

# AUDIT AND GOVERNANCE COMMITTEE AGENDA



**Thursday 21 August 2014**

**At 10.00 a.m.**

**In Committee Room B,  
Civic Centre, Hartlepool.**

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE

Councillors Ainslie, S Akers-Belcher, Martin-Wells, Robinson Thompson, Sirs and Springer.

Standards Co-opted Members; Mr Norman Rollo and Ms Clare Wilson.

Parish Council Representatives: Councillor A Gray and 1 vacancy.

Local Police Representative: Chief Superintendent Gordon Lang.

1. **APOLOGIES FOR ABSENCE**
2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

- 3.1 To confirm the minutes of the meeting held on 7 August 2014 (*to follow*)

4. **AUDIT ITEMS**

No items.

5. **STATUTORY SCRUTINY ITEMS**

**Health Items**

- 5.1 North Tees and Hartlepool NHS Foundation Trust – Quality Account 2014/15:-

- (a) Covering Report - *Scrutiny Manager*; and
    - (b) Presentation – *Associate Director of Nursing, Quality and Patient Experience, North Tees and Hartlepool NHS Foundation Trust*



- 5.2 Review of Alternative Provider Medical Services (APMS) in Hartlepool – *Scrutiny Manager*
- 5.3 Scrutiny Investigation into Cardiovascular Disease (CVD) – Scoping Report – Scrutiny Support Officer (*to follow*)
- 5.4 Scrutiny Investigation into Dementia – Scoping Report – *Scrutiny Support Officer (to follow)*

#### **Crime and Disorder Items**

- 5.5 Safer Hartlepool Partnership's response to the investigation into Re-offending – *Safer Hartlepool Partnership*
- 5.6 Safer Hartlepool Partnership Reducing Re-offending Strategy 2014-17 – *Director of Regeneration and Neighbourhoods*
- 5.7 Safer Hartlepool Partnership Performance – *Director of Regeneration and Neighbourhoods*
- 5.8 Scrutiny Investigation into Hate Crime – Scoping Report – *Scrutiny Manager (to follow)*

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

- 6.1 To receive the minutes of the meeting of the Health and Wellbeing Board held on 29 April 2014.

#### **7. MINUTES FROM THE RECENT MEETING OF THE FINANCE AND POLICY COMMITTEE RELATING TO PUBLIC HEALTH**

- 7.1 Extract from the minutes of the meeting held on 21 July 2014

#### **8. MINUTES FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

No items.

#### **9. MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP**

No items.

#### **10. REGIONAL HEALTH SCRUTINY UPDATE**

No items.

#### **11. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**



## 12. LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006

### EXEMPT ITEMS

Under Section 100(A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves 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

## 13. STANDARDS ITEMS

- 13.1 Consideration of Investigation Report – SC05/2014 – *Chief Solicitor and Monitoring Officer (para 1)*
- 13.2 Consideration of Investigation Report – SC06/2014 – *Chief Solicitor and Monitoring Officer (para 1)*

### FOR INFORMATION: -

Date of next meeting – Thursday 25 September 2014 at 9.30 am in the Civic Centre Hartlepool (Please note that this will be an Audit themed meeting)



## **AUDIT AND GOVERNANCE COMMITTEE MINUTES AND DECISION RECORD**

7 August 2014

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

### **Present:**

Councillor: Ray Martin-Wells (In the Chair)

Councillors: Jim Ainslie, Stephen Akers-Belcher and George Springer

In accordance with Council Procedure Rule 5.2 (ii), Councillor Paul Beck was in attendance as substitute for Councillor Kaylee Sirs

Independent member:  
Noman Rollo

Also present:  
Barbara Carr and Peter Tindall, North Tees and Hartlepool Foundation Trust

Officers: Louise Wallace, Director of Public Health  
Clare Clark, Neighbourhood Manager  
Joan Stevens, Scrutiny Manager  
Laura Stones, Scrutiny Support Officer  
Angela Armstrong, Principal Democratic Services Officer

### **16. Apologies for Absence**

Apologies for absence were received from Councillors Kaylee Sirs, Paul Thompson and Independent Person Clare Wilson.

### **17. Declarations of Interest**

None.

### **18. Minutes of the meeting held on 11 July 2014**

Confirmed.

### **19. Audit Items**

None.

**20. Evaluation of the Reconfiguration of Emergency Medical and Critical Care Services at North Tees and Hartlepool Foundation Trust** *(Scrutiny Manager/Representatives from North Tees and Hartlepool NHS Foundation Trust)*

Representatives from North Tees and Hartlepool NHS Foundation Trust had been invited to provide the Committee with the key findings of the evaluation of the reconfiguration of emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust. The representatives gave a detailed and comprehensive presentation which included performance statistics on compliance, efficiency, patient and staff outcomes and finance and workforce. Further information was provided on the utilisation of isolation rooms at the Stockton site and the Holdforth Unit in Hartlepool. In response to a request from a Member, additional information regarding the average length of stay at the unit would be circulated to Members of the Committee.

It was highlighted that the transport service to North Tees had been further developed to meet demand due to an increasing uptake by patients, visitors and staff. A staff survey had been undertaken between October and December 2013 which had shown little change in overall levels of satisfaction with 69% of staff indicating they felt supported by their manager during times of change. Overall staff felt valued and were positive in their feedback on engagement and support. Of the patient and public feedback, there were 964 relevant comments with only 50 negative comments (5%).

The presentation concluded that the service transformation had represented a huge challenge to the Trust and had highlighted that through excellent planning for implementation of the changes, there had been no negative impact on patient outcomes.

During the discussions that followed, a number of specific issues were raised and the representatives agreed to discuss these further outside of the meeting. A Member requested further detailed information on the take up of the transport services provided by the Trust to define staff and patient usage and suggested a review of the transport provision be undertaken to ensure this was the most effective way of providing transport to the Stockton site.

In response to concerns expressed by a Member at the operation of the car park by external providers, a representative from the Trust confirmed that a new number plate recognition system had been introduced into the car parks at the Stockton site which should improve the effectiveness of the operation of the car parks. A discussion ensued on the potential for people to receive car parking fines in circumstances beyond their control and there were a number of concerns expressed at the appeals process. The representatives from the Trust confirmed that they work closely with the

operators of the car parks to ensure patient experience was not challenged and this included involvement in the appeal process for car parking fines.

Clarification was sought on the work undertaken to engage with hard to reach groups, including ethnic communities and it was suggested that linking into citizenship ceremonies may help the engagement of some of the hard to reach groups. Members were informed that a significant amount of work had been carried out in relation to public engagement by the Trust and noted that linking with citizenship ceremonies would be an excellent addition to the work already carried out.

The representatives of the Trust were thanked for the excellent presentation and for answering Members questions, however further information on the clinical performance of the Accident and Emergency Service was requested, including waiting times and whether patients were referred directly from GPs or via the One Life Centre or were presenting at North Tees as their first point of contact. The representatives from the Trust indicated that they would be more than willing to attend a future meeting with the relevant Trust Officers to provide further detail as requested above.

### **Recommended**

- (i) That the key findings of the evaluation report into the implementation of the reconfiguration of emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust were noted.
- (ii) That representatives from North Tees and Hartlepool NHS Foundation Trust be invited to a future meeting to provide further details on the clinical performance of the Accident and Emergency Service at North Tees following the movement of the service from the University Hospital of Hartlepool including:
  - Waiting Times; and
  - Whether patients were presenting at North Tees Accident and Emergency Service via a referral from the One Life Centre, direct from their GPs or self-referral direct to the Unit.
- (iii) Additional information regarding the average length of stay at the unit would be circulated to Members of the Committee.

## **21. Selection of Potential Topics for Inclusion in the 2014/15 Statutory Scrutiny Work Programme** (*Scrutiny Manager*)

Members consideration was requested of a number of potential work programme items which related to the statutory scrutiny functions of health and crime and disorder. In addition the Committee had a rolling health scrutiny work programme which Members were asked to consider.

During the discussion that ensued on the potential work programme items, Members were supportive of the options to consider the following as the

major investigations for 2014/15: Cardio Vascular Disease as part of the statutory health scrutiny programme in view of future budget implications and the links to public health; and Hate Crime as part of the Crime and Disorder Statutory Scrutiny as this was a key priority for the Safer Hartlepool Partnership for its work programme for 2014/15.

In relation to the statutory health scrutiny programme, it was also suggested that a smaller piece of work be undertaken by a Task and Finish Group of the Committee with representatives from relevant organisations invited, to explore the hospital and out of hospital care as well as early diagnosis for Dementia. Councillors Jim Ainslie and Stephen Akers-Belcher indicated they were willing to participate in the working groups formed for this purpose.

Further work would also be undertaken as part of the scoping process for the Cardio Vascular Disease and Hate Crime investigations to identify opportunities for Members to work in small groups outside the formal meeting setting to gather evidence and inform each investigation.

The Director of Public Health commented that the investigation into Cardio Vascular Disease could also include issues surround diabetes, stroke along with vascular dementia and the Committee's investigation would be fully supported by Public Health as well as social care and health colleagues. It was noted that the Health and Wellbeing Board were also examining the issue of dementia as this was an area of growing health concern.

In addition to this, it was suggested that the investigation into Hate Crime include a focus on disability and transphobia hate crime as these were areas of increasing concern. A Member suggested that the issue of Domestic Violence be included within the list of potential topics for consideration within the work programme for next year.

It was noted that the local performance of the North East Ambulance Service had been highlighted as a potential issue for inclusion within the work programme. It was suggested that this issue be referred to the Tees Valley Joint Health Scrutiny Committee to undertake an investigation as part of its 2014/15 work programme. In addition to this, that the issue be referred to the Hartlepool and Stockton on Tees Clinical Commissioning Group's Governing Body for consideration in relation to their commissioning intentions and performance rates.

During the considerations Members were supportive of the retention of the rolling health scrutiny work programme as identified in the report.

The Scrutiny Manager indicated that the Members of the Committee not present would be contacted to ascertain their views and ensure everyone has the opportunity to be involved in the smaller working groups of the Committee.

**Recommended**

- (i) The following investigations were agreed to be included within the 2014/15 Work Programme:
  - Statutory Health Scrutiny – Cardio Vascular Disease
  - Statutory Crime and Disorder – Hate Crime, including disability and transphobia
- (ii) That a Task and Finish Group be formed to consider the issues surrounding Dementia including hospital care, out of hospital care and early diagnosis.
- (iii) That Councillors Jim Ainslie and Stephen Akers-Belcher be appointed to the Task and Finish Group and that all Members not present at the meeting be contacted to ensure everyone has the opportunity to be involved.
- (iv) That the rolling health scrutiny programme be agreed as noted in the report.
- (v) That the operation of the North East Ambulance Service be referred to the Tees Valley Health Joint Scrutiny Committee for consideration as part of its 2014/15 work programme and the Hartlepool and Stockton-on Tees Clinical Commissioning Group for consideration by their Governing Body.

**22. Suggested Topics for Inclusion in the 2014/15 Work Programme for the Tees Valley Joint Health Scrutiny Committee** (*Scrutiny Manager*)

Members views were sought on potential topics for consideration/inclusion within the 2014/15 work programme for the Tees Valley Health Joint Scrutiny Committee. A list of all the items considered by the TVHJSC since 2011 were included in the report.

Members were supportive that the TVHJSC should determine which topics they wish to be included within the 2014/15 work programme.

**Recommended**

That the TVHJSC determine the topics for inclusion within its 2014/15 work programme.

**23. Appointment to Committees/Forums** (*Scrutiny Manager*)

A number of appointments of Members of the Audit and Governance Committee to other Committees and Forums had been undertaken and these were detailed in the report. However, there were a number of appointments outstanding as follows:

Regional Health Scrutiny Committee – one additional nomination was



sought, along with an appointed substitute)  
 North East Regional Joint Member/Officer Scrutiny Network – one nomination was sought.  
 Health and Wellbeing Board – a nomination for an observer on the Board was sought.  
 Safer Hartlepool Partnership – a nomination for an observer on the Partnership was sought.

It was noted that Councillor Kaylee Sirs had previously shown an interest in participating in the North East Regional Joint Member/Officer Network and the Regional Health Scrutiny Committee.

Councillor George Springer expressed an interest in the nominated observer positions on the Health and Wellbeing Board and the Safer Hartlepool Partnership.

Members were supportive of the above nominations.

### **Recommended**

The following nominations were approved:

Regional Health Scrutiny – Councillor Kaylee Sirs (nominated substitute to follow).  
 North East Regional Officer/Member Network – Councillor Kaylee Sirs.  
 Health and Wellbeing Board (observer) – Councillor George Springer  
 Safer Hartlepool Partnership (observer) – Councillor George Springer.

## **24. Dedicated Overview and Scrutiny Budget 2013/14** *(Scrutiny Manager)*

The report provided Members with an up to date position of the expenditure of the Dedicated Overview Scrutiny Budget for the 2013/14 financial year. The Chair noted that whilst there had been no expenditure incurred from this budget during 2013/14, the budget was required to support the invitation of outside organisations and visitors to the Committee and urged Members to agree that the budget should remain in place for 2014/15.

### **Recommended**

- (i) The budget position for the 2013/14 financial year for the dedicated scrutiny budget was noted.
- (ii) That the dedicated scrutiny budget of £5,000 remain during 2014/15 to support the conduct of the Committee's statutory scrutiny responsibilities.

**25. Standards Items**

None.

**26. Minutes of the recent meeting of the Health And Wellbeing Board**

None.

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

An extract of the Finance and Policy Committee minutes from the meeting held on 30 June 2015 in relation to public health were provided for Members' consideration.

**Recommended**

That the extract from the Finance and Policy Committee minutes from the meeting held on 30 June was noted.

**28. Minutes of recent meeting of Tees Valley Health Scrutiny Joint Committee**

None.

**29. Minutes of the meeting of Safer Hartlepool Partnership held on 9 May 2014**

Members were requested to consider the minutes from the recent meeting of Safer Hartlepool Partnership.

**Recommended**

That the minutes of the Safer Hartlepool Partnership held on 9 May were noted.

**30. Regional Health Scrutiny Update**

None.

### **31. Any Other Items which the Chairman Considers are Urgent**

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

### **32. Any Other Business – Suspension of Service Notice – Assisted Conception Service**

The Chair referred to a letter dated 17 July 2014 received from the Hartlepool and Stockton on Tees Clinical Commissioning Group in relation to the Assisted Conception Service. It was noted that due to an issue around the staffing arrangements for the service, the CCG had suspended the provision of this service. This had resulted in patients being referred to other local providers such as South Tees Hospital NHS Foundation Trust, City Hospitals Sunderland NHS Foundation Trust, Newcastle Upon Tyne NHS Foundation Trust and County Durham and Darlington NHS Foundation Trust.

However, a subsequent letter dated 4 August 2014 indicated that a limited service had been reinstated at North Tees and Hartlepool NHS Foundation Trust for all patients already referred to the service as a priority. It was noted that the provider had demonstrated that they expect to have access to enough staff to be able to offer a full service within two weeks of the date of the letter. It was recognised that the providers had undertake positive activities to sustain and improve this service provision and this would continue to be monitored by the CCG on an ongoing basis.

#### **Recommended**

The update on the provision of the Assisted Conception Service provision at North Tees and Hartlepool NHS Foundation Trust was noted.

The meeting concluded at 11.18 am

CHAIR

## **AUDIT AND GOVERNANCE COMMITTEE**

21 August 2014



**Report of:** Scrutiny Manager

**Subject:** NORTH TEES AND HARTLEPOOL NHS  
FOUNDATION TRUST – QUALITY ACCOUNT  
2014/15 – COVERING REPORT

### **1. PURPOSE OF REPORT**

- 1.1 To introduce representatives from North Tees and Hartlepool NHS Foundation Trust who will be in attendance at today's meeting to engage with Members in respect of North Tees and Hartlepool NHS Foundation Trust's (NTHFT) Quality Account for 2014/15.

### **2. BACKGROUND INFORMATION**

- 2.1 In November 2009 the Government published the Health Bill which required all providers of NHS healthcare services to provide an annual Quality Account. The Department of Health made a legal requirement on all NHS healthcare providers to send their Quality Account to an Overview and Scrutiny Committee in the local authority area where the provider has a registered office.
- 2.2 Subsequently, representatives from NTHFT will be present at today's meeting to provide a presentation to:-
- (i) Reflect on NTHFT's Quality Account for 2013/14 which the Audit and Governance Committee provided commentary on at its meeting of 20 February 2014; and
  - (ii) Engage with Members of the Committee in terms of the Trust's Quality Account for 2014/15.

### **3. RECOMMENDATIONS**

- 3.1 That Members note the content of this report and the presentation, seeking clarification on any issues from the NTHFT representatives present at today's meeting.

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

## **BACKGROUND PAPERS**

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

- (a) Minutes of the meeting of the Audit and Governance Committee held on 20 February 2014.

## AUDIT AND GOVERNANCE COMMITTEE

21 August 2014



**Report of:** Scrutiny Manager

**Subject:** REVIEW OF ALTERNATIVE PROVIDER MEDICAL SERVICES (APMS) IN HARTLEPOOL

### 1. PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide Members of the Audit and Governance Committee with information regarding the review of alternative provider medical services (APMS) in Hartlepool.

### 2. BACKGROUND INFORMATION

- 2.1 Information regarding the review of alternative provider medical services (APMS) in Hartlepool is attached as **Appendix A**. In summary, the document outlines the reasons for the review and includes details on the proposals for the future of APMS across the area. The consultation started on 5 August 2014 and ends on 29 September 2014.
- 2.2 The Local Authority Health Scrutiny Guidance states that “it is sensible for health scrutiny to be able to receive details about the outcome of public consultation before it makes its response so that the response can be informed by patient and public opinion”. Therefore, the Audit and Governance Committee will consider the outcome of the consultation at a meeting in October (date to be confirmed) and will formulate a view at that meeting to respond to the Durham, Darlington and Tees Area Team. The Area Team will make a decision regarding the future of services in October 2014.
- 2.3 Invitations will be extended to attend the Audit and Governance Committee meeting in October to representatives from the Area Team and other interested parties. Members may have additional information which they wish to be presented at the October meeting, therefore Members are asked to inform the Committee of any relevant information.

### 3. RECOMMENDATIONS

- 3.1 That the Audit and Governance Committee:-

- (a) note the information at today's meeting and request any additional information, which they would like presenting at the October meeting; and
- (b) formulate a view to Area Team at the meeting in October, following the outcome of the consultation.

**Contact Officer:-** Joan Stevens – Scrutiny Manager  
Chief Executives Department –Legal Services  
Hartlepool Borough Council  
Telephone: 01429 284142  
E-mail – joan.stevens@hartlepool.gov.uk

## **BACKGROUND PAPERS**

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

Department of Health - Local Authority Health Scrutiny 'Guidance to support local authorities and their partners to deliver effective health scrutiny'

05 August 2014

Durham, Darlington & Tees Area Team  
The Old Exchange  
Barnard Street  
Darlington  
DL3 7DR

**Important information regarding  
GP Practices in your area**

Dear Stakeholder,

**Review of Alternative Provider Medical Services (APMS) in Hartlepool**

I am writing to you in relation to NHS GP services in Hartlepool. Part of our role as NHS England's Durham, Darlington & Tees Area Team is to oversee the provision of local GP practice services. We are currently reviewing some GP practices in your local area to evaluate quality, demand, value for money and need.

Enclosed is a stakeholder document which provides information on the reasons for the review as well as detail on proposals for the future of APMS across the area. Similar reviews are being undertaken in Redcar & Cleveland, Durham, Middlesbrough and Stockton.

