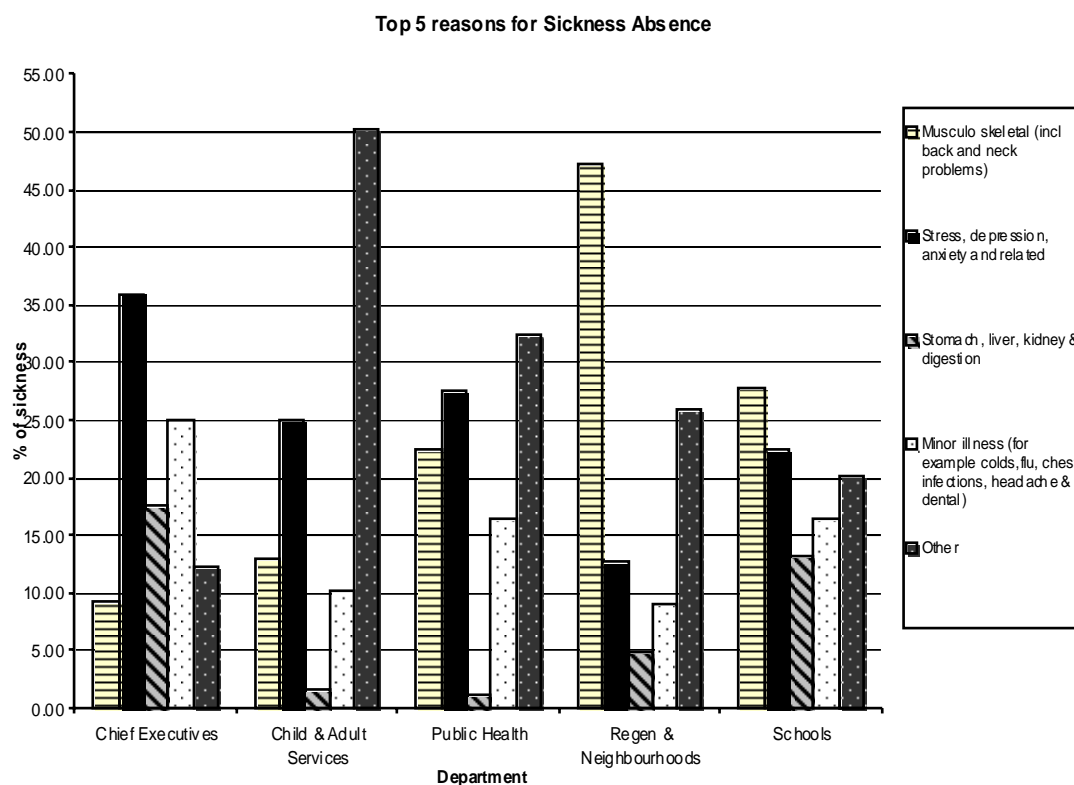
The Department for Education in their School Workforce in England report 2013 advised that in Schools the figure for Teachers is 7.9 days per employee which is a reduction from the average of 8.1 days lost in 2012.

- 4.5 According to the Local Government Association Workforce Survey in 2012/13 the biggest cause of sickness absence was stress, depression, anxiety, mental health and fatigue (21.9%) followed by other musculo-skeletal problems (15%) and infections (10.5%).

The CIPD Annual Survey Report 2013 identifies that for short term sickness, the main cause is for minor illnesses (for example, colds, flu, stomach upsets, headaches and migraines)

Within the Council one of the main causes of absence is due to stress, depression and anxiety (both personal stress and work related) with three out of the five departments having this as their most common cause of sickness absence as illustrated in Figure 4 below.

Figure 4 below identifies the rates for the top 5 reasons for sickness for each Department and Schools.



According to the CIPD annual survey report 2013, within Public Services there has been a significant increase over the last 12 months in the amount of stress related absence. Research indicates that this could be down to the ongoing budget cuts in the Public Sector which would inevitably require considerable organisational change/restructuring and increased levels of uncertainty amongst the workforce.

As a Council we take a pro active approach to managing stress, depression and anxiety within the workplace. Stress risk assessments are conducted Council wide to manage and resolve stress prior to an employee being

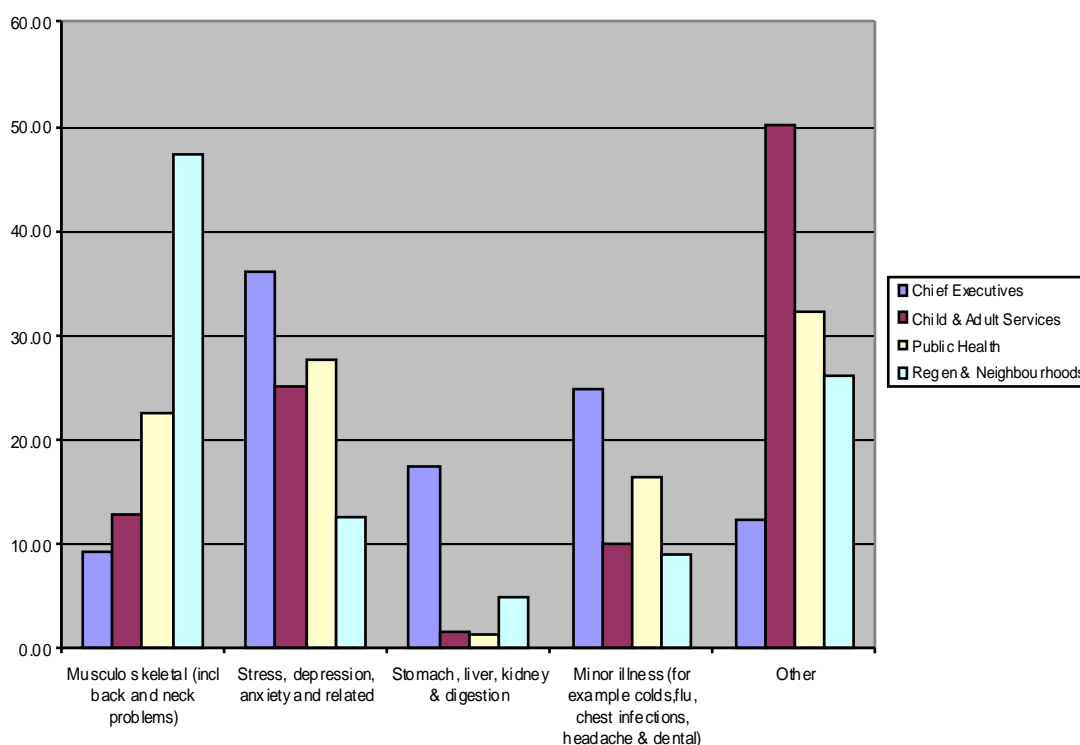
absent on sick leave or when an employee has been absent due to stress to assist them in returning back to work. Referrals to Hartlepool MIND are also used to assist employees in managing their mental well being.

Musculo-skeletal problems is cited as the main cause of sickness absences within Schools and Regeneration & Neighbourhood's.

As a Council we adopt a number of pro-active strategies aimed at reducing the number of staff absent from work due to musculo-skeletal injuries. These include regular refresher training on manual handling, hand arm vibration awareness, use of personal protective equipment and referrals to Physiotherapy services. The Health, Safety and Wellbeing Team also conduct annual risk assessments throughout Departments and Schools, aimed at reducing the need for the use of manual handling by providing lifting aids.

Following an analysis of the above it is evident that the most common causes for sickness absence for manual and non manual employees within Hartlepool Borough Council are in line with national statistics for Public Services. As a Council we need to ensure that we continue to take a pro active approach to managing the well being of employees with the aim of reducing the overall sickness absence levels in the Council further.

Figure 5 below identifies the Department and School rate for each of the top 5 reasons for sickness



4.6 Long, Medium and Short Term Sickness Absence

Long term = 20 days plus
 Medium term = 5 to 20 days
 Short term = under 5 days

Figure 6

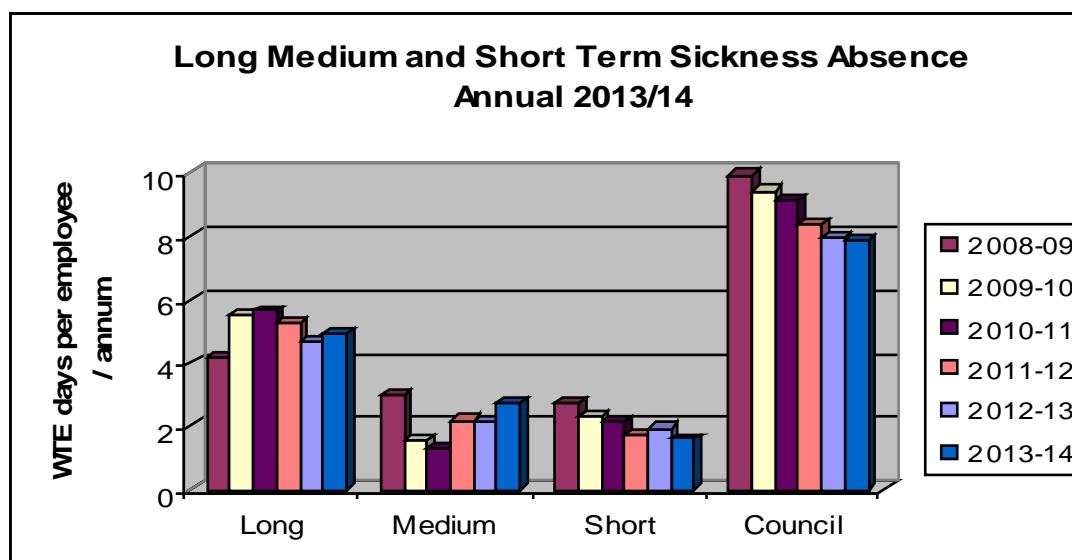


Figure 6 shows a breakdown of long, medium or short terms sickness absence for the past 6 years up to March 2014. The final column shows the impact this had on the overall Council sickness absence figure. The 2008/09 sharp decrease in long term cases can be offset by the increase in medium terms cases which shows as a slight anomaly to the overall trend caused by a fluctuation of long and medium terms cases within Schools.

In 2013/14 there has been an increase in long and medium term cases which is offset by a decline in short term rates. Although very marginal this year, there is still a year on year improvement in the management of sickness absence for the Council to date.

4.7 Sickness Absence Targets

Each Department has set their average sickness absence targets for 2014/15 as detailed in Table 1 below. The first two columns show the target and actual sickness for 2013/14 and the final column shows the proposed targets for 2014/15.

Table 1

Department	2013/14 Actual	2013/14 Target	2014/15 Proposed Target
Chief Executive's	5.98	6.00	5.75
Child & Adult Services	11.23	9.00	9.0
Regeneration & Neighbourhoods	8.09	7.90	7.9
Public Health	8.11	7.50	7.5
Schools	6.52	6.50	6.5
Council (Including Schools)	7.89	7.50	7.4
Council (Excluding Schools)	8.86	N/A	8.9

The Council target agreed by CMT for 2014/15 is based upon individual targets set by departments and for schools. The target represents a realistic sickness absence performance for a 12 month period.

4.8 Sickness Absence Management 2014/15

The following are key issues for effective sickness absence management and are supported by the Council within their working practices:

- Early intervention is key and the sooner support is provided the quicker the employee is able to return to their job. The Council support this by monitoring absence at an early stage.
- Work in a well managed workplace is shown to aid recovery and an early return aids both physical and mental health
- Discussions can lead to simple adjustments that enable an early return before 100% fitness
- Encouraging health and wellbeing and supporting employee participation in health initiatives can have a positive effect

There is a commitment to explore the following areas which will assist in driving performance. However it should be noted that this work is ongoing subject to resources.

- In the current climate of annual redundancy programmes; loss of colleagues and increased workloads then the Council need to monitor and reduce workloads to reduce stress related absences
- Further developing and celebrating a culture of wellbeing such as the recognition for employees with 5 years of no sickness absence
- Review of the Council's sickness absence policy and management arrangements
- Continue to promote flexible working measures, including home working

- Work together with trade unions to manage sickness absence in the Council

5. RECOMMENDATIONS

It is recommended that the Committee notes the information in relation to employee absence in 2013/14 and approves the sickness absence targets (paragraph 3.7) and key focus areas (paragraph 3.8) for 2014/15.

6. BACKGROUND PAPERS

None.

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FINANCE AND POLICY COMMITTEE

30 JUNE 2014



Report of: Director of Public Health

Subject: Public Health Clinical Governance (Clinical Governance, Patient Group Directions, Serious Incidents and Substance Misuse Related Death Policies).

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non Key Decision

2. PURPOSE OF REPORT

- 2.1 To seek approval for the introduction of the attached suite of Public Health Clinical Governance Policies.

3. BACKGROUND

3.1 Clinical Governance

Since the 1st of April 2013 local authorities have a duty to improve the health of the local population by providing and commissioning public health services.

- 3.2 Public Health commission a number of services including health improvement services, sexual health services, healthy heart and lung checks, early identification programmes, school nursing and drug and alcohol treatment services and have a duty to ensure the commissioning and provision of effective, high quality and safe services and therefore need to ensure that appropriate clinical governance arrangements, equivalent to NHS standards, are in place.

- 3.3 The Tees Valley Quality Advisory Forum provides advice to local Authorities across Tees Valley and supports the implementation of Clinical Governance within Public Health across the Tees Valley and oversees the development and improvement of Clinical Governance systems and processes in support of the Tees Valley Local Authorities.

3.4 Patient Group Directives (PGDs)

Legislation establishing PGDs was introduced in 2000 and the Health Circular

Guidance (HSC 2000/026) provided additional guidance. The current legislation for PGDs is included in The Human Medicines Regulations 2012. This legislation was updated in April 2013 to reflect changes to NHS organisational structures in England as a result of Health and Social Care Act 2012.

- 3.5 PGDs provide a legal framework to allow some registered health care professionals to supply and/or administer a specified medicine to a pre-defined group of patients, without them having to see a prescriber.
- 3.6 The Director of Public Health (DPH) is accountable to the Chief Executive of Hartlepool Borough Council for the management and provision of public health services and is responsible for ensuring PGDs used in public health services commissioned and/or delivered by the Local Authority are authorised, used and managed in line with legislation.
- 3.7 All organisations that develop and/or authorise PGDs are recommended to have a PGD policy in place.
- 3.8 PGDs are likely to be used in the following services commissioned by Public Health:
- Sexual Health Services
 - Substance Misuse Services
 - Smoking Cessation Services
 - Harm Minimisation Services
- 3.9 The Tees Valley Public Health Shared Service (TVPHSS) is responsible for providing medical/clinical and pharmaceutical advice to support Directors of Public Health in meeting these obligations, while the Tees Valley Clinical Quality Advisory Forum supports local authorities in the development and improvement of appropriate systems and processes.
- 3.10 **Serious Incidents**
Public Health, as commissioners of health and health improvement services, are committed to promoting patient safety and seek assurance that all services, which may be commissioned or directly provided, meet national standards and this is managed through the local contracting process. Compliance with serious incident reporting is a standard clause in all contracts and agreements as part of a quality schedule.
- 3.11 Serious incidents in public health services requiring investigation are rare, but when they do occur everyone must make sure that there are systematic measures in place to respond to them. These measures must protect patients and ensure that robust investigations are carried out, which result in organisations learning from such incidents to minimise the risk of the incident happening again. When an incident occurs it must be reported to all relevant bodies.

- 3.12 Guidance exists, provided by NHS England and the National Patient Safety Agency (NPSA). Each organisation should ensure that its serious incident policies are consistent with this guidance while being relevant to its own circumstances.
- 3.13 **Confidential Inquiries into Substance Misuse Related Deaths**
Public Health is responsible for commissioning effective services for reducing the harm that is caused by the use of illegal drugs and alcohol.
- 3.14 Confidential Inquiries into deaths related to Substance Misuse are implemented to enable Public Health to identify ways of improving the services it commissions and the communication between those and other relevant services that provide treatment to substance misusers.
- 3.15 Confidential Inquiries are not intended to attribute blame to individuals or services and the information collected will not be available to any other disciplinary or legal inquiry.
- 3.16 Public Health has an established Review Group for inquiring into Substance Misuse Related Deaths and to co-ordinate and monitor outcomes of confidential inquiries and ensures dissemination of learning and improves services and communication as a result.

4. PROPOSALS

- 4.1 To introduce a suite of Clinical Governance Policies developed in collaboration with the Tees Valley Clinical Quality Advisory Forum (TVCQAF) and Tees Valley Public Health Shared Service (TVPHSS) for use within Public Health within Hartlepool Borough Council.

5. RISK IMPLICATIONS

- 5.1 Failure to have clinical governance would be in breach of the regulations and presents risk to the provision of safe and effective public health clinical services.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are no financial implications.

7. RECOMMENDATIONS

- 7.1 It is requested that Members approve the implementation of the attached suite of Clinical Governance Policies developed in collaboration with TVPHSS and TVCQAF for use by Public Health within the Local Authority:

- 7.1.1 Appendix A - Public Health Clinical Governance Policy
- 7.1.2 Appendix B - Public Health Patient Group Directions
- 7.1.3 Appendix C - Public Health Confidential Inquiries into Substance Misuse Related Deaths
- 7.1.4 Appendix D - Public Health Serious Incident Policy

8. BACKGROUND PAPERS

Note: Relevant legislation and guidance was taken into consideration in the development of the attached policies as follows:

- The Human Medicines Regulations 2012
- The Health and Social Care Act 2012
- The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013 S.I. 2013/373
- Never events policy framework. Department of Health. 2012
- NICE Good Practice Guidance PGDs August 2013
- Serious Incident Framework. NHS England. 2013
- National Framework for Reporting and Learning from Serious Incidents Requiring Investigation. National Patient Safety Agency. 2010
- Essential Standards on quality and safety. Care Quality Commission. 2010
- Being open: communicating patient safety incidents with patients, their families and carers. NPSA 2010
- Checklist Guidance for Reporting, Managing and Investigating Information Governance Serious Incidents Requiring Investigation. Health & Social Care Information Centre. 2013
- Information: to share or not to share. Department of Health. 2013
- Francis Response. Openness, transparency and candour. Department of Health. 2013

9. CONTACT OFFICERS

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Appendix A



Hartlepool Borough Council Public Health Clinical Governance Policy June 2014

Review Date: June 2016

Introduction

From the 1st of April 2013 local authorities have a duty to improve the health of the local population by providing and commissioning public health services.¹

Local authorities in Teesside commission a number of public health services including health improvement services, sexual health services, healthy heart checks, COPD early identification programmes, school nursing and drug and alcohol treatments.

Local authorities have a duty to ensure the commissioning and provision of effective, high quality and safe services and therefore need to ensure that appropriate clinical governance arrangements equivalent to NHS standards are in place.²

Aim of the Policy

This policy aims to

- Define clinical governance in a local authority context
- Outline the local authorities clinical governance role and responsibilities
- Describe the local clinical governance arrangements

Clinical Governance

High standards of quality protect patients, clinicians and the reputation of the organisation and can reduce the levels of human suffering, professional stress and the drain on valuable resources arising from clinical negligence or systematic error.

Clinical governance ensures that patients receive the highest quality of care possible. It underpins the organisations' statutory duty of high quality in delivering care that is safe, accountable and effective and with the best possible patient experience.

Clinical Governance is defined as:

'the framework through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in healthcare will flourish'
(Department of Health)

Clinical governance underpins and informs the work of healthcare services at every level and in every capacity. Clinical governance is a unifying term used to describe a systematic approach to:

¹ Health and Social Care Act 2012

² Ring fenced Public Health grant, LAC, DH, 2013 (1), 10th January 2013

Patient Safety – including incident and risk management through alerting systems, incident investigation, infection control, waste management, safety of medical devices, medicines management, environmental safety and safeguarding.

Clinical Effectiveness – including the commissioning provision of evidence based interventions and services based on local and national guidance. Clinical audit, policy development, information governance, education and training, equality and diversity are ensuring clinical effectiveness.

Patient Experience – including complaints management, consent, patient information, patient involvement and patient needs.

Continuous **Quality Assurance and Quality Improvement**.

Roles and Responsibilities of Hartlepool Borough Council

Hartlepool Borough Council has a role as commissioner and provider of public health services. Through the Health and Wellbeing Board, Hartlepool Borough Council jointly commissions services with NHS partners to improve the health of the population. The clinical governance responsibilities of Hartlepool Borough Council include

- Commissioning of safe and effective services through service specifications and contracts which comply with best evidence, local and national guidance, legislative and statutory requirements.
- Ensure that up to date clinical governance policies and procedures are in place in the local authority as well as in provider organisations and that staff in all organisations is aware and compliant with these
- Support continuous improvement of quality and safety of commissioned services
- Development and authorisation of patient group directions (PGDs)
- Support with serious incident investigations and lead of complex serious incident investigations
- Identify areas of concern and support providers in addressing the issues

Accountability

The Director of Public Health is accountable to the Chief Executive for the management and provision of public health service.

The Tees Valley Clinical Quality Advisory Group supports local authorities in the development and improvement of appropriate systems and processes and provides a forum to share information from quality groups in local authorities, Clinical Commissioning Group (CCGs), NHS England and Tees Esk and Wear Valley (TEWV) NHS Mental Health Trust, North Tees and Hartlepool NHS Trust and other commissioned healthcare services.

Safeguarding Adults

The Hartlepool Borough Council Adult Safeguarding Board brings together representatives from all the main organisations responsible for working with and providing services to adults in order to ensure a coordinated multi-agency response towards safeguarding vulnerable adults. The Hartlepool Borough Council Adult Safeguarding Policy can be found here ([HBC Adult Safeguarding Policy](#)). All providers contracted by Hartlepool Borough Council to deliver public health services must comply with this policy.

Safeguarding Children and Young People

Hartlepool Borough Council is committed to promote and safeguard the welfare of children and young people living in Hartlepool. The Local Safeguarding Children's Board (LSCB) is the key statutory mechanism for agreeing how the relevant organisations will co-operate to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do. The board involves partners from the statutory, voluntary and independent sector and has developed relevant policies, procedures and guidance for all partners. More information can be found at [HBC Safeguarding Children and Young People](#). All providers contracted by Hartlepool Borough Council to deliver public health services must comply with this policy.

Confidentiality

Patient information is generally held under legal and ethical obligations of confidentiality. Information provided in confidence should not be used or disclosed in a form that might identify a patient without his or her consent, except in certain defined circumstances. The following Caldicott principles set the gold standard for good information governance

- Justify the purpose(s) of using confidential information
- Only use it when absolutely necessary
- Use the minimum that is required
- Access should be on a strict need-to-know basis
- Everyone must understand his or her responsibilities
- Understand and comply with the law

Local authorities and providers commissioned by local authorities must ensure that they comply with all information governance requirements.

Complaints

Hartlepool Borough Council has a corporate complaints procedure which can be found at [HBC Complaints](#). Complaints about public health services delivered or commissioned by local authorities are covered by a separate statutory regulation.³ A statutory complaint can be made by a service user, someone who represents them

³ The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012

or anyone with sufficient interest in the service user's welfare. The statutory complaints procedure for public health services can be found at (Need to add relevant pathway when established)

Incidents

Patient safety is paramount. All public health service providers need to ensure a safe clinical environment to deliver care.

The Director of Public Health/lead commissioner should be informed within one working day of any:

Patient Safety Incidents – defined as any unintended or unexpected incident that could have or did lead to harm to one or more patients receiving healthcare.

Prevented Safety Incidents – defined as any patient incident that had the potential to cause harm but was prevented, resulting in no harm to patients.

Patient safety incidents or prevented patient safety incidents could also be categorised as a safeguarding incidents in which case the safeguarding policy and procedures should be followed.

The Director of Public Health/lead commissioner should be informed within one working day of any **Serious incidents** – defined as incidents resulting in unexpected or avoidable death or severe harm of one or more patients, staff or members of the public; a never event⁴; a scenario that prevents or threatens to prevent an organisation's ability to continue to deliver healthcare services; allegations, or incidents of physical abuse and sexual assault or abuse; loss of confidence in the service, adverse media coverage or public concern about healthcare or an organisation.

All providers contracted by Hartlepool Borough Council to deliver public health services must have appropriate policies and procedures in place to identify report and investigate incidents and comply with the local and national policy. The incident policy of Hartlepool Borough Council can be found here [HBC serious incident form](#) .

Risk Management

Hartlepool Borough Council has a continuous risk management process/Risk management strategy. The Director of public health identifies risk issues within the department which are scored and logged within the corporate and strategic risk registers. This includes any risk arising from and associated with the commissioning of clinical public health services. Controls and assurances are identified and the risks are reviewed on a regular basis.

⁴ Never events policy framework. Department of Health. 2012 <http://www.health/2012/10/never-events>

Patient Group Directions

PGDs are frequently used in public health services e.g. provision of emergency contraception and Chlamydia treatment, vaccines in drug misuse services. PGDs ensure that these services can be accessed easily as well as delivered cost effectively.

PGDs must be authorised on behalf of the relevant authorising body (LAs, CCGs, NHS Trusts, NHS England) identified by legislation. Independent and voluntary sector providers registered with Care Quality Commission can sign their own PGDs. However if the service is commissioned by an NHS organisation or local authority, the PGD must also be authorised by the commissioner. Hartlepool Borough Council Patient Group Direction Policy describes local arrangements for authorisation of PGDs.

Local authorities are entitled to continue to use existing PGDs that were developed and authorised in PCTs before the 31st March 2013 until they are expired or replaced. NICE has recently issued guidance, including recommendations on appropriate governance arrangements, on the development and use of PGDs which should be considered when developing new PGDs.

All providers contracted by Hartlepool Borough Council to deliver public health services must have appropriate policies and procedures in place to development and use of Patient Group Directions the local and national policy. The Patient Group Direction Policy of Hartlepool Borough Council can be found here (Need to add relevant pathway when established)

Appendix B



Hartlepool Borough Council Public Health Patient Group Directions Policy

June 2014

Review Date: June 2016

Introduction

Patient Group Directions (PGDs) provide a legal framework that allows some registered health care professionals to supply and/ or administer a specified medicine to a pre-defined group of patients, without them having to see a prescriber.

Legislation establishing PGDs was introduced in 2000 and the Health Circular Guidance (HSC 2000/026) provided additional guidance. The current legislation for PGDs is included in The Human Medicines Regulations 2012. This legislation was updated in April 2013 to reflect changes to NHS organisational structures in England as a result of Health and Social Care Act 2012.

The amended legislation also incorporates transitional arrangements to ensure continued validity of existing PGDs during organisational change. These arrangements allow PGDs to remain legal when the original authorising body e.g. PCT, was abolished, until expiry or authorisation by the new authorising body.

The amended legislation applies to health care commissioned by the NHS (including private and voluntary sector activity funded by the NHS) and to health care treatment commissioned or provided by local authorities. The amended legislation requires PGDs used in the delivery of such care to be authorised by an authorising body. Local Authorities are identified as an authorising body.

Other authorising bodies are:

- Clinical Commissioning Groups (CCGs)
- NHS Trusts or NHS Foundation Trusts
- Special Health Authorities
- NHS England

Legislation also:

- requires that a PGD must be signed by a doctor (or dentist) and a pharmacist;
- provides the information to be included in a PGD (Appendix 1);
- sets out which health care professionals can supply or administer medicines under a PGD (Appendix 2).

NICE guidance⁵ has been published that provides a framework for commissioners and providers of health care services who are considering the need for developing, authorising, using and updating PGDs.

⁵ NICE Good Practice Guidance PGDs August 2013

All organisations that develop and/or authorise PGDs are recommended to have a PGD policy in place.

PGDs are likely to be used in the following public health services commissioned by local authority public health teams:

- Sexual health services
- Drug misuse services
- Smoking cessation services
- Harm minimisation services

Aims of Policy

The aims of this policy are to:

- Describe the local authority's arrangements for the commissioning of services that use Patient Group Directions.
- Describe the local authority's arrangements for the development of Patient Group Directions.
- Describe the local authority's arrangements to authorise Patient Group Directions.

Roles and responsibilities of Hartlepool Borough Council

Hartlepool Borough Council has a role as a commissioner and provider of public health services. The responsibilities of Hartlepool Borough Council for Patient Group Directions include:

- Ensuring commissioned services through service specifications and contracts, have Patient Group Directions which comply with best evidence, local and national guidance, legislative and statutory requirements.
- Ensuring that up to date policies and procedures are in place in the local authority as well as in provider organisations and that staff in all organisations are aware and compliant with these.
- Ensuring that the local authority has appropriate arrangements in place for authorising and management of Patient Group Directions.

Accountability

The Director of Public Health is accountable to the Chief Executive of Hartlepool Borough Council for the management and provision of public health services and is responsible for ensuring PGDs used in public health services commissioned and / or delivered by local authorities are authorised, used and managed in line with legislation.

The Tees Valley Public Health Shared Service (TVPHSS) is responsible for providing medical/clinical and pharmaceutical advice to support Directors of Public Health in meeting these obligations, while the Tees Valley Clinical Quality Advisory Group supports local authorities in the development and improvement of appropriate systems and processes.

Commissioning of Public Health Services that use Patient Group Directions

As part of any procurement process potential new providers will be asked to provide details of any PGDs that will be used in service delivery and details of their internal arrangements/ policies for the development and implementation of PGDs. When evaluating potential providers an assessment should be made of the appropriateness and robustness of its arrangement for PGDs.

As part of the mobilisation of a new provider discussions will need to be had between the commissioner and the pharmaceutical advisor at the TVPHSS to determine if the preferred provider is able to authorise their own PGDs or if the local authority will need to authorise these. For example;

- NHS Trusts - these are able to authorise PGDs in their own right and the local authority will only require to be provided with copies of PGDs they will be using.
- A CQC registered independent medical agency, which has robust in house processes for development and management of PGDs - the local authority is required to authorise the PGDs they will be using.
- A smaller organisation e.g. community pharmacy who do not have robust in house processes or capacity for the development and management of PGDs - if judged necessary, the PGDs will be developed and authorised by the local authority.

PGDs must be provided to the commissioner/ pharmaceutical advisor at TVPHSS to review on behalf of the local authority at least 20 working days ahead of contract initiation, to ensure that PGDs can be checked and authorised.

A standard clause will be added to all contracts;

Any Patient Group Directions (PGDs) to be utilised in delivery of the contract will be notified to the commissioner so that they can be authorised in line with legislation. PGDs will be developed and used by the provider in line with legislation / best practice guidance and the provider will have a policy in place that describes their arrangements for the development and use of PGDs. The provider will be responsible for internal management, monitoring and review of PGDs. PGDs must be provided to the commissioner a minimum of 20 working days ahead of contract initiation / PGD expiry date to allow PGDs to be checked and authorised. Any medicine supplied by PGDs to patients will be supplied in accordance with EC labelling and leaflet directive 92/27. The provider will have a robust policy in place for the safe and secure handling of medicines.

