HARTLEPOOL
BOROUGH COUNCIL

Chief Executive's Department
Civic Centre
HARTLEPOOL

17th October, 2016

Councillors C Akers-Belcher, S Akers-Belcher, Barclay, Beck, Belcher, Black, Buchan, Clark, Cook, Cranney, Fleming, Hall, Hamilton**,** Harrison, Hind, Hunter, James, Lauderdale, Lawton, Lindridge, Loynes, Martin-Wells, Moore, Dr. Morris, Richardson, Riddle, Robinson, Sirs, Springer, Tempest, Tennant, Thomas and Thompson and

Madam or Sir,

You are hereby summoned to attend the COUNCIL meeting to be held on THURSDAY, 27th October 2016 at 7.00 p.m. in the Civic Centre, Hartlepool to consider the subjects set out in the attached agenda.

Yours faithfully

G Alexander
Chief Executive

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REVISED AGENDA

COUNCIL AGENDA

HARTLEPOOL
BOROUGH COUNCIL

27th October 2016

at 7.00 pm

in the Council Chamber,
Civic Centre, Hartlepool.

(1) To receive apologies from absent Members;

(2) To receive any declarations of interest from Members;

(3) To deal with any business required by statute to be done before any other business;

(4) To approve the minutes of the last meeting of the Council, held on 8th September 2016, as the correct record;

(5) To answer questions from Members of the Council on the minutes of the last meeting of Council;

(6) To deal with any business required by statute to be done;

(7) To receive any announcements from the Chair, or the Head of Paid Service;

(8) To dispose of business (if any) remaining from the last meeting and to receive the report of any Committee to which such business was referred for consideration;

(9) To consider reports from the Council's Committees and to receive questions and answers on any of those reports;

(1) Local Audit and Accountability Act Update – Report of Audit and Governance Committee
(2) Youth Justice Strategic Plan 2016 -2017 – Report of Children's Services Committee
(3) Fens, Hartfields and Wynyard Road Medical Practices – Consideration of Referral to Secretary of State – Report of Audit and Governance Committee

REVISED AGENDA

(10) To consider any other business specified in the summons to the meeting, and to receive questions and answers on any of those items;

(1) 'Hartlepool Matters' Report – Report of the Chair of the Health and Wellbeing Board
(2) Further Periodic Review of the Council's Constitution – Report of Monitoring Officer

(11) To consider reports from the Policy Committees:

(a) proposals in relation to the Council's approved budget and policy framework; and

(b) proposals for departures from the approved budget and policy framework;

(12) To consider motions in the order in which notice has been received;

Despite an excellent campaign on the issues led by WASPI (Women Against State Pension Inequality) the Tory Pensions Minister, Richard Harrington has dismissed the campaign stating that he has "no plans to revisit the arrangements".

MAKE FAIR TRANSITIONAL STATE PENSION ARRANGEMENTS FOR 1950'S WOMEN

"Hartlepool Borough Council calls upon the Government to make fair transitional state pension arrangements for all women born on or after 6th April 1951, who have unfairly borne the burden of the increase to the State Pension Age (SPA) with lack of appropriate notification.

Hundreds of thousands of women had significant pension changes imposed on them by the Pensions Acts of 1995 and 2011 with little or no personal notification of the changes. Some women had only two years notice of a six-year increase to their state pension age.

Many women born in the 1950's are living in hardship. Retirement plans have been shattered with devastating consequences. Many of these women are already out of the labour market, caring for elderly relatives, providing childcare for grandchildren, or suffer discrimination in the workplace so struggle to find employment.

Women born in this decade are suffering financially. These women have worked hard, raised families and paid their tax and national insurance with the expectation that they would be financially secure when reaching 60. It is not the pension age itself that is in dispute - it is widely accepted that women and men should retire at the same time.

The issue is that the rise in the women's state pension age has been too rapid and has happened without sufficient notice being given to the women affected, leaving women with no time to make alternative arrangements.

The Council calls upon the Government to reconsider transitional arrangements for women born on or after 6th April 1951, so that women do not live in hardship due to pension changes they were not told about until it was too late to make alternative arrangements."

Signed: Councillors James, C Akers-Belcher, Cranney, Barclay and Clark.

(13) To receive the Chief Executive's report and to pass such resolutions thereon as may be deemed necessary;

(14) To receive questions from and provide answers to the public in relation to matters of which notice has been given under Rule 11;

(15) To answer questions of Members of the Council under Rule 12;

a) Questions to the Chairs about recent decisions of Council Committees and Forums without notice under Council Procedure Rule 12.1

b) Questions on notice to the Chair of any Committee or Forum under Council Procedure Rule 12.2

c) Questions on notice to the Council representatives on the Police and Crime Panel and Cleveland Fire Authority

d) Minutes of the meetings held by the Cleveland Fire Authority held on 29 July 2016 and the Police and Crime Panel held on 21 July 2016.

COUNCIL

MINUTES OF PROCEEDINGS

8 September 2016

The meeting commenced at 7.00 pm in the Civic Centre, Hartlepool

PRESENT:-

The Ceremonial Mayor (Councillor Cook) presiding:

COUNCILLORS:

C Akers-Belcher	S Akers-Belcher	Barclay
Beck	Belcher	Black
Buchan	Clark	Cranney
Hall	Hamilton	Harrison
Hind	Hunter	James
Lauderdale	Lawton	Lindridge
Loynes	Martin-Wells	Moore
Dr Morris	Richardson	Riddle
Robinson	Sirs	Springer
Tempest	Tennant	Thomas
Thompson		

Officers: Gill Alexander, Chief Executive
Peter Devlin, Chief Solicitor
Chris Little, Chief Finance Officer
Sally Robinson, Director of Child and Adult Services
Denise Ogden, Director of Regeneration and Neighbourhoods
Louise Wallace, Director of Public Health
Alastair Rae, Public Relations Manager
Joan Stevens, Scrutiny Manager
Amanda Whitaker, David Cosgrove, Democratic Services Team

28. APOLOGIES FOR ABSENT MEMBERS

None

29. DECLARATIONS OF INTEREST FROM MEMBERS

The following members declared personal interests in Agenda Item 13 (1)

Councillors C Akers-Belcher, S Akers-Belcher, Belcher, Clark, Cranney, Cook, Barclay, Lindridge, Hall, Tempest, Thomas and Thompson.

Councillor Thompson highlighted his non-inclusion on the appendix of Expenditure Relevant to Members' Interests.

Later in the meeting (at Minute No. 45) the following members declared personal and prejudicial interests in Agenda Item 14 and left the meeting during its consideration –

Councillors C Akers-Belcher, S Akers-Belcher, Belcher, Tempest and Thomas.

30. BUSINESS REQUIRED BY STATUTE TO BE DONE BEFORE ANY OTHER BUSINESS

None.

31. MINUTES OF PROCEEDINGS

The Minutes of Proceedings of the Council held on the 7 July 2016, having been laid before the Council.

RESOLVED - That the minutes be confirmed.

The minutes were thereupon signed by the Chairman.

32. QUESTIONS FROM MEMBERS OF THE COUNCIL ON THE MINUTES OF THE PREVIOUS MEETING OF THE COUNCIL

Minute 26 (2) – Public Question – Further to the response provided to Council regarding the consequences to hay fever sufferers of the increase of pollen from the extensive planting of wild flowers, a Member referred to a study undertaken by the University of Connecticut. The Member advised Council that one of the results of the study had proved that there had been a factual inaccuracy in the response provided to Council.

Minute 27(d) – Questions from Members of the Council - A Member reminded Council that at the last meeting, it had been suggested that he speak to the Monitoring Officer in private following that Council meeting to receive an update on a Cleveland Fire Authority complaint. The Member advised that since that meeting, a member of the public had highlighted that it had been stated previously that the information would be made available in the public arena. The Monitoring Officer responded that he had met with the Member following the Council meeting but the information requested had not been referred to the Cleveland Fire Authority and was not, therefore, available publicly.

33. BUSINESS REQUIRED BY STATUTE

None.

34. ANNOUNCEMENTS

The Ceremonial Mayor announced that his Civic Dinner would be held on 22nd October 2016.

35. TO DISPOSE OF BUSINESS (IF ANY) REMAINING FROM THE LAST MEETING AND TO RECEIVE THE REPORT OF ANY COMMITTEE TO WHICH SUCH BUSINESS WAS REFERRED FOR CONSIDERATION.

None.

36. TO RECEIVE REPORTS FROM THE COUNCIL'S COMMITTEES

1. Audit and Governance Committee Update – Report of Audit and Governance Committee

The Chair of the Audit and Governance Committee reported that on the 25 June 2015, delivery of the Council's Health Scrutiny responsibilities had been delegated to the Audit and Governance Committee, with its Work Programme to be reported to Council annually. The Chair advised Council that, in 2016/17, the Committee's planned investigations would be focusing on two specific areas, as outlined in the report. The Committee's investigation into **'**Access to Transport for People with a Disability' was nearing completion and the second investigation in relation to 'Mortality Rates' was about to commence.

The Chair highlighted that equally important was the reactive work the Committee undertook in relation to 'Substantial Variations of Health Service' and 'Councillor Calls for Action' in relation to crime and disorder issues. A significantly important example of this was the Committee's work in relation to the 'Provision of Assisted Reproduction Services from the University Hospital of Hartlepool'. Whilst the outcome of the investigation had been extensively publicised, the Chair highlighted that it was appropriate to formally update Council. The report set out the process undertaken up to Council's decision to support legal action against the Trust. The resulting Consent Order had ensured the continuation of the service pending the outcome of a full consultation, which had led to a decision by the CCG's Governing Body that **'**a comprehensive assisted reproductive service, including HFEA licensed and unlicensed provision would continue to be provided from the University Hospital of Hartlepool (UHH). The service to be delivered from the UHH site by an alternative provider.' The Committee had commended the CCG Governing Body on its decision and welcomed assurances that:

- Existing provision would be maintained with patients unlikely see any changes;
- Patients would receive all treatment in Hartlepool; and
- There would be no patients potentially impacted.

Council was advised that the pre-procurement process was now underway and the intention to tender had been advertised, with the invitation to tender to be advertised in October. The Chair advised that he was maintaining a watching brief on the progress and the continued provision of the service until a new provider had been identified. A formal update would be requested following completion of the contracting process.

Whilst the co-operation of the Trust was acknowledged in allowing an alternative provider to continue the provision of the ARU service from the hospital site, the Chair highlighted that the contempt shown to the scrutiny process, Council and the public by the Trust had not been forgotten.

RESOLVED – That the report be noted.

37. TO CONSIDER ANY OTHER BUSINESS SPECIFIED IN THE SUMMONS OF THE MEETING

1. Further Periodic Review of the Council's Constitution – Report of Monitoring Officer

The Monitoring Officer reported that at the Council meeting on the 17th March, 2016, various Motions had been submitted, which Members deemed should be referred to the Monitoring Officer and therefore subject to a report back to Council with recommendations. In order to gauge as full a spectrum of views as possible, "Members' Seminars" had taken place on the 27th and 30th June 2016, at which members of the public had been invited to attend and make representations. Eleven elected Members in total had attended along with five members of the public. In addition, the Monitoring Officer had received separate representations from a Residents Association. Those proceedings had been facilitated by an "Issues Paper" a copy of which was appended to the report.

The Monitoring Officer highlighted that under Council Procedure Rule 24.2, any motion to add to, vary or revoke these Procedure Rules would when proposed and seconded, stand adjourned without discussion to the next ordinary meeting of the Council unless the proposed addition, variation or revocation was for the purpose of compliance with any statutory provision.

The following items were drawn to the attention of Members together with the commentary which had been received through the seminars and where applicable, the Monitoring Officer's comments thereon;

Duration of meeting

Presently the Council meetings commence at 7pm and have a "guillotine" at 9.30pm unless the majority of Members otherwise agree. At the seminars it had been suggested that the duration of Council meetings should not exceed two hours i.e. 9pm unless the majority of Members decide otherwise.

Although support was expressed for the proposed change, a number of Members expressed their opposition to the change and expressed concerns at the rationale for the change.

A vote was taken by show of hands, with the majority of Members voting for the proposed change.

> RESOLVED – That a Council meeting commencing at 7.00 pm shall stand adjourned at 9pm unless the majority of Members agree otherwise.

Public Questions

Presently 45 minutes is allocated for public questions. At the seminar, some participants had indicated that the 45 minutes should be retained, whilst others advocated 30 minutes, with the general consensus for the discretion of the Chair to extend the time for public questions.

Although support was expressed for the proposed change, a number of Members expressed their opposition to the change and expressed concerns at the rationale for the change. In response to the concerns which were expressed, it was highlighted that the time allocated would be at the discretion of the Chair to extend this period at his/her discretion. In terms of public questions generally, the opportunity for the public to attend and participate in Committee meetings was highlighted. An exchange followed in relation to the attendance of Elected Members at Committee meetings held during the day.

A vote was taken by show of hands, with the majority of Members voting for the proposed change in the time allocated for public questions.

> RESOLVED – That the time allocated for public questions should be 30 minutes, subject to the discretion of the Chair to extend this period at his / her discretion.

Notice and Order of Questions (Council Procedure Rules 11.2 and 11.3)

There was a general consensus that the period for submission of public questions and the random selection of those questions through public ballot should be maintained. The Monitoring Officer therefore saw no reason to depart from this current procedure.

Number of Questions

The Monitoring Officer reported that Council has a Procedure Rule which stipulated that members of the public can give 2 public questions but without any supplementary questions being allowed. Formally, 1 public question with 2 supplementary questions had been provided for, within the Council's Procedure Rules. At the Members Seminar, representations had been received endorsing the present practice of maintaining 2 questions but without the re-introduction of

supplementary questions. Against this, were those who advocated a return to 1 public question with 2 supplementary and those who wished to see 2 public questions and 2 supplementary questions. The Monitoring Officer had concluded that to allow 2 public questions and thereafter 2 supplementary questions to apply to each of those questions could be somewhat excessive, in the time and consideration of those items before Council. A previous review did seek to compensate for the loss of supplementary questions through increasing the number of public questions from 1 to 2. It was considered by a local residents association that the reintroduction of the supplementary question process was "essential" in allowing for greater public involvement and participation.

The Monitoring Officer highlighted that the primary issue as to how a local authority should engage with its community was a recurring theme in the report. It was suggested, therefore, that Council needed to undertake an evaluation of its approach to public involvement and engagement particularly in the light of the recent approach to 'Your Say, Our Future' which had successfully engaged the public in considering questions of importance to the Borough, before it could begin to determine how it wished to proceed.

A Member referred to the document appended to the report which outlined the results of a recent survey in relation to the timing of Committee meetings. The Member referred to the results of the survey and advised Council that evening Committee meetings should be introduced.

It was moved by Councillor C Akers-Belcher and seconded by Councillor Cranney:-

"That this evaluation to be undertaken by a politically balanced constitution working group of Council with 11 nominated members to include the Mayor, as Chair of Council, the five policy Chairs, or their nominated substitute, the chair of Audit and Governance Committee plus four additional members to appointed by the political groups and independents. Further to this that whilst we are undertaking such an evaluation the Council does not write or re-write questions for Council as questions need to be submitted and shall be determined as accepted or not by the Chief Executive and Monitoring Officer, in conjunction with the Ceremonial Mayor".

A vote was taken by show of hands, with the majority of Members voting for the addendum.

RESOLVED as follows -

(i) That Council agrees to review its current approach to public involvement and participation in relation to both the approach to Public Questions to Council and role of Neighbourhood Forums and considers the issues raised in relation to public questions as part of a future report to Council which takes account of the findings of this review.

(ii) That the evaluation be undertaken by a politically balanced constitution working group of Council with 11 nominated members to include the Mayor, as Chair of Council, the five policy Chairs, or their nominated substitute, the chair of Audit and Governance Committee plus four additional members to appointed by the political groups and independents. Further to this that whilst undertaking such an evaluation the Council does not write or re-write questions for Council as questions need to be submitted and shall be determined as accepted or not by the Chief Executive and Monitoring Officer, in conjunction with the Ceremonial Mayor

Scope and record of questions

There had been no representations to warrant any change on the scope or maintaining a record of questions, although it was suggested that questions could appear prior to the meeting on the Council's website. However, it was noted that the minutes of Council meetings do appear on the website, subsequent to the meeting.

Asking the question at the meeting

Previously a member of the public could read out their public question. This practice was revised so that the question was read out by the Chief Executive Officer. It was suggested by a member of the public, that it be reinstated the ability for a member of the public to read out their own question.

RESOLVED – That the Chief Executive Officer continues to the read out public questions at Council meetings.

Questions by Members

There was general consensus that questions about recent decisions of Council Committees (Council Procedure Rule 12.1) and questions on notice at full Council (Council Procedure Rule 12.2) should remain as is. However, it had been suggested that 1 hour 30 minutes presently devoted to answer questions under these procedure rules should be abridged and contained within 30 minutes but again, subject to the discretion of the Chair of the meeting. Further, the general "scope of questions" (Council Procedure Rule 12.3 applies) was generally thought to have present validity. The only additional provision on the 'scope' of both public and member questions is whether Council wished to add the category of 'or which otherwise conflicts with the Council's Constitution' which is a feature of some Council's procedural arrangements.

A vote was taken by show of hands, with the majority of Members voting for the proposed change in the time allocated to answer questions by Members.

RESOLVED – That the time devoted by Council to Member questions be reduced from 1 hour 30 minutes to the period of 30 minutes, subject to the discretion of the Chair of the meeting to extend at his / her discretion.

Motions on Notice

Council at its meeting on 23rd May 2016 had resolved that there should be no change to Council Procedure Rule 13.1 in that, "7 clear working days, should be given upon a notice of motion". However, it had been proposed that the requirement that the motion should be signed by at least 5 Members should be reduced to 2 Members.

Motion moved by Councillor C Akers-Belcher and seconded by Councillor Cranney:-

"That the requirement that a motion should be signed by at least 5 Members be retained".

Amendment moved by Councillor Thompson and seconded by Councillor Riddle:-

"That the requirement that a Motion should be signed by at least 5 Members be reduced to 2 Members."

The Mover and Seconder of the amendment outlined the rationale for the Amendment.

A vote was taken by show of hands, with the majority of Members voting against the Amendment.

The substantive Motion was carried.

RESOLVED – That the requirement for a Motion on Notice to be signed by at least 5 Members be retained.

Potential limit on the number of Council Motions.

There was no strict limit on the number of Council Motions within the Council's Constitution and through convention/previous practice; the number of Motions had differed from meeting to meeting. At both seminars, there had been a general consensus that there should be a limit of possibly 3 and no more than 5 motions unless the Chief Executive Officer determined otherwise, following advice from the Council's Monitoring Officer and/or the Council's Section 151 Officer.

During the debate, concerns were expressed in relation to the justification for the proposed change and a restriction on the number of Council Motions was opposed.

Motion moved by Councillor C Akers-Belcher and seconded by Councillor Cranney:-

"That the number of Motions be limited to 3 subject to agreement by the Chief Executive in consultation with the Mayor. "

A vote was taken by show of hands, with the majority of Members voting for the Motion.

> RESOLVED – That Council approve the following amendment to its Procedure Rules namely; "Except for additional Motions as approved by the Chief Executive Officer, in consultation with the Ceremonial Mayor, the number of Motions before an Ordinary meeting of Council should not exceed 3, submitted in accordance with Procedure Rule 13.1.

Rules of Debate

Presently 10 minutes is allocated to the individual member proposing an item before Council. This also allowed for any other individual to speak on the item for not more than 4 minutes. At the Members' Seminar it had been generally thought that 10 minutes was somewhat excessive and various periods were mentioned, with some parallels to the public speaking rights allowed in the Council's regulatory committees. Generally, it was considered that the proposer should be limited to a maximum of 5 minutes with the potential for up to 3 minutes for other speakers within the debate. It was suggested also that the Chair retained the discretion to extend the period of speaking upon a debate at his / her entire discretion.

Following expression of concerns regarding the implications of the proposal to change the rules of debate, it was moved by Councillor Moore and seconded by Councillor Thompson:-

"That there is no change to the time allocated under the Rules of Debate".

A vote was taken by show of hands, with the majority of Members voting against no change in the time allocated under the Rules of Debate.

A vote on the Motion was taken by show of hands, with the majority of Members voting for changes in the times allocated under the Rules of Debate.

> RESOLVED – That the mover/proposer in a debate be limited to a period of 5 minutes but any other speech will not exceed a period of 3 minutes without the consent of the Chair (the Ceremonial Mayor) of Council.

The Monitoring Officer advised Council that the items numbered 16-26 on the issues paper, appended to the report, had been generally considered to work well and should be retained, without further comment or debate.

Reference to Council

A previous motion had asserted that this "call in" of a Policy Committee decision should be reduced from 17 to 5 Members.

Concerns were expressed at the meeting that the threshold included in the existing Procedure Rule limited the ability of political groups to "call in" a decision and the provisions had not been utilised due to the current high threshold.

It was moved by Councillor Riddle and seconded by Councillor Moore:-

"That the number of Members required for a reference to Council be reduced from 17 to 5 Members.

It was moved by Councillor C Akers-Belcher and seconded by Councillor Cranney:-

"That the number of Members required for a reference to Council be retained at 17 Members"

A vote was taken by show of hands, with the majority of Members voting for the current threshold to be retained.

> RESOLVED – That the reference to Council (CPR. 27) should be made by 17 or more Members.

Review and Revision of the Constitution – Article 15

It had been indicated at the seminar meetings that any review of the Council's Constitution should take place and be reported to the first ordinary meeting in the new municipal year, so that all Councillors were made conversant with any changes.

It was moved by Councillor C Akers-Belcher and seconded by Councillor Cranney:-

"That the report be presented to Council in September each year to ensure any new Councillors have undertaken their induction."

A vote on the Motion was taken by show of hands, with the majority of Members voting for a report to be submitted to the September Council meeting.

> RESOLVED – The Monitoring Officer in conducting a periodic review of the Council's Constitution, either of his/ her own volition or through matters referred to the Monitoring Officer, should form a report to be submitted to Council in September each year, unless otherwise directed by Council.

Neighbourhood Forums

It has been indicated that owing to the poor or variable attendance at the Neighbourhood Forums, whether such meetings have any discernible benefit. Views had been expressed across a wide spectrum within the seminars with some individuals indicating that the forums were "useful" and allowed for engagement with members of the public, whereas other members formed a contrary view that no benefit was derived from their continuation. The Monitoring Officer advised that there needed to be a wider debate regarding how the Council could connect with its community. In recognition of this over the summer the Council had introduced new approaches to engaging the wider public through the 'Your Say, Our Future' events. This programme had proved to be an effective way of engaging the public in meaningful discussion and consideration was being given, therefore, to continuing the programme on an ongoing basis. It was suggested, therefore, that the general theme as regards how the Council could actively engage with the Hartlepool public is subject to further discussion by Members.

Miscellaneous

It was reported that topics such as seating arrangements, the sound system operating with the Council Chamber and other related issues had been the subject of Member discussion following a sound demonstration on the 8th August 2016. These matters would be progressed and would be subject to commentary within the Chief Executive's Business Report to Council and through general communication with Members and also through appropriate public notification.

Another topic brought to the attention of Members was the "timing of committee meetings" upon which some survey data had been collected, as appended to the report. The Monitoring Officer advised that Members needed to carefully analyse the data. It was acknowledged also that Members would wish to consider 'family impact' and other assessments related to such an appraisal which should be subject to further discussion and future reports to Council.

RESOLVED – The initial responses on the timings of committees meetings be noted.

38. REPORT FROM THE POLICY COMMITTEES

(a) Proposal in relation to the Council's budget and policy framework

None.

(b) Proposal for Departure from the Budget and Policy Framework

(1) Jacksons Landing Demolition (Report of Finance and Policy Committee)

The Chair of Finance and Policy Committee presented a report which sought Council consideration of the Finance and Policy Committee's recommendation for funding the Jacksons Landing Demolition costs.

Members were advised that on 25th July 2016 the Finance and Policy Committee had considered the recommendation from the Regeneration Services Committee on 22nd July 2016 to demolish Jacksons Landing. The Regeneration Services Committee had considered three different options covering either retention of the building until a developer is secured, demolition of the building and the concrete base, or demolition of the building only. The Regeneration Services Committee had recommended the third option – demolition of the building only, as this cost was lower than demolition of the building and the concrete base. The existing building had presented some security and low level anti-social behavioural concerns for the council in recent months. Detailed site master planning was now underway with a view to the submission of a planning application early next year and there was likely to be a need for related ground investigation survey work. The demolition of the building before winter would enable the site to be cleared, relieving the council of short term building maintenance and security costs and providing a clear platform for promoting the site to the market, once the masterplan and related studies have been completed.

The Finance and Policy Committee had supported the recommendation made by the Regeneration Committee and were, therefore, seeking approval to fund the demolition costs of £40,000. The Finance and Policy Committee did not approve the recommended funding strategy and proposed that the demolition costs were funded from the uncommitted 2015/16 final managed revenue under spend of £91,000. Assuming Council approved this proposal a strategy for using the residual uncommitted 2015/16 under spend of £51,000 would be developed as part of the 2017/18 budget process.

In considering the recommendation to allocate funding for the demolition costs the following factors were brought to Council's attention:

- As reported to Regeneration Committee and Finance and Policy Committee this building had been vacant for many years prior to its acquisition by the Council and this indicates there is no market interest in the building. Therefore, a cleared site is more likely to be attractive to potential developers;

- In view of the above position if the Council was to retain the existing building the cost of a future demolition would fall on the Council, either directly as part of a future sale to a developer, or indirectly though a reduced capital receipt as a developer would reflect this cost in assessing the value of this site;

- The Council secured an interest free loan to pay for the acquisition of this site and this has saved the Council £125,000 compared to interest which would have been payable if the Council had borrowed the money from the Public Works Loan Board.

The proposal to demolish this building had been considered by the Economic Regeneration and Tourism Forum at their meeting in July 2016. Following this meeting the Chair of the Forum had written to the Chair of the Regeneration Services Committee supporting the demolition and also to support the development of mixed use for this site, in particular investment that will add to Hartlepool's visitor and local leisure market and compliment existing developments including the National Museum of the Royal Navy, the Marina and Navigation point. The Chair read out the terms of the letter at the Council meeting.

A copy of the Finance and Policy Committee report was appended to the report.

The following recommendations of the Finance and Policy Committee were moved by Councillor C Akers-Belcher and seconded by Councillor Cranney:-

i) That the proposal to allocate £40,000 from the 2015/16 final uncommitted managed revenue under spend to fund the demolition of Jacksons Landing be approved;

ii) That a strategy for using the net 2015/16 uncommitted managed revenue under spend of £51,000 be developed as part of the 2017/18 budget process.

During an extensive debate which followed presentation of the report, a Member disputed information which had been presented by the Chair of the Finance and Policy Committee in terms of anti social behaviour. Following interception by the Chief Solicitor, the Member rephrased his question and sought clarification from the Chair regarding whether anti-social behavioural data related to the entire area surrounding Jackson's Landing or to the Jackson Landing site specifically. The Chair responded by advising Council of information which had been provided to him by Cleveland Police.

Further concerns were expressed regarding the rationale for demolition of the building, the financial justification and the funding of the demolition which Members highlighted could be utilised for other purposes. Whilst acknowledging some of the concerns expressed, other Members reiterated factors highlighted by the Chair during presentation of the Committee's report which supported the recommendations made by the Committee. Clarification was sought in relation to future plans/offers for development of the site with concerns expressed also regarding the timeline leading to the decision to engage consultant architects.

A Member referred to a petition, opposing the demolition of the building, which had been submitted to the Chief Executive and to the formation of an Action Group also against the proposed demolition.

The following amendment was moved by Councillor Thompson and seconded by Councillor Black: -

"That the funding is not agreed by Council and the proposed demolition of Jacksons Landing is stopped, the public be consulted and the views of the public be fed back to the appointed consultant architects".

A vote was taken by show of hands with the majority of Members voting against the amendment.

Members of the Regeneration Services Committee highlighted considerations relevant to the decision to recommend the demolition of the building including the poor condition of the building, investment considerations and the site being pivotal to plans for the expansion of Hartlepool's visitor economy. Reference was made also to the creation of jobs if a hotel was built on the site.

The Chair of the Regeneration Services Committee referred to support from the business community for the demolition of the building. The content of a letter supporting the demolition, which had been received from the Chair of the Economic Regeneration and Tourism Forum, and referred to earlier in the meeting, was conveyed to Council.

A vote was taken by show of hands with the majority of Members voting for the recommendations of the Finance and Policy Committee as follows: -

i) That the proposal to allocate £40,000 from the 2015/16 final uncommitted managed revenue under spend to fund the demolition of Jacksons Landing be approved;

ii) That a strategy for using the net 2015/16 uncommitted managed revenue under spend of £51,000 be developed as part of the 2017/18 budget process.

39. MOTIONS ON NOTICE

Three Motions had been submitted, on Notice, as follows:-

(1) The Constitution makes clear that the Audit and Governance Committee should be chaired by an opposition member. In this case the Audit and Governance Chair is an opposition member, but the Vice Chair is not. In the case of the Chair being unable to meet his Committee and the Vice Chair takes their place; the Chair will in effect be unconstitutional. We move that the Constitution be amended that both the Chair and the Vice Chair of the Audit and Governance Committee be held by an opposition member.

Signed by: -
Councillors Tennant, Moore, Hind, Buchan and Springer.

The Motion was moved by Councillor Tennant and seconded by Councillor Moore.

The mover of the Motion agreed to a proposal that the Motion be referred to the Constitution Working Group, agreed earlier in this meeting.

(2) We move that Hartlepool Council elected members recognise the result of the EU Referendum on June 23rd 2016 and call upon Her Majesty's Government to invoke Article 50 at the earliest opportunity. In order to know where we stand financially in the years after brexit becomes a reality. It is important for this Borough to seek central Government funding from the savings made by no longer having to contribute to EU funding.

Signed by: -
Councillors Tennant, Moore, Hind, Buchan and Springer.

The Motion was moved by Councillor Tennant and seconded by Councillor Hind

Addendum moved by Councillor C Akers-Belcher and seconded by Councillor Cranney:-

"That the Council also calls upon the Government to commit to the £350 million per week investment into the NHS, outlined in the pledges of the 'leave' campaign and request a commitment that the European Funding is replaced with regional funding, based on need having regard for the levels of deprivation in towns like Hartlepool."

The justification for submission of the Motion to Council was questioned in terms of the impact of agreeing the Motion and it was suggested, therefore, that the Motion be withdrawn.

Following an expression of support for the Motion, the mover of the Motion advised that he would accept the amendment subject to the deletion of the reference to the £350 million.

The mover of the addendum did not accept the amendment to the addendum.

A vote was taken by show of hands with the majority of Members voting for the Motion updated to reflect the addendum.

The Mover of the Motion withdrew the original Motion.

(3) That Council resolves to increase the composition of its Planning Committee from the present complement of eleven members to twelve members. Further, that if approved the additional seat be allocated to a UKIP Councillor in line with the expressions of interest to serve on the Committee by UKIP Councillors as indicated to Council at their meeting on 24th May, 2016. Such an additional appointment would be consistent with and reflect the overall composition of the Council through its political groups and not be out of line with the original composition (sixteen members) of the

Committee under the Council's governance arrangements when adopting a committee based system of governance.

Signed by: -
Councillors Tennant, Moore, Hind, Buchan and Springer.

A vote on the Motion was taken by show of hands, with the majority of Members voting against the Motion.

The Motion was lost.

CHIEF EXECUTIVE'S REPORT

40. EXPENDITURE RELEVANT TO MEMBERS' INTERESTS

The Chief Executive reported that further to requests by Members, information had been appended to the report which provided details of any contracts for works or services which had been subject to the Council's tender process and awarded to a body/entity listed on the Member's Register of Interests during the previous 3 months. Details were provided of any payments made to a body/entity listed on the Member's Register of Interests during the last three months. The report did not include information on those bodies listed on Members' interests forms which either did not have a supplier number on Integra or which could not be identified on Integra given the information provided.

Councillor Thompson referred to appendix 1 and advised that his interest had not been omitted from the document. Councillor Thompson requested that an updated version of the document be circulated with the minutes. The Chief Executive agreed to the request and advised that she would arrange also for the procedures for collation of the information to be reviewed.

RESOLVED – That the report be noted.

41. APPOINTMENTS TO COMMITTEES

The Chief Executive had been advised of the following changes to the composition of Committees previously agreed by Council:-

- That the UKIP Group would like to replace Cllr Hind with Cllr Buchan on the Finance and Policy Committee.
- That the Labour Group would like to replace Councillor Stephen Akers-Belcher with Councillor Christopher Akers-Belcher on the Civic Honours Committee.

At the meeting it was reported that the Labour Group would also like to replace Councillor Hall with Councillor James as a Member of the Children's Services Committee and that she be appointed to the position Vice-Chair.