**Your views are important to us**

We have begun a period of consultation, 05 August – 29 September 2014, and want to hear wider views of our stakeholders on these proposals to help us finalise our plans and to help us move to implementation. Once you have read the document you will see that there are some questions at the end that will enable you to tell us what you think. You can complete and return the questions to the Central Engagement Team in the following ways:

On-line: <https://www.surveymonkey.com/s/HartlepoolAPMSConsultation>  
Email: NYHCSU.centralengagementteam-@nhs.net  
Post: FREEPOST RTJR-UYB-BCUC  
North Yorkshire & Humber Commissioning Support Unit  
Health House, Grange Park Lane, Willerby, HULL, HU10 6DT  
Phone: 0800 915 5397 (Freephone)


The closing date for feedback is **29 September 2014**.

Thank you for taking the time to consider this information. I hope you will take a few minutes to complete our survey. Your feedback is very valuable to this service review and will assist us to make the best possible decision for patients. I have enclosed a list of stakeholders with whom we are consulting. If however you need further information, please do not hesitate to contact Wendy Stephens, Primary Care Contracts Manager at [wendy.stephens@nhs.net](mailto:wendy.stephens@nhs.net)  
I will write again to update you on the outcome of the review as soon as a decision has been made.



Yours sincerely

## **5.2 Appendix A**

A handwritten signature in dark ink, reading 'Sue Metcalfe' in a cursive style.

Sue Metcalfe  
Director of Commissioning  
Durham, Darlington & Tees Area Team NHS England

Enc Stakeholder List

## 5.2 Appendix A

Stakeholder List	
Stakeholder	Contact details
Practice letter	Formal Notification
Patient households	Head of household
Practice patient forum	C/o practice
Neighbourhood Partnership	Community Development Officer, Hartlepool Borough Council <a href="mailto:irene.cross@hartlepool.gov.uk">irene.cross@hartlepool.gov.uk</a> <a href="mailto:tara.davison@hartlepool.gov.uk">tara.davison@hartlepool.gov.uk</a>
Other GP practices	Hpool Locality
OSC	Scrutiny Support Team Chief Executive's Department- Legal Services Division  Hartlepool Borough Council Civic Centre Victoria Road Hartlepool TS24 8AY  Email: <a href="mailto:scrutiny@hartlepool.gov.uk">scrutiny@hartlepool.gov.uk</a>
LMC	<a href="mailto:janice.foster@tees.nhs.uk">janice.foster@tees.nhs.uk</a>
LPC	<a href="mailto:Sandie.hall1@nhs.net">Sandie.hall1@nhs.net</a>
LDC	<a href="mailto:andrewhide@btinternet.com">andrewhide@btinternet.com</a>
South Tees CCG	<i>NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group</i> <i>Billingham Health Centre</i> <i>Queensway</i> <i>Billingham</i> <i>TS23 2LA</i>  <b>Telephone:</b> 01642 745000 <b>Email:</b> <a href="mailto:hstccg.hartlepoolandstocktonccg@nhs.net">hstccg.hartlepoolandstocktonccg@nhs.net</a>  <a href="mailto:paul.williams2@nhs.net">paul.williams2@nhs.net</a> / Alison Wilson
Durham, Darlington & Tees Area Team	Hilary Hall, Head of Public Health <a href="mailto:Hilary.hall1@nhs.net">Hilary.hall1@nhs.net</a>
NECS	<a href="mailto:joannedobson@nhs.net">joannedobson@nhs.net</a>
Neighbouring pharmacies, optometrists, dentists	Hartlepool locality
North Tees Acute NHS Foundation Trust	Community Services
Tees, Esk & Wear Valleys NHS Foundation Trust	David Brown Director of Operations, Tees 163 Durham Road - Aysgarth, The Dales, Lustrum Vale  <a href="mailto:davidbrown@nhs.net">davidbrown@nhs.net</a> c/o <a href="mailto:sue.harvey8@nhs.net">sue.harvey8@nhs.net</a>

## 5.2 Appendix A

North East Ambulance Service	<a href="mailto:Petrina.smith@neas.nhs.uk">Petrina.smith@neas.nhs.uk</a>
Hartlepool Public Health Team	Louise Wallace, Director of Public Health <a href="mailto:Louise.Wallace@hartlepool.gov.uk">Louise.Wallace@hartlepool.gov.uk</a>
Hartlepool Social Care Team	<a href="mailto:fcsh@hartlepool.gov.uk">fcsh@hartlepool.gov.uk</a>
Hartlepool Health & Wellbeing Board	The Hartlepool Partnership Civic Centre Victoria Road Hartlepool TS24 8AY  <b>Email:</b> <a href="mailto:hartlepoolpartnership@hartlepool.gov.uk">hartlepoolpartnership@hartlepool.gov.uk</a>  Chair <a href="mailto:christopher.akers-belcher@hartlepool.gov.uk">christopher.akers-belcher@hartlepool.gov.uk</a>
Elected members	Email <a href="mailto:Stephen.akers-belcher@hartlepool.gov.uk">Stephen.akers-belcher@hartlepool.gov.uk</a> Labour  <a href="mailto:allan.barclay@hartlepool.gov.uk">allan.barclay@hartlepool.gov.uk</a> Labour  <a href="mailto:marjoriejames45@yahoo.co.uk">marjoriejames45@yahoo.co.uk</a> Labour
Hartlepool HealthWatch	Chair - tbc <a href="mailto:healthwatchhartlepool@pcp.uk.net">healthwatchhartlepool@pcp.uk.net</a>  <a href="mailto:toni.mchale@pcp.uk.net">toni.mchale@pcp.uk.net</a>
MPs: Ian Wright Hartlepool MP	<a href="mailto:iain.wright.mp@parliament.uk">iain.wright.mp@parliament.uk</a>

**DURHAM, DARLINGTON & TEES  
AREA TEAM**

**REVIEW OF ALTERNATIVE PROVIDER MEDICAL SERVICES (APMS)  
IN  
HARTLEPOOL**

**STAKEHOLDER CONSULTATION DOCUMENT  
05 AUGUST 2014 to 29 SEPTEMBER 2014**

If you have any queries about this document, please contact the Engagement Support Team:

**Phone:** 0800 915 5397 (Freephone)

**Email:** NYHCSU.centralengagementteam-@nhs.net

**Post:** FREEPOST RTJR-UYBY-BCUC  
North Yorkshire & Humber Commissioning Support Unit  
Health House  
Grange Park Lane  
Willerby  
HULL  
HU10 6DT

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following ways:**

**Tel:** 0800 915 5397 (Freephone)

**Email:** NYHCSU.centralengagementteam-@nhs.net

# 1 Introduction

This document outlines a vision for the future of Alternative Provider Medical Services (APMS) in the Hartlepool area. It builds upon an internal review undertaken over the past few months and is led by the Durham, Darlington & Tees Area Team, which is part of NHS England.

The Area Team has been reviewing the APMS provision across their area to ensure that they provide high quality, sustainable and affordable services well into the future. This paper provides clarity on the reasons for the review and includes detail on proposals for the future of APMS across the area. Similar reviews are being undertaken in Durham, Middlesbrough, Redcar & Cleveland and Stockton.

We now want to hear wider views of our stakeholders on these proposals to help us finalise our plans and to help us move to implementation. Once you have read this document you will see that there are some questions at the end that will enable you to tell us what you think.

## 1.1 What are APMS Contracts?

APMS is one of the ways Area Teams have to enable them to commission primary medical services within their area. The other routes are General Medical Services (GMS) and Personal Medical Services (PMS) which includes Specialist PMS. By this, we mean that the Area Teams are responsible for buying (commissioning) the NHS services (primary medical services) that are provided by GP practices to their registered patients. GMS, PMS and APMS are the different types of contracts that offer a level of flexibility and options to GP practices when providing primary care services.

APMS provides the opportunity for locally negotiated contracts allowing providers (GP practices) to supply enhanced and additional primary medical services. Area Teams can enter into APMS contracts with any individual or organisation to meet local needs, as long as core NHS values are fully protected and secured.

In common with GMS and PMS, APMS contracts can be used to provide:

- Essential services
- Additional services where GMS/PMS practices opt-out
- Enhanced services
- Out of Hours services
- A combination of any of the above

### 1.2 Why are we reviewing APMS services in Hartlepool?

In the Hartlepool area, the Area Team holds 3 APMS contracts in addition to having a number of existing GP practices providing services under GMS and PMS contract arrangements. These APMS contracts were initially set up by Primary Care Trusts who were the NHS organisations with responsibility for commissioning primary medical services and were expected to open a practice under the national APMS scheme, regardless of local need.

The APMS contracts were originally agreed to run for a period of 5 years but were extended until 31 March 2015; we are in discussion with some providers to extend the contracts further until 30 September 2015. In line with the NHS England policy entitled '*Managing the end of time limited contracts for primary medical services*', this has provided the Area Team with the opportunity to review and determine:

- Quality of the existing service.
- The current need for a service in Hartlepool.
- The potential future need for a service in Hartlepool.

The intention of this document is to seek views from local stakeholders about our proposals to change the number of APMS contracts (practices) held by the Area Team. We are also separately consulting with patients registered with local practices which may be affected by our proposals.

We want to make it clear at the outset that we are not proposing any changes to existing GMS or PMS contracts as part of this process. However, the services currently provided through GMS and PMS contracts have been taken into consideration as part of this review.

### 1.3 Statutory and legal obligations

NHS bodies have two legal duties to consult when proposing changes to the way local health services are provided, operated or developed. They are:

- Involving individuals in the development and consideration of proposals for changes in commissioning arrangements.
- Consulting the local authority, generally through its Overview and Scrutiny Committee, on any substantial variation in the provision of health services.

The most recent guidance on consultations for the NHS was published in September 2013 by NHS England, and is called Transforming Participation in Health and Care. The National Director of Patients and Information at NHS England comments in the guidance that "We must put every Durham, Darlington and Tees Area Team – APMS Consultation Hartlepool

citizen and patient voice absolutely at the heart of every decision we take in purchasing, commissioning and providing services.” There is a clear focus on maximising the participation of patients and the public. This is what we are trying to do with the consultation exercise that we are going through.

### 1.4 Service Review Process and Direction of Travel

Across the country, many of the APMS practices were expected to achieve an agreed target for the number of registered patients with them by the end of their 5 year contracts. In a lot of cases, the current APMS practice numbers are significantly lower than the original plans. Local APMS contract costs are often more expensive than PMS and GMS contracts. Although APMS contracts often offer elements of service that are additional to PMS and GMS contracts in some cases, on a like for like basis APMS contracts still represent less value for money than the other contract types.

Our initial review has taken into consideration the following criteria:

- Patient numbers, distribution and demographics
- Local health need
- Service quality, patient experience and clinical outcomes
- Neighbouring service provision and access
- Value for money and future sustainability of all primary care service providers

Our direction of travel is to have practices offering good quality services, with higher patient registered numbers offering better value for money.

### Do you support our direction of travel?

### 1.5 The risks of doing nothing

Doing nothing is not an option. If we allow all 3 contracts to expire on 31 March 2015, we believe we may have a shortfall in some areas with patients not being able to access essential NHS primary care services.

Additionally, we have a duty to ensure that primary medical services appropriately meet and match the health needs of the local population. Many of the GP practices that are contracted under APMS have failed to register the target patient population and present significantly less value for money when compared to GMS and PMS practices. Therefore, we do not feel that the current arrangements are sustainable in the longer term, either for the current APMS providers or for neighbouring practices.



## 2 Our Current Position and Proposed Approach

In the Hartlepool area, there are 3 providers contracted to deliver services under the APMS contract arrangements. These are:

- Fens Medical Practice, Catcote Road, Fens Estate, Hartlepool
- IntraHealth Wynyard Road Primary Care Centre, Wynyard Road, Hartlepool
- Hartfields Medical Practice, Hartfields Extra Care Village, Hartfields Manor, Hartlepool

The number of people registered at these 3 practices totals approximately 6,600. A summary of the current arrangements and our proposals for each of these practices is below.

### Fens Medical Practice, Hartlepool

#### Current list size

As at July 2014, the registered list size is 2,773 – since the start of the contract, the practice has seen a steady growth in the number of registered patients but it has never reached its original target of 4,800 patients by the end of March 2013.

#### Contract end date

31 March 2015 – currently in discussion to extend to 30 September 2015.

#### Service provision

The practice is contracted to provide:

- Essential Services
- Additional Services
- Enhanced Services

All neighbouring practices are commissioned to provide the same level of core NHS primary care services.

#### Value for money

There is a higher than average cost per head of population when compared to similar PMS and GMS providers in the area.

#### Premises

The practice operates from a converted dental surgery, of which NHS Property Services holds the head lease. The premises are situated behind a row of shops, hidden by an outdoor stairwell, and are not visible from the front street.

## 5.2 Appendix A

### Quality and performance

- The practice has consistently achieved above the CCG average in Quality and Outcomes Framework (QOF).
- GP Patient Survey results have been consistently good and above the Hartlepool and national averages.
- Key Performance Indicators (KPIs) are generally lower on quality and service delivery but higher on value for money. The practice has achieved higher than national and area average for cervical screening and immunisation achievement.

A review of quality and performance at local practices provides assurance that equivalent clinical quality standards are provided at neighbouring practices.

### Opening times

The current practice is open for 52.5 hours per week:

- 8.00 am to 6.30 pm Monday to Friday

Neighbouring practices are contracted to deliver services between 8:00 am and 6.30 pm and may also deliver additional hours via the Extended Hours Directed Enhanced Service.

### Local capacity

The postcode spread across Wards for all patients registered with the Fens Medical Practice is:

Ward Name	Total Patients	%	Practices in ward area with open lists
Fens and Rossmere	1541	55.6	Fens Practice (under review)
Manor House	623	22.5	Wynyard Road Primary Care Centre (under review) Havelock Grange Practice (branch)
Seaton	181	6.5	Seaton Surgery
Rural West	156	5.6	No practices within ward area
Foggy Furze	106	3.8	McKenzie Group Practice
Burn Valley	44	1.6	Bank House Surgery Chadwick House Havelock Grange Practice
Jesmond	36	1.3	McKenzie Group Practice (branch)
Headland and Harbour	29	1.0	Headland Medical Practice
Victoria	22	0.8	Gladstone House Surgery Victoria Medical Group Journee Practice Dr Koh Practice

## 5.2 Appendix A

Ward Name	Total Patients	%	Practices in ward area with open lists
Hart	19	0.7	Hartfields Medical Practice (under review)
De Bruce	8	0.3	Hart Medical Practice Westview Millenium
Northern Parishes	5	0.2	No practices within ward area
Bishopsgarth and Elm Tree	2	0.1	No practices within ward area
Blackhalls	1	0.04	Blackhall & Peterlee Medical Practice

Around 56% of the registered population live in Fens and Rossmere and a further 22.5% live in the neighbouring Manor House ward. There are no other practices within the immediate ward area but there is a choice of 5 alternative providers of primary care within a 2 mile radius with open lists to accept new patients.

The nearest alternative practice is Intrahealth Wynyard Road, which is located 0.39 miles away from Fens Medical Practice. However, Intrahealth Wynyard Road is also currently under review. Whilst there is a further practice (branch surgery) located in Manor House ward, there may not be enough capacity to accept a large influx of new patients.

Appendix 1 shows the spread of current registered patients at the practice. Appendix 2 shows a map of other local practices.

Given a similar review is currently being undertaken for Intrahealth Wynyard Road, we are not confident that there is sufficient choice and availability within the area for patients to register with alternative practices.

### Future Housing Developments

There are no known future housing developments planned for the area.

### Our proposal

On the basis of the information reviewed so far, such as the lower than anticipated patient numbers, above average cost per head of population, service quality and performance as well as neighbouring service provision and access, we are consulting on the option to procure a new practice within the local area to replace Fens Medical Practice and Intrahealth Wynyard Road. Should a new contract be procured, the expectation is that the patients registered with both Fens Medical Practice and Intrahealth Wynyard Road Practice would be transferred to the replacement practice when the new contract commences.

**Current list size**

As at July 2014 the list size is 1,964 – this is much lower than the anticipated 5,100.

**Contract end date**

31 March 2015 - currently in discussion to extend to 30 September 2015.

**Service provision**

The practice is contracted to provide:

- Essential Services
- Additional Services
- Enhanced Services

All neighbouring practices are commissioned to provide the same level of core NHS primary care services. This practice also provides a Violent Patient Scheme.

**Value for money**

There is a slightly higher than average cost per head of population when compared to similar GMS providers in the area but slightly lower when compared to similar PMS providers.

**Premises**

The practice is located within premises built through the Government's LIFT scheme, of which NHS Property Services has the head lease until 2155.

**Quality and performance**

- The practice has consistently achieved above the CCG average in Quality and Outcomes Framework (QOF).
- GP Patient Survey results have been consistently good and above the Hartlepool and national averages.
- Key Performance Indicators (KPIs) have been consistently good over the life of the contract. The practice has achieved lower than national but higher than the area average for cervical screening but lower than the national and area average for immunisation achievement.

A review of quality and performance at local practices provides assurance that equivalent clinical quality standards are provided at neighbouring practices.

**Opening times**

The current practice is open for 53.5 hours per week:

- 8.00 am to 6.00 pm Monday to Friday with an additional one hour on Tuesdays (the period between 6.00 pm and 6.30 pm is delivered by the out of hours service)

## 5.2 Appendix A

Neighbouring practices are contracted to deliver services between 8:00 am and 6.30 pm and may also deliver additional hours via the Extended Hours Directed Enhanced Service.

### Local capacity

The postcode spread across Wards for all patients registered with the Intrahealth Wynyard Road Practice is:

Ward Name	Total Patients	%	Practices in ward area with open lists
Manor House	1087	55.3	Wynyard Road Primary Care Centre (under review) Havelock Grange Practice (branch)
Fens and Rossmere	268	13.6	Fens Practice (under review)
Seaton	174	8.9	Seaton Surgery
Foggy Furze	118	6.0	McKenzie Group Practice
Burn Valley	71	3.6	Bank House Surgery Chadwick House Havelock Grange Practice
Rural West	69	3.5	No practices within ward area
Victoria	47	2.4	Gladstone House Surgery Victoria Medical Group Journée Practice Dr Koh Practice
Jesmond	40	2.0	McKenzie Group Practice (branch)
Headland and Harbour	40	2.0	Headland Medical Practice
Hart	24	1.2	Hartfields Medical Practice (under review)
De Bruce	20	1.0	Hart Medical Practice Westview Millenium
Billingham Centre	3	0.2	Melrose Surgery Queenstree Practice Kingsway Medical Centre Roseberry Practice Marsh House Medical Centre Abbey Health Centre
Northern Parishes	1	0.1	No practices within ward area

## 5.2 Appendix A

Ward Name	Total Patients	%	Practices in ward area with open lists
Blackhalls	1	0.1	Blackhall & Peterlee Practice
Billingham North	1	0.1	No practices within ward area

Around 56% of the registered population live in Manor House and a further 13.6% live in the neighbouring Fens & Rossmere ward. There is one other practice within the immediate ward area and a choice of 6 alternative providers of primary care within a 2 mile radius.

The nearest alternative practice is Fens Practice, which is located 0.39 miles away from IntraHealth Wynyard Road. However, Fens Practice is also currently under review. Whilst there is a further practice (branch surgery) located in Manor House ward, there may not be enough capacity to accept a large influx of new patients.

Appendix 3 shows the spread of current registered patients at the practice. Appendix 2 shows a map of other local practices.

Given a similar review is currently being undertaken for Fens Practice, we are not confident that there is sufficient choice and availability within the area for patients to register with alternative practices.

### Future Housing Developments

There are no known future housing developments planned for the area.

### Our proposal

On the basis of the information reviewed so far, such as the lower than anticipated patient numbers, above average cost per head of population, service quality and performance as well as neighbouring service provision and access, we are consulting on the option to procure a new practice within the local area to replace Fens Medical Practice and Intrahealth Wynyard Road. Should a new contract be procured, the expectation is that the patients registered with both Fens Medical Practice and Intrahealth Wynyard Road Practice would be transferred to the replacement practice when the new contract commences.