Developing Patient Group Directions

Ordinarily it is expected that the majority of Patient Group Directions used in public health commissioned services will be developed by the commissioned provider.

If the commissioned provider does not have a suitable internal infrastructure to develop PGDs the local authority may request that a PGD is developed by TVPHSS. Such requests will be made in writing to the Clinical Director of TVPHSS by the relevant Director of Public Health. The cost of developing such PGDs should be built into any service development plans.

If a PGD is to be developed TVPHSS will establish a PGD Working Group and will provide medical and pharmaceutical input to develop and sign the PGD. Input and representation of staff that will use the PGD will also be required from the relevant commissioned provider.

The PGD will be clinically checked by the Clinical Director for TVPHSS and recommended for authorisation by the Director of Public Health of the local authority.

A PGD template is provided in Appendix 3.

Responsibility for distribution, staff competence/training and monitoring for such PGDs will be defined in the Patient Group Direction service specification.

Authorising Patient Group Directions

All existing providers will be contacted by TVPHSS on behalf of Public Health Hartlepool Borough Council and requested to provide the master copies of PGDs currently in use.

They will be reviewed by clinical advisers at TVPHSS on behalf of the local authority to ensure they meet legal requirements and to determine authorisation requirements.

Reviewed PGDs that meet requirements and require authorisation by the local authority will have an authorisation sheet appended (Appendix 4) which will be signed by the Clinical Director of TVPHSS prior to being sent to the Director of Public Health for Hartlepool Borough Council for authorisation for use in Hartlepool.

Reviewed PGDs that meet requirements but do not require authorisation by the local authority i.e. PGDs from providers who are also authorising bodies will be recorded on the master log of PGDs managed by TVPHSS.

Once signed the authorised document must be sent to TVPHSS who will return to the provider for implementation.

TVPHSS will maintain a log of PGDs in use and expiry dates.

It is the responsibility of the provider organisations to ensure that PGDs do not expire and are reviewed if necessary. TVPHSS will actively manage the PGD log to ensure PGDs do not expire.

*Provider Responsibilities upon Receipt of Authorised PGD

Ensuring implementation of the PGD within their service including the following;

- Arrange appropriate training
- Ensure staff working within PGD have skills, knowledge and competence.
- Ensure all staff expected to work within PGD have copy
- Ensure all clinical areas where PGD will operate have a reference copy
- Development of supporting clinical guidelines, if required
- Ensure all staff working within PGD have signed both signature pages of the PGD
- Maintain accurate records of staff using PGD
- Audit use of PGD at regular intervals
- Ensure any medicines supplies provided to patients comply with the EC labelling and leaflet directive 92/27.
- Ensure any incidents involving PGDs are appropriately reported and recorded.
- Review PGD prior to expiry date and send to local authority for reauthorisation at least 20 working days before due date to be reissued.

*For PGDs developed by the Local Authority these will be determined for the individual PGD.

Appendix 1

The legislation specifies that each PGD must contain the following information:

- Name of the business to which the direction applies
- Date the direction comes into force and the date it expires
- Description of the medicine(s) to which the direction applies
- Class of health professional who may supply or administer the medicine
- Signature of a doctor or dentist, as appropriate, and a pharmacist
- Signature by an appropriate organisation
- Clinical condition or situation to which the direction applies
- Description of those patients excluded from treatment under the direction
- Description of the circumstances in which further advice should be sought from a doctor (or dentist, as appropriate) and arrangements for referral
- Details of appropriate dosage and maximum total dosage, quantity, pharmaceutical form and strength, route and frequency of administration, and minimum or maximum period over which the medicine should be administered
- Relevant warnings, including potential adverse reactions
- Details of any necessary follow-up action and the circumstances
- Statement of the records to be kept for audit purposes.

The EC Labelling and Leaflet Directive 92/27 applies to all supplies of medicines, including those supplied under PGDs. A patient information leaflet should be made available to patients treated under a PGD.

Appendix 2

Health professionals eligible to use Patient Group Directions

Legislation requires that PGDs must only be used by the following registered health care professionals:

- Chiropodists and podiatrists
- Dental hygienists
- Dental therapists
- Dieticians
- Midwives
- Nurses
- Occupational therapists
- Optometrists
- Orthoptists
- Orthotists and Prosthetists
- Paramedics
- Pharmacists
- Physiotherapists
- Radiographers
- Speech and language therapists.

Individual health professionals must be named and authorised to practice under a PGD.

Appendix 3 Patient Group Direction Template**Hartlepool Borough Council Patient Group Direction (PGD) for the Administration of*****Drug and Indication***

by Registered Health Professionals to Individuals Accessing Services in
Hartlepool

**YOU MUST BE AUTHORISED BY
NAME, UNDER THE CURRENT
VERSION OF THIS PGD BEFORE
YOU ATTEMPT TO WORK
ACCORDING TO IT.**

Direction Number: -

Valid from: -

Review date: -

Expiry date: -

This patient group direction has been developed & produced by: -

Title	Name	Signature	Date
Senior Pharmacist (TVPHSS)			
Public Health Consultant (TVPHSS)			
Representative of professional Group using PGD			

This patient group direction has been authorised for use in Hartlepool by: -

Title	Name	Signature	Date
<i>Clinical Director (TVPHSS)</i>			
<i>Director of Public Health</i>			

Name / Indication PGD PGDBRefNumber Review Date / Expiry

1. Training and Competency Healthcare Professional Staff

Only those healthcare professionals that have been specifically authorised by their clinical lead/ supervisor/ manager may use this PGD for the indications defined within it.

Under current legislation only the following **healthcare professionals with current registration** may work under Patient Group Directions (PGDs). These professionals may only supply or administer medicines under a PGD as named individuals. These professionals include: -

Pharmacists	Nurses	Chiropodists/Podiatrists
Health Visitors	Physiotherapists	Midwives
Dieticians	Optometrists	Registered Orthoptists
Prosthetists and Orthotists	Radiographers	Occupational Therapists
Speech and Language Therapists	Dental Hygienists	Dental Therapists
State registered paramedics or individuals who hold a certificate of proficiency in ambulance paramedic skills issued by the Secretary of State, or issued with his approval.		

Qualifications required (professional registration applies to specific professions)

Professionals using this PGD must be currently registered with their relevant professional body, e.g

- For Nurses: - Nursing & Midwifery Council (NMC)
- For Pharmacists: - General Pharmaceutical Council (GPhC)
- For Allied Health Professionals: - Health Professions Council (HPC)

Training / Competency requirements (applies to all staff)

- Will have undertaken training in the role, care and administration of the medicine specified in the PGD.
- Have access to a current BNF and/or *Immunisation against infectious disease* (Green Book).
- Any additional training requirements as deemed necessary by the authorising body or your organisation.
- Any additional continued training requirements as deemed necessary by your organisation
- Any additional continued training requirements as deemed necessary by the authorising body

2. Clinical Condition or Situation to Which the Direction Applies

Indication (defines situation or condition to which PGD applies)

-

Inclusion criteria

Exclusion criteria

Cautions

Refer to current SPC &/or BNF for full list of details.

Action if excluded - Discuss with or refer to doctor. Ensure all actions/decisions are documented.

Action if patient declines treatment

Not considered likely but: -

- Ensure patient, parent or guardian fully understands risks of declining treatment.
- Document refusal and advice given in medical notes (written or electronic) & child health records where applicable.
- Inform or refer to doctor as appropriate.

3. Description of Treatment.

Name, strength & formulation of drug:

Legal Status:POMs – Prescription Only Medicines¹**Dose and Frequency:****Route/Method: -****Quantity to be administered and/ or supplied:****Maximum dose & number of treatments: -****Adverse Effects: -*****Potential Adverse Effects: -**

•

***Reactions/Interactions: -**

•

Reporting Procedure of Adverse Effects

- Report to doctor (if not already aware) & document in patient's medical records.
- Use the CSM yellow card system if appropriate.

*See manufacturers Summary of Product Characteristics &/or BNF for details of all potential adverse effects and reactions.

Records to be kept: -**4. Patient information:****Advice to Patient/Carer (verbal or written)****Follow up advice to patient / carer**

Special Considerations / Additional Information

References

Management & Monitoring of Patient Group Direction (PGD) *REF Number* The Administration of *Insert Drug Name*

This form is to be used for the purpose of managing, monitoring and authorising the use of this PGD by named healthcare professionals.

- Please retain this original PGD & form for future photocopying and use.
- This PGD is to be read, agreed to and signed by all registered healthcare professionals it applies to.
- One signed copy should be given to each healthcare professional with the original signed copy being kept on file by the Manager/Clinical Lead with responsibility for maintaining PGDs.
- Patient Group Directions should be used in conjunction with reference to national or local policies, guidelines or standard text (e.g. manufacturers Summary of Product Characteristics) and DO NOT replace the need to refer to such sources.

Name of Healthcare professional:-

is authorised to give

Drug Name

.....under this PGD

(By signing this document the healthcare professional is stating that they are competent to work under this PGD & accept full clinical responsibility for any decisions made through the use of this PGD).

Signature of Healthcare Professional: - _____

Date signed: - _____

State profession: - _____

This above named healthcare professional has been authorised to use this PGD by: -

Name of Manager/Clinical Lead: - _____

Signature of Manager/Clinical Lead: - _____

Date signed: - _____

PGD Valid from:	Review Date: -	Expiry Date: -
-----------------	----------------	----------------

Appendix 4 Local Authority Authorisation Page**Louise Wallace**

Director of Public Health
 Civic Centre
 Hartlepool
 TS24 8AY

Tel: 01429 284030
 Fax: 01429 523908
www.hartlepool.gov.uk
 DX 60669 Hartlepool - 1



Authorisation of PGDs from (insert provider) commissioned to provide public health services by Hartlepool Borough Council

The following **Patient Group Direction** for: Insert Provider Name

Protocol No:

Valid From:

Expiry Date:

has been reviewed and accepted for use in **Hartlepool** by:

Title	Name	Signature	Date
<i>Clinical Director (TVPHSS)</i>			
<i>Director of Public Health</i>	Louise Wallace		

Appendix C



Hartlepool Borough Council
Public Health
Confidential Inquiries into
Substance Misuse Related Deaths

June 2014

Introduction

Public Health is responsible for commissioning effective services for reducing the harm that is caused by the use of illegal drugs and alcohol. As part of the process to support this, Public Health established a Review Group for inquiring into Substance Misuse Related Deaths and to co-ordinate and monitor the outcomes of confidential inquiries and ensure dissemination of learning as a result.

Confidential Inquiries into deaths related to Substance Misuse are implemented to enable the Review Group to identify ways of improving the services Public Health commission and the communication between those and other relevant services.

Inquiries are not intended to attribute blame to individuals or services and the information collected will not be available to any other disciplinary or legal inquiry.

Single Point of Contact (SPOC)

Hartlepool's Single Point of Contact (SPOC) is the Service Delivery Manager (Drugs and Alcohol) whose responsibility it is to approach various agencies involved with the treatment of the individual(s) concerned, in order to gather information to support each individual inquiry.

Each agency will be required to appoint a Confidential Inquiry Lead, their role being to collect and report relevant information to the SPOC, within 5 working days; this will allow the SPOC to collate all information for presentation to the Review Group. Any findings or learning from the Inquiry will be fed back to the Confidential Inquiry Leads for dissemination throughout their relevant organisations.

Review Group

The Review Group consists of the SPOC (who also acts as Chair), Commissioning and Clinical Quality Manager and the Police Lead for substance misuse. The responsibilities of the Group are:

- To conduct confidential inquiries and monitor their effectiveness.
- Identify lessons to be learnt.
- Make recommendations for improvement and disseminate learning.
- Monitor progress of Action Plans for remedial action.

Any immediate operational issues, that can be addressed, will form part of an outcome based action plan which will be distributed to the agencies involved. When an action plan is implemented, the Review Group will meet on a monthly basis to conduct regular reviews of progress until such time as all actions are implemented.

Operating Principles

Inquiries will adhere to the following principles:

Deaths to be investigated will be those covered by the definition of a Substance

Misuse Related Death used by the Office of National Statistics (ONS, 2003):

“where the underlying cause is poisoning, drug abuse, or drug dependence and where any of the substances are controlled under the Misuse of Drugs Act (1971).”

The collection, storage and analysis of information and subsequent reports will not enable the identification of either the deceased person or those who have contributed to the inquiry.

The investigation, analysis and information and any reports will be limited to actions required to fulfill the aims of the Inquiry system as set out above.

The Inquiry will determine the lead up, history and immediate and underlying causes of the death.

Lessons to be learnt will be disseminated to partner agencies and provider organisations and will inform the commissioning of services when appropriate.

The effectiveness of the Inquiry System in encouraging improvements in service will be monitored by the Review Group.

The Process

Supervision by Review Group

Each inquiry will be supervised by the Review Group, which will also consider the information that is collected and collated by the SPOC and authorise a report on the case. The report will be provided to the Substance Misuse Strategy Group (SMSG) and participating agencies.

Scope

Where the definition of a Substance Misuse related death applies, the Review Group will conduct confidential inquiries in relation to all substance misuse related deaths of individuals aged 18 and over whose last known address was in Hartlepool. This will include, but not be restricted to deaths in the community, in hospital, in prison and in police custody.

Notification

Confidential Inquiry Leads who become aware of a death or incident which may be substance Misuse Related will inform the SPOC of the name, address and date of birth of the individual. The SPOC will confirm the death with the Police and implement the Confidential Inquiry process.

Data Collection and Analysis

When a notification has been received the SPOC will telephone the Confidential Inquiry Lead in each participating agency and inform them of the name, address and Date of Birth of the person concerned and of the Case Number allocated to the case. Leads in each agency will keep the link between the case number and the personal details of the person(s) concerned confidential to themselves alone. Details of the individual(s) or any information regarding the Confidential Inquiry **must not** be stored

on **any** electronic device.

Leads will check whether the person(s) concerned are or were known to their organisation and inform the SPOC by telephone on 01429 852835. (*Not in writing- neither paper or email*).

The SPOC will then send out a questionnaire (*Appendix A*) to the Leads for completion in relation to the incident and any historical information. The questionnaire must not bear any details of the person(s) concerned apart from the Case Number previously given by the SPOC.

The Confidential Inquiry leads will collect information from case records and personal interviews with relevant people as is appropriate to ensure that the Review Group has a clear picture of the Individual(s) contact and relationships with organisations leading up to the incident. Leads will ensure that **no** person is identifiable from the information provided on the questionnaire. Leads will not keep a copy of the questionnaire and will securely destroy any paper notes made during the collection of information. Notes will not be kept on **any** electronic device. Email will not be used in any way to assist in organising the process. If relevant information about the incident/death is stored by the agency on email or other electronic form, it must be requested by telephone or face to face meeting and read at source or printed, not transmitted electronically to the agency's Lead.

The completed questionnaire must be returned to the SPOC at the Whitby Street Community Drug Centre, **by hand and in paper format**, within 5 working Days.

The completed questionnaires will be considered by the SPOC and any further information will be requested as required. A draft report will then be produced from all information received and presented to the Review Group by the SPOC.

The Review Group will consider the report and ensure that clear recommendations are made to improve services or communication between agencies where this is appropriate. The Review Group will authorise dissemination of the report and any recommendations identified in an action plan to the Director of Public Health (DPH), SMSG and any relevant agencies involved.

Once the report has been agreed between the Review Group, DPH and SMSG all questionnaires and any supporting paperwork will be securely destroyed. Any written link between the Case Number and the details of the deceased or other individuals involved will also be destroyed.

The SPOC will produce an Annual Report, summarising the information and recommendations/actions taken from the reports on each confidential inquiry during that financial year. This report will be submitted to the DPH, SMSG and Tees Valley Clinical Quality Advisory Forum at the end of each financial year.

Dissemination of Learning

The SPOC will ensure that recommendations and action plans are disseminated to relevant organisations and will also present a plan for ensuring that recommendations and proposed actions are implemented and lessons learnt

embedded within those agencies concerned.
Appendix A

STRICTLY CONFIDENTIAL	
HARTLEPOOL	
CONFIDENTIAL INQUIRY INTO SUBSTANCE MISUSE RELATED DEATHS	
INQUIRY PROFORMA	
<p>Confidential Inquiries into deaths related to the use of drugs are carried out to enable the Hartlepool Substance Misuse Related Death Review Group identify ways to improve Drug and Alcohol Services that are commissioned by Public Health and the effective communication between them.</p> <p>It is not intended to attribute blame to individuals or services and the information collected during Confidential Inquiries will not be available to any other disciplinary or legal inquiry.</p>	
<p>Please attempt to complete the sections of this form that apply to your services contact with the deceased and return to the SPOC at Whitby Street Community Drug Centre within 5 days of receiving it. Please tick where a box is provided.</p>	
A. DEMOGRAPHIC AND DEATH CERTIFICATE INFORMATION.	
1. Unique identifier:	
2. Sex Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>	
3. Date of birth (dd/mm/yy):	
4. Date of death (dd/mm/yy):	
5. Age (years):	
6. Ethnic group	
White	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Black	<input type="checkbox"/>
Black, African	<input type="checkbox"/>
Black, Caribbean	<input type="checkbox"/>

Black, Mixed	<input type="checkbox"/>
Black, Other	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Other, specify	<input type="checkbox"/>
Not known	<input type="checkbox"/>
7. Death certification (as stated on death certificate)	
Place of death	
Cause of death I (a)	
Cause of death I (b)	
Cause of death I (c)	
Cause of death II	
8. Coroners verdict	
No inquest (inquiry prior to inquest)	<input type="checkbox"/>
Inquest awaited	<input type="checkbox"/>
Verdict (verbatim)	
9. Occupation	
Occupation:	
10. Please outline the person's circumstances of death as you understand them.	

B. SOCIAL CIRCUMSTANCES OF PERSON	
11. What was the person's marital status?	
Single	<input type="checkbox"/>
Married/Civil Partner	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Separated	<input type="checkbox"/>
Widowed	<input type="checkbox"/>
12. Was the person living:	
Alone	<input type="checkbox"/>
With spouse/partner	<input type="checkbox"/>
With their children	<input type="checkbox"/>
With friends	<input type="checkbox"/>
With two natural parents	<input type="checkbox"/>
With one natural and one step-parent	<input type="checkbox"/>
With a lone parent - mother	<input type="checkbox"/>
With a lone parent - father	<input type="checkbox"/>
With grandparents	<input type="checkbox"/>
With other relatives (not parents or grandparents)	<input type="checkbox"/>
With foster carers	<input type="checkbox"/>
With adoptive parents	<input type="checkbox"/>
13. Was the person living:	
In a dwelling place (house or flat)	<input type="checkbox"/>
In bed and breakfast accommodation	<input type="checkbox"/>
In a hostel	<input type="checkbox"/>
In supported accommodation, specify	<input type="checkbox"/>
In a residential children's home	<input type="checkbox"/>
In a secure unit (young people)	<input type="checkbox"/>
Homeless	<input type="checkbox"/>
Other, specify	<input type="checkbox"/>
Not known	<input type="checkbox"/>
14. Was the person a member of a traveller community?	
Yes	<input type="checkbox"/>

No	<input type="checkbox"/>
Not known	<input type="checkbox"/>
15. Was the person an asylum seeker?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not known	<input type="checkbox"/>
16. Was the person:	
At school	
At college/university	
If no longer in education, at what age was full time education completed?	
C. CONTACT WITH THE CRIMINAL JUSTICE SYSTEM	
17. Had the person been convicted of any drug related offences?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
If yes, please research and append details of the conviction and the offence(s) leading to the conviction (including type of drug and any arrest referral)	
18. Had the person been arrested <u>in possession</u> of controlled drugs in the last 12 Months where they were NOT cautioned or convicted?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
If yes, please provide the following information:	
Date of arrest	
Type of drug	
Possession only of	

Possession with intent to supply of	
Being concerned in the supply of	
19. Were they referred under the Drug Arrest referral scheme?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Reason for no caution/conviction:	
(continue on separate sheet if further arrests)	
20. Had the person ever been to prison?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not known	<input type="checkbox"/>
21. When (date) was the person most recently discharged from prison?	
Name of prison	
Date of release	
In prison after conviction <input type="checkbox"/>	
For offences of:	
In prison on remand <input type="checkbox"/>	
For offences of:	
In prison for drug related offences <input type="checkbox"/>	
For offences of:	
22. Was the person on probation?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not known	<input type="checkbox"/>
If yes, please specify	

23. Was the person a current CJIT client?	
Yes, please specify since when	<input type="checkbox"/>
When was the last contact with a CJIT worker (dd/mm/yyyy):	
No	<input type="checkbox"/>
Not known	<input type="checkbox"/>
24. If not a CJIT client, has the person ever been a CJIT client?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not Known	<input type="checkbox"/>
If yes, please provide last known date of engagement with a CJIT worker (dd/mm/yyyy)	
25. Was the person a YOS client?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not known	<input type="checkbox"/>
If yes, please specify date last seen and worker	
26. Was the person a PPO/HCC?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not known	<input type="checkbox"/>
If yes, please specify which and since when	
D. SUBSTANCE MISUSE HISTORY	
27. Was the person known to substance misuse treatment services?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not known	<input type="checkbox"/>
Other drug agencies	<input type="checkbox"/>
Please specify all treatment agencies by name	
If yes, for how long and when was the client last seen?	

28. Was the person known to be currently using:	
Morphine	<input type="checkbox"/>
Heroin	<input type="checkbox"/>
Other opiates	<input type="checkbox"/>
Cocaine (excluding crack)	<input type="checkbox"/>
Crack	<input type="checkbox"/>
Barbiturates	<input type="checkbox"/>
Major tranquilisers	<input type="checkbox"/>
Anti-depressants	<input type="checkbox"/>
Benzodiazepines	<input type="checkbox"/>
Amphetamines (excluding ecstasy)	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>
Cannabis	<input type="checkbox"/>
Solvents	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>
Not known	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>
30. Was the person receiving prescribed drug treatment for substance misuse?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not known	<input type="checkbox"/>
If yes, please specify:	
Prescribed drug	
Dose	
Frequency of dispensing e.g. daily, weekly	
Administration e.g. self, supervised by pharmacist	
If Naltrexone, please provide the following information:	
Pharmacy	
Details	

Mobile scheme	<input type="checkbox"/>
Details	
E. MENTAL HEALTH	
30. Was the person in contact with mental health services?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not known	<input type="checkbox"/>
If yes, for how long and when was the client last seen?	
31. Did the person have a history of:	
Attempted suicide	<input type="checkbox"/>
Self harm	<input type="checkbox"/>
Admission as an inpatient to a mental health unit	<input type="checkbox"/>
Psychotic illness	<input type="checkbox"/>
Depressive illness	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>
F. OTHER MEDICAL HISTORY	
32. Did the person have a previous history of any of the following medical conditions:	
Hepatitis B	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>
HIV	<input type="checkbox"/>
Injection site infections	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>
None documented	<input type="checkbox"/>

33. Had the person been vaccinated against:	
Hepatitis B	<input type="checkbox"/>
34. Did the person have development delay, impairment or disability?	
Learning disability, please specify	<input type="checkbox"/>
Motor impairment, please specify	<input type="checkbox"/>
Speech, language and communication disorder, please specify	<input type="checkbox"/>
Visual impairment, please specify	<input type="checkbox"/>
Hearing impairment, please specify	<input type="checkbox"/>
Associated problem e.g. behaviour, please specify	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>
None documented	<input type="checkbox"/>
35. what medication was the person regularly prescribed prior to death (not including through substance misuse treatment programmes)?	
Antibiotics	<input type="checkbox"/>
Insulin	<input type="checkbox"/>
Asthma prevention/treatment, please specify	<input type="checkbox"/>
Corticosteroids, please specify	<input type="checkbox"/>
Anti-depressants, please specify	<input type="checkbox"/>
Major tranquillisers, please specify	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>
None documented	<input type="checkbox"/>

36. Was the person seen by a primary care practitioner (<u>not including</u> for substance misuse treatment) within the three months prior to his/her death?		
Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	
Not applicable	<input type="checkbox"/>	
Not known	<input type="checkbox"/>	
37. Had the person been discharged from hospital (<u>not including</u> for substance misuse treatment) within the three months prior to his/her death?		
Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	
Not applicable	<input type="checkbox"/>	
Not known	<input type="checkbox"/>	
38. Had the person been discharged from a rehabilitation unit within the three months prior to his/her death?		
Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	
Not applicable	<input type="checkbox"/>	
Not known	<input type="checkbox"/>	
G. ALL OTHER AGENCY CONTACTS		
40. Please list all other agencies that you know the deceased to have had contact with over the past 12 months		
Agency	Number of contacts (if known)	Most recent contact (if known)

H. MODE OF DEATH	
41. What was the mode of death?	
Found dead	<input type="checkbox"/>
Death during attempted resuscitation	<input type="checkbox"/>
Dead on arrival at hospital	<input type="checkbox"/>
Death following active withdrawal of treatment	<input type="checkbox"/>
Brain stem death	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>
42. Where is the person believed to have died?	
<i>Community</i>	
Place of normal residence	<input type="checkbox"/>
Other domestic dwelling, please specify	<input type="checkbox"/>
Transit, please specify	<input type="checkbox"/>
Public, please specify	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>
Not known	<input type="checkbox"/>
<i>Hospital</i>	
A&E	<input type="checkbox"/>
ICU	<input type="checkbox"/>
Adult ward, acute hospital	<input type="checkbox"/>
Mental health in-patient unit	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>
Not known	<input type="checkbox"/>
If died in hospital, how long was the person in hospital before death (days if more than one day, otherwise hours)?	

43. Toxicology, were samples sent?	
Yes, please specify what	<input type="checkbox"/>
No	<input type="checkbox"/>
Not known	<input type="checkbox"/>
44. Toxicology results	
Results available, copy attached	<input type="checkbox"/>
Results available, insert verbatim and state source	<input type="checkbox"/>
Results awaited	<input type="checkbox"/>
I. CIRCUMSTANCES OF DEATH	
45. Apparent overdose, were others present?	
Yes, please specify who	<input type="checkbox"/>
If yes, is/are the person/s prepared to talk to a representative from an agency? (suggest this is anonymised but unsure as to whether or not this is appropriate to ask. Need to find a way to communicate with the persons' friends/acquaintances)	<input type="checkbox"/>
No	<input type="checkbox"/>
Not known	<input type="checkbox"/>
46. Apparent overdose, were drugs/paraphernalia at scene?	
Yes, please specify what and by whom	
No	<input type="checkbox"/>
Not known	<input type="checkbox"/>
47. Apparent overdose, was CPR or other resuscitation attempted?	
Yes, please specify what and by who	<input type="checkbox"/>

No	<input type="checkbox"/>
Not known	<input type="checkbox"/>
48. Apparent overdose, was an ambulance called?	
Yes, please specify by whom	<input type="checkbox"/>
No	<input type="checkbox"/>
Not known	<input type="checkbox"/>
49. Apparent overdose, were Police called?	
Yes, please specify by whom	<input type="checkbox"/>
No	<input type="checkbox"/>
Not known	<input type="checkbox"/>
50. RTA	
Driver car/van/motorcycle	
Pedestrian	
Vehicle or pillion passenger	
Not known	
Other, please specify	
51. Apparent homicide	
Strangulation, asphyxiation or drowning	<input type="checkbox"/>
Shooting	<input type="checkbox"/>
Sharp instrument	<input type="checkbox"/>
Hitting or kicking	<input type="checkbox"/>
Blunt instrument	<input type="checkbox"/>
Fire	<input type="checkbox"/>
Poisoning, please specify type	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>
Not known	<input type="checkbox"/>

52. Apparent suicide	
Method (if more than one, please state direct cause)	<input type="checkbox"/>
Self poisoning household products, please specify	<input type="checkbox"/>
Prescription medicines, please specify	<input type="checkbox"/>
Carbon monoxide poisoning	<input type="checkbox"/>
Suffocation	<input type="checkbox"/>
Hanging/strangulation	<input type="checkbox"/>
Burning	<input type="checkbox"/>
Drowning	<input type="checkbox"/>
Electrocution	<input type="checkbox"/>
Firearms	<input type="checkbox"/>
Cutting or stabbing	<input type="checkbox"/>
Jumping from a height	<input type="checkbox"/>
Jumping/lying before a train	<input type="checkbox"/>
Jumping/lying before a road vehicle	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>
J. Chronology of Contact	
Continue over	

Continued:

K. PROCESSING OF DEATH	
53. Who originally completed the certification for cause of death?	
Doctor	<input type="checkbox"/>
Coroner	<input type="checkbox"/>
Uncertified	<input type="checkbox"/>
54. What further investigations were undertaken by the Coroner?	
None	<input type="checkbox"/>
Inquest with post-mortem	<input type="checkbox"/>
Post-mortem only	<input type="checkbox"/>
Inquest without post-mortem	<input type="checkbox"/>
55. Was a pathologists' post-mortem carried out i.e. not mandated by the Coroner?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not known	<input type="checkbox"/>
56. Who gave final certification of cause of death?	
Doctor	<input type="checkbox"/>
Coroner	<input type="checkbox"/>
Uncertified	<input type="checkbox"/>
57. Is a police investigation in progress?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not known	<input type="checkbox"/>
L. DOCUMENTS REVIEWED	
Death Certificate	<input type="checkbox"/>
Substance misuse team records	<input type="checkbox"/>
Hospital records	<input type="checkbox"/>
Social Services records	<input type="checkbox"/>
Post Mortem Report	<input type="checkbox"/>
General Practitioner records	<input type="checkbox"/>
Police records	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>

Name of Organisation	
Name of Individual	
Signature	
Date	

Appendix D



Hartlepool Borough Council Public Health Serious Incident Policy

June 2014

Review Date: June 2016

Introduction

Serious incidents in public health services requiring investigation are rare, but when they do occur everyone must make sure that there are systematic measures in place to respond to them. These measures must protect patients and ensure that robust investigations are carried out, which result in organisations learning from such incidents to minimise the risk of the incident happening again. When an incident occurs it must be reported to all relevant bodies.

Local authorities, as commissioners of health and health improvement services, are committed to promoting patient safety and seek assurance that all services which may be commissioned or directly provided meet national standards and this is managed through the local contracting process. Compliance with serious incident reporting is a standard clause in all contracts and agreements as part of a quality schedule.

This policy has been developed based on guidance provided by NHS England¹ and the National Patient Safety Agency (NPSA)². The policy is relevant to all public health services commissioned by and provided for local authorities. The principles set out in this policy are relevant to all organisations in the healthcare system. Each organisation should ensure that its serious incident policies are consistent with this guidance while being relevant to its own circumstances.

Purpose

The purpose of this policy is to define a serious incident and to describe the processes for reporting and management of a serious incident with the local authority. This policy also describes the role of the local authority when a serious incident occurs across a number of organisations.