RESOLVED – That the changes in the membership of the Committees be approved.

42. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2015/16

The Chief Executive reported that the Director of Public Health's Annual Report for 2015/16 has been circulated with Council documentation for this meeting. The requirement for the Director of Public Health to write an Annual Report on the health status of the town, and the Local Authority duty to publish it, was specified in the Health and Social Care Act 2012. It was highlighted that understanding need was the theme of the Director's third Annual Report for 2015-2016. The report considered need and illustrated how needs were 'measured' using quantitative methods, but also the importance of understanding need from a qualitative perspective to shape action and identify priorities.

Members were advised that public health was concerned with trying to understand patterns and analysing data to assist in understanding and addressing complex public health challenges. There was a statutory responsibility on the Local Authority and the Clinical Commissioning Group to assess the needs of the local population and produce a Joint Strategic Needs Assessment (JSNA). Some of the key data contained in the full JSNA was presented in the report under the themed headings supported by short pieces of narrative. The intention of each section in the report was to provide the reader with an illustration of what was known about the population groups in each theme. The narrative was intended to highlight where there were successes in addressing needs or outstanding issues requiring collective action.

It was noted that Hartlepool was able to demonstrate really positive examples of innovation and commitment to addressing significant public health challenges. The case studies section of the report attempted to provide a snap shot of evidence of new approaches being taken to address some of the needs identified through the joint strategic needs assessment process.

RESOLVED –

(i) That the report be noted and that appreciation be recorded for the work undertaken by the Director of Public Health and her team in reducing the health gap of people living in the Borough.

43. COUNCILLOR PETER JACKSON RESIGNATION

Members were informed that the Chief Executive had received notification, on 18th August 2016, of the resignation of Councillor Peter Jackson, Headland and Harbour Ward. A Notice of Casual Vacancy had been displayed and two local government electors had come forward in the requisite period of 35 days. Under the direction of the Returning Officer, arrangements had been put in place for the resulting by-election which would take place on Thursday 6th October 2016.

The Ceremonial Mayor advised that he had received an e mail from Peter Jackson, which he had been asked to read out to Council, expressing his appreciation to Elected Members and Officers. Members of the Council took the opportunity to pay tribute to Peter Jackson and to wish him well.

RESOLVED – That the report be noted.

44. SPECIAL URGENCY DECISIONS

Council was informed that there had been no special urgency decisions taken in the period February 2016 – July 2016.

RESOLVED – That the report be noted.

Councillors C Akers-Belcher, Thomas, Tempest, S Akers-Belcher and Belcher advised that they had a prejudicial interest in the following item in connection with employment by Healthwatch which had been working with the Audit and Governance Committee. All the Councillors left the meeting during consideration of the item.

45. PUBLIC QUESTION

1. Question from Mrs Carroll to Chair of Audit and Governance Committee

"It is widely acknowledged that there is a crisis in primary care in the UK and that Hartlepool has one of the lowest GP:Patient ratios in the country.

What is Hartlepool Borough Council constructively and pro-actively doing to prevent the closure of any of the 3 APMS practices currently under review in the town?

Please can you advise me on the process from now on."

The Chair of Audit and Governance Committee responded that as the body responsible for the Council's statutory health scrutiny functions, the Audit and Governance Committee had, and continued, to be involved in the APMS contract review process. In 2014, the Council had been advised that the three APMS contracts in Hartlepool were to expire at the end of March 2015 and that a 10 week consultation was to be undertaken. In the period between then and now, the Committee, its Chair, Vice Chair and Ward Councillors for the affected areas, had worked with the CCG and NHS England to ensure that they take into consideration residents issues, and concerns, in relation to the review process and future of the Practices. In doing so, every opportunity had been taken to inform, and had influenced, subsequent decisions to initially extend all three contracts until 31 March 2016, to further extend the Fens and Wynyard Road contracts until 30 September 2016 to allow additional engagement to inform a procurement exercise, secure a new provider from 1 October 2016 and to

procure a provider for the Hartfields service, with effect from the 1st April 2016, although this had proved unsuccessful.

It was highlighted that the current position was that residents and the Council were being asked to participate in a consultation process and fight for the future of these practices. The Chair advised that the Council would continue to promote consultation events across the town and had facilitated, with NHS England, the provision of an additional event at Fens Primary School, on the 22 September at 5pm, in response to public demand. In addition to this, the Audit and Governance Committee had requested CCG and NHS England attendance at its meeting on the 22 September 2016 at 10am to enable the formulation of a formal Council response to the consultation. This would be submitted to the CCGs Primary Care Co-Commissioning Committee to inform its decision as to how services in the Fens, Hartfields and Wynyard Road should be provided. In turn, this decision would be formally reported back to the Audit and Governance Committee, at which point a view could be taken as to whether any further action was required within our statutory scrutiny powers which could include a formal referral to the Secretary of State. The Chair concluded his response to the question by encouraging everyone to get involved.

Following the response, the Chair responded to Members in relation to issues arising from the question and response. The Chair mentioned that the Council would ideally wish for all three practices to remain but that was subject to further information and discussions at the Committee. A Member sought further clarification in terms of whether it would be appropriate for the Council to write to the Clinical Commissioning Group expressing its aspiration for the retention of all three practices. The Chief Solicitor advised that the issue was for the consideration of the Audit and Governance Committee and therefore it was not appropriate for the Council to predetermine the outcome of those considerations. Whilst expressing frustration that they were unable to express their views on the issue at this meeting, Members accepted the advice of the Chief Solicitor. The invitation extended to all Members and the public to attend the meeting of the Audit and Governance Committee on 22 September was noted.

46. QUESTIONS FROM MEMBERS OF THE COUNCIL

a) Questions to the Chairs about recent decisions of Council Committees and Forums without notice under Council Procedure Rule 12.1

None.

b) Questions on notice to the Chair of any Committee or Forum under Council Procedure Rule 12.2

None.

c) Questions on notice to the Council representatives on the Police and Crime Panel and Cleveland Fire Authority

None.

d) Minutes of the meetings held by the Cleveland Fire Authority and the Police and Crime Panel

Minutes of the meetings held by the Cleveland Fire Authority held on 10th June 2016 were received by Council.

The meeting concluded at 9.30 p.m.

CEREMONIAL MAYOR

COUNCIL

27th October 2016

Report of: Audit and Governance Committee

Subject: LOCAL AUDIT AND ACCOUNTABILITY ACT UPDATE

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1. PURPOSE OF REPORT

1.1 To update Council on progress in relation to the application of the Local Audit and Accountability Act and seek authority for the Council to become an "opted in" Authority in respect of appointing external auditors.

2. BACKGROUND

2.1 In January 2014, the Local Audit and Accountability Act received Royal Assent. The Audit and Governance Committee was regularly updated on the arrangements in place to ensure that the Council complies with the requirements of the Act. This report provides an update to Council in relation to the arrangements for appointing external auditors.

3. PROPOSALS

3.1 It was agreed at the meeting held on 22 September 2016 that the Audit and Governance Committee supported the Council becoming an "opted in" Authority, this report is attached as Appendix 1. This was in order to benefit from collective buying power and the removal of the requirement for the Council to undertaken its own tendering process to secure future external audit services.

3.2 Confirmation was received from Public Sector Audit Appointments on 22nd September 2016 that audit contracts have been extended for one year for principal local government bodies, and will end with the completion of the audit of the 2017/18 accounts. Any new appointment of External Auditor will take effect form 2018/19 onwards.

4. RISK IMPLICATIONS

4.1 Participation in the national procurement will reduce the risk that the Council would face higher external costs, or may not be able to appoint its own

external audit at a time when audit firms will be concentrating on securing national contracts, or contracts from larger authorities.

5. FINANCIAL CONSIDERATIONS

5.1 In order to prove the Council meets its duty of providing best value, the most appropriate procurement method must be used to provide external audit services. The current method of a centralised collective purchase arrangement has led to the Council paying 55% less for external audit than in 2011/12 (even before taking into account inflation). The savings that the Council has made have been taken as part of the MTFS and used to partly offset the impact of Government grant cuts.

5.2 It is anticipated that the national procurement exercise will secure best value in relation to future external audit contracts.

6. LEGAL CONSIDERATIONS

6.1 The Council has a legal duty to ensure it has an annual external audit of its accounting records and financial statements.

7. CHILD AND FAMILY POVERTY CONSIDERATIONS

7.1 There are no child and family poverty considerations.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 There are no equality and diversity considerations.

9. STAFF CONSIDERATIONS

9.1 There are no staff considerations.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 There are no asset management considerations.

11. RECOMMENDATIONS

11.1 It is recommended that Council:-

i) Support the Audit and Governance Committee's recommendation that the Council becomes an "opted in" Authority giving a firm commitment that the Council will join the scheme during autumn 2016.

12. REASONS FOR RECOMMENDATIONS

12.1 To ensure that the Council has in place arrangements to procure the best possible external audit service at the most competitive price by benefiting from collective buying power.

13. BACKGROUND PAPERS

13.1 Local Audit and Accountability Act.
Local Audit (Appointing Persons) Regulations 2015.
Audit Committee Report 22 September 2016.
PSAA Prospectus

14. CONTACT OFFICER

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AUDIT AND GOVERNANCE COMMITTEE

22 September 2016

Report of: Chief Finance Officer

Subject: LOCAL AUDIT AND ACCOUNTABILITY ACT UPDATE

1. PURPOSE OF REPORT

1.1 To update Members on progress in relation to the application of the Local Audit and Accountability Act.

2. BACKGROUND

2.1 In August 2010 the Government announced its intention to disband the Audit Commission, transfer the work of the Audit Commission's in-house practice to the private sector and put in place a new local audit framework. In this framework, local bodies would be able to appoint their own auditors from an open and competitive market. The Audit Commissions last task was to appoint a new external auditor for the Council on 01.09.12. The contract was initially for a period of three years then extended to five years.

2.2 In January 2014, the Local Audit and Accountability Act received Royal Assent. It was agreed to update the Audit and Governance Committee on the arrangements in place to ensure that Council complies with the requirements of the Act. This report provides an update to members in relation to the arrangements for appointing external auditors.

3. APPOINTMENT OF EXTERNAL AUDITORS

3.1 It was agreed at the meeting held on 28 April 2016 that the Audit and Governance Committee supported the Council becoming an "opted in" Authority and the Local Government Association (LGA) were subsequently informed of this decision. This was in order to benefit from collective buying power and the removal of the requirement to undertaken its own tendering process to secure future external audit services.

3.2 The LGA has successfully lobbied for the legislation to include provision for the establishment of a sector-led body called Public Sector Audit Appointments Ltd (PSAA). It will be the job of PSAA to procure future external audit contracts. This can be seen as a positive outcome for the Committee as

it also lobbied the Department of Communities and Local Government (DCLG) through the consultation period for these national procurement arrangements to be adopted.

3.3 PSAA has now produced a prospectus detailing how it would operate the national scheme for appointing auditors in principal authorities in England if designated by the DCLG to do so. The prospectus is attached as Appendix A, the main points are summarised as follows:

- Over 200 authorities have expressed an interest in joining the national scheme;
- Fewer than ten large firms will have the required registration to enable them to undertake the audit, which reflects the complexity of the accounting regime and capacity needed to deliver audits to local authorities;
- Three year contracts will be let, with the option of extending to five years, to secure best prices;
- PSAA will pool scheme costs and charge fees to audited bodies in accordance with a scale of fees which has regard to size, complexity and audit risk;
- Firm commitments to join the scheme will be needed by autumn 2016.

3.4 PSAA indicate the scheme will build on the national procurement exercise undertaken in 2012 and secure the following benefits:

- Highly competitive prices will secured from audit firms as the PSAA scheme will take advantage of collective buying powers;
- Scheme overhead costs will be minimised;
- The scale of fees will reflect size, complexity and audit risk;
- Individual bodies will avoid the necessity to establish an auditor panel.

3.5 As part of the prospectus, the PSAA asked six feedback questions in order to gain authorities views on its proposals. The questions and suggested responses are outlined below:

1. Is PSAA right to place emphasis on both quality and price as the essential pre-requisites for successful auditor appointments?

Yes, a robust and professional external audit at a competitive price is an essential component in providing assurance in respect of Council governance arrangements.

2. Is three to five years an appropriate term for initial contracts and for bodies to sign up to scheme membership?

Yes, we believe this balances the need to achieve competitive prices against the certainty of provision a contract of this length would bring.

3. Are PSAA's plans for a scale of fees which pools scheme costs and reflects size, complexity and audit risk appropriate? Are there any alternative approaches which would be likely to command the support of the sector?

We would strongly support a scale of fees that takes into account the differing nature, size and scale of the bodies subject to audit.

4. Are the benefits of joining the national scheme, as outlined here, sufficiently attractive? Which specific benefits are most valuable to local bodies? Are there others you would like included?

Yes, we believe this approach is the most effective way of providing value for money in the provision of external audit. The appointment of a high quality service at a competitive price without the need to undertake an exhaustive procurement exercise is the benefit we value most.

5. What are the key issues which will influence your decisions about scheme membership?

Price, quality and ease of appointment.

6. What is the best way of us continuing our engagement with you on these issues?

Regular updates and contact with key named officers within the Council as this allows information to be cascaded to Members and other Officers.

4. RISK IMPLICATIONS

4.1 Participation in the national procurement organised by PSAA will reduce the risk that the Council would face higher external costs, or may not be able to appoint its own external audit at a time when audit firms will be concentrating on securing PSAA contracts, or contracts from larger authorities.

5. FINANCIAL CONSIDERATIONS

5.1 In order to prove the Council meets its duty of providing best value, the most appropriate procurement method must be used to provide external audit services. The current method of a centralised collective purchase arrangement has led to the Council paying 55% less for external audit than in 2011/12 (even before taking into account inflation). The savings that the Council has made have been taken as part of the MTFS and used to partly offset the impact of Government grant cuts.

5.2 It is anticipated that the national PSAA procurement will secure best value in relation to future external audit contracts.

6. LEGAL CONSIDERATIONS

6.1 The Council has a legal duty to ensure it has an annual external audit of its accounting records and financial statements.

7. CHILD AND FAMILY POVERTY CONSIDERATIONS

7.1 There are no child and family poverty considerations.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 There are no equality and diversity considerations.

9. STAFF CONSIDERATIONS

9.1 There are no staff considerations.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 There are no asset management considerations.

11. RECOMMENDATIONS

11.1 It is recommended that Members:-

i) Support the Council becoming an “opted in” Authority giving a firm commitment to PSAA that the Council will join the scheme during autumn 2016.

ii) Endorse the response to the feedback questions posed by PSAA detailed in paragraph 3.6 of the report.

iii) Note that further update reports will be submitted on the implementation of arrangements to comply with the Local Audit and Accountability Act.

12. REASON FOR RECOMMENDATIONS

12.1 To ensure that the Audit and Governance Committee is kept up to date with all issues that are relevant to the pursuance of its remit.

12.2 To ensure that the Council has in place arrangements to procure the best possible external audit service at the most competitive price by benefiting from collective buying power.

13. BACKGROUND PAPERS

13.1 Local Audit and Accountability Act.
Local Audit (Appointing Persons) Regulations 2015.
Audit Committee Report 28 April 2016.
PSAA Prospectus.

14. CONTACT OFFICER

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COUNCIL

27 October 2016

Report of: Children's Services Committee

Subject: YOUTH JUSTICE STRATEGIC PLAN 2016 -2017

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1. PURPOSE OF REPORT

1.1 The purpose of this report is to present the Council with the Youth Justice Strategic Plan 2016/17 *(Appendix A)* prior to the plan being submitted to the National Youth Justice Board.

2. BACKGROUND

2.1 The National Youth Justice System primarily exists to ensure that children and young people between the age of 10 and 17 do not engage in offending or re-offending behaviour. It also ensures that where a young person is arrested and charged with a criminal offence, they are dealt with differently to adult offenders to reflect their particular welfare needs as children.

2.2 Local Youth Offending Services were established under the Crime and Disorder Act 1998 to develop, deliver, commission and coordinate the provision of youth justice services within each Local Authority.

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

2.4 There is a statutory requirement for all Youth Offending Services to annually prepare a local Youth Justice Plan for submission to the national Youth Justice Board.

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

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

3. PROPOSALS

3.1 It is proposed that the Youth Offending Service and broader Youth Justice Partnership focus on the following key strategic objectives during 2016-17:

- **Early Intervention and Prevention** - Sustain the reduction of first time entrants to the youth justice system by ensuring that there remain strategies and services in place locally to prevent children and young people from becoming involved in crime and anti-social behaviour.
- **Re-offending** - Reducing further offending by young people who have committed crime with a particular emphasis on the development of activities to address the offending behaviour of young women.
- **Remand and Custody** - Demonstrate that there are robust alternatives in place to support reductions in the use of remands to custody whilst awaiting trial/sentencing.
- **Voice of the Young Person** - ensure that all young people are actively involved in developing their own plans and interventions and have the opportunity to develop and inform current and future service delivery.
- **Effective Governance** - ensure that the Youth Offending Strategic Management Board is a well constituted, committed and knowledgeable Board which scrutinises Youth Offending Service performance.

4. RISK IMPLICATIONS

4.1 The strategic plan identifies key risk to future delivery as detailed in Section 8 of the plan these are:

- The unpredictability associated with secure remand episodes and secure remand length has the potential to place significant financial pressure on the Youth Justice Service and the broader Local Authority.
- The previous Secretary of State, Michael Gove commissioned a national review of Youth Justice Services which has been undertaken by Charlie Taylor. The findings of this review are due to be published in Autumn 2016. It is anticipated that following this review there will be significant reforms that will be introduced within this financial year.

- Implementation of Asset Plus is a significant practice change in relation to the core business within the team, it is important that the service continues to support staff through training, coaching and oversight to ensure high standard of assessment and planning.

5. CONSULTATION

5.1 The plan has been presented to the Youth Offending Management Board, Safer Hartlepool Partnership and Children's Services Committee. The plan was well received at all these meetings and endorsed.

5.2 The plan has been shared with the Youth Justice Board who have a role to quality assure all Youth Justice Strategic Plans. The Youth Justice Board gave positive feedback for the plan and asked that PREVENT was included within the plan. This has been included in the final copy of the plan which is attached as *Appendix A*.

6. FINANCIAL CONSIDERATIONS

6.1 Financial Considerations (paragraph to be deleted if not required)

- In considering the issues outlined in this report Members are reminded that significant additional Government Grant cuts will be made over the period 2016/17 to 2018/19. As a result the Council faces a budget deficit for the next three years of between £16.3m and £18.3m, depending on the level of Council Tax increases approved by Members over this period. The recommended strategy for managing the 2016/17 budget position is predicated on the use of significant one-off resources to provide a longer lead time to make permanent budget reductions and the following table summarises the annual budget deficits. Detailed proposals for achieving 2017/18 and 2018/19 budget reductions will need to be developed. Any additional budget pressures will increase the budget cuts which will need to be made and will need to be referred to the Finance and Policy Committee for consideration.

	Revised Forecast based on actual grant cut and 1.9% Council Tax increase £'m	Revised Forecast based on actual grant cut and 1.9% Council Tax increase and 2% Social Care Precept £'m
2016/17	4.749	4.179
2017/18	9.638	8.663
2018/19	3.945	3.443
Total	18.332	16.285
Cut as %age 15/16 budget	21%	19%

6.2 There has been a significant reduction in grant from the Youth Justice Board and from partner agencies for 16/17. The settlement notification was not confirmed until April 2016 consequently it was difficult to plan for 2016/17. However provision has been made to balance the budget for 2016/17 in anticipation of a reduction in funding pending a service review. It is expected that further budget reductions will take place over the next few years.

7. LEGAL CONSIDERATIONS

7.1 There are no legal considerations in relation to this report.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

8.1 Please see attached pro-forma

8. EQUALITY AND DIVERSITY CONSIDERATIONS

9.1 The service ensures that they support all children and young people that are at risk of offending or have offended.

10. STAFF CONSIDERATIONS

10.1 There are no specific staffing considerations in relation to this report however a review will need to be carried out when the National Taylor Review is published.

11. ASSET MANAGEMENT CONSIDERATIONS

11.1 There are no asset management considerations in relation to this report.

12. RECOMMENDATIONS

12.1 The Council is asked to ratify the Youth Justice Strategic Plan 2016/17 prior to the plan being submitted to the National Youth Justice Board.

13. REASONS FOR RECOMMENDATIONS

13.1 The development of the Youth Justice plan for 2016-2017 will provide the Youth Justice Service with a clear steer to enable further reductions in youth offending and contribute to improving outcomes for children, young people and their families alongside the broader community.

14. BACKGROUND PAPERS

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

The Youth Justice Boards: Youth Justice Performance Improvement Framework (Guidance for Youth Justice Board English Regions available at: http://www.justice.gov.uk

15. CONTACT OFFICER

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HARTLEPOOL
YOUTH JUSTICE SERVICE

STRATEGIC PLAN 2016 - 2017

1. FOREWORD

Welcome to the 2016 - 2017 Hartlepool Youth Justice Strategic Plan. This plan sets out our ambitions and priorities for Hartlepool Youth Justice Service and the broader local Youth Justice Partnership for the coming year.

Hartlepool's Community Strategy 2008-20 establishes a vision for the town:

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

The Youth Justice Service and broader partnership has a key role in contributing to this vision by building upon our historical delivery of high quality, effective and safe youth justice services that prevent crime and the fear of crime, whilst ensuring that young people who do offend are identified, managed and supported appropriately and without delay.

In recent years Hartlepool has witnessed a significant reduction in youth crime. The local youth justice partnership has been particularly effective in reducing the numbers of young people entering the youth justice system for the first time; but there remains a need to drive down incidents of re-offending by young people who have previously offended through a combination of robust interventions designed to manage and reduce risk and vulnerability, restore relationships, promote whole family engagement and positive outcomes.

This plan builds upon our progress to date whilst acknowledging that the enduring economic climate, welfare reform and the introduction of new legislation and reforms relating to how we respond to children, young people, families and communities will inevitably present new challenges in the coming year.

Despite these challenges I am confident that Hartlepool Youth Justice Service and the broader Youth Justice Partnership will continue to help make Hartlepool a safer place to live, work, learn and play.

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

On behalf of the Youth Justice Service Strategic Management Board I am pleased to endorse the Youth Justice Strategic Plan for 2016 -2017.

Signature

Lynn Beeston Youth Justice Service Strategic Management Board Chair

2. INTRODUCTION

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

- Dealt with by youth courts
- Given different sentences in comparison to adults
- And when necessary, detained in special secure centres for young people as opposed to adult prisons.

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

The primary functions of Youth Justice Services are to prevent offending and re-offending by children and young people and reduce the use of custody.

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

- All children and young people entering the youth justice system benefit from a structured needs assessment to identify risk and protective factors associated with offending behaviour to inform effective intervention.
- Courts and youth offender panels are provided with high quality reports that enable sentencers to make informed decisions regarding sentencing.
- Court orders are managed in such a way that they support the primary aim of the youth justice system, which is to prevent offending, and that they have regard to the welfare of the child or young person.

- Services provided to courts are of a high quality and that magistrates and the judiciary have confidence in the supervision of children and young people who are subject to orders.

- Comprehensive bail and remand management services are in place locally for children and young person's remanded or committed to custody, or on bail while awaiting trial or sentence.

- The needs and risks of young people sentenced to custodial orders (including long-term custodial orders) are addressed effectively to enable effective resettlement and management of risk.

- Those receiving youth justice services are treated fairly regardless of race, language, gender, religion, sexual orientation, disability or any other factor, and actions are put in place to address unfairness where it is identified

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

- Strategies and services are in place locally to prevent children and young people from becoming involved in crime or anti-social behaviour.

- Assistance is provided to the Police when determining whether Cautions should be given.

- Out-of-court disposals deliver targeted interventions for those at risk of further offending.

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

The Hartlepool Youth Justice Plan for 2016-2017 sets out how youth justice services will be delivered, funded and governed in response to both local need and the changing landscape and how the Hartlepool Youth Justice Service will work in partnership to prevent offending and re-offending by Children & Young People and reduce the use of custody.

3. WHAT WE HAVE ACHEIVED IN 2015/2016

A review of progress made against last year's plan highlights that the service has made progress across the majority of the year's priorities; but there remains key areas for improvement that will need to be driven forward in the coming year:

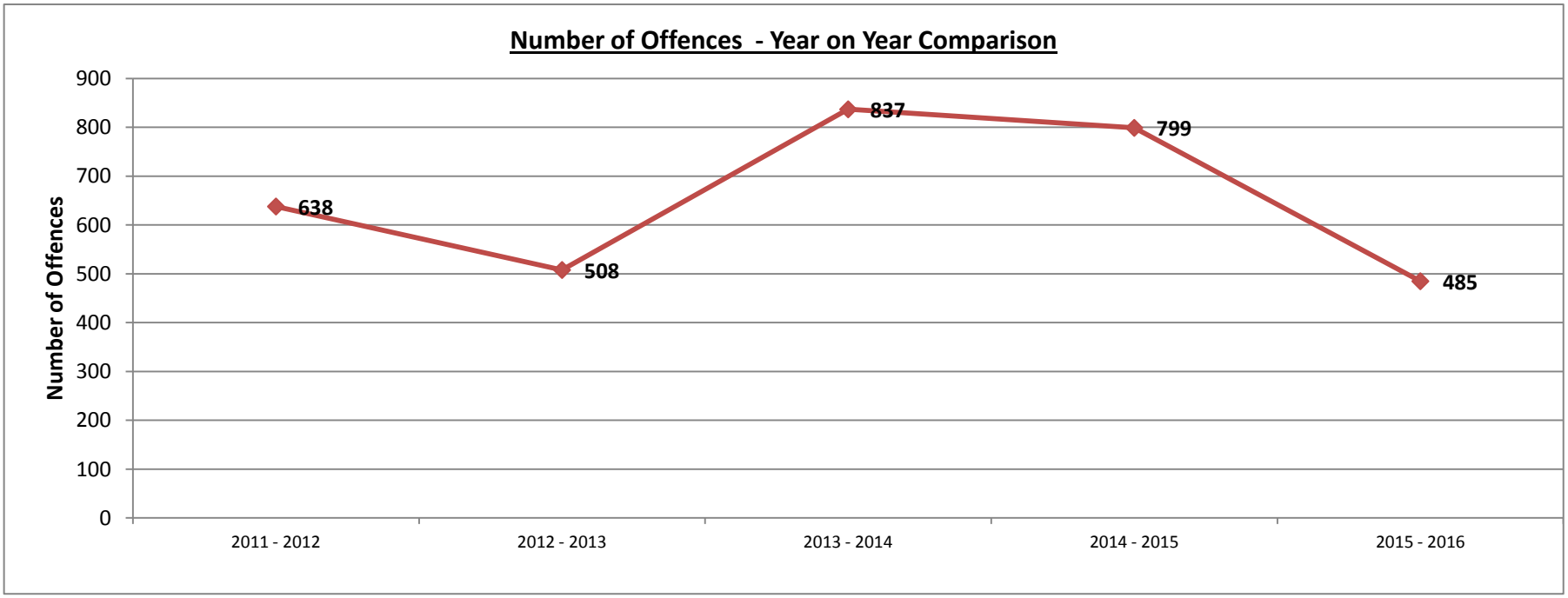
	Comments
Early Intervention and Prevention – sustain the reduction of first time entrants to the youth justice system by ensuring that their remain strategies and services in place locally to prevent children and young people from becoming involved in crime and anti-social behaviour	The number of first time entrants into the Youth Justice System did not increase from the figure in 2014 – 2015, remaining constant at 35 in 2015-16. Partnership arrangements with Cleveland Police remain established and effective in relation to the diversion of young people from the Youth Justice System, through the delivery of Out Of Court Disposals.
Re-offending - reduce further offending by young people who have committed crime	The way this performance indicator is measured has been changed nationally which has made direct comparisons with historical performance difficult. This said, although Hartlepool is still above the national and regional average, the YJMIS reoffending data provides an encouraging picture, in that a reduction of 4.6% has been achieved. Alongside this, the number of re-offenders has reduced from 65 in 2014/15, to 54 in 2015/16 and also the number of re-offences has dropped from 182 in 2014/15 to 136 in 2015/16.
Remand and Custody – demonstrate that there are robust and comprehensive alternatives in place to support reductions in the use of remands and custody.	The number of remand episodes has decreased from 5 in 2014-2015 to just 2 in 2015/16. Bail Supervision and Support/ISS packages are available and offered (where necessary or appropriate) as an alternative to

	custody. The number of custodial sentences has remained constant for both 2014-2015 and 2015/16 at 4 young people. The number of breaches of Bail conditions and community based orders has decreased from 45 in 2014-2015 to 36 in 2015/16. Compliance panels are now established within YOS practice, as a means by which barriers to engagement and reasons for lack of engagement are discussed and addressed between the case manager, the young person and their family and chaired by a member of YOS management.
Restorative Justice – ensure all victims of youth crime have the opportunity to participate in restorative justice approaches and restorative justice is central to work undertaken with young people who offend.	All victims of youth crime continue to be provided with the opportunity to participate in restorative justice approaches and restorative justice remains central to work undertaken with young people who offend. 82% of contactable victims in 2015-2016 chose to engage in a restorative process, in comparison to 63% in 2014-2015. This represents an increase of 19%. During 2015/16 there was a demonstrable increase in the numbers of victims opting to participate in direct restorative processes. In all, 13 victims participated, which is a marked increase on the 2014/15 figure of 3.
Risk and Vulnerability – ensure all children and young people entering or at risk of entering the youth justice system benefit from a structured needs assessment to identify risk and vulnerability to inform effective intervention and risk management.	Risk and vulnerability arrangements continue to benefit from regular audit activity to ensure that all young people entering or at risk of entering the youth justice system benefit from a structured needs assessment to identify risk and vulnerability to inform effective intervention and risk management.

Think Family – embed a whole family approach to better understand the true impact of families in our communities and improve our understanding of the difficulties faced by all members of the family and how this can contribute to anti-social and offending behaviour.	Think Family approach is successfully embedded within the service and will continue to be monitored through established quality assurance and performance measures.
Maintain Standards – work undertaken by the YOS remains effective and achieves individual, team, service, community and national aims and objectives.	Audit activity (based on the YJB Thematic of 'Reducing FTEs' and verified by the national Youth Justice Board) in 2015-2016 indicates that Hartlepool YOS is meeting national standards relating to: NS1 - Prevention NS2 – Out of Court Disposals NS7 – Work with Victims of Crime The YJB confirmed that no validation visit was required in relation to the successful performance of Hartlepool YOS against these standards.
Effective Governance – ensure that the Youth Offending Strategic Management Board remains a well constituted, committed and knowledgeable Board which scrutinises Youth Offending Service performance.	The Youth Offending Strategic Management Board continues to be a well constituted, committed and knowledgeable Board which scrutinises Youth Offending Service performance. It is prudent that the board's membership and activity is reviewed to reflect the reorganisation that has, and is, taking place internally and across partner organisations.

Young Offenders

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



Given the decision in 2014 to transfer Youth Court listings to Teesside Magistrates, it was anticipated that there would be an increase in Breach of Bail as young people and their broader families struggle to undertake the journey from Hartlepool to Teesside. Figures suggest that this decision has not had the anticipated impact which can be attributed to the broader reductions in overall court appearances and the services efforts to secure transport for young people and families who have barriers to accessing transport. In addition, the rise in Restorative Interventions (for which responsibility lies with the Police) has also helped to restrict the number of Young People entering the Criminal justice system and the Court system.