**Do you agree that the creation of a replacement practice/contract would continue to ensure an appropriate level of choice and availability for all patients registered with the Fens Practice and Intrahealth Wynyard Road practices?**

### Hartfields Medical Practice, Hartlepool

#### Current list size

As at July 2014, the registered list size is 2,172 patients – this is far lower than the anticipated registered list size of 6,000 at the end of March 2014.

#### Contract end date

31 March 2015

#### Service provision

The practice is contracted to provide:

- Essential Services
- Additional Services
- Enhanced Services

All neighbouring practices are commissioned to provide the same level of core NHS primary care services.

#### Value for money

There is a much higher than average cost per head of population when compared to similar PMS and GMS providers in the area.

#### Premises

Hartfields Medical Practice is leased from the owner by NHS Property Services. Hartlepool Borough Council has advised that there are significant parking issues for the GP practice and there is very limited public transport to the area.

#### Quality and performance

- The practice has performed below the CCG average in Quality and Outcomes Framework (QOF).
- GP Patient Survey results have been consistently good across most areas – opening hours, telephone access, making an appointment and recommending the surgery.
- Key Performance Indicators (KPIs) have been consistently good throughout the contract term and cervical screening and immunisation achievement were above the National and area average, with the exception of immunisation for children at 24 months old which was slightly lower.

A review of quality and performance at local practices provides assurance that equivalent clinical quality standards are provided at neighbouring practices.

### Opening times

The current practice is open for 52.5 hours per week:

- 8.00 am to 6.30 pm Monday to Friday

Neighbouring practices are contracted to deliver services between 8:00 am and 6.30 pm and may also deliver additional hours via the Extended Hours Directed Enhanced Service.

### Local capacity

The postcode spread across Wards for all patients registered with the Hartfields Medical Practice is:

Ward Name	Total Patients	%	Practices in ward area with open lists
Hart	1410	64.92	Hartfields Medical Centre (under review)
Rural West	189	8.70	No practices within ward area (nearest is 0.36 miles - Throston Medical Centre)
Jesmond	202	9.30	Throston Medical Centre
De Bruce	162	7.46	West View Millennium Surgery Hart Medical Centre
Victoria	72	3.31	Victoria Medical Practice Gladstone House Surgery Journee Medical Practice Dr Koh & Partner The Havelock Practice.
Foggy Furze	38	1.75	McKenzie House
Headland and Harbour	38	1.75	No practices within ward area (nearest are 0.69 – 0.81 miles away – The Hart Medical Centre, West View Millennium Surgery)
Burn Valley	25	1.15	Havelock Grange Practice Bankhouse Surgery Chadwick Practice
Manor House	10	0.46	Wynyard Road Primary Care Centre (under review)
Seaton	10	0.46	Seaton Surgery
Fens and Rossmere	9	0.41	The Fens Medical Centre (under review)
Others	7	0.32	Various practices



## 5.2 Appendix A

Around 66% of the registered population live in Hart ward where there are no other alternative providers of primary care in the ward area. However, there are 8 alternative providers of primary care within a 1½ mile radius of Hartfields Medical Practice, all of whom have open lists to be able to accept patients. The nearest alternative practices are Hart Medical Practice (0.5 miles away), Throston Medical Centre (0.64 miles away) and West View Millennium Surgery (0.7 miles away).

Appendix 4 shows the spread of current registered patients at the practice. Appendix 2 shows a map of other local practices.

We are confident that there is sufficient choice and availability within the area for patients to register with alternative practices.

### Future Housing Developments

Hartlepool Borough Council has advised that there is planning permission to build an additional 300 homes in the Middle Warren area of Hart over the next 5 years and a further 500 houses to be commenced in the Upper Warren area in approximately 4 years' time.

### Our proposal

On the basis of the information reviewed so far, such as the low patient numbers, above average cost per head of population, service quality and performance as well as neighbouring service provision and access, we are consulting on the option to decommission this practice and offer patients the opportunity to register at neighbouring practices.

**Do you agree that there is an appropriate level of choice and availability for Hartfields Medical Practice patients that may need to register at neighbouring/alternative practices?**

## 3 Our approach to consultation

As part of this review, we are consulting with those patients that are directly affected by these proposals as well as with wider stakeholders, such as Overview and Scrutiny Committees, MPs, Councillors, HealthWatch, Clinical Commissioning Groups, GP practices, Local Representative Committees for GPs, dentists, pharmacists, optometrists and community groups. This section outlines how you can put forward views and suggestions for us to take into consideration.

### 3.1 Opening and closing dates

The consultation was launched on 05 August 2014 and will close on 29 September 2014. During this time, we are writing to every household with registered patients outlining our proposals for their individual practice and seeking their views.

In addition, we are sending this briefing to our wider stakeholders across the Hartlepool area, seeking their views on our proposals for the area as a whole.

We hope you will take time to give us feedback in response to the proposals described in this consultation document either by completing the form on-line or posting it back to us.

### 3.2 How to contact us and how to get further assistance

If you wish to get additional paper copies of this consultation document or if you have any questions, concerns or require any other information about this consultation. Please contact us:

**Phone:** 0800 915 5397 (Freephone)

**Email:** NYHCSU.centralengagementteam-@nhs.net

**Post:** FREEPOST RTJR-UYVB-BCUC  
North Yorkshire & Humber Commissioning Support Unit  
Health House  
Grange Park Lane  
Willerby  
HULL  
HU10 6DT

### 3.3 When will a decision be made?

We will keep notes of comments received from our stakeholders and will analyse feedback received through the feedback forms. We will use this information at the end of the consultation to prepare a report. This will help with any decisions to be taken. The Area Team will review the result of the consultation and make a decision regarding the future of services in October 2014.

### 3.4 How will feedback be given?

Once a decision has been made, we will write to our stakeholders letting them know the outcome of the consultation. We will also write to all the patients at the affected practices informing them of the outcome of the consultation and, where necessary, advising them of the new arrangements – either that they will have a choice of local practices to register with or that we are putting in place a replacement practice that they will transfer to.

### 3.5 Implementation

The current APMS contracts are due to cease on 31 March 2015 but we are expecting to extend the contracts further to 30 September 2015 for Fens and Wynyard Rd practice. We will continue to

## **5.2 Appendix A**

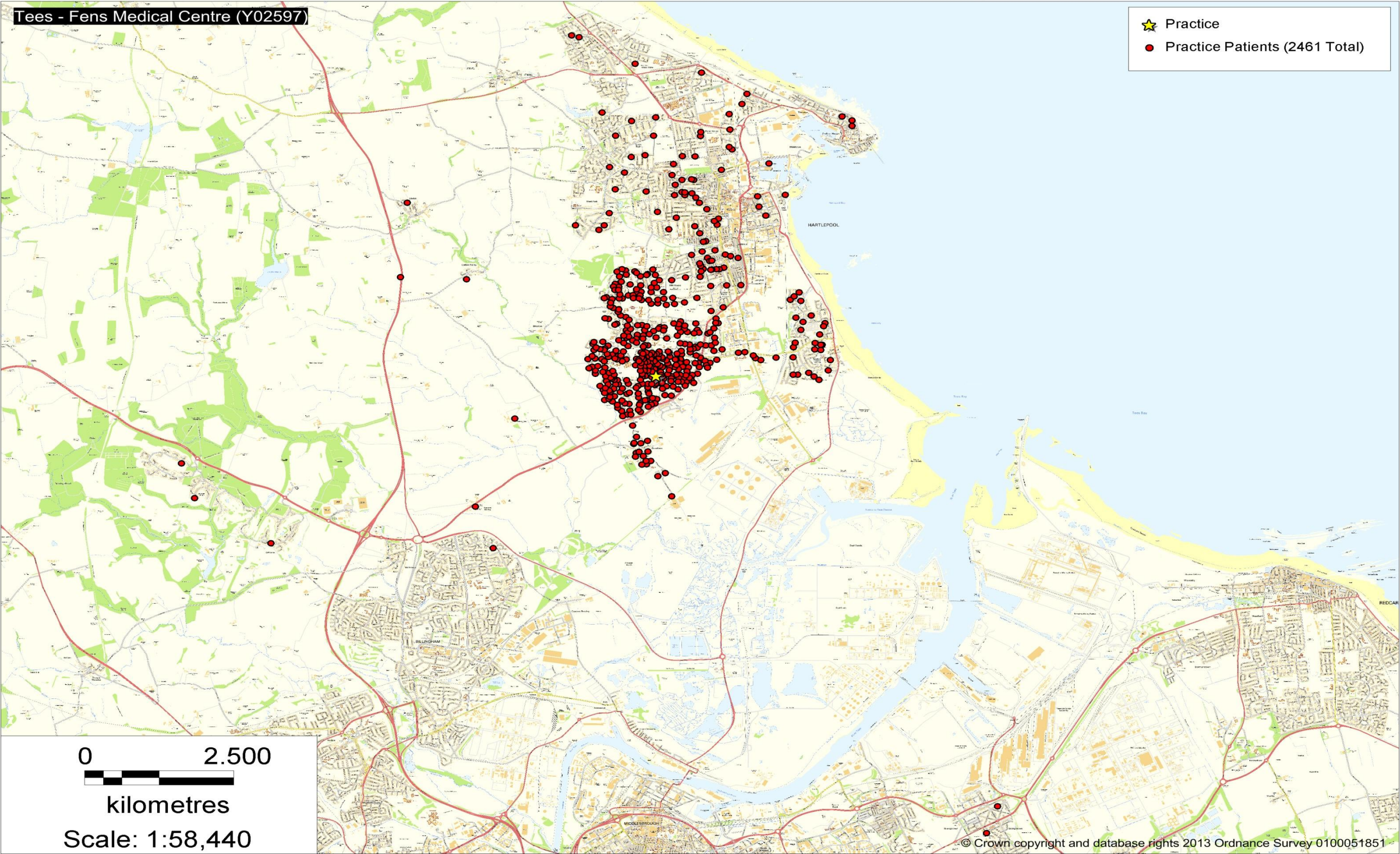
review the local provision of primary care medical services to ensure that appropriate choice and availability is in place.

**Please complete and return the short survey at the end of this document.**

**Thank you for taking the time to give us your views.**

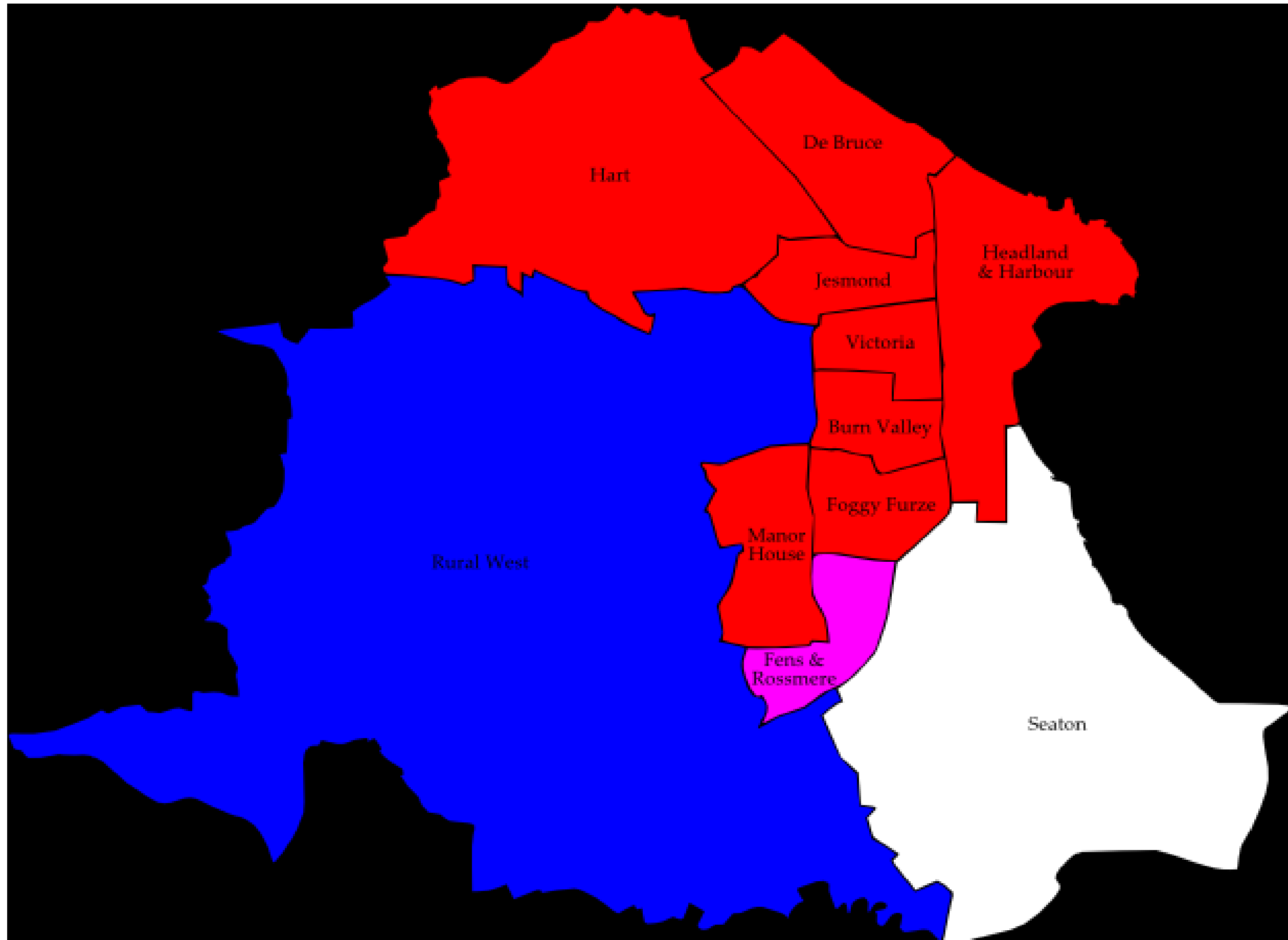


Appendix 1 – Fens Medical Practice Patient Distribution Map





## 5.2 Appendix A



## Appendix 2 – Practice Maps



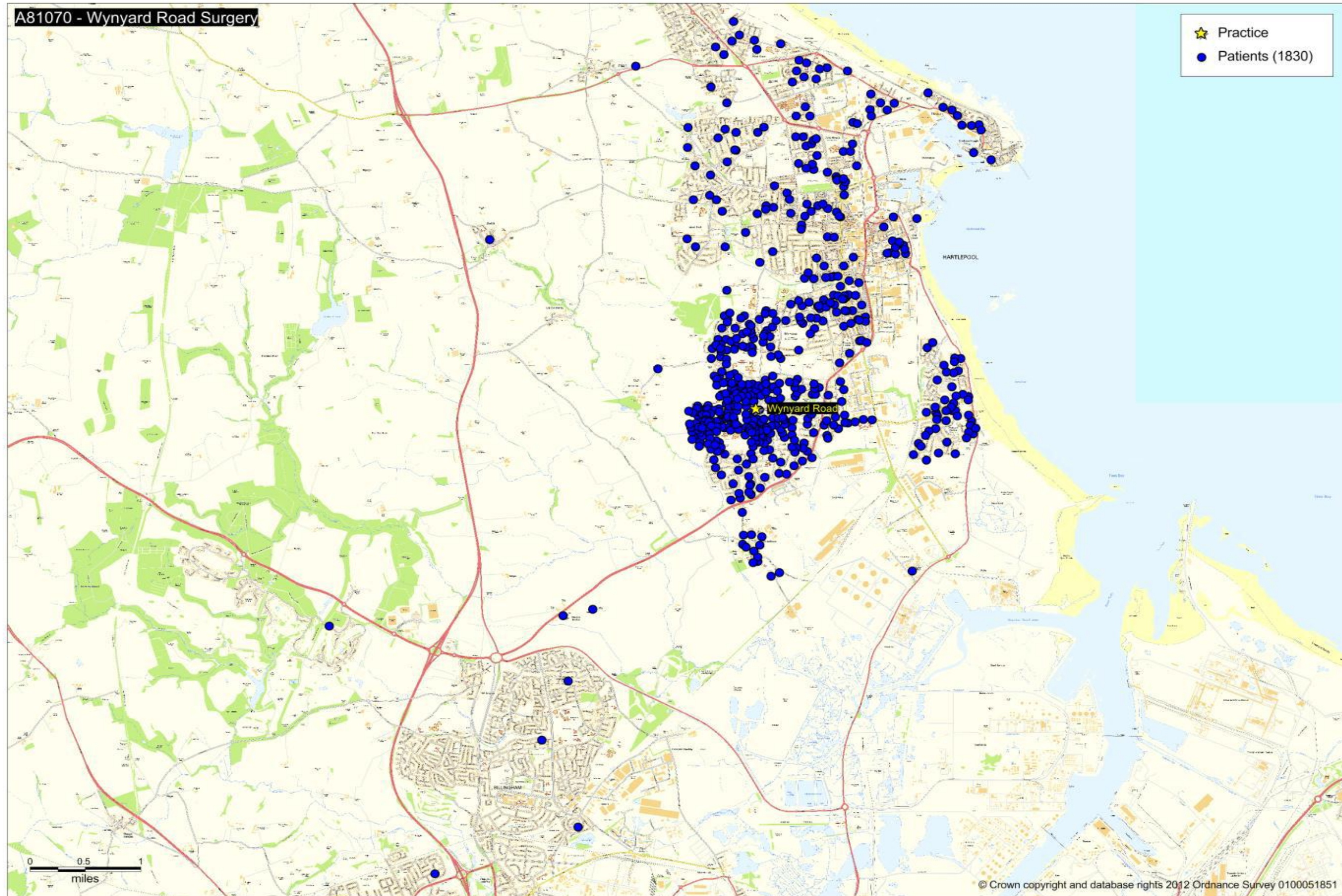
## Appendix 2 – Map Keys

ID	PracticeName	
A	The Headland Medical Centre	
B	Secure Patient Unit Hartlepool	
C	Havelock Grange Practice	
D	York Road Surgery	
E	Bank House Surgery	
F	Hartlepool NHS Healthcare Centre	
G	Hart Medical Practice	
H	West View Millennium Surgery (Awad)	
I	Seaton Surgery	
J	Mckenzie House Surgery	
K	The Fens Medical Centre	
L	Wynyard Road Primary Care Centre	
M	Havelock Grange Practice	Branch
N	Hartfield Medical Practice	
O	Mckenzie House Surgery	Branch
P	Dr Gallagher	
Q	Koh & Partner	
R	Hazle & Partner	
S	Gladstone House Surgery	

LABEL	PRACTICE_NAME	ADDRESS_LINE_1
1	DR GALLAGHER	THE HEALTH CENTRE
2	BANK HOUSE SURGERY	ONE LIFE HARTLEPOOL
3	YORK ROAD SURGERY	CHADWICK PRACTICE
4	HAVELOCK GRANGE PRACTICE	ONE LIFE HARTLEPOOL
5	HART MEDICAL PRACTICE	THE GENERAL MEDICAL CENTRE
6	MCKENZIE HOUSE SURGERY	MCKENZIE HOUSE
7	KOH & PARTNER	THE HEALTH CENTRE
8	THE HEADLAND MEDICAL CENTRE	2 GROVE STREET
9	WYNYARD ROAD PRIMARY CARE CENTRE	WYNYARD ROAD PRIMARY CARE CENTRE
10	SEATON SURGERY	SEATON SURGERY
11	JOURNEE MEDICAL PRACTICE	THE HEALTH CENTRE
12	GLADSTONE HOUSE SURGERY	46 VICTORIA ROAD
13	WEST VIEW MILLENNIUM SURGERY (AWAD)	WEST VIEW MILLENNIUM SURGERY
14	SECURE PATIENT UNIT HARTLEPOOL	WHITBY STREET
15	HARTLEPOOL NHS HEALTHCARE CENTRE	ONE LIFE HARTLEPOOL
16	HARTFIELD MEDICAL PRACTICE	HARTFIELDS EXTRA CARE VILLAGE
17	THE FENS MEDICAL CENTRE	434 CATCOTE ROAD