The policy aims to ensure that the local authority as commissioner complies with current legislation as well as national guidance and NPSA requirements in particular with regard to reporting, notifying and investigating of serious incidents.

All locally commissioned public health care providers, including private and independent sector providers, need to comply with the reporting requirements specified in this policy.

Definition – What is a serious incident?

Serious incidents requiring investigation are defined in the National Framework for Reporting and Learning from Serious Incidents Requiring Investigation² as:

- Unexpected or avoidable death or severe harm of one or more patients, staff or members of the public

- A never event as defined by the Department of Health– all never events are defined as serious incidents although not all never events necessarily result in severe harm or death³
- A scenario that prevents or threatens to prevent an organisation's ability to continue to deliver healthcare services, including data loss, property damage or incidents in population programmes like screening and immunisation where harm potentially may extend to a large population
- Allegations, or incidents of physical abuse and sexual assault or abuse
- Loss of confidence in the service, adverse media coverage or public concern about healthcare or an organisation

Responsibilities, Duties and Accountability

The principal accountability of all providers and commissioners is to patients, their families and carers. Therefore the first consideration following an incident should be that the patient is cared for, their health and welfare secured and further risk mitigated. Patients should receive an appropriate apology from the service provider must be fully informed about any concerns and involved in the response to a serious incident. When a patient has died or suffered serious harm, their families must be cared for and similarly involved. "Appropriate apology" means a sincere expression of sorrow or regret, given in writing, for the harm that has resulted from a patient safety incident;

Providers are accountable via contracts to the local authority. The key organisational accountability for serious incident management is from the provider in which the incident took place to the commissioner of the care (Local Authority). Where a provider has multiple commissioners, an appropriate lead commissioner for managing the serious incident must be identified. (Appendix F) Where more than one provider is involved, the relevant commissioners should take a decision with those providers on who will act as the lead provider. Where serious incidents originate in or involve actions of local commissioners (Local Authority), they are accountable for their response to the serious incident.

Most healthcare providers are registered with the Care Quality Commission (CQC) and licensed by Monitor. These regulators are using incident reports to monitor the compliance of healthcare providers with standards of quality, safety and their licensing terms. CQC registered organisations are required to notify the CQC about serious incidents as defined in the CQCs guidance⁴. Most of these requirements are met by reporting via the National Reporting and Learning System (NRLS). Independent sector providers must report serious incidents directly to the CQC. If the provider is not CQC registered it shall notify serious incidents to any regulatory body as applicable and in accordance with the law.

Organisation	Responsibilities
All provider organisations	All provider organisations are responsible for responding, reporting, investigating, and implementing actions following a serious incident. Their organisation's serious incident policies should reflect these arrangements.
Local authority as the commissioner	Holding to account the provider organisations for their responses to serious incidents and where appropriate, commissioning and coordinating of serious incident investigations.
LA chief executive	As accountable officer the Chief Executive has responsibility for ensuring effective management of serious incidents and delegates the responsibility for the management of serious incidents related to public health to the Director of Public Health
LA Director of Public Health	Has responsibility for ensuring that the necessary management systems are in place to enable the effective management of serious incidents and reporting to the local authority. Delegates the management and reporting of serious incidents to the public health quality lead.
LA public health quality lead	Has the responsibility for ensuring that serious incidents are reported, recorded and managed effectively. Cooperates with the contract manager.
LA/ TVPHSS Public health contract manager	The investigation and management of any incident by the provider shall be monitored at contract review meetings and form part of the provider Service Quality Performance Report
LA public health serious incident management team	The SIMT will be convened if direct involvement of the local authority is deemed necessary and is responsible to oversee and coordinate the investigation and management of serious incidents
Clinical advisor TVPHSS	Has responsibility for advising and supporting where appropriate the local authority in investigating serious incidents
Public Health Clinical Quality Advisory Forum, TVPHSS	The clinical quality advisory forum at TVPHSS monitors serious incident responses. The clinical quality advisory forum reports to the Tees Valley Public Health Shared Service Board
CQRC CCG	Information of serious incidents to CQRC via DPH
QSG primary care NHS England and DDT AT	Quarterly reporting of serious incidents through chair of the Public Health Clinical Quality Advisory Forum

Clinical Governance Principles

Clinical governance is a systematic approach to maintaining and improving the quality of patient care within a health system. The following principles guide the investigation of serious incidents.

- Investigations are undertaken in an open and transparent manner and all serious incidents are disclosed to those affected in a timely manner, appropriately reported and investigated and findings being shared with those involved.⁵

- Contributions from patients and front line staff remain central to improving standards of care.
- Provider and commissioning organisations have a designated quality lead who is leading on and responsible for patient safety and the investigation (and closure) of serious incidents.
- Relevant structures and processes are in place to consider and monitor serious incident investigations as well as ensuring learning and continuous improvement of patient safety.
- Patients, their family and carers are informed about the incident, who will be involved in the investigation before it takes place and are given the opportunity to raise any objections.
- The investigation of serious incidents uses a systematic approach such as Root Cause Analysis (RCA) that identifies the sequence of events, working back from the incidents. A RCA looks beyond the individuals concerned and seeks to understand the underlying causes and environmental context in which the incident happened.
- Senior leadership of each organisation receives summary information including number of serious incident files open beyond deadlines as well as regular briefings on significant issues, trends and other analysis on serious incidents.
- Organisations have robust processes to monitor the implementation of actions plans including the effectiveness of changes and to ensure that investigations are undertaken in a timely manner.
- Learning is shared at local, regional and national level as appropriate.
- Staff related issues relating to the serious incident are managed in an 'open and just culture'.
- Local safeguarding adult and children's boards are notified of incidents where relevant and consulted on the management of serious case reviews.
- Serious incidents are reported to the appropriate regulatory body and other relevant agencies.
- Patients should be asked for consent prior to disclosing information beyond the clinical team. Where this is not practical, or an individual refuses to consent to the disclosure it may still be lawful if justified in the public interest, or where those investigating the incident have statutory powers for obtaining information.⁵
- Reporting of serious incidents must comply with Caldicott, data protection and information governance requirements and should not share identifiable information and restrict access to patient information by strict need-to-know principles. Communications with parties outside of the clinical team should be on a strictly need-to-know basis and if practicable records should be anonymous.
- Robust communication between safeguarding boards, commissioners (quality surveillance groups), regulators and providers is established.

- Staff in all organisations must be aware of relevant guidance and trained to identify, report and investigate incidents using robust methods.

Additional guidance for personal data related serious incidents (Information Governance Serious Incidents Requiring Investigation (IG SIRI))

The Health and Social Care Information Centre (HSCIC) supported by the Department of Health provides additional guidance for the reporting, managing and investigating Information Governance Serious Incidents Requiring Investigation (IG SIRI) which occur in health, public health and adult social care services.⁶ IG SIRIs are described best as any incident involving actual or potential failure to meet the requirement of the Data Protection Act 1998 and/or the Common Law of Confidentiality, including

- Unlawful disclosure or misuse of confidential data,
- Recording or sharing of inaccurate data ,
- Information security breaches,
- Inappropriate invasion of people's privacy,
- Personal data breaches which could lead to identify fraud or have other significant impact on individuals.

In addition to the above principles of investigation of serious incidents the investigation of IG SIRI should follow the national requirements, in particular through using the specific IG categorisation of incidents guidance and IG incident reporting tool.

Additional guidance for serious incidents involving controlled drugs

In accordance with the Controlled Drug Regulation's⁷ all incidents or concerns involving the safe use and management of Controlled Drugs must also be reported to the organisation's Controlled Drug Accountable Officer (CDAO). If the provider does not have their own CDAO then the incident should be reported to the Controlled Drug Accountable Officer at the Local Area Team of NHS England. Contact details of these can be found on the Care Quality Commission website.

Information for education and training organisations

Should an incident involve a student or trainee, the relevant academic institution must be notified by the provider/local authority as appropriate. Where a serious incident concerns medical training or medical trainees appropriate communication with Health Education North East must take place.

Incident response

The local authority is responsible to ensure that serious incidents are reported and investigated appropriately by all providers as outlined in Appendix A.

Independent and private health care providers are subject to contractual obligations for reporting serious incidents. The local authority ensures that appropriate reporting arrangements for serious incidents are in place.

NHS organisations providing local authority commissioned services are contractually bound to report and investigate serious incidents appropriately.

This guidance must not interfere with existing lines of accountability and does not replace the duty to inform the police, HSE, CQC and /or other organisations or agencies where appropriate.

Serious incidents which are also classified as safeguarding incidents should be reported to the local safeguarding boards and investigated in conjunction with the local safeguarding lead.

Local authorities will follow agreed procedures for the reporting and management of serious incidents as outlined in appendices A and B and decide whether or not to convene a serious incident management team.

A serious incident management team (SIMT) will be convened if the direct involvement of the local authority is deemed necessary and is responsible to oversee and coordinate the investigation. The membership of a SIMT will usually include the Director of Public Health (chair), lead commissioner, contract manager, communication lead and provider lead. Other members may be co-opted as required i.e. Patient Safety Lead, Director of Nursing, TVPHSS clinical advisors, Medical Director of NHS England or CCG or expert advisors.

Local authority commissioners lead on the closure of serious incident reports as outlined in Appendix H.

Communication and learning

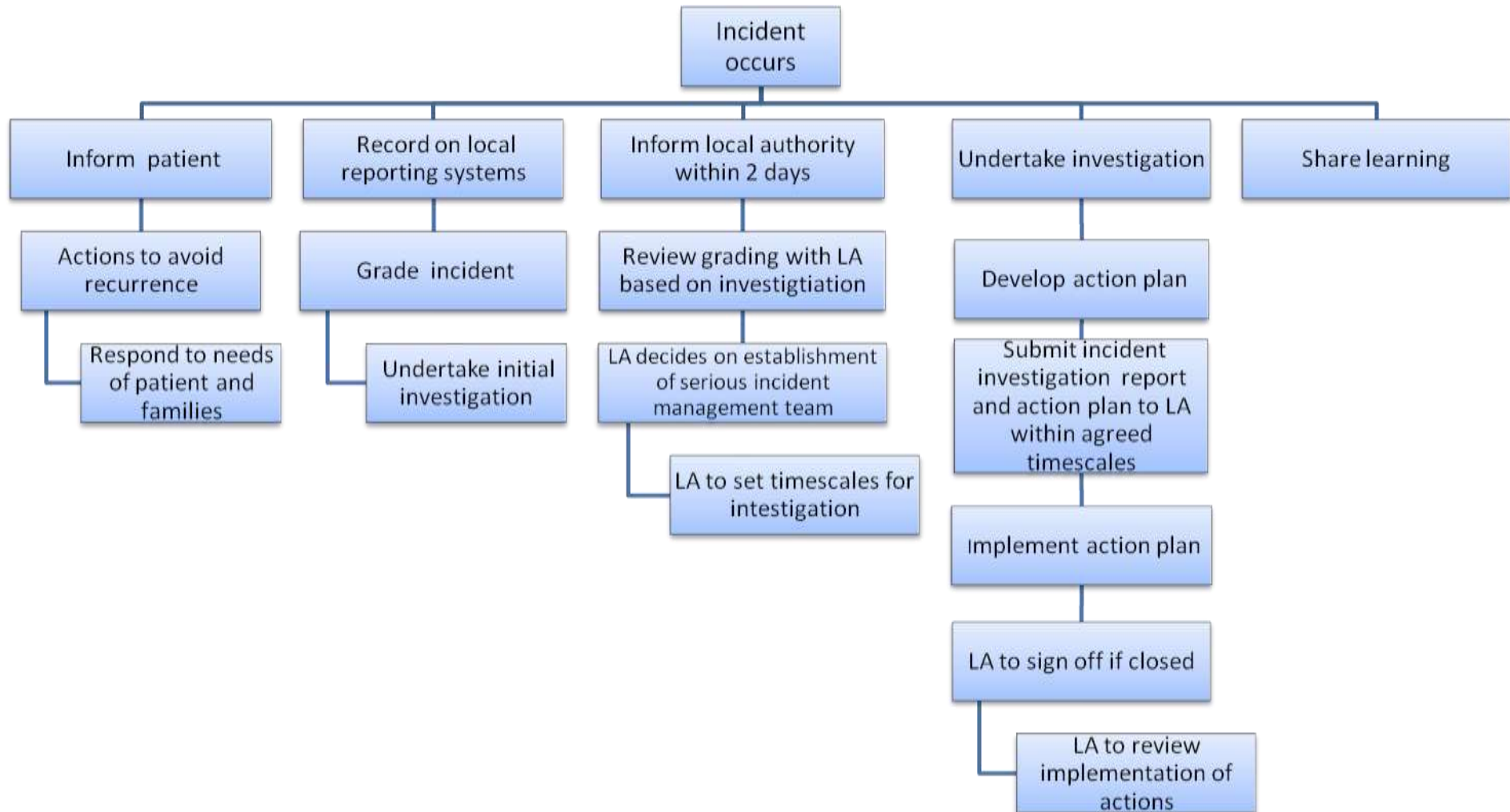
Serious incidents can trigger media coverage and increased public scrutiny. Local authority commissioners will manage public interest through a communication plan, in cooperation with the local authority and provider organisation's communication teams.

Local authorities and providers will ensure that staff, public and media are informed appropriately while maintaining confidentiality and data protection. In forensic or criminal cases, all communication is led by the police.

Local authorities will brief and inform local partner organisations in a timely manner.

All organisations involved in the reporting, investigation and management of serious incidents have a responsibility for the dissemination of learning to the professional regulator as well as professional networks and bodies and to the Tees Valley Public Health Advisory Group.

Appendix A. Overview of incident response



A. Incident response providers and commissioners

Providers

Immediate actions

- The risk of recurrence should be considered and mitigated immediately.
- Provider organisations are required to re-establish a safe environment, and to respond to the needs of the patients and families e.g. through providing any urgent care that may reduce the harmful impact of the incident.
- Patients and their family or carers must be informed that an incident has occurred and which actions are being taken to address the situation. A named contact from the provider should be given to the family.
- Provider organisation should apologise to the patient and provide a sincere expression of sorrow or regret in writing.
- All relevant equipment or medication should be quarantined, labelled and isolated as appropriate. To maintain product liability no piece of equipment should be returned to the manufacture for repair or examination until the provider has carried out all necessary tests on the equipment as suggested by the MHRA. Measurements, drawings and photographs of the place of the incident should be taken if necessary, appropriate and practical.
- The incident should be recorded in detail in the patient's clinical records and relevant documentation copied and secured to preserve evidence and facilitate investigation.
- The incident should be reported to a designated director as well as other relevant senior members as soon as possible. The incident should be reported to the NRLS or regulator and if indicated to the local safeguarding board. The organisations communication team should be notified.
- Staff involved in incidents should be treated with consideration and supported.

Reporting

- A senior member of staff should be designated for reporting and follow up of incidents within given timescales and also ensure internal information to staff.
- A serious incident should be recorded on a local risk management system and reported within two working days of the incident being identified as a serious incident to relevant external bodies, including the local authority.
- The reporting of an incident outside of the clinical team should contain no personal details or person identifiable information. Information should be shared on a strict need-to-know basis.
- The contract manager/ lead commissioner should be notified by telephone within one working day of a serious incident being identified. In the absence of the contract manager, the Director of Public Health should be informed. Further to initial reporting, the local authority should receive additional information within three days as well as initial investigation outcomes as soon as they become available.

- NHS providers should report using STEIS.
- All serious incidents must be reported to the NRLS without delay.
- All incidents involving controlled drugs must be reported to the relevant controlled Drug Accountable Officer
- NHS trusts should directly inform the NTDA of Grade 2 serious incidents.
- Foundation trusts should inform Monitor.
- Independent and private sector healthcare providers, adult social care providers and primary medical services providers are responsible for reporting serious incidents directly to the CQC.
- When reporting serious incidents, providers must comply with locally agreed and documented Caldicott data protection and information governance requirements.^{viii}
- Never events should be reported in accordance with the Never Events Framework.^{ix}

Grading

Incidents should be graded according to guidance specified in Appendix E at the time of initial reporting. Initial incident grading should err on the side of caution and result in categorising and treating an incident as a serious incident if there is any possibility that it could be a serious incident.

- Providers should discuss the grading with the commissioner early on
- Grade 0 – notification only until confirmed as a serious incident
- Grade 1 – to be investigated within 45 working days
- Grade 2 – to be investigated within 60 working days (selected Grade 2 incidents have an extended reporting deadline of six months)

Communication

Providers and commissioners should have a structured communication plan ensuring that

- Openness and transparency is the key principle of the investigation whilst maintaining patient confidentiality and data protection.^x
- Staff and partner organisation are informed about serious incidents.
- Clear arrangements for sign off processes and spokes people if necessary.
- Communications leads in other organisations are informed in a timely and efficient manner.
- Public and media are well informed. In forensic/ criminal police will lead on communication.
- Freedom of Information act requests relating to serious incidents should be treated following the local authorities FOI policies.
- Brief and involve relevant sector of national stakeholders if appropriate.

Learning

Providers and commissioners have a responsibility for the dissemination of learning to appropriate staff, groups and organisations.

Commissioners

Immediate actions

- Relevant internal staff should be notified of any serious incident and appropriate clinical advice and expertise sought.
- In the case of a safeguarding incident, the officer should liaise with the local authority's adult or children safeguarding lead to ensure that local safeguarding procedures are followed.
- Where a serious incident involves more than one commissioner, responsible officers should liaise to ensure that all relevant parties are identified, a lead commissioner identified and timescales agreed.

Reporting

Commissioners should ensure that

- Providers have robust reporting arrangements, which comply with national guidance.
- Serious incidents are reported by the provider within two working days of the incident being identified by the organisation.
- Serious incidents are reported by the provider to appropriate bodies such as NRLS, STEIS, CQC, Police and HSE.
- Never events in the NHS are reported by the provider with the Never Events Framework.
- Safeguarding incidents are reported by the provider to local safeguarding boards.

Grading

Commissioners should ensure that

- Discussion on grading takes place within three working days.
- Provider is clear about defined timescales for completion of the investigation.
- The grading of the incident is accurate.
- A clear audit trail of all decisions on the grading of the incident is kept.

Investigation

Commissioners should monitor and ensure that

- Serious incidents are managed and investigated appropriately in a transparent manner.
- Investigations are robust and use recognised principles of investigation such as root cause analysis.
- Incidents are closed when satisfied with the investigation, recommendations and action plan and that the decision on closure is based on objective and measurable evidence.
- Action plans agreed have a clear trajectory with named responsible leads and also include review dates to measure effectiveness of implemented actions.
- Grade 2 listed incidents are monitored until the provider has given evidence that all action

points have been implemented.

- Independent investigators are appointed where necessary and receive full cooperation and support in undertaking an investigation.
- There is effective coordination of complex multi-agency investigations.

Communication and learning

Commissioners have joint responsibilities with providers as outlined on p. 9

B. Notification Template

Notification of serious incidents	
Date of report	
Reporting organisation	
Name	
Address	
Telephone	
email	
Reporting person in organisation	
Name	
Role	
Incident	
Date of incident	
Time of incident	
Location of incident	
Type of incident (please tick all that apply)	<input type="checkbox"/> Clinical incident <input type="checkbox"/> Information incident <input type="checkbox"/> Safeguarding incident
Grading of incident	
Media interest (yes/no)	
Has incident been reported elsewhere? (yes/no)	If yes please state where
Description of event (location, people involved)	

Immediate action taken

C. Reporting and Action Plan Template

Report of the investigation of a serious incident	
Introduction	
Investigation procedure	
Membership of investigation team	
Terms of reference of investigation team	
Background information	
Chronology of events	
Findings	
Root cause(s)	
Lessons learnt	
Conclusions	
Recommendation	

Action plan following the investigation of a serious incident	
Actions (addressing each root cause) identified	
Desired outcome	
Description of what needs to happen to achieve outcome	

Name and title of who is responsible for the action	
Specific time scales	

D. Serious incident grading

Grade	Action required	Example	Timeframe	Commissioner responsibility
0	Notification only if unclear if serious incident occurred If serious incident re-grade as grade 1 or 2	Delayed notification of test results and resulting treatment	Update commissioner with further information within 3 working days	Seek assurance and evidence that relevant policies and procedures are in place and implemented.
1	Root cause analysis (RCA) Comprehensive RCA for incidents involving moderate and severe harm or death.	Avoidable or unexplained death. Data loss and information security breach (Loss/theft of inadequately protected electronic equipment, devices or paper documents) Adult safeguarding incident.	Initial reporting within 2 working days, submission of completed investigation within 45 working days	Seek assurance and evidence that relevant policies and procedures are in place and implemented. Close incidents after receipt of evidence showing that local monitoring is in place
2	Comprehensive RCA	Inpatient suicides (including following absconson) Child protection incidents Accusation of physical misconduct or harm Data loss and information security breach (e.g. Insecure disposal of inadequately protected electronic equipment, devices or paper documents or unauthorised disclosure)	Initial reporting within 2 working days submission of completed investigation within 60 working days	Specific assistance with and contribution to the incident response and investigation. Close incident after receipt of evidence demonstrating that each action point has been implemented
	Independent RCA	Major system failure with multiple stakeholders	Initial reporting within 2 working days Complete investigation within 6 months	As for Grade 2 above but in addition, commissioning the independent investigation

E. Agreeing the appropriate commissioner for serious incident management purposes

In circumstances when one provider has multiple commissioners or a case involves multiple providers and commissioner the following principles apply.

- Where a provider has multiple commissioners, the investigation will be led by the commissioner who holds the contract under which the services have been provided. The serious incident report will be available to all commissioners.
- Where multiple providers are involved in a serious incident, commissioners need to agree a lead commissioner based on the involvement of respective providers
- Where a patient is treated without contractual arrangement, the commissioner will be responsible for oversight of all serious incidents pertaining to residents within its geographical area.

F. Further reporting requirements

<p>Non-NHS healthcare providers</p> <p>Non NHS healthcare providers can voluntarily report to the NRLS, but must report directly to the CQC</p>
<p>Caldicott, data protection and information governance</p> <p>Should it be necessary to identify an individual the provider must contact the local authority's data protection lead to discuss the incident.</p>
<p>Regulator (CQC, Monitor)</p> <p>Health care providers are required to notify the appropriate regulator about incidents that indicate risk to ongoing compliance the registration requirements</p> <p>For NHS trusts most requirements for the CQC are met by reporting to the NRLS. The NRLS will forward relevant information to the CQC. NHS foundation trust must report relevant serious incidents to Monitor.</p> <p>Independent sector providers or primary care providers need to report directly to the CQC</p>
<p>Public Health England (PHE)</p> <p>Incidents with a potential to affect the health of the population should be reported to Public Health England.</p> <ul style="list-style-type: none"> - Medicines and healthcare products regulatory agency Serious incidents involving medication or medical devices should be reported to the MHRA. - Health Care Associated Infection (HCAI) Incidents relating to HCAI should be reported to the local health protection unit of PHE - NHS protect Serious incidents resulting from physical or non physical assault to NHS staff should be reported to NHS protect
<p>Health and Safety Executive (HSE)</p> <p>The HSE should be informed of incidents involving harm to people's health and safety from work activities. Such incidents may need to be reported under RIDDOR.</p> <p>Incidents involving work related deaths should be managed in accordance with the HSE protocol on work related deaths</p>
<p>Police</p> <p>Police should be informed by the reporting organisation if there is evidence or suspicion of a criminal offence or gross negligence. In circumstances of unexpected death or serious harm police should be informed without delay.</p>
<p>Coroner</p> <p>Unexpected deaths and all deaths of detained patients must be immediately reported to the coroner by the treating clinician.</p>

G. Checklist for monitoring and closing of serious incidents

Local authority commissioners lead on the closure of serious incident reports. Prior to closing an incident, local authority commissioners should ensure that the following has been submitted.

- ☐ Investigation report that identified findings based on root causes and recommendations
- ☐ Action plan with action points addressing each root cause, with named lead and timescale for implementation.
- ☐ Grade 1 incidents - evidence that local monitoring arrangements are in place and working sufficiently.
- ☐ Grade 2 incidents – evidence demonstrating that each action point has been implemented, including quarterly reports summarising action plan implementation activity.
- ☐ A summary of lessons learned, including a list of partners or stakeholders with whom the learning has been shared.
- ☐ Assurance that relevant incidents have been referred to local safeguarding boards.
- ☐ Seek assurance, that the STEIS record has been completed if incident has occurred in NHS trust. Where external investigations conducted by other agencies are ongoing e.g. by safeguarding boards, police, HSE, coroners etc. serious incident cases can remain open for longer periods of time. Cases can be temporarily closed when all immediate actions in relation to health care have been completed.

H. Abbreviations and Glossary of Terms

CCG	Clinical Commissioning Group
CQC	Clinical Quality Commission
CQRG	Clinical Quality Reference Group
DDT AT	Durham, Darlington and Tees Area Team of NHS England
FOI	Freedom of information
HENE	Health Education North East
HSE	Health and Safety Executive
HSIC	Health and Social Care Information Centre
IG SIRI	Information Governance Serious Incident Requiring Investigation
LSB	Local safeguarding boards
NPSA	National Patient Safety Agency
NRLS	National Framework for Reporting and Learning from serious incidents
NTDA	NHS Trust Development Authority
Monitor	Sector regulator for health services in England
RCA	Root cause analysis
QSG	Quality Surveillance Group
SIMT	Serious Incident Management Team
STEIS	Strategic Executive Information System
TVPHSS	Tees Valley Public Health Shared Service

Adverse event	See incident
Incident	An event or circumstance which could have resulted, or did result, in unnecessary damage, loss or harm to patients, staff, visitors or members of the public
Caldicott principles	<p>The Six Caldicott Information principles are</p> <ol style="list-style-type: none"> 1. Justify the purpose(s) of using confidential information 2. Only use it when absolutely necessary 3. Use the minimum that is required 4. Access should be on a strict need-to-know basis 5. Everyone must understand his or her responsibilities 6. Understand and comply with the law
Clinical governance	A framework for continuously improving the quality of service and safeguarding high standards of care

Controlled drug	A group of medicines with a potential for abuse and therefore controlled by the Misuse of Drugs Act 1971. Many controlled drugs such as morphine and diamorphine are used in modern clinical care.
Independent healthcare	Private, voluntary and not-for-profit healthcare organisations that are not part of the NHS
Never event	Never events in the NHS are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented
Permanent Harm	Harm directly related to the incident and not to the natural course of the patient's illness or underlying conditions; defined as permanent lessening of bodily functions, including sensory, motor, physiological or intellectual.
Root cause analysis	A systematic process which identifies the contributing factors that led to an incident. The process looks beyond the individual case and seeks to understand the underlying causes and organisational in which the incident occurred.
Unexpected death	Where natural causes are not suspected; local organisations should investigate these to determine if the incident contributed to the unexpected death.
Working day	Days that exclude weekends and bank holidays

¹ Serious Incident Framework. NHS England. 2013

<http://www.england.nhs.uk/wp-content/uploads/2013/03/sif-guide.pdf>

² National Framework for Reporting and Learning from Serious Incidents Requiring Investigation. National Patient Safety Agency. 2010

<http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=68464&type=full&servicetype=Attachment>

³ Never events policy framework. Department of Health. 2012

<http://www.health/2012/10/never-events>

⁴ Essential Standards on quality and safety. Care Quality Commission. 2010

<http://www.cqc.org.uk/organisations-we-regulate/registered-services/guidance-meeting-standards>

⁵ Being open: communicating patient safety incidents with patients, their families and carers. NPSA 2010

<http://www.nrls.npsa.nhs.uk/alerts/?entryid45=65077>

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^{ix} Never Events Framework. Department of Health. 2012.

<http://www.dh.gov.uk/health/2012/10/never-events/>

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FINANCE AND POLICY COMMITTEE

30 JUNE 2014



Report of: Director of Public Health

Subject: The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 - Part 5 - Complaints About Public Health Functions of Local Authorities.

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non Key Decision

2. PURPOSE OF REPORT

- 2.1 To seek approval for the introduction of the attached Public Health Complaints, Compliments and Comments Procedure (the Procedure) as a requirement of the Local Authority under the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 ("the Complaint Regulations").

3. BACKGROUND

- 3.1 This report sets out the Council's duties in respect of public health complaints and the actions to be undertaken by the Complaints Manager (Director of Public Health) to ensure the Council is able to consider public health complaints effectively and in accordance with the Complaint Regulations.
- 3.2 The Complaint Regulations prescribe the manner in which the Council is required to deal with complaints about the exercise of our public health functions, any services provided on our behalf in relation to our public health functions and any other function for which the Director of Public Health has responsibility. These may include for example: smoking cessation services, interventions to tackle obesity; such as community lifestyle and weight management services, locally led nutrition initiatives, addiction services, public mental health services, public dental services and behavioural and lifestyle campaigns to prevent cancer, heart and lung disease and other long term conditions.

3.3 The Complaints Regulations require that:

3.3.1 The Council acknowledges a public health complaint within 3 working days after the day in which it was received and provide a response to the complainant within a maximum of 6 months.

3.3.2 The Council have a Complaints Manager in place to effectively manage the public health complaints procedure.

3.3.3 The Council prepare an annual report for each year which must:

- 3.3.3.1 Specify the number of complaints received.
- 3.3.3.2 Specify the number of complaints which the Council considered were well-founded.
- 3.3.3.3 Specify the number of complaints that were referred to the Local Government Ombudsman.
- 3.3.3.4 Summarise the subject matter of complaints that the Council has received.
- 3.3.3.5 Summarise any general matters of importance arising out of the complaints received.
- 3.3.3.6 Summarise any matters where action has been or is to be taken to improve services as a consequence of those complaints.

3.4 Depending on the nature of the complaint, the Council may investigate some complaints while others may be investigated by a service provider.

3.5 Where a complaint is investigated by a service provider, the service provider will agree the response and any proposed actions to resolve the matter with the Council prior to sending the response to the complainant.

3.6 The Chief Executive is responsible for ensuring compliance with complaint arrangements made under the Regulations and ensuring that necessary action is taken in the light of the outcome of a public health complaint.

3.7 Where the complainant remains dissatisfied they will have the right to refer the matter to the Local Government Ombudsman.

3.8 The updated Corporate Complaints, Compliments and Comments Procedure October 2013 stated that all complaints relating to public health functions will be reviewed by the Council's Director of public health and directed through the relevant process.

4. PROPOSALS

4.1 To introduce a Public Health Complaints, Compliments and Comments procedure which takes into consideration the specific requirements of the Complaint Regulations and sensitivity and often complex nature of Public Health Services which are not covered within the existing Corporate Complaints Procedure.