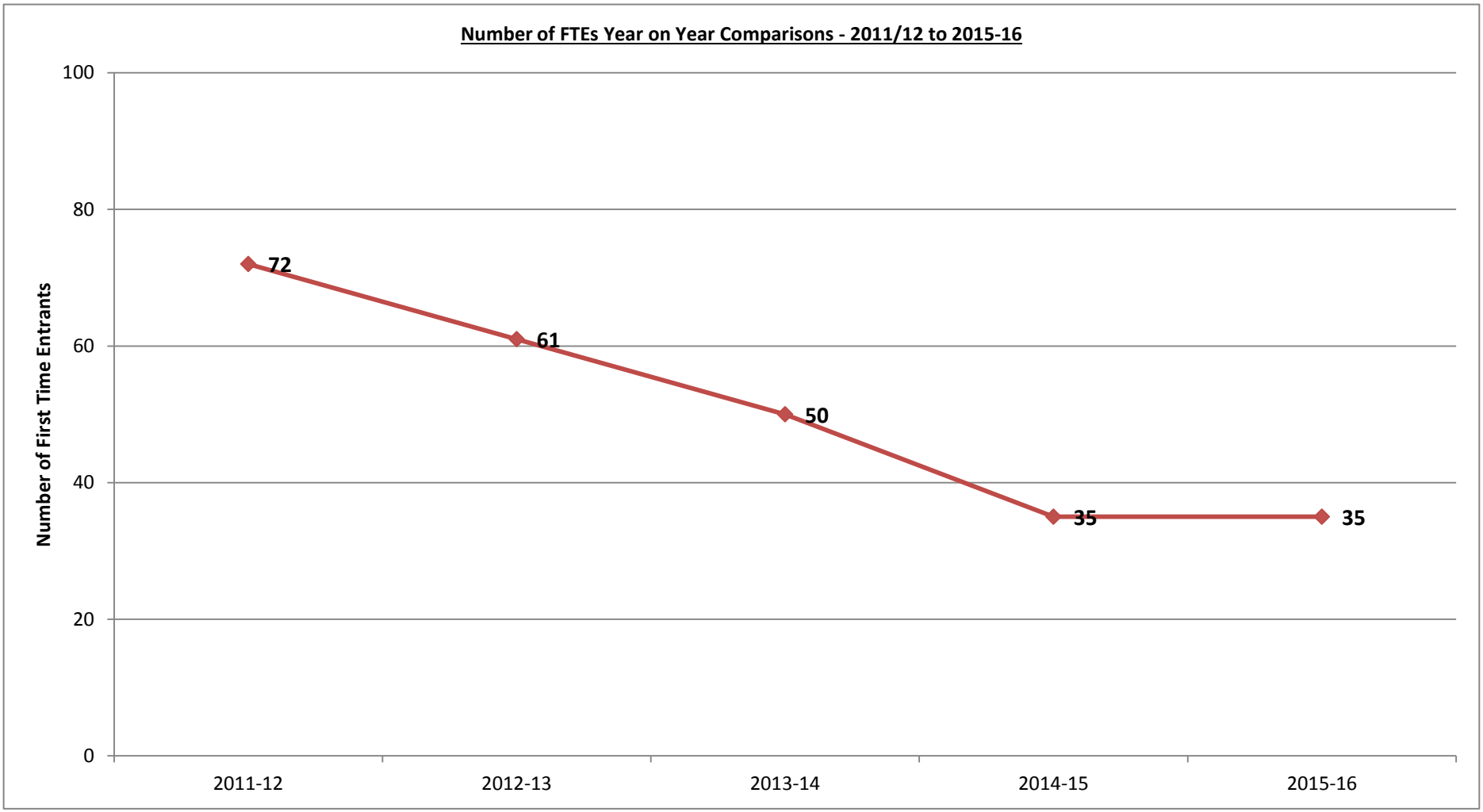
Prevention and Diversion

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

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

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

For young people whose behaviour has become more problematic robust out of court interventions have proven to be highly successful in diverting young people away from further involvement in crime and anti-social behaviour. The use of out of court interventions are able to impress upon the young people the seriousness and potentially damaging effect of their actions however they do not criminalise the young people in the way that statutory court orders inevitably do. Performance in the area has remained static in 2015/16 and will continue to be a priority for the 2016/17.

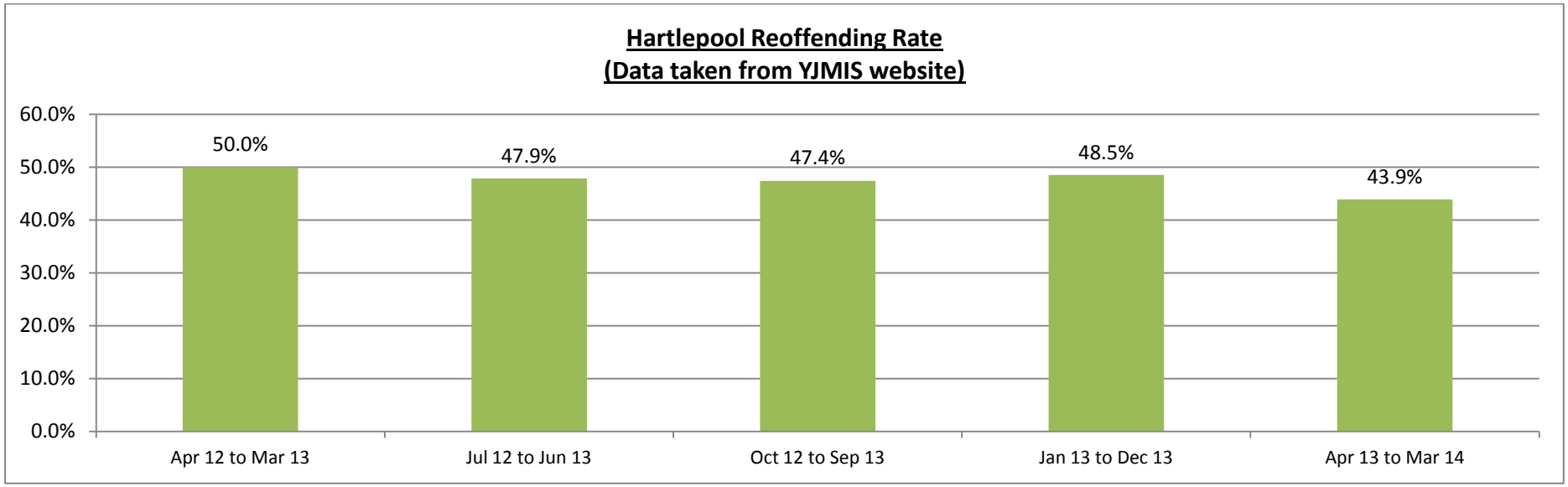

Number of FTEs Year on Year Comparisons - 2011/12 to 2015-16
Number of First Time Entrants
100
80
60
40
20
0
72
61
50
35
35
2011-12
2012-13
2013-14
2014-15
2015-16

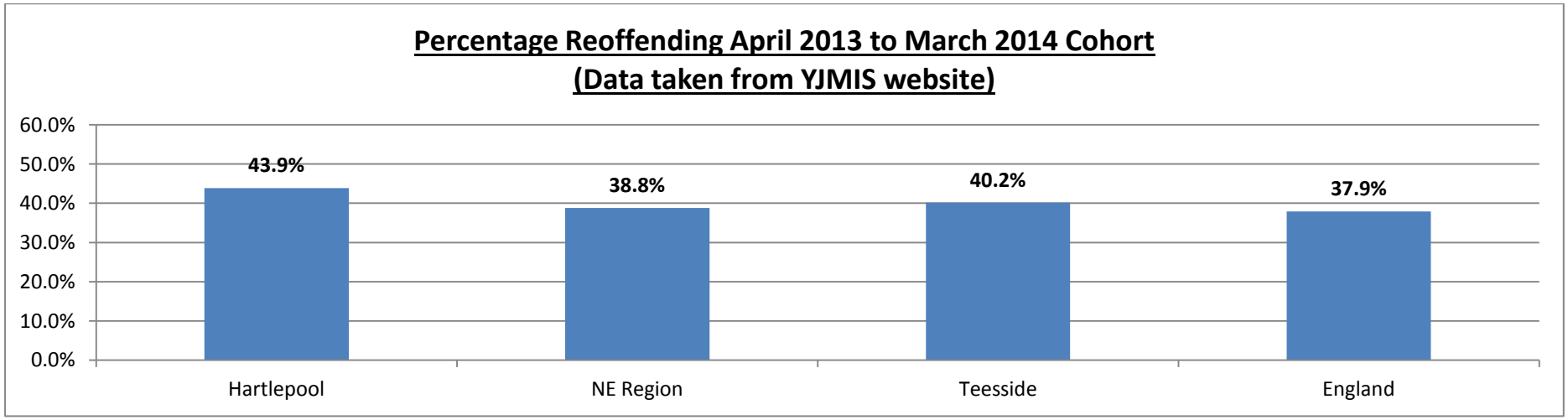
Re-offending

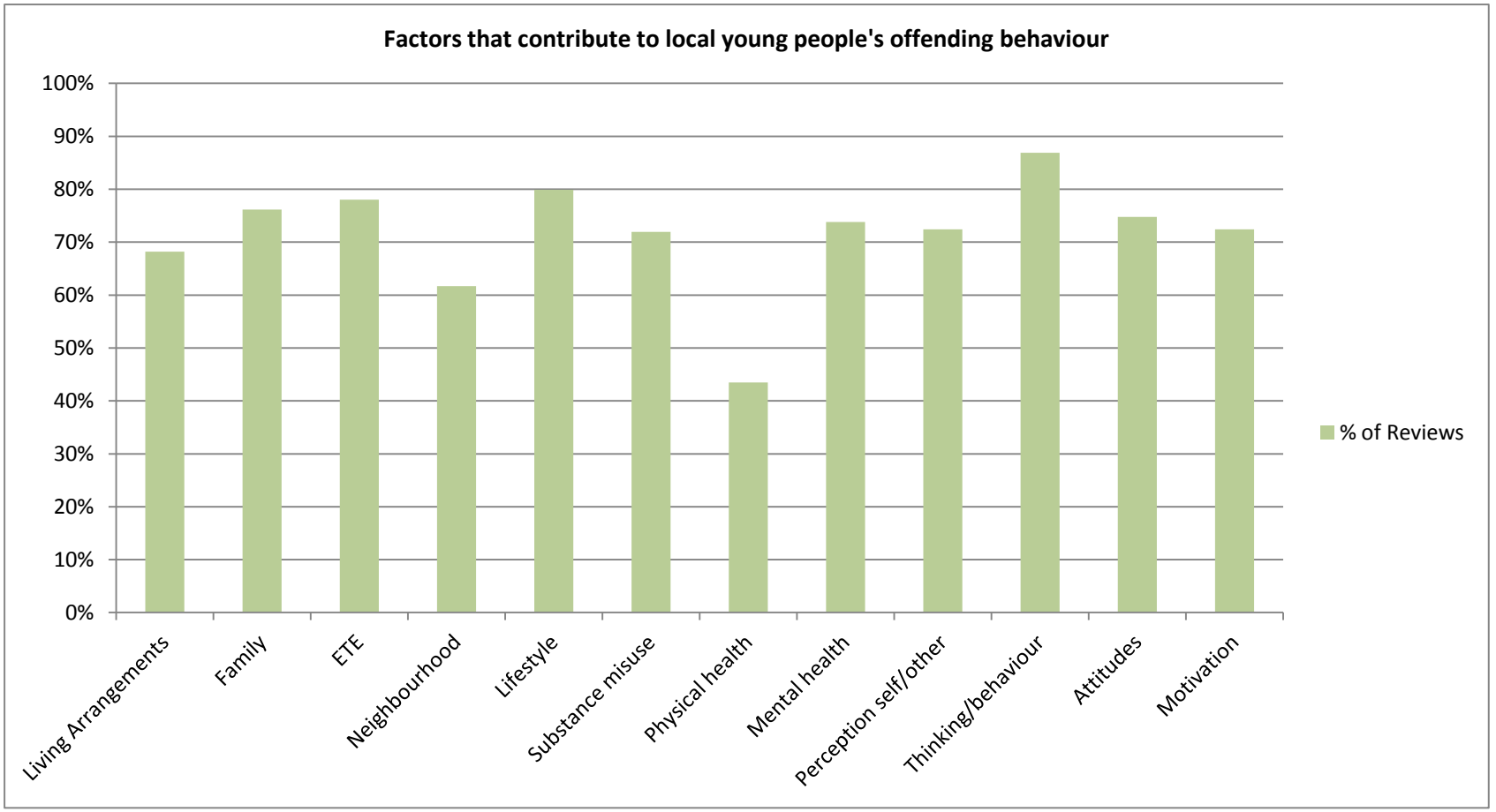
On top of the continuing reductions in the numbers of young people entering the youth justice system for the first time, we are now starting to see a reduction in the numbers of young people going onto re-offend. However, the rate of reoffending remains above the national and regional average and this needs to be addressed in the coming year. This will be primarily through improvements in assessments and in the structure of the interventions 'offer' to young people under YJS supervision and using feedback from young people to inform service delivery.

Cohort	Number in cohort	No of Reoffenders	No of Reoffences	Re-offences / Re-offenders	% Reoffending
Apr 12 to Mar 13	142	71	197	2.77	50.0%
Jul 12 to Jun 13	140	67	189	2.82	47.9%
Oct 12 to Sep 13	135	64	175	2.73	47.4%
Jan 13 to Dec 13	134	65	182	2.80	48.5%
Apr 13 to Mar 14	123	54	136	2.52	43.9%

Note: The cohort is tracked for a period of 12 months plus another further waiting period of six months. April 2013 to March 2014 tracked, and reporting for the quarter ending-December 2015.


Hartlepool Reoffending Rate
(Data taken from YJMIS website)
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
50.0%
47.9%
47.4%
48.5%
43.9%
Apr 12 to Mar 13
Jul 12 to Jun 13
Oct 12 to Sep 13
Jan 13 to Dec 13
Apr 13 to Mar 14


Percentage Reoffending April 2013 to March 2014 Cohort
(Data taken from YJMIS website)
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
43.9%
38.8%
40.2%
37.9%
Hartlepool
NE Region
Teesside
England



Analysis highlights that the service is dealing with smaller caseloads which consist of much more complex individuals with multiple risks and vulnerabilities. Within the overall caseload, an analysis of the 'Top Ten' repeat offenders during 2015/16, reveals a cohort which display broader lifestyle choices relating to substance misuse and the need to generate income to maintain substance misuse levels. This also reflects the national and regional picture in terms of caseload composition.

Furthermore, this cohort of repeat offenders are predominantly young males who are aged between 15 and 17 and who reside within Hartlepool's most deprived neighbourhoods. Although not mutually exclusive, the common criminogenic and welfare issues prevalent amongst this cohort are identified as:

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

Alongside this cohort of young males, there is another cohort of young females aged 16-17, whom although perhaps not as prolific in terms of reoffending they are of significant concern due to multiple complex issues which are more welfare-orientated. These include: Substance misuse, chaotic lifestyles, sexual exploitation, missing from home and family breakdown. Again, as with the male cohort, young females who are offending are noted to have a higher prevalence of poor emotional well-being. Analysis shows that this arises from loss, bereavement and domestic or sexual abuse.

Working in partnership will be the key to supporting a greater understanding these underlying issues and addressing them in a holistic and co-ordinated way to provide “pathways out of offending”, reduce crime and break the cycle of offending behaviour across generations. This partnership, collaborative work is achieved through:

- Better Childhood In Hartlepool,
- Think Families, Think Communities,
- Education Leadership Commission and;
- Emotional Health and Wellbeing Transformation

It is also important to adopt an ‘intelligence-led’ targeted approach (particularly around prevention) and service-wide staff training to improve assessment and responses to Speech, Language, & Communication, Emotional Health and Wellbeing. An important element to the reduction of reoffending and reduction is entering the youth justice system is the development of the YJS ‘offer’. This is structured and bespoke quality interventions (both by the YJS staff and partner agencies and organisations) based on high quality, integrated assessments and plans.

Victims of Youth Crime

Whilst crime rates in Hartlepool have fallen, the likelihood of being a victim of crime still remains a reality, especially in our most vulnerable and disadvantaged communities. The Youth Justice Service and broader Youth Justice Partnership are working hard to reduce the numbers of victims of crime, including the successful use of restorative justice to achieve this objective. Restorative justice provides opportunities for those directly affected by an offence (victim, offender and members of the community) to communicate and agree how to deal with the offence and its consequences.

Restorative justice is an important underlying principle of all disposals for young offenders from Triage to Detention & Training Orders. Whilst restorative processes typically result in practical reparation, for example participating in a task that benefits the community, the communication between victim and offender as part of this process can also produce powerful emotional responses leading to mutual satisfaction and socially inclusive outcomes.

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

The Restorative Justice Service (RJ) and victim contacts continue to be delivered by the Children's Society under a commissioned arrangement. Following a contract review by HBC's Commissioning team and YJS management, the contract was extended for 2016/17, at a reduced cost. Alongside this, the YJS Manager has completed work around a revised process map and performance management framework, with particular focus on the evidencing of positive outcomes within YJS case recording systems.

During 2015/16 there was a demonstrable increase in the numbers of victims opting to participate in direct restorative processes.

	2015-16			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4
No. of court cases on which restorative process delivered	14	14	15	6
No. of Identified victims of the offences leading to the disposal	49	18	22	4
No. of 'Direct' restorative process that victims participated in	2	1	1	2
No of 'Indirect' restorative processes victims participated in	13	8	8	9
No of Pre-Court disposals given in the period and court disposals closing in the period	1	49	43	1
No of identified victims of the offences leading to the disposal	4	45	57	1
No of victims offered the opportunity to participate in the restorative process	4	27	51	1
Number of 'Direct' restorative processes that the victims participated in	0	4	3	0
Number of 'Indirect' restorative processes that the victims participated in	2	19	34	3

Note: The above Table includes all restorative justice cases and not just those using YJB counting rules.

Quality of Services

The National Standards for Youth Justice Services are set by the Secretary of State for Justice on advice from the Youth Justice Board for England and Wales (YJB). The standards apply to those organisations providing statutory youth justice services.

Self audit activity (based on the YJB Thematic of 'Reducing FTEs' and verified by the national Youth Justice Board) in 2015-2016 indicates that Hartlepool YOS is meeting national standards relating to:

- NS1 - Prevention
- NS2 – Out of Court Disposals
- NS7 – Work with Victims of Crime

The YJB confirmed that no validation visit was required in relation to the successful performance of Hartlepool YOS against these standards.

Throughout 2015/16, the YJS Head Of Service has overseen an appropriate focus on the quality of assessments and subsequent managerial oversight and quality assurance. This has been sustained by the current management team, through regular supervision, audit, staff training and policy development.

In October 2015, Hartlepool Youth Justice Service and Children's Services were visited by HMIP and Ofsted, as one of seven areas chosen for a Thematic Inspection around Accommodation for 16/17 year olds. Although the final report is not due for completion until summer 2016, indicative feedback from Inspectors was generally positive.

Over the coming 12 months, the Youth Justice Service will continue to manage the challenge of the transition from ASSET to ASSETplus. This national implementation of a new assessment tool is required by all YJS' across England and Wales, and represents a significant business, practice and technological change. Hartlepool Youth Justice Service will maintain close working with the YJB Business Change Lead and the YJB Regional Advisor to adhere to the current plan of post-implementation (having successfully achieved all planned objectives to date).

The quality of ASSETplus practice will need to be a focus throughout 2016/17, with audit oversight via YJB-monitored quarterly 'baseline surveys' and via internal quality assurance, staff supervision and ongoing training. The introduction of ASSET plus is a significant change for staff therefore the priority for workforce development will be embedding ASSETplus and the ongoing practice issues arising.

Service User Feedback

During 2015-2016, twenty young people who were subject to statutory pre and post court orders participated in a 'Viewpoint' eSurvey questionnaire (overseen and administered by HMIP and YOS). This was to determine what they thought about the services they had received from Hartlepool Youth Justice Service and whether these services had been effective in terms of reducing their likelihood of re-offending and securing the help that they needed.

Overwhelmingly, the service users were positive about the services they had received from Hartlepool Youth Justice Service,

- 68% of respondents reporting that they thought the service provided was very good (an increase on last year's 53%) and a further 21% reporting that it was good most of the time.
- 84% of respondents reported that they are less likely to offend as a result of the work they have undertaken with the Youth Justice Service.
- 94% of these stated that they had been asked to explain why they had offended by a member of the service. 100% of these young people also stated that they were asked to explain what would help them stop offending. This is an improvement on the statistics from 2014/15.

The survey has also identified areas for further exploration. The young people were asked if there were things that made it harder for them to take part in the sessions. The two young people stated highlighted the following issues as barriers: learning needs, young people finding it difficult to understand things; sexuality.

When the young people were asked if things had got better for them in school, college or in getting a job, eight participants (80% of those who identified ETE as an issue) reported that things had got better. In relation to substance use, four out of twenty young people acknowledged they needed help to cut down their drug use. Three of these young people (75%) said they got the help they needed, with two of them reporting that things have got better.

Interestingly within the sample of twenty young people none of them identified or disclosed an issue in relation to alcohol use.

When asked about their health one young person stated they got the help in terms of improving their health or things about their body, although to date their health hadn't got any better whilst being supervised by the service. The other respondents did not identify health as a significant issue.

In relation to young people dealing with strange and upsetting thoughts, three out of the twenty (100% of those who identified emotional well-being as an issue) stated they received enough help with this and the young people stated that things had got better whilst being supervised by the service.

Alongside the annual Viewpoint survey, Hartlepool Youth Justice Service re-commissioned a piece of consultation work from the Young Inspectors in February 2016. This was to enable young people subject to current or previous YJS supervision an opportunity to offer feedback on the service received. The responses from the consultation were very informative and the Young Inspectors had a much better response than the previous year's consultation in 2015. The findings revealed that locally, many of the young people seem very happy and supported and that their needs were met during the process. In summary, the majority of young people who access the service are satisfied with the process and also recognise that something must be in place if they offend. Key areas for development to consider would be the worker / young person relationship, and the impact that has on the work undertaken with young people and whether this produces positive outcomes. It is clear some workers have got the right balance and have an effective way of building relationships with the young people and families they work with. This is a key strength of the service and one which could be built upon and shared to ensure all workers have a similar and consistent approach. Moreover, these findings will inform service development activities in the coming year, with the same consultation exercise repeated throughout the year to determine progress in terms of service user experience.

The voice of the young person is identified as a key strategic objective for 2016/17 and in line with the proposed work outlined above, Hartlepool Youth Justice Service will commission specialist training via collaborative work with Durham YOS, around Speech, Language and Communication Need. It is envisaged this will assist staff in improved assessment, plans and interventions and further serve to minimise some of the barriers to engagement outlined within the Viewpoint feedback highlighted above.

4. STRATEGIC VISION AND PRIORITIES - A BETTER CHILDHOOD IN HARTLEPOOL

Hartlepool's Children Strategic Partnership has set out its vision for children and young people within the town as follows:

Vision:

Our ambition as a children's partnership is to enable all children and families in Hartlepool to have opportunities to make the most of their life chances and be supported to be safe in their homes and communities.

Obsessions:

- Children and young people have opportunities to make the most of their life chances and are safe
- Improving family relationships, strengths, skills and ability to cope
- Reducing the impact of domestic violence, mental health, drugs and alcohol misuse on children and families
- Helping parents, carers and young people to gain skills and get jobs

The Youth Justice Service, as part of the wider services for children, seeks to deliver on the vision and obsessions through the following Youth Justice Service Strategic Priorities for 2016/17.

In order for the Youth Justice Service to contribute to the vision above it will focus on the following strategic objectives and priorities.

PROPOSED STRATEGIC OBJECTIVES AND PRIORITIES

It is proposed that the Youth Justice Service and broader Youth Justice Partnership focuses on the following key strategic objectives during 2016-17:

Youth Justice Strategic Priorities
Re-offending - *reduce further offending by young people who have committed crime with a particular emphasis in the development of Service interventions that are structured, responsive, tailored to meet identified individual need and evaluated. (Both within Youth Justice Service and provided by external agencies).* **Key Actions-** • Improve Interventions delivered • Improve assessments of young people at risk of re-offending ensuring risks and needs are identified which inform effective intervention planning • Improve intelligence relating to those young people who are at risk of offending behaviour to inform service-wide improvement activity • Acknowledge findings from the HMIP Transitions thematic, ensuring that all relevant information is shared with both the NPS and CRC to support the Transition of young people into adult services
Early Intervention and Prevention – *sustain the reduction of first time entrants to the youth justice system by ensuring that strategies and services remain in place locally to prevent children and young people from becoming involved in crime and anti-social behaviour.* **Key Actions** • Implementation of Better Childhood Programme • Operate a targeted approach to supporting individuals and groups of young people at risk of offending based on intelligence

Remand and Custody – *demonstrate that there are robust and comprehensive alternatives in place to support reductions in the use of remands and custody.*

Key Actions

- Monitor and the use of Compliance Panels to ensure continued effectiveness
- Ensure the Service provides intensive packages of Supervision and support to high intensity orders and bail arrangements
- Ensure that the needs of young people in custody and the factors relating to their offending behaviour are addressed in the secure estate to prevent further offending upon release.
- Ensure that robust and timely Resettlement Planning is in place for young people upon released to reduce the risk of further reoffending
- Ensure that timely and comprehensive assessments are in place for young people entering custody

Risk and Vulnerability (ASSETplus) – *ensure all children and young people entering or at risk of entering the youth justice system benefit from a structured needs assessment to identify risk of harm and safety and well being concerns, to inform effective intervention and risk management.*

Key Actions

- Embed Assetplus, so ensuring robust assessment of a young person's needs
- Work in partnership with other agencies to ensure there is a coordinated assessment and plan relating to a young person's risk and vulnerability
- Implement an audit cycle to ensure assessment and plans are meeting the appropriate quality standards
- Acknowledge findings from HMIP's Desistance thematic and ensure that desistance Factors are evident and analysed in all assessments of every young person subject to YJS supervision, through quality assurance and staff supervision

Restorative Justice – *ensure all victims of youth crime have the opportunity to participate in restorative justice approaches and restorative justice is central to work undertaken with young people who offend.*

Key Actions

- Ensure that victims of youth crime have the opportunity to participate in restorative justice approaches leading to satisfying outcomes for Victims
- Continue to use restorative practice across all aspects of the Youth Offending Service.
- Acknowledge findings from HMIP Referral Orders Thematic and re-visit, review and develop practice and process around Referral Order panels to ensure increased involvement from victims, panel members, young people and their families.

Effective Governance – *ensure that the Youth Justice Strategic Management Board is a well constituted, committed and knowledgeable Board which scrutinises Youth Justice Service performance*.

Key Actions

- The Youth Justice Management Board will provide oversight and scrutiny of the service action plan and performance.
- The Youth Justice Management Board will play a key role in a review of service following the publication of the Youth Justice Review

Voice of the Young People – *ensure that all young people are actively involved in developing their own plans and interventions and have the opportunity to develop and inform current and future service delivery*

Key Actions

- The team will ensure young people involvement in relation to their assessment and plans will be clearly evidenced within the records
- The service will ensure young people are provided with opportunities to influence and shape service delivery
- Commission specialist Speech, Language and Communication Need (SLCN) training from Durham YOS to both raise awareness and support more effective completion of Assessments and subsequent signpost to specialist services.

Extremism and PREVENT Strategy – *To ensure that the Youth Justice Service is compliant with legislative and practice requirements and adhere to the specific objectives of the 2011 Prevent Strategy*

Key Actions

- All members of Hartlepool Youth Justice Service (across all staff grades) have completed the mandated training around the prevent strategy and the Government's overall counter-terrorism strategy (CONTEST)
- Assessments and planned interventions adequately consider issues such as extremism and radicalisation and where necessary or appropriate, refer young people for further guidance and support
- Undertake scoping to establish the viability of developing an intervention package to deliver to young people subject to YJS supervision

5. RESOURCES AND VALUE FOR MONEY

The Youth Offending budget is mainly funded by a combination of Council funding and Youth Justice Board grant, although historically there have been financial contributions from the Police, Probation and Health (CCG and Public Health). The Council contribution to the service has remained protected however there have been significant reductions in the other areas of funding.

The Youth Justice Board grant was reduced ahead of the 2015/16 budget by 5.7%. During 2015/16 the YJB announced an in-year grant cut of an additional 10%. For 2016/17 the YJB have announced a further reduction of 11.75% and the cessation/amalgamation of the separate Unpaid Work Order and Restorative Justice Maintenance Grants. The combined impact of these cuts over the last two years is a reduction in total YJB funding of £140k (27%) when comparing 2016/17 to 2014/15.

In addition, the health contribution (£25k) previously funded by the PCT (now CCG) was funded by Public Health in 2014/15 but then ceased ahead of 2015/16. The National Probation Service have announced a reduction in their funding for 2016/17 onwards of 58% (£7k) in cash terms as well as reducing their staffing secondment from 1 FTE to 0.5 FTE.

Cleveland Police ceased their cash contribution in 2013/14 however additional funding from the Police and Crime Commissioner was secured towards the YOT Triage Model's, this is part of a two year joint-funding application between Stockton, Hartlepool and South Tees. This funding (£40k pa) ends in 2016/17 and no notification has yet been received about funding in future years.

2016/2017 Youth Offending Budget

Organisation	Financial Contribution	'In-Kind' Staffing Contribution	Total Contribution
	£'000	£'000	£'000
Hartlepool Borough Council	431	16	447
Youth Justice Board	372	0	372
National Probation Service	5	18	23
Police and Crime Commissioner	40	0	40
Health Service	0	42	42
Cleveland Police	0	45	45
Clinical Commissioning Group	0	0	0
	848	**121**	**969**

6. STRUCTURE AND GOVERNANCE

Service Structure

Hartlepool Youth Justice Service deploys a staff team of thirty four people, which includes three seconded staff, two commissioned staff and eleven sessional workers (**see Appendix 1**). The service also benefits from a team of ten active volunteers who are Referral Order Panel members. All staff and volunteers are subject to Disclosure and Barring Service (DBS) checks which are renewed every three years.

Despite the positive performance outlined throughout this plan, Hartlepool Youth Justice Service has experienced a challenging year both internally and externally.

Internally, there have been changes in terms of staffing and management, with the current Youth Justice Service Team Manager taking up the post in October 2015.

Externally, the national implementation of ASSET Plus has resulted in the most significant practice, business and technological change experienced by all Youth Justice Service since the establishment of YOT's in 1998/9. The ongoing austerity measures have impacted massively, in terms of large reductions in YJB and partnership funding and resources allocation. A consequence of these cuts has seen Hartlepool YJS' staff team reduced by over 10% in the last year.

Finally, the Youth Justice Review, commissioned by Justice Minister, Michael Gove and undertaken by Charlie Taylor, already sees the interim report (published February 2016) alluding to far-reaching changes to Youth Justice Service delivery models. Confirmation of such proposals will be received in July 2016 upon publication of Charlie Taylor's final report.

In view of the above, during 2016/17, Hartlepool Youth Justice Service will need to undertake a service review in response to the all of the areas set out above. Such a review is necessary to ensure the service is able to meet its statutory requirements and obligations, whilst also sustaining high performance and achieving positive outcomes for young people, victims and the wider community.

The review will need to consider: alignment of staffing and resource; data collection, performance management and reporting mechanisms; the potential for collaborative working with neighbouring YOS'; a more targeted and multi-agency intelligence-led approach to elements of the work (particularly prevention) and more structure and quality to the interventions delivered with young people subject to Youth Justice Service involvement.

Governance

The Youth Justice Service is located within the Children's Services Division of Child and Adult Services. The Management Board is chaired by a local Police Area Commander and is made up of representatives from Child and Adult Services, Police, Probation, Health, Courts, Housing, Youth Support Services, Community Safety and the local Voluntary and Community Sector. Effective integrated strategic partnership working and clear oversight by the Management Board are critical to the success and effective delivery of youth justice services in Hartlepool. The board is directly responsible for:

- Determining how appropriate youth justice services are to be provided and funded;
- Overseeing the formulation each year of the youth justice plan;
- Agreeing measurable objectives linked to key performance indicators as part of the youth justice plan;
- Ensuring delivery of the statutory aim to prevent offending by children and young people;
- Giving strategic direction to Youth Justice Service Manager and Youth Justice Service Team;
- Providing performance management of the prevention of youth crime and periodically report this to the Safer Hartlepool Executive Group;
- Promoting the key role played by the Youth Justice Service within local integrated offender management arrangements.

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

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

Lynn Beeston Chair	Local Police Area Commander
Mike Lane Jane Young	YJS Team Manager HBC YJS Head of Service
Danielle Swainston	Assistant Director - Children's Services HBC
Emma Rutherford	Head of Virtual School HBC
Julie Allan	Head of Cleveland NPS – National Probation Service (NE)
Janet Seddon	SCN Child & Young People Out of Hospital Care Services NHS
Claire Clark	Neighbourhood Manager Community Safety HBC
Dave Wise	Chair of the West View Project (Voluntary/Community Sector representative).
Deborah Clark	Health Improvement Practitioner HBC
Lynda Igoe	Principal Housing Officer HBC
Karen Turner	Hartlepool Magistrates

7. PARTNERSHIP ARRANGEMENTS

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

- Criminal justice services.
- Services for children and young people and their families.

The Youth Justice Service contributes both to improving community safety and to safeguarding and promoting the welfare of children and in particular protecting them from significant harm. Working Together to Safeguard Children (2015) highlights the need for Youth Justice Services to work jointly with other agencies and professionals to ensure that young people are protected from harm and to ensure that outcomes for local children, young people and their families are improved.

