

AUDIT AND GOVERNANCE COMMITTEE

AGENDA



Thursday 16 March 2023

at 2.00pm

**in the Council Chamber,
Civic Centre, Hartlepool.**

MEMBERS OF AUDIT AND GOVERNANCE COMMITTEE:

Councillors Allen, Cook, Cowie, Creevy, Falconer, Feeney, Hall, Loynes, D Nicholson and Smith.

Standards Co-opted Independent Members: - Mr Martin Slimings and Ms Tracy Squires.

Standards Co-opted Parish Council Representatives: Parish Councillor John Littlefair (Hart) and Parish Councillor Alan O'Brien (Greatham).

Local Police Representative.

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

- 3.1 To confirm the minutes of the meeting of the Audit and Governance Sub-Committees held on 30th September 2022 and 17th November 2022

4. **AUDIT ITEMS**

- 4.1 Internal Audit Plan 2023/24 - *Head of Audit and Governance*
- 4.2 The 2021/22 Financial Report (including the 2021/22 Statement of Accounts) - *