5. RISK IMPLICATIONS

- 5.1 Failing to have a public health complaints procedure in place would mean the Council is in breach of the Complaints Regulations.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are no financial implications.

7. RECOMMENDATIONS

- 7.1 It is requested that Members approve the implementation of the attached Public Health Complaints, Compliments and Comments Procedure (Appendix A) which will ensure the Council is compliant with the Complaints Regulations and also put in place a process for public health complaints which is aligned to the Corporate Complaints, Compliments and Comments Procedure October 2013.

8. BACKGROUND PAPERS

Note: The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 were considered in producing this report.

9. CONTACT OFFICERS

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Hartlepool Borough Council
Public Health
Complaints, Compliments and
Comments Procedure
June 2014

Review: June 2016

1.0 Introduction

1.1 The Public Health Department aims to provide high quality services that meet the needs of local people whilst being both efficient and effective. To ensure that we achieve this, we need to hear from our residents and service users to inform us when we are not quite delivering, when improvements could be made or when we are doing a good job.

1.2 Our aim is to put you first and provide you with the best possible service. To make this aim a reality, it is important that you are able to inform us what you think about the public health services that we are responsible for providing.

1.3 The Public Health Complaints, Compliments and Comments Procedure is one way that you can do this. You can tell us when we get things wrong so that we can put them right, you can also tell us when we get things right and make comments about the things we do and also suggest new ways for us to improve things.

1.4 If you wish to make a complaint we will take your concerns seriously, we will treat you fairly and with respect and you can be confident that you will not receive a poorer service as a result. If we uphold your complaint, you can expect an apology and for us to put things right quickly, what we ask in return is that you treat our staff with respect. In addition to resolving your complaint, we will use the information we gather on complaints to help us improve the services that we provide.

1.5 In order to deal with complaints, comments and compliments in a consistent manner across the Council we have a Corporate Complaints, Comments and Compliments Procedure in place. There are a number of areas however, that fall outside of the Corporate Complaints, Compliments and Comments procedure as they already have specific arrangements in place and Public Health is one such area for which this applies.

1.6 This procedure sets out how we will deal with your complaint in line with the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 (the Regulations) which came into effect in April 2013. It also sets out how we will deal with your compliments and comments. Our aim is to resolve your complaint and if necessary put you back in the position you would have been in before having to make the complaint.

1.7 The designated “Responsible Officer” for ensuring compliance with the arrangements made under the Regulations and in particular ensuring that action is taken, if necessary, in the light of the outcome of a complaint, is the Chief Executive. The Chief Executive will refer all public health complaints to the Director of Public Health (DPH), who is the designated Complaints Manager and will review all complaints relating to public health functions.

2.0 [Making a Complaint](#)

2.1 What is a complaint?

Hartlepool Borough Council defines a complaint as follows:

“An expression of dissatisfaction, however made, about the standard of service, action or lack of action by the Council, its staff, or contractors or agents providing services on behalf of the Council that requires a response”

This procedure deals with complaints about the exercise of our Public Health functions, any services provided on our behalf in relation to our Public Health functions and any other function for which the Director of Public Health has responsibility. These may include for example, smoking cessation services, interventions to tackle obesity such as community lifestyle and weight management services, locally led nutrition initiatives, drug and alcohol addiction services, behavioural and lifestyle campaigns to prevent cancer, heart and lung disease and other long term conditions.

2.2 Who can complain?

A complaint may be made by a person who receives or has received services from us or someone providing services on our behalf; or a person who is affected, or likely to be affected, by our actions, omissions or decisions.

A complaint may be made by someone acting on behalf of a person who has died; is a child; is unable to make the complaint themselves because of physical incapacity; or a lack of capacity within the meaning of the Mental Capacity Act 2005; or has requested the representative to act on their behalf.

Where a representative makes a complaint on behalf of a child we will not consider the complaint unless we are satisfied that there are reasonable grounds for the complaint being made by a representative instead of the child. If we are not satisfied that there are reasonable grounds as to why the child cannot make the complaint we will notify you in writing advising you of the reason for our decision.

If you are representing a child or an individual who lacks capacity we will not consider the complaints if we feel you are not acting in the person's best interest. If we are not satisfied that the complaint is being made in the person's best interest, again we will notify you in writing advising you of the reason for our decision.

2.3 How to Make a Complaint

You can make a complaint in person, in writing, over the phone or by any other reasonable means. Contact the Public Health Complaints Officer on 01429 284020 clearly specifying that your complaint is in relation to a Public Health matter. Alternatively, you can email your complaint to public.health@hartlepool.gov.uk or you can write to Public Health Complaints, Hartlepool Borough Council, Civic Centre Level 4, Victoria Road, Hartlepool. TS24 8AY.

3.0 [How we will deal with your complaint](#)

3.1 Complaints not required to be dealt with under the regulations

The following complaints are not required to be dealt with in accordance with the Regulations:

- A complaint by a responsible body e.g. Local Authority or Service Provider
- A complaint by an employee of a responsible body about any matter relating to that employment
- A complaint the subject matter of which is the same as that of a complaint that has previously been made and resolved in accordance with the procedures below.
- A complaint the subject matter of which has previously been investigated under the Regulations
- A complaint the subject matter of which is being or has been investigated by a Local Commissioner under the Local Government Act 1974
- A complaint arising out of the alleged failure by a responsible body to comply with a request for information under the Freedom of Information Act 2000
- A complaint which relates to any scheme established under section 7 (superannuation of persons employed in local government service etc.) or section 24 (compensation for loss of office, etc.) of the Superannuation Act 1972 or to the administration of those schemes.

With the exception of a complaint made verbally and resolved by the next working day, where we consider your complaint a non qualifying complaint we will write to you within five working days to notify you of our decision and the reason for it. (Appendix 1A).

4.0 [Complaints about the exercise of our public health functions](#)

4.1 Pre-Formal Complaint Stage

An initial attempt should always be made to settle a complaint straightaway without recourse to the formal complaints process this can be achieved by arranging for something to be done such as responding by providing relevant information and an explanation of Council policy or practice.

The majority of complaints should be resolved this way. Direct contact with the complainant, by phone or in person, is recommended to clarify whether the issue is a complaint, what outcome the person desires and whether this can be achieved.

Complaints of this nature should be responded to within 3 days with a substantive response but where possible dealt with immediately over the phone. This timescale is reflective of the 3 days initial acknowledgement of a formal complaint although many pre formal complaints will be resolved before they move on to this stage.

4.2 Formal Complaint

There are 2 reasons behind formal complaints:

1. The complainant is not satisfied with the attempts made to resolve the problem at the pre-formal complaint stage or
2. There has been no opportunity to sort out their complaint using the pre-formal complaint stage as no quick remedy has been available.

If you raise a formal complaint within this procedure and it relates to our actions we will acknowledge your complaint within 3 working days after the day in which the complaint was received. (Appendix 1B)

The Complaints Manager (DPH) will appoint someone to investigate your complaint. This will usually be someone independent of the service you are complaining about. This person will be referred to as the 'Investigating Officer'. The investigating Officer will contact you, where appropriate, to discuss the matter.

While the regulations allow a maximum of six months to respond to a complaint we will always endeavour to send you a response to your complaint as soon as practicably possible.

As far as is possible the Investigating Officer will keep you informed of progress throughout the investigation. If the Investigating Officer requires additional information to complete the investigation they will contact you. (Appendix 1C) The Investigating Officer will share their draft findings with you and ask whether you have any additional information that is likely to lead them to reach a different decision.

The Investigating Officer will then produce a report for the Complaints Manager (DPH) including recommendations to resolve the matter and where appropriate to improve the service provided. The Complaints Manager (DPH) will decide what action to take, if any, in the light of the outcome of investigation into your complaint and will then write to you advising how we considered your complaint, the conclusions we reached and any actions we have or intend to take to resolve the matter and improve the service we provide. The letter will also explain what the next stage of the process is if you are unhappy with the outcome of your complaint i.e. review by the Chief Executive. (Appendix 1D)

The Complaints manager (DPH) will also provide details of your right to refer the matter to the Local Government Ombudsman should you remain dissatisfied with our response and the remedy offered.

5.0 Review of complaint outcome by Chief Executive

If the complainant would like the outcome of their complaint to be reviewed by the Chief Executive they must inform the relevant Department **within 20 working days** of the outcome of investigation letter (or preferred method of contact) being sent. This request can be made by letter, email, phone or face to face.

Once the department is informed of the request for a review then a review meeting will be arranged to take place as soon as possible. The review will be undertaken by the Chief Executive with support from the Corporate Complaints Officer. The Complaints Manager (DPH) and Investigating Officer will attend the complaint review meeting. In some cases there may also need to be a senior officer from the relevant service area in attendance at the review meeting. The Chief Executive will review the documentation and determine whether or not a complaint has been dealt with properly and fairly, in accordance with the Public Health complaints procedure and the Council's policies. The documentation presented to the Chief Executive should include:

- The original complaint
- Any subsequent correspondence from the complainant
- The Council's written response to the complainant
- The Investigation Report

The Chief Executive will decide whether:

- The complaint has been fully and properly dealt with and therefore there is no further action to be taken by the Council; or
- The complainants request for a review should be upheld as they feel that:
 - The decision reached by the complaints investigation was not consistent with the circumstances of the case;
 - The complainant has been treated unfairly or differently in similar circumstances to someone else;
 - The Council had failed to put right, or acknowledge that it has made a mistake;
 - The remedy offered to the complainant was not appropriate.

The types of cases that would not be considered by the Chief Executive include:

- Those which deal with matters where no case can be made that would cause the Chief Executive to make an exception to normal practice;
- Where new information has emerged cases will normally be referred back to the department to see whether the original decision needs to be changed.

Following the review of the complaint by Chief Executive the Department will write out (or use preferred method of contact) to the complainant **within 10 working days** to inform them of the outcome of the review meeting. The complainant will be informed of their right to complain to the Local Government Ombudsman if they are still dissatisfied with the way their complaint has been dealt with. (Appendix 1E and 1F)

6.0 Complaints about services provided on our behalf in relation to our public health functions

If you make your complaint directly to the service provider they will let us know when they receive the complaint. We will agree the response and any proposed actions to

resolve your complaint with the service provider prior to them sending the response to you. Complaints sent directly to the provider will be dealt with within the same timescales as identified within this policy.

If you make a complaint to the Council about a service provider we will ask you whether you consent to us sending your complaint to the service provider. Where we consider it appropriate for them to do so, we will also ask you whether or not you consent to the service provider investigating your complaint. If you do we will forward the complaint to the service provider to investigate the matter in accordance with the Regulations. If you do not we will investigate your complaint as set out in the above section **‘Complaints about the exercise of our public health functions’**.

Where your complaint is sent to the service provider for investigation we will agree the response and any proposed actions to resolve your complaint with the service provider prior to them sending the response to you.

If you make your complaint to both the Council and the service provider, and we consider it would be appropriate for the service provider to investigate, we will ask you whether or not you consent to the service provider investigating your complaint. If you do, we will forward the complaint to the service provider to investigate the matter in accordance with the Regulations. If you do not we will investigate your complaint as set out in the above section **‘Complaints about the exercise of our public health functions’**. Where your complaint is sent to the service provider for investigation we will agree the response and any proposed actions to resolve your complaint with the service provider prior to them sending the response to you.

7.0 [Putting Things Right](#)

When you make a complaint we will ask you what you would like us to do to put things right. We will take your views into account but it may not always be possible to give you exactly what you want. Where this is the case, we will discuss the matter with you and come to an agreement.

If we uphold or partly uphold your complaint you can expect an apology and for us to put things right quickly. We may also propose a number of other actions. The aim of these actions is to put you back in the position you were in before the problem occurred and make amends for any loss you may have suffered as a result. Although we will consider each complaint on its merits we will try to ensure we offer similar remedies for similar situations.

Remedies may include a review of our practices and procedures to ensure that the same thing does not happen again, or we may take a specific action. (Appendix 4)

7.1 **What if you are not happy with the outcome?**

If a complainant remains dissatisfied with the outcome of their complaint or the way in which their complaint was handled then they have the right to take their complaint to the Local Government Ombudsman (LGO).

The LGO can be contacted by phone to the LGO Advice Team on 0300 061 0614 or by going through their website at www.lgo.org.uk

If the LGO receives a complaint before it has been considered by the Council they will regard it as premature and send it on to the Council for investigation in accordance with this policy. The complainant will still have the right to take the complaint back to the Ombudsman if they are dissatisfied with the outcome of their complaint or the way in which it has been handled.

8.0 [Anonymous Complaints](#)

If you make an anonymous complaint we will investigate the matter but we will not be able to provide you with a response. If you do not want to give your name because you are worried that it might affect the service you receive, please be assured this will not be the case. Following an investigation into an anonymous complaint the DPH will decide what, if any actions should be taken as a result of the investigation.

9.0 [Dealing with Persistent and Unreasonable Complaints and Complainants](#)

Unreasonably persistent complainants and/or unreasonable complainant behaviour is covered under Appendix 5 of this procedure.

Abusive, offensive or threatening conduct may need to be dealt with through the Employee Protection Register Policy and Procedures. The authority has a duty to provide a safe working environment and system of work for its employees. This policy puts into place a register of people and addresses which constitute a potential threat to the safety of staff when they come into direct face to face contact.

10.0 [Staff Behaviour and Attitude](#)

If your complaint is about the attitude or behaviour of a member of a staff it may be more appropriate to investigate the matter under the Council's or the service provider's employment procedures.

11.0 [Insurance Claims](#)

If the issue of your complaint is something we should deal with as an insurance claim it will not be appropriate to look into this as a complaint.

12.0 [Time Limit](#)

We will not usually look into your complaint if 12 months have passed since the date you learned that something went wrong. However, we may accept your complaint for one or more of the following reasons:

- You are a vulnerable adult and did not complain because you were concerned about what might happen.
- We believe that there would be a benefit to you in looking into your complaint.

- There is likely to be enough information available from the time the incident happened to enable an effective and fair investigation to be carried out.
- There are enough people available from the time the incident happened to enable an effective and fair investigation to be carried out.
- Where action needs to be taken in light of human rights based legislation.

There may be other reasons why we would consider your complaint that are not included in this list, we will consider each case on its merits.

13.0 [Accessibility and Equal Opportunities](#)

We are committed to making sure that everyone has equal access to all our services, including the complaints procedure. To help make sure our complaints procedure is easily accessible we:

- Use plain language;
- Accept complaints over the phone or in person, in writing, by email, via our website or by any other reasonable means;
- Provide information and responses in Braille, large print, audio, easy read format and other languages where needed; and
- Provide translators (including sign language translators) where needed.

14.0 [Compliments](#)

Compliments can help us share good practice and improve services. If you pay someone a compliment in person they will pass the details on to the Public Health Complaints and Compliments Officer to be recorded.

If you pay someone a compliment via the Public Health Complaints and Compliments Officer, we will record it, send you an acknowledgement and pass it on to the appropriate person.

15.0 [Comments](#)

Comments are also a great way of sharing your ideas about particular projects or services in general. If you pass your comments on to a member of staff they will pass the details on to the Public Health Complaints and Compliments Officer to be recorded.

If you make a comment via the Public Health Complaints and Compliments Officer, we will record it, send you an acknowledgement and pass it on to the appropriate service.

Where a response is required the service will provide one within 20 working days of the date we receive your comment.

The Public Health Complaints and Comments Officer will record any actions taken as a result of your comment

16.0 Record Keeping and Data Sharing

During the complaint investigation the Investigating Officer may keep a file containing correspondence and other relevant documentation (such as written notes, transcripts of conversations, etc).

Following the conclusion of the investigation the Investigating Officer will send the documents to the Public Health Complaints and Compliments Officer. The Investigating Officer will dispose of any irrelevant information in a secure manner (i.e. shredding of paper documents and deletion from electronic systems).

We will keep all records in line with the Council's retention periods. These retention periods are taken from the Records Management Guidelines for Local Government and advice from the National Archives.

During the complaints process it may be necessary to share your personal details with those staff involved in providing your care. We will only share details that are relevant to the complaint. Such details will only be recorded by the Investigating Officer and the Public Health Complaints and Compliments Officer

If you decide to take your complaint to the Local Government Ombudsman (LGO) we may share your personal data with the Council's Chief Solicitor.

If you are classified as an unreasonable or unreasonably persistent complainant some of your personal details will be communicated to complaints staff, personal assistants, councillors, senior managers and customer services staff. This may include your name, contact details, a physical description (to assist staff who have face to face contact with complainants) and details of the behaviour that has resulted in the application of the policy.

All personal data will be securely stored and will be processed in line with the Council's Data Protection Policy and the provisions of the Data Protection Act 1998.

17.0 Further Information

This procedure links to a number of existing policies and procedures. To be fully understood in its wider organisational context it should be read in conjunction with the other Complaints, Compliments and Comments Procedures the content of which can be found on the Council's Website:

- Corporate Complaints, Compliments and Comments Procedure
http://www.hartlepool.gov.uk/site/scripts/documents_info.php?documentID=743
- Adult Social Care Complaints, Compliments and Comments Procedure
http://www.hartlepool.gov.uk/info/100010/health_and_social_care/1635/adult_social_care_get_in_touch/2
- Children's Social Care Complaints, Compliments and Comments Procedure
http://www.hartlepool.gov.uk/info/100010/health_and_social_care/1635/adult_social_care_get_in_touch/2

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- Public Health Complaints, Compliments and Comments Procedure
<http://www.hartlepool.gov.uk> Complete path will be added once this has been determined and document approved for public release by Finance and Policy Committee.

18.0 Summary of Appendices

Appendix 1 – Letter/Email Templates

- A. Complaint Excluded from Complaints Policy Response
- B. Acknowledgement of Complaint
- C. Request for Further Information from Complainant
- D. Outcome of Complaint Investigation
- E. Outcome of CEO Review – Appeal not upheld
- F. Outcome of CEO Review – Appeal upheld

Appendix 2 – Guidelines for Good Investigative Practice

Appendix 3 – Investigation Report Template

Appendix 4 – Remedies for Complaints

Appendix 5 – Dealing with Persistent and Unreasonable Complaints and Complainants

Appendix 1 – Letter/Email Templates

A. Complaint excluded from complaints policy

Dear ...*name of complainant*... ,

FORMAL COMPLAINT ABOUT**description of complaint**.....

Thank you for your letter/phone call/visit/e-mail of (*date*) to explain your complaint about*subject of complaint*.....

I have reviewed your complaint and am writing to advise that at this time I am unable to investigate it further as it falls outside the remit of the Public Health's Complaints Procedure.

The reason for this is that a complaint (*select from list below) is not required to be dealt with in accordance with the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 as other specific arrangements exist to deal with your query.

*List of exdusions

- A complaint by a responsible body e.g. Local Authority or Service Provider
- A complaint by an employee of a responsible body about any matter relating to that employment
- A complaint the subject matter of which is the same as that of a complaint that has previously been made and resolved in accordance with the procedures above.
- A complaint the subject matter of which has previously been investigated under the Regulations
- A complaint the subject matter of which is being or has been investigated by a Local Commissioner under the Local Government Act 1974
- A complaint arising out of the alleged failure by a responsible body to comply with a request for information under the Freedom of Information Act 2000
- A complaint which relates to any scheme established under section 7 (superannuation of persons employed in local government service etc.) or section 24 (compensation for loss of office, etc.) of the Superannuation Act 1972 or to the administration of those schemes.

I would therefore ask that you contact ...*insert*... directly to take this matter forward.

Yours sincerely

B. Acknowledgement of Complaint

Dear ...*name of complainant*... ,

FORMAL COMPLAINT ABOUT***type of complaint***.....

Thank you for your letter/phone call/visit/e-mail of (*date*) to explain your complaint about*subject of complaint*.....

(I enclose a note of the information you provided/copy of a complaints form which sets out your complaint. Could you please read through it and let me know if there are any mistakes or anything missed out. If you wish it to be changed, can you please contact me as soon as possible to let me know.)

Your complaint will be investigated by*name of officer*..... of this department. We will be in touch with you as soon as possible, to let you know the outcome of the investigation.

I enclose a copy of the Public Health complaints leaflet which explains how the complaints procedure works.

Yours sincerely

Enc.

- * *When a complaint has been registered by phone or visit, complainants should be provided with a written account of their complaint, to ensure their agreement of what the complaint covers and what is to be investigated. This can be in the form of a completed complaints form or a note which covers the same topics.*

C. Request for further information

Dear ...*name of complainant*... ,

FORMAL COMPLAINT ABOUT***type of complaint***.....

Thank you for your letter/phone call/visit/e-mail of (*date*) to explain your complaint about*subject of complaint*.....

I am currently investigating your complain but require some further information to enable a thorough investigation to take place. Please can you provide me with the following information.....*detail*..... in order to ensure I take all necessary information into account.

Please can you ensure that you provide me with the information within the next 20 working days, that is by ...*date*... , in order for a timely investigation of your complaint to take place. If I do not receive the requested information within this timescale I will be unable to continue the investigation and the complaint will therefore be closed.

I enclose a copy of the Public Health complaints leaflet which explains how the Public Health complaints procedure works.

Yours sincerely

Enc.

D. Outcome of complaint investigation

Dear ...*name of complainant*... ,

FORMAL COMPLAINT ABOUT**description of complaint**.....

As promised in our letter of ...date..., I am writing to let you know the outcome of our investigation of your complaint.

Your complaint to Public Health is that..... *brief summary of complaint*

Your complaint has been investigated and the findings are set out below.

.....A brief report of your investigation covering each element of the complaint in turn. This may include, for example, a summary of information collected/ a copy of the report by the investigating officer/a sequence of events/ reasons for decisions or actions/ factors taken into consideration when making judgement on the complaint/ etc., as appropriate.

I trust that I have covered all the points raised in your formal complaint. Please contact me if you feel this is not the case. Having reviewed this case, I therefore conclude that your complaint is *upheld/partly upheld/not upheld*.

(If “upheld” or “partly upheld”, a remedy of some sort should be offered. This can be an apology, a promise to ensure that it doesn’t happen again, arranging for a service to be provided, etc, etc. See Appendix 5 of Corporate Complaints Procedure.)

I hope these comments indicate clearly the Council’s position in response to your complaint. If you wish to take this matter further with the Council, you have the right to appeal against the outcome. Any appeal would be referred to the Council’s Chief Executive who would review the complaint and documentation. If you wish your complaint to be reviewed by the Chief Executive, please let me know within 20 working days, that is bydate.....

If you remain unhappy with the way we have dealt with your complaint you have the right to refer the matter to the Local Government Ombudsman (www.lgo.org.uk or 0300 061 0614) who can make an independent investigation of your complaint.

Yours sincerely

Enc.

E. Outcome of Chief Executive Review –Appeal Not Upheld

Dear ...*name of complainant*... ,

FORMAL COMPLAINT ABOUT**description of complaint**.....

As requested in your letter of ...date..., I am writing to let you know the outcome of the review into the Council's investigation of your complaint.

The Council's Chief Executive has reviewed the evidence and concluded that the complaint has been investigated in line with the Public Health complaints procedure. As a result he has decided that the original outcome should be upheld as the complaint has been fully and properly dealt with.

I appreciate that the decision not to take this matter further may not be the outcome you had hoped for.

I enclose a leaflet explaining the Public Health complaints procedure, which explains how to complain to the Local Government Ombudsman who can make an independent investigation of your complaint, if you remain unhappy with the way we have dealt with it.

Yours sincerely

Enc.

F. Outcome of Chief Executive Review – Appeal Upheld

Dear ...*name of complainant*... ,

FORMAL COMPLAINT ABOUT**description of complaint**.....

As requested in your letter of ...*date*..., I am writing to let you know the outcome of the review into the Council's investigation of your complaint.

The Council's Chief Executive has reviewed the evidence and concluded that, in this case, your appeal should be upheld. The Chief Executive has decided that ...*insert reason for decision*...

INSERT REMEDY TEXT

I also enclose a leaflet explaining the Public Health complaints procedure, which explains how to complain to the Local Government Ombudsman who can make an independent investigation of your complaint, if you remain unhappy with the way we have dealt with it.

Yours sincerely

Enc.

Appendix 2 – Guidelines for Good Investigative Practice**1. Introduction**

- 1.1 The majority of complaints are likely to be dealt with speedily and simply. For cases where a more substantial inquiry is required, these notes are intended as guidance for investigating officers. All investigating officers should record their investigations using the Investigation Report Template set out in Appendix 3.

2. The Complaint

- 2.1 Check if there are any previous complaints from this person.
- 2.2 Make sure that you have a clear account of the complaint. It is strongly recommended that the investigator has a meeting or telephone conversation with the complainant to clarify the complaint, what outcome the person desires and whether this can be achieved.
- 2.3 Set out in writing your understanding of the complaint and, if necessary, provide a copy for the complainant. This may be necessary in cases where, for example, the complainant has registered their complaint in person or over the phone and gives the complainant an opportunity to amend your description of the complaint if they wish
- 2.4 Clarify the outcome sought by the complainant.
- 2.5 Check whether the complainant needs support of any kind, or has poor sight or hearing, or a language difficulty, and check what help the complainant needs so as to be able to understand the discussion properly. Check what their preferred method of contact is.
- 2.6 Make sure that the complainant is informed about the investigation procedure and if necessary, provide them with a copy of the Public Health complaints leaflet.

3. The Investigation

- 3.1 Brief yourself on the relevant legal, policy and administrative background to the complaint.
- 3.2 Assess whether the complaints procedure is the most appropriate way of handling this complaint. Consider possible alternative procedures, for example:
- an appeal to a tribunal;
 - legal action; or
 - police involvement.

Discuss the alternatives with the complainant as appropriate. As consideration of the complaint proceeds, the question of whether the complaints procedure is the appropriate mechanism should be reviewed as

necessary. Consult with the Chief Solicitor and/or the Corporate Complaints Officer if you are in any doubt.

- 3.3 Consider whether the complaint could be resolved without further investigation.
- 3.4 If the complaint is about a proposed action of the Council, consider whether the action should be deferred while the complaint is investigated.
- 3.5 Obtain all relevant documents (ensuring that you see the originals or scanned originals, not copies). These may include files, logbooks and time sheets. Get copies of all the documents you need. Complaints files should be securely stored and should not be kept longer than is necessary.
- 3.6 If appropriate, consider whether it would be worthwhile making an unannounced visit to the establishment complained about to check normal practices.
- 3.7 Establish the relevant sequence of events from the files and also the names of the officers/members most directly involved in the matters complained of. Decide which, if any, of these people you need to interview.

4. Interviews

- 4.1 Prepare the line of questioning for each person to be interviewed:
 - use open, not leading, questions;
 - do not express opinions in words or in your body language; and
 - ask single, not multiple, questions.
- 4.2 Arrange the order of interviews so that, where you need to establish what procedure are normally followed, you do this first with more senior officers and end with the officers most directly involved in the matters complained of.
- 4.3 Inform all those to be interviewed that they can be accompanied by a friend or union representative, provided the friend is not the supervisor of the interviewee. Explain the complaint clearly to them.
- 4.4 Consider whether you need a witness to an interview that may be particularly difficult.
- 4.5 Interviews should be conducted in an informal and relaxed manner, but persist with your questions, if necessary. Do not be afraid to ask the same question twice. Make notes of each answer given.
- 4.6 Try to separate hearsay evidence from fact by asking interviewees how they know a particular fact.

- 4.7 Deal with conflicts of evidence by seeking corroborative evidence. If this is not available, then as an exceptional measure, consideration can be given to organising a meeting between the conflicting witnesses.
- 4.8 At the end of the interview, summarise the main points covered and ask if the interviewee has anything to add.
- 4.9 Make a formal record of the interview from your written notes as soon as possible after the interview, while your memory is still fresh. Never leave it longer than the next day.

5. Reporting on the Investigation

- 5.1 Complainants should be informed in the initial, written acknowledgement of their complaint when they should expect to hear the outcome of the investigation. If this original deadline is not going to be met, complainants should be kept informed of the progress of their complaint. They should be informed of the reason for the delay and given a revised date for the completion of the investigation.
- 5.2 Investigating Officers should complete an Investigation Report setting out the evidence obtained, adding your conclusions as to whether it was upheld in part or not upheld. Where appropriate, suggest a remedy (See Appendix 5). Where an investigation has been particularly complex, e.g. where a number of people have been interviewed, you may wish to consider writing a draft report setting out the evidence obtained. This could be circulated for checking of factual accuracy to all those interviewed, including the complainant, unless there are special reasons not to do so. This can help ensure that your account of events and understanding of the case is as accurate as possible. Having considered any comments received, the report would be amended as necessary, adding conclusions and, if appropriate, a suggested remedy for the complainant. The report should consider any lessons to be learnt from the complaint and what changes should be made or considered to procedures, systems etc.
- 5.3 Circulate the final report to all those interviewed and inform the complainant of the outcome of the investigation by preferred method of contact. Offer the complainant the opportunity to have their complaint reviewed by the Chief Executive, if they are dissatisfied with the outcome. Finally, once the Council's process has been exhausted remind them that they may complain to the Local Government Ombudsman.

Appendix 3 – Investigation Report Template

Investigating Officers should use the following template to record complaints investigations:

Complaint Investigation Report

Complaint Reference Number: This should be provided by the Public Health Complaints Officer.

Complainant Details: For the person making the complaint insert name, contact details & note how they prefer to be contacted. Where this is different from the person that the complaint relates to e.g. they are complaining on behalf of a family member please note their details too. Also note any special requirements that they have e.g. large print etc.

Detail of Original Complaint: Outline what the complaint is about in as much detail as available.

Updates to Original Complaint: Outline any additional information/clarification about the complaint.

Methodology: Outline who was interviewed including when and where, also set out any key documents that have been used e.g. council policies, procedures including the versions used in the investigation as appendices.

Detail of the Investigation Findings: Include as appropriate the chronology of events, evidence found, interview notes,

Conclusion & Recommendations: Set out for each element of the complaint whether it has been upheld, partly upheld or not upheld and why. Include in this section the remedy's suggested including those to be received by the complainant directly and suggested changes to services/processes for the Department to consider

Appendix 4 – Remedies for Complaints

1. Introduction

- 1.1 Where a complaint is upheld, the Council should always offer some type of remedy for it. An apology will normally be appropriate and other action may also be justified.
- 1.2 If the council is found to have been at fault, it will be necessary to consider whether it caused injustice to the complainant and, if so, what the injustice was.

2. Types of Action for Consideration

- 2.1 The general aim of a remedy is that, as far as possible, complainants should be put in the position they would have been in if things had not gone wrong. The remedy needs to be appropriate and proportionate to the injustice suffered by the complainant. The remedy should also prevent similar failure, and therefore injustice, happening again
- 2.2 Possible remedies include:
 - an apology;
 - an clear explanation of what happened and why it happened;
 - an assurance that it will not happen again and that the situation will be monitored to ensure this;
 - action that can be taken to put things right, e.g. back dating of benefit claim or providing the service required by the complainant;
 - action that can be taken to mitigate the injustice if it cannot be put right, e.g. providing specialist equipment or additional tuition for a child whose education has been adversely affected by maladministration in assessing for special educational need; and
 - financial compensation, where appropriate.