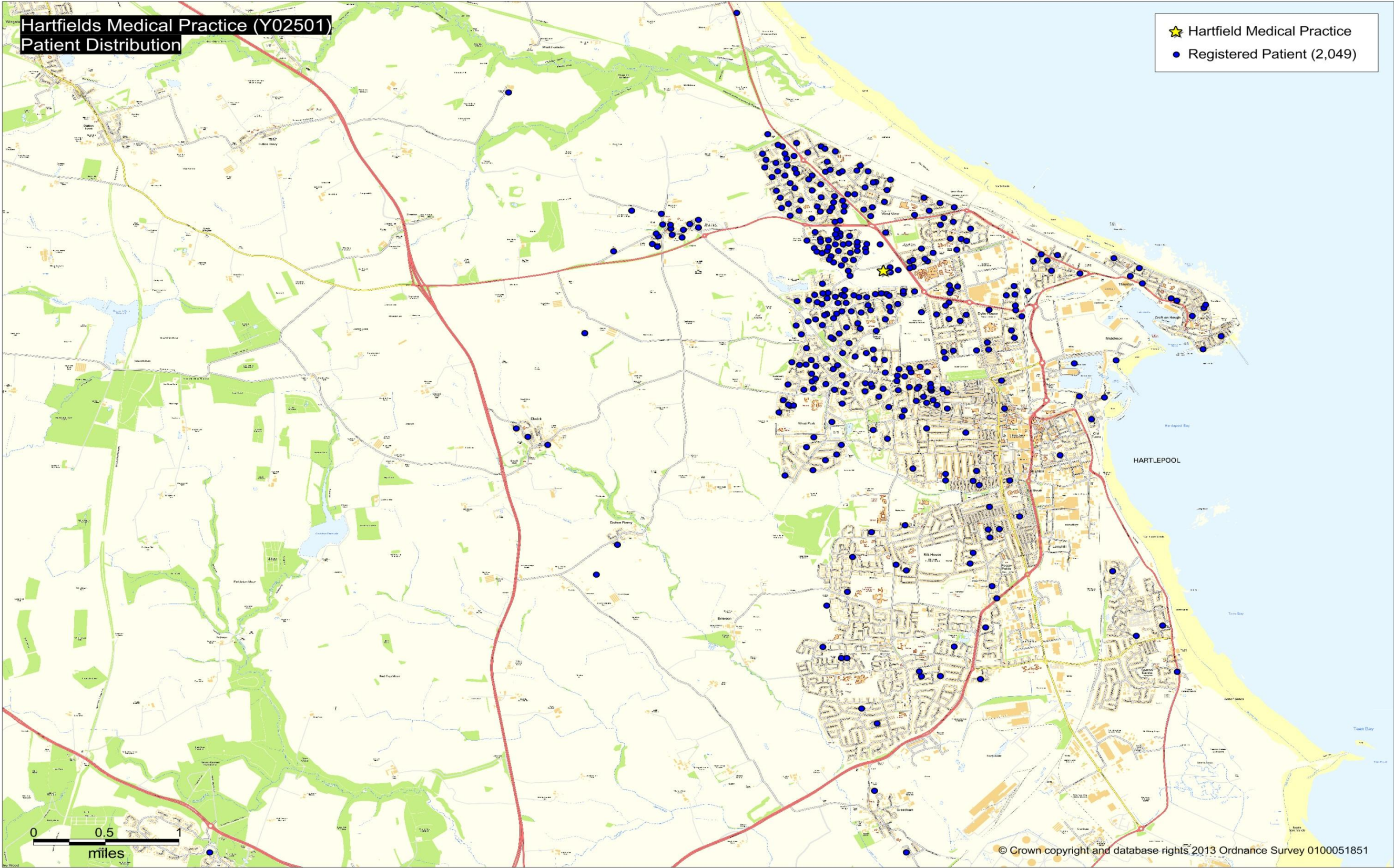


Appendix 3 – IntraHealth Wynyard Road Practice Patient Distribution Map





Appendix 4 – Hartfields Medical Practice Patient Distribution Map





## Feedback form – Hartlepool Stakeholder Consultation

Thank you for taking the time to respond to our consultation. If you prefer, you can complete this survey on-line at <https://www.surveymonkey.com/s/HartlepoolAPMSConsultation>

Alternatively send this to us by post at:

FREEPOST RTJR-UYBY-BCUC

North Yorkshire & Humber Commissioning Support Unit

Health House, Grange Park Lane, Willerby, HULL, HU10 6DT

### 1. Do you support our overall direction of travel for the future of APMS contract providers?

Yes ☐ No ☐

If you answered no, please explain your reasoning below:

--

### 2. Do you agree that the creation of a replacement practice/contract would continue to ensure an appropriate level of choice and availability for all patients registered with the Fens Practice and IntraHealth Wynyard Road practices?

Yes ☐ No ☐

If you answered no, please explain your reasoning below:

--

### 3. Do you agree that there is an appropriate level of choice and availability for Hartfields Medical Practice patients that may need to register at neighbouring/alternative practices?

Yes ☐ No ☐

If you answered no, please explain your reasoning below:

--

**4. Are there any issues you think we need to consider in relation to diverse needs (for example, race, gender, disability, people on low incomes, age, sexual orientation, religion and belief and people who live in very rural or remote areas)?**

**5. Do you have any other comments on these proposals for us to consider?**

**6. Which organisation / stakeholder do you represent?**

<input type="checkbox"/> OSC	<input type="checkbox"/> Healthwatch	<input type="checkbox"/> Public
<input type="checkbox"/> GP practice	<input type="checkbox"/> CCG	<input type="checkbox"/> Other (state)
<input type="checkbox"/> Councillor	<input type="checkbox"/> MP	
<input type="checkbox"/> NHS staff	<input type="checkbox"/> Community Group	
<input type="checkbox"/> Local Medical Committee	<input type="checkbox"/> Local Optometry Committee	
<input type="checkbox"/> Local Dental Committee	<input type="checkbox"/> Local Pharmaceutical Committee	

**Thank you – please respond by 29 September 2014**

# AUDIT AND GOVERNANCE COMMITTEE

21 August 2014



**Report of:** Scrutiny Manager

**Subject:** SCRUTINY INVESTIGATION INTO  
CARDIOVASCULAR DISEASE (CVD) – SCOPING  
REPORT

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## 1. PURPOSE OF REPORT

- 1.1 To make proposals to Members of the Audit and Governance Committee for their forthcoming investigation into Cardiovascular Disease (CVD).

## 2. BACKGROUND INFORMATION

- 2.1 The Audit and Governance Committee on 7 August 2014 agreed their work programme and CVD was chosen by the Committee as their main topic of investigation relating to health. Members at this meeting agreed to establish small groups of Members to carry out work relating to specific areas within each chosen topic, as such, suggestions for the group work are outlined in section 8 of the report. Members are asked to consider nominations for the membership of the groups (3 groups with 2 or 3 members in each group, it may be that the same Members wish to be involved in all 3 groups).
- 2.2 Circulatory and heart disease, also known as cardiovascular disease (CVD), refers to a group of related conditions of the heart and blood vessels. These conditions include:
- Coronary heart disease (CHD): a disease of the blood vessels supplying the heart muscle which can lead to angina, heart attack and heart failure;
  - Cerebrovascular disease: a disease of the blood vessels supplying the brain which leads to transient ischaemic attacks (TIA) and strokes;
  - Peripheral vascular disease (PVD): a disease of blood vessels supplying the arms and legs that can lead to claudication;

- Atrial fibrillation (AF) and arrhythmias: abnormal pulse rhythm which can be a major cause of strokes.
- 2.3 CVD is the main cause of death in the UK and accounts for almost 191,000 deaths each year (one-third of all deaths). Almost half of deaths (46%) are from CHD and nearly one quarter (23%) from stroke. CVD-related conditions are estimated to cost the economy £25.8 billion annually. The health of people in Hartlepool is generally worse than the England average. Deprivation is higher than the England average and life expectancy for both men and women is lower than the England. Mortality rates from CVD are significantly higher than the national rate. Mortality rates have decreased by 55.6% since 1995-97.
  - 2.4 Many risk factors are associated with CVD. Some are non-modifiable risk factors that contribute to disease onset, including age, sex, family history and ethnicity. Other contributing factors are a consequence of lifestyle and can be modified or potentially reversed. These include smoking, elevated total or low density lipoprotein cholesterol levels, being overweight or obese, high blood pressure, sedentary lifestyle and poor diet. In addition, some conditions are associated with increased risk of CVD and should be considered, for example chronic kidney disease (CKD).
  - 2.5 Factors accounting for the large majority (86%) of risk of CVD (and therefore inequalities in life expectancy) are potentially reversible, and appropriate services to address CVD within Hartlepool reflect this.
  - 2.6 Quality and outcomes framework (QOF) data shows a considerable gap between observed and estimated prevalence on a number of CVD measures. This is acknowledged in efforts to find the 'missing thousands'.
  - 2.7 Prevention of CVD is a high priority. A comprehensive CVD screening programme (NHS Health Checks), aims to identify and manage people with undiagnosed CVD. There continues to be an issue in uptake of the screening programme by people in deprived groups and by men.
  - 2.8 With trends in obesity levels rising, it is anticipated that there will be a significant increase in the number of people with diabetes and pre-diabetes which is likely to have an impact on the incidence of CVD<sup>1</sup>.

### **3. OVERALL AIM OF THE SCRUTINY INVESTIGATION/ENQUIRY**

- 3.1 To consider the approaches being taken to prevent and treat CVD, to ensure longer term reduction in incidence and prevalence, and quality of life and health outcomes for those individuals who already have the disease.

### **4. PROPOSED TERMS OF REFERENCE FOR THE SCRUTINY INVESTIGATION/ENQUIRY**

- 4.1 The following Terms of Reference for the investigation are proposed:-

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<sup>1</sup> Hartlepool JSNA - <http://www.teesjsna.org.uk/hartlepool-circulatory-diseases>

- (a) To gain an understanding of CVD and the pathways available to people diagnosed with CVD (including the causes; signs and symptoms; prevention; and treatment);
- (b) To examine the incidence and prevalence of CVD across Hartlepool, and how this compares to regional and national levels, and in doing so, consider why Hartlepool has a particularly high rate of CVD;
- (c) To explore the risk factors that contribute to the development of CVD including the impact of lifestyle choices;
- (d) To explore and examine the CVD services provided in:-
  - (i) Primary Care
  - (ii) Secondary Care
  - (iii) Tertiary Care
  - (iv) A pulmonary and rehabilitation setting
- (e) To seek the views of CVD patients and their families and carers; and groups / bodies who provide services for people diagnosed with CVD

## **5. POTENTIAL AREAS OF ENQUIRY / SOURCES OF EVIDENCE**

- 5.1 Members of the Forum can request a range of evidential and comparative information throughout the Scrutiny review.
- 5.2 The Forum can invite a variety of people to attend to assist in the forming of a balanced and focused range of recommendations as follows:-

- (a) Member of Parliament for Hartlepool;
- (b) Chair of Hartlepool's Health and Wellbeing Board;
- (c) Ward Councillors;
- (d) Director of Public Health and the Public Health Team;
- (e) Hartlepool and Stockton-on-Tees Clinical Commissioning Group;
- (f) GP's / Specialist GP's;
- (g) North Tees and Hartlepool NHS Foundation Trust;
- (h) South Tees Hospitals Foundation Trust
- (i) British Heart Foundation;
- (j) Hartlepool Healthwatch;

- (k) Local residents;
- (l) Hartlepool Carers and Hartlepool Young Carers;
- (m) Voluntary and Community Sector groups;
- (n) Representatives of minority communities of interest or heritage

5.3 The Forum may also wish to refer to a variety of documentary / internet sources, key suggestions are as highlighted below:-

- (a) Hartlepool's Joint Strategic Needs Assessment – [www.teesjsna.org.uk](http://www.teesjsna.org.uk)
- (b) British Heart Foundation – [bhf.org.uk](http://bhf.org.uk)
- (c) NICE guidelines (PH25) – [nice.org.uk](http://nice.org.uk)

## 6. COMMUNITY ENGAGEMENT / DIVERSITY AND EQUALITY

6.1 Community engagement plays a crucial role in the Scrutiny process and diversity issues have been considered in the background research for this enquiry under the Equality Standards for Local Government. Based upon the research undertaken, paragraph 5.2 includes suggestions as to potential groups which the Forum may wish involve throughout the inquiry (where it is felt appropriate and time allows).

## 7. REQUEST FOR FUNDING FROM THE DEDICATED OVERVIEW AND SCRUTINY BUDGET

7.1 Consideration has been given, through the background research for this scoping report, to the need to request funding from the dedicated Overview and Scrutiny budget to aid Members in their enquiry. At this stage no additional funding has been identified as being necessary to support Members in their investigation. Members, however, may wish to seek additional funding over the course of the investigation and the pro forma attached at **Appendix A** outlines the criteria on which a request will be judged.

## 8. PROPOSED TIMETABLE OF THE SCRUTINY INVESTIGATION

8.1 Detailed below is the proposed timetable for the review to be undertaken, which may be changed at any stage:-

**16 October 2014** – ‘Setting the Scene’ Presentation:-  
(to cover terms of reference (a), (b), (c))

- What is CVD;
- Causes;
- Signs and symptoms;
- Prevention; and
- Treatment;

- To examine the incidence and prevalence of CVD across Hartlepool, and how this compares to regional and national levels, and in doing so, consider why Hartlepool has a particularly high rate of CVD; and
- To explore the risk factors that contribute to the development of CVD including the impact of lifestyle choices

**October 2014 – January 2015** - Group work with 2/3 Members of the Committee to look at:-

**Group 1 - Primary care services** with the potential to visit primary care services and seek the views of CVD patients and their families and carers

**Group 2 - Secondary care services** with the potential to visit secondary care services and seek the views of CVD patients and their families and carers

**Group 3 – Tertiary services and services provided in a pulmonary and rehabilitation setting** with the potential to visit these services and seek the views of CVD patients and their families and carers

**8 January 2015** – Feedback from the group work to the Audit and Governance Committee

**19 March 2015 – Draft Final Report**

## **9. RECOMMENDATION**

9.1 Members are recommended to:-

- (a) agree the Audit and Governance Committee's remit of the investigation outlined in paragraphs 3 and 4 and the proposed timescale outlined in paragraph 8; and
- (b) to consider nominations for the membership of the groups (3 groups with 2 or 3 members in each group, it may be that the same Members wish to be involved in all 3 groups).

**Contact Officer:-** Laura Stones  
Chief Executives Department – Legal Services  
Hartlepool Borough Council  
Tel:- 01429 523087  
Email:- laura.stones@hartlepool.gov.uk



## **BACKGROUND PAPERS**

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

- (i) Hartlepool's Joint Strategic Needs Assessment – [www.teesjsna.org.uk](http://www.teesjsna.org.uk)
- (ii) British Heart Foundation – [bhf.org.uk](http://bhf.org.uk)

APPENDIX A

**PRO-FORMA TO REQUEST FUNDING TO SUPPORT  
CURRENT SCRUTINY INVESTIGATION**

<b>Title of the Overview and Scrutiny Committee:</b>
<b>Title of the current scrutiny investigation for which funding is requested:</b>
<b>To clearly identify the purpose for which additional support is required:</b>
<b>To outline indicative costs to be incurred as a result of the additional support:</b>
<b>To outline any associated timescale implications:</b>
<b>To outline the 'added value' that may be achieved by utilising the additional support as part of the undertaking of the Scrutiny Investigation:</b>

**To outline any requirements / processes to be adhered to in accordance with the Council's Financial Procedure Rules / Standing Orders:**

**To outline the possible disadvantages of not utilising the additional support during the undertaking of the Scrutiny Investigation:**

**To outline any possible alternative means of additional support outside of this proposal:**

# AUDIT AND GOVERNANCE COMMITTEE

21 August 2014



**Report of:** Scrutiny Manager

**Subject:** DEMENTIA: EARLY DIAGNOSIS – SCOPING REPORT

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## 1. PURPOSE OF REPORT

- 1.1 To make proposals to Members of the Audit and Governance Committee for their forthcoming investigation into Dementia .

## 2. BACKGROUND INFORMATION

- 2.1 The Audit and Governance Committee on 7 August 2014 agreed their work programme and it was agreed that a Task and Finish Group be formed to consider dementia. Councillors Jim Ainslie and Stephen Akers-Belcher were appointed to the Task and Finish Group. If any other Members would like to be involved in the group then they will have an opportunity to nominate themselves at this meeting and Members not present at this meeting will be contacted to ensure everyone has the opportunity to be involved. The group will report their findings back to the Audit and Governance Committee.
- 2.2 Dementia is one of the most pressing issues relating to older people. It has a range of symptoms including memory loss, mood change, and problems with communication and reasoning that are brought about by diseases that damage the brain, such as Alzheimer's disease. It is progressive and at present there are no cures.
- 2.3 It is predicted that the number of people in Hartlepool who have dementia will increase significantly in the next 16 years from 1,148 in 2014 to 1,597 in 2030. This is an increase of approximately 40% and is a key pressure at a time of shrinking resources. The Joint Strategic Needs Assessment for Hartlepool identifies this increase as a key priority that requires action and this is also reflected in Hartlepool and Stockton on Tees Clinical Commissioning Group's commissioning intentions.

2.4 Lack of early identification of people with dementia and formal diagnosis remain an issue that impact on early intervention. Reasons for this include:

- lack of information
- lack of awareness and confidence in dealing with people with dementia by both the general public and medical and support staff,
- The taboo - dementia remains a subject that many people find hard to talk about, much like cancer was 15 – 20 years ago. We all know someone who has it or is affected by it but we don't talk about it.

2.5 Adult Services support people with dementia and / or their carers through a range of services that are provided in the community or in people's own homes, including day services and residential care. There is also a significant amount of work ongoing at the present time involving Adult Services and a range of partner organisations to explore the possibility of Hartlepool becoming accredited as a 'Dementia Friendly Community'.

### **3. OVERALL AIM OF THE SCRUTINY INVESTIGATION/ENQUIRY**

3.1 To gain an understanding of the work that is currently ongoing in Hartlepool in relation to dementia and to examine how services assist with early diagnosis

### **4. PROPOSED TERMS OF REFERENCE FOR THE SCRUTINY INVESTIGATION/ENQUIRY**

4.1 The following Terms of Reference for the investigation are proposed:-

- (a) To examine the incidence and prevalence of dementia from a population health perspective;
- (b) To gain an understanding of dementia and the diseases that are associated with dementia including diagnosis and current treatments;
- (c) To gain an understanding of the work that is currently ongoing in Hartlepool, including how awareness is raised and the progress towards a dementia friendly community; and
- (d) To explore and examine how services contribute to the early identification of people with dementia and identify whether there is anything further that can be done to aid early diagnosis

### **5. POTENTIAL AREAS OF ENQUIRY / SOURCES OF EVIDENCE**

5.1 Members of the Forum can request a range of evidential and comparative information throughout the Scrutiny review.

5.2 The Forum can invite a variety of people to attend to assist in the forming of a balanced and focused range of recommendations as follows:-

- (a) Member of Parliament for Hartlepool;
- (b) Chair of Hartlepool's Health and Wellbeing Board;
- (c) Ward Councillors;
- (d) Director of Public Health and the Public Health Team;
- (e) Hartlepool and Stockton-on-Tees Clinical Commissioning Group;
- (f) GP's / Specialist GP's;
- (g) North Tees and Hartlepool NHS Foundation Trust;
- (h) Tees, Esk and Wear Valleys NHS Foundation Trust;
- (i) Hospital of God
- (j) Hartlepool Healthwatch;
- (k) Local residents;
- (l) Hartlepool Carers and Hartlepool Young Carers;
- (m) Voluntary and Community Sector groups;
- (n) Representatives of minority communities of interest or heritage

5.3 The Forum may also wish to refer to a variety of documentary / internet sources, key suggestions are as highlighted below:-

- (a) Report of the Director of Child and Adult Services titled Support for people with dementia in Hartlepool (12 August 2014) - [http://www.hartlepool.gov.uk/meetings/meeting/3121/adult\\_services\\_committee](http://www.hartlepool.gov.uk/meetings/meeting/3121/adult_services_committee)
- (b) Hartlepool's Joint Strategic Needs Assessment: <http://www.teesjsna.org.uk/>
- (c) Hartlepool's Dignity Code

## 6. COMMUNITY ENGAGEMENT / DIVERSITY AND EQUALITY

6.1 Community engagement plays a crucial role in the Scrutiny process and diversity issues have been considered in the background research for this enquiry under the Equality Standards for Local Government. Based upon the research undertaken, paragraph 5.2 includes suggestions as to potential groups which the Forum may wish involve throughout the inquiry (where it is felt appropriate and time allows).