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

8. RISKS TO FUTURE DELIVERY

The key risks that have the capacity to have an adverse impact on the Youth Justice Service in the coming twelve months and potentially beyond are detailed below:

Risks	Potential Impact	Control Measures
Secure Remand Costs	The unpredictability associated with remand episodes and remand length has the potential to place significant financial pressure on the YJS and broader Local Authority.	It remains essential that the service can demonstrate to magistrates that there are robust and comprehensive alternatives in place to support reductions in the use of remands and custody. Coordinated multi-agency responses to young people at risk of remand where safe and secure accommodation is the precipitating factor to be further developed. Remand budget is incorporated within Wider Children's Services placement costs.
Managing the reduction in YJB grant and contributions for 16/17 and managing further cuts in 17/18.	Consequential impact on performance. Capacity to meet strategic and operational obligations. Capacity to continue to focus on early intervention and identification	Targeted resources to address need. Review of Service. Regional collaboration with neighbouring YOS' such as coverage of TYC. Robust financial management. Robust quality assurance.
Youth Justice Review, commissioned by Justice Minister, Michael Gove and undertaken by CharlieTaylor, the final report is due in July 2016.	An interim report (published February 2016) alluding to far-reaching changes to Youth Justice Service delivery models.	Service review is on hold until the outcome of the Youth Justice Review to ensure findings and recommendation are taken into account

Post – Implementation of ASSETPlus – (National Youth Justice Assessment tool)	There is the potential for significant ongoing service disruption as the staff team and management implement ASSETplus. Impact on performance (timeliness) capacity and staff confidence whilst they adjust to this different assessment and acquire the familiarity to complete, interrogate and locate the information in the assessment. Lack of understanding amongst partner professionals as to the increased complexity and demand place on Youth Justice Service staff. Impact on information sharing given the difference between a full ASSETplus and previous ASSET and ROSH documentation.	AssetPlus was adopted by Hartlepool in April 2016, therefore is able to learn from other YOT's in the first two tranches re lessons learned. Ongoing dialogue between the local change lead who has ownership for the implementation of AssetPlus, alongside the Hartlepool YJS AssetPlus project team and Youth Justice Board. Ensure that Hartlepool Youth Justice Service remain involved in all planning activities to secure smooth post implementation of ASSET Plus. Post implementation: Undertake Assessment and Planning Foundation training with all new staff. Implement AssetPlus ongoing Practice changes. Hold refresher AssetPlus staff briefings and development days on a quarterly basis. Standing agenda on Board Meetings, Team Meetings and staff supervisions. Collaborative and reciprocal work/problem solving with neighbouring YOS' in the region. (Eg. EP Group). Identified staff to undertake ASSETPlus baseline assessment 3,6,9,12 months after implementation. Ongoing dialogue between HBC I.T. and Careworks to address and remedy any identified issues. Development and implementing of QA tool to keep standards.

9. STRATEGIC SUMMARY

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

An emphasis on prevention and diversion needs to be maintained however this presents significant challenge in light of continued cuts in staffing and resources. In spite of recent reductions in re-offending, the rate of re-offending in Hartlepool continues to be an area of concern. The Youth Justice Service will work with partner agencies particularly Locality Teams, Schools and CAMHS to identify and support children and young people at risk of offending as part of the wider programme “A Better Childhood in Hartlepool, Education Leadership Commission and Emotional Health and Wellbeing Transformation Programme

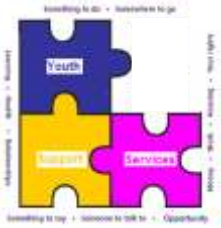
Evidence highlights that it is often the complex interplay of multiple deprivation factors and difficulties that makes problems in some households insurmountable and places the children at significant risk of involvement in anti-social and offending behaviour. As a result there is a need to place an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

Whilst youth crime rates in Hartlepool have fallen, the likelihood of being a victim of crime still remains a reality, especially in our most disadvantaged communities and their remains a need to continue to invest in the delivery of restorative approaches to give victims of crime a voice, choice, control and satisfaction in the criminal justice system.

Alongside the above, there have been further policy developments at a national level alongside operation al risks which the service will need to respond to an manage in the coming year. In particular, the interim report (published February 2016) by Charlie Taylor, which reviews the Youth Justice System. The final report (due July 2016) is expected to highlight a number of proposed changes to YOS delivery models – which will impact on partners locally and nationally. Some of this initial thinking makes reference to regional collaboration, changes to the secure estate, legislative amendments and devolved budget and commissioning responsibility.

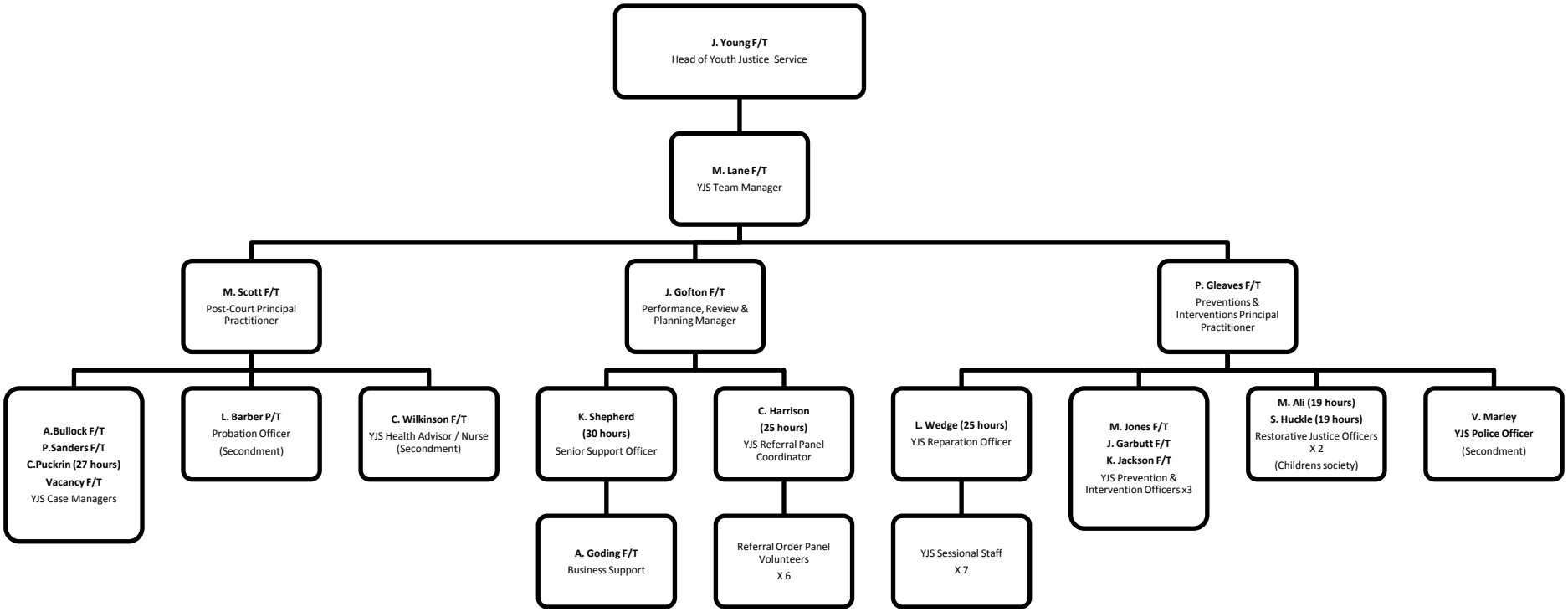
Hartlepool Youth Justice Service and broader Youth Justice Partnership will be proactive in addressing the above challenges to secure further reductions in offending and re-offending by young people.

Hartlepool Youth Justice Partnership



Appendix 1

Youth Justice Service Structure



COUNCIL

27 OCTOBER 2016

Report of: Audit and Governance Committee

Subject: FENS, HARTFIELDS AND WYNYARD ROAD MEDICAL PRACTICES – CONSIDERATION OF REFERRAL TO THE SECRETARY OF STATE

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1. PURPOSE OF REPORT

1.1 To inform Council of the Audit and Governance Committee's views and recommendations following consideration of the consultation outcome in relation to the future of the following GP Practices:

- Fens Medical Centre;
- Hartfields Medical Practice; and
- Wynyard Road Primary Care Centre**.**

2. BACKGROUND

2.1 The CCG Primary Care Committee considered the outcome of the Fens, Hartfields and Wynyard Road Medical Practice consultation at its meeting on the 20 October 2016. The decision of the Committee to procure the service through '**one provider on the two sites of Hartfields and Wynyard Road' – resulting in the closure of the Fens Surgery** was formally reported to the Audit and Governance Committee on the 27 October 2016, along with supporting information / evidence in relation to pre-consultation activities, full consultation report, options, questionnaire feedback, formal responses and options appraisal. A copy of the presentation and report considered by the Audit and Governance Committee are attached at **Appendices A and B** respectively.

2.2 The Audit and Governance Committee discussed in detail the outcome of the consultation and the decision of the CCG, and expressed extreme disappointment at their conclusions and recommendations. In considering further action, the Committee considered the potential for a recommendation to Full Council that this decision be referred to the Secretary of State for Health. The Committee noted that the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny Regulations 2013 and

accompanying guidance require an Authority to provide clear explanation, reasons and evidence for any referral.

2.3 Regulations and accompanying guidance also indicate that any referral should include an explanation of how it has considered the full context within which local health services are operating, including any clinical quality, safety or financial pressures. A local authority should not dispute proposals on the grounds that it believes additional financial resources should be allocated to the NHS, as this is not a recommendation on which the local NHS can act. The local authority is also required to set out the steps that it has taken with the consulting body to reach local resolution and, in relevant cases, evidence that the consulting body has failed to comply with its duty to seek local resolution.

2.4 The regulations also detail specific grounds for any referral and these are detailed as follows:-

(a) the authority is not satisfied that consultation on any proposal has been adequate in relation to content or time allowed;

(b) in a case where a decision has to be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff, the authority is not satisfied that the reasons given adequate; or

(c) the authority considers that the proposal would not be in the interests of the health service in its area.

2.5 Following consideration of the requirements of the Regulations, and the evidence provided by the CCG, the Committee agreed that it wished Full Council to consider referring the decision of the CCG to procure the GP service through '**one provider on the two sites of Hartfields and Wynyard Road'** to the Secretary of State for Health. The basis for the referral being that:-

(a) The authority is not satisfied that consultation on any proposal has been adequate in relation to content or time allowed.

Reasons:-

i) Inadequate consultation – not all appropriate groups / individuals invited to participate and the results do not accurately represent the views of residents who currently use the Fens Surgery.

ii) The option for one provider across all three sites was not offered as part of the consultation and hence the CCG Primary Care Committee was not given the opportunity to consider it.

(b) The authority considers that the proposal would not be in the interests of the health service in its area.

Reasons:

i) The negative town wide impact of further reducing the number of GP's available to the residents of Hartlepool.

ii) Increasing travel and reducing accessibility, especially for older members of the community and those without personal transport.

iii) Additional stress on existing GP's in Hartlepool as a result of the displacement/ reallocation of patients.

iv) Negative impact on associated medical services in the Fens area i.e. potential loss of existing pharmacy services as a result of the loss of the surgery.

11. RECOMMENDATIONS

11.1 Council is asked to consider:

i) Whether there are sufficient grounds to approve the referral to the Secretary of State, as outlined above; and

ii) If that is the case, whether it wishes to refer on the grounds (with reasons) specified herein.

12. REASONS FOR RECOMMENDATIONS

To enable Council consideration of the Audit and Governance Committee's views and recommendations following consideration of the consultation outcome in relation to the future of the following GP Practices:

- Fens Medical Centre;
- Hartfields Medical Practice; and
- Wynyard Road Primary Care Centre**.**

13. BACKGROUND PAPERS

(a) Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013

(b) Audit and Governance Committee - 27 October 2016 and 22 September 2015

14. CONTACT OFFICER

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

NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

Public Consultation Outcomes and Decision
Hartfields, Fens and Wynyard Road

Karen Hawkins
Associate Director of Commissioning & Delivery
NHS Hartlepool & Stockton-on-Tees CCG
October 2016

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Background

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Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

- Time-limited APMS contracts
- Extended a number of times
- Legal advice unable to extend further
- Now expire 31 March 2017
- We have a **Duty** to comply with requirements relating to procurement, patient choice and competition

Pre-Consultation

NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

The CCG has a **Duty** as to public involvement and Consultation in the development and consideration of proposals for change, therefore undertook engagement in relation to the existing services

2,956 people took part in pre-consultation engagement activity in June 2016
This was an overall response rate of **36.41%**

Fens	Hartfields	Wynyard Rd
1,108	910	578
40.39%	38.06%	28.96%

Individual Practice Response Rates

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Full Consultation Report

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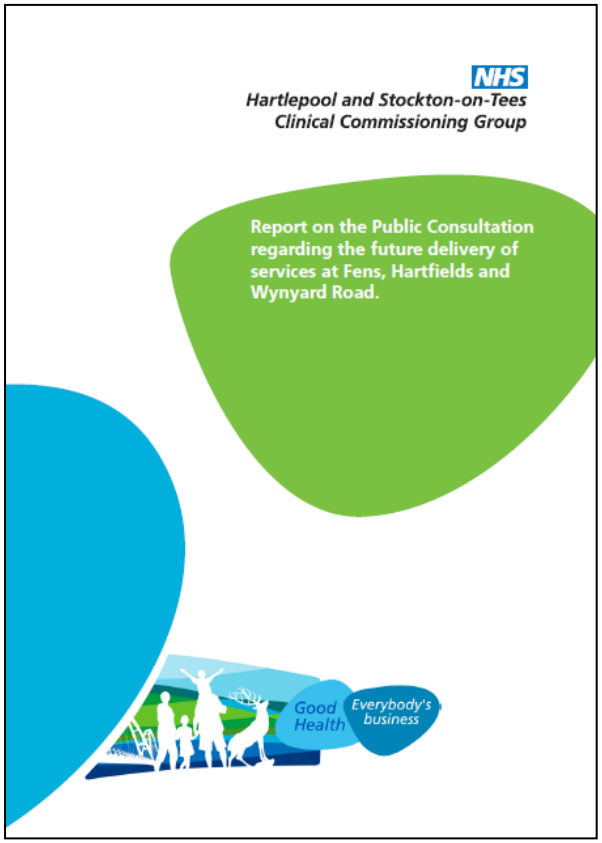
Clinical Commissioning Group

The full consultation report will be published on the CCG website

Printed copies and other formats will be made available on request



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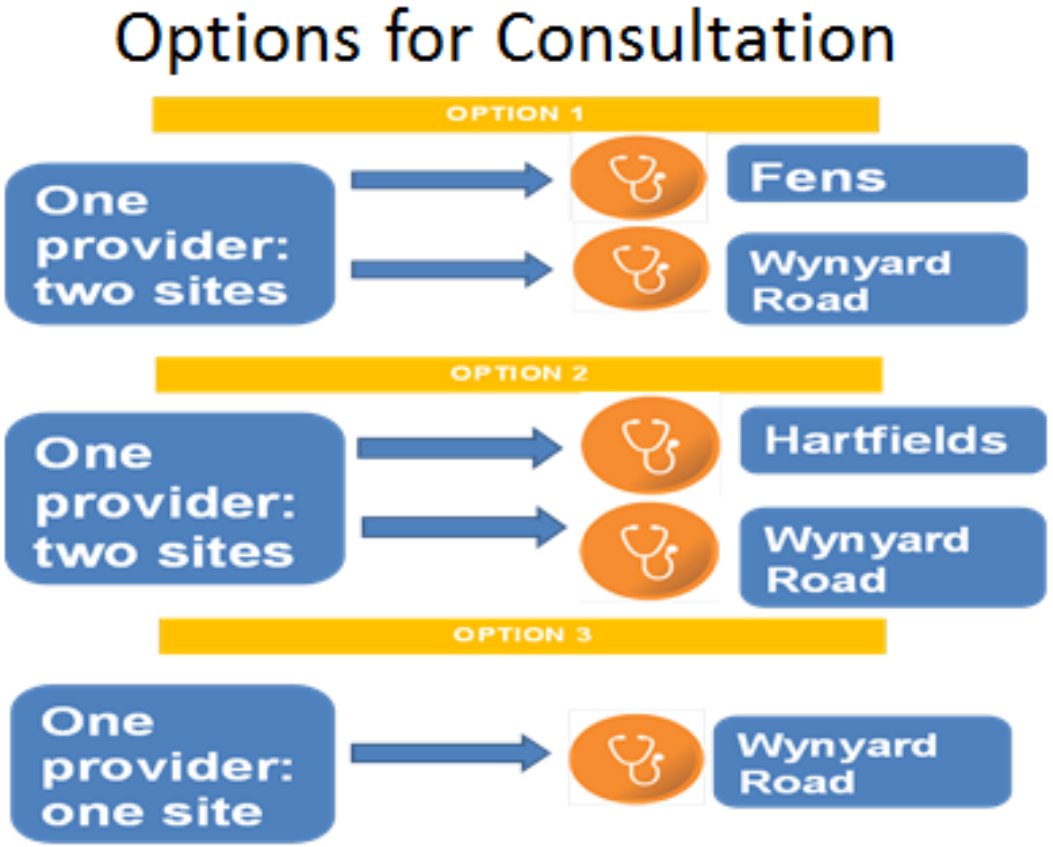
www.hartlepoolandstocktonccg.nhs.uk

Options


Options for Consultation
OPTION 1
One provider: two sites
Fens
Wynyard Road
OPTION 2
One provider: two sites
Hartfields
Wynyard Road
OPTION 3
One provider: one site
Wynyard Road

Consultation Headlines

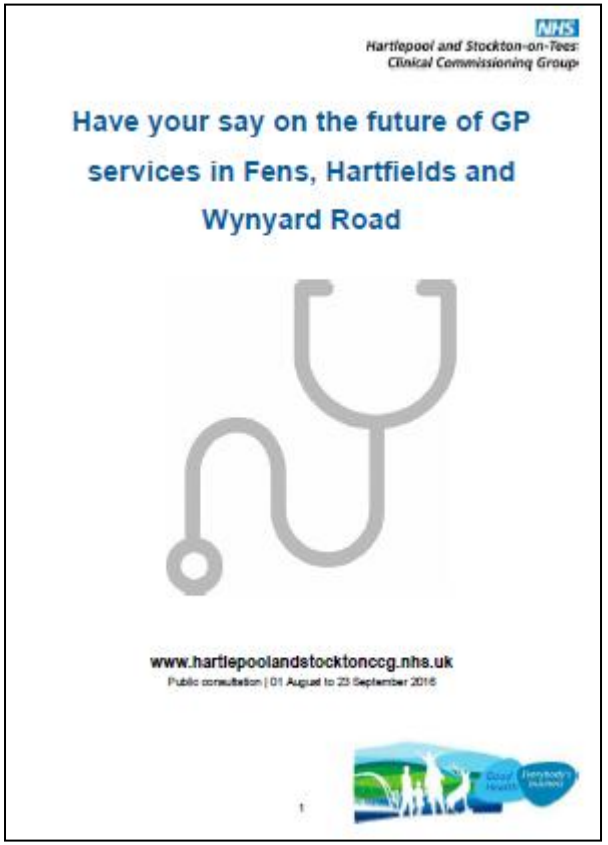
NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

Following engagement the CCG, as part of it's **Duty,** then undertook consultation on the options for change

The consultation dialogue period ran from 01 August to 23 September 2016

Consultation reach included patients aged 16 years and over registered at the three practices

1,236 people responded to the consultation



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Respondents

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Fens	Hartfields	Wynyard Rd	Other*
233	128	165	710

TOTAL 1,236

* Other = respondents that did not say which practice they were registered

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Activity Overview

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Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

Communications Activity

Communications activity included:

- A letter sent to patients aged 16 years and over at each practice
- Press and media releases
- Stakeholder briefings
- Social media activity
- Community and voluntary sector newsletters and networks
- Posters and flyers in public venues across the three practice areas

Fens Medical Centre
Hartfields Medical Practice
Wynyard Road Primary Care Centre

NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

Consultation on the future of your GP practice

We are consulting with patients on the future of the GP practices listed below.

Fens Medical Centre

Hartfields Medical Practice

Wynyard Road Primary Care Centre

This follows on from a survey and other events in June 2016 in which patients registered at the practices shared their views on the way services might be delivered in the future.

How to have your say:

- Come to one of our information sessions:
  - Hartlepool College, Stockton Street, Hartlepool, TS24 7NT
    Wednesday 31 August, 10 – 11.30am
  - Rossmere Youth Centre, Rossmere Way, Hartlepool, TS25 5EB
    Saturday 3 September, 10 – 11.30am
  - Summerhill Visitors Centre, Summerhill Lane, Hartlepool, TS25 4LL
    Tuesday 6 September, 1 – 2.30pm
  - Hartfields Retirement Village, Bishop Cuthbert, Middle Warren, Hartlepool, TS26 0US
    Monday 5 September, 6 - 7.30pm
    Saturday 10 September, 11am - 12.30pm
  - Kilmarnock Road Family Resource Centre, Hartlepool, TS25 3NU
    Monday 12 September, 6 - 7.30pm
- Complete an online survey on our website: www.hartlepoolandstocktonccg.nhs.uk
  Or contact us using the details shown below to request a paper copy or if you need information in alternative formats.

Contact us:
Tel: 0191 374 2795
Email: NECSU.comms@nhs.net

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Activity Overview

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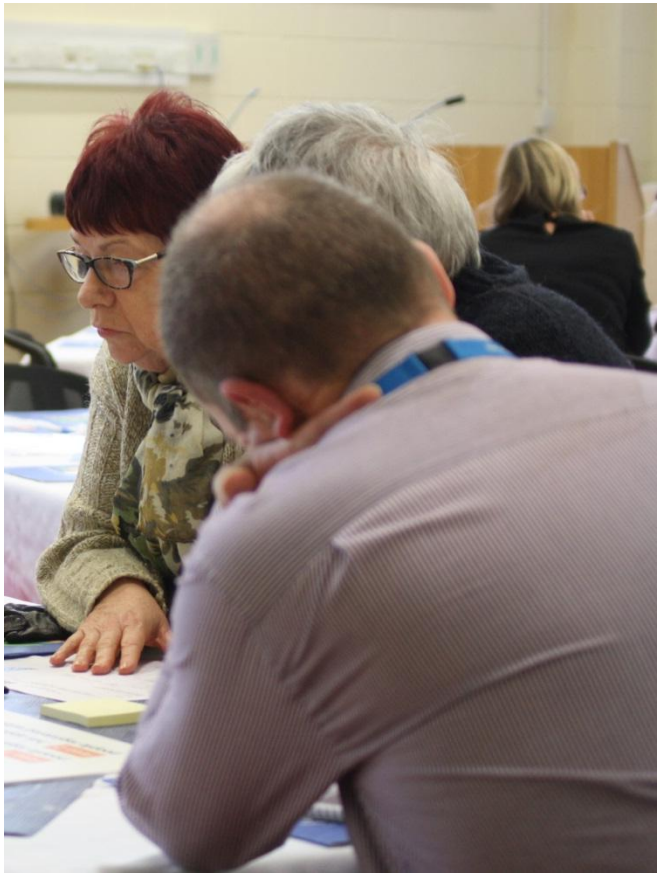
Consultation Activity

activity included:

- Consultation questionnaire
- Public consultation events
- Targeted engagement of people from groups with protected characteristics
- Targeted engagement of stakeholders
- Online and social media activity



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Targeted Engagement

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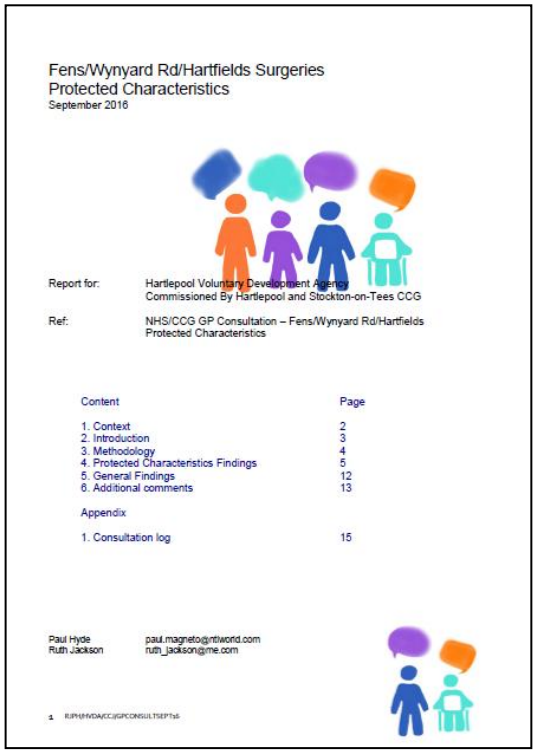
The CCG commissioned Hartlepool Voluntary Development Agency (HVDA) to conduct targeted engagement with members of groups with protected characteristics.

The full protected characteristics report will be published on the CCG website, with the main themes being outlined in the results section of this presentation.



Fens/Wynyard Rd/Hartfields Surgeries
Protected Characteristics
September 2016

Report for: Hartlepool Voluntary Development Agency
Commissioned By Hartlepool and Stockton-on-Tees CCG

Ref: NHS/CCG GP Consultation – Fens/Wynyard Rd/Hartfields Protected Characteristics

Content Page

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Ruth Jackson ruth_jackson@me.com

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Stakeholder Engagement

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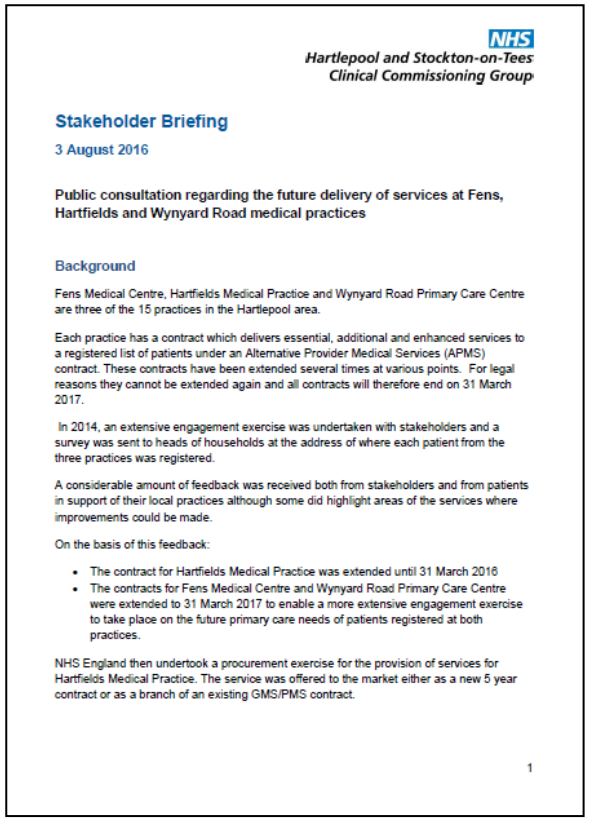
Clinical Commissioning Group

Relevant stakeholders were identified and engaged through email and stakeholder briefings.

Stakeholders were also sent hard copies of the Consultation narrative document, posters and leaflets to distribute to their networks.

Following concerns raised at last Audit & Governance Committee a comprehensive overview of activities was provided to the Chair to evidence the CCGs compliance with their **Duty** to consult



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Clinical Commissioning Group

Stakeholder Briefing

3 August 2016

Public consultation regarding the future delivery of services at Fens, Hartfields and Wynyard Road medical practices

Background

Fens Medical Centre, Hartfields Medical Practice and Wynyard Road Primary Care Centre are three of the 15 practices in the Hartlepool area.

Each practice has a contract which delivers essential, additional and enhanced services to a registered list of patients under an Alternative Provider Medical Services (APMS) contract. These contracts have been extended several times at various points. For legal reasons they cannot be extended again and all contracts will therefore end on 31 March 2017.

In 2014, an extensive engagement exercise was undertaken with stakeholders and a survey was sent to heads of households at the address of where each patient from the three practices was registered.

A considerable amount of feedback was received both from stakeholders and from patients in support of their local practices although some did highlight areas of the services where improvements could be made.

On the basis of this feedback:

- The contract for Hartfields Medical Practice was extended until 31 March 2016
- The contracts for Fens Medical Centre and Wynyard Road Primary Care Centre were extended to 31 March 2017 to enable a more extensive engagement exercise to take place on the future primary care needs of patients registered at both practices.

NHS England then undertook a procurement exercise for the provision of services for Hartfields Medical Practice. The service was offered to the market either as a new 5 year contract or as a branch of an existing GMS/PMS contract.

1

Questionnaire Results

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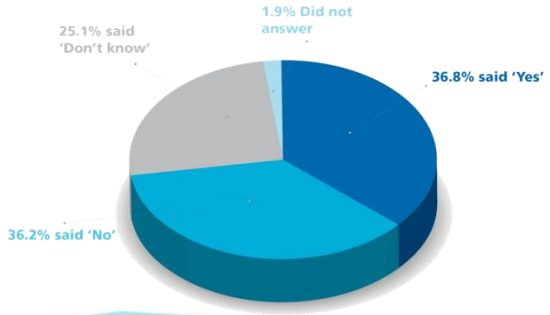
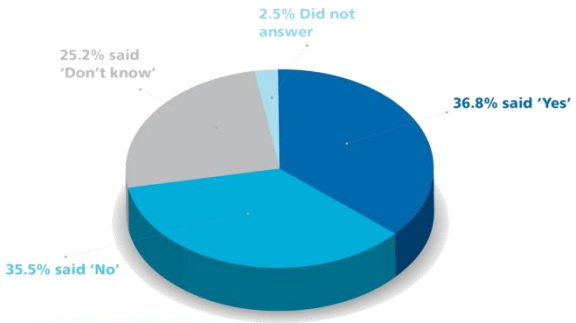
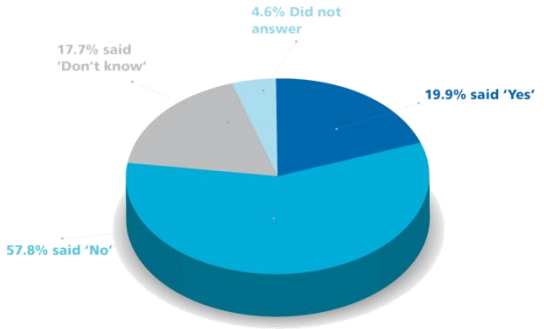
Support for options by practice

From	Option 1	Option 2	Option 3
Fens	151	24	31
Hartfields	15	99	11
Wynyard Road	63	67	57
Other	226	265	147
Totals	**455**	**455**	**246**
Percentages	**36.8%**	**36.8%**	**19.9%**







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Questionnaire Results

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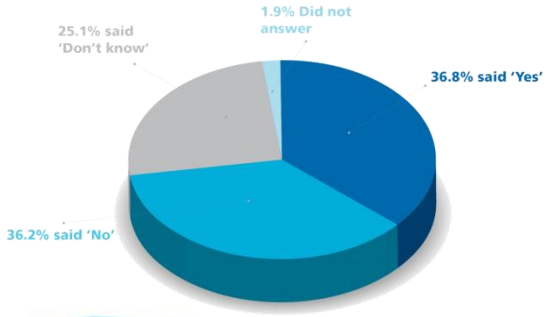
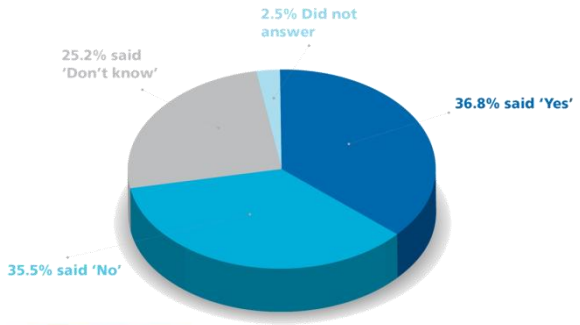
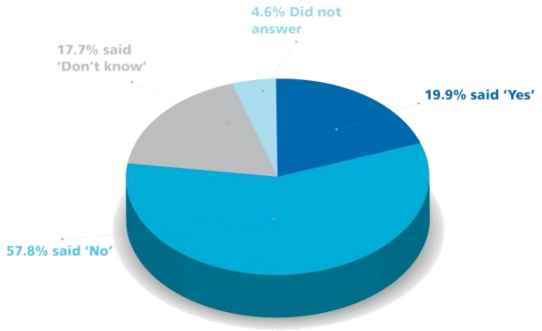
Opposition to options by practice

From	Option 1	Option 2	Option 3
Fens	74	151	161
Hartfields	78	23	93
Wynyard Road	80	75	93
Other	215	190	367
Totals	**447**	**439**	**714**
Percentages	**36.2%**	**35.5%**	**57.8%**







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Formal response - Stakeholders

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Formal responses were received from:

- Hartlepool Borough Council Audit and Governance Committee
- Healthwatch Hartlepool
- The Rt Hon Iain Wright MP
- The Joseph Rowntree Foundation
- Unison

The main points raised within formal responses referred to:

- Process
- Consultation engagement
- Consultation options
- Access to alternative services
- Procurement options
- Staff

Full responses are contained within the consultation report.