3. Financial Compensation

- 3.1 A financial remedy can be part of injustice that has been caused by maladministration or service failure along with various forms of restorative justice. If a person has been put to unnecessary expense as a result of the council's actions, the Council may wish to recompense them. A financial remedy is for the injustice suffered, not for the maladministration/fault. Each case will need to be judged on its merits.
- 3.2 The Local Government Ombudsman recommends the following key principles should be applied in deciding whether and what financial remedy is appropriate:
 - A financial remedy is for injustice suffered, not for the maladministration/fault. Therefore the reason for any financial remedy

should always be linked explicitly to the injustice. Wherever possible, a financial remedy should relate to an actual, quantifiable loss incurred by the complainant as a result of the injustice.

- Financial remedies of a ‘notional amount’ (i.e. where it is not possible to identify a quantifiable loss) should only be recommended after other forms of restorative justice have been properly considered.
- A financial remedy in respect of a complainant’s time and trouble should be quantified wherever possible and only recommended if the complainant has had to ensure delays and/or difficulties which are clearly over and above what would reasonably be expected. These remedies should not be recommended as a matter of standard practice, or for simply having to negotiate a complaints process.
- Similarly, a payment for distress should only be recommended where the complainant has clearly suffered significantly more than if the situation had been managed correctly. Such payments should be exceptional, not standard, practice.
- Financial remedies should only be recommended where there is significant injustice. An apology may suffice for injustice of a lower level.
- From the outset, written and verbal communication with complainants should ensure that they do not have unrealistic expectations about financial remedy.

3.3 Cases where significant compensation is being requested or considered and those where compensation is being considered for distress or worry caused by the Council, will be decided on by the Chief Officer or Director concerned, in consultation with the Corporate Complaints Officer, the Chief Solicitor and, where appropriate, elected members.

4. Reviews

4.1 If a complaint is upheld, the council should, as a matter of routine, consider whether there is a need for a change in procedures or whether there are some lessons to be learnt which may have wider application.

5. Timescales

5.1 The department(s) dealing with the complaint should specify, and adhere to, a timescale within which the remedy will be implemented.

N.B Further advice on remedies and information on how they are dealt with by the Local Government Ombudsman is available in “Remedies – Guidance on Good Practice 6”, Commission for Local Administration, February 2005 (LGO 307 (02.05)) and also “The use of financial Remedies”, Local Government Ombudsman, July 2011. Website: www.lgo.org.uk

Appendix 5 – Dealing with Persistent and Unreasonable Complaints and Complainants

1. Introduction

- 1.1 In general, dealing with a complaint is a straightforward process, but in a minority of cases people pursue their complaints in a way that can impede the investigation of their complaint or can have significant resource implications for the authority. This policy has been formulated to deal with the very small number of complainants whose frequency of contact with the authority, insoluble and persistent complaints, or unacceptable behaviour makes it necessary for special measures to be taken.
- 1.2 Before implementing any of the provisions in this policy, officers must consider whether the Council's procedures have been followed correctly, whether full and reasonable responses have already been given and whether the complainant is now inappropriately persistent or behaving unreasonably.

2. Unreasonably persistent complainants and/or unreasonable complainant behaviour

- 2.1 The following list, whilst not exhaustive, outlines some of the actions and behaviours of unreasonable and unreasonably persistent complainants.
- Having insufficient or no grounds for their complaint and making the complaint only to annoy or inconvenience the Council;
 - Refusing to specify the complaint, despite offers of assistance with this from the Council's staff;
 - Refusing to co-operate with the complaints investigation process whilst still wishing their complaint to be resolved;
 - Refusing to accept that issues are not within the remit of a complaints procedure despite having been provided with information about the procedure's scope;
 - Insisting on the complaint being dealt with in ways which are incompatible with the complaints procedure or good practice (e.g. insisting that there is no written record made of the complaint);
 - Making unjustified complaints about the staff dealing with the complaints, and seeking to have them dismissed or replaced;
 - Changing the basis of the complaint as the investigation proceeds and/or denying statements made at an earlier stage;
 - Introducing new information not related or substantive to the original complaint but which the complainant expects to be taken into account and commented on, or raising large numbers of detailed but unimportant questions and insisting they are fully answered;
 - Covertly recording meetings and conversations without the prior knowledge and consent of the other persons involved;

- Making unnecessarily excessive demands on the time and resources of staff whilst a complaint is being looked into by, for example, excessive telephoning or sending emails to numerous council staff, writing lengthy, complex letters every few days and expecting immediate responses;
- Submitting falsified documents from themselves or others;
- Submitting repeat complaints, after complaints processes have been completed, essentially about the same issues, with additions/variations which the complainant insists make these “new” complaints which should be put through the complaints procedure.
- Adopting a “scattergun” approach - pursuing parallel complaints on the same issues with a variety of other organisations;
- Refusing to accept a complaints decision – repeatedly arguing the point and complaining about the decision.
- Combinations of some or all of these

2.2 Abusive, offensive or threatening conduct may need to be dealt with through the Employee Protection Register Policy and Procedures. The authority has a duty to provide a safe working environment and system of work for its employees. This policy puts into place a register of people and addresses which constitute a potential threat to the safety of staff when they come into direct face to face contact.

3. Being reasonable

3.1 It is reasonable for complainants to raise legitimate queries or criticisms of a complaints procedure as it progresses. For example, if agreed timescales are not met and a complainant expresses dissatisfaction, this should not, in itself, lead to someone being regarded as unreasonable or unreasonably persistent.

3.2 Similarly, the fact that a complainant is unhappy with the outcome of a complaint and seeks to challenge it, e.g. by requesting a member review and/or taking it to the Ombudsman, should not necessarily cause the complainant to be labelled as unreasonable or unreasonably persistent.

3.3 The Council should offer appropriate support to all complainants and be aware of and sensitive to any special needs of the complainant. Consideration should be given to putting people in touch with a suitable agency (e.g. CAB or an advocacy service) which can help them during the complaints process. There may also be a need for support through the translation of documents into appropriate languages or formats and interpretation services for meetings etc.

4. Deciding to take action

- 4.1 The decision to classify a complainant as unreasonably persistent or as behaving unreasonably should be made by the director of the service concerned, in consultation with the Corporate Complaints Officer and the Chief Solicitor. In the case of dispute about the classification of a complainant, the matter will be referred to the Chief Executive for a final decision.
- 4.2 A written record should be kept of why the complainant is believed to be unreasonable; what information has been considered; and how decisions have been made. The Council must be able to demonstrate that it has acted in a fair and objective way.
- 4.3 If more than one department is being contacted by the complainant, perhaps with different complaints, the Council must consider setting up a joint meeting to agree a cross-departmental approach and nominating a key officer to co-ordinate the Council's response.

Initial notification

- 4.4 When unreasonably persistent or unreasonable behaviour has been identified, the unacceptable behaviour should be explained to the complainant, usually by letter, and the complainant will be asked to modify their behaviour. An explanation of the action the Council is likely to take if the behaviour is not modified should also be given.

5. Options for restricting a complainant's contact with the Council.

- 5.1 If the complainant does not modify their behaviour, the options which the Council may consider are:
- a. Refusing to accept a complaint or to amend the terms of a complaint;
 - b. Requesting contact to be in a particular format (e.g. letters only);
 - c. Requiring contact to take place with one named member of staff only;
 - d. Restricting telephone calls to specified/times/days/duration;
 - e. Requiring any personal contact to take place in the presence of an appropriate witness;
 - f. Letting the complainant know that the Council will not reply or acknowledge any further contact from him or her on the specific topic of that complaint;
 - g. Restricting access to one or more Council premises. (N.B. Care must be taken not to interfere with a complainant's statutory rights, e.g. to attend Council meetings or view papers, when making such a restriction.)
- 5.2 These options are not exhaustive and other factors individual to the case or service may be relevant in deciding on an appropriate course of action. For example, any arrangements for restricting a complainant's contacts must take

into account the complainant's circumstances such as age, disability, literacy level, race etc.

5.3 Once a decision is taken to apply restricted access, in whatever form, a letter must be sent to the complainant, with a copy of the policy to explain:

- Why the decision has been taken
- What it means for his/her contacts with the authority
- How long any restriction will last, and
- What the complainant can do to have the decision reviewed

5.4 The Council must also keep adequate records to show:

- When a decision is taken not to apply the policy when a member of staff risks for this to be done.
- When a decision is taken to make an exception to the policy once it has been applied
- When a decision is taken not to put a further complaint from such a complainant through its complaints procedure for any reason
- When a decision is taken not to respond to further correspondence make sure any further letters, faxes or emails from the complainant are checked to pick up any significant new information

When complaints about new issues are made these should be treated on their merits. Reconsideration is needed as to whether any restrictions previously applied are still appropriate and necessary

5.5 If none of the options listed at 5.1 offer the protection that staff are entitled to, other options may be available, such as issuing an injunction against a complainant or involving the police. These will be considered on a case by case basis, in consultation with the Chief Solicitor.

6. After a decision to restrict contact has been made

6.1 When a decision has been made as to the appropriate restrictions to be used, the departmental director, in consultation with the Chief Solicitor and Corporate Complaints Officer, will write to the complainant explaining the Council's decision and what restrictions are being made and, if appropriate, for how long. A client's special needs, e.g. literacy problems or language difficulties, may make a face to face meeting appropriate to give this information to the complainant.

6.2 If the complainant feels that the authority is acting improperly or unfairly in making the restrictions, they have the option of complaining to the Local Government Ombudsman. They should be informed of this option in the letter laying out the restrictions.

6.3 A copy of the decision letter and a note on the decision should be sent to the Corporate Complaints Officer, all departmental complaints co-ordinators and departmental directors.

- 6.4 The Chief Executive will be informed of any decisions to restrict contact.
- 6.5 Appropriate managers and staff, e.g. those likely to be involved in implementing the restrictions should be notified of the decision.

7. Reviewing decisions

- 7.1 All restrictions will be subject to review, at least once every 12 months. Departments may wish to review within a shorter time period, to take account changes in circumstances and/or behaviour.
- 7.2 Reviews will be undertaken by the department concerned, in consultation with the Corporate Complaints Officer and the Chief Solicitor. Complainants should be notified that a review has taken place and of its outcome.
- 7.3 The outcomes of all reviews should be sent to the Corporate Complaints Officer, all departmental complaints co-ordinators and departmental directors.

FINANCE AND POLICY COMMITTEE

30 June 2014



Report of: Assistant Chief Executive

Subject: LOCAL GOVERNMENT PENSION SCHEME
DISCRETIONARY & OTHER EMPLOYER
DISCRETIONS POLICY

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non Key Decision.

2. PURPOSE OF REPORT

- 2.1 To request approval for the revised LGPS Discretionary and Other Employer Discretions Policy to meet the Council's statutory obligations following the changes to the LGPS implemented on 1st April 2014.

3. BACKGROUND

- 3.1 A new Local Government Pension Scheme (LGPS 2014) was implemented in England and Wales on 1st April 2014. The new scheme is still a defined benefits scheme but is based on Career Average Revalued Earnings (CARE) rather than a Final Salary Scheme. The provisions of the scheme including protections for members' accrued pre 1st April 2014 final salary rights are contained in the Local Government Pension scheme Regulations 2013 and the Local Government Pension Scheme (Transitional Provisions, Savings and Amendment) Regulations 2014. As part of these changes employers have a statutory duty to revise their policies outlining their discretions some of which may have significant financial impacts.
- 3.2 The introduction of a CARE Scheme brings a number of changes. The main changes are:
- Employees no longer require their employer's approval for release of their pension benefits between the ages of 55 and 60 years. However their pension is automatically reduced. The rule of 85 does not apply to applications made under the age of 60 years (see paragraph 3.3 below for a new employer discretion related to those who meet the rule of 85).

- Protection exists to retain benefits for those who will be 65 years old within 10 years from 1st April 2012, if there is any change to the pension age.
- Protection continues for those who meet the rule of 85 and the right to continue in the LGPS for those employees who are compulsory transferred

- 3.3 The newly released transitional arrangements include a new employer discretion from 1 April 2014 relating to individual decisions for those employees between the ages of 55 and 60 years who meet the 85 year rule and the removal of employer approval for release of benefits. The employer will have the right to apply the rule of 85 to eligible applications. This means employers can balance the cost of release of pension to those employees who meet the rule of 85 on a reduced or unreduced basis. This will give employers the flexibility to manage workforce retirements and the cost of release for this particular group. This discretion however will need to be carefully applied to ensure a level of equity in decision making, which can be balanced against business needs.
- 3.4 Hartlepool Borough Council is in the process of revising the Early Retirement / Voluntary Redundancy Policy. Within the old policy (much of which is replaced by the current LGPS Discretionary Policy) there are other employer discretions in relation to redundancy payments and injury allowances. These have now been included in Sections B and C of this policy so that it reflects the intentions of the current Pay Policy. They have not been amended.
- 3.5 The trade unions have been consulted via the HJTUC and are supportive of the policy and recommendations included in this report.

4. PROPOSALS

- 4.1 Consideration of the revised Local Government Pension Scheme Discretionary & Other Employer Discretions Policy attached at Appendix A, which embodies discretion on individual cases depending on financial and business implications at the time. (NB Appendix A is a helpful profoma provided by the Pensions administrators to enable councils to reflect their position). The proposals included in this are generally in line with other authorities considering these matters.
- 4.2 A new exclusion for 'Payments in consideration of loss of future pension' can be exercised on 1st April 2014 in relation to pensionable pay which is used to calculate pension benefits. When an employee has their salary protected then currently pension contributions are taken from the whole amount included the protected pay element. The new exclusion means that the Council has an opportunity to decide on whether they wish to operate this exclusion. If excluded then there are cost savings for the Council in relation to employer pension costs. There are also employee savings through reduced contributions, with minimal impact to their pension benefits on retirement.

- 4.3 Following the Localism Act 2011 all Council's have to publish a Pay Policy. As part of this policy there is a recommendation from the Secretary of State Eric Pickles that all employee redundancy or retirement packages over a total cost of £100,000 should have Member approval. The current policy, which has worked effectively for a number of years including the fact that this authority doesn't offer enhanced packages, requires elected members, via Personnel Sub Committee, to approve all packages where a saving cannot be achieved within a payback period of 3.05 years. This has been a long standing policy which meets with external audit recommendations and it is recommended that this arrangement continues and is reflected in the Pay Policy. This situation will need reflecting in the Pay Policy and reporting back to Council.
- 4.4 Members of the Hartlepool Joint Trade Union Committee (HJTUC) have been consulted regarding protected pay being non-pensionable from 1st October 2014. This has been agreed with the proposal that this will not apply to those employees who are already in protected arrangements.

5. CONSIDERATIONS

There are two main considerations in relation to this policy.

5.1 LEGAL CONSIDERATIONS

In order to comply with the legal obligation to apply discretion then it is advisable that cases are considered on an individual basis in order that the Council are not seen to fetter their discretion by not taking into account the particular circumstances of the request. This has provided the basis for a significant number of the proposals in Appendix A.

5.2 FINANCIAL CONSIDERATIONS

A number of discretions have a financial impact. The Council apply their current rules for approval as identified in current policy; any application where the costs do not deliver savings that can be realised in 3.05 years (pay back period) goes to Members for approval via the Personnel Sub Committee.

6. RECOMMENDATIONS

- 6.1 To approve the revised LGPS Discretionary and Other Employer Discretions Policy (see paragraph 4.1).
- 6.2 To approve that employee protected pay is non-pensionable thereby exercising the exclusion provided by the pension regulators (see paragraph 4.2). This would be implemented via amendment to the Council's Single Status Agreement on 1st October 2014.

- 6.3 That the current arrangements where a member decision is required on retirement or redundancy packages over a 3.05 year pay back is retained.

7. REASONS FOR RECOMMENDATIONS

- 7.1 To ensure the Council's statutory obligations following the changes to the LGPS are implemented by the deadline of 30th June 2014.

8. BACKGROUND PAPERS

None.

9. CONTACT OFFICER

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HARTLEPOOL BOROUGH COUNCIL

**STATEMENT OF POLICY REGARDING THE EXERCISE OF DISCRETIONS WITHIN THE
LOCAL GOVERNMENT PENSION SCHEME AND OTHER EMPLOYER DISCRETIONS**

SCOPE

Section A of this policy applies to all employees of the Council. It does not apply to employees in relevant Schools who have their own discretionary policies.

Section B and Section C applies to all employees of the Local Authority, but does not apply to those employed in schools with delegated budgets who have alternative procedures adopted by their Governing Bodies.

Section A: Local Government Pension Scheme Discretions

Section B: Local Government (Early Termination of Employment)

Section C: Local Government (Injuries Allowance)

Decision Making

Elected members via Personnel Sub Committee make decisions on applications for the release of deferred member benefits and applications where the cost exceeds the policy pay back limit of 3.05 years.



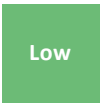
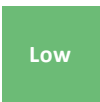


Unless otherwise identified, all other discretions under this policy will be determined by the Assistant Chief Executive and Chief Finance Officer.








There is a right of appeal via the Internal Dispute Resolution Procedure (see HRPP-29/G-1). The Stage 1 IDRP Adjudicator will make decisions to review and correct procedural errors in the administration of pensions where relevant, specifically in relation to the ill health retirement provisions. Appeals against all policy decisions will be heard by Members of the Personnel Sub Committee who will make a final determination in individual cases.







Section A: Local Government Pension Scheme Discretions

Discretions from 1.4.14 in relation to post 31.3.14 active members (excluding councillor members) and post 31.3.14 leavers (excluding councillor members), being discretions under:

- The Local Government Pension Scheme Regulations 2013 [prefix R]
- The Local Government Pension Scheme (Transitional Provisions, Savings and Amendment) Regulations 2014 [prefix TP]
- The Local Government Pension Scheme (Administration) Regulations 2008 [prefix A]
- The Local Government Pension Scheme (Benefits, Membership and Contributions) Regulations 2007 (as amended) [prefix B]
- The Local Government Pension Scheme (Transitional Provisions) Regulations 2008 [prefix T]
- The Local Government Pension Scheme Regulations 1997 (as amended) [prefix L]

Importance	Discretion	Regulation	Employer Policy
	Determine rate of employees' contributions	R9(1) & R9(3)	Formerly B3 & T9 The rate of contribution by employees is dependent on their pensionable earnings. Any contractual or significant change to an employee's pensionable earnings will automatically be taken into account and will result, where appropriate, in a change of employee contribution banding on the 1 st of the month following the change.
	Whether, how much, and in what circumstances to contribute to a shared cost APC scheme	R16(2)(e) & R16(4)(d)	New discretion The Council will not contribute to a shared cost APC arrangement unless in exceptional circumstances and taking into account financial considerations.
	Whether, how much, and in what circumstances to contribute to a shared cost AVC arrangement entered into on or after 1.4.14	R17(1) & definition of SCAVC in RSch 1	New discretion The Council will not contribute to a shared cost AVC arrangement unless in exceptional circumstances and taking into account any financial considerations.
	Allow late application to convert scheme AVCs into membership credit i.e. allow application more than 30 days after cessation of active membership (where AVC arrangement was entered into before 13.11.01)	TP15(1)(b) & L66(8) & former L66(9)(b)	New discretion The Council will apply its discretion to such applications reviewing the individual circumstances and taking into account any financial considerations.
	Specify in an employee's contract what other payments or benefits, other than those specified in R20(1)(a) and not otherwise precluded by R20(2), are to be pensionable	R20(1)(b)	Formerly B4(1)(b) Pensionable payment and benefits are included in our contractual arrangements.
	In determining Assumed Pensionable Pay, whether a lump sum payment made in the previous 12 months is a "regular lump sum"	R21(5)	New discretion The Council will consider on an individual basis whether or not to include a lump sum payment made in the previous 12 months as a "regular lump sum" ensuring that such a decision would be fair, equitable and justifiable.

	Whether to extend the 12 month option period for a member to elect that deferred benefits should not be aggregated with a new employment	R22(8)(b)	<p>New discretion</p> <p>The Council will apply its discretion to such applications reviewing the individual circumstances and taking into account any financial considerations.</p>
	Whether to extend the 12 month option period for a member to elect that deferred benefits should not be aggregated with an ongoing concurrent employment	R22(7)(b)	<p>New discretion</p> <p>The Council will apply its discretion to such applications reviewing the individual circumstances and taking into account any financial considerations.</p>
	Whether all or some benefits can be paid if an employee reduces their hours or grade (flexible retirement)	R30(6) & TP11(2)	<p>Formerly B18(1) (no change)</p> <p>Applications will be considered for flexible retirement and approved by Chief Officers only where there are operational and financial grounds for doing so.</p>
	Whether to waive, in whole or in part, actuarial reduction on benefits paid on flexible retirement	R30(8)	<p>Formerly B18(3)</p> <p>The Council will only agree to waive all or part of the actuarial reduction to benefits at its discretion and if there is a clear operational and / or financial advantage to the council. The employing service must also have the ability to fund costs.</p>
	Whether to waive, in whole or in part, actuarial reduction on benefits which a member voluntarily draws before normal pension age	R30(8)	<p>New discretion</p> <p>The Council will only agree to waive all or part of the actuarial reduction to benefits at its discretion and if there is a clear operational and / or financial advantage to the council. The employing service must also have the ability to fund costs.</p>
	Whether to “switch on” the 85 year rule for a member voluntarily drawing benefits on or after age 55 and before age 60	TPSch 2, paras 2(1) and 2(2)	<p>New discretion</p> <p>The Council will apply its discretion to switching on the rule of 85 depending on the individual circumstances and financial cost to the Council at the time of any application.</p>
	Whether to waive any actuarial reduction on pre and/or post April 2014 benefits	TP3(1), TPsch 2, paras 2(1) and 2(2), B30(5) and B30A(5)	<p>Extension of B30(5)</p> <p>The Council will only agree to waive all or part of the actuarial reduction to benefits at its discretion and if there is a clear operational and / or financial advantage to the council.</p>






			The employing service must also have the ability to fund costs.
	Whether to grant additional pension to an active member or within 6 months of ceasing to be an active member by reason of redundancy or business efficiency (by up to £6,500 pa)	R31	<p>Extension of B13</p> <p>The Council retains discretion to grant additional pension by up to £6500. Decisions will be made on the merits of each case and would only be agreed in exceptional circumstances where such a decision is deemed to be in best interests of the Council.</p>
	Whether to use a certificate produced by an IRMP under the 2008 Scheme for the purposes of making an ill health determination under the 2014 Scheme	TP12(6)	<p>New discretion</p> <p>The Council will use this certificate where appropriate and operate its discretion on an individual case basis.</p>
	Determine whether a member is entitled to an ill health retirement pension, and what tier of benefit to be awarded.	R36	<p>Old B20</p> <p>The Council will retain discretion to make the final decision regarding which ill health tier a leaver falls into. This will be after due consideration of essential medical assessments by an independent qualified Occupational Health Practitioner.</p>
	Whether to recover any overpaid Tier 3 pension following commencement of gainful employment	R37(3)	<p>Old B 20</p> <p>The Council will retain discretion regarding the recovery of any overpaid Tier 3 pension benefits following an individual case review and the cost to the Council.</p>
	Decide whether deferred beneficiary meets criteria of being permanently incapable of former job because of ill health and is unlikely to be capable of undertaking gainful employment before normal pension age or for at least three years, whichever is the sooner	R38(3)	<p>Extension of B31(4)</p> <p>The Council will retain discretion to make the final decision. This will be after due consideration of essential medical assessments by an independent qualified Occupational Health Practitioner.</p>
	Decide whether a suspended ill health tier 3 member is unlikely to be capable of undertaking gainful employment before normal pension age because of ill health	R38(6)	<p>Extension of B30A(3)</p> <p>The Council will retain discretion to make the final decision. This will be after due consideration of essential medical assessments by an independent qualified Occupational Health Practitioner.</p>








Low	Whether to extend six month period to lodge a stage one IDRP appeal	R74(4)	Formerly A58(7)(b) This is at the discretion of the Stage 1 IDRP Adjudicator (HBC) taking into account all relevant circumstances.
Mid	Whether to apply to Secretary of State for a forfeiture certificate (where member is convicted of a relevant offence)	R91(1) & (8)	Formerly A72(1) & (6) The Council will consider this on an individual case basis should the situation arise.
Mid	Where forfeiture certificate is issued, whether to direct that benefits are to be forfeited (other than rights to GMP – but see R95 below)	R91(4)	Formerly A72(3) The Council will consider this on an individual case basis should the situation arise.
Mid	Where forfeiture certificate is issued, whether to direct interim payments out of Pension Fund until decision is taken to either apply the certificate or to pay benefits	R92(1) & (2)	Formerly A73(1) & (2) The Council will consider this on an individual case basis should the situation arise.
Mid	Whether to recover from Fund any monetary obligation or, if less, the value of the member's benefits (other than benefits from transferred in pension rights or APCs or AVCs or subject to R95 below, in respect of any GMP) where the obligation was incurred as a result of a grave misconduct or a criminal, negligent or fraudulent act or omission in connection with the employment and as a result of which the person has left employment	R93 (2)	Extension of A74(2) The Council will consider this on an individual case basis should the situation arise.
Low	Whether, if the member has committed treason or been imprisoned for at least 10 years for one or more offences under the Official Secrets Acts, forfeiture under R91 or recovery of a monetary obligation under R93 should deprive the member or member's surviving spouse or civil partner of any GMP entitlement.	R95	New discretion The Council will consider this on an individual case basis should the situation arise.
Mid	Extend normal time limit for acceptance of a transfer value beyond 12 months from joining	R100(68)	Formerly A83(8) The Council will apply its discretion to such


	the LGPS		applications reviewing the individual circumstances and taking into account any financial considerations.
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Discretions in relation to scheme members (excluding councillor members) who ceased active membership on or after 1.4.08 and before 1.4.14, being discretions under:

- **The Local Government Pension Scheme (Administration) Regulations 2008 [prefix A]**
- **The Local Government Pension Scheme (Benefits, Membership and Contributions) Regulations 2007 [prefix B]**
- **The Local Government Pension Scheme (Transitional Provisions) Regulations 2008 [prefix T]**
- **The Local Government Pension Scheme (Transitional Provisions and Savings) Regulations 2014 [prefix TP]**
- **The Local Government Pension Scheme Regulations 2013 [prefix R]**
- **The Local Government Pension Scheme Regulations 1997 (as amended) [prefix L]**






Importance	Discretion	Regulation	Employer Policy
	Whether, for a member leaving on the grounds of redundancy or business efficiency on or before 31 st March 2014, to augment membership (by up to 10 years). The resolution to do so would have to be made within 6 months of the date of leaving. Hence this discretion is spent entirely after 30 th September 2014.	B12	The Council will apply its discretion to such applications reviewing the individual circumstances and taking into account any financial considerations.
	Allow late application to convert scheme AVCs into membership credit i.e. allow application more than 30 days after cessation of active membership	Tsch1 & L66(8) & former L66(9)(b)	The Council will not normally allow late applications, unless in exceptional circumstances and taking into account any financial considerations.
	Whether to apply to Secretary of State for a forfeiture certificate (where member is convicted of a relevant offence)	A72(1) & (6)	The Council will consider this on an individual case basis should the situation arise.
	Where forfeiture certificate is issued, whether to direct that benefits are to be forfeited	A72(3)	The Council will consider this on an individual case basis should the situation arise.
	Where forfeiture certificate is issued, whether to direct interim payments out of Pension Fund until decision is taken to either apply the	A73(1) & (2)	The Council will consider this on an individual case basis should the situation arise.



	certificate or to pay benefits		
	Whether to recover from Fund any monetary obligation or, if less, the value of the member's benefits (other than transferred in pension rights or AVCs/SCAVCs) where the obligation was incurred as a result of a criminal, negligent or fraudulent act or omission in connection with the employment and as a result of which the person has left employment	A74(2)	The Council will consider this on an individual case basis should the situation arise.
	Whether to recover from Fund any financial loss caused by fraudulent offence or grave misconduct of employee (who has left because of that), or amount of refund if less	A76(2) & (3)	The Council will consider this on an individual case basis should the situation arise.
	Whether to grant application for early payment of deferred benefits on or after age 55 and before age 60	B30(2)	The Council will apply its discretion to such applications reviewing the individual circumstances and taking into account any financial considerations.
	Whether to waive, on compassionate grounds, the actuarial reduction applied to deferred benefits paid early under B30	B30(5)	The Council will not normally waive on compassionate grounds the actuarial reduction, unless in exceptional circumstances and taking into account any financial considerations.
	Whether to grant an application for early payment of a suspended tier 3 ill health pension on or after age 55 and before age 60	B30A(3)	The Council will retain discretion to make the final decision. This will be after due consideration of essential medical assessments by an independent qualified Occupational Health Practitioner.
	Whether to waive, on compassionate grounds, the actuarial reduction applied to benefits paid early under B30A	B30A(5)	The Council will not normally waive on compassionate grounds the actuarial reduction, unless in exceptional circumstances and taking into account any financial considerations.
	Decide whether deferred beneficiary meets permanent ill health and reduced likelihood of gainful employment criteria	B31(4)	The Council will retain discretion to make the final decision. This will be after due consideration of essential medical

			assessments by an independent qualified Occupational Health Practitioner.
	Decide whether a suspended ill health tier 3 member is permanently incapable of undertaking any gainful employment	B31(7)	The Council will retain discretion to make the final decision. This will be after due consideration of essential medical assessments by an independent qualified Occupational Health Practitioner.

Discretions under the Local Government Pension Scheme Regulations 1997 (as amended) in relation to scheme members who ceased active membership on or after 1.4.98 and before 1.4.08:


Note: This discretion also applies to active councillor members, and councillor members who ceased active membership on or after 1.4.98 but the Hartlepool Borough Council does not have councillors who meet this criteria.

Importance	Discretion	Regulation	Employer Policy
	Grant application from a post 31.3.98 / pre 1.4.08 leaver for early payment of benefits on or after age 50/55 and before age 60 (see Note below)	31(2)	The Council will apply its discretion to such applications reviewing the individual circumstances and taking into account any financial considerations.
	Waive, on compassionate grounds, the actuarial reduction applied to benefits paid early to a post 31.3.98 / pre 1.4.08 leaver.	31(5)	The Council will not normally waive on compassionate grounds the actuarial reduction, unless in exceptional circumstances and taking into account any financial considerations.
	Pre 1.4.08 optants out only to get benefits paid from NRD if employer agrees	31(7A)	The Council will apply its discretion to such applications reviewing the individual circumstances and taking into account any financial considerations.
	Forfeiture of pension rights on issue of Secretary of State's certificate (pre 1.4.08 leavers)	111(2) & (5)	The Council will consider this on an individual case basis should the situation arise.
	Where forfeiture certificate is issued, direct interim payments out of Pension Fund until decision is taken to either apply the certificate or to pay benefits (pre 1.4.08 leavers)	112(1)	The Council will consider this on an individual case basis should the situation arise.