## 7. REQUEST FOR FUNDING FROM THE DEDICATED OVERVIEW AND SCRUTINY BUDGET

- 7.1 Consideration has been given, through the background research for this scoping report, to the need to request funding from the dedicated Overview and Scrutiny budget to aid Members in their enquiry. At this stage no additional funding has been identified as being necessary to support Members in their investigation. Members, however, may wish to seek additional funding over the course of the investigation and the pro forma attached at **Appendix A** outlines the criteria on which a request will be judged.

## 8. PROPOSED TIMETABLE OF THE SCRUTINY INVESTIGATION

- 8.1 Detailed below is the proposed timetable for the review to be undertaken, which may be changed at any stage:-

**October 2014** – Discussion with representatives from Public Health and Tees, Esk and Wear Valleys NHS Foundation Trust to gain an understanding of:-

- Incidence and prevalence of dementia from a population health perspective;
- dementia and the diseases that are associated with dementia, including diagnosis and current treatments;

**November 2014** - Discussion with representatives from Adult Services and Hospital of God to gain an understanding of:-

- How people who have dementia are supported by adult services and local providers
- the work that is currently ongoing in Hartlepool, including how awareness is raised and the progress towards a dementia friendly community

**December 2014 / February 2015** – Discussion with Public Health representatives, North Tees and Hartlepool NHS Foundation Trust, Hartlepool and Stockton-on-Tees Clinical Commissioning Group; Tees, Esk and Wear Valleys NHS Foundation Trust and voluntary and community sector organisations and family / carers of people with dementia to discuss:-

- how services contribute to the early identification of people with dementia and identify whether there is anything further that can be done to aid early diagnosis
- how services for people with dementia and their carers could be improved

**19 February 2015** – Outcome / report back to the Audit and Governance Committee

## **9. RECOMMENDATION**

9.1 Members are recommended to:-

- (a) agree the Audit and Governance Committee's remit of the investigation outlined in paragraphs 3 and 4 and the proposed timescale outlined in paragraph 8; and
- (b) consider nominations (in addition to Councillors Ainslie and S Akers-Belcher) to the membership of the group.

**Contact Officer:-** Laura Stones  
Chief Executives Department – Legal Services  
Hartlepool Borough Council  
Tel: - 01429 523087  
Email:- [laura.stones@hartlepool.gov.uk](mailto:laura.stones@hartlepool.gov.uk)

## **BACKGROUND PAPERS**

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

- (a) Report of the Director of Child and Adult Services titled Support for people with dementia in Hartlepool (12 August 2014) - [http://www.hartlepool.gov.uk/meetings/meeting/3121/adult\\_services\\_committee](http://www.hartlepool.gov.uk/meetings/meeting/3121/adult_services_committee)



## APPENDIX A

**PRO-FORMA TO REQUEST FUNDING TO SUPPORT  
CURRENT SCRUTINY INVESTIGATION**

<b>Title of the Overview and Scrutiny Committee:</b>
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<b>To outline the 'added value' that may be achieved by utilising the additional support as part of the undertaking of the Scrutiny Investigation:</b>

**To outline any requirements / processes to be adhered to in accordance with the Council's Financial Procedure Rules / Standing Orders:**

**To outline the possible disadvantages of not utilising the additional support during the undertaking of the Scrutiny Investigation:**

**To outline any possible alternative means of additional support outside of this proposal:**

## **AUDIT AND GOVERNANCE COMMITTEE**

21 August 2014



**Report of:** Report of Safer Hartlepool Partnership

**Subject:** SAFER HARTLEPOOL PARTNERSHIP'S  
RESPONSE TO THE INVESTIGATION INTO  
RE-OFFENDING

### **1. PURPOSE OF THE REPORT**

- 1.1 The purpose of this report is to provide Members of the Audit and Governance Committee with feedback on the recommendations from the investigation into Re-offending, which was reported to the Safer Hartlepool Partnership on 18 July 2014.

### **2. BACKGROUND INFORMATION**

- 2.1 The investigation into Re-offending conducted by this Committee falls under the remit of the Regeneration and Neighbourhoods Department and within the remit of the Safer Hartlepool Partnership.
- 2.2 On 18 July 2014, the Safer Hartlepool Partnership considered the Final Report of the Audit and Governance Committee into Re-offending. This report provides feedback from the Safer Hartlepool Partnership's consideration of, and decisions in relation to this Committee's recommendations.
- 2.3 Following on from this report, progress towards completion of the actions contained within the Action Plan will be monitored through Covalent; the Council's Performance Management System; with standardised six monthly monitoring reports to be presented to the Committee.

### **3. SCRUTINY RECOMMENDATIONS AND DECISION**

- 3.1 Following consideration of the Final Report, the Safer Hartlepool Partnership approved the recommendations in their entirety. Details of each recommendation and proposed actions to be taken following approval by the Safer Hartlepool Partnership are provided in the Action Plan, attached as **Appendix A**.

#### **4. RECOMMENDATIONS**

- 4.1 That Members note the proposed actions detailed within the Action Plan and seek clarification on its content where felt appropriate.

**Contact Officer:-** Joan Stevens – Scrutiny Manager  
Chief Executives Department –Legal Services  
Hartlepool Borough Council  
Telephone: 01429 284142  
E-mail – joan.stevens@hartlepool.gov.uk

#### **BACKGROUND PAPERS**

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

- (i) The Audit and Governance Committee's Final Report into Re-offending considered by the Safer Hartlepool Partnership on 18 July 2014
- (ii) Decision Record of the Safer Hartlepool Partnership held on 18 July 2014

**AUDIT AND GOVERNANCE SCRUTINY ENQUIRY ACTION PLAN****NAME OF COMMITTEE:** Audit and Governance Committee**NAME OF SCRUTINY ENQUIRY:** Re-Offending Investigation

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION <sup>+</sup>	FINANCIAL / OTHER IMPLICATIONS	LEAD OFFICER	COMPLETION DATE*
a) The extension of the triage service to include adults be explored.	The further development of the triage service will also be explored as part of the Police and Crime Commissioner's - Restorative Justice Hub and the local implementation of the RESTORE project.		Gordon Lang/Clare Clark (Police / HBC)	February 2015
b) The Community Payback scheme be supported, and in taking it forward additional training be provided for staff to equip them to effectively interact with ex-offenders in a work environment.	<p>Following the transfer of rehabilitation services to the new Community Rehabilitation Company (CRC) and National Probation Service (NPS) a new service level agreement to ensure the continuance of the Community Payback Scheme in Hartlepool through effective links with HBCs Community Safety and Environmental Teams will be established.</p> <p>A toolbox talk will be developed to ensure the local workforce is trained to equip them with the skills to effectively interact with the ex-offenders in a work place environment .</p>		<p>Craig Thelwell (HBC)</p> <p>Craig Thelwell (HBC)</p>	<p>March 2015</p> <p>January 2015</p>

## 5.5 APPENDIX A

c) In recognition of problems experienced by ex-offenders released on Friday's regarding the need to access services and benefits provided by different agencies, the introduction of a 'one-stop shop' approach be explored to bring services and benefits together directly to offenders on their release.	This will be investigated on a Tees-wide basis with the new CRC, exploring links with the GALLANT project.		Barbara Gill (CRC)	December 2014
d) In line with the priorities identified by the Local Offender Housing Needs Group, the establishment of a Housing Liaison post, similar to that in place in Sunderland, be explored.	Funding has been identified and secured to create a Housing Liaison Officer post, based on the Sunderland model, with an anticipated start date of September 2014.		Clare Clark (HBC)	September 2014
e) That the potential for the Council to be involved in schemes similar to the 'Change for Change' scheme operated at Deerbolt Prison, leading by example in encouraging the provision of employment / apprentice opportunities for ex-offenders, be explored.	This will be explored as part of the local strategies attempts to improve the employment pathway with a report on outcome of investigations and potential opportunities for development.		Patrick Wilson (HBC)	February 2015

## 5.5 APPENDIX A

<p>f) The Mental Health Criminal Justice Liaison and Diversion Service be developed in Hartlepool and options explored for the joint commissioning of the service in the future.</p>	<p>This will be developed over the forthcoming year in Hartlepool with police and health partners as part of the roll out Criminal Liaison and Diversion Scheme. A representative will be invited to a future meeting of the SHP to deliver a presentation outlining progress to date and future plans for the service</p>		<p>Clare Clark (HBC)</p>	<p>October 2014</p>
<p>g) The establishment of a local Reducing Re-offending Strategy is supported and in progressing its development, consideration be given to:-</p> <ul style="list-style-type: none"> <li>i) The continued development and delivery of ‘holistic’ / offender centric plans and services to meet the complex mix of needs/issues experienced by re-offenders, and robust partnership working.</li> <li>ii) The adoption of the Team Around/IOM principles as a template for the provision of holistic / offender centric re-offending prevention services.</li> <li>iii) The role of restorative and other alternative interventions in the offending punishment</li> </ul>	<p>The draft reducing re-offending strategy and associated action plan includes all of the suggestions outlined.</p>		<p>Clare Clark (HBC)</p>	<p>July 2014</p>

<p>process and s part of this the importance of sanctions that are acted upon where required.</p> <p>iv) The prevention of duplication in service deliver, and loss of the positive outcomes already achieved, following the implementation of the Reform to improve the delivery of re-offending service are welcomed, however, changes to the delivery of probation services, being implemented through the Governments Transformation of Rehabilitation Strategy, may potentially have a detrimental impact on service delivery in terms of duplication of activities, effectiveness and consistency of provision.</p> <p>v) The development of drug, housing and employment services as a priority for the future to meet the criminogenic needs of offenders in Hartlepool.</p> <p>vi) The importance of addressing unemployment and poor educational attainment in</p>				
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<p>disadvantaged areas, to raise aspirations and challenge the cycle of offender behaviour across generations.</p> <p>vii) The development of improved partnership working around housing, with checks in place to ensure that there is no stigma applied to offenders in the allocation of housing.</p> <p>viii) Improvement in the provision of services in relation to:</p> <ul style="list-style-type: none"> <li>- Housing advice starting earlier than two weeks before the release date for prisoner.</li> <li>- The provision of greater flexibility and the ability for housing services to respond more appropriately to those offenders who may wish to avoid returning to the community where their past offending had been centred.</li> </ul> <p>ix) Pressures placed on the community through the welfare reforms and their potential impact on the issues and factors that influence/ effect</p>				
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<p>re-offending.</p> <p>x) The importance of family relationships to offenders and the potentially negative impact of prison placements outside the area on the maintenance of these relationships.</p>				
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<sup>+</sup> please detail any risk implications, financial / legal / equality & diversity / staff / asset management considerations

<sup>\*</sup> please note that for monitoring purposes a date is required rather than using phrases such as 'on-going'

# AUDIT AND GOVERNANCE COMMITTEE

21<sup>st</sup> August 2014



**Report of:** Director of Regeneration and Neighbourhoods

**Subject:** SAFER HARTLEPOOL PARTNERSHIP DRAFT  
REDUCING RE-OFFENDING STRATEGY 2014-2017

## 1. PURPOSE OF REPORT

- 1.1 To present and seek comments from the Audit and Governance Committee on the second draft of the Safer Hartlepool Partnership Reducing Re-offending Strategy 2014-2017.

## 2. BACKGROUND

- 2.1 The Crime and Disorder Act 1998 established a statutory duty for the Local Authorities, Police, Fire Brigades, Clinical Commissioning Groups and Probation Trusts to work together to address local crime and disorder, substance misuse and re-offending issues. Collectively these five bodies are known as the Responsible Authorities and make up the Safer Hartlepool Partnership.
- 2.2 Following the Safer Hartlepool Partnership Development Day held in April 2013, the Safer Hartlepool Partnership agreed that there was a need to develop a local Reducing Re-offending Strategy to tackle high rates of re-offending whilst at the same time managing changes brought about by the Government 'Transforming Rehabilitation' agenda.

## 3. STRATEGY DEVELOPMENT

- 3.1 In September 2013 the first draft of the Reducing Re-offending Strategy was presented to and approved by the Safer Hartlepool Partnership; however it was acknowledged that finalisation and consultation on the strategy should be delayed pending findings from the Audit and Governance investigation into the level, complexities and impact of re-offending in Hartlepool.
- 3.2 Following the conclusion of the Audit and Governance investigation in May 2014, the strategy was revised, second draft as attached at **Appendix 1**, and approved for consultation by the Safer Hartlepool Partnership on 18<sup>th</sup> July 2014.

- 3.3 The overall aim of the strategy is – ‘To ensure that local services are co-ordinated in a manner that meets the needs of offenders, whilst at the same time ensuring local communities remain safe’. It is proposed that this will be achieved through the focus on three key objectives:
- Improving pathways out of re-offending.
  - All partners working together with the needs of offenders and public safety at the heart of service planning.
  - Delivering a local response to local problems through a better understanding of offending behaviour and impact of interventions.
- 3.4 In addition an action plan, attached at **Appendix 2**, underpinning delivery of the strategy has been developed by the Safer Hartlepool Partnership Reducing Re-offending Task Group, taking into account key findings from the Offender Housing Needs Event held in December 2013 and ongoing work to develop a Tees-wide single Integrated Offender Management (IOM) scheme, to address the behaviour of our most chaotic and priority offenders.
- 3.5 Responsibility for delivery against the strategic objectives and action plan has been allocated to the Safer Hartlepool Partnership Reducing Re-offending Task Group, where performance will be monitored by the Safer Hartlepool Partnership.

#### **4. NEXT STEPS**

- 4.1 The draft strategy is being consulted upon in accordance with the Voluntary and Community Sector Strategy undertaking (this contains the former consultation codes of the Hartlepool Compact). The results of the consultation on the second draft of the Reducing Re-offending Strategy 2014-2017 will be considered and used to inform the production of the final draft which will be presented to the Safer Hartlepool Partnership in October 2014 for adoption.

#### **5. LEGAL CONSIDERATIONS**

- 5.1 Under the Crime and Disorder Act 1998 the Safer Hartlepool Partnership has a duty to provide a co-ordinated response to reducing crime and disorder, tackling substance misuse, and reducing re-offending in Hartlepool.

#### **6. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 6.1 Effective implementation of the strategy will ensure that offenders are not placed at a disadvantage in relation to the provision of local services, as well as protecting our most disadvantaged and vulnerable communities who are at the greatest risk of crime and anti-social behaviour.

## **7. SECTION 17 OF THE CRIME AND DISORDER ACT 1998 CONSIDERATIONS**

- 7.1 Failure to implement a reducing re-offending strategy will undermine the Safer Hartlepool Partnerships ability to fulfil its statutory obligations under Section 17 of the Crime and Disorder Act 1998 to reduce re-offending.

## **8. RECOMMENDATION**

- 8.1 Audit and Governance Committee is requested to note and comment on the draft Safer Hartlepool Partnership Reducing Re-offending Strategy 2014-2017.

## **9. REASON FOR RECOMMENDATION**

- 9.1 As a Responsible Authority, the Local Authority has a statutory obligation under the Crime and Disorder Act 1998 to reduce re-offending in Hartlepool.

## **10. BACKGROUND PAPERS**

Report to Safer Hartlepool Partnership 5<sup>th</sup> July 2013 - Safer Hartlepool Partnership Development Day Feedback

[http://www.hartlepool.gov.uk/egov\\_downloads/05.07.13\\_-\\_Safer\\_Hartlepool\\_Partnership\\_Agenda.pdf](http://www.hartlepool.gov.uk/egov_downloads/05.07.13_-_Safer_Hartlepool_Partnership_Agenda.pdf)

Report to Safer Hartlepool Partnership 27<sup>th</sup> September 2013 – Reducing Re-offending in Hartlepool

[http://www.hartlepool.gov.uk/egov\\_downloads/27.09.13\\_-\\_Safer\\_Hartlepool\\_Partnership\\_Agenda.pdf](http://www.hartlepool.gov.uk/egov_downloads/27.09.13_-_Safer_Hartlepool_Partnership_Agenda.pdf)

Report to Audit and Governance Committee 15<sup>th</sup> May 2014 – Draft Final Report – Re-offending Investigation

[http://www.hartlepool.gov.uk/egov\\_downloads/15.05.14\\_-\\_Audit\\_and\\_Governance\\_Committee\\_Agenda.pdf](http://www.hartlepool.gov.uk/egov_downloads/15.05.14_-_Audit_and_Governance_Committee_Agenda.pdf)

Report to Safer Hartlepool Partnership 18<sup>th</sup> July 2014 – Reducing Re-offending Strategy 2014-2017 -

[http://www.hartlepool.gov.uk/egov\\_downloads/Safer\\_Hartlepool\\_Partnership.pdf](http://www.hartlepool.gov.uk/egov_downloads/Safer_Hartlepool_Partnership.pdf)

## 11. CONTACT OFFICERS

Denise Ogden  
Director of Regeneration and Neighbourhoods  
Hartlepool Borough Council  
Regeneration and Neighbourhoods  
Civic Centre  
Level 3  
Email: [denise.ogden@hartlepool.gov.uk](mailto:denise.ogden@hartlepool.gov.uk)  
Tel: 01429 523300

Clare Clark  
Head of Community Safety and Engagement  
Hartlepool Borough Council  
Civic Centre  
Level 4  
Email: [clare.clark@hartlepool.gov.uk](mailto:clare.clark@hartlepool.gov.uk)  
Tel: 01429 523100



# **Hartlepool Reducing Re-offending Strategy**

**2014-2017**

*'Ensuring that local services are coordinated in a manner  
that meets the needs of offenders, whilst at the same  
time ensuring local communities remain safe.'*

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<b>Monitoring Delivery of the Reducing Re-offending Strategy..</b>	<b>Page 11</b>



## **Foreword**

I am very pleased to be able to introduce the Hartlepool Reducing Re-offending Strategy 2014-2017 which has been developed by the Safer Hartlepool Partnership.

The strategy builds in the excellent work that has been going on in Hartlepool for a number of years now.

Despite this, re-offending continues to be of great concern in Hartlepool, with a small number of offenders causing a disproportionate amount of crime and disorder in our local community.

As a partnership we need improve pathways out of re-offending and ensure services meet the needs of offenders, whilst at the same time keeping the Hartlepool community safe.

**Cllr Christopher Akers-Belcher**  
**Chair of the Safer Hartlepool Partnership**

## National Context

Nationally, significant changes are currently underway in relation to the transformation of rehabilitation services with the aim of bringing about greater reductions in re-offending and addressing the wider harm caused to the community by re-offending behaviour.

Re-offending has a personal cost for victims. In many cases this may be an immediate financial loss, but it is the impact of crime on the mental and physical well being of victims that can often have long lasting devastating consequences on individuals, and their families.