Appraisal of Options 1 and 2
One contract on two sites

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Criteria	Fens & Wynyard Road	Hartfields & Wynyard Road
Consultation Support	455 [36.8%]	455 [36.8%]
Exclusive Support	208 [16.8%]	266 [21.5%]
Consultation Opposition	447 [36.2%]	439 [35.5%]
Affordability	Both schemes financially viable with no significant variance in estimated income/expenditure	
Premises	No scope to extend premises at Fens	

Appraisal of Options 1 and 2
One contract on two sites cont ….

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Criteria	Fens & Wynyard Road	Hartfields & Wynyard Road
Consultation Feedback	• Accessibility - Concerns about accessibility for patients from Hartfields accessing services at Fens/Wynyard Road • Support for current services • Resources – concern that decision is financially driven	
Accessibility	• Distance from Fens to Hartfields & Wynyard Road approx 4.3 and 0.5 miles respectively • Wynyard Road is the closest practice to Fens • Three practices within approx 2 miles of Fens	• Distance from Hartfields to Fens & Wynyard Road approx 4.3 and 3.9 miles respectively • Two practices closer to Hartfields

Appraisal of Option 3
One contract on Wynyard Road Site

NHS
Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Criteria	
Consultation Support	• Least support [19.9% - 246 respondents] • Most opposed [57.8% - 714 respondents]
Consultation Feedback	• Greatest loss of service • Furthest for patients to travel • Least likely to cope with the demand • Least fair in terms of impact [particularly on the perceived number of elderly/less mobile patients at Hartfields
Affordability	Estimated to be most financially viable

Conclusions

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Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

Options 1 and 2

- were equally supported scoring 36.8% each
- are financially viable both from a CCG and provider perspective and there is no significant variance in either option
- Ensures accessibility, choice and resilience across the town
- There was slightly more opposition to Option 1 [Wynyard Road and Fens – 36.2%] than to Option 2 [Wynyard Road and Hartfields – 35.5%]

Option 3

- was the least popular with respondents
- Is the most financially viable option both from a CCG and provider perspective
- Reduces access points
- Potential to reduce resilience across the town

- 710 patients did not indicate that they were a patient from either of the three practices
- 119 [9.6%] respondents supported more than one option
- 353 [28.6%] respondents opposed more than one option

Additional Stakeholder Request

NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

Formal request from stakeholders and groundswell of opinion for the Primary Care Committee (PCC) to consider a 4th Option of One Provider 3 sites:

- PCC had previously considered this scenario and determined it was not a viable option based on the criteria all original 13 scenarios were assessed upon prior to consulting on the viable options

Formal request was considered at PCC and determination;

- The market through recent mergers/termination of contracts has already indicated that they would not be able to sustain a 3 site option based on the current list size, workforce and national monies available to deliver GMS
- Any response on this option would pose a **significant** risk to delivery and **continuous patient care** as is not affordable to the Provider
- The CCG has a **Duty** to commission sustainable, high quality effective and efficient services therefore the PCC did not agree to progress to procurement on the option of 1 Provider 3 sites.

Outcome

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Clinical Commissioning Group

The PCC met on the 25th October 2016 and following review of all information available determined;

- **Option 2 – one provider on the two sites of Hartfields and Wynyard Road is to be progressed to procurement**

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Actions Taken

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Clinical Commissioning Group

- Current providers have been notified of decision;
- Local practices have been notified
- Decision publicised on CCG website

Next Steps

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Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

- Patients of all practices to be notified
- Procurement documentation to be completed
- Procurement process to be undertaken

Milestone	Description	Date
Advert	Date advert published on Contract Finder	07/11/16
Publication of tender documentation	Publish/upload Tender documentation onto e-tendering system	09/11/16
Tender deadline	Date by which bids need to be submitted	05/12/16
Recommended bidder report	Report to NHS England and CCG Delivery Team to approve successful bidder	10/01/17
Contract award	Official offer of contract sent to successful bidder	24/01/17
Service commencement	Service start date	01/04/17

AUDIT AND GOVERNANCE COMMITTEE

27 October 2016

Report of: Scrutiny Manager

Subject: FENS, HARTFIELDS AND WYNYARD ROAD MEDICAL PRACTICES – OUTCOME OF CONSULTATION / DECISION

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1. PURPOSE OF REPORT

1.1 Representatives from NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) have been invited to attend today's meeting to present the outcome / decision of the consultation in relation to the future of the following GP Practices:

- Fens Medical Centre;
- Hartfields Medical Practice; and
- Wynyard Road Primary Care Centre**.**

2. BACKGROUND

2.1 The CCG Primary Care Committee will consider the outcome of the Fens, Hartfields and Wynyard Road Medical Practices consultation and make a decision at its meeting on 25 October 2016, therefore, representatives from the CCG have been invited to attend today's meeting to present details of the outcome of the consultation / decision.

2.2 Today's meeting has been convened at short notice in light of an indication that subject to the decision, the advert will go out on 7 November 2016 for any procurement.

3. RECOMMENDATIONS

3.1 The Audit and Governance Committee is requested to:-

(a) note the decision of the CCG Primary Care Committee; and
(b) consider whether any additional action is required.

Contact Officer:- Joan Stevens – Scrutiny Manager
Chief Executive's Department – Legal Services
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COUNCIL

27 October 2016

Report of: Chair of the Health and Wellbeing Board

Subject: 'HARTLEPOOL MATTERS' REPORT

1. PURPOSE OF REPORT

1.1 To present to Full Council the 'Hartlepool Matters' Report.

2. BACKGROUND

2.1 Hartlepool Borough Council on 12th March 2015 resolved that a Working Group be established with NHS Hartlepool and Stockton on Tees Clinical Commissioning Group (CCG) to identify health and social care planning priorities to inform the development of a Plan for the delivery of integrated health and social care services across Hartlepool, including the University Hospital of Hartlepool (UHH) site.

2.2 The importance of an independent Chair for the Working Group was recognised and the Northern Clinical Senate formally nominated Professor David Colin-Thomé (OBE) to take up the position. Full Council approved the appointment of Professor Colin-Thomé (OBE) as the 'independent' Chair on the 6th August 2015.

2.3 The Working Group met on five occasions, between October 2015 and March 2016, with each meeting exploring an agreed theme. A copy of Professor David Colin-Thomé's report is attached at **Appendix A.**

2.4 Professor David Colin-Thomé presented his report to the Health and Wellbeing Board at its meeting on the 17th October 2016 and it is now referred to Council for consideration.

3. RECOMMENDATIONS

3.1 That:-

i) The report entitled 'Hartlepool Matters' be received;

ii) An action plan be formulated for the implementation of the report's recommendations, in partnership with the CCG, and that this be monitored through the Health and Wellbeing Board.

iii) The implementation of the report's recommendations, and progress against the Action Plan, be monitored through the Health and Wellbeing Board.

4. BACKGROUND PAPERS

Agenda and papers for the meetings of Full Council Committee on the:

- 12th March 2015
- 25 June 2015
- 6th August 2015

Local Health and Social Care Plan Working Group:

- Agendas; and
- Presentations.

Health and Wellbeing Board – 27 October 2016

5. CONTACT OFFICER

Joan Stevens – Scrutiny Manager
Chief Executive's Department – Legal Services
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APPENDIX A

HARTLEPOOL BOROUGH COUNCIL

NHS
Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Hartlepool Matters!

Shaping the Future of Health and Social Care in Hartlepool

Professor David Colin-Thomé (Independent Chair)

Contents

Photo © careimages.com

APPENDICES

Foreward by Professor David Colin-Thomé (Independent Chair of the Local Health and Social Care Plan Working Group)

It has been a privilege to be nominated by the Northern England Clinical Senate to be the independent chair of the Hartlepool Local Health and Social Care Plan Working Group (the Working Group).

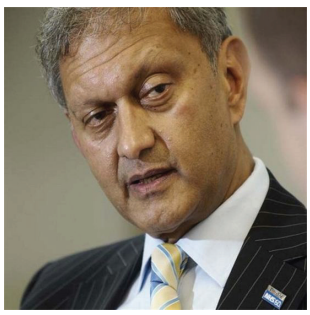
Hartlepool Borough Council on 12th March 2015 resolved that a Working Group be established with NHS Hartlepool and Stockton on Tees Clinical Commissioning Group to identify health and social care planning priorities to inform the development of a Plan for the delivery of integrated health and social care services across Hartlepool, including the University Hospital of Hartlepool site. The Borough Council recognised the importance of an Independent Chair for the Working Group and approached the Clinical Senate to identify a suitable individual. My appointment to the position was approved by the Borough Council on 6th August 2015.

I trained many years ago at Newcastle Medical School and in several North East hospitals, and now live in Northumberland. In the intervening years I worked for thirty six years as a GP in Runcorn, Cheshire and also for virtually ten years as the National Clinical Director for Primary Care at the Department of Health. The Clinical Director's job entailed me working beyond primary care with involvement in hospital, community and social services and the commissioning of NHS services.

As the chair of the Working Group, I have met members of the public, many as members of NHS interest groups, NHS clinical staff, chaired five public meetings and met the very impressive Hartlepool Youth Council who inspired us all. I have developed this report with senior staff of the Borough Council and the Clinical Commissioning Group.

So what have I learnt? The people of Hartlepool are proud of their town and its history but are very much aggrieved at what they see as the loss of many of their hospital services. An integrated plan must give prominence to community based services working closely with the University Hospital of Hartlepool. There is now a widespread feeling, and indeed cynicism, that the clinical safety reason given for removing some University Hospital of Hartlepool services is more to do with a managerial agenda than a clinical agenda.

The main body of this report provides in more detail the developed integrated plans, focusing mainly on the priorities identified by the Working Group (outlined in Section 3). Underpinning all of these plans is a policy to improve the general health of the population, a particular and urgent need for Hartlepool, which in turn will lead to services which can focus more on health than illness. At the same time, services must continue to demonstrate the provision of high quality illness services.



Section 1 - Introduction

Aims and Terms of Reference for the Working Group

The Working Group was formally established by Full Council on 25th June 2015, to work in partnership with the Clinical Commissioning Group, to:

- Progress the identification of local strategic priorities for the provision of health and social care services in Hartlepool; and
- Inform the development of a Hartlepool Care Plan (the Plan) for the delivery of integrated health and social care services across Hartlepool, including the University of Hartlepool Hospital site.

Chairmanship of the Working Group

The Northern Clinical Senate was formally approached to nominate a representative to take up the position of Independent Chair. In response to concerns regarding a conflict of interest for Senate members in taking up the role as Chair, given the active involvement of some members in supporting the development of health services in Teesside and/or their substantive employment by local NHS provider organisations, Professor David Colin-Thomé (OBE) was appointed as the Independent Chair on 6th August 2015.

Membership of the Working Group

The membership of the Working Group reinforced the fundamental theme of partnership working and consisted of:

- All 33 Hartlepool Borough Councillors; and
- Co-opted representatives from the Clinical Commissioning Group.

In addition to this, the Working Group brought together a range individuals and experts from health and social care organisations responsible for the provision of services in Hartlepool and surrounding areas. These included:

- Representatives from the North Tees and Hartlepool Foundation Trust;
- Representatives from Tees, Esk and Wear Valleys NHS Foundation Trust;
- Representatives from the North Durham Clinical Commissioning Group;
- Representatives from the North East Ambulance Service; and
- Other individuals with suitable clinical / medical expertise.

Views were also obtained from 'other interested parties' to inform the identification of local strategic priorities for consideration in the development of the Plan. These included:

- Residents from Hartlepool, Stockton-on-Tees and East Durham;
- Hartlepool Healthwatch;
- Councillor / Officer representation from Durham County Council and Stockton Borough Council; and
- Members of Parliament for Hartlepool, Easington and Sedgefield.

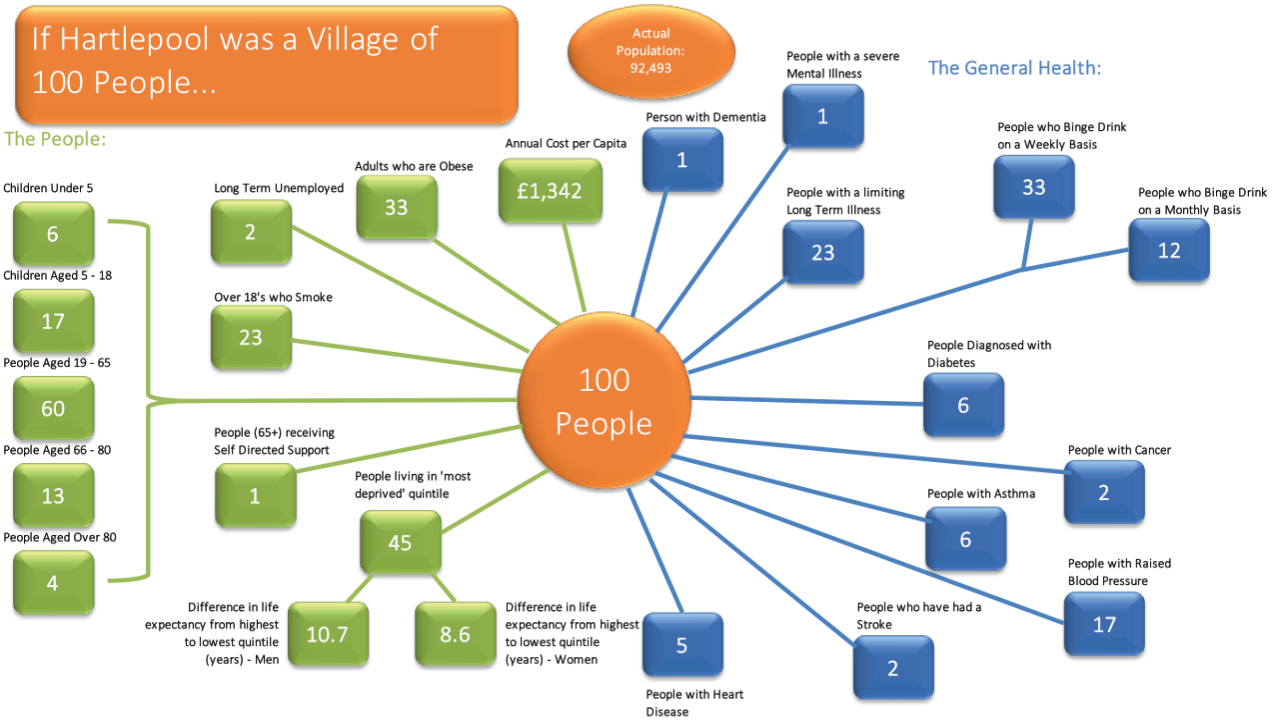
A full list of attendees can be found in **Appendix A**.

Section 2 - Our context and our challenges

Hartlepool is one of the most deprived areas in Britain, ranked 24th most deprived out of 354 Local Authority areas and with 7 of the 17 wards in Hartlepool amongst the 10% most deprived in the country. It faces demographic challenges in terms of deprivation as well as in relation to an ageing population and an increasing number of people with disabilities.

To put this in context, if Hartlepool was a village of 100 people its challenges would look like this!

Table 1 - If Hartlepool was a village of 100 people



Indicators for Hartlepool highlight the breadth of the challenges being faced, as detailed in **Appendix B**.

Key challenges for health and social care services include[1]:

- Whilst about 8 out of 10 people across the town do not smoke, in some areas half of adults do still smoke. Smoking contributes to, and indeed in some cases causes, a large proportion of illness across the town, such as lung cancer, respiratory disease, chronic obstructive pulmonary disease and heart disease;

- Not everyone across the town can expect to live as long as each other. People who live in areas where there is high unemployment and poorer circumstances, have shorter lives on average. This is as stark: as people living in Rural West Ward can expect to live almost 11 years longer if you are a man and almost 7 years longer if you are a woman, than someone living in the town centre (Victoria Ward);

- Before a baby is born in Hartlepool, 1 in 5 of them has possibly experienced the effects of nicotine as their mother smokes;

1 Hartlepool Joint Strategic Needs Assessment (JSNA)

- When the baby is born, only 1 in 5 of them will be breastfed, yet this is the best food and nourishment a baby can have;

- Being overweight or obese can contribute to illnesses such as Type 2 diabetes. In Hartlepool almost 7 out of 10 people are overweight or obese;

- People in Hartlepool are more likely to attend hospital than people in other parts of the country due to excessive drinking of alcohol. The reasons for attending hospital where alcohol has played a part in needing to attend hospital, range from being injured to suffering from alcohol related diseases such as some liver cancers, cirrhosis and heart disease;

- Higher than the England average levels of unemployment;

- Higher than the England average rates of limiting long term illness and health problems;

- A high proportion of working age adults receiving benefits compared to the England average;

- A decreasing working age population and increasing population of over 65s and over 85s;

- Increasing numbers of people with learning disabilities and physical disabilities;

- People are living longer and, whilst the increase in life expectancy is welcomed, this presents challenges for health and social care services as people living longer often have complex health conditions and require significant levels of support to remain independent;

- Research shows that older age is associated with an increased incidence of multiple long term conditions and a growing number of functional and cognitive impairments. It is estimated that 58% of those aged 60 and over report having a Long Term Condition (LTC), with 25% of over 60's having two or more LTCs. For Hartlepool this would mean that by 2020 there will be approximately 4,700 over 65s with two or more LTCs;

- The number of older people who are living alone is increasing at the same time as informal support networks from families are declining. This significantly increases the risk of social isolation and loneliness. It is estimated that 2,340 older people in Hartlepool (14%) are currently living alone;

- The number of people living with dementia is also expected to increase significantly. Data indicated that in 2014 1,193 older people in Hartlepool were estimated to have dementia (6.9%). This is predicted to rise to 1,358 people by 2020 (7.2%) and 1,811 people by 2030 (7.8%);

- These trends have resulted in a growing demand for health services to treat multiple long term conditions as well as care services to help individuals cope with everyday activities such as dressing, bathing, shopping or preparing food;

- In Hartlepool, there were 4,526 emergency admissions to hospital for people aged over 65 in 2014/15. Given the ageing population and associated levels of need for health services, this is expected to increase significantly over the next 5-10 years if services continue to support people in the current way. The demand on social care services, and particularly long term care, is also predicted to increase significantly over this time period.

The challenges identified were instrumental in the selection of the themes identified by the Working Group as a focus for its work, including the health of Hartlepool's children. With a higher proportion of children in Hartlepool (30%) living in poverty compared to the England average (22%)[2], challenges facing the Council and its partners include not only health issues, but also the wider determinants that impact on overall health and wellbeing, as detailed in Appendix B.

It is anticipated that further integration of health and social care services will help to address these issues through:

- Ranking/grouping of risks and targeting of resources at those people who are most at risk of poor health outcomes and most likely to require intensive health and social care services in the future;

- Improved care planning, care co-ordination and care delivery;

- Better use of limited resources through multidisciplinary assessment and responses; and

- A shift from reactive services to a more planned approach focusing on early intervention and prevention. Although prevention does not offer an immediate return on investment. There are ways to model the health economies around health interventions.

However, it must be recognised that these challenges are also compounded by reducing resources across all public sector agencies. From a Local Authority perspective, continuing significant grant cuts mean that by 2019/20 the level of Government grant to Hartlepool Borough Council will be £44.2m less than it was in 2010/11. This represents a total grant cut of 57% and includes a further cut for the period 2017/18 to 2019/20 of £9.8m[3]. After reflecting continuing grant cuts, legislative changes and inflation, the Council has a projected deficit of £20.8m by 2019/20. This equates to a 25% reduction from the 2016/17 base budget.
In terms of the Clinical Commissioning Group, a new 5 year allocations framework is now in place to ensure that all Clinical Commissioning Groups are no more than 5% under target for Clinical Commissioning Group commissioned services. Whilst there are funding increases planned for national budgets (i.e. the National Primary Medical Care Budget with increases of 4% in 2016/17, 3.1% in 2017/18, 2.5% in 2018/19, and 3% in 2019/20), the Clinical Commissioning Group has a shortfall in its funding of £11.5m in 2016/7. This is projected to grow to £40.0m by 2020/21.

Both organisations are facing challenging financial times, and in addition to this face challenges in terms of the recruitment and retention of experienced and qualified staff. However, it is recognised that as the Marmot Review[4] makes clear, a person's health and wellbeing in later life is affected by a wide range of determinants such as poverty, housing, employment and education, as well as healthy lifestyles and health care. Hartlepool already recognises within its Local Plan the importance of these determinants and includes health and wellbeing as one of its 'ambition themes'. The Local Plan further includes a clear vision that by 2031 Hartlepool will be a more sustainable community, having raised the quality and standard of living, increased job opportunities (through developing a strong, diverse and thriving local economy which contributes positively to the sub-regional economy), maximised quality housing choices and health opportunities to meet, in full, the current and future needs of all residents.[5]

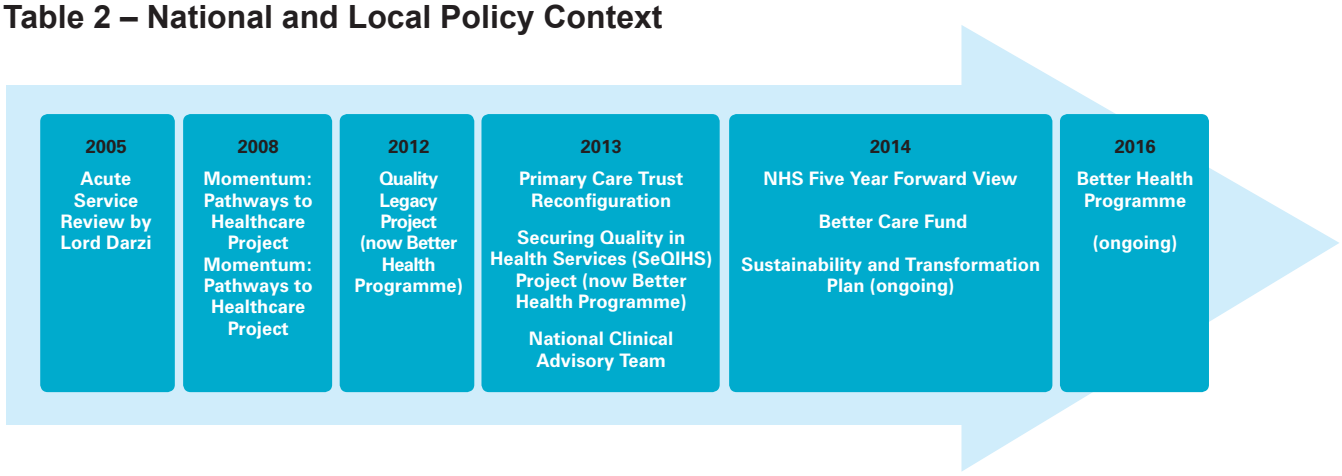
2 Hartlepool JSNA
3 Hartlepool Borough Council - Medium Term Financial Strategy
4 The Marmot Review 2010 - 'Fair Society, Healthy Lives',
5 Hartlepool Local Plan 2016

The Hartlepool Matters Plan also recognises these wider determinants of health and promotes earlier intervention through a more holistic approach to care planning, which incorporates:

- Early intervention and prevention;
- Primary, community and social care;
- Local Hospital; and
- Specialist.

Whilst there continue to be challenges in improving the health and wellbeing of people in Hartlepool, the journey to improve outcomes through the delivery of integrated and effective health and social care services has been ongoing for many years. Service changes, and in turn the development of an overarching Plan for the delivery of health services in Hartlepool, have been shaped over the last 10 years by a series of national, regional and local policies. This is illustrated in Table 2, from the Lord Darzi Acute Service Review in 2005 to ongoing work in relation to the Sustainability and Transformation Plan and Better Health Programme.

Table 2 – National and Local Policy Context



In terms of policy direction, Lord Darzi's Acute Service Review was a key point in the development of proposals for the provision of health services in Hartlepool. However, its recommendations were superseded by the findings of the Momentum: Pathways to Healthcare Project, including the national decision not to provide funding for the replacement of University Hospital of Hartlepool and the University Hospital of North Tees. The publication of the Five Year Forward View also identified a need to change how health services are commissioned and provided in the future in order to meet demand and improve standards. It highlighted that England has one of the more centralised hospital models amongst advanced health systems and whilst it is right that small hospitals should not be providing complex acute services (i.e. Accident and Emergency / trauma), help to sustain local hospital services where the best clinical solution is affordable was supported.

There is a mutual responsibility to meet the health and social care needs of all people across the town. This is particularly the case for those sections of the population who may require additional support at certain times in their lives. The development of the Hartlepool specific Integrated Health and Social Care Plan must pay due regard to this and the potential outcomes of the Better Health Programme and Sustainability and Transformation Plan in terms of the provision of services on a regional / national basis.

It was with this in mind, that I undertook a series of informal introductory meetings with Elected Members, and representatives from local action groups, to help me to gain an understanding of the key issues and priorities for the people of Hartlepool. These meetings led to the identification of five specific groupings of services, around which it was suggested each meeting of the Working Group could be most effectively themed (detailed in Section 3). These themes, and details of three fundamental questions to be asked at each meeting, were suggested to the Working Group at its first meeting and approved as the way forward.

The questions and themes agreed with the public were:-

i) Key Themes
- Frail and Elderly;
- Primary and Community Based Services;
- Urgent / Emergency Care;
- Maternity, Acute / Sick Children; and
- Mental Health.

ii) Questions
- What works well?
- How can they be improved?
- Three main priorities for the future?

Section 3 - You Said

The Working Group met on five occasions, between October 2015 and March 2016, with each meeting exploring one of the agreed themes. Baseline information in relation to each of the themed areas was presented by experts in their respective fields. Workshops were utilised to facilitate the involvement of residents as a fundamentally important source of 'first hand' views in relation to the provision of existing services and the needs of the residents. In addition to this, as Independent Chair, I met with a number of individual residents, representatives from special interest groups and other groups, as detailed in **Appendix D**.

At each meeting of the Working Group, attendees were asked to identify priorities for the future delivery of health and social care services in Hartlepool. Details of the bespoke outputs from each of the five public meetings, and individual meetings with the Chair, are summarised in **Appendix E** of this report. A selection of the comments expressed include:

'We just want the best care for our families and for it to be local. But, we wouldn't think twice about travelling to get the best specialist care'

'Travelling to appointments, and to visit relatives, is really hard for people on low income and without access to cars'

'Services need to fit <u>our</u> needs and not the other way round'

'We aren't sure what services are provided where and what is the difference between Urgent Care and A&E'

Photo credit Hartlepool Mail

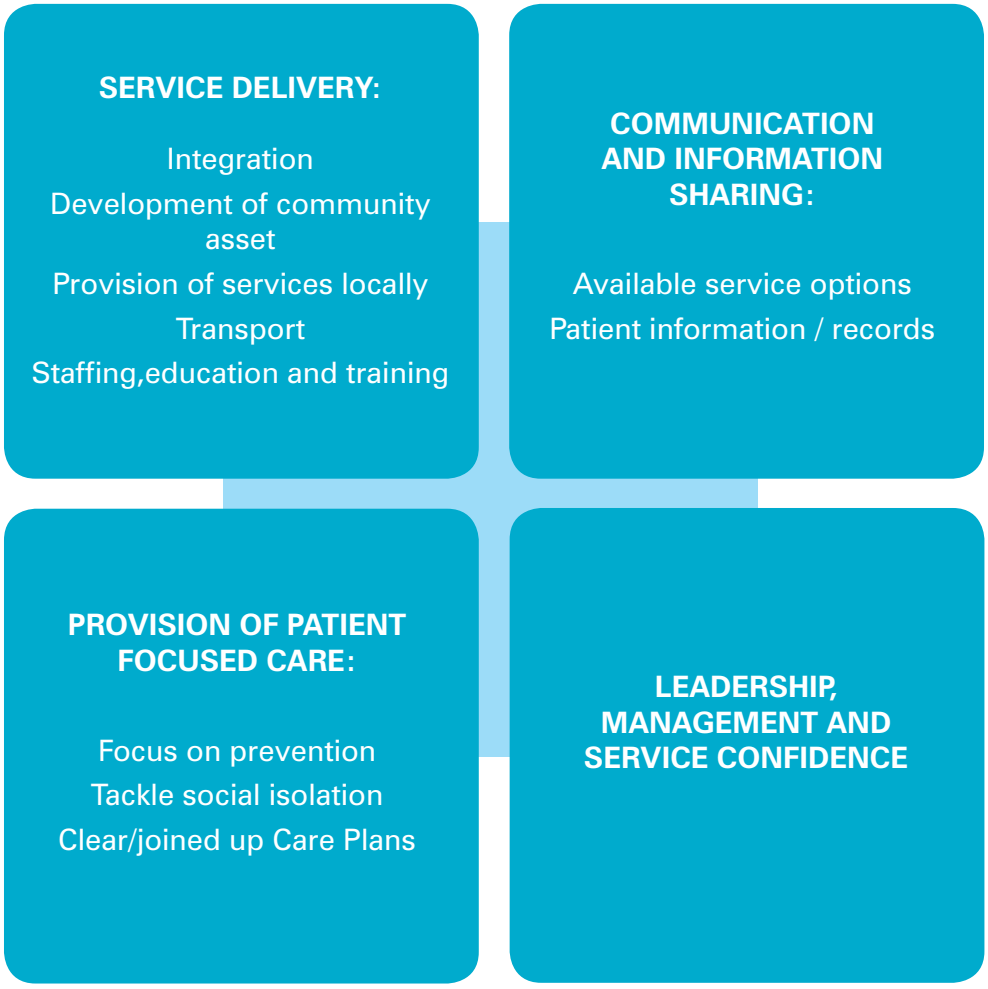
'A&E needs to be in Hartlepool, at the Hospital'

'There aren't going to be any more Hartlepudlians if mothers are encouraged to (or are frightened into) going to North Tees to have their babies'

'We have problems getting appointments with our GPs'

Information obtained at each of the meetings demonstrated that many of the issues and priorities identified are shared across the themed service areas. In addition to this, it was clear that the issues / priorities could be placed under four distinct headings. These are detailed in Table 3, which identifies the fundamental areas of concern for residents and where, from a strategic perspective, residents feel change is needed to address their health needs.

Table 3 - Summary of Overlapping Priorities – Areas of Concern



The development of an integrated plan to address these priorities will require an urgent management response from key health care organisations and the local authority, with an expectation that each agency will work together to deliver a shared Plan for true service integration.

Section 4 - Recommendations

The recommendations of this report do not come with a time frame as only local health and care organisations can identify resources and address current capacity and capability issues. But as soon as possible must be the time frame for the people of Hartlepool who should be an integral part of reviewing implementation of the recommendations of this report. Even in our socially-just NHS an inverse care still prevails – where there is most need there is often a lack of services. In Hartlepool there is a shortage of general practitioners and in the capacity to prevent emergency admissions, to hospital. Emergency admissions, which are mostly of elderly patients, are higher in areas of economic hardship. Many would be avoidable with good and integrated local services.

In responding to the identified priorities (as summarised in Table 3), the recommendations contained within the Local Health and Social Care Plan fit easily in to four distinct areas of service provision:-

1) Prevention;
2) Primary / Community and Social Care;
3) Local Hospital, Acute and Urgent Care; and
4) Specialist Care.

1) Prevention Services

Local Authorities are the local leaders in improving the public's health but the NHS also has a major part to play. Both are statutorily required to take steps to improve and protect the health of the population. The Clinical Commissioning Group also has a statutory duty to consider how health inequalities can be reduced through the services it commissions.

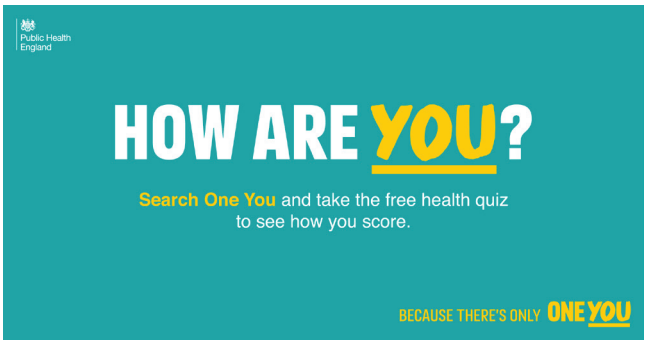


Photo © careimages.com

Prevention is a well used term, but what is actually meant by prevention is complex to define. The terms primary, secondary and tertiary prevention are also often used. Considering each term:-

Primary Prevention - aims to stop or prevent disease from occurring in the first place, for example following advice relating to taking exercise, not smoking following alcohol consumption guidelines and immunisation.

Secondary Prevention - focuses on reducing the impact of diseases already detected, including for example modifying lifestyles to prevent a condition from worsening, such as weight management to reduce the impact of Type 2 diabetes.