	Recovery from Fund of monetary obligation owed by former employee or, if less, the value of the member's benefits (other than transferred in pension rights) (pre 1.4.08 leavers)	113(2)	The Council will consider this on an individual case basis should the situation arise.
	Recovery from Fund of financial loss caused by employee, or amount of refund if less (pre 1.4.08 leavers)	115(2) & (3)	The Council will consider this on an individual case basis should the situation arise.

Note: benefits paid on or after age 50 and before age 55 are subject to an unauthorised payments charge and, where applicable, an unauthorised payments surcharge under the Finance Act 2006. Also, any part of the benefits which had accrued after 5 April 2006 would generate a scheme sanction charge.

Discretions under the Local Government Pension Scheme Regulations 1995 (as amended) in relation to pre 1.4.98 scheme leavers

Importance	Discretion	Regulation	Employer Policy
	Grant application from a pre 1.4.98 leaver for early payment of deferred benefits on or after age 50 on compassionate grounds (see Note below)	D11(2)(c)	The Council will apply its discretion to such applications reviewing the individual circumstances and taking into account any financial considerations.

Note: benefits paid on or after age 50 and before age 55 are subject to an unauthorised payments charge and, where applicable, an unauthorised payments surcharge under the Finance Act 2006. However, as the benefits had accrued prior to 6 April 2006, they would not generate a scheme sanction charge.

Section B: Local Government (Early Termination of Employment)

Discretions in accordance with regulation 26 of the Local Government (Early Termination of Employment (Discretionary Compensation) (England and Wales) Regulations 2000, operative from 1 October 2000 and regulation 7 of the Local Government (Early Termination of Employment (Discretionary Compensation) (England and Wales) Regulations 2000, operative from 1 October 2006

Increasing the Statutory Redundancy Payment by using an actual weeks pay rather than the Statutory Weeks Pay Limit

The Council will exercise its discretion to use an actual weeks pay rather than the statutory weeks pay limit in making:

- all redundancy payments and
- all 66 week payments

Paying an Additional Lump Sum Severance (Compensation) Payment subject to the Statutory Maximum of 66 Weeks Pay

The Council will not normally pay additional lump sum severance payments. However the Council will consider individual applications in special extenuating circumstances. Any payments made are subject to the Council's maximum discretion (66 weeks) subject to financial considerations / criteria being met and no formal notice of redundancy having been given to the applicant.

Section C: Local Government (Injuries Allowance)

Discretions relating to injury allowances under the Local Government (Discretionary Payments) (Injury Allowances) Regulations 2011

The current policy is that the Council do not pay injury allowances and this will be subject to review every two years.

Documentation

HRPP/029-G1

Internal Dispute Resolution Procedure - Teesside Pension Fund Employers Guide

FINANCE AND POLICY COMMITTEE

30 June 2014



Report of: Assistant Chief Executive

Subject: NORTHGATE COMMUNITY FUND

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non Key Decision

2. PURPOSE OF REPORT

- 2.1 To request the Finance and Policy Committee to agree the final make up of the Northgate Community Fund Forum.

3. BACKGROUND

- 3.1 At the Finance and Policy Committee Meeting on 28th March 2014, Members agreed the make up of the Northgate Community Fund Forum as below:

- Leader of the Council plus two other elected members
- Assistant Chief Executive
- Northgate (Director Business Services, Director and Programme Director)

- 3.2 At the meeting the two other elected members were not agreed.

4. RECOMMENDATIONS

- 4.1 Members agree the two other members who are to form the membership on the Northgate Community Fund Forum.

5. REASONS FOR RECOMMENDATIONS

- 5.1 To complete the Membership of the forum.

6. BACKGROUND PAPERS

Finance and Policy Committee Report
28 March 2014
Northgate Community Fund – ICT Contract

7. CONTACT OFFICER

Andrew Atkin
Assistant Chief Executive
Tel: 01429 523003
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FINANCE AND POLICY COMMITTEE

30 June 2014



Report of: Assistant Chief Executive

Subject: QUARTER 4 – COUNCIL OVERVIEW OF PERFORMANCE AND RISK 2013/14

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non Key Decision

2. PURPOSE OF REPORT

- 2.1 To inform Finance and Policy Committee of the progress made against the 2013/14 Council Plan, for the period ending 31 March 2014.

3. BACKGROUND

- 3.1 The Council Plan was agreed by Council on 11 April 2013.
- 3.2 The Council Plan contains an action plan setting out how the Council proposes to deliver the Council's priority outcomes. Key Performance Indicators are also included which can then be used to monitor progress throughout the year and at year end. It also contains a section listing the Risks that could prevent the Council from delivering the priority outcomes.
- 3.3 The Council's Performance Management System (Covalent) is used to collect and analyse progress against the actions, performance indicators and risks detailed in the Council. The information in the system was used to prepare this report.
- 3.4 The structure of the report is:

Paragraphs	Content
4.1 – 4.7	Council Overview of Performance and Risk
5.1 – 5.7	Child and Adult Services Departmental Update
6.1 – 6.7	Public Health Departmental Update
7.1 – 7.8	Regeneration and Neighbourhoods Departmental Update
8.1 – 8.7	Chief Executives Departmental Update
9.1	Recommendations

4. COUNCIL OVERVIEW OF PERFORMANCE AND RISK

- 4.1 In total the Council Plan includes 243 actions and 217 performance indicators to deliver and measure improvements across key priority areas (outcomes) identified in the Community Strategy and Council Plan.
- 4.2 Of the 217 indicators, 100 had targets set and the remaining 117 were for monitoring purposes only. Updates have been provided for 78 of the 100 targeted indicators, data is currently not available for the remaining 22 indicators. Only the targeted indicators are included in the analysis for this report.
- 4.3 Officers have assessed the indicators and actions included in the plans, making judgements based on progress to the 31 March 2014. Progress is categorised as: -
- **PI target achieved or Action completed**
 - **PI on track to achieve target or Action on track to be completed**
 - **PI/Action having made acceptable progress**
 - **PI/Action requiring intervention**
 - **PI Target not achieved or Action not completed.**
- 4.4 The Council Plan addresses the key priorities and issues facing the Council, and includes an action plan that draws the key actions and performance indicators from across the three Departments.
- 4.5 Charts 1 and 2 below summarise officers' assessments of the Council Plan actions and indicators (that have targets **and** are measurable throughout the year). As at 31 March 2014, the position was a positive one, with: -
- 228 actions (94%) have already been completed or assessed as being on target to be achieved by their scheduled completion date;
 - 54 performance indicators (69%) have been assessed as being target achieved or on track to achieve on track to achieve their year end target;
 - 8 Actions (3.29%) have been identified as not completed. These are highlighted later in report.
 - 13 PI's (16.7%) have been identified as target not achieved and 1PI (1.3%) as intervention required. These are highlighted later in report.

Chart 1: Council Plan Action Progress for period to 31 March 2014.

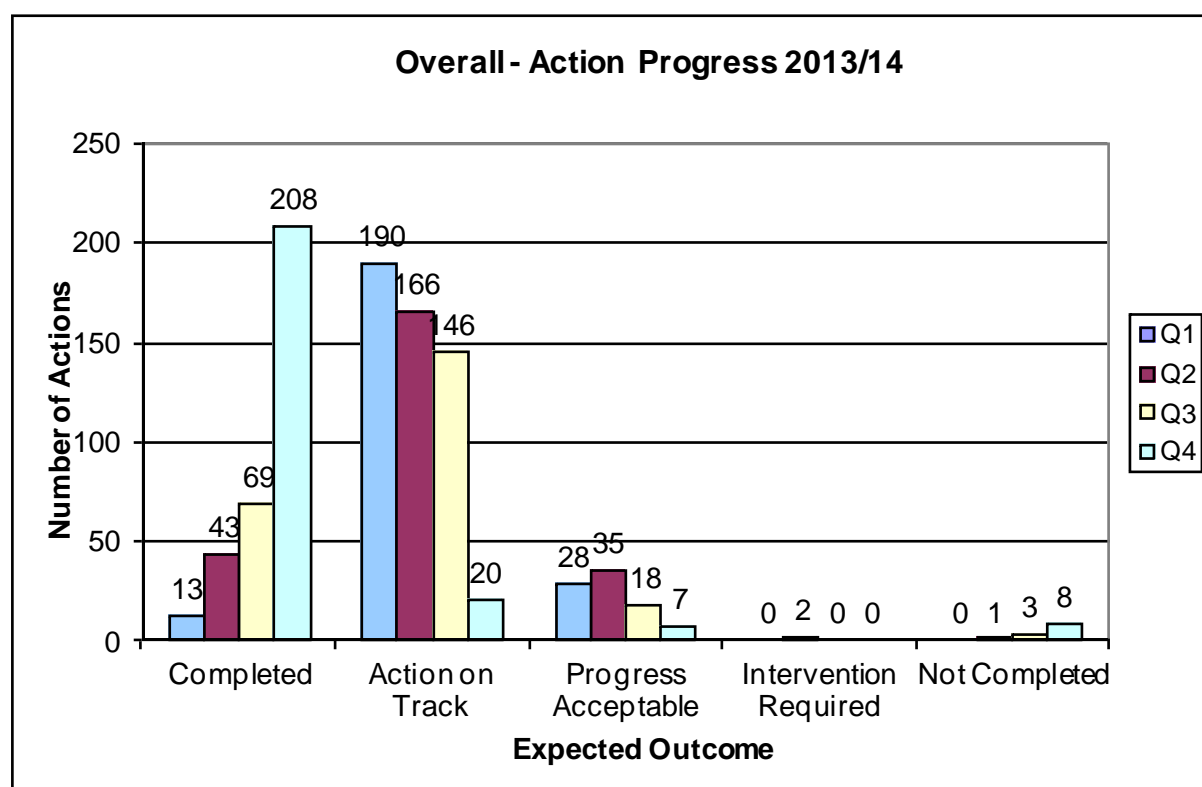
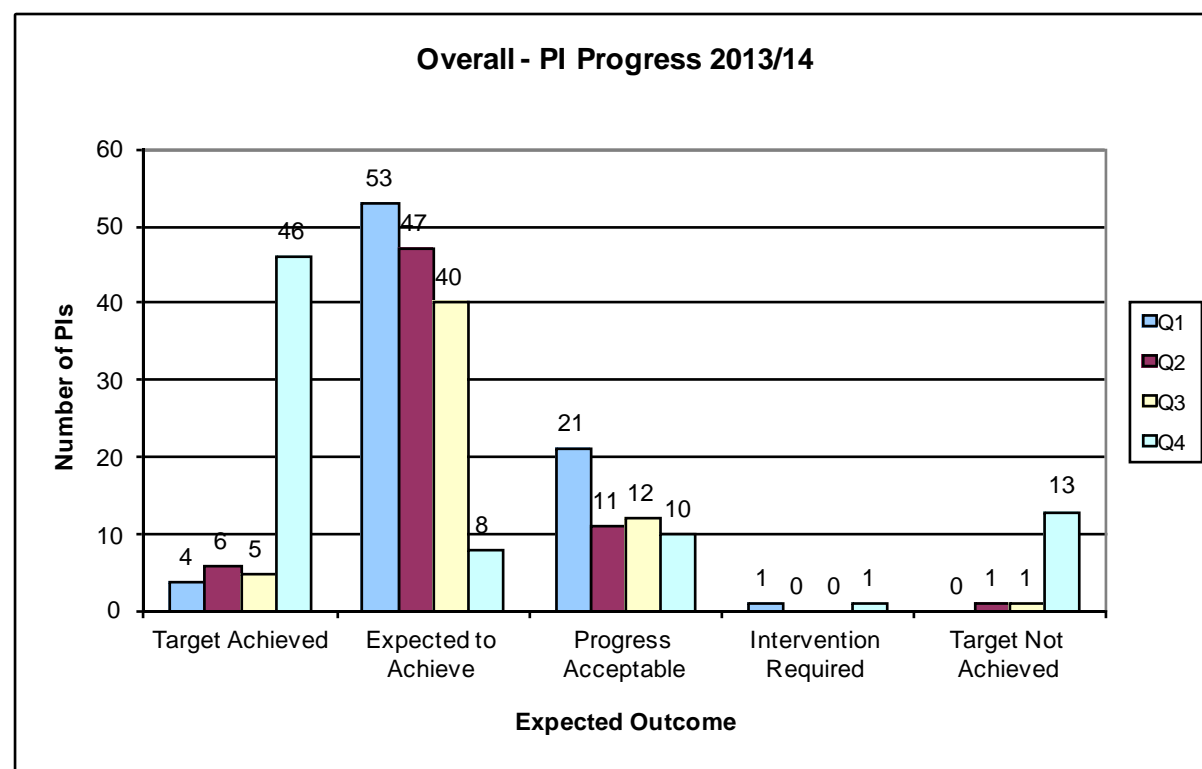


Chart 2: Council Plan PI Progress for period to 31 March 2014



- 4.6 128 strategic risks have been identified across the Council. These are being managed in accordance with the Council's Risk Management Framework as agreed by Performance Portfolio Holder on 23 March 2011. This splits risks into two categories:
- Actively Managed Risks: those where additional control measures are being pursued or need highlighting and monitoring through senior managers and elected members; and
 - Accepted Risks: those risks that have been identified by departments as under control.
- 4.7 Accepted risks continue to be monitored by individual departments to ensure the risk is kept at an acceptable level. Sections 5.5, 6.5, 7.6 and 8.5 of this report provide an update on the Actively Managed Risks.

5. CHILD AND ADULT SERVICES DEPARTMENTAL UPDATE

- 5.1 The Child and Adult Department contributes to 11 outcomes, spread across 6 themes:
- Jobs and the Economy
 - Lifelong Learning and Skills
 - Health and Wellbeing
 - Community Safety
 - Culture and Leisure
 - Strengthening Communities
- 5.2 The Child and Adults Department has identified are 58 actions and 110 performance indicators (51 Targeted and 59 Monitored) spread across 11 outcomes within the Council Plan that it is responsible for.
- 5.3 As can be seen in chart 3 overall progress is good with:
- 54 actions (93.1%) having been completed with a further 3 (5.17%) being assessed as being on target to be achieved by their scheduled completion date;
 - The one remaining actions has been flagged as not been completed and is identified below in table 1.

Chart 3: CAD Overall Action Progress – to 31 March 2014

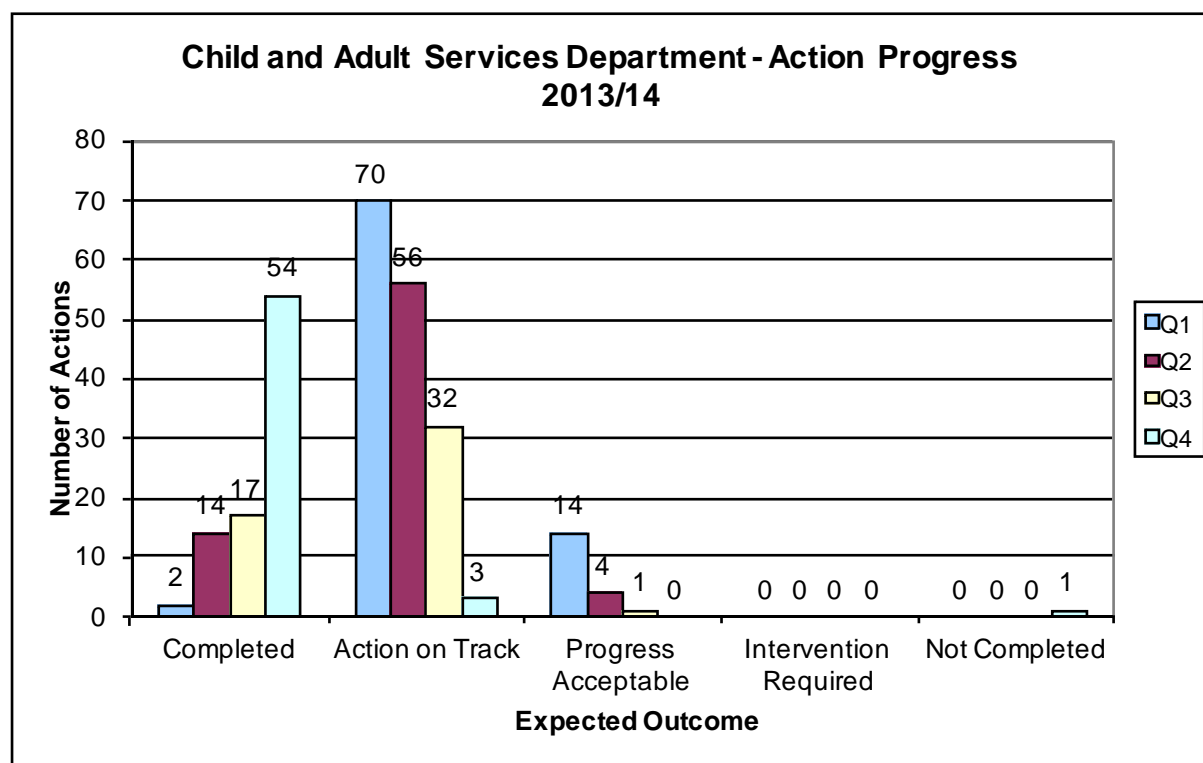
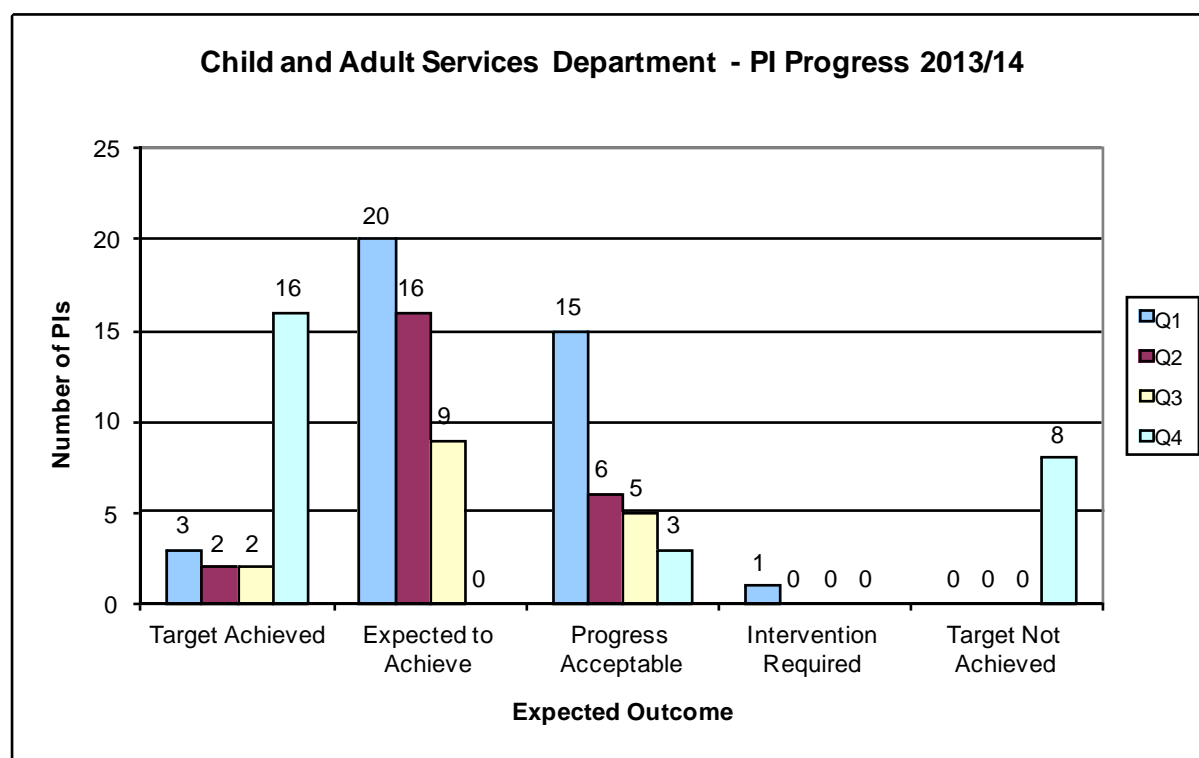


Table 1: CAD Actions assessed as 'not completed'

Outcome 7. To promote opportunities for all children and young people to reach their full potential by accessing good quality teaching and curriculum provision which fully meets their needs and enables them to participate in and enjoy their learning			
Ref	Action	Due Date	Note
CAD 13/14 LLS08	Challenge all schools to reduce the existing achievement gap in reading, writing and mathematics (primary schools) and English and mathematics (secondary schools) between pupils in receipt of the pupil premium and all other pupils by accelerating the	31 March 2014	The LA continues to challenge all schools to close the gap in pupil achievement by making effective use of the additional funding that the pupil premium provides. Validated data shows that the gap in Hartlepool is just wider (+2%) than the National picture in primary schools, and slightly wider again (+3.5%) in secondary schools. In addition the LA has presented a paper to the Children's Services Committee analysing the pupil premium gap and a seminar has been held for Head Teachers where those schools that have successfully narrowed the gap explained the strategies that they used.

Chart 4: CAD Targeted Performance Indicators – Progress to 31 March 2014



5.4 Chart 4 summarises officers' assessments of the Performance Indicators that have targets **and** are measurable throughout the year. Again there has been a change in responsibility for a number of PIs and so the numbers with the graph with vary quarter on quarter because of this. As at 31 December 2013, the position was a positive one, with:

- 16 indicators (59.26%) being assessed as achieving Target;
- A further 3 indicators (11.11%) having been assessed as having made acceptable progress;
- 4 Indicators are identified as not achieving target and are identified below. The chart above shows 8 as some indicators appear within more than one outcome)

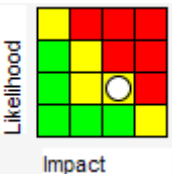
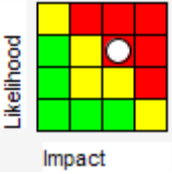
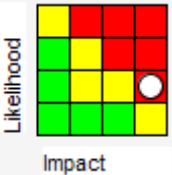
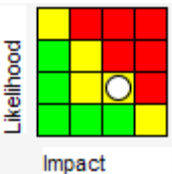
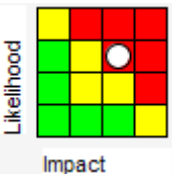
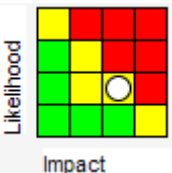
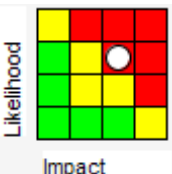
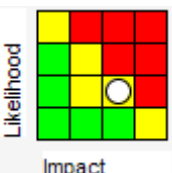
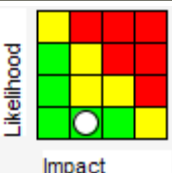
Table 2: CAD PI Not achieved Target

Outcome: 3 Hartlepool has increased employment and skills levels with a competitive workforce that meets the needs of employers and the economy				
Ref	Indicator	Current Value	Target	Notes
NI117	Percentage of 16-18 year olds who are not in education, employment or training (NEET)	7.8	6.8	Note from Mark Smith - We have seen a slight increase in the local numbers of young people not in education employment or training due to a shrinkage in the post 16 landscape (linked to the broader economic downturn) and also the disappearance of a local youth labour market.
Outcome 7 to promote opportunities for all children and young people to reach their full potential by accessing good quality teaching and curriculum provision which fully meets their needs and enables them to participate in and enjoy their learning				
Ref	Indicator	Current Value	Target	Notes
CSD P093	Percentage gap between pupils eligible for the pupil premium and their peers achieving at least level 4 in reading, writing and Maths at Key Stage 2	20%	18%	DfE Performance tables (updated 20 March 2014) report a 20% gap between disadvantaged pupils and their peers at the end of KS2 in Hartlepool. The National attainment gap for this indicator is 18%
CSD P094	Percentage gap between pupils eligible for the pupil premium and their peers achieving 5 A*-C grades at GCSE (and equivalent) including GCSE English and Mathematics at Key Stage 4	30.4%	26.9%	DfE Performance Tables report 30.4% gap between disadvantaged and non-disadvantaged pupils in Hartlepool secondary schools. The national gap is reported as 26.9%. (Figures checked against RAISE validated data April 2014)
NI 75	Percentage of pupils achieving 5 or more A* - C grades at GCSE or equivalent including English and Maths	59%	60.6%	After a fall in GCSE 5 A*-C last year across the town, the LA has worked with those schools which were causing concern to provide English and Maths support, this is reflected in the increased results for all schools in Hartlepool.

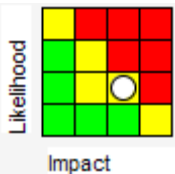
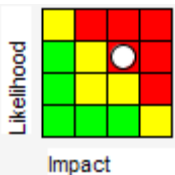
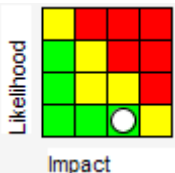
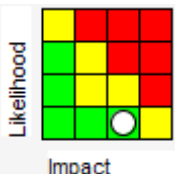
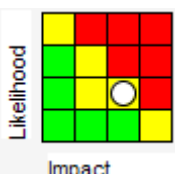
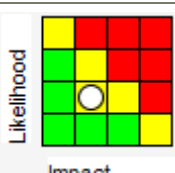
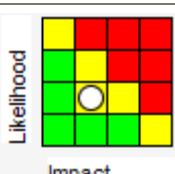
5.5 There are 11 risks on the Accepted Risk Register within the Child and Adult Services Department and a further 45 on the Actively Managed Risk Register. The table below provides a summary of the position of the risks on the Actively Managed Risk Register along with details as to what action is being taken with regard to these risks.

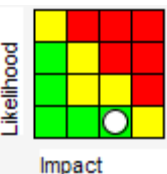
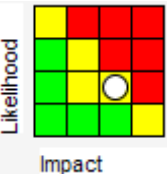
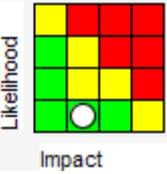
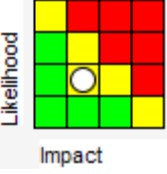
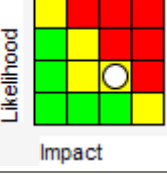
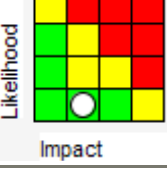
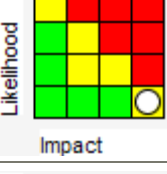
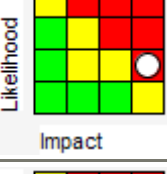
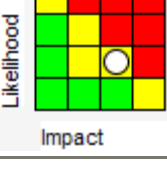
Table 3: CAD Actively Managed Risks 2013/14

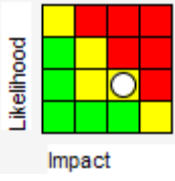
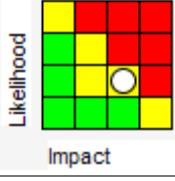
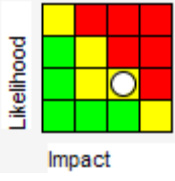
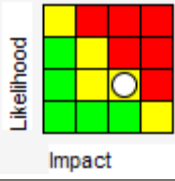
Code	Title	Current Risk Matrix	Latest Note
CAD R001	Service issue as a result of insufficient budget allocation or changes in national funding/grants (Actively Managed)		Pressure on budgets continues to be a concern due to demographic pressures and annual savings targets. The Better Care Fund will promote closer integration of health and social care and involve use of a pooled budget to provide more joined up services, with additional funding available from 2015/16 to support this agenda.
CAD R004	An increase in the number of schools falling below Performance Achievement Standard (Actively Managed)		Current indicators show that no school should fall below the National floor standard.
CAD R005	Failure to meet the statutory duties and requirements vested within the Child and Adult Services department (Actively Managed)		Recent inspection indicates that the likelihood of non compliance is low.
CAD R006	Alcohol investment does not enable the provision of sufficient services to meet the increased level of need. (Actively Managed)		Budget maintained for the next financial year and developments underway to improve service provision.
CAD R007	Adverse publicity and community tension (e.g. in regard to reintegration of drug users,/offenders back into community, drug related deaths, establishing community services/Pharmacist) (Actively Managed)		Reviewed with no change to risk identified.
CAD R008	Damage / Disruption due to violence to staff, health & safety incidents or poor working conditions (Actively Managed)		Health and Safety risks carefully monitored through regular meetings held internally and involving trade union representation.
CAD R011	Failure to work in effective partnerships with NHS, including risk of cost shunting. (Actively Managed)		Risk has reduced due to the introduction of the Better Care Fund which will promote closer integration of health and social care and the use of pooled budgets to provide more joined up services, with additional funding available from 2015/16 to support this agenda. The Better Care Fund plan for Hartlepool has been developed in partnership with the CCG and local NHS providers and approved by the Health & Wellbeing Board.
CAD R014	Failure to make significant inroads in Health Impact		Health inequalities continue to remain a significant challenge in Hartlepool. Ongoing challenges include the apparent rise in smoking prevalence, alcohol misuse, rising levels of obesity and the impact of welfare reform.

Code	Title	Current Risk Matrix	Latest Note
CAD R017	Failure to recruit & retain suitable staff in childrens services (Actively Managed)		No change to risk score. Staff retention remains good, due to capacity pressures, 4 new posts have been created in social care. Good response to advert has been received and substantial pool from which to select new staff. Two agency workers remain in post until these posts are filled.
CAD R018	Government reduces grant allocations i.e. Pooled Treatment and DIP (Drug Intervention Programme)		Reviewed with no change to risk identified.
CAD R019	Failure to plan for future need and ensure sufficient placement provision to meet demand (Actively Managed)		No change to risk score. 2014-2017 Children Looked After strategy prepared and incorporates a sufficiency needs analysis. New children's home open and occupied. Continued positive recruitment of foster carers.
CAD R020	Insufficient capacity in the independent sector to meet placement demand (Actively Managed)		No change to risk score
CAD R021	Increased demand on services due to socio-economic pressures (Actively Managed)		No change to risk score
CAD R022	Failure to provide statutory services to safeguard children and protect their well-being (Actively Managed)		No change to risk score
CAD R023	Impact of change to funding arrangements across Children's Services (Actively Managed)		No change to risk score. Savings in EIG and divisional budget implemented 1/04/14
CAD R024	Failure to meet statutory duties and functions in relation to the Youth Offending Service (Actively Managed)		The Youth Justice Board grant has been confirmed as the same for the previous year which places the youth offending services in a strong position to deliver on it's statutory duties and functions.
CAD R025	Failure to meet statutory duties and functions in relation to childcare sufficiency		Childcare Sufficiency Assessment approved by Children's Services Committee March 2014. Assessment showing that there are enough places for demand at this time.