Re-offending also has a broader economic impact on society in general (estimated to be over £4bn annually). Investment in prisons and probation has not realised reduced reoffending rates with those sentenced to under 12 months receiving no form of statutory support in the community. This has led to a review in the way rehabilitation services could be delivered in the future. As such the recently published report 'Transforming Rehabilitation: A Strategy for Reform' (May 2013) sets out governments plans to transform the way rehabilitation services will be delivered in the future underpinned by the following principles:

- Offenders need to be **supported through the prison gate**, providing consistency between custody and community.
- Those released from **short-term sentences**, who currently do not get support, need rehabilitation if we are to bring their offending under control.
- **Public protection** is paramount, and the public sector must take the role in keeping people safe.
- **The voluntary sector** has an important contribution to make in **mentoring** and turning offenders lives around.
- Nothing will work unless it is rooted in **local partnerships** and brings together the full range of support, be it housing, employment advice, drug treatment or mental health service.

The reforms thus make provision for: new 'through the gate' services and designated resettlement prisons where prisoners will be returned for at least 3 months prior to release; the extension of rehabilitation to the most prolific offenders (those receiving less than a 12 month custodial sentence); the opening up of competition for the delivery of rehabilitation services to a wider range of providers; and the introduction of a payment by results system.

The new system which will go live in autumn 2014 also introduces a new national public sector probation service which will retain the management of offenders who pose a high risk of serious harm to the public. For those offenders falling outside of the 'high risk' category new providers of services

will be expected to integrate with existing local partnerships to make the new system work. In this respect 21 contract package areas have been identified nationally with the current Durham Tees Valley Probation Trust area being identified as one contract package area.

As such intelligence on local needs and priorities will be fundamental in informing the future commissioning process, as will the commissioning priorities of local partners, including the Police and Crime Commissioner (PCC), and health providers.

The new providers are also expected to have regard to PCC Plans, and once contracts are let, new providers are expected to work collaboratively with PCCs who are in turn expected to engage with providers through local forums such as Community Safety Partnerships, thus ensuring that providers are working together to deliver local priorities and reduce crime in local areas.

The key role for local Community Safety Partnerships in this new landscape will therefore be to ensure that the full range of local support services are co-ordinated in manner that meets the needs of offenders whilst at the same time keeping the Hartlepool community safe.

## Local Context

Over the last seven years crime and disorder rates in Hartlepool have been reducing year on year with the most recent statistics for 2012/13 showing a reductions of 9.7% in relation to crime and a reduction of 22.4% in relation to anti-social behaviour. However, compared to our local peers Hartlepool continues to have the second highest crime and anti-social behaviour rate across the Cleveland force area, and in terms of re-offending, according to the Ministry of Justice single proven re-offending measure Hartlepool has the second highest re-offending rate nationally (October 2011-2012).

Within this context the national reforms underway in relation to rehabilitation services will inevitably present some key challenges for the Safer Hartlepool Partnership.

Engaging with new providers of rehabilitation services will require an investment in developing good quality relationships if we are to make the system work. Equally local partners will also need to consider how they will deal with the increased demand for their services following the statutory expansion of rehabilitation services to those offenders receiving a custodial sentence of less than twelve months.

Having a clear picture of who the re-offenders are in Hartlepool, why they reoffend and the likely demand on services is therefore crucial to successfully delivering rehabilitation services in the future to reduce re-offending and the broader harm caused to communities.

## **The Extent of Re-offending in Hartlepool**

According to the Ministry of Justices single 'proven reoffending' measure Hartlepool has the second highest reoffending rate nationally.

The single 'proven re-offending' measure was introduced by the Ministry of Justice in 2011 with the aim of providing a consistent measure enabling communities to hold local service providers to account. This data is published on a quarterly basis in relation to adults and juveniles, who, within a rolling period of 12 months have:

- Received a caution, reprimand or warning; or
- Received a court conviction other than immediate custody; or
- Were discharged from custody; or
- Tested positive for class A drugs on arrest

In an effort to provide some further insight into re-offending in Hartlepool, additional analytical work was undertaken by the Safer Hartlepool Partnership examining a cohort of Hartlepool reoffenders for the period April 2012 - March 2013. This work looked at who the offenders are, who is currently working with them, and the types of offence committed. The top 10 offenders were also identified along with the breadth of their offending behaviour and where they were likely to commit offences.

### **Who are the re-offenders in Hartlepool?**

The analysis reveals that during the 12 month period a total cohort of 1,704 offenders were identified with 531 of these offenders having committed a reoffence within the 12 month period.

The majority of re-offenders were adults (93%), with 84.4 % (420) being male. Within the male reoffending cohort the 21-24 years age group and 29-31 years age group were dominant but this was also accompanied by a spike in the number of male adult re-offenders aged 18 years, the majority of which were previously known to the Youth Offending Service. The age range in relation to female re-offenders in the group was also slightly different with the 23-25 years and 31-34 years age groups being predominant.

### **Which services are the re-offenders engaged with?**

42% of the adult re-offending cohort were known to probation and many of these (16%) were receiving intensive intervention via the Integrated Offender Management Team (IOM), known locally as the Criminal Justice Interventions Team (CJIT), or the Team around the Household Initiative (TAH). All juvenile re-offenders (33) within the re-offending cohort were known to the Youth Offending Service and were therefore receiving intensive intervention to address their re-offending behaviour

Significantly, just over one third of the re-offenders tested positive for opiates or cocaine and a similar percentage (35%) were known to local drug and alcohol treatment services.

### **What are the predominant types of re-offences committed?**

Crimes of an acquisitive nature represented over a third of the re-offences committed by re-offending cohort with a further 14% of re-offences being linked to violence against the person with 35% of violence re-offences being domestic related. Of interest, the offending profile of those re-offenders not known to probation showed a slight difference in terms of the types of reoffences committed with those re-offenders not known to Probation committing more anti-social behaviour related crimes such as drunk and disorderly and criminal damage offences.

The differences in offending behaviour across gender was also apparent with more than one third (39%) of female re-offenders committing shoplifting offences, compared to 22% of males. Within the re-offending cohort males were also more likely to commit serious acquisitive crime offences such as burglary and violence offences, with 8% of male re-offenders also being Prolific and Priority Offenders (PPOs).

Substance misuse, particularly opiates, was found to be a motivating factor in re-offending across both genders within the cohort, but females are more likely to seek support from treatment service than males.

### **What is the profile of the top ten re-offenders in Hartlepool 2012/13?**

The profile of the top ten adult re-offenders displays the breadth of their offending in Hartlepool but most noticeably, only seven of the offenders were known to probation with only one being a PPO, and six of the offenders being High Crime Causers (HCCs). Further geographical analysis also demonstrated that the top ten adult re-offenders tend to reside in and offend in the most vulnerable and disadvantaged communities in Hartlepool.

## The needs of offenders and pathways out of re-offending

Both national and local research indicates that adults and young people who offend are often the most socially excluded in society with the majority often having complex and deep rooted problems, such as substance misuse, mental health, homelessness and financial problems.

Improving pathways out of re-offending through the provision of local services that meet the needs of offenders, and tackling their issues in a holistic, and coordinated way is therefore fundamental to achieving the reduction in reoffending that is anticipated by government through their reforms.

An 'offender centric' approach is already evident in local initiatives in Hartlepool, including the Integrated Offender Management Team, and Team around the Household Initiative where it has been used to great success with offenders being at the centre of service design supported by a multi-agency team underpinned by a restorative approach to reducing offending.

However, addressing the underlying causes of re-offending in order to prevent re-offending is recognised as an inherently complex task and in many cases may require services to be reshaped to meet the need of offenders and growing demand for services.

The main criminogenic needs of offenders and therefore pathways out of reoffending are generally identified as follows:

- Accommodation
- Employment, Training, and Education
- Health – physical and mental
- Drugs and Alcohol
- Financial management
- Attitudes, thinking and behaviour, and relationships

A further insight into the criminogenic needs of those re-offenders known to Durham Tees Valley Probation Trust has also been provided as a result of analytical work undertaken by the Trust during 2012/13. This piece of work informs that those offenders who go onto re-offend within the Durham Tees Valley area have a different criminogenic needs profile to those who don't go on to re-offend, with accommodation, employability, drugs and alcohol, and financial management being the key factors to addressing their offending behaviour.

The importance of the drug and alcohol treatment pathway is also evident in the data collated by the Safer Hartlepool Partnership, and following the need for greater collaboration in the commissioning of health services being

identified at the Safer Hartlepool Partnership development day held in April 2013.

Regard is also given to recent regional research into pathways to rehabilitation undertaken by ANEC/NOMs (Reducing Reoffending in the North East: improving joint working between prisons and local authorities June 2013) which sets out how 'through the gate' services could be improved to reduce reoffending through improved joint working between local authorities and prisons. Of particular note in this respect is the growing evidence base highlighted in the report suggesting that by far the most important criminogenic need / pathway to rehabilitation is accommodation.

This is also supported through the evaluation of the local Team around the Household Initiative which involved some of the most difficult families/households to engage with in Hartlepool. These were households where offending behaviour had been passed from one generation to the next, sometimes across as many as five generations, and all of the households were known to all local agencies for the wrong reasons.

During 2011 the Safer Hartlepool Partnership identified these households for intensive intervention due to the negative impact their offending behaviour was having on the local community. Offender engagement with the TAH process was consensual, and without exception all offenders involved in the initiative had accommodation needs with the offer of appropriate accommodation often being the hook to get offenders engaged in the TAH process. The evaluation also demonstrated that having the right housing for the households involved was key to stabilising household members and reducing/stopping their offending behaviour.

For agencies involved in the TAH process the management of the households involved was also easier. Similar to Multi Agency Public Protection Assessment (MAPPA) arrangements, by sharing the risk, both potential victims, and the broader community were given maximum protection whilst giving offenders the best chance to rehabilitate. This subsequently resulted in improved financial management and increased employability prospects for those offenders involved.

The local 'Offender Housing Needs Group', chaired by the Safer Hartlepool Partnership Housing Sector representative, has also identified that whilst appropriate accommodation is, and can be made available to offenders through increased flexibility in allocation policies, and greater collaboration with 'through the gate' services, there is both a clear need for an improved understanding of existing locally commissioned services across all pathways, together with the need to provide day to day support for offenders to ensure

that offenders remain on the right track in order to break the cycle of their reoffending.

From an operational perspective moves are also underway to explore the criminogenic needs profile of the top ten offenders as identified by the Partnership and merging the best practice of the IOM approach and the TAH approach. This will result in an individual action plan for each offender with sanctions developed on the basis of an offender profile that enables all needs and interventions to be assessed and outcomes measured.

However, it is the view of the Offender Housing Needs Group, that on the basis of existing evidence, the Safer Hartlepool Partnership, should give consideration to pooling resources to commission the service of a specialist housing advisor dedicated to working with re-offenders in Hartlepool. The Group also recommends that the need for day to day support for offenders in order to keep offenders on the right track and break the cycle of reoffending should remain paramount. The type and level of support required for the total cohort of re-offenders is therefore something that requires further investigation.

## Strategic Priorities

The Safer Hartlepool Partnership has a statutory duty to develop a strategy to reducing reoffending in Hartlepool. High reoffending rates in Hartlepool and changes in national policy, together with national, regional and local research indicates that the main thrust of a local reducing reoffending strategy for Hartlepool should be to:

*‘Ensure that local services are coordinated in a manner that meets the needs of offenders, whilst at the same time ensuring local communities remain safe.’*

It is proposed that this will be achieved locally by focusing on:

- Improving pathways out of re-offending
- All partners working together with the needs of offenders and public safety at the heart of service planning.
- Delivering a local response to local problems through a better understanding of offending behaviour and impact of interventions.

The strategy will be backed by an action plan based on the above objectives, and the collation of ongoing evidence with appropriate outcomes will be adopted to measure the success of the strategy and direction of travel in relation to the cohort of re-offenders identified.

In relation to criminogenic needs and pathways to services, the



accommodation pathway will be a priority in the first year of the strategy with consideration being given as to how this pathway can be improved, and ensuring that the support of a specialist housing advisor is in place.

## **Monitoring Delivery of the Reducing Re-offending Strategy**

An action plan has been produced that details how the aim and objectives of the Strategy will be achieved.

It is imperative that progress made against the Strategy is managed and monitored. This will be overseen by the Safer Hartlepool Partnership Reducing Re-offending Task Group. The action plan will be monitored on a quarterly basis and reviewed annually by the Safer Hartlepool Partnership to ensure that delivery is being achieved as well as to ensure that it is kept up to date with any changes in national or local policy.



## Safer Hartlepool Partnership Reducing Re-offending

### DRAFT ACTION PLAN

This action plan accompanies the Safer Hartlepool Partnership Reducing Re-offending Strategy and underpins its implementation. This plan details how we will achieve and monitor the objectives set out in the strategy. The actions contained within this plan contribute to the overarching aim of the strategy which, is to 'Ensure that local services are co-ordinated in a manner that meets the needs of offenders, whilst at the same time ensuring local communities safe'.

Objective 1: Improving pathways out of re-offending						
Priority	Key Action	Progress Measure	Responsibility Resource	Timescale	Progress	Outcome
1.1 Improve housing pathways for offenders within the custody setting.	<p>Create a Housing Liaison post to work between the custody setting and local housing teams/landlords to help offenders to find tenancies in advance of release date.</p> <p>Develop supported housing provision in Hartlepool for the most problematic offenders from the Hartlepool area.</p>	<p>Increase in the number of referrals into housing support services.</p> <p>Increase in the number of offenders leaving the custody setting into suitable accommodation.</p> <p>Increase in the number of PPOs into supported accommodation on release from custody into the local area</p>				<p>Offenders have improved access to appropriate accommodation on leaving the custody setting.</p> <p>Offenders leaving custody have access to supported accommodation in Hartlepool</p>
1.2 The development of improved partnership working with checks in place to ensure flexibility	Housing advice to begin in adequate time prior to release from custody	Increase in the number of offenders receiving Housing advice no less than				Offenders in custody have improved access to housing advice

in local approaches to the housing of offenders, and that there is no stigma applied to offenders in the allocation of housing.	<p>Review and streamline the Compass application process, including housing history</p> <p>Agencies to have a shared understanding of the need and risk of offenders. Explore the feasibility of introducing the use of one risk assessment form, accompanied by a workable risk management plan.</p>	<p>3 months prior to release from custody</p> <p>Increase in the number of offenders being placed in appropriate accommodation</p> <p>Risk assessment agreed and in place</p>				<p>Offenders receive an improved service through the housing options centre that is non-discriminatory and flexible to their address needs resulting in increased access to appropriate housing.</p> <p>The risks to the community in relation to re-offending are shared and there is improved management of risk between agencies</p>
1.3 Improve the employment pathway for those leaving custody.	Explore local involvement with schemes similar to the 'Change for Change' scheme operated at Deerbolt Prison encouraging the provision of employment /apprentice opportunities for ex-offenders with	Increase in the number of offenders leaving custody going into training and employment within the local authority area				Offenders leaving custody have increased employment and training

	businesses and within the local authority context					
1.4 Address unemployment and poor educational attainment in disadvantaged areas, to raise aspirations and challenge the cycle of offender behaviour across generations.	Pilot the Our Place programme in the Dyke House Area of Hartlepool by developing a partnership of employment and training providers linking employment and training opportunities to the Hartlepool vision	Pilot Programme commenced in the Dyke House area				A network of employment and training providers is in place to raise aspirations of the Local residents in the Dyke House area
1.5 Improve offender mental health pathways through the early identification of problems and the early intervention of mental health /drug alcohol services.	Criminal Justice Liaison and Diversion Service be developed in Hartlepool.	An increase in offenders/those at risk of offending receiving a mental health assessment and referrals to appropriate mental health/drug and alcohol services Plans are in place for the joint commissioning of the criminal justice liaison and diversion service considered by the CCG/public health and PCC				Offenders with mental health /substance misuse problems have improved access to health and social services at the earliest opportunity
1.6 Work to improve the finance and benefits pathway by developing better co-ordination of services to offenders on the day of release from	Explore the introduction of a 'one-stop shop' to bring services and benefits directly together for offenders upon their	Increase in the number of offenders receiving co-ordinated services on release from custody				Offenders are provided with the services they need on release from custody to prevent them from reoffending and re-entering the

custody particularly around benefits	release.					prison system
1.7 Support families to maintain relationships where a family member receives a custodial sentence	<p>Ensure as far as possible prison placements to be within the local area</p> <p>Process for Team Around Meetings to be established across the custody setting, linking with Troubled Families agenda.</p>					<p>Offenders and their families are able to maintain their relationships beyond the prison gate and have the opportunity to joint plan for release to reduce the risk of reoffending</p>

**Objective 2: All partners working together with the needs of offenders and public safety at the heart of service planning.**

Priority	Action	Progress Measure	Responsibility Resource	Timescale	Progress	Outcome
2.1 Implement a co-ordinated approach to address the needs of offenders, using a Team around the Offender' model and IOM principles as a template for the provision of holistic offender/centric services	<p>Ensure continuation of IOM model through the new Community Rehabilitation Company</p> <p>The continued development and delivery of holistic/offender centric plans incorporating risk, criminogenic needs, and the inclusion of a range of sanctions falling outside those attached to sentencing</p>	<p>Number of PPOs/HCCs/DRR offenders supported through the IOM approach</p> <p>Increased offender engagement with services and an increase in the breadth of sanctions used to ensure compliance with offender management plans</p>				<p>IOM cohort identified and receiving co-ordinated and intensive interventions to reduce their offending behaviour.</p> <p>Multi-agency holistic offender management plans are used by all agencies working with offenders incorporating criminogenic needs.</p>

<p>2.2 Embed a restorative approach to reducing re-offending and improving victim satisfaction with the punishment of offenders</p>	<p>Ensure restorative interventions are offered to all victims of crime.</p> <p>Explore with Cleveland Police the further development of the extension of the triage service to adults</p> <p>Those working with offenders to receive training in restorative interventions</p> <p>The Community Payback scheme to be supported, and in taking it forward additional training be provided for staff to equip them to effectively interact with ex-offenders in a work environment</p>	<p>Increase in the number of victims of crime receiving restorative interventions</p> <p>Triage scheme developed with an increase in adult offenders receiving punishments outside of the court processes</p> <p>Increase in the number of those working with offenders receiving training in restorative interventions</p> <p>New agreement established for the continuance of Community Payback in Hartlepool in conjunction with the CRC, and HBCs Community Safety and Environmental Services</p> <p>Toolbox Talk developed – increase in the number of HBC staff trained on how to interact with</p>				<p>Offenders have a Increased awareness of the impact of their offending behaviour resulting in subsequent reductions in offending</p> <p>Victims feel that justice has been done and have an improved satisfaction with the criminal justice process</p> <p>Increased visibility in justice being done within the community setting and an increase in the number of offenders putting something back into the community</p>
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		offenders in the workplace				
2.3 Improve the transition of young re-offenders into adult services.	Review the needs of 16/17 year re-offenders current to YOS.	Assessments are in place for all young offenders moving from child to adult offender management services				Services have a better understanding of the needs of this group of offenders and are able to improve the support provided resulting in a reduction of the reoffending rate of this particular group
2.4 Ensure adequate substance misuse support services are in place for offenders that adopt a Team Around Approach to support delivery of integrated offender management plans  Plans for the joint commissioning of the criminal justice liaison and diversion service considered by the CCG/public health and PCC	Review and Re-commission drug support services through Criminal Justice Interventions Team	Drug services are reviewed and successfully commissioned to ensure integration and support for the delivery of offender management plans		March 2015		Offenders with substance misuse issues are provided with a holistic wrap around service that address their criminogenic needs to improve outcomes across health, employment, housing, and reduced reoffending behaviour

**Objective 3: Delivering a local response to local problems through a better understanding of offending behaviour and impact of interventions.**

Priority	Action	Progress measure	Responsibility Resource	Timescale	Progress	Outcome
3.1 Improve the identification of the most problematic offenders.	Review the current Integrated Offender Management (IOM) selection and de-selection process.	Standardised matrix and selection/de-selection process in place that addresses local priorities and the criminogenic				Improved knowledge and effective management of offenders resulting in a reduction in the reoffending rate of the

		needs of offenders				IOM cohort and improved public safety
3.2 Avoid duplication and loss of effectiveness in service delivery following the reform of offender management services	<p>New NPS and CRC to be represented on the SHP as statutory partners with accountability for the management of offenders within the community and the protection of the public</p> <p>Reducing Re-offending Task Group to take responsibility for management of the reducing reoffending strategy action plan</p> <p>SHP /HBC to be represented on Teeswide Single IOM Steering Group</p>	<p>Members are invited and are attending partnership meetings</p> <p>SHP are provided with regular progress and performance updates from NPS and CRC including PBR claims etc</p> <p>Reducing Re-offending group established supported by HBC Community Safety Team and Director of CRC (Chair)</p> <p>Safer Hartlepool to agree Single IOM terms of reference and Partnership involvement in the Teeswide single IOM group</p>				<p>The new NPS and CRC are integrated into local partnership arrangements resulting in improved pathways and management of offenders and reduced risk of harm to the public</p>
3.4 Improve understanding of the impact of interventions and benefits	Adopt a suite of indicators that adequately demonstrate the impact and progress in relation to multi-agency approaches to reducing reoffending					Improved understanding of the impact of interventions and benefits within the new landscape



# AUDIT AND GOVERNANCE COMMITTEE

21<sup>st</sup> August 2014



**Report of:** Director of Regeneration and Neighbourhoods

**Subject:** SAFER HARTLEPOOL PARTNERSHIP  
PERFORMANCE 2013/14

## 1. PURPOSE OF REPORT

- 1.1 To provide an overview of Safer Hartlepool Partnership performance 2013/14.