Tertiary Prevention - focuses on reducing the impact of an ongoing illness that will have lasting effects, including cardiac, stroke rehabilitation programmes or chronic disease management programmes.

There are many examples of preventative activities across the whole of the life course, from children to adulthood. So for example, breast feeding has major benefits to babies lasting into adulthood. Vaccination and immunisation is one of the most cost effective public health interventions and are almost entirely delivered by GPs. Specific national programmes designed to improve the health of children have, over the years, required local authorities and NHS to work together. The Healthy Child Programme and the more targetable Sure Start and Family Nurse Partnership have all contributed to improving health and well being of children and their families, and are examples of better working together to improve the lot of families.

For adult prevention, there is a range of public health activities designed to offer opportunities for primary, secondary and tertiary interventions. These include stop smoking services, the NHS Health Check Programme, Health Trainer service, sport and recreation services and get active on prescription to name but a few.

Diagnosing long term conditions early lessens medical problems later, and prevention is even healthier. Once diagnosed patients should expect a regular review of their condition(s) comprising:

- Disease management support for people able to manage their own conditions; disease management by primary care teams for people with conditions that could be controlled through regular contact with a family GP, nurse, or other team member; and

- Case management/care coordination for patients whose complex needs require them to have a more intensive support than that available through self-management and disease management.

A measure of success is not only life expectancy, but also the quality of life individuals experience; hence public health is focused on not only how long you live but the years spent free from illness.

Recommendations:-

i) That arrangements / services in place as a resource to help people find out what's available in their local community be reviewed, including Hartlepool Now and the Family Services Directory;

ii) Better co-ordination of primary, community and social care services and initiatives that aim to tackle social isolation;

iii) Supported self-care i.e. provide people with the information and tools needed to make decisions for themselves to improve their health status; and

iv) Work with the Youth Council to spread their mental health work more widely.

2) Primary / Community and Social Care Services

Photo © careimages.com

General Practice (GP) - General Medical Practice has always been central to NHS primary care but primary care, also includes community pharmacy, dentistry and optometry. Community services are predominantly nursing but also include therapy and mental health services. All of which today accounts for only a fifth of total health service expenditure even though 90% of all care take place in the community.

General Medical Practice is the service most under pressure in the NHS. GPs nationally now undertake an estimated 370 million consultations each year (80% of all NHS clinical consultations), 60 million more than five years ago, yet in nearly every year of the past 20 years the number of GPs as a proportion of NHS doctors has fallen, and in the past 10 years the number of hospital consultants has increased at twice the rate of GPs. In Hartlepool, there are even fewer GPs than the national average.

Recognising this crisis magnified by the monies for general practice actually having fallen as a percentage of NHS monies over the last 5 years (that of hospitals has correspondingly risen), the government has very recently announced a big financial rescue package for General Medical Practice. The Five Year Forward View also offers a central role for General Practice which the recently formed local GP Federation is to take advantage of. General Practice must remain a local service for their patients and at the same time work together to be large enough to support individual practices and provide care that no longer needs to be in hospital.

To provide a comprehensive local provision, NHS community and local authority services must work with General Practice. Community services have their problems and may need further investment as there was nationally a 38 per cent drop in the number of community nurses in the ten years 2001-2011[6]. The Five Year Forward View has incorporated the Primary Care Home[7] in the policy, an approach to care currently being delivered on and could be the optimum model for working closely with Hartlepool Hospital.

When discussing services for the frail and elderly, many of the public who are elderly (over 65 years old) feel well, are active and only require occasional contact with clinical professionals. Many of these patients live with long term conditions such as high blood pressure, arthritis and Type 2 diabetes (not requiring insulin) and yet do not feel ill. Of course many people with a long term condition(s) will be younger than 65 years. Long term conditions can deteriorate over time so need to be regularly checked, particulary if that individual has many conditions (known as multi-morbidity). The group offered the care coordination service, are those with multi-morbidity, high-risk patients including some of the very high risk. This is typically 5% of the total population or 100 patients per 2000 population. 30% of these high-risk patients will require full multi-disciplinary clinical team input, whilst the care coordinator with the primary care team can meet the needs of the others. This programme is intensive of NHS clinical resources; mainly community based staff, but has an international evidence base and if implemented fully in Hartlepool will lessen the need for emergency care. For example:

6 *The Future of Primary Care, Roland 2015*
7 Colin-Thomé, 2011

- Relatively low per patient cost; and
- Independent evaluations confirm significant reductions in unscheduled care costs.[8]

Photo © careimages.com

Elderly - Frailty is a distinctive state related to the ageing process as multiple body systems gradually lose their in-built reserves. This means the person is vulnerable to sudden changes in health triggered by seemingly small events such as a minor infection or a change in medication. There is strong evidence that medical assessment within two hours, followed by specific treatment, supportive care and rehabilitation, is associated with lower mortality, greater independence and reduced need for long-term care. Much of this response is provided in hospitals by Geriatric Medicine, now the largest medical speciality in England. More recent research has demonstrated better outcomes from acute older care assessment units ('Frailty Units') at the front end of the hospital. Even more exciting has been steadily-accumulating confidence that more people presenting with a frailty syndrome crisis can be safely assessed and managed at home. This requires dedicated, well-led, multi-disciplinary community teams. Their development, with the right skills, integrated into primary and secondary care, is becoming the norm.

Maternity - Healthy women are most likely to be healthy pregnant women, so ante natal care in reality begins before conception. Planning a pregnancy is an exemplar of that principle. For instance, women can start the necessary folic acid supplement prior to conception. Regular ante natal checks are important for the health of mum and baby. Members of the public felt strongly about the right to be born Hartlepudlians. There is a free-standing birthing unit at Hartlepool hospital but a strong feeling persists that maternity staff do not encourage Hartlepool-based births. Of course it is completely valid for maternity staff to offer guidance including about any possible risks to mum or baby, but access to independent advice is essential. Guidance[9], updated in December 2014, supports the right for women to be informed about their options and choose where to have their baby - be that in a midwifery unit, at home or on a hospital labour ward. The NICE guidance advises that planning to give birth at home or in a midwifery unit is particularly suitable for women with straightforward pregnancies who have already had a baby. For women with straightforward pregnancies who are expecting their first baby, it is advised that planning to give birth in a midwifery unit is particularly suitable, but that there is a small increase in risk for the baby if they plan birth at home.

Children's Services - Nearly three million children (equivalent to 28% of all children in England) attend Accident and Emergency departments in hospitals in England each year, accounting for more than 25% of patients seen in Accident and Emergency nationally. The number of children presenting to urgent care is increasing and there is significant variation, if admitted to hospital, in average length of stay between organisations, ranging from 1.06 to 5.08 days.

Unwarranted variation in healthcare is an international problem which is difficult to fix. The following national statistics demonstrate the UK issues:-

8 *Mathematica Policy Research., 2011/12*
9 National Institute for Health and Care Excellence (NICE)

i) Accident and Emergency: There is a 3.5-fold variation in Accident and Emergency attendance for children aged 0-4;
ii) Breastfeeding: There is a three-fold variation in breastfeeding rates for babies aged 6-8 weeks across the country;
iii) Asthma: Variation in the treatment of child asthma has got worse. In 2008/09, there was a four-fold variation in the rate of children admitted for emergency hospital treatment – now, that has risen to a five-fold variation;
iv) Epilepsy: There is a four-fold variation in the emergency admission rate for children with epilepsy; and
v) Diabetes: There is a 2.6-fold variation in the percentage of children with diabetes admitted to hospital for diabetic ketoacidosis – a serious emergency condition that can lead to coma or even death if Type 1 diabetes is not properly managed.

Photo © careimages.com

The NHS Institute (2010) suggests that children should be admitted only when absolutely necessary, and that we should keep children at home whenever it is safe to do so. Based on a review of paediatric ambulatory care practice across the UK, they suggest that delivery models based on this philosophy have resulted in decreasing number of admissions, and fewer unnecessary and often painful investigations; it was also highlighted that they can be delivered safely.

These diagnoses are indicative of common episodic illnesses and are all diagnoses that could be managed by Advanced Paediatric Nurse Practitioners (APNPs), based in the community.[10] In accordance with guidance from the NHS Institute (2010), management in the community could improve the children's experiences, avoid unnecessary and often painful investigations and save money all without compromising children's safety.

The 5 paediatric ambulatory-sensitive conditions (PASC) are:

- Asthma and wheezing without complications;
- Upper respiratory tract disorders without complications;
- Lower respiratory tract disorders without complications;
- Minor infections without complications; and
- Acute infectious and non-infectious gastroenteritis.

Based upon data supplied it was estimated that by 2009-10 the national cost of treatment for these five conditions in England would be £283 million pounds (major variation in the costs by locality).

The report, 'Doing Better for Children' published by the Organisation for Economic Co-operation and Development (OECD), focused across six dimensions: material well-being; housing and environment; education; health and safety; risk behaviours and quality of school life. If we are to make a difference in Hartlepool, improvements in those six dimensions over many years will make the biggest contributor to good health and well being.

10 Holbourn, 2007

Mental Health Services - Evidence shows that:

Photo credit TEWVFT

- People in England who have had mental health problems are five times as likely to be admitted to hospital as an emergency as those who have not.
- Both the Nuffield Trust and Health Foundation think tanks found most admissions were for physical ailments.
- Researchers said the findings suggested the NHS was too often treating mental health conditions in isolation.
- Overall, just 20% of admissions were explicitly linked to mental health.
- Instead, mental health patients were more likely to be admitted as an emergency for what are usually routine problems like hip replacements.
- Visits to Accident and Emergency units were also three times higher, with more than 1,300 attendances for every 1,000 patients with mental health; and
- These figures are even worse for black and minority ethnic members of the public and even worse are more likely to be referred to the criminal justice system or compulsory detained.

Surprising to many, mental health services as a related set of services are the highest funded in the NHS; but nationally, similarly to primary care services, insufficient monies go to community-based care. It was, however, encouraging to find that the Tees, Esk and Wear Valleys NHS Foundation Trust have shifted the balance and are now spending more on community services than bed-based provision.

Mental health conditions including dementia are long term conditions, and service users / patients should expect to receive a systematic long term conditions programme of care for their mental and physical conditions. Such a programme incorporates; Prevention, Early diagnosis, Self care, Regular review by a clinician in primary and where appropriate in secondary care, the concept of a meeting of two experts (patient and clinician) to jointly develop a care plan and review at least yearly. A criticism of these programmes is they do not necessarily focus sufficiently on, for instance, disability and limitation of normal activity hence the need for input of Social Care.

As described in the section for the elderly and frail, a programme must offer self-management support for people able to manage their own conditions; disease management by primary care teams for people with conditions that could be controlled through regular contact with a GP, nurse, or other team member; and case management/care coordination for patients whose complex needs require them to have a more intensive support.

The reference to the elderly and frail work stream reinforces how much overlap there is between needs and issues across the five care priorities identified by the Health and Social Care Plan Working Group. The overarching issue is prevention and an environment and services that make for healthy children is a necessary precursor to a healthy adult both mentality and physically.

Early diagnosis leads to early treatments which usually ensure a less serious condition. Half of lifetime mental illness (excluding dementia) starts by the age of 14 and 75% by mid 20s.[11] The involvement of the impressive local Youth Council in mental issues could encourage awareness and de-stigmatise mental illness that hopefully will lead to early diagnosis.

Issues identified by the Working Group:

- Education, training and raising awareness with professionals and public and ensuring easy access as early as possible to make certain that the first assessment counts with all options available being considered, including self help and IT solutions, not just prescribing medication.
- Better integration with health services and local authority services.
- Increase and improve navigation to services and ensure they were facilitated, raising awareness of services available including online and face to face.
- Better use of community and voluntary sector as they have a key role to play to support individuals in their home and to help patients to navigate services.
- Working together for change document to be considered in developing the Local Health and Social Care Plan.
- Accident and Emergency attendance features strongly of which the majority could be dealt with locally.

Treaments - Hartlepool is served by a very good mental health trust. It has, however, a large catchment area. There is a national intiative to offer talking therapies for those with anxiety and depression which as one outcome may lessen the need for medication. The local Clinical Commissionig Group has commissioned an impressive range of mental health services. The government's Five Year Forward View strongly advocated local solutions for services.

Dementia - People with dementia of all types, and their carers, should expect to be offered a long term conditions programme for their condition. Early diagnosis is often difficult and yet important to ensure that patients receive the support and the treatments that could initially improve symptoms. Currently there is no cure but much ground breaking research is happening. GPs need early access to experts in dementia investigation and diagnosis. Unlike other conditions, most people with the varying forms of dementia die in care homes. Of those who died with dementia as the leading cause of death, some 59% died in a nursing or residential home compared to 32% in hospital. This contrasts sharply with the figure for deaths overall: nationally 58% people die in hospital and only 16% in care homes. Hospital is rarely the best place to die as a result of a long term condition and yet there is a shortage of care home beds in Hartlepool. The hospital site offers big opportunities for varying types of community beds: essential facilities for a Hartlepool-based organisation.

11 *Kessler, et al, 2005, Kim-Cohen, 2003*

Recommendations:-

i) That care records be integrated to enable key information to be shared between health and social care professionals, so that more joined up services can be delivered and duplication can be reduced;

ii) Further integration of health and social care services during and outside of normal working hours that focus on admission prevention and supporting independence;

iii) Improve the early diagnosis of long term conditions and review patient care regularly to ensure that emphasis is placed upon the importance of case management / care co-ordination by professionals and the self-management of conditions by patients;

iv) General practice by itself or supported by others can provide:-
- **First point of contact care;**
- **Continuous person and family focused care;**
- **Care for all common health needs;**
- **Management of chronic disease;**
- **Referral and coordination of specialist care; and**
- **Care of the health of the population as well as the individual.**

v) Make better use of assistive technology (i.e. using telehealth and telecare to remotely monitor vital health signs and/or support independent living).

vi) Implement the Better Childhood Programme which integrates social care and health services for children and explore how this model can be strengthened and further development to integrate with general medical practice and CAMHS

vii) Building on the excellent work of the mental health trust and commissioner, we need to develop and implement a Hartlepool-focused, Hartlepool-sited mental health service integrated with general practice(estimated 30% of GP consultations have a mental health component) and the range of local authority mental services. Local solutions for local people.

viii) That progress across six dimensions (material well-being; housing and environment; education; health and safety; risk behaviours and quality of school life) be reviewed annually by the Local Authority and the Clinical Commissioning Group through the Health and Wellbeing Board.

It is clear that key to the provision of affordable, and effective, health and social care solutions in the future is 'integration'. The implementation locally of the Better Care Fund (BCF) has seen Hartlepool Borough Council work in partnership with the Clinical Commissioning Group to put in place a model for integrated health and social care early intervention services.

The aim of the Model is to provide a flexible, and responsive, service that recognises the different needs of individuals shifting from reactive (unplanned) care to prevention and proactive care. Its implementation has gone some way to achieving the desired integration of health and social care services in Hartlepool, and provides a foundation and experience that can be built upon, in partnership with the Clinical Commissioning Group, through the Hartlepool Care Plan. Integrated services already in place include:-

Hartlepool Now
Assistive Technology
Support for Carers
Information and Advice
Low Level Support
Luncheon Clubs (Plus)
Social Inclusion
Single Point of Access
Adult Services First Contact Team (co-located with NHS Single Point of Access (SPA))
A Clinical Triage Function - within the SPA
Weekend Working Pilot
Daily Discharge Planning Meetings
Enhanced pharmacy support (care homes / domiciliary care providers)
Dementia Services (Advisory Service, Dementia Friendly Hartlepool and The Bridge)
Children's Hub

The services listed above are outlined in more detail in **Appendix C.** They are to be built upon in 2016/17 by enhancing the Early Intervention Model (EIM), co-locating the Falls Prevention Team in the Single Point of Access, further developing the relationship with Cleveland Fire Brigade and establishing a Befriending Network.

It is recognised that there is still much to be done in the delivery of true health and social care integration in Hartlepool, and this Plan is a fundamental part of it.

3) Local Hospital, Acute and Urgent Care

Government policy fits in well with our ambition for urgent care in Hartlepool: 'For those people with urgent but non-life threatening needs we must provide highly responsive, effective and personalised services outside of hospital, and deliver care in or as close to people's homes as possible, minimising disruption and inconvenience for patients and their families.'[12]

Photo credit Hartlepool Mail

It is apparent that the difference between Urgent and Emergency Care understandably causes much confusion and that this creates problems in terms of patients turning up to the least useful location for their needs. In discussion about the issue of acute and urgent care, it was essential for the Working Group itself to be clear on the definitions of each. It was clarified that:-

12 Five Year Forward View

Urgent Care – Is non-life threatening but requires urgent care or advice i.e. sprains, strains, infections, minor head and eye injuries, some broken bones and a range of other symptoms.

Emergency Care – Is where life or long term health is at risk – medical emergency i.e. severe bleeding; severe chest pain, severe burns/scalds/allergic reactions and breathing difficulties which may require specialised services in a hospital.

It was shown that most patients who attend Accident and Emergency have urgent and not emergency problems. For instance, nationally around 13 per cent of people who attend Accident and Emergency are discharged without requiring treatment, and a further 35 per cent receive guidance or advice only[13]. More specifically, in Hartlepool during 2014/15, there were 12,538 Accident and Emergency attendances[14], of which:

- 3,837 (Major severity / admitted to hospital)
- 3,868 (Major severity / not admitted to hospital)
- 4,833 (Minor severity – with the opportunity for a proportion to be seen in a community setting)

It is important to be clear that urgent cases can be fully attended to in Hartlepool and only the rarer emergency problems need to travel further. Emergency care services must be provided from fully staffed and equipped Accident and Emergency centres, such as those that are currently provided at University Hospital of North Tees and for some conditions such as strokes, heart attacks and major trauma, specially staffed and equipped centres could be farther afield.

Strong international medical evidence tells us that centralising these very specialised services with paramedic led ambulance transport offer the safest and best care. The Better Health Programme is developing that multi-hospital approach, with only some centres having the specialised expertise required.

Accident and Emergency services are probably the most myth-laden of all NHS services. The King's Fund, an academic centre which specialises in health care, recently published an urgent and emergency care myth buster's document[15]. Being guided by them will enable the pressures in Accident and Emergency departments to be better managed, as shown in many departments around England, and will support an urgent care alternative. The message being that problems are surmountable:-

- Myth one: Accident and Emergency waiting times have risen dramatically;
- Myth two: The number of people going to Accident and Emergency is increasing;
- Myth three: Increases in Accident and Emergency attendances are mainly a result of reduced access to GPs;
- Myth four: Accident and Emergency pressures are due to an inadequate number/mix of staff; and
- Myth five: Delays discharging patients from hospital are increasing because of problems with social care.

If most, and possibly all, urgent care is to be delivered in Hartlepool, existing services need to be fully integrated. Many community pharmacies offer or can be encouraged to offer a minor ailments service, and if so need to be incorporated into a wider service plan. Several residents have said that they find the three separate urgent care services delivered from the One Life

13 HSCIC 2016
14 Presentation to the Local Health and Social Care Plan – 14 January 2016
15 An alternative guide to the urgent and emergency care system in England - Kings Fund (2015)

Centre at best confusing. Hartlepool and Stockton Clinical Commissioning Group commissioners have listened to this and are procuring an integrated service comprising minor injuries, minor ailments and GP Out of Hours.

In 2014/15, there were 54,346 patient contacts in community settings, as detailed below, with 81% of Hartlepool patients treated in a community setting appropriate to their condition.[16]

- 17,099 Minor Injuries attendances;
- 28,043 attendances Walk in centre Hartlepool; and
- 169 attendances Walk in centre Stockton.

The facilities at the One Life Centre do, however, seem very cramped for extended urgent care. If moved to Hartlepool hospital the facilities could extend the 24 hour service, working with the 111 phone service, day time general practice, community based and hospital staff. Working with the hospital based emergency admission prevention programme can incorporate the three care priorities of elderly and frail, primary and community, and urgent care. In this situation, specialist hospital / Accident and Emergency staff at North Tees University Hospital could offer real time support to Hartlepool based GPs, paramedics and community teams. A 24/7 clinical decision / support system of this kind would ensure that no decision is taken in isolation.

It must be said that if the expanded urgent care model was to be based in Hartlepool hospital, as many of the public and the author of this report recommend, the One Life centre will remain a very important facility. It will provide an opportunity for the transfer, and further integration, of services currently delivered elsewhere by the local authority and its health and other partners.

Recommendations:-

i) **Integrate the 111 phone service with the three urgent care services as national policy is for NHS 111 to become the single NHS number to dial for all your urgent health needs (for emergencies still phone 999);**

ii) **Integrate the existing Minor Injuries Unit, GP Out of Hours and Walk In Centre services to ensure a single pathway of care and expand the provision of urgent care, and related services, from the Hartlepool hospital site;**

iii) **Maintain a fully functional One Life Centre for scheduled care (non urgent and non emergency) and the existing general practices and consider options for further integration of health and social care services currently delivered by health and other partners from that site;**

iv) **Review existing arrangements to explore options to increase the levels of planned surgery undertaken from the Hartlepool hospital site;**

v) **Ensure there is ongoing mental health service support for urgent and emergency services;**

vi) **NICE guideline intrapartum care 2014 to be made publically available; and**

vii) **Regularly audit children's admissions to hospital with particular reference to length of stay, costs and the paediatric ambulatory-sensitive conditions identified by the NHS Institute.**

16 Presentation to the Local Health and Social Care Plan – 14 January 2016

Section 5 – The Model For Hartlepool

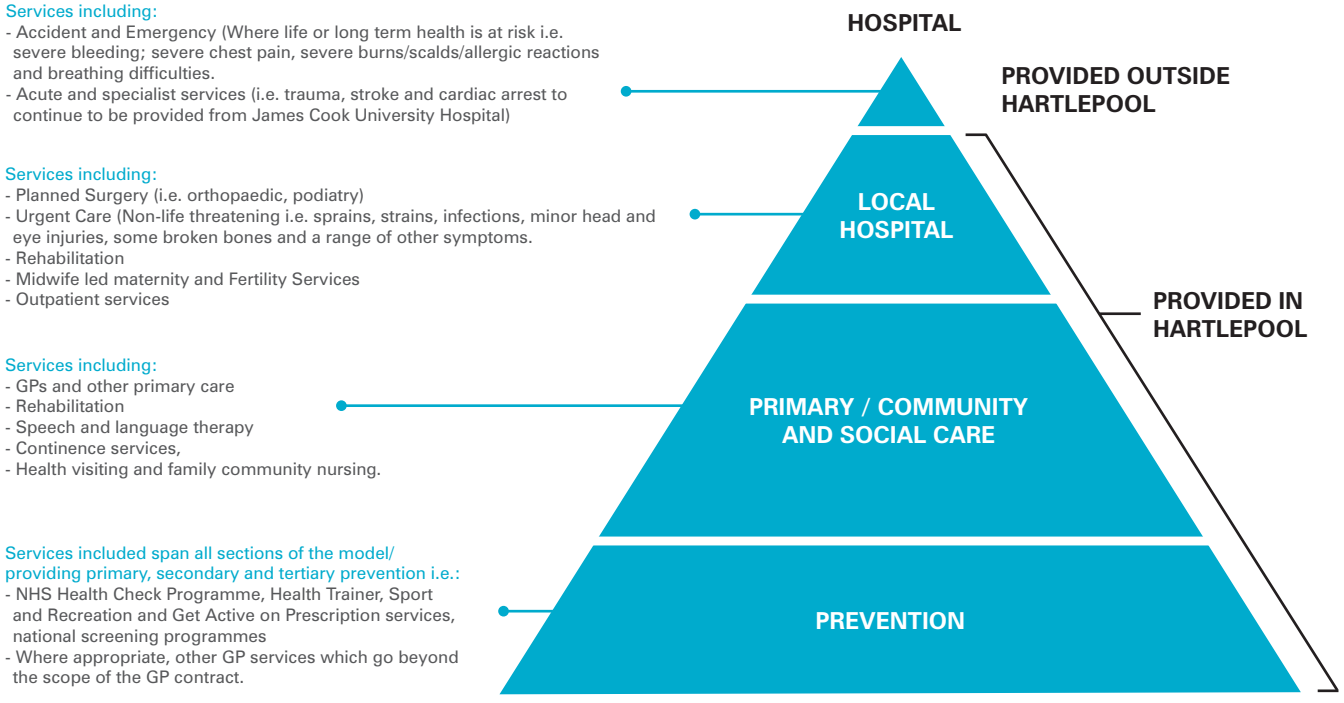
A new care Model for Hartlepool must span all four service areas outlined in Section 3 and, based on the priorities identified by the Local Health and Social Care Plan Working Group, focus on prevention. It has, at its core, the following overarching principles for a new way of working:

i) Move services out of hospital to be delivered in a community setting with the associated funding transfer;
ii) Provide capacity in the right part of the system, with a trained and competent workforce;
iii) Integrate community, local authority and hospital services with general practice;
iv) Commissioner and ambulance provider to ensure sufficient paramedic led ambulances when patients need safe transfer to specialised centres;
v) Ensure that:
- The right care is provided in the right place, at the right time;
- True integration of all parts of the local urgent care system;
- All Hartlepool health and care organisations work together to increase the effectiveness and coordination of support to those who need care and support; and
- Patients are part of the process to hold the whole system to account.

vi) Obtain public agreement for:
- The Hartlepool Care Plan and its delivery model; and
- Local outcome measures to complement those in place nationally.

In fulfilling these overarching principles, the operating model has to see most services provided in Hartlepool, with specialist acute services (i.e. trauma) provided centrally to ensure the best possible outcomes for patients. Support for this model (as represented in Table 4) is demonstrated through the findings of the Local Health and Social Care Plan Working Group.

Table 4 - Operating Model



The benefits of the new model are demonstrated by the following case study:

Existing Model – Sid's Story[17]

Sid is 87 and suffers from emphysema, Type 2 diabetes and arthritis. He was coping pretty well until his wife passed away, but is now lonely and increasingly depressed. He frequently visits his GP, but finds it difficult to discuss all his needs in a brief consultation. If he can't get hold of his GP in a crisis, he calls for an ambulance. Each time, Sid spends time in Accident and Emergency and is often transferred to a ward as well. He sees lots of different healthcare professionals and has to explain his conditions repeatedly...frustrating!

He often has to wait to be assessed by social services before he can go home. The result of this is unnecessary time in hospital. When he gets home, a lack of co-ordination between his GP and social care often means he doesn't get the support he needs.

Eventually, after several hospital visits in just six months, it is decided to admit him to a care home. But what if Sid's health and social care services were more joined-up? Let's imagine one of his carers is given overall responsibility for co-ordinating his care – for example Kathy, a District Nurse. Kathy meets with Sid, his GP and his social worker. Sid explains that he wants to manage his conditions at home and, together, they design a care plan, which they can all access online, any time.

New Hartlepool Model

Sid now gets more visits from Kathy at home, which helps him to manage his emphysema and diabetes. On the occasions when he does have a crisis, Sid calls Kathy rather than an ambulance, so he goes to hospital less frequently. Even when he is admitted, he is discharged after a quick review of his care plan, rather than having to be reassessed.

In this scenario, Sid's health and social care is funded from a joint budget, so the team can make smart decisions about how it's spent, and call on the help of other social services.

For example, as his condition deteriorates, the team decide to fit a seat in Sid's shower, provide him with an oxygen cylinder to ease his breathing, as well as a medication dispenser with a voice prompt to remind him to take his pills.

Kathy talks to Sid about his loneliness, and he agrees to weekly trips to the shops with a volunteer from a local befriending charity. So now, Sid doesn't have to be admitted to a care home, instead getting the help he needs in his home. He feels happier, is healthier, and better use has been made of resources within the system.

What transformed Sid's care is that local leaders in the NHS, social services and the voluntary sector created a shared vision of what good integrated care looked like, centred around the needs of people like Sid, and their carers. They pooled resources across health and social care, built multi-professional teams and created systems to allow Sid's information to be easily shared.

In taking forward the development and implementation of the Model, the recommendations contained within the Hartlepool Care Plan will be presented by me as the Independent Chair to a Joint Committee in Common (Hartlepool Borough Council and the CCG's Governing Body). Monitoring of the implementation of the Plan will occur through the Health and Wellbeing Board, and a specifically convened meeting of the Local Health and Social Care Plan Working Group within 12 months.

17 Adapted from Sam's Story

Section 6 - Conclusion

There is a real future for expanding current services in Hartlepool and introducing new community based services that will lessen the need for patients to travel to the University Hospital of North Tees. It must be said however that given the workforce pressures in the NHS, it is very unlikely that acute emergency services will return to Hartlepool. The various medical Royal Colleges make recommendations about numbers of doctors needed for staffing and also decides if a department is good enough to train junior doctors without whom it is difficult to attract consultant doctors. The Royal College of Emergency Medicine for instance state that there are currently on average 4.39 emergency consultants per Accident and Emergency (they call them emergency departments) and the recommended minimum is ten for each Accident and Emergency department. There are simply not enough doctors in the NHS to keep all Accident and Emergency departments open and emergency in-patient care in every hospital. But to reiterate, many services can be developed in Hartlepool including urgent care if we can deliver on the model of care I describe in Section 5 of the report. It is important to note the vast majority of people who attend Accident and Emergency do so for urgent not emergency care.

It seems we need to 'draw a line' under what has gone before, and the associated anger and frustration, and begin anew. We need a Hartlepool-based policy and to develop a Hartlepool-based organisation – Hartlepool Care.

Of course the immediate focus of our work is developing the plans so that all healthcare and social care services are better integrated for the benefit of the people of Hartlepool and surrounding areas. Once plans are in place, we must ensure the public has a central role in ensuring the plans are implemented and maintained.

However, if the full plan is to work for the benefit of the public, as well as the sustainability of the wider local NHS and social care, I feel some general issues need to be addressed:

i) Integration has to demonstrate an improvement in the care of individual members of the public, who in turn must have the opportunity to hold the health and social care system to account for their delivered care.

ii) The Hospital Trust's most senior leaders must openly address the current widespread public mistrust of their plans and also be given the opportunity to explain their future vision for Hartlepool.

ii) All health and social providers of care need to work in close partnership together, committing to abide by some general principles to which they collectively hold each other to account, as good behaviours are paramount for successful partnerships. Some suggested principles are:

- The interests of patients and citizens trump those of institutions;
- No disputes but acceptable to have disagreements;
- Need to choose leaders for their behavioural attributes not only their knowledge and experience;
- A need to focus on relationships underpinned by a contract, not relationships defined by the contract;
- Design, develop, test and implement system-wide outcome measures for which all members are jointly held to account; and

- A key focus for commissioners is how to commission for individual patients /service users who have complex problems, as well commissioning for the whole population.

These principles can be upheld by agreement only. But as it will be a very different way of working in an environment mostly based on the needs of individual organisations often at the expense of the whole system, some formal process is usually required. Internationally, the most frequently used process is the Alliancing contract but there are other methodologies to utilise.

Will that be enough to match the aspirations of local people? In answer to my own question - I fear not. For the sustainability and transformation of services I feel we need a more specific Hartlepool approach. Both major NHS organisations – the North Tees and Hartlepool Foundation Trust and the Clinical Commissioning Group – do not only serve Hartlepool. The local Council of course does, but so do the local General Practitioners.

The current focus of NHS strategy and planning is for place-based care with an emphasis on primary and community services. We need to use the direction and thrust of national policy to come up with a Hartlepool transformation plan with the attendant promise of possible extra resources if successful - Secretary of State Jeremy Hunt, it seems, intimated as such in his meeting with councillors. How can we create a Hartlepool organisation, however tough the journey, encompassing council, local GP and community services, together with Hartlepool Hospital? One option is to utilise the hospital site very differently with an emphasis on increasing community beds and on facilities for all GP practices working together to expand their services and role. All working as one, with a future of being budgeted for its population. Such an approach certainly fits perfectly as a care model within the national policy of the Five Year Forward View. Very importantly it can be achieved without the distraction of having to restructure public sector organisations. It can be achieved by a commitment to collaboration, integration and working across traditional boundaries.

Instead of time consuming arguments about structural change, all can be achieved by a strong leadership commitment to a Hartlepool place-based option within present structures. Indeed, the North Tees and Hartlepool Foundation Trust and Clinical Commissioning Group very much support a Hartlepool-based approach.

For optimum care, some services need to be centralised at a large scale. For instance, the treatment of strokes, heart attacks, major trauma. But many services should be delivered more locally and owned locally (Section 5 of this report describes in summary a similar approach I have advocated for many years – The Primary Care Home – and now accepted as part of national policy). The leadership of the new GP Federation (HASH), even though it also covers Stockton, strongly supports a Hartlepool option and supports the development of General Practice.

General medical practitioners are the clinicians under most NHS pressure and need extra staffing in their practices to sustain their services. In the short term, there are opportunities for working closer with community pharmacists, many of whom offer a range of specific services beyond dispensing prescriptions and 'over the counter' advice and employing pharmacists within their practices. The latter is supported by the government as there is an oversupply of trained pharmacists. If care locally is to be transformed and expanded, GPs should have easy access to all other clinicians even if hospital employed. Working in this new way with Hartlepool hospital opens up that possibility and supplemented by associated easy access to hospital specialist opinion from other hospitals. The patient remains local (in Hartlepool) for all but the most specialised service; the specialist advice comes from further afield. For too long, general medical practice has been left isolated even though it is where the majority of care is delivered.

More support means more local services.

A challenge and test for all, if we are to meet Hartlepool's aspirations for 21st Century Health and Social Care services, will be true integration that avoids duplication and bureaucracy, using existing assets far more imaginatively and being accountable to both individual patients and the public. I believe that North Tees and Hartlepool Foundation Trust wish to be an important partner in this.

This can only be achieved with purposeful leadership, focusing on the common aim and not narrow self-interest. The international evidence demonstrates in particular for care of the frail elderly and for patients with complex problems, often lessening the need to be admitted to an emergency hospital or much shortening the length of stay.

A Hartlepool organisation for Hartlepool people! Hartlepool Care.....

Appendix A

LOCAL HEALTH AND SOCIAL CARE WORKING GROUP – ATTENDEES

Hartlepool Borough Council

Councillors:
Jim Ainslie, Stephen Akers-Belcher, Allan Barclay, Paul Beck, Sandra Belcher, Alan Clark, Rob Cook, Kevin Cranney, Marjorie James, John Lauderdale, Jim Lindridge, Brenda Loynes, Ray Martin-Wells, Carl Richardson, David Riddle, Chris Simmons, Kaylee Sirs, Sylvia Tempest, Steve Thomas and Paul Thompson.

Officers: Gill Alexander, Chief Executive; Louise Wallace, Director of Public Health; Sally Robinson, Jill Harrison, Simon Howard, Jacqui Braithwaite, Neil Harrison, Joan Stevens, Amanda Whitaker, David Cosgrove, Denise Wimpenny and Angela Armstrong.

Partner Organisations

Hartlepool and Stockton on Tees Clinical Commissioning Group: Ali Wilson, Paula Swindale, Sue Greaves, Karen Hawkins, Paul Pagni, Nicola Jones, Boleslaw Posmyk, Evelyn Schock, Tracie Jacobs, Paul Pagni, Jo Heaney and Paul Hendrie

North Tees and Hartlepool Foundation Trust: Julie Gillon, Jean Macleod, Julie Parkes, Helen Skinner, Andrew Simpson, L Johnson, Nick Ropen, Sally Thompson, Lynn Kirby and Jane Barker

Tees, Esk and Wear Valley NHS Foundation Trust: Dominic Gardner and David Brown, David Brown, Lynne Brown (CAHMS), Ben Smith and Emma Thompson

North East Ambulance Service: Douglas McDougall and C Thurlbeck

North East Commissioning Service: Gill Carlton, Helen Metcalf, Ruth Kimmins and Rob White

Hartlepool Youth Council Representatives: Lauren Howells and Emma Jennen

Durham County Council: Melanie McDougall, Michael Duffy, Mark Smith and Jackie Candish

Stockton Borough Council: Peter Kelly

Hartlepool Mail: Mark Payne and Tom Banks

Local Groups

Healthwatch: Ruby Marshall, Margaret Wrenn, Evelyn Leck, Judy Gray, Stella Johnson, Gordon Johnson, Tony Leighton, Margaret Metcalf and Zoe Sherry

Fighting For Hartlepool Hospital: Angela Hughes, Gemma Rhead, Kath Mathieson, Nicola Kenny, Glenn Hughes, Joyce Iredale and Ron Leigers

Town of Hartlepool Challenge: Stella Leighton, Irene Gilhespy, Julie Clayton, Janice Lynne, Gill Crane, Doreen Short, M Smurthwaite, Ken Low, Pauline Hope, N Hope, J Doherty, A Atkinson, Gordon Goddard, Stan Cronin, Steve Cronin, Julie Clayton, Rebecca Goddard and Tony Kramer

Save our Hospital: Keith Fisher

Hartlepool Carers: Karen Gibson

Public: Veronica Duggan, Mary Green, Kenneth Thompson, C Thompson, S A Ralton, Charlene Twidale, Mrs S Picton, Joan Anderson, Jack Nicholson and Eric Plews

Appendix B

Summary of Indicators[18]

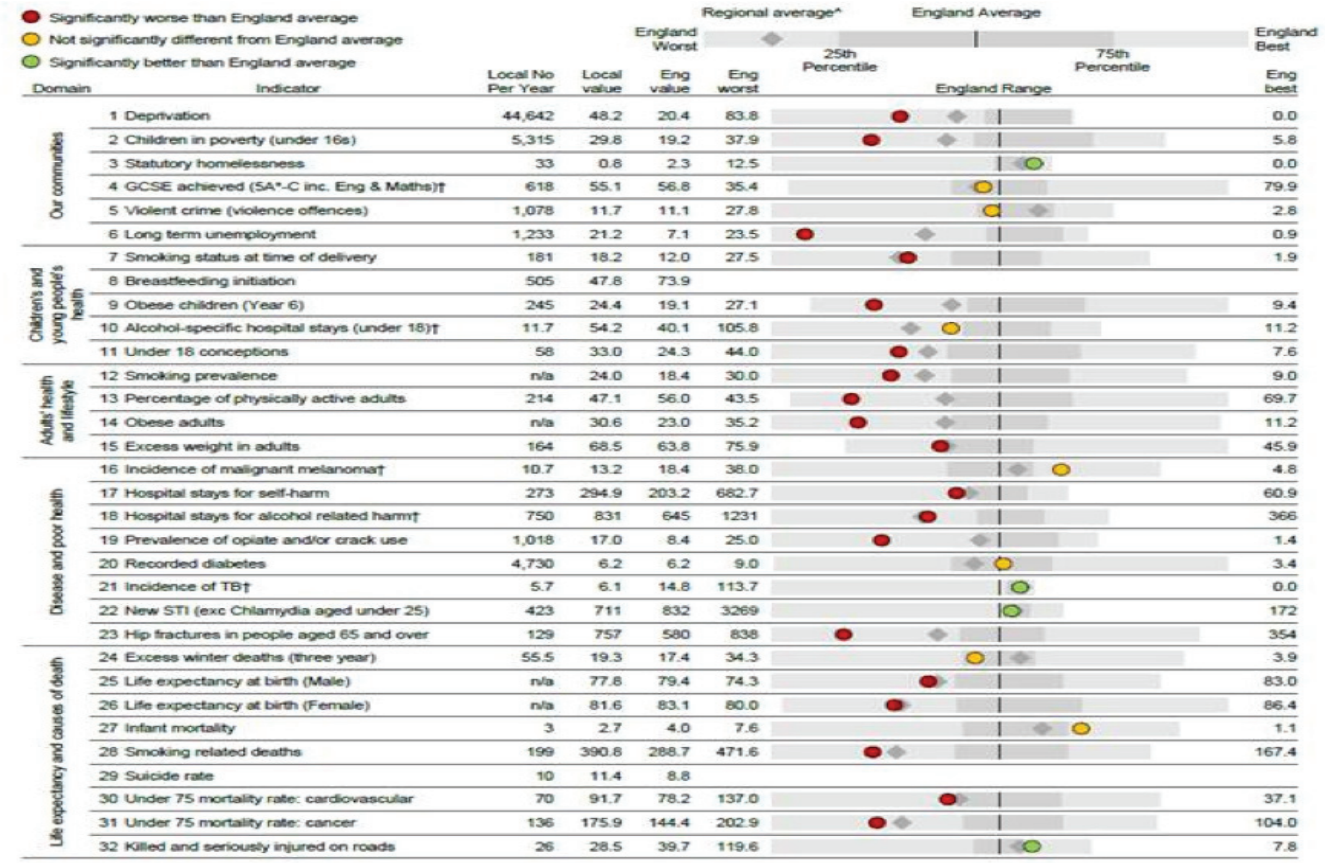
Vulnerable Groups				
Topic	**Indicator**	**Hpool %/rate**	**Hpool no.**	**England %/rate**
Learning disabilities	Proportion (%) of supported adults with a learning disability living in settled accommodation	83.6%	255	72.9%
	Proportion (%) of eligible adults with a learning disability having a GP health check	43%	221	44%
Autism	People with autism in receipt of support services	-	140	-
Physical disabilities	Those with severe physical disability (age 18-64) or with a limiting long-term illness (age 65+) receiving services	41%	-	29%
Sensory disabilities	People with a hearing loss referred by their GP for a hearing test	55%	-	-
Sexual violence victims	Increase in sexual violence offences reported to the Police	41%	-	-
Domestic abuse victims	Domestic abuse incidents reported to the Police in Hartlepool involving a repeat victim	48.2%	-	-
Carers	Overall satisfaction of carers with social services	56.4%	-	-
	Carers who report that they have been included or consulted in discussions about the person they care for	84%	-	-
	Carers (and people who use services) who find it easy to find information about services	80.1%	-	-
End of life care	Proportion of population on the palliative care register	0.4%	-	1%
Ex-forces personnel	Information as part of the Joint Strategic Needs Assessment is due to be updated.	-	-	-
Migrants	Families involved in Syrian resettlement programme	-	10	-
Travellers	Gypsy & Traveller children who obtain five GCSEs A*-C grades (including English & Maths)	10%	-	-
Offenders	Reduction in the re-offending rate of the most prolific and priority offenders	36.7%	-	-
	Offenders who re-offend within a 12 month period	33.7%	-	-
Child sexual exploitation	Cases discussed by the Vulnerable Exploited Missing or Trafficked practitioners group	-	50	-
Wider determinants				
Crime	Support for Victims of Crime and Anti-social Behaviour	-	550	-
	Crime rate per 1,000 population	87.8	-	61.4
Education	Children with free school meal status achieving a good level of development at the end of reception	68.4%	-	66.3%
	GCSE achieved 5A*-C including English & Maths	53.1%		57.3%
Employment	Adults with learning disabilities in employment	15.9%	65	6.7%
	People in long-term unemployment (rate per 1,000 working-age population)	12.8	1,137	4.6

18 The Director of Public Health Annual Report 2015/16

Topic	Indicator	Hpool %/rate	Hpool no.	England %/rate
Environment	Complaints about noise (rate per 1,000 population)	5.6	521	7.4
Housing	Statutory homelessness	1.3%	74	2.4%
Poverty	Reduction of children in poverty (under 16s) since 2010	3.6%	-	-
	Children in poverty (under 16s)	29.1%	-	18.6%
Transport	Killed and seriously injured on roads (rate per 100,000 population)	27.8	116	39.3
	Children killed or seriously injured in road traffic accidents	24.5	13	17.9
Behaviour and lifestyle				
Alcohol misuse	Under 18s admitted to hospital for alcohol specific conditions	36.4	22	36.6
	Alcohol-related mortality	61.8	55	45.5
Illicit drug use	Eligible new presentations (Non Opiate Users) accessing drug treatment that accept the offer of Hepatitis B treatment	89%	-	-
	Successful completion of drug treatment - non-opiate users	30.9%	58	39.2%
Smoking	Successful quitters at 4 weeks (rate per 100,000 population)	3,489	627	2,892
	Smoking prevalence	23.4%	-	18.0%
	Smoking in pregnancy	18.1%	-	11.4%
Diet and nutrition	Increase in breastfeeding initiation rates	13%	-	-
	Consuming 5 portions or more of fruit and veg per day	43.8%	-	52.4%
Obesity	Referrals to Exercise for life programme or to health trainers	-	1,232	-
	Obese adults	32.7%	-	24.0%
Sexual health	Reduction in under 18 conceptions	50%	-	-
	Under 16 conceptions	8.6	-	4.4
Physical inactivity	Increase in adult participation in 3 x 30 mins moderate exercise per week since 2005	41.3%	-	-
	Physically active adults	51.2%	-	57%
Illness and death				
Cancer	Engaged with the Tees Health Awareness roadshow	-	300	-
	Die each year due to cancer	-	300	-
Cardiovascular disease	Eligible population aged 40-74 who received an NHS Health check	18.6%	4,256	18.6%
	Under 75 mortality rate from all cardiovascular diseases (rate per 100,000 population)	90.1	210	75.7
Diabetes mellitus	Diabetes prevalence	6.3%	-	6.4%
	People with undiagnosed diabetes	-	1,700	-
Injuries	Injuries due to falls in people aged 65 and over (rate per 100,000 population)	1,975	351	2,125
	Hospital admissions caused by injuries in children 0-14 years (rate per 100,000 population)	137.4	227	109.6
Mental and behavioural disorders	Diagnosed with dementia	-	1,200	-

Topic	Indicator	Hpool %/rate	Hpool no.	England %/rate
Oral health	Children with one or more decayed, missing or filled teeth	19.6%	-	27.9%
Respiratory disease	Lung Health Check assessments	-	6,562	-
	The number estimated to be living with chronic obstructive pulmonary disease (COPD) without knowing it	-	1,250	-
Self-harm and suicide	Suicide rate (per 100,000 population)	225.9	-	191.4

Summary of Health and Wellbeing in Hartlepool (2015)[19]



Domain		Indicator	Local No Per Year	Local value	Eng value	Eng worst	Eng best
Our communities	1	Deprivation	44,642	48.2	20.4	83.8	0.0
	2	Children in poverty (under 16s)	5,315	29.8	19.2	37.9	5.8
	3	Statutory homelessness	33	0.8	2.3	12.5	0.0
	4	GCSE achieved (5A*-C inc. Eng & Maths)†	618	55.1	56.8	35.4	79.9
	5	Violent crime (violence offences)	1,078	11.7	11.1	27.8	2.8
	6	Long term unemployment	1,233	21.2	7.1	23.5	0.9
Children's and young people's health	7	Smoking status at time of delivery	181	18.2	12.0	27.5	1.9
	8	Breastfeeding initiation	505	47.8	73.9		
	9	Obese children (Year 6)	245	24.4	19.1	27.1	9.4
	10	Alcohol-specific hospital stays (under 18)†	11.7	54.2	40.1	105.8	11.2
	11	Under 18 conceptions	58	33.0	24.3	44.0	7.6
Adults' health and lifestyle	12	Smoking prevalence	n/a	24.0	18.4	30.0	9.0
	13	Percentage of physically active adults	214	47.1	56.0	43.5	69.7
	14	Obese adults	n/a	30.6	23.0	35.2	11.2
	15	Excess weight in adults	164	68.5	63.8	75.9	45.9
Disease and poor health	16	Incidence of malignant melanoma†	10.7	13.2	18.4	38.0	4.8
	17	Hospital stays for self-harm	273	294.9	203.2	682.7	60.9
	18	Hospital stays for alcohol related harm†	750	831	645	1231	366
	19	Prevalence of opiate and/or crack use	1,018	17.0	8.4	25.0	1.4
	20	Recorded diabetes	4,730	6.2	6.2	9.0	3.4
	21	Incidence of TB†	5.7	6.1	14.8	113.7	0.0
	22	New STI (exc Chlamydia aged under 25)	423	711	832	3269	172
	23	Hip fractures in people aged 65 and over	129	757	580	838	354
Life expectancy and causes of death	24	Excess winter deaths (three year)	55.5	19.3	17.4	34.3	3.9
	25	Life expectancy at birth (Male)	n/a	77.8	79.4	74.3	83.0
	26	Life expectancy at birth (Female)	n/a	81.6	83.1	80.0	86.4
	27	Infant mortality	3	2.7	4.0	7.6	1.1
	28	Smoking related deaths	199	390.8	288.7	471.6	167.4
	29	Suicide rate	10	11.4	8.8		
	30	Under 75 mortality rate: cardiovascular	70	91.7	78.2	137.0	37.1
	31	Under 75 mortality rate: cancer	136	175.9	144.4	202.9	104.0
	32	Killed and seriously injured on roads	26	28.5	39.7	119.6	7.8

19 Hartlepool JSNA

Appendix C

INTEGRATED SERVICES CURRENTLY PROVIDED IN HARTLEPOOL

Hartlepool Now - The existing site has been further developed as an online system to support people who need advice and information and want to know about services in their local area.

Assistive Technology - Investment has enabled the number of people receiving support to grow on an annual basis for the last five years with over 2,200 people using assistive technology at the end of December 2015. How telehealth can be better utilised is now also being explored.

Support for Carers - Funding has been used to fund carers support services, including Direct Payments that provide carers with a break from their caring role.

Information and Advice - A bank of essential information for older people in the community (available on paper and electronically) has been developed, covering local activities, classes and community and interest groups.

Low Level Support - Provided for individuals with low level needs (one to one, over a 6 week period) to promote independence and enable people to get on with their lives:

- Telephone calls to enquire after someone's wellbeing;
- Assisted visits to community groups, activities and other locations in order to build people's confidence; facilitate connections to social/educational and other activities; and encourage them to get out and about;
- Support to get to important appointments; and
- Assistance to do one or two shopping visits and information and encouragement.

Luncheon Clubs (Plus) - Operating in a variety of settings, to provide an opportunity to buy lunch and enjoy an informal social atmosphere, including gentle exercise classes, wellbeing sessions, guest speakers and handicrafts

Social Inclusion - Centre based, available for frail elderly people for whom other elements of the service identified above would not be suitable to meet their needs. The service provides stimulating activities such as gentle exercise classes, wellbeing sessions, visits to places of interest, guest speakers, gardening, films and drama, handicrafts etc.

Single Point of Access (SPA) - Work to co-locate and integrate services continues to provide a single point of access for every person with whom health and social care engage.

Adult Services First Contact Team (co-located with the NHS Single Point of Access (SPA)) - The first step towards an integrated health and social care single point of access. Further work is underway to establish how these teams work more cohesively and how capacity is enhanced, including a proposal for clinical input to SPA.
A Clinical Triage Function (within the SPA).

Weekend Working Pilot - From October 2015 to March 2016 social workers have been available from 10.00-4.00 during weekends and bank holidays, focused on facilitating hospital discharges. This was supported by additional weekend capacity commissioned from independent home care providers for the same period using system resilience funding.

Daily Discharge Planning Meetings - Bring together professionals from a range of disciplines (such as nurses, social workers and therapists) to discuss every person requiring discharge from either social care, community services, direct care and support, acute beds or reablement/rehabilitation. This allows for joined up planning to take place, to ensure that the right professionals are working with the right person in the most effective way.

Enhanced pharmacy support for care homes and domiciliary care providers.

Dementia Advisory Service - To empower people who are affected by and/or suffering from dementia to be able to "live well with dementia". The service complements health and social care services provided to people living with dementia and their carers by providing named contacts and a single point of access for the provision of information and support about dementia, and the range of services, activities and benefits available in Hartlepool.

Dementia Friendly Hartlepool - The Working to Build a Dementia Friendly Hartlepool project has been successful in gaining the first level of accreditation which enables all interested parties that pledge their support to be able to register as part of the Dementia Friendly Community.

The Bridge - A drop-in and information centre for those living with dementia and their carers.

OTHER SERVICES ALSO PROVIDED IN HARTLEPOOL

Low risk inpatient surgery (hip and knee, general surgery) overnight stay
Holdforth Unit (a rehabilitation ward for people recovering from the acute phase of their illness or injury to be cared for locally)

Medical rehabilitation day unit
Bowel screening
Breast screening
Day case surgery
Birthing centre
Maternity day assessment unit
Assisted reproduction unit (fertility)
Community services
Wheelchair services
Physiotherapy
Cardiac investigations unit
Respiratory investigations unit
Orthopaedic outpatients
General outpatients
Women's outpatients
Children's outpatients
Children's day unit
MRI and CT scanning
X-ray and ultrasound
Chemotherapy day unit

Appendix D

INDIVIDUAL MEETINGS WITH THE INDEPENDENT CHAIR – ORGANISATIONS AND SPECIAL INTEREST GROUPS

Clinicians Nursing Staff – North Tees and Hartlepool Foundation Trust
Julie Gillon, Chief Operating Officer/Deputy Chief Executive
Dr Jean MacLeod, Consultant Physician in General Medicine and Diabetes/Associate Medical Director for Transformation and Integrated Care Services
Dr Deepak Dwarakanath, Consultant Physician/Clinical Director – In-hospital services
Mr Anil Agarwal, Consultant Surgeon/Associate Medical Director – Clinical Governance
Dr Bruce McLain, Consultant Paediatrician/Clinical Director – Paediatrics
Mr Pud Bhaskar, Consultant Surgeon/Clinical Director – General Surgery
Linda Hunter, Business Manager – Out of Hospital Care
Matthew Wynne, Service Lead – Physiotherapy / Occupational Therapy - Integrated Care Services
Vicky Blakey, Senior Clinical Professional – Integrated Care Services
Dr Dolon Basu, Consultant Obstetrician & Gynaecologist
Lindsey Robertson, Professional Lead Nurse – Out of Hospital Care

Healthwatch: Ruby Marshall, Margaret Wrenn, Evelyn Leck, Judy Gray, Stella Johnson, Gordon Johnson, T Leighton, M Metcalf and Zoe Sherry

Town of Hartlepool Challenge: Julie Clayton, Gordon Goddard, Stan Cronin, Steve Cronin

Save our Hospital: Keith Fisher

Hartlepool Carers: Karen Gibson

GP Federation: Paul Williams (Stockton GP who is lead of the Hartlepool and Stockton GP Federation (HASH). By video link from holidaying in the south of France) and Hartlepool GPs Boleslaw (Poz) Posmyk (Chair Hartlepool and Stockton-on-Tees Clinical Commissioning Group), Nick Timlin and Salvi Patel.

Youth Council:
Dyke House Youth Councillors - Eve Cooper, Adam Shillow and Joshua Scott
Manor Academy Youth Councillors - Daniel Measor, Callum Reed and Caitlin Amy Towers
English Martyrs Youth Councillors - Jack Palmer
Cultural Seats Youth Councillors - Sara Razzaq and Janat Khanum
Children in Care Youth Councillors - Chloe Vickers, Caitlin Laybourn
St Hild's Youth Councillors - Mathew Childs, Steffi Ellison, Abby Wallace and Chelsea Aveyard
Hartlepool 6th Form Youth Councillor and Member of Youth Parliament (MYP) for Hartlepool - Lauren Howells
Hartlepool College of FE Youth Councillor - Emma Jenner
Hart Gables (LGBT) Youth Councillors - Ben Marshall
SEN / Catcote Youth Councillors - Luke Wray

Appendix E - Summary of Working Group Issues

PRIORITIES SHARED ACROSS THE SERVICE THEMES	FRAIL AND ELDERLY	PRIMARY AND COMMUNITY SERVICES	URGENT AND EMERGENCY CARE SERVICES	MATERNITY, EARLY YEARS, CHILDREN'S HEALTH AND WELLBEING SERVICES	MENTAL HEALTH SERVICES	FOCUS GROUP / YOUTH COUNCIL VIEWS
COMMUNICATION AND INFORMATION SHARING	Clarity around what and how services were available. To map needs and develop a directory of community resources to ensure when individuals were faced with choices, they were fully aware of what options were available. Integrated records and shared information, especially around out of hours services; Information sharing across organisations and ensuring first point of contact for both health care professionals and patients was with fully trained staff.	Information sharing utilising IT to improve communication should be a priority.	People were confused of where to go and get help and support through a single point of access. Information should be shared more effectively with improved communication.	Better communication around the services provided to ensure patients were able to make informed decisions. Communication around the services available in Hartlepool needs to be improved to raise awareness of what was available. Ensuring parents and the workforce, including multi-disciplinary teams, were educated around the services available.	Increase and improve navigation to services and ensure they were facilitated, raising awareness of services available including online and face to face.	Better communication of future plans to the public. Often informed after the event. Don't assume young people prefer electronic communication – traditional means are just as good.

PRIORITIES SHARED ACROSS THE SERVICE THEMES	FRAIL AND ELDERLY	PRIMARY AND COMMUNITY SERVICES	URGENT AND EMERGENCY CARE SERVICES	MATERNITY, EARLY YEARS, CHILDREN'S HEALTH AND WELLBEING SERVICES	MENTAL HEALTH SERVICES	FOCUS GROUP / YOUTH COUNCIL VIEWS
SERVICE DELIVERY: **-INTEGRATION** **-DEVELOPMENT OF COMMUNITY ASSET** **-PROVISION OF SERVICES LOCALLY** **-TRANSPORT** **-STAFFING, EDUCATION AND TRAINING**	Extended access to health and social care professionals through a single point of contact to enable quick access to professional advice to deal with an individual's care when required. Developing community assets such as a community hub to provide information and advice for carers as well as service users. Transport. Domiciliary care and the need to value the role, give respect and recognition to care staff. Introducing an education and training programme for individuals and carers in the management of long term conditions; To develop a leadership, education and training programme to invest in the workforce with the aim of achieving the desired outcomes.	The importance of building on existing community assets was emphasised along with the need to focus on those who were more isolated. One contact providing the right service, at the right time, with the right expertise. Better co-ordination of a single point of delivery/expertise. Signposting to the right service at first point of contact, and improved communication between hospital/ community. Transport services within localities needed reviewing to develop community based/ primary care services in relation to spending review cuts in health and social care. Consistency – ensure a high service/standard of response with highly trained advanced care practitioners to meet the community's needs.	A mix of staff should include multi-disciplinary teams to ensure right care, right place, at the right time. One service, one place, with one provider should be a key priority. The provision of one emergency service 24 hours a day, 7 days a week in Hartlepool, with the Urgent Care Centre providing rapid response from a base within the University Hospital of Hartlepool, including an Emergency Assessment Unit. There was a need for 24 hours a day access to a walk-in centre in Hartlepool as that had been the expectation when the One Life Centre was established - one place to meet a whole range of needs. 24 hours a day/7 days a week service required with the ability to walk in as there remained some confusion over what was available and some people do not like to access 111 directly. The above should be provided within the Hartlepool boundary, preferably at the University Hospital of Hartlepool. Transport was highlighted as a challenge for accessing services at the University Hospital of North Tees. Should be more senior consultants/ matrons through a big recruitment drive to address emergencies, especially around specialist service.	Improvement of local co-ordination of specialised services to avoid appointments at numerous different hospitals and to ensure information was shared between doctors effectively. Need to ensure pathways of care were clear for families in order to minimise disruption where possible. Ensure appropriate qualified and experienced staffing with the right expertise were in place where needed, and that they were accessible to maximise the support role where needed. Transport was highlighted as a particular issue that needs to be improved for patients who need to attend North Tees Hospital, including the awareness of transport services available. Improved workforce planning to ensure the number and skills of the workforce meet future needs of patients on both sites. Improved education around the national childhood measurement programme, breastfeeding, inter-generational patterns and cycles, and how we can break into those including the public perception of social workers. The key being education in the right place to the right age group.	Better integration with health services and local authority services. Better use of community and voluntary sector as they have a key role to play to support individuals in their home and help patients navigate services. Education, training and raising awareness with professionals and public and ensuring easy access as early as possible to make certain that the first assessment counts with all options available being considered, including self help and IT solutions, not just prescribing medication.	Clear view that services need to be integrated to improve patient/ service user outcomes and efficiencies. Shortness of community based beds. Review the urgent care services at the One Life centre as they are perceived to be poorly integrated and there is too low a threshold for referral to North Tees. Hartlepool hospital offers a better site for these services and would lend itself to 24 hour availability. Lack of 24/7 pharmacy at the One Life centre yet pharmacy in the hospital. Need a strong Hartlepool focus for services as currently no clear focus. Hartlepool hospital should host services such as elective care, chronic lung disease, pain services, birthing. A telephone care service is needed. Transport to North Tees including lack of clarity about the shuttle service. Problems compounded by low car ownership and discharge from North Tees at 'unsocial hours'. Increase the numbers of GPs with a general satisfaction with GP services and a positive view of GPs.

PRIORITIES SHARED ACROSS THE SERVICE THEMES	FRAIL AND ELDERLY	PRIMARY AND COMMUNITY SERVICES	URGENT AND EMERGENCY CARE SERVICES	MATERNITY, EARLY YEARS, CHILDREN'S HEALTH AND WELLBEING SERVICES	MENTAL HEALTH SERVICES	FOCUS GROUP / YOUTH COUNCIL VIEWS
PROVISION OF PATIENT FOCUSED CARE: **-PREVENTION** **-TACKLING SOCIAL ISOLATION** **-CLEAR CARE PLANS**	Making sure every individual has a tailored assessment plan with a single named co-ordinator upon discharge from hospital. Social isolation and loneliness, especially for older people and informal carers. One way of improving this may be through the introduction of an App which would show what services were available to signpost people, including professionals.	Consistency across care whilst recognising personal care. Improvements in relation to carer and support around hospital discharge. Tackling isolation and loneliness. More proactive approach to predicting needs and risks to people in the community and the importance of targeting resources in relation to prevention along with the need to improve the promotion of public health messages within the community.				
STRONG LEADERSHIP / MANAGEMENT AND SERVICE CONFIDENCE		Confidence – as a result of training / services being implemented effectively.	Strong leadership is required to move forward through unbiased leadership and accountability.	Improve the involvement of young people including the Youth Parliament and Youth Council.		A view that hospital Trust management focuses on North Tees. A near universal feeling that since North Tees and Hartlepool hospitals merged in 1999 there has been a steady withdrawal of valid services from Hartlepool. The latest flashpoint, although not integral to this report, has been the removal of fertility services. Stockton has better community services and concern was expressed that the Clinical Commissioning Group do not focus enough on Hartlepool issues.

PRIORITIES SHARED ACROSS THE SERVICE THEMES	FRAIL AND ELDERLY	PRIMARY AND COMMUNITY SERVICES	URGENT AND EMERGENCY CARE SERVICES	MATERNITY, EARLY YEARS, CHILDREN'S HEALTH AND WELLBEING SERVICES	MENTAL HEALTH SERVICES	FOCUS GROUP / YOUTH COUNCIL VIEWS
OTHER			There were concerns about the pressure placed on the Ambulance Service at the current time. The preference was for the return of services locally including the provision of Accident and Emergency in Hartlepool. Further discussion ensued on the isolation of the current arrangement and the impact this had on families.		Working together for change document to be considered in developing the Local Health and Social Care Plan Working Group.	There should be a public review of progress of Hartlepool services no later than a year after this report. The SeQIHS (now the Better Care Programme) project presentation according to a member of the public was not focused on, and was patronising to, Hartlepool residents. Healthwatch members thought it provides an opportunity for specialised care to come to Hartlepool.

HARTLEPOOL BOROUGH COUNCIL

NHS
Hartlepool and Stockton-on-Tees Clinical Commissioning Group

COUNCIL

27 October 2016

Report of: Monitoring Officer

Subject: FURTHER PERIODIC REVIEW OF THE COUNCIL'S CONSTITUTION

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1. INTRODUCTION

1.1 A comprehensive report detailing representations received by the Monitoring Officer as part of a periodic review of the Council's Constitution was tabled before Council on the 8th September, 2016. A number of those matters owing to their amendments to Council Procedure Rules essentially stand adjourned and take effect at the next ordinary meeting of Council under Procedure Rule 24.2. Hence, this following report mentions those changes to procedure rules, which take effect from this meeting. Further, some additional items are also covered in this report, either for reasons of necessity or for the general information of Members.

1.2 In proceeding with this report the Monitoring Officer acts in unison with the intention behind Article 15 of the Council's Constitution ('Review and Revision of the Constitution') to *'monitor and review the operation of the Constitution to ensure that the aims and principles of the Constitution are given full effect'.*

2. CHANGES TO COUNCIL PROCEDURE RULES

2.1 The following items, upon which the Ceremonial Mayor previously allowed discussion and debate and upon which Council resolved to amend or otherwise vary their procedure rules, in the following terms;

- Council Procedure Rule 10 – Duration of meeting

  That a Council meeting commencing at 7pm shall stand adjourned at 9.00pm unless the majority of Members agree otherwise.

- Council Procedure Rule 11 – Questions from the Public

  That time allocated for public questions should be 30 minutes subject to the discretion of the Chair to extend.

- Council Procedure Rule 12 – Questions by Members

That the time devoted by Council to Member questions be reduced from 1 hour 30 minutes to the period of 30 minutes, subject to the discretion of the Chair to extend.

- Council Procedure Rule 13 – Motions on Notice

  Except for additional motions as agreed by the Chief Executive Officer the number of Motions before an Ordinary meeting of Council should not exceed 3 subject to consultation with the Ceremonial Mayor and in accordance with Council Procedure Rule 13.1

- That the mover/ proposer in a debate be limited to a period of 5 minutes and any other speech shall not exceed a period of 3 minutes without the consent of the Chair of Council.