Code	Title	Current Risk Matrix	Latest Note
CAD R026	Failure to deliver Early Intervention Strategy		No change to risk score
CAD R029	Failure to effectively manage risks exhibited by young people and families (Actively Managed)		No change to risk score
CAD R031	Failure to recruit and retain staff in educational support services (Actively Managed)		School services currently have 2 unfilled posts that have being advertised and are looking for alternative recruitment strategies. The risk is that the capacity of other team members is being stretched.
CAD R032	Increase in the number of schools falling below national average for pupil attendance (Actively Managed)		Latest data indicates that attendance has improved in Hartlepool but remains below the National average. A potential difficulty in the future is Academy not contributing the finances needed to run an attendance team at it's current size.
CAD R033	Failure to plan for future need and ensure sufficient placement provision to meet demand within adult social care. (Actively Managed)		This continues to be a significant risk due to limited nursing home capacity within Hartlepool. The situation is being closely monitored and concerns have been highlighted with the CCG as the commissioner of nursing care. A range of actions have been agreed to try and address short and longer term issues.
CAD R034	Insufficient capacity in the independent sector to meet placement demand within adult social care. (Actively Managed)		This continues to be a significant risk due to limited nursing home capacity within Hartlepool. The situation is being closely monitored and concerns have been highlighted with the CCG as the commissioner of nursing care. A range of actions have been agreed to try and address short and longer term issues.
CAD R035	Increased demand on adult social care services due to demographic pressures. (Actively Managed)		No change to risk score. Demographic pressures continue to impact on adult social care services in terms of capacity and spend and this is likely to continue. Proposed developments within the Better Care Fund plan will aim to constrain activity in terms of admissions to residential care but this is challenging in the context of an ageing population and increased prevalence of dementia.
CAD R037	Failure to achieve targets in relation to assessments within 28 days and annual reviews, due to increased pressures on services. (Actively Managed)		End of year performance for 2013-14 for assessments in time is good but below the annual target. Increasing pressures has meant there are significant issues over our capacity to deal with inappropriate delays. Pressures on the health service are increasing the demands on social care and we do not have control over these external factors. Work is ongoing to look at the nature of these risks, specifically by area such as OT. Given the above, the target has not been achieved, but performance remains at acceptable levels in comparison to other local authorities in this region.

Code	Title	Current Risk Matrix	Latest Note
CAD R038	Failure to provide statutory services to safeguard vulnerable adult. (Actively Managed)		No change to risk status - partner agencies continue to work together through the Hartlepool Safeguarding Adults Committee and the Teeswide Safeguarding Adults Board to ensure that services are in place to safeguard vulnerable adults. Statutory services to safeguard vulnerable adults will not be affected by funding cuts in 2014/15 although increasing demand and decreasing resources are a concern.
CAD R039	Impact of change to funding arrangements across adult social care services. (Actively Managed)		No change to risk status - the implications of the Care Bill are not yet fully known but the requirement to provide support to all carers is likely to have a significant impact, as is the implementation of the cap on care costs. The level of ongoing cuts required in adult social care is likely to produce increased risks as services are reduced or stop being provided.
CAD R040	Failure to deliver the Reablement Strategy. (Actively Managed)		No change to risk status. Reablement services are currently working well and further investment is likely to be identified through the Better Care Fund.
CAD R041	Failure to recruit & retain suitable staff in adult social care. (Actively Managed)		No change to risk status - there are no issues with recruitment and retention of suitable staff in adult services at the present time.
CAD R043	Delayed transfers of care from hospital due to reduced capacity and changing working arrangements for hospital discharge. (Actively Managed)		The potential for delayed transfers of care from hospital continues to be an increased risk to the Council because of the phased reduction in the number of acute beds, while demand increases and is likely to increase further. The volume of requests for assessments of need will continue to be a pressure as will financial pressures linked to supporting vulnerable people to be discharged safely. We continue to liaise with North Tees & Hartlepool Foundation Trust and have recently taken part in a Hospital Discharge event facilitated by Healthwatch to investigate the challenges more closely - we are awaiting HealthWatch to develop implementation plans linked to the agreed outcomes of the workshop.
CAD R044	Failure to retain suitably skilled staff in the Museum Service (Actively Managed)		No change to risks, qualified staff are reducing and the future sustainability of the service is a critical element within the wider HME Review and how the local museum service is secured.
CAD R045	Failure to deliver statutory elements of the Library Service (Actively Managed)		Library status secure, ongoing review for 2015/16 is the next challenge.

Code	Title	Current Risk Matrix	Latest Note
CAD R046	Failure to provide statutory service of archaeological planning advice and Historic Environment Record (Actively Managed)		Same status comment as october 2013. Tees Archaeology now reporting to Planning & Development control.
CAD R047	Failure to fulfill the targets for recruitment set by the SFA leading to loss of income (Actively Managed)		Current recruitment is holding up well.
CAD R048	Failure to reach the minimum levels of performance for the SFA or Ofsted (Actively Managed)		OFSTED inspection in December 2013 - outcome after a 4 day inspection was GOOD which is an excellent outcome for the service considering the peer experiences in respect to the new OFSTED regime.
CAD R049	Failure of MIS and IT systems preventing return of electronic data for funding purposes (Actively Managed)		The systems were fully challenged as part of the OFSTED inspection in Dec 2013.
CAD R050	Failure to recruit or retrain sufficient staff in key areas of a changing programme offer (Actively Managed)		This could be critical if suitably qualified staff were unavailable to enable new course areas to be delivered which in turn may impact on service income and target shortfalls in student numbers.
CAD R051	Failure of partnerships resulting in insufficient venues to deliver training (Actively Managed)		Not currently causing any concern, particularly as the Adult Education service has access to high quality teaching and seminar rooms within Victoria Buildings.
CAD R052	Failure to meet the licensing requirements of the Adventurous Activity Licensing Authority (Actively Managed)		Current AALA Licences retained for both outdoor Activities at Summerhill and elsewhere off site and also Carlton OEC.
CAD R053	Failure to adhere to the recommended standards regarding pool safety management (Actively Managed)		This is always a high risk area and reliant upon constant vigilance, quality of staff and regular training. This is an area of no compromise as accidents can still occur.
CAD R054	Failure to ensure awareness and training of staff regarding safeguarding (Actively Managed)		Staff to continue to regularly attend different elements of safeguarding training and awareness raising to minimise incidents occurring and to ensure an appropriate response when safeguarding concerns are identified.

Code	Title	Current Risk Matrix	Latest Note
CAD R055	Failure to establish new partnerships and meet funding conditions of external partners in relation to grant funding, MOU's or SLA's (Actively Managed)		New opportunities have presented themselves with Sport England and Tees valley Sport grants, bids now in, Adult education has been offered a major extension to the Skills Delivery contract and new user groups are presenting for use of the Borough Hall following the recent closure of the Redcar Bowl - National initiative for culture & young people via the Heartstone Charity. Work continues in regard to the review and SLA potential at the HME with HMS Trincomalee trust.
CAD R056	Lack of adequate investment in public buildings affecting ability to income generate (Actively Managed)		The importance of maintaining front line income earning properties cannot be overstated - particularly the reputational and economic reputation for the visitor economy.
CAD R057	Impact of recruitment freeze, gaps in staffing caused by length of time taken in process and use of redeployed staff lacking appropriate skills and experience (Actively Managed)		As staff numbers reduce , certain areas of operation are now 'wafer thin' in terms of skills and knowledge, thus the risk remains a very real threat.
CAD R058	Failure to adhere to recommendations of the Playing Pitch Strategy (Actively Managed)		The existence of this strategy is important as a safeguarding measure and also as a guiding principle in relation to development pressure. This is now enhanced by the approval of the revised Indoor Sports Strategy approved by Committee in December 2013.

5.6 For the period up to 31 March 2014 the Child and Adult Services Department have identified a number of achievements including: -

- **Increase the number of people using assistive technology as a means to remain independent**

The number of people using assistive technology as a means to remain independent continues to increase with over 1,480 users at end of November 2013 which exceeds the year end target of 1,250.

- **Continue to increase the number of people accessing personal budgets through focused work in mental health services, developing personal budgets for carers and continued work with health partners.**

Performance data indicates that over 99% of people eligible to access a personal budget are now doing so. People with long term conditions are also being supported to access Personal Health Budgets where appropriate. The Partnership Agreement with TEVV NHS Foundation Trust for the delivery of integrated mental health services in Hartlepool will be reviewed over the next 6 months to evaluate performance and ensure the right model is in place to deliver outcomes for people with mental health issues.

- **Client receiving a review**

This end of year figure has exceeded the target of 75%. This is made up of 4,345 people being reviewed out of 4,768 receiving services during the year.

6. PUBLIC HEALTH DEPARTMENTAL UPDATE

6.1 The Public Health Department contributes to 3 outcomes, spread across 2 themes:

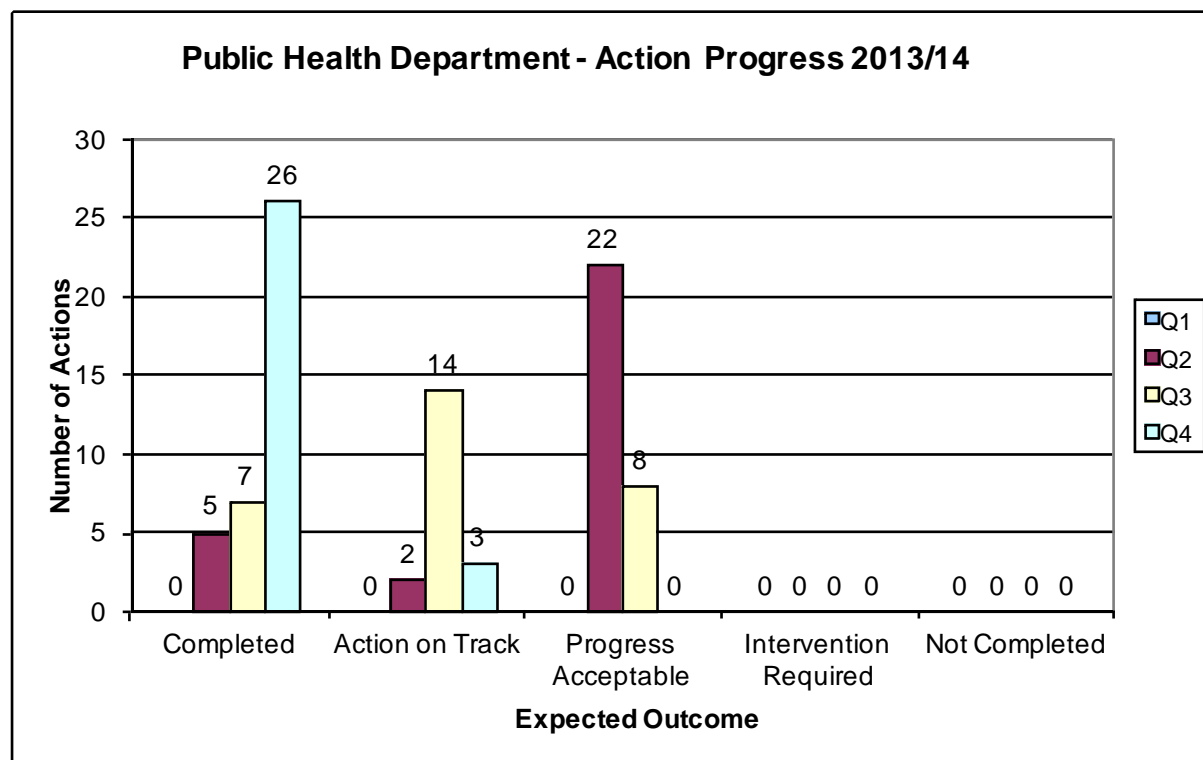
- Health and Wellbeing
- Community Safety

6.2 The Public Health Department has identified are 29 actions and 18 performance indicators (5 Targeted and 13 Monitored) spread across 3 outcomes within the Council Plan that it is responsible for. In addition the department has also identified 6 strategic risks that are included in the Council's Risk Registers.

6.3 As can be seen in chart 5 overall progress is good with:

- 26 actions (89.66%) having been completed and a further 3 (10.34%) actions assessed as being on target to be achieved by their scheduled completion date;

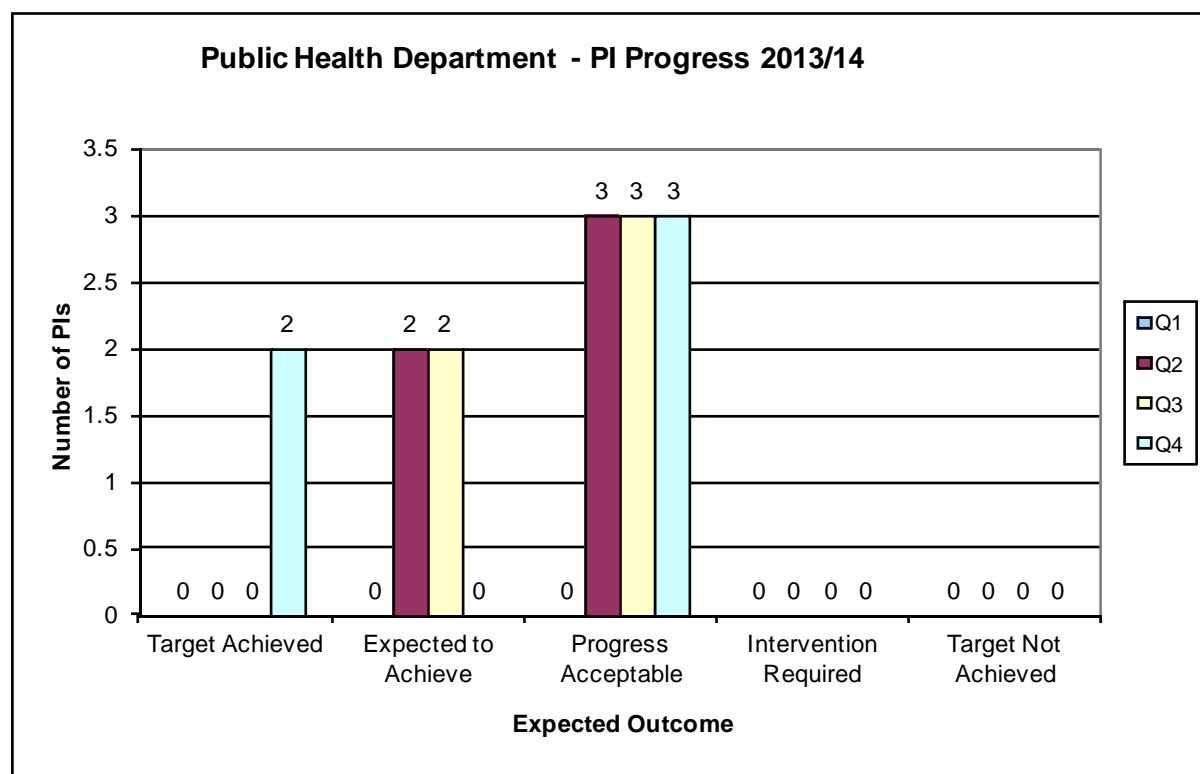
Chart 5: Public Health Overall Action Progress – to 31 March 2014



6.4 Chart 6 summarises officers' assessments of the 5 Performance Indicators that have targets **and** are measurable throughout the year. As at 31 December 2013, the position was a positive one, with:

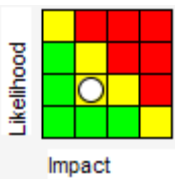
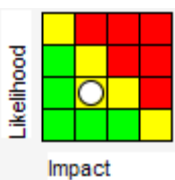
- 2 indicators (40%) being assessed as being target achieved
- A further 3 indicators (60%) having been assessed as having made acceptable progress;

Chart 6: Public Health Targeted Performance Indicators – Progress to 31 March 2014



- 6.5 There are 2 risks on the Accepted Risk Register within the Public Health Department and a further 2 on the Actively Managed Risk Register. The table below provides a summary of the position of the risks on the Actively Managed Risk Register along with details as to what action is being taken with regard to these risks.

Table 4: PHD Actively Managed Risks 2013/14

Code	Title	Current Risk Matrix	Latest Note
CAD R006	Alcohol investment does not enable the provision of sufficient services to meet the increased level of need. (Actively Managed)		Reviewed. No change
CAD R007	Adverse publicity and community tension (e.g. in regard to reintegration of drug users,/offenders back into community, drug related deaths, establishing community services/Pharmacist) (Actively Managed)		Reviewed. No change

- 6.6 For the period up to 31 March 2104 the Public Health Services Department have identified a number of achievements including: -

- **ACS P035 GP Referrals - Of those completing a 10 week programme the percentage going onto mainstream activity**
Target achieved - extremely good result for a programme of this nature.
- **NI39 Rate of Hospital Admissions per 100,000 for Alcohol Related Harm** - Q4 2012/13 is the latest available data and shows 2699 per 100,000 population. This shows a decrease of -2.3% from Q4 period of 2011/12
- **CAD 13/14 HW15 Ensure a range of Physical Activity opportunities are available for children & young people (up to age 25)** – New initiatives have been recently launched based on the results from consultation, these include tumble and tramp tots, dance and cricket. Further provision continues to take place around football and additional delivery is targeted through clubs and the holiday programme. Following success of the 2013/14 Sportive programme, Tees Valley Sport have confirmed the Hartlepool area has been awarded £25,000.
- **CAD 13/14 HW19 Implement the British Heart Foundation Younger Wiser Programme** – The work of the BHF Younger wiser programme will continue into the next financial year and is due to end 2015. The project continues to expand its reach utilising many partners to deliver on the healthy heart agenda. The latest addition is the provision of CPR in schools.

The following issues have also been identified

- Breastfeeding initiation and prevalence at 6-8 weeks remains a challenge in Hartlepool
- There has been a sudden rise in Smoking prevalence in Hartlepool from 23.5% to 28.2%. It is hoped that this is a spike rather than a trend.

7 REGENERATION AND NEIGHBOURHOODS DEPARTMENTAL UPDATE

7.1 The Regeneration and Neighbourhoods Department contributes to 19 outcomes, spread across 7 themes.

- Jobs and the Economy
- Health and Wellbeing
- Community Safety
- Environment
- Housing
- Strengthening Communities
- Organisational Development

7.2 The Regeneration and Neighbourhoods Department has identified 84 actions and 53 performance indicators spread across 21 outcomes within the Council Plan that it is responsible for. There has been an increase in the number of actions and PI as responsibility for service delivery has changed departments. In addition the department has also identified 36 strategic risks that are included in the Council's Risk Registers.

7.3 As can be seen in Chart 7, overall progress is good with:

- 70 actions (83.33%) have been completed and a further 8 (9.52%) assessed as being on track to be completed by the agreed date;
- 6 actions have not been completed and further information can be found in Table 3 below;

Chart 7: RND Overall Action Progress – to 31 March 2014.

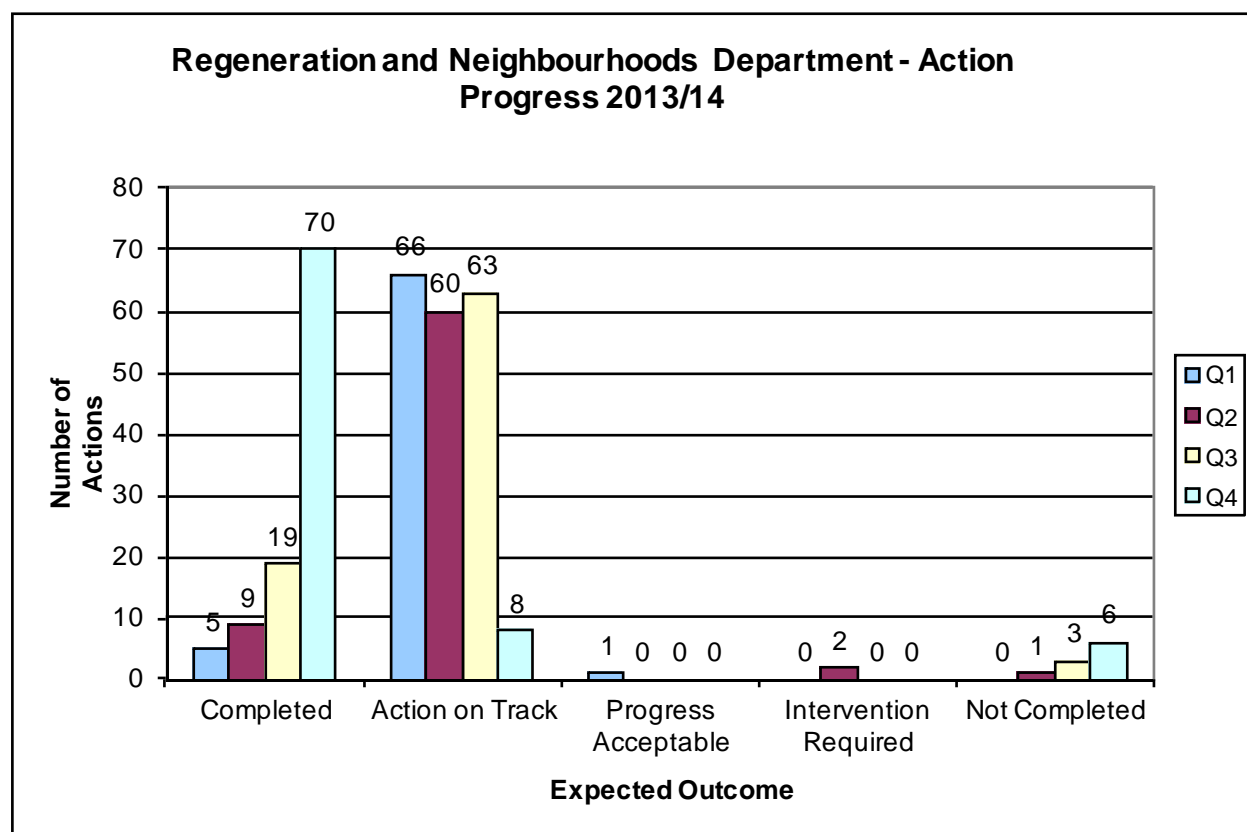


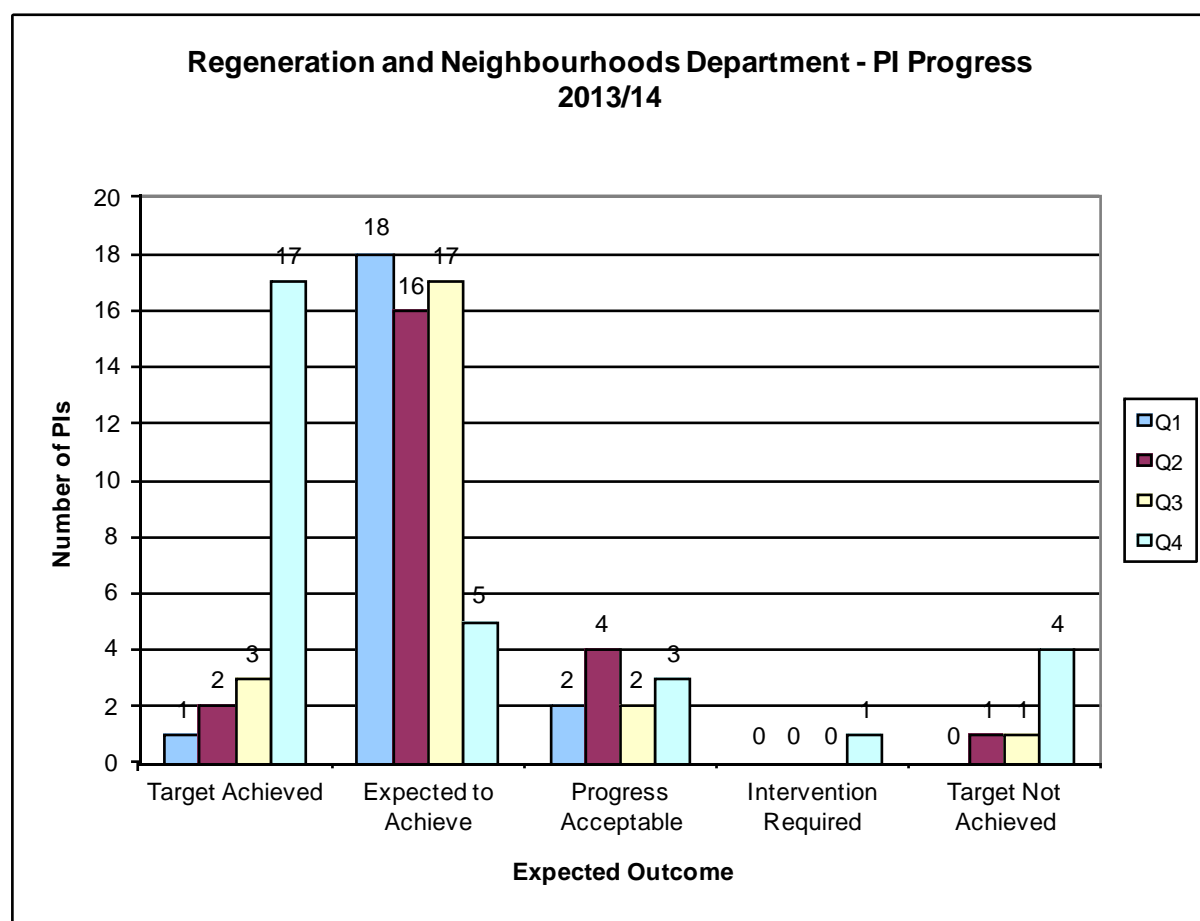
Table 5: RND Actions assessed as 'not completed'

Outcome 5 Hartlepool has a boosted visitor economy			
Ref	Action	Due Date	Note
RND 13/14 EN01	Adopt the Hartlepool Local Plan which sets out the spatial vision, strategic objectives and core policies for the Borough for the next 15	31-Aug-2014	The Regeneration committee agreed a timetable for delivering the new Local Plan at a meeting held on the
Outcome 19 Provide a sustainable, safe, efficient and accessible transport system			
Ref	Action	Due Date	Note
RND 13/14 EN19	Secure approval and implement wave over topping protection works at the town wall	31 March 2014	A scheme for the Town Wall was approved at Neighbourhoods Committee in March 14. As a result we are looking to submit a planning application for the works within the next 4 weeks
Outcome 21. Hartlepool has an improved and more balanced housing offer that meets the needs of residents and is of high quality design			
Ref	Action	Due Date	Note
RND 13/14 HO07	Continue to achieve improvements in the number of private sector homes constructed to lifetime home standards and relevant government energy efficiency levels.	31-Mar-2014	As part of the Local Plan 2012 which has been considered at examination in public there are policies to encourage lifetime home standards and energy efficiency levels, however this would also be dictated by viability of the development. As part of the Local Development Framework HBC are also proposing to produce an Supplementary Planning Document (SPD) on design and sustainable development it is anticipated that this will incorporate guidance for developers regarding improving energy efficiency and lifetime home standards. The SPD is currently being drafted. There is a new action proposed from April 13 to continue to monitor this via the Authorities Monitoring Report which is a statutory document. Although a letter stating modifications were required has been received from the Planning Inspector in October 2013, and subject to these modifications it was anticipated that the Local Plan will be found sound and the Council will be able to adopt the Local Plan possibly at the end of 2013 or beginning of 2014, a Notice of Motion has been proposed by the Labour Group to withdraw the Local Plan a decision regarding this will be made on the 17th October 2013. Decision: Current Position noted.

Outcome 24 People enjoy equal access to leisure, culture, sport, libraries which enrich their lives, improve the places where they live, and strengthen communities			
Ref	Action	Due Date	Note
CAD 13/14 CL02	Develop on-line booking services across community services, including sports & culture	31-Mar-2014	Attended the regional quarterly XN Leisure Meeting and agreed with XN Leisure that HBC facilities are upgraded to the latest version of advantage so progression could be made with Online Payment and Bookings. Delay caused by the HBC Windows upgrade. Should now be delivered 2014/15.
Outcome 25. Local people have a greater voice and influence over local decision making and the delivery of services			
Ref	Action	Due Date	Note
RND 13/14 SC05	Refresh the Neighbourhood Management and Empowerment Strategy Action Plan	31-Mar-2014	Given the ongoing structural changes to Neighbourhood Management in 2013/14, the review of the Neighbourhood Management and Empowerment Strategy and associated Action Plan has previously been postponed. Work has now commenced on refreshing the Strategy and Action Plan around the remodelled service of Community Safety and Engagement, with a report anticipated to be taken to Neighbourhood Services Committee in Summer 2014. Action to be continued in 2014/15.
Outcome 27. Improve the efficiency and effectiveness of the organisation			
Ref	Action	Due Date	Note
RND 13/14 OD04	Develop a Facilities Management strategy	31-July -13	Developing a Strategy for Facilities Management needs to be reviewed and discussed between Assistant Director and Facilities Manager by end of May 2014 with regard to the way forward and the requirement of a FM Strategy.

7.4 Chart 8 summarises officers' assessments of the 24 performance indicators that have targets **and** are measurable throughout the year.

Chart 8: RND Overall PI Progress – to 31 March 2014.