## 2. BACKGROUND

- 2.1 The refreshed Community Safety Plan 2011-14 published in 2013 outlined the Safer Hartlepool Partnership strategic objectives, annual priorities and key performance indicators 2013/14.
- 2.2 The report attached (**Appendix 1**) provides an overview of Safer Hartlepool Partnership performance during 2013/14 in comparison to the baseline year 2012/13, where appropriate.

## 3. PROPOSALS

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

## 4. RECOMMENDATION

- 4.1 The Audit and Governance Committee note and comment on Partnership performance during 2013/14.

## 5. REASONS FOR RECOMMENDATIONS

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

## **6. BACKGROUND PAPERS**

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

Safer Hartlepool Partnership – Community Safety Plan 2011-14  
([http://www.saferhartlepool.co.uk/downloads/file/65/safer\\_hartlepool\\_partnership\\_plan-year\\_3-2011-2014](http://www.saferhartlepool.co.uk/downloads/file/65/safer_hartlepool_partnership_plan-year_3-2011-2014))

Report to the Safer Hartlepool Partnership 18<sup>th</sup> July 2014 – Safer Hartlepool Partnership Performance  
([http://www.hartlepool.gov.uk/egov\\_downloads/Safer\\_Hartlepool\\_Partnership.pdf](http://www.hartlepool.gov.uk/egov_downloads/Safer_Hartlepool_Partnership.pdf))

## **7. CONTACT OFFICER**

Clare Clark  
Head of Community Safety and Engagement  
Hartlepool Borough Council  
Civic Centre  
Level 4  
[clare.clark@hartlepool.gov.uk](mailto:clare.clark@hartlepool.gov.uk)

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

Indicator Name	Baseline 2012/13	Local Directional Target 2013-14	2013/14	Actual Difference	% Difference
All Recorded Crime	6,491	Reduce	6,193	-298	-4.6%
Domestic Burglary	295	Reduce	266	-29	-9.8%
Vehicle Crime	410	Reduce	447	37	9.0%
Shoplifting	774	Reduce	844	70	9.0%
Local Violence	1,256	Reduce	1,081	-111	-13.9%
Repeat Incidents of Domestic Violence - MARAC	22%	Reduce	34%	15	68.2%

**Strategic Objective: Reduce the harm caused by Drugs and Alcohol**

Indicator Name	Baseline 2012/13	Local Directional Target 2013-14	2013/14	Actual Difference	% Difference
Number of substance misusers going into effective treatment – Opiate	690	3% Increase	694	4	0.6
Proportion of substance misusers that successfully complete treatment - Opiate	7.6%	12%	5%	-	-2.6%
Proportion of substance misusers who successfully complete treatment and represent back into treatment within 6 months of leaving treatment	15%	10%	28%	-	13%
Perceptions of people using or dealing drugs in the community	30% (2008)	Reduce	29% (2013)	-	-1.0%
Reduction in the rate of alcohol related harm hospital admissions	M: 2378 F: 1157 (2011/12)	Reduce	M:2378 F: 1106 (2012/13)	-	M: 0% F: -4%
Number of young people found in possession of alcohol	124	Reduce	109	-15	-4.5%

**Strategic Objective: Create Confident, Cohesive and Safe Communities**

Indicator Name	Baseline 2012/13	Local Directional Target 2013-14	2013/14	Actual Difference	% Difference
Perceptions of Anti-social Behaviour	29%	Reduce	Measurement to be defined		
Perceptions of drunk or rowdy behaviour as a problem	28% (2008)	Reduce	19% (2013)	-	-9.0%
Anti-social Behaviour Incidents reported to the Police	6,813	Reduce	7,482	669	9.8%
Deliberate Fires	212	Reduce	273	61	28.7%
Criminal Damage to Dwellings	491	Reduce	449	-42	-9%
Hate Incidents	101	Increase	108	7	7%

**Strategic Objective: Reduce Offending & Re-Offending**

Indicator Name	Baseline 2012/13	Local Directional Target 2013-14	2013/14	Actual Difference	% Difference
Re-offending rate of young offenders	1.13 (44 offences) (39 offenders)	Reduce	1.3 (58 offences) (46 offenders)		
First-Time Entrants to the Criminal Justice System	61	Reduce	50	-11	-18%
Re-offending rate of Prolific & Priority Offenders	2.4 (94 convictions)	Reduce	2.8 (115 convictions)	21	22.3%
Re-offending rate of High Crime Causers	7.8 (255 convictions)	Reduce	6.3 (197 convictions)	-58	-22.7%
Number of Troubled Families engaged with	97	242	242		
Number of Troubled Families where results have been claimed	0	121	156		

**Recorded Crime in Hartlepool**

**April 2013 – March 2014**

Publicly Reported Crime (Victim Based Crime)				
Crime Category/Type	2013-14	2012-13	Change	% Change
<b>Violence against the person</b>	<b>1081</b>	<b>1256</b>	<b>-175</b>	<b>-13.9%</b>
Violence with injury	627	738	-111	-15.0%
Violence without injury	454	518	-64	-12.4%
<b>Sexual Offences</b>	<b>82</b>	<b>75</b>	<b>7</b>	<b>9.3%</b>
Rape	32	39	-7	-17.9%
Other Sexual Offences	50	36	14	38.9%
<b>Acquisitive Crime</b>	<b>3027</b>	<b>2948</b>	<b>79</b>	<b>2.7%</b>
Domestic Burglary	266	295	-29	-9.8%
Other Burglary	341	382	-41	-10.7%
Robbery – Personal	24	27	-3	-11.1%
Robbery - Business	10	9	1	11.1%
Vehicle Crime (Inc Inter.)	447	410	37	9.0%
Shoplifting	844	774	70	9.0%
Other Acquisitive	1095	1051	44	4.2%
<b>Criminal Damage &amp; Arson</b>	<b>1250</b>	<b>1381</b>	<b>-131</b>	<b>-9.5%</b>
<b>Total</b>	<b>5440</b>	<b>5660</b>	<b>-220</b>	<b>-3.9%</b>
Police Generated Offences (Non -Victim Based Crime)				
Crime Category/Type	2013-14	2012-13	Change	% Change
<b>Public Disorder</b>	<b>199</b>	<b>212</b>	<b>-13</b>	<b>-6.1%</b>
<b>Drug Offences</b>	<b>436</b>	<b>425</b>	<b>11</b>	<b>2.6%</b>
Trafficking of drugs	87	90	-3	-3.3%
Possession/Use of drugs	349	335	14	4.2%
<b>Crime Prevented/Disrupted</b>	<b>89</b>	<b>102</b>	<b>-13</b>	<b>-12.7%</b>
<b>Other State based/Non Victim</b>	<b>29</b>	<b>33</b>	<b>-4</b>	<b>-12.1%</b>
<b>Total Police Generated Offences</b>	<b>753</b>	<b>772</b>	<b>-19</b>	<b>-2.5%</b>
<b>Fraud &amp; Forgery</b>	<b>0</b>	<b>59</b>	<b>59</b>	<b>-100.0%</b>
<b>TOTAL RECORDED CRIME IN HARTLEPOOL</b>	<b>6193</b>	<b>6491</b>	<b>-298</b>	<b>-4.6%</b>

**Recorded Crime in Cleveland – April 2013 – March 2014**

Publicly Reported Crime (Victim Based Crime) 2013-14										
Crime Category/Type	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop
<b>Violence against the person</b>	<b>1081</b>	<b>11.9</b>	<b>1001</b>	<b>7.5</b>	<b>2270</b>	<b>16.7</b>	<b>1740</b>	<b>9.3</b>	<b>6092</b>	<b>11.1</b>
Violence with injury	627	6.9	638	4.8	1314	9.7	1018	5.4	3597	6.6
Violence without injury	454	5.0	363	2.7	956	7.0	722	3.8	2495	4.5
<b>Sexual Offences</b>	<b>82</b>	<b>0.9</b>	<b>119</b>	<b>0.9</b>	<b>179</b>	<b>1.3</b>	<b>200</b>	<b>1.1</b>	<b>580</b>	<b>1.1</b>
Rape	32	0.4	46	0.3	57	0.4	69	0.4	204	0.4
Other Sexual Offences	50	0.5	73	0.5	122	0.9	131	0.7	376	0.7
<b>Acquisitive Crime</b>	<b>3027</b>	<b>33.2</b>	<b>4462</b>	<b>33.3</b>	<b>7186</b>	<b>52.8</b>	<b>5826</b>	<b>31.0</b>	<b>20501</b>	<b>37.3</b>
Domestic Burglary	266	6.6	359	6.0	842	14.7	433	5.5	1900	8.0
Other Burglary	341	3.7	774	5.8	810	5.9	722	3.8	2647	4.8
Robbery – Personal	24	0.3	38	0.3	109	0.8	57	0.3	228	0.4
Robbery - Business	10	0.1	10	0.1	10	0.1	10	0.1	40	0.1
Vehicle Crime (Inc Inter.)	447	4.9	656	4.9	1245	9.1	805	4.3	3153	5.7
Shoplifting	844	9.3	1068	8.0	1971	14.5	1482	7.9	5365	9.8
Other Acquisitive	1095	12.0	1557	11.6	2199	16.2	2317	12.3	7168	13.1
<b>Criminal Damage &amp; Arson</b>	<b>1250</b>	<b>13.7</b>	<b>2028</b>	<b>15.1</b>	<b>2360</b>	<b>17.3</b>	<b>2238</b>	<b>11.9</b>	<b>7876</b>	<b>14.3</b>
<b>Total</b>	<b>5440</b>	<b>59.7</b>	<b>7610</b>	<b>56.8</b>	<b>11995</b>	<b>88.1</b>	<b>10004</b>	<b>53.2</b>	<b>35049</b>	<b>63.8</b>
Police Generated Offences (Non -Victim Based Crime)										
Crime Category/Type	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop
<b>Public Disorder</b>	<b>199</b>	<b>2.2</b>	<b>265</b>	<b>2.0</b>	<b>559</b>	<b>4.1</b>	<b>328</b>	<b>1.7</b>	<b>1351</b>	<b>2.5</b>
<b>Drug Offences</b>	<b>436</b>	<b>4.8</b>	<b>277</b>	<b>2.1</b>	<b>717</b>	<b>5.3</b>	<b>526</b>	<b>2.8</b>	<b>1956</b>	<b>3.6</b>
Trafficking of drugs	87	1.0	49	0.4	88	0.6	87	0.5	311	0.6
Possession/Use of drugs	349	3.8	228	1.7	629	4.6	439	2.3	1645	3.0
<b>Crime Prevented/Disrupted</b>	<b>89</b>	<b>1.0</b>	<b>93</b>	<b>0.7</b>	<b>183</b>	<b>1.3</b>	<b>107</b>	<b>0.6</b>	<b>472</b>	<b>0.9</b>
<b>Other State based/Non Victim</b>	<b>29</b>	<b>0.3</b>	<b>34</b>	<b>0.3</b>	<b>36</b>	<b>0.3</b>	<b>37</b>	<b>0.2</b>	<b>136</b>	<b>0.2</b>
<b>Total Police Generated Offences</b>	<b>753</b>	<b>8.3</b>	<b>669</b>	<b>5.0</b>	<b>1495</b>	<b>11.0</b>	<b>998</b>	<b>5.3</b>	<b>3915</b>	<b>7.1</b>
<b>Fraud &amp; Forgery</b>	<b>0</b>	<b>0.0</b>	<b>3</b>	<b>0.0</b>	<b>11</b>	<b>0.1</b>	<b>5</b>	<b>0.0</b>	<b>19</b>	<b>0.0</b>
<b>TOTAL RECORDED CRIME</b>	<b>6193</b>	<b>68.0</b>	<b>8282</b>	<b>61.8</b>	<b>13501</b>	<b>99.2</b>	<b>11007</b>	<b>58.6</b>	<b>39523</b>	<b>72.0</b>

**Anti-social Behaviour in Hartlepool**  
**April 2013 – March 2014**

Incident Category	Apr 12 – Mar 13	Apr 13 - Mar 14	Change	% Change
AS21 - Personal	2258	1837	-421	-18.6%
AS22 - Nuisance	4340	5400	1060	24.4%
AS23 - Environmental	215	245	30	14.0%
<b>Total</b>	<b>6813</b>	<b>7482</b>	<b>669</b>	<b>9.8%</b>

**Anti-social Behaviour in Cleveland**  
**April 2013 – March 2014**

Incident Category	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop
AS21 - Personal	1837	20.2	2338	17.5	3151	23.0	3403	18.1	10808	19.7
AS22 - Nuisance	5400	59.3	6863	51.2	9002	65.8	9440	50.2	30932	56.3
AS23 - Environmental	245	2.7	331	2.5	342	2.5	428	2.3	1356	2.5
<b>Total</b>	<b>7482</b>	<b>82.1</b>	<b>9532</b>	<b>71.2</b>	<b>12495</b>	<b>91.4</b>	<b>13271</b>	<b>70.6</b>	<b>43095</b>	<b>78.5</b>
<b>Year on Year Comparison</b>	<b>Increased by 9.8%</b>		<b>Increased by 6.9%</b>		<b>Increased by 7.3%</b>		<b>Increased by 9.5%</b>		<b>Increased by 8.32%</b>	

## AUDIT AND GOVERNANCE COMMITTEE

21 August 2014



**Report of:** Scrutiny Manager

**Subject:** SCRUTINY INVESTIGATION INTO HATE CRIME –  
SCOPING REPORT

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### 1. PURPOSE OF REPORT

- 1.1 To make proposals to Members of the Audit and Governance Committee for their forthcoming investigation into 'Hate Crime'.

### 2. BACKGROUND INFORMATION

- 2.1 In fulfilling the requirements of the Police and Justice Act 2006, the Audit and Governance Committee, on the 7 August 2014, selected 'Hate Crime' as its chosen topic for investigation during 2014/15.
- 2.2 Information considered in the selection of this topic highlighted that the Council Plan has as one of its key outcomes the requirement for the Safer Hartlepool Partnership (SHP) to 'create confident, cohesive and safe communities'. Also that, one of the actions clearly identified as a route to achieving this outcome was the improvement of reporting, recording and responses/interventions to vulnerable victims and victim of hate crime.
- 2.3 As part of this process, during the formulation of the Community Safety Plan, public consultations were undertaken which showed that resident felt the following actions needed to be undertaken to address hate crime in Hartlepool:
- Greater community engagement and integration;
  - Improved intelligence gathering through Neighbourhood Policing;
  - Improved confidence and facilities for reporting hate crime; and
  - Promotion of greater specialist support services to victims of crime.



- 2.4 Whilst it was recognised that the SHP continues to work to better understand the true impact of hate crime across the communities of Hartlepool, and the issues facing vulnerable groups, the Committee noted with concern that there had been an increase in the levels of reported hate crimes during 2013/14 (compared to the baseline year 2012/13). The number of incidents being 101 in 2012/13 and 108 in 2013/14, an increase of 7%.
- 2.5 The definition of a hate crime is ‘are any crime that is targeted at a person because of hostility or prejudice towards that person’s:
- Disability
  - Race or ethnicity
  - Religion or belief
  - Sexual orientation
  - Transgender identity
- 2.6 These are the five identified strands of hate crime which can be committed against a person or property and a victim does not have to be a member of the group at which the hostility is targeted. Anyone can be a hate crime victim.
- 2.7 Indications are that hate crime is far more prevalent than official statistics suggest, and that proportionately they are more likely to be directed against the person than non-hate crimes, tending to be experienced repeatedly. Victims often expect their victimisation to continue, or are otherwise fearful of attacks in the future. Hate crimes can also have a greater emotional impact on the victim than comparable non-hate crimes, and can cause increased levels of fear and anxiety that can also permeate through wider communities.
- 2.8 In selecting the topic the Committee expressed an interest in focusing its investigation on disability and transphobic hate crime, definitions of which are:-

**(i) Transphobic Hate Crime**

“Any criminal offence which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice against a person who is transgender or perceived to be transgender.”

**(ii) Disability Hate Crime**

“Any criminal offence which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on a person’s disability or perceived disability.”

- 2.9 Statistics compiled by the Association of Chief Police Officers in relation to the numbers of recorded crime shows that for the Cleveland Police force area in 2012/13, 5 disability hate crimes and 6 transgender hate crimes were recorded. For the same period, 266 race hate crimes were reported, the definition of which is outlined over the page:

**(iii) Race Hate Crime**

“Any criminal offence which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on a person's race or perceived race”

- 2.10 Given the prevalence of race hate crimes alongside the occurrences of hate and transgender crime, the committee is asked to consider if it also wishes to explore race hate crime as part of its investigation.
- 2.11 Given the overall workload of the Committee, it was agreed at the meeting on the 7 August 2014 that a sub group would be established to undertake certain aspects of the evidence gathering process. On this basis, nominations are to be sought for Members to take part in the activities of the sub group, the information obtained to be fed into the Committee's investigation.

**3. OVERALL AIM OF THE SCRUTINY INVESTIGATION/ENQUIRY**

- 3.1 To gain an understanding of the level and impact of hate crime in Hartlepool and look closely at how we deal with disability, transgender and racially motivated hate crimes in our communities.

**4. PROPOSED TERMS OF REFERENCE FOR THE SCRUTINY INVESTIGATION/ENQUIRY**

- 4.1 The following Terms of Reference for the investigation are proposed:-
- (a) To gain an understanding of:
    - The level and impact of hate crime in Hartlepool and how it compares to the national picture; and
    - The role and responsibilities of the local authority, and its partners, in relation to the prevention and punishment of hate crime.
  - (b) To examine how disability, transgender and racially motivated hate crimes are dealt with in Hartlepool and how partners work together in their prevention and punishment.
  - (c) To gain an understanding of national and local strategies/legislation in relation to the prevention and punishment of hate crime.
  - (d) To gain an understanding of the impact of current and future budget pressures on the way in which services to prevent and punish hate crime in Hartlepool are provided.

- (e) To explore good practice being implemented elsewhere in relation to the prevention and punishment of disability, transgender and racially motivated hate crime.
- (f) To seek the views of those individuals and communities that have experienced, or live in fear of, hate crime in Hartlepool.

## 5. POTENTIAL AREAS OF ENQUIRY / SOURCES OF EVIDENCE

5.1 Members of the Committee can request a range of evidential and comparative information throughout the Scrutiny review.

5.2 The Committee can invite a variety of people to attend to assist in the forming of a balanced and focused range of recommendations as follows:-

(a) Member of Parliament for Hartlepool;

(b) Representatives from partner organisations / bodies:

- Police
- Crown Prosecution Service
- Court Service
- Housing Hartlepool
- Hart Gables
- Hartlepool Independent Advisory Group (IAG)
- In – Controllable

(c) Mayor;

(d) Police and Crime Commissioner for Cleveland

(e) Leader of the Council (also Chair of the Safer Hartlepool Partnership and Chair of the Finance and Policy Committee);

(f) Appropriate senior managers from the Director of Regeneration and Neighbourhoods (or senior manager from the appropriate service area);

(g) Voluntary/ Community Sector and other groups:

- Harbour
- Hart Gables
- Salaam Community Centre
- Hartlepool MIND
- Young Victims of Crime Steering Group
- Disability Rights UK (formerly RADAR)
- Disability North
- Office for Disability Issues

- (h) Representatives of minority communities of interest or heritage (including those who have been victims of hate crime or live in fear of it);
- (i) Examples of Good Practice
- (j) Local residents; and
- (k) Ward Councillors.

5.3 The Committee may also wish to refer to a variety of documentary / internet sources, key suggestions are as highlighted below:-

- (a) The True Vision webpage - [http://www.report-it.org.uk/what\\_is\\_hate\\_crime](http://www.report-it.org.uk/what_is_hate_crime)
- (b) Equality Advisory Support Service helpline
- (c) Police and Crime Plan for England
- (d) National Policing Hate Crime Strategy 2014
- (e) Cleveland Police Hate Crime Plan
- (f) Crown Prosecution Service - Hate Crime Schools Project
- (g) An overview of Hate Crime in England and Wales – Home Office, Office of National Statistics and Ministry of Justice (Dec 2013)
- (h) Challenge it, Report it, Stop it: The Government's Plan to Tackle Hate Crime
- (i) Safer Hartlepool Partnership – Community Safety Plan 2011-14
- (j) Safer Hartlepool Partnership Performance Report 2013/14
- (k) Homophobic Hate Crime: The Gay British Crime Survey 2013

## 6. COMMUNITY ENGAGEMENT / DIVERSITY AND EQUALITY

6.1 Community engagement plays a crucial role in the Scrutiny process and diversity issues have been considered in the background research for this enquiry under the Equality Standards for Local Government. Based upon the research undertaken, paragraph 5.2 includes suggestions as to potential groups which the Committee may wish involve throughout the inquiry (where it is felt appropriate and time allows).

## 7. REQUEST FOR FUNDING FROM THE DEDICATED OVERVIEW AND SCRUTINY BUDGET

7.1 Consideration has been given, through the background research for this scoping report, to the need to request funding from the dedicated Overview and Scrutiny budget to aid Members in their enquiry. At this stage no additional funding has been identified as being necessary to support Members in their investigation. Members, however, may wish to seek additional funding over the course of the investigation and the (blank) pro forma attached at **Appendix A** outlines the criteria on which a request to Scrutiny Co-ordinating Committee will be judged.

## 8. PROPOSED TIMETABLE OF THE SCRUTINY INVESTIGATION

8.1 Detailed below is the proposed timetable for the review to be undertaken, which may be changed at any stage:-

### 13 November 2014:-

(i) 'Setting the Scene' – Presentation / Report (to cover terms of reference (a) and (b))

(a) To introduce the Committee to:

- National and local strategies/plans/legislation in relation to the prevention and punishment of hate crime;
- The level and impact of hate crime in Hartlepool and how it compares to the national picture;
- The role and responsibilities of the local authority, and its partners, in relation to the prevention and punishment of hate crime; and
- How disability, transgender and racially motivated hate crimes are dealt with in Hartlepool and how partners work together in their prevention and punishment.

**December 2014 / January 2015** (Evidence to be obtained to cover terms of reference (c) and (e)):-

(i) In seeking the views of those individuals and communities that have experienced, or live in fear of, hate crime in Hartlepool:

(a) **Questionnaire** to be circulated to the group involved with the Hartlepool Independent Advisory Group (IAG). To be fed back in to the investigation at the next formal meeting of the Committee.

(b) Sub Group, consisting of members of the Committee, to **meet with IAG**.

(ii) Exploring good practice being implemented elsewhere. The sub group, consisting of members of the Committee, to explore examples of good practice – where appropriate **potentially involving visits, telephone conferencing, paper research**. Results to be fed back in to the investigation at the next formal meeting of the Committee.

**19 February 2015** (to cover terms of reference (c), (d), (e) and (f)):-

(i) Presentation / report to provide:-

- (a) Detailed evidence in relation to how disability, transgender and racially motivated hate crimes are dealt with in Hartlepool and how partners work together in their prevention and punishment. Evidence to include input from:

**Partners:**

- Police
- Crown Prosecution Service
- Court Service
- Housing Hartlepool
- Hart Gables
- Hartlepool Independent Advisory Group (IAG)

**Representatives from key Groups in relation to each of the identified areas of hate crime:**

- Yasmin Khan (Housing Hartlepool) – Race
- Joanne Fairless –(Hart Gables) – Transphobic
- Michael Slimmings (In – Controllable) – Disability

- (b) Information in relation to the impact of current and future budget pressures on the way in which services to prevent and punish hate crime in Hartlepool are provided.

(ii) Evidence from those individuals and communities that have experienced, or live in fear of, hate crime in Hartlepool:

- Feedback from questionnaire;
- Invitations to be extended to representatives from minority communities of interest or heritage (including those who have been victims of hate crime or live in fear of it);

(iii) Feedback from the sub group's work:

- Meeting with IAG; and
- 'Good Practice' exploration

**19 March 2015** – Consideration of Final Report by the Audit and Governance Committee

**Dates TBC** – Consideration of Final Report by the Safer Hartlepool Partnership and appropriate Policy Committee / partnership governing bodies.

## 9. RECOMMENDATION

### 9.1 Members are recommended to:

- (i) Agree the remit for the Audit and Governance Committee's investigation, as in the report;
- (ii) Identify volunteers to participate in the work of the sub group.

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

APPENDIX A

**PRO-FORMA TO REQUEST FUNDING TO SUPPORT  
CURRENT SCRUTINY INVESTIGATION**

<b>Title of the Overview and Scrutiny Committee:</b>
<b>Title of the current scrutiny investigation for which funding is requested:</b>
<b>To clearly identify the purpose for which additional support is required:</b>
<b>To outline indicative costs to be incurred as a result of the additional support:</b>
<b>To outline any associated timescale implications:</b>
<b>To outline the 'added value' that may be achieved by utilising the additional support as part of the undertaking of the Scrutiny Investigation:</b>



**To outline any requirements / processes to be adhered to in accordance with the Council's Financial Procedure Rules / Standing Orders:**

**To outline the possible disadvantages of not utilising the additional support during the undertaking of the Scrutiny Investigation:**

**To outline any possible alternative means of additional support outside of this proposal:**

# HEALTH AND WELLBEING BOARD

## MINUTES AND DECISION RECORD

29 April 2014

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

**Present:**

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

**Prescribed Members:**

Elected Members, Hartlepool Borough Council – Councillors Ged Hall, Geoff Lilley and Chris Simmons  
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group - Alison Wilson  
Director of Public Health, Hartlepool Borough Council - Louise Wallace  
Director of Child and Adult Services, Hartlepool Borough Council – Gill Alexander  
Representatives of Healthwatch - Margaret Wrenn and Stephen Thomas.

**Other Members:**

Representative of the NHS England – Caroline Thurlbeck  
Representative of Tees Esk and Wear Valley NHS Trust – David Brown  
Representative of North East Ambulance NHS Trust – Nichola Thackeray

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

Also in attendance:-

Philippa Walters, Tees Valley Public Health Shared Service

Officers: Sylvia Pinkney, Public Protection Manager  
Sharon Robson, Health Improvement Practitioner (Drugs and Alcohol)  
Patrick Crowe, Senior Environmental Health Officer  
Lesley Huitson, Technical Officer (H&S)  
Joan Stevens, Scrutiny Manager  
Angela Armstrong, Principal Democratic Services Officer

## 78. Apologies for Absence

Apologies for absence were received from:

Hartlepool and Stockton on Tees Clinical Commissioning Group – Dr Paul Pagni  
Chief Executive, Hartlepool Borough Council – Dave Stubbs  
Director of Regeneration and Neighbourhoods – Denise Ogden

Hartlepool Voluntary and Community Sector – Tracy Woodhall  
Tees, Esk and Wear Valley NHS Trust – Martin Barkley  
North Tees and Hartlepool NHS Foundation Trust – Alan Foster  
North East Ambulance NHS Trust – Nichola Fairless

## **79. Declarations of interest by Members**

None.

## **80. Minutes of the meeting held on 26 March 2014**

Confirmed with the following amendment:

That Councillor Keith Fisher's apologies be noted.

With reference to minute 74 the Director of Public Health confirmed that a small Working Group had met to consider the proposal to hold a Health and Wellbeing Face the Public Event on Monday 23 June 2014. The representative from HealthWatch confirmed that during the discussions at the Working Group it was suggested that the event be held on a week day early on an evening. It was highlighted that the HVDA and HealthWatch network had an extensive list of contacts that could be utilised to publicise the event. Furthermore, it was noted that it would be beneficial to produce an agenda to include an introductory session, workshops and a final session with a two hour duration for the event being suggested.

It was therefore proposed to hold the Event on Monday 23 June 2014 5.00-7.00 pm with information stands being available to promote and raise awareness of issues affecting health and wellbeing from 4.30-5.00 pm.

## **81. Drug Presentation** (*Director of Public Health*)

The Director of Public Health introduced the Health Improvement Practitioner (Drugs and Alcohol) who was the Local Authority lead on the Substance Misuse Strategy Group for the Safer Hartlepool Partnership. The Health Improvement Practitioner provided a detailed and comprehensive presentation which included an outline of the responsibilities of the Substance Misuse Strategy Group (SMSG) and highlighted the current drug situation which showed that the problem with substance misuse in Hartlepool was twice the national average, the resulting trends in Hartlepool, the number of people currently undergoing treatment and the current services available.

During the discussions that followed it was noted that one of the key issues in reducing substance misuse was the provision of adequate housing. In addition, a number of campaigns for treatment services were being undertaken and it was highlighted that it was key to encourage people to take up those treatment services on a monthly basis. The Director of Public Health indicated that there were links to the criminal justice system and reducing reoffending and links with local prisons were actively being encouraged

through engagement with people as they leave prison.

In relation to a question from a Member, the Health Improvement Practitioner confirmed that out of 38 opiate users, 4 of them re-presented within six months, with people who re-present being targeted for additional support. One of the key aims to the success of the opiate dependency programme was reintegration into communities and rebuilding relationships with the community and the whole family. The Director of Public Health indicated that the success rates of this programme would be circulated to the Board. A Member raised some concern with the way in which people were treated when they present themselves for treatment within allocated Drug Treatment Centres. The Director of Public Health confirmed that anyone presenting themselves at the Drug Treatment Centres should be treated with the greatest respect as all patients and customers should be. The representative from the Clinical Commissioning Group confirmed that the opiate dependency programme achieved a 33% success rate where people attending the programme did not re-present within six months.

There was some concern at the term 'transition from children's services to adult services' as many people were shocked to learn the number of children affected by substance misuse. The Health Improvement Practitioner confirmed that HYPED was a young person drug treatment service that worked with young people during their transition from children to adult services to ensure this transition was as smooth as possible. The Director of Child and Adult Services confirmed that substance misuse within Looked After Children resulted in an enormous cost and the recommissioning of services was currently being explored to extend the age range of young people's services to up to 25 years old.

The importance of managing the problem through preventative measures was highlighted through a proactive approach to encourage people to think about their actions and raise awareness of the consequences and dangers of those actions. A Member referred to recent statistics which had indicated that 80% of all crime was carried out to finance substance misuse habits.

In response to a question from a member of the Board, the Director of Public Health indicated that a key priority for the Board should be to strengthen further the integration of support across all services to ensure pathways of care were smooth. The Director of Child and Adult Services informed the Board that a further report would be submitted to the Board identifying how the Child and Adult Services and Public Health Department can strengthen the partnership working with the Clinical Commissioning Group to provide a targeted approach for families in a joined up way. This would include looking at how information was shared across all agencies, using community intelligence and working with other agencies such as the Police, Schools and Health Agencies.

A Member sought clarification on the numbers of people who had received successful treatment for substance misuse and made a full recovery. The Director of Public Health confirmed that there was a robust monitoring system

in place through Public Health England and further data and trends could be provided to the Board for all treatment services.

### Decision

- (i) That the drug situation in Hartlepool and the efforts being made to address this were noted.
- (ii) That data on the success rates of all treatment services, including the opiate dependent programme and trends compared to a national basis be provided to the Board at a future meeting.

## 82. **Tattoo Hygiene Rating Scheme** *(Director of Public Health)*

The Director of Public Health introduced the Senior Environmental Health Officer who provided a detailed and comprehensive presentation regarding the introduction of a Tattoo Hygiene Rating Scheme (THRS) in Hartlepool at the beginning of April 2014. The key aims of the THRS were to raise awareness of hygiene standards, drive up standards and adopt best practice and reduce the risk of incidents of infection and the transmission of infectious disease from tattooing procedures. It was highlighted that Hartlepool was the first local authority in England to implement such a scheme and a number of other local authorities had been in touch to ascertain how the scheme had been implemented and operated with a view to introducing a similar scheme,

The Senior Environmental Health Officer informed the Board of the work carried out by growing number of 'Scratchers' who carry out tattoos often from their home, were unregistered, unregulated and pose a public health risk. Work was ongoing to raise awareness of this unregulated practice including through partnership working with local colleges and sixth forms and members of the public were encouraged to provide information on the operation of 'scratchers' to enable action to be taken. A Member suggested that local schools should be approached to explore the possibility of including information on this within the schools' curriculum as part of their pupils personal development programme.

However, it was noted that there were six registered tattoo studios that had all been visited prior to the introduction of the scheme with the majority welcoming the scheme. Further details of how the scheme operated were outlined in the presentation with inspections carried out on an annual basis which provided a rating scheme from 1-4.

In response to a question from a Member, the Senior Environmental Health Officer confirmed that the presentations used in awareness raising sessions included some quite graphic pictures which highlighted the dangers of unregulated 'scratchers'.

**Decision**

- (i) That the report was noted.
- (ii) That further exploration be undertaken of the inclusion of raising awareness of 'scratchers' and the potential consequences within local schools' curriculums as part of a pupils personal development programme.

**83. Any Other Items which the Chairman Considers are Urgent**

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

**84. Any Other Business - The delivery of the Substitute Prescribing Service for Opiate Dependent Patients Through Pharmacies in Hartlepool** (*HealthWatch Hartlepool*)

The representatives from HealthWatch Hartlepool presented the report which outlined the findings from the recent examination of the provision of substitute prescribing service for opiate dependent patients through pharmacies in Hartlepool which was undertaken by HealthWatch and made recommendations regarding future service delivery. The contribution of all HealthWatch volunteers was acknowledged and welcomed.

It was highlighted that this had been a very complex area and a clear issue which had been identified was the stigma attached to receiving this treatment. The importance of ensuring all patients receive their treatment in a compassionate and with dignified manner. It was noted by the HealthWatch members that the managers of the pharmacies visited were impressed with the lengths pharmacy staff went to, to provide a difficult service in a very compassionate and dignified way.

One of the issues generated through this piece of work was the use of private consultation rooms within pharmacies for the provision of this service. Both mainstream patients and substance misuse patients associated a stigma with the use of the private room which highlighted that there were issues around patient choice and how the patient wished to receive their individual treatment. There were a number of issues that arose in relation to safety precautions for pharmacy staff and the measures in place to deal with such situations were inconsistent across different pharmacies.

A number of patients who receive regular treatment or support sessions completed questionnaires and the key findings from these questionnaires were outlined in the report. As a result of the recent examination of the

delivery of the substitute prescribing service for opiate dependent patients through pharmacies in Hartlepool, HealthWatch had formulated the following recommendations:

- (i) Overall, pharmacy managers and staff should be commended for the manner in which the substitute prescribing service was delivered with patient dignity and choice being central. Any future changes or developments with regard to service deliver should enhance and build upon these core principles.
- (ii) Consideration should be given to developing an introductory information pack for new patients in all pharmacies which would provide details of opening hours, expected standards of conduct and health, wellbeing and other general services available at the pharmacy.
- (iii) The delivery of the service at different pharmacy outlets should continue to take account of local factors such as size of the pharmacy, number of patients, internal layout etc but always have at its heart patient dignity and choice.
- (iv) Consideration should be given to arrangements regarding staff safety and in particular the absence of panic buttons in some private consultation rooms.
- (v) Consideration must be given to issues highlighted regarding the lack of out of hours services and arrangements put in place to ensure that prescribing arrangements were always in place for released prisoners who were on substitute prescribing programmes.
- (vi) In light of comments from both substance misuse patients and other pharmacy users regarding a perceived stigma relating to the use of private consultation rooms, attention should be given to developing ways of dispelling this myth and promoting the use of these facilities to enhance dignity in the treatment and care of all pharmacy users.
- (vii) The current payment arrangements for the delivery of the service by pharmacy outlets

In conclusion, the HealthWatch representatives confirmed that the main issues raised throughout this investigation had been the dignity and choice of patients and it was suggested that an information pack be developed for all new patients to inform them how the programme and pharmacy operated.

In response to a question from a Member, the representative from the Tees Valley Public Health Shared Service confirmed the arrangements for payments to pharmacies who implemented the delivery of the substitute prescribing service for opiate dependent patients.

A Member enquired what the procedure was for patients who wished to complain or comment on the service provided within pharmacies. The representative from Tees Valley Public Health Shared Service indicated that there was a standard NHS complaint procedure that all pharmacies followed along with the additional process as part of the new public health contract for clients to complain through the Council or HealthWatch.

The representative from the Clinical Commissioning Group (CCG) suggested

that it may be useful for the Board to have sight of information around national contracts as this may provide background knowledge to how different contracts operated.

The representatives from HealthWatch were thanked for all their hard work and commitment in undertaking this investigation and for producing such detailed and comprehensive findings.

### **Decision**

That the recommendations and findings from HealthWatch's investigation into the delivery of Substitute Prescribing Service for Opiate Dependent Patients through Pharmacies in Hartlepool were noted.

Meeting concluded at 11.37 am

CHAIR



**Extract from the minutes of the Finance and Policy Committee on 21 July 2014 relating to Public Health**

**28. Director of Public Health Annual Report** (*Director of Public Health*)

**Type of decision**

For information.

**Purpose of report**

To present the Director of Public Health Annual Report for 2013/14. This report will be presented to full Council in August 2014.

**Issue(s) for consideration**

The report provided the background to the requirement for the Director of Public Health to submit an Annual Report to Council. The 2013/14 Annual Report focussed on the risk factors for developing diseases including the three key priority areas of smoking, alcohol and obesity. The three priority areas provided an opportunity to improve health as they were amenable to change. However, it was highlighted that change would not be achieved solely by individual behaviour change but through education, accessible services and local and national policy changes. The Chair suggested that more detailed reference to the work undertaken by the Health and Wellbeing Board should be included at the front of the Annual Report.

**Decision**

The Director of Public Health Annual Report for 2013/14 was noted with the inclusion of a more detailed reference to the work undertaken by the Health and Wellbeing Board to be included at the front of the Report.