2.2 It was also recommended by the Monitoring Officer that in conducting a periodic review of the Council's Constitution he should submit a report to the first ordinary meeting of Council in the new municipal year, unless otherwise directed by Council. Council resolved that ideally such a report should come before the September meeting (or a meeting approximate thereto) to ensure that any new councillors have undertaken their induction.

RECOMMENDATION

That Council note that the above changes to its Procedure Rules become effective from this meeting and that the Council's Constitution be amended accordingly.

3. CONSTITUTION WORKING GROUP

3.1 At the meeting on the 8th September it was a recurring theme of the Monitoring Officer's report that Council needs to look closely at the way it seeks to engage and interact with its public. It was resolved that a Constitutional Working Group be formed comprising 11 members based upon political balance which membership should include the Ceremonial Mayor as Chair of the Working Group along with the respective Chairs of the Policy Committees and the Chair of the Audit and Governance Committee. This therefore entails that nominations are requested form the other political groups within the Council namely Putting Hartlepool First and UKIP together with a representation from an Independent Member. To ensure representation for this Working Group reflected upon the outcome of the Headland and Harbour by-election held on 6th October, 2016, general notification for nominations have been dispatched with a request for nominations (where required) to be provided within 14 days from that correspondence. It is therefore presently envisaged that the first meeting of this Working Group will take place in November, 2016. For general information, the Motion to which this Working Group relates and which forms the initial terms of reference from that Motion is as follows;

"That this evaluation to be undertaken by a politically balanced Constitution Working Group of Council with 11 nominated members to include the Mayor, as Chair of Council, the five policy Chairs, or their nominated substitute, the chair of Audit and Governance Committee plus four additional members to appointed by the political groups and independents. Further to this that whilst we are undertaking such an evaluation the Council does not write or re-write questions for Council as questions need to be submitted and shall be determined as accepted or not by the Chief Executive and Monitoring Officer, in conjunction with the Ceremonial Mayor".

RECOMMENDATION

That Council notes the position.

4. EXPENDITURE RELEVANT TO MEMBERS INTERESTS

4.1 Following on from an earlier 'Public Inquiry' and calls for greater transparency it has been the practice to report upon the relevant expenditure of Members interests, through a quarterly report contained within the Chief Executive's Business Report. Such a report was included in the Council papers for the meeting on the 8th September, 2016. Much of the information supplied therein is replicated from that contained upon the Members 'Register of Interests' form, which by virtue of Section 29 (5) (b) of the Localism Act, 2011 has to be maintained on files by the Monitoring Officer but also displayed on the Council's website.

4.2 Whilst the reporting of such expenditure was a commendable recommendation coming out from that earlier Public Inquiry such reporting invariably entails a number of declarations being made at the Council meeting but also clarifications upon that information as contained within the accompanying schedule or indeed, matters omitted from that schedule. It therefore might be more practicable that such a tabulation of member's expenditure was simply reported on the Council's website in unison with a member's Register of Interests. This would maintain that necessary degree of transparency and it is also suggested that officers do periodically provide a copy of this schedule for the general information of members and to allow for any corrections or clarifications, should the same be required.

4.3 **RECOMMENDATION**

That the expenditure relevant to member's interests ceases to be reported through the Chief Executive's Business Report and that this information be recorded on the Council's website with oversight through the Council's Strategic Procurement Manager.

5. PROPOSED CHANGES TO THE COUNCIL'S FINANCIAL PROCEDURE RULES

5.1 Further to discussions with the Council's Chief Executive Officer and Director of Finance and Policy, it has been recommended that officer delegation related to specific circumstances (as detailed below) be provided for, within the Council's Financial Procedure Rules, whilst ensuring that financial controls and due consultation are features of these proposals. It is therefore recommended that additional paragraphs 4.6 and 4.7 be added to those Procedure Rules, as follows;

4.6 Financial Management of Self Funded Business Cases

The Council delivers a range of projects which do not require funding from the General Fund budget and are funded from either specific grant funding or specific income streams. It is necessary, to ensure good financial management and the making of timely business case decisions, where in the professional opinion of the Chief Executive, Director of Finance and Policy and Chief Solicitor, to delegate decision making where there is a robust and self funded business case to do so and which does not add a recurring financial commitment to the General Fund budget. Delegated authority shall be exercised by the Chief Executive, Director of Finance and Policy, and Chief Solicitor in consultation with the Chair of the Finance and Policy Committee. This delegation will also apply where revisions are needed to existing business cases but where such revisions still meet the objectives of the original business case and the tests above are satisfied. Details of business cases approved, or amendments to previously approved business cases, shall be reported to the next scheduled meeting of the Finance and Policy Committee for information.

4.7 Use of Managed Revenue Underspend

To ensure the effective management of the Council's resources detailed proposals for using managed revenue under spends to fund non recurring initiatives and 'one off' priorities are included in the Medium Term Financial Strategy proposals referred to Council for approval. Where the final managed revenue under spend is higher than the forecast position the prior approval of the Finance and Policy Committee will be required to sanction the use of uncommitted resources to fund non recurring initiatives, or one off priorities, which do not add a recurring financial commitment to the General Fund budget.

5.2 RECOMMENDATION

That those additional sections 4.6 and 4.7 (above) be inserted into the Council's Financial Procedure Rules.

6. CHANGES TO THE COUNCIL'S OFFICER DELEGATIONS AND 'PROPER OFFICER FUNCTIONS'

6.1 At the meeting of the Council's Finance and Policy Committee on 26 September, a number of changes to the present structure of the Chief Executive's Department were proposed and accepted unanimously by the Committee. Some of those changes have an impact on the Council's Constitution by way of reference to certain chief officers, not only by way of the exercise of officer delegations but also some 'proper officer' functions. Through the resignation of the Council's Assistant Chief Executive, that post is deleted from the establishment but roles aligned to that post have needed to be re-assigned to other post-holders as detailed below. There will also be consequential changes in that the reference to the Chief Finance Officer will now be through the Director of Finance and Policy, as well additional reference to those chief officers reporting to that post-holder namely the Assistant Director (Finance and Customer Services) and Assistant Director (Corporate Services).

Those required amendments to the Constitution are therefore as follows;

6.2 **PART 3 RESPONSIBILITY FOR FUNCTIONS**

CURRENT DELEGATIONS

Assistant Chief Executive

1. To exercise all of the powers of the Chief Executive under the Constitution, in the absence of the Chief Executive.

2. To receive and record declarations of hospitality received from Officers.

3. Determination and, where necessary, adjudication, on all issues of interpretation/application relating to the national and local conditions of service both corporately and in individual cases.

4. Power to consult, negotiate and reach agreements with the Trade Unions on corporate staffing/employment matters within the overall policy and financial framework determined by Members, and in consultation with Directors/Chief Officers as appropriate.

6.3 AMENDED AS FOLLOWS;

Director of Finance and Policy

(Add to list of delegations)

1. To exercise all of the powers of the Chief Executive under the Constitution, in the absence of the Chief Executive.

2. Determination and, where necessary, adjudication, on all issues of interpretation/application relating to the national and local conditions of service both corporately and in individual cases.

3. Power to consult, negotiate and reach agreements with the Trade Unions on corporate staffing/employment matters within the overall policy and financial framework determined by Members, and in consultation with Directors/Chief Officers as appropriate.

6.4 Chief Solicitor

(Add to list of delegations)

4. To receive and record declarations of hospitality received from Officers.

CURRENT DELEGATIONS

6.5 PROPER OFFICER FUNCTIONS

Assistant Chief Executive

1. The Assistant Chief Executive is hereby appointed Proper Officer under the Local Government and Housing Act 1989 as amended in respect of politically restricted posts.

2. The Assistant Chief Executive is hereby appointed Proper Officer for the purposes of Registration Services Act 1953 as amended.

3. The Assistant Chief Executive is hereby appointed Proper Officer to undertake the Council's duties under the Civil Partnership Act 2004.

6.6 AMENDED AS FOLLOWS;

1. The Assistant Director (Corporate Services) is hereby appointed Proper Officer under the Local Government and Housing Act 1989 as amended in respect of politically restricted posts.

2. The Assistant Director (Finance and Customer Services) is hereby appointed Proper Officer for the purposes of Registration Services Act 1953 as amended.

3. The Assistant Director (Finance and Customer Services) is hereby appointed Proper Officer to undertake the Council's duties under the Civil Partnership Act 2004.

CURRENT DELEGATIONS

Proper Officer	**Deputy Proper Officer**
Chief Executive	Assistant Chief Executive
Chief Solicitor	Chief Executive
Assistant Chief Executive	Chief Solicitor

6.7 AMENDED AS FOLLOWS;

Proper Officer	**Deputy Proper Officer**
Chief Executive	Director of Finance and Policy
Chief Solicitor	Chief Executive
Assistant Director (Corporate Services)	Director of Finance and Policy
Assistant Director	Director of Finance and Policy (Finance and Customer Services)

7. RECOMMENDATION

7.1 That Council notes the changes to the officer delegations, following the approval of Finance and Policy Committee to the Chief Executive's restructure proposals.

8. CONTACT OFFICER

Peter Devlin
Chief Solicitor
01429 523003
Peter.devlin@hartlepool.gov.uk

COUNCIL

27 October 2016

Report of: Chief Executive

Subject: BUSINESS REPORT

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1. RESIGNATION FROM POLITICAL GROUP

I have been informed that Councillor Hall has submitted his resignation from the Labour Group.

2. BOUNDARY COMMISSION FOR ENGLAND – 2018 PARLIAMENTARY BOUNDARY REVIEW

On the 13th September, 2016 the Boundary Commission for England published its initial proposals for the new parliamentary constituencies. Those proposals are on public display in the reception area of the civic centre for a twelve week period of public consultation.

This "2018 Review" wherein the Commission are required to make its final report with recommendations to Parliament in September 2018, follows Parliament's stated intention to reduce the number of constituencies in the United Kingdom from the current 650 to 600. The number of constituencies in England would potentially be reduced from 533 to 501 and in the North East this could see a reduction from the present 29 seats to 25.

Members should already have received through the Council's Electoral Registration Officer, the consultation document from the Commission entitled 'Initial proposals for new Parliamentary constituency boundaries in the North East." In essence, it is proposed the creation of a new Parliamentary constituency entitled "Hartlepool and Billingham constituency" which would comprise 9 of the existing 11 wards within Hartlepool Borough with the addition of 4 wards from the present Stockton North constituency (Billingham North and Central areas). Further, it would also potentially see the creation of an "East Durham constituency" which would accommodate the Hart and De Bruce wards in addition to other specified areas in County Durham.

Responses to these initial proposals can be made through the Commission's dedicated consultation website address at www.bce2018.org.uk

It is envisaged that the feedback from these initial proposals would be published sometime early 2017 which would then be followed by a further 4 week public consultation period. After a review of those comments the Commission would proceed with a third period of consultation of 8 weeks with the anticipated submission of the Commission's final proposals and recommendations to Parliament in September 2018. However, this timetable is subject to possible change. If Parliament were to agree the changes recommended by the Commission then the new constituencies would come into effect for the UK Parliamentary General Election in 2020.

Council is asked to note the position.

3. EXTRAORDINARY MEETING OF COUNCIL

Following discussion with the Ceremonial Mayor, it has been agreed to hold an extraordinary meeting of Council on Thursday 24 November, 2016 at 7.00 pm to consider the draft Order which would confer functions and powers upon the Mayoral Tees Valley Combined Authority and the balance of powers between the Combined Authority and its Mayor.

At its meeting on 12 November, 2015, Council agreed to support the 'Devolution Deal' but this was '*subject to this Council's approval to and detailed involvement in the formulation of the constitution of the new Combined Authority*.' In unison with the other constituent councils, reports are being brought to each council and the Combined Authority to seek their formal consent to the Order (which in turn would be subject to formal Parliamentary approval) that would regulate the powers and functions of the Mayor and the Combined Authority.

Members are requested to note this date for their attendance.

4. HEADLAND AND HARBOUR BY-ELECTION

My previous report to Council noted the resignation of Peter Jackson, as Ward Councillor for Headland and Harbour and that a by-election would be held on Thursday 6 October, 2016.

At that election Tim Fleming was duly elected to serve in the office of Councillor for that Ward until the local government elections in May, 2018.

Members are requested to note the election of Tim Fleming as Borough Councillor for the Headland and Harbour Ward.

CLEVELAND FIRE AUTHORITY

MINUTES OF ORDINARY MEETING

29 JULY 2016

PRESENT:

HARTLEPOOL BOROUGH COUNCIL
Cllrs Rob Cook, Ray Martin-Wells
MIDDLESBROUGH COUNCIL
Cllrs Jan Brunton, Teresa Higgins, Naweed Hussain, Tom Mawston
REDCAR & CLEVELAND BOROUGH COUNCIL
Cllrs Neil Bendelow, Norah Cooney, Brian Dennis, Mary Ovens
STOCKTON ON TEES BOROUGH COUNCIL
Cllrs Gillian Corr, Paul Kirton, Jean O'Donnell, Mick Stoker, William Woodhead
AUTHORISED OFFICERS
Chief Fire Officer, Director of Corporate Services, Legal Adviser and Monitoring Officer, Treasurer

APOLOGIES FOR ABSENCE: Councillor Marjorie James – Hartlepool Borough Council

15. DECLARATIONS OF MEMBERS INTEREST

It was noted no Declarations of Interests were submitted to the meeting.

16. CHIEF FIRE OFFICER'S AWARD & COMMENDATIONS

16.1 Mr Robert Sands

The Chief Fire Officer (CFO) welcomed Mr Robert Sands to the meeting who had tragically lost two children in a house fire in Pallister Park 15 years ago and had recently run a 10k race to raise funds for the Fire Fighters Charity. The CFO presented Mr Sands with a certificate of thanks on behalf of the Fire Fighters Charity and commended his efforts, bravery and compassion in recognising and supporting the work of firefighters following his own personal loss.

16.2 Mr Matt Heap & Mr Matthew Johnson

The CFO introduced Mr Matt Heap and Mr Matthew Johnson whose acts of bravery saved the life of Mr Mark Kerr following an accident on A19 near The Windmill Pub on 20 May 2016. The CFO reported how Mr Kerr had blacked out at the wheel of his car while driving at 70mph and veered off the A19 and hit a tree. The fast actions of Mr Heap and Mr Johnson, who had been travelling separately but witnessed the accident, to pull Mr Kerr from the smoking vehicle just minutes before the car was engulfed in flames had undoubtedly saved his life.

Mr Heap and Mr Johnson were awarded a Chief Fire Officer's Commendation for displaying drive, determination and disregard of their own personal in assisting with the rescue of Mr Kerr. They were also praised for showing inspirational and exemplary personal qualities.

17. MBE

17.1 Councillor William Woodhead

The Chair informed Members that Councillor William Woodhead of Stockton Borough Council had been awarded an MBE for his significant achievement and outstanding service to the community. Councillor Woodhead, who has been a Conservative Ward Councillor for Fairfield for 45 years and a long standing fire authority Member, thanked the Conservative Party and Members for their support and commended the CFO for making the Authority the best it has ever been.

18. MINUTES

RESOLVED – that the Minutes of the Cleveland Fire Authority Annual Meeting on 10 June 2016 be confirmed.

19. COMMUNICATIONS RECEIVED BY THE CHAIR

Clair Alcock - Firefighters Pension Scheme (England) Scheme Advisory Board
Daniel Greaves – Fire Revenue Grant 2016-17

RESOLVED – that the communications be noted.

20. REPORTS OF THE CHIEF FIRE OFFICER

20.1 Fire as a Health Asset

The CFO updated Members on how the Brigade was working with other Emergency Services and Local Authorities to pursue opportunities to improve the health of the communities across Teesside. He gave a presentation which detailed the following areas:

- Working Together to improve the local NHS timeline
- NHS Five Year Plan
- Consensus Statement (1 October 2015)
- STP: Emerging Priorities
- The Opportunities to Work Together Now
- CFB Offer to Strategic Health Partners
- Opportunities for Early Assessment, Intervention & Prevention
- Opportunities for Joint Working
- Fire Prevention to Safe and Well
- Emergency Medical Response
- Other Examples
- Getting people out of hospital …. safer hospital discharge
- Tackling High Blood Pressure
- Assistive Technology & Telecare
- Infection Control Evidence
- Evidence-based Evaluation

Councillor Cook applauded the Brigade for taking part in the Emergency Response (EMR) trial and queried who was delivering the training. The CFO confirmed that NEAS had committed to providing and funding 28 days training to Brigade staff involved with EMR and additional training in connection with dementia, smoking cessation and alcohol audits was being provided by the NHS. The CFO confirmed that call-out costs for EMR trials were being recovered and post-trial, any increase in pay for firefighters would need to be negotiated at a national level.

Councillor Martin-Wells expressed concern that firefighters were being asked to deal with specialist areas with inadequate training which may put the Authority at risk of litigation. The CFO agreed that areas such as dementia were very specialised and confirmed that the role of firefighters was to highlight any early indication and signpost the individual to the appropriate agencies. In relation to litigation, he confirmed that the Brigade was operating under the clinical governance of NEAS.

20.1 Fire as a Health Asset continued

Councillor Ovens referred to the provision of appropriate risk reduction equipment in relation to early assessment, intervention and prevention and asked who would fund these items. The CFO confirmed a cost or circa £120k per year to provide the equipment and reported that currently Stockton Council was funding this provision across its own district and work was underway with the other Local Authorities to ensure a 'postcode lottery' situation did not arise in Teesside.

Councillor Ovens asked if firefighters had been provided with additional support to deal with the increased number of deaths they had encountered during the EMR trial. The CFO confirmed that while the number of deceased outcomes had increased, firefighters were trained to deal with traumatic situations and support was provided by way of Trauma Risk Management (TRiMS) and the Brigade's occupational health counselling provision.

Councillor Stoker queried who had access to Exeter Data – information provided by the NHS to allow the Brigade to target its resources at the most vulnerable residents. The CFO confirmed this was held by control. Cllr Brunton noted that the fact the NHS was willing to share data with the Brigade indicated a high level of trust and respect.

RESOLVED - that the presentation be noted.

20.2 Information Pack

19.2.1 Employers Circulars
19.2.2 National Joint Circulars
19.2.3 Fire Reform Transparency Survey
The CFO reported that correspondence had been received from the Home Office requesting staff, elected members and the public complete an online survey on the fire and rescue service.

RESOLVED – that the information pack be noted

21. LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION ORDER) 2006

RESOLVED - "That 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 paragraphs 1, 3 and 4 below of Part 1 Schedule 12A of the Local Government Act 1972 as mended by the Local Government (Access to Information) (Variation) Order 2006", namely information relating to any individual and namely information relating to any financial or business affairs of any particular person (including the authority) holding that information and namely information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.

22. CONFIDENTIAL MINUTES

RESOLVED – that the Confidential Minutes of the Cleveland Fire Authority Annual Meeting on 10 June 2016 be confirmed.

23. CONFIDENTIAL REPORT OF THE CHIEF FIRE OFFICER

23.1 Service Plan Update 2016/17

The CFO outlined the progress of the priorities detailed within the Service Plan 2016/17.

COUNCILLOR JAN BRUNTON
CHAIR

Cleveland Police and Crime Panel

A meeting of Cleveland Police and Crime Panel was held on Thursday, 21st July, 2016.

Present: Cllr David Coupe, Gwen Duncan, Cllr David Harrington (substitute for Cllr Ken Dixon), Cllr David Hunter, Cllr Chris Jones, Cllr Linda Lewis, Cllr Jim Lindridge, Chu Chu Nwajiobi, Charles Rooney, Cllr Norma Stephenson O.B.E, Cllr Matthew Vickers, Cllr David Wilburn

Officers: Graham Birtle, David Bond, Michael Henderson, Steven Hume (Stockton on Tees Borough Council)

Also in attendance: Barry Coppinger (Commissioner), Simon Dennis, Joanne Hodgkinson (Commissioner's Office), Temporary Deputy Chief Constable Simon Nickless (Cleveland Police)

Apologies: Cllr Billy Ayre, Cllr Alec Brown, Cllr Ken Dixon

PCP 1/16 **Introductions**

Members and officers introduced themselves.

PCP 2/16 **Appointment of Chairman 2016/2017**

RESOLVED that Councillor Norma Stephenson OBE be appointed Chairman of the Panel for the Municipal Year 2016/2017

PCP 3/16 **Evacuation Procedure/Mobile Phones**

The Chairman presented the Evacuation Procedures

PCP 4/16 **Declarations of Interest**

There were no declarations of interest.

PCP 5/16 **Appointment of Vice Chairman 2016/17**

RESOLVED that Councillor Charlie Rooney be appointed Vice Chairman of the Panel for the Municipal Year 2016/2017

PCP 6/16 **Minutes of the meeting held on 4 February 2016**

The minutes of the meeting held on 4 February 2016 were confirmed and signed by the Chair as a correct record.

PCP 7/16 **Minutes of the meeting held on 6 July 2016**

The minutes of the meeting held on 6 July 2016 were confirmed and signed by the Chair as a correct record.

PCP 8/16 **Members' Question to the Commissioner**

The Chairman raised an issue that related to incidents that she had recently

been made aware of. The incidents had taken place at an event in Middlesbrough and involved two gentlemen who had approached family groups and requested that they be allowed to take pictures of the children from those groups. The gentlemen had been very insistent but had been refused. The families concerned had reported the incident to the Police. The incident had been a source of great concern to members when it had recently been raised at a Stockton Borough Council Committee meeting. The Chair suggested that the Commissioner may wish to raise the profile of such incidents and issue clear guidance on what was acceptable and unacceptable behaviour in this regard.

The Commissioner explained that he had not been aware of the incident and agreed it was of concern. TDCC Simon Nickless asked for further details and explained that he would arrange for an officer to look into it further. A member indicated that the incident had been in social media and further details would be available in an article that had appeared in the Evening Gazette.

Councillor David Coupe raised an issue about Police attendance at Community Council meetings in Middlesbrough. It was suggested that the Police would no longer be attending such meetings in future and this had attracted a number of complaints. TDCC Simon Nickless explained that he would get Superintendent Sutherland to get in touch with Councillor Coupe to discuss the situation.

Councillor Harrington referred to the new structures, within the force, and asked that Commissioner encourage the new Inspectors and new teams to engage with the ward Councillors. It had been some weeks since this had happened. The Chair explained that she was aware that, within Stockton, meetings with the new teams had been taking place by area. The Commissioner indicated that he would look into the position in terms of Cllr Harrington's area.

RESOLVED that the Question/issues raised be noted and be progressed as referred to above.

PCP 9/16 Annual Report of Cleveland Police and Crime Commissioner

Members considered a report that presented the Commissioner's 2015/2016 Annual Report. It was noted that the final report would be published on the receipt of end of year financial and performance figures.

RESOLVED that the Annual report be agreed.

PCP 10/16 Commissioner's Police and Crime Plan

Members were presented with the Commissioner's draft Police and Crime Plan 2016 -2020.

The Plan included 5 objectives:

- Investing in our Police

- a better deal for victims

- tackling re-offending

- working together to make Cleveland safer

- securing the future of our communities

A further, more developed Plan, would be presented to the Panel's September meeting.

Members discussed the report, and the discussion could be summarised as follows:

- the Commissioner confirmed that Neighbourhood Policing was an important part of the Plan and was included in the investing in our police objective.

- members noted the need to do more collaboration work in policing.

- there was an increasing focus on vulnerability.

Members noted that they could feed any comments about the Plan, to the Commissioner, via Stockton's Democratic Services Unit.

RESOLVED that:

1. the draft Plan be noted.

2. members provide any comments they may have on the plan, to Stockton's Democratic Services Unit, for forwarding to the Commissioner's Office.

3. an updated version of the Plan be provided to the Panel's next meeting.

PCP 11/16 **Scrutiny Work Programme 2016/17**

Members considered a report that provided detail of work undertaken as part of the Police and Crime Panel's Work Programme 2015/16 and requested topics for scrutiny during 2016/17.

Members noted that the Overall Budget Strategy review had been part of the work programme for a number of years and it was suggested that this continue for 2016/17.

A review on Shared Services had been postponed, until after the Police and Crime Commissioner elections in May 2016. It was suggested that this review be included in the 2016/17 work programme.

Members were asked to make suggestions on any scrutiny topics that they wished to be included in the 2016/17 work programme, by 19th August, so that they could be considered at the Panel's meeting, scheduled for 8 September 2016.

During consideration of the work programme there was a discussion about special constables and the Commissioner suggested that he bring a report to the next meeting on the current position with regard to this matter.

RESOLVED that:

1. the review of shared services and the annual review of the Police and Crime Commissioner's Budget Strategy be included in the Panel's 2016/17 Scrutiny Work Programme.

2. that members identify any other topics that they would wish to be included in the 2016/2017 work programme, and advise Stockton's Democratic Services Unit by 19 August 2016.

3. appointments to Scrutiny Task and Finish Groups for 2016/17 be made at the Panel's meeting on 8 September 2016.

4. an update report on special constables be provided to the next meeting of the Panel.

PCP 12/16 **Police and Crime Commissioner - Performance Outturn 2015/16**

The Panel considered a report that provided an update of performance scrutiny undertaken by the Commissioner to support delivery of the priorities of the Police and Crime Plan, for Quarter 4.

The following issues were discussed:

- Members highlighted the positive direction of travel, associated with staff and officer sickness.

- there was reference made to previous discussions, at Panel meetings, about changes to the Force's crime recording procedures, that had resulted in increases in crime data, for certain crimes. It was queried when the effects of these changes would level off. Members noted that some figures were beginning to fall below the North East average, though they were still above national averages. It was felt that data was beginning to show a more accurate picture.

- in respect of the public confidence surveys it was asked if the information provided could be drilled down to local policing areas. It was explained that the National British Crime Survey was a small snap shot, so, to break it down may bring the significance of the data into question. The Force's survey may be able to be broken down to specific areas but would, again, depend on sample sizes. This would be looked at.

- there was a discussion on shoplifting and it was noted that the Force was engaging with retailers to get them to prioritise shop crime more and do more work to deter and prevent such crime e.g. considering how goods were displayed and encouraging interventions by security staff before thefts actually took place. Cleveland had one of the highest shoplifting rates in the Country and the Force had looked at what other Force's did in this regard. A local retail crime forum had recently been set up, which was considered very useful for engaging with retailers. The Force had to prioritise and its resources and shoplifting incidents were therefore assessed in order to determine if attendance was necessary. The Force would always attend incidents with certain characteristics e.g where a child was involved, a prolific offender was involved or there were links with organised crime. All incidents would be recorded, regardless of

whether the Force attended.

- Members queried if there were any trends associated with sexual offences. The Panel noted that this was a very broad area and there were no obvious patterns/trends that could be targeted. Members were reminded of the considerable amount of work that the Force had undertaken in looking at historical incidents and creating confidence in people to report such crimes and to access therapeutic care. The Commissioner stated that he received regular updates from the Force on this matter and he would share the outcome with the panel in due course.

- the Force did not monitor social media for racist abuse etc. but if there was specific information reported, then they would investigate. There was threshold guidance from the Attorney General in this regard.

- there was a discussion on internet fraud and it was explained that the police tried to take a proportionate approach and would work with individuals suffering with this, discussing how problems could be prevented/stopped. Investigation of such incidents was particularly time consuming, trying to track back through internet providers .

- Members raised concerns surrounding accessing the 101 non emergency telephone service. It was noted that the Commissioner was raising issues in this area, through one of his scrutiny sessions. He would provide outcome information to the Panel.

1. the report be noted.

2. consideration be given to whether Satisfaction Survey information can be broken down into Local Policing Areas.

3. the Commissioner provides feedback, on his scrutiny of sexual offences, to a future meeting of the Panel.

4. the Commissioner feedback issues raised about the 101 non emergency telephone service to the Panel.

PCP 13/16 **Post Litigation Strategic Direction**

Members received an update report and presentation on the Strategic Direction issued by the Commissioner following on from recent Employment Tribunal Litigation.

The Panel noted that, following an Employment Tribunal judgement, that produced findings against Cleveland Police of discrimination and victimisation the Commissioner had produced a Strategic Direction, setting out his expectations of Cleveland Police and certain courses of action which he expected to see progressed.

The Commissioner explained that his overall aim, an aim shared by the Chief Constable, was for Cleveland Police to take all necessary courses of action to respond to the particular issues in the case, but equally importantly to take all necessary steps to:

- Build confidence in Cleveland Police in terms of legitimacy, standards and ethics; and

- Ensure that the Force became and remained an employer of choice for all who wished to pursue a policing career, and that the Force aspired to more closely reflect the diversity of the communities it served.

Members noted that the Commissioner had taken steps to seek reassurance that the particular officer involved had access to welfare support and it was explained that the Commissioner had written a letter of apology.

The Board noted that the Commissioner had launched recruitment for a Standards & Scrutiny Manager within the Office of the Police & Crime Commissioner. This senior role, as well as being responsible for the Commissioner's programme of scrutiny, would lead on the delivery of new systems for handling of public complaints. A copy of the role profile and advertisement for the role was provided. It was noted that there was emerging legislation relating to complaints by the public against the police and the Commissioner indicated that a report on the complaints legislation would be presented to the Panel, when it had been enacted, and any arrangements progressed.

Members were provided with an update on the matters detailed in the Strategic Direction, which included the Everyone Matters programme. This was an ambitious programme of organisational development to ensure the Force, as an employer and as a service provider, valued diversity, was inclusive and, where necessary, took steps to identify and eliminate unlawful discrimination in all its forms. This programme had taken shape and had been launched earlier in 2016. Members were provided with a presentation on the programme.

Discussion relating to the report and presentation could be summarised as follows:-

- officers were confident that the Everyone Matter Programme was robust and would help prevent a repeat of the issues which had been the subject of the Employment Tribunal. Officers considered that there was now a conversation underway in he force about these matters and staff understood their professional responsibility in terms of conduct in the workplace.

- the Everyone Matters Programme built on elements of work/processes already in place but highlighted additional work that needed to be done to achieve this particular goal and make it sustainable.

- the Force was working with a number of organisations including ACAS, Teesside University and Show Racism the red card.

- the Commissioner indicated that this was a major priority for him, he was impatient for change and he took a close and regular interest in progress.

The Panel agreed that the presentation and report had been very helpful and asked for further updates at future meetings.

RESOLVED that:

1. the report be noted.

2. the Commissioner provide a report to a future meeting of the Panel relating to legislation associated with complaints against the Police.

3. the Panel receives updates at future meetings on this matter.

PCP 14/16 Programme of Engagement for the Police and Crime Commissioner

Members considered a report that provided an update in relation to meetings attended by the Police and Crime Commissioner from February 2016 to July 2016.

RESOLVED that the report be noted

PCP 15/16 Decisions of the Police and Crime Commissioner

Members considered a report that provided an update on decisions made by the Police and Crime Commissioner for the period January to July 2016

RESOLVED that the report be noted.

PCP 16/16 Appointment process for Non Political Independent Members

Members considered a report detailing a proposed process for the appointment of two non-political independent members, in the light of the impending expiry of the terms of office of the existing non-political independent members, on 6 December 2016.

Members were provided with draft documents associated with the appointment process.

It was suggested that:-

• the advertising process should utilise all available free opportunities, including a press release, website and existing mailings and partnerships and that this time it should be extended to partner organisations such as Catalyst and SCRAGA;

• the recruitment process should be in line with existing practice and guidance issued by the Local Government Association;

• the terms of office of the newly appointed members should commence on the 7 December 2016 and expire on the 6 December 2020.

•the recruitment documentation should reflect the fact that panel meetings would alternate between the Municipal Buildings at Stockton, and the Police HQ.

• that a politically balanced selection sub panel of 5 members drawn from the full panel be appointed. The Panel would be comprised as follows:

Hartlepool - 1 Labour
Middlesbrough - 1 Labour
Redcar and Cleveland - 1 Liberal Democrat
Stockton - 1 Labour and 1 Conservative

The Panel would conduct short-listings and interviews to determine the most suitable candidates, with the full panel endorsing the decision, prior to the candidates being notified and formally appointed.

RESOLVED that:

1. the suggested arrangements as detailed above and in the report be agreed.

2. delegated authority be given to the Monitoring Officer (Stockton-on-Tees Borough Council), in consultation with the Chairman and Vice Chairman to amend and finalise the arrangements and associated documents, detailed in the Appendix and paragraph 4, should it be considered necessary to do so.

PCP 17/16 Grant Expenditure

Members considered a report that provided detail of grant expenditure associated with the operation of the Cleveland Police and Crime Panel.

RESOLVED that the expenditure be noted.

PCP 18/16 Forward Plan

Members considered the forward plan, including a schedule of future meetings.

Members were asked that if they became aware of any Police related issues being scrutinised by their authority's scrutiny committee(s) to advise Stockton's Democratic Services Unit.

RESOLVED that the Forward Plan and schedule of meetings be agreed.

PCP 19/16 Public Questions

There were no public questions.