7.5 It can be seen that, as at 31st March 2014, the position is;

- 17 PIs (56.67%) achieving target
- 5 indicators (16.67%) having been assessed as being on track to achieve target
- 3 indicators have been assessed as having made acceptable progress.
- 4 PI's has not achieved its target (see table 5 below) and one is only collected annually.
- 1PI has been identified as intervention required

Table 6: RND PI Not achieved Target

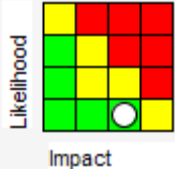
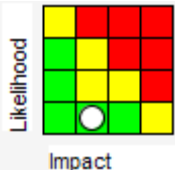
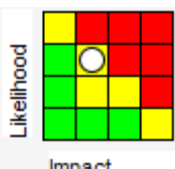
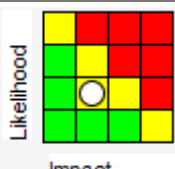
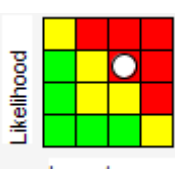
Outcome: 3 Hartlepool has increased employment and skills levels with a competitive workforce that meets the needs of employers and the economy				
Ref	Indicator	Current Value	Target	Notes
NI117	Percentage of 16-18 year olds who are not in education, employment or training (NEET)	7.8	6.8	Note from Mark Smith - We have seen a slight increase in the local numbers of young people not in education employment or training due to a shrinkage in the post 16 landscape (linked to the broader economic downturn) and also the disappearance of a local youth labour market.
Outcome: 21 Hartlepool has an improved and more balanced housing offer that meets the needs of residents and is of high quality design				
Ref	Indicator	Current Value	Target	Notes
NI55	Number of affordable homes delivered (gross)	20	40	1 new affordable home was developed on Eaglesfield Road. This brings the total new affordable dwellings to 20 for 2013/14. It is anticipated that delivery will increase within 2014/15 as it is the final year in the affordable housing 2013-15 programme. Work is ongoing with Registered Providers to encourage bids for the 2015-18 bidding round closing in April 2014
Outcome 24 People enjoy equal access to leisure, culture, sport, libraries which enrich their lives, improve the places where they live, and strengthen communities				
Ref	Indicator	Current Value	Target	Notes
ACS P107	Number of schoolchildren visiting the Museum of Hartlepool, Hartlepool Maritime Experience, and Hartlepool Art Gallery.	2641	4500	School visits total 2,641 in Quarter 4. Although the annual target of 14,000 has not been achieved the annual figure of 11,316 still represent good performance. Due to the withdrawal of external funding for education advisor staff, It has not been possible to accommodate all requests from schools for visits to the venues, which has contributed toward the target not being achieved.
Outcome 25 Local people have a greater voice and influence over local decision making and the delivery of services				
Ref	Indicator	Current Value	Target	Notes
RND P113	Percentage of residents feeling that they can influence local decisions that affect their local area	12%	25%	Collection settings changed to annual as information not available monthly. Results of the last household survey showed that 12% of people in Hartlepool feel they can influence decisions that affect their local area. This is lower than the 25% target set.

Table 7: RND PI Intervention Required

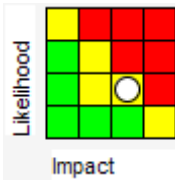
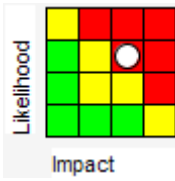
Outcome 20 Hartlepool is prepared for the impacts of climate change and takes action to mitigate the effects				
Ref	Indicator	Current Value	Target	Notes
NI 192	Percentage of household waste sent for reuse, recycling and composting	41.3% (Q3)	47%	<p>Figures currently available are for the period April - December 2013. Quarter four figures, January to March 2014, will be provided as soon as they become available. The overall kg of dry recyclate collected at the kerbside has increased by more than 25% over the past year; however, contamination of these recyclables has been an issue, common with the introduction of any new kerbside recycling scheme. This contamination has resulted in some of the material being rejected as 'recyclate', which has reduced the overall percentage collected per household. The Waste Management Team is addressing these contamination issues through participation surveys which will assist in identify areas for improvement. A communication programme is also being developed to reiterate information about the kerbside recycling scheme. It should be noted that although we do not expect to achieve the local target set for the year, the Councils current performance does continue to exceed that of our neighbouring authorities in the Tees Valley, and is higher than the required EU targets.</p>

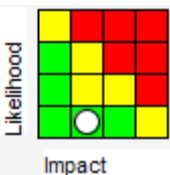
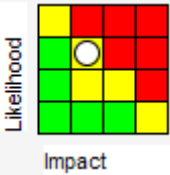
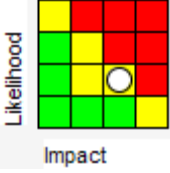
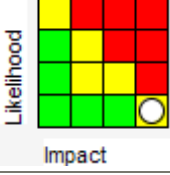
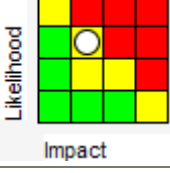
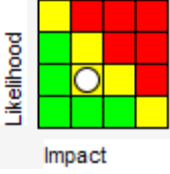
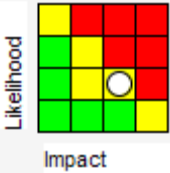
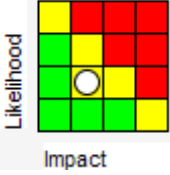
- 7.6 There are 19 risks on the Accepted Risk Register within the Regeneration and Neighbourhoods Department and a further 17 on the Actively Managed Risk Register. The table below provides a summary of the position of the risks on the Actively Managed Risk Registers along with details as to what action is being taken with regards to these risks.

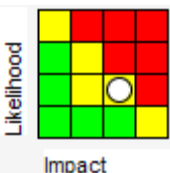
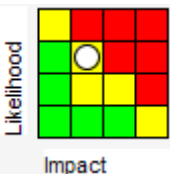
Table 8: RND Actively Managed Risks 2013/14

Code	Title	Current Risk Matrix	Latest Note
RND R052	Council liability for RTA related accidents resulting from employees driving whilst on council business (Actively Managed)		Driver SaFED training programme currently ongoing, Bi annual Driver licence checks carried out on all staff who drive on behalf of the authority. Intensive vehicle maintenance and defect reporting systems in place. Minibus driver assessment and MIDAS training programme in operation. Licence checks, advice and training where necessary on externally hired vehicles. Advice, guidance and assistance given to Managers with regards to vehicle procurement, selection and suitability. Effective vehicle accident monitoring programme in place. Ongoing review and update of risk assessment and safe systems of work.
RND R053	Failure to effectively implement selective licensing (Actively Managed)		The current designation end on the 30th April 2014. Work is ongoing in terms of looking at a new proposed designation for the town which is due to be considered by Regeneration Services Committee in the next financial year. The risk of implementation for any new designation will need to be reassessed.
RND R054	Failure to maintain highway infrastructure to acceptable standard resulting in additional cost implications through insurance claims (Actively Managed)		Maintenance budgets utilised to optimum effect to provide long term and short term repairs (i.e. structural maintenance and patching) to ensure highway infrastructure is safe for all highway users. Highway inspections undertaken at maximum period of 6 monthly to ensure dangerous defects are repaired quickly and in the most appropriate manner
RND R057	Reduction in funding for Housing Investment (Actively Managed)		The Housing Services team are relying on recyclable funds to deliver grants and loans as no further funding opportunities are available. Any opportunities to attract funding for home improvements/decent homes/warm homes will be explored.
RND R059	Failure to provide a 'sound' Planning Policy Framework leading to a lack of clear planning guidance (Actively Managed)		<p>HBC withdrew the emerging Local Plan in October 2013. However since then the Council has developed a Planning Policy Justification Framework which sets out the relevant planning policies. Work on a new Local Plan has commenced through the progress of compiling the evidence base. Planning Services quarterly reports now presented to Regeneration Services Committee and Planning Committee:</p> <p>Officers have completed a draft version of the Issues and Options Paper which is the first stage of the new Local Plan. The aim of this stage is to seek public thoughts and open the debate on what kind of place residents, businesses and all other stakeholders want Hartlepool to be in the future. Specifically it will focus on the most appropriate locations for development to occur over the next 15 years.</p> <p>This stage of the plan does not rely on any of the evidence base pieces of work being completed as it is simply seeking the public's thoughts and input into the process. The focus of this document is to provide as many viable issues and options on the future development of Hartlepool as possible and then to seek the view of stakeholders. Given the work pressures towards the end of 2014 related to producing the Preferred Options Document, it is considered important that the Issues and Options is</p>

Code	Title	Current Risk Matrix	Latest Note
			<p>undertaken at the earliest opportunity to give time to analyse and reflect on the consultation feedback received to help shape the Preferred Options Document. This Preferred Options Document will effectively be the first draft of the Local Plan with proposed allocations and strategic policies.</p> <p>The Issues and Options have been reported to the Regeneration Committee and an eight week public consultation has begun.</p> <p>The main evidence base documents that underpin the Local Plan include, the Strategic Land Availability Assessment (SHLAA), Employment Land Review (ELR), The Open Space Assessment and Gypsy and Traveller Accommodation Assessment (GTAA). Other subsequent evidence base work will be carried out once these have been completed covering such issues as flood risk, retail and Infrastructure.</p> <p>The SHLAA identifies future suitable sites to ensure that there will be enough land available in the Borough to continuously meet housing need over a fifteen year timescale and starting in years 2014-15. The SHLAA will provide options for housing development that will ultimately be the basis for allocations in the emerging local plan and all work will be done in-house.</p> <p>The SHLAA will consider 116 potential sites across the Borough including over 50 council owned sites. During this quarter the initial assessments have taken place which includes a site visit and survey of each site as well as desk based work to assess known constraints. The initial assessments have been completed and a database has been sent to consultees for their expert comments. Consultees include external bodies such as the Environment Agency and utility providers as well as internal services such as HBC Highways.</p> <p>The Employment Land Review (ELR) is a three stage process that assesses the existing employment land stock and quality and then identifies quantitative and qualitative need over the Local Plan period. Stage 1 will be done in-house whilst stages 2 and 3 have been put out to tender.</p> <p>In February field work/site visits to all allocated employment sites were undertaken and from this all 'available' employment land has been determined to be taken forward for further analysis by consultants. The analysis mainly revolves around market demand assessment, application of economic models and scenarios to determine which sites should be retained and which should be de-allocated. Employment land take up rates and land availability between 2008 and 2014 have been worked out on all employment sites and a report has been compiled to take forward to stages 2 and 3 to complete the ELR.</p> <p>In March officers tendered for suitable consultants to undertake stages two and three. Shortlisting will take place in early April and the interviews are due to take place in April.</p>

Code	Title	Current Risk Matrix	Latest Note
			<p>The Open Space Sport and Recreation Audit and Assessment document will be the main piece of evidence which will aid the Council in requesting developer contributions for green infrastructure and open space and play provision. The public consultation will be the first stage in the process. A questionnaire has been designed and approved and the consultant will now send out this questionnaire to a random sample of residential addresses. The sample will ensure a fair distribution across the different Wards within the Borough to try and ensure the responses are representative of the whole of the town. This has been the main focus of the work over the first two months of the project and it is likely the site survey will begin in the following quarter.</p> <p>An updated Gypsy and Traveller Accommodation Assessment (GTAA) is required to contribute towards the Local Plan evidence base. The Council has appointed a consultant (Renaissance Consulting) to look at the future need and demand for Gypsy and Traveller (G&T) provision in the Borough over the next 15 years and will assess whether we as a Council need to provide a physical site, and if so how many pitches the site needs to accommodate. Renaissance Consulting has recently carried out the G&T assessment for County Durham.</p> <p>The evidence will be used to guide planning policy in the new Local Plan. The consultant is currently gathering information from national sources including the 2011 Census, local information from Council officers, local stakeholders, local G&T community groups and talking to G&T currently living in the Borough. It is anticipated that the consultant will prepare the assessment and present the draft findings to the Council in July 2014.</p>
RND R060	Failure to deliver current regeneration programmes (Actively Managed)		<p>The Council has launched the Vision and Master Plan and this work will provide the framework for long term regeneration and will assist in unlocking external funding.</p> <p>The European Strategic Framework has been submitted to Government and detailed feedback is awaited. The overall programme is worth around £187m for 2014 to 2020. Hartlepool has been actively involved in the development of the programme, ensuring Hartlepool's needs are recognised within the Framework. Hartlepool has also been involved in a wide range of sub regional working groups, influencing the development of a range of strategies and implementation plans.</p>
RND R061	Inability to meet very high levels of local housing needs including affordable housing		<p>The risk of delivery of affordable housing in Hartlepool has increased as the Council do not have a policy for securing affordable housing via planning applications and are relying on an evidence based approach which could be the subject of legal challenge in the future. The Council continues to work with Registered Providers to secure affordable housing through the Homes and Communities Agency grant route and will be working to encourage Registered Providers to submit a bid</p>

Code	Title	Current Risk Matrix	Latest Note
			through the 2015-18 National Affordable Homes Programme.
RND R062	Effective delivery of housing market renewal affected by external decisions and funding (Actively Managed)		The Council secured funding through the Housing Market Renewal Transition funding from Central Government and the match funding has been agreed by Committee. The funding currently allocated is sufficient to deliver full scheme acquisition and therefore this risk is low.
RND R063	Lack of resources to maintain building stock (Actively Managed)		As part of the new asset management/property strategy a programme of Condition/Suitability/Sufficiency Surveys has been agreed. The surveys will be carried out in 14/15 .
RND R064	Failure in asset management planning to make best use of assets in terms of acquisition, disposal and occupation (Actively Managed)		The medium and long term accommodation strategy is constantly reviewed through the Council's corporate financial team. Key strategic reports to Cabinet and Scrutiny provide position statements/ proposals to ensure active management of the portfolio.
RND R077	Loss of Operators License		Consideration being given to appointment/training of second O licence holder in current reorganisation. This should cover long term absence of current licence holder if necessary
RND R079	Failure to meet the statutory requirements of the Regeneration and Neighbourhoods department (Actively Managed)		This risk is managed via DMT. No change
RND R080	Failure to monitor and maintain Council owned trees (Actively Managed)		Arboricultural Officers continue to work through the first comprehensive inspection (year three of a rolling inspection programme that takes five years each cycle of inspections) of HBC's tree portfolio. Necessary works are prioritised and passed to HBC's internal contractor Parks and Countryside and those works achievable with current financial allocations from client are undertaken on a priority basis and fed back to Arboricultural Officer for recording on tree database.
RND R081	Failure to provide sound planning advice / enforcement in relation to waste sites in the borough (Actively Managed)		The planning services team are actively involved in the Councils Management of Waste Sites Group where sites are discussed and tackled in a co-ordinated way sharing information with the HSE, Police, Environment Agency, Fire Brigade and other council teams.
RND R083	Loss of personal or sensitive data resulting from a lack of information security (RND)		Work continues to keep the profile of information security high and mitigate the risk of data loss. Also contribution made to the corporate technical group and potential developments such as the introduction of confidential classification button on Outlook

Code	Title	Current Risk Matrix	Latest Note
RND R085	Failure to achieve the Council's Capital Receipts target because of the difficult economic climate and market conditions (Actively Managed)		The Capital Receipts Programme is progressing as anticipated and we are on target to meet the current projections.
RND R086	Failure to achieve the required level of financial rebate through the NEPO arrangements (Actively Managed)		There is currently no change to the previous status update, i.e. As described in other risks, NEPO is currently under review and one area for consideration is the rebate process. Once determined this will impact on this risk, possibly removing it as it is possible that the funding model will be changed. Currently there is no change to the risk.

7.7 For the period up to 31st March 2014 the Regeneration and Neighbourhoods Department have identified a number of issues and achievements including:

Issues

Secure approval and implement wave over topping protection works at the Town Wall

A scheme for the Town Wall was approved at Neighbourhoods Committee in March 2014. As a result we are looking to submit a planning application for the works within the next 4 weeks. English Heritage are also satisfied with the proposed works and the materials that are going to be used. Should planning permission be granted, we are looking to commence works in September 2014 and the construction works are likely to continue into Summer 2015. It is proposed to carry this action forward in to 2014/15.

Refresh the Neighbourhood Management and Empowerment Strategy Action Plan

Given the ongoing structural changes to Neighbourhood Management in 2013/14, the review of the Neighbourhood Management and Empowerment Strategy and associated Action Plan has previously been postponed. Work has now commenced on refreshing the Strategy and Action Plan around the remodelled service of Community Safety and Engagement, with a report anticipated to be taken to Neighbourhood Services Committee in Summer 2014. Action to be continued in 2014/15.

Percentage of household waste sent for reuse, recycling and composting

Figures currently available are for April - December 2013. Quarter four figures will be provided as soon as they become available. The overall kg collected per household has seen an increase of more than 25% over the past year; however, contamination of recyclables is an issue that is common with the introduction of any new kerbside recycling scheme. The Waste Management Team is addressing these contamination issues through participation surveys which will assist in identify areas for improvement. A communication programme is also being developed to reiterate information about the kerbside recycling scheme. It should be noted that although we do not expect to achieve the local target set for the year, the Councils current

performance does continue to exceed that of our neighbouring authorities in the Tees Valley, and is higher than the required EU targets.

**Number of school children visiting the Museum of Hartlepool ,
Hartlepool Maritime Experience and Hartlepool Art Gallery**

School visits total 2,641 in Quarter 4. Although the annual target of 14,000 has not been achieved the annual figure of 11,316 still represent good performance. Due to the withdrawal of external funding for education advisor staff, It has not been possible to accommodate all requests from schools for visits to the venues, which has contributed toward the target not being achieved

Achievements.

Number of reported crimes in Hartlepool

Total recorded crime for Hartlepool for the financial year 2013/14 is 6,193 representing a -4.6% reduction in comparison to the previous financial year, meeting and exceeding the SHP target.

Number of domestic burglaries (one year only)

Total recorded domestic burglary offences for Hartlepool for the financial year 2013/14 is 266, representing a -9.8% reduction in comparison to the previous financial year, meeting and exceeding the SHP target.

Ensure a co-ordinated approach to meeting the needs of victims of crime & disorder taking a victim centred approach

The service delivered support to 397 victims over the course of the year. Victims have been supported through court proceedings and assisted to claim criminal compensation award – with one victim being awarded £11,000. In the last quarter a further 12 meetings and seven events have been attended to further raise awareness of the service.

Monitor substance misuse action plan as a key element of the community safety plan

The substance misuse service is in the top quartile in terms of re-presentations, and the service succeeds in doubling the national rate for getting people in to treatment. There are 10% of service users in treatment after two years.

Develop the tourism infrastructure and visitor offer through the delivery of the Seaton Carew master plan

The development agreement has been signed and we are awaiting exchange of the contract. Some minor enabling works have been completed at Elizabeth Way in order to facilitate the start on site of the main contractor.

Develop the Integrated Transport Unit through partnership, collaboration and income related strategies, sustaining core services.

MOU recently signed with NHS trust to provide fleet services and associated training in respect of staff transport and courier service.

Undertake phase 2 of the Seaton Carew sea defence works

Works on the sea defences now substantially complete. All access routes will be opened to the public by the end of April 2014.

Assist people to maintain independent living through the provision of minor adaptations

During quarter 4, 263 minor adaptations were carried out to assist vulnerable residents. In total 1217 minor adaptations have been carried out over the year compared to 1126 during 12/13

Uptake of School Meals

Good progress has been made in encouraging the uptake of school meals, with targets being achieved in both primary and secondary schools. Primary school uptake currently stands at 63.1% with secondary at 66.2%.

Number of private dwellings empty for over 6 months and brought back into use

The cumulative figure for the number of long term empty home brought back into use in 2013/14 is 80 which has exceeded the annual target (of 75). At the point this data was collated the Council tax data was not available. It is therefore likely that this figure will increase once this data has been provided. Enforcement action is progressing on a number of cases where owners fail to engage. The Council took ownership of one property in early January 2014 following a 18 month CPO process and refurbishment works is now began to bring that property back into use. A number of other properties are in various stages of CPO and enforced sale for unpaid council tax.

8 CHIEF EXECUTIVE'S DEPARTMENT UPDATE

8.1 The Chief Executive's Department contributes to 11 outcomes, spread across 4 themes:

- Jobs and the Economy
- Organisational Development
- Health and Wellbeing
- Community Safety

8.2 The Chief Executive's Department has identified are 72 actions and 33 performance indicators spread across 11 outcomes within the Council Plan that it is responsible for. In addition the department has also identified 36 strategic risks that are included in the Council's Risk Registers.

8.3 As can be seen in Chart 9, overall progress across the department is positive, with:

- 64 Actions (89 %) have already been completed or are on track to be completed by their agreed due date.
- 7 actions (9%) have been assessed as having made acceptable progress.
- 1 Action has not been completed as is identified below in table 9.

Chart 9: CED Overall Action Progress – to 31 March 2014.

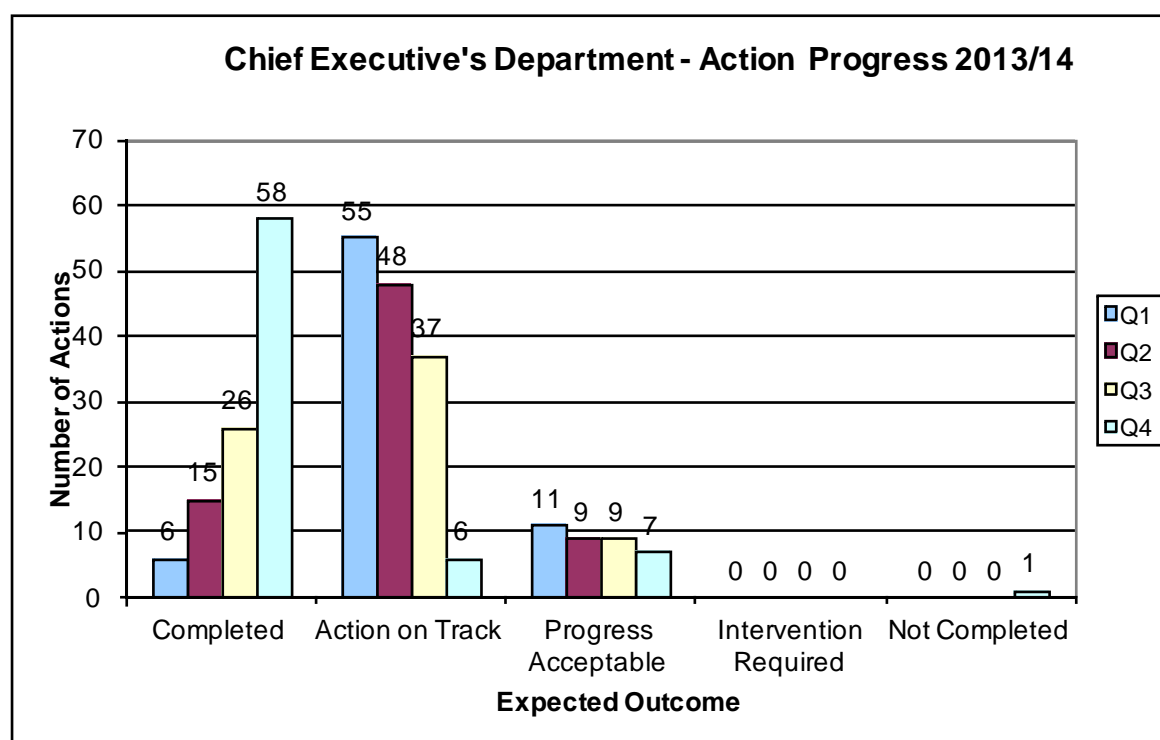


Table 9: CEX Actions assessed as 'not completed'

Outcome 28 Deliver effective customer focused services, meeting the needs of diverse groups and maintaining customer satisfaction			
Ref	Action	Due Date	Note
CED 13/14 OD14	Improve on-line facilities for customers	31 March 2014	Action 95% complete. PSN issues will be resolved when Data Centre moves are completed and firewall is rebuilt after which the new 'intelligent' forms will be launched via website

8.4 Chart 10 summarises officers' assessments of the 16 performance indicators that have targets **and** are measurable throughout the year. It can be seen that, as at 31 March 2014, the position was also positive, with:

- 11 indicators (68.75%) have achieved target
- 3 indicators (18.75%) are expected to achieve target
- 1 PI is identified as progress acceptable
- 1 further PI has not achieved target and is identified below

Chart 10: CED Overall PI Progress – to 31 March 2014

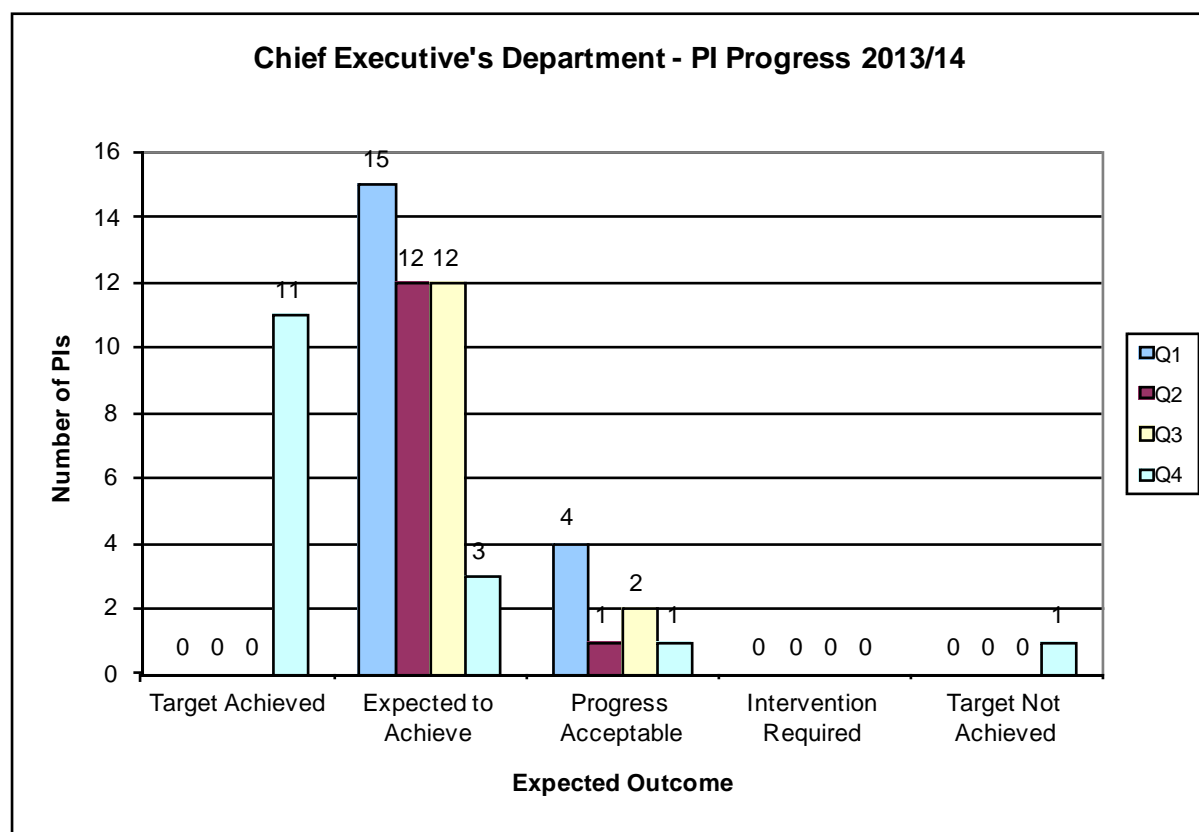
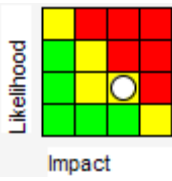
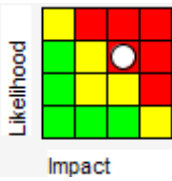
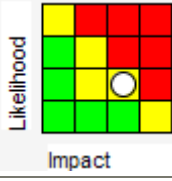
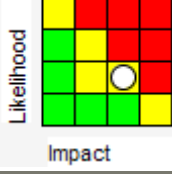
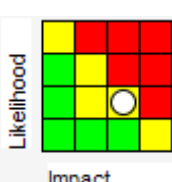
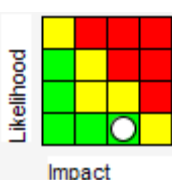
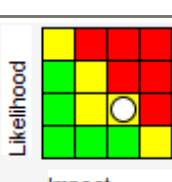


Table 10: CED PI not achieved at 31 March 2014

Outcome 4 Hartlepool has increased economic inclusion of adults and is tackling financial exclusion				
Ref	Indicator	Current Value	Target	Notes
CEDFI P026	Number of Credit Union savings accounts opened by school age / college age individuals	146	300	The Credit Union has established a number of partnerships with primary schools across the borough to help increase junior numbers. However it should be noted that the 300 target was an extremely challenging target and in the current climate 146 Junior accounts and 862 Adult accounts that were opened in 2013/14 is a good result

- 8.5 There are 28 risks on the Accepted Risk Register within the Chief Executive's Department and a further 8 on the Actively Managed Risk Register. The table below provides a summary of the position of the risks on the Actively Manager Risk Register along with details to show what action is being taken with regards to these risks.

Table 11: CED Actively Managed Risks 2013/14

Code	Title	Date reviewed	Current Risk Matrix	Latest Note
CED R059	Failure to integrate equality into all aspects of the Council's work leading to non compliance with legislation and Council aims (Actively Managed)	21-Mar-2014		the likelihood of this risk has remained the same. The corporate steering group continues to operate to both support departments in the consideration of and integration of equality issues in the development of policy and plan
CED R088	Future and Current Equal Pay Claims including settlement of, or adverse findings in ET of existing equal pay claims (Actively Managed)	08-Apr-2014		On-going case right of all Equal Py claims. Risk assessment of terms and conditions arrangements reported to CMT for action.
CED R089	Experiencing failure or lack of access to Critical ICT systems (Actively Managed)	21-Mar-2014		the new contract provides for more robust disaster management and recovery options which will be in place for the end of march 2014
CED R090	Failure to meet the statutory requirements of the Chief Executive's department (Actively Managed)	21-Mar-2014		Constitutional arrangements approved by Council on 6/3/2013, for implementation during municipal year
CED R091	Failure to have corporately adequate arrangements in place to manage and deliver the budget strategy and the savings programme (Actively Managed)	27-Mar-2014		2014/15 Budget approved by Full Council in February 2014. Arrangements in place to monitor progress 2014/15 Budget (Including savings) in place and regular reforms will be submitted to Finance & Policy Committee and individual Policy Committees.
CED R094	Failure to deliver a new ICT Contract (Actively Managed)	28-Jan-2014		the new ICT contract and the procurement process associated with it has been delivered. The delivery of the new contract is now being planned along with the transition from the current arrangements
CED R095	Failure to have in place effective governance arrangements (Actively Managed)	15-Apr-2014		new governance arrangements have been developed and are in place and operating effectively

Code	Title	Date reviewed	Current Risk Matrix	Latest Note
CED R098	That a material safety breach of health and safety legislation is identified by the HSE resulting in a significant Fee for Intervention (FFI) being applied.	15-Apr-2014		Internal controls in place risk assessment review ongoing. Additional IOSH Managing Safety courses arranged for new managers or those who have yet to attend. Tool box talks and other health and safety courses still being delivered to services across the Council.

8.6 For the period up to 31 March 2014 the Chief Executive's Department have identified a number of achievements where targets have been exceeded, including: -

- Number of credit union accounts opened by adults
- Percentage of Council Tax Collected
- Percentage of Business Rates collected
- Average time to process new Housing Benefit/Council Tax Benefit claims, and
- Average time to process new Housing Benefit/Council Tax Benefit changes of circumstances

9. RECOMMENDATIONS

9.1 Finance and policy Committee is asked to: -

- note the current position with regard to performance.

10. REASONS FOR RECOMMENDATIONS

10.1 Finance and Policy Committee have overall responsibility for the monitoring of the Council Plan.

11. BACKGROUND PAPERS

11.1 No background papers used in the preparation of the report.

12. CONTACT OFFICER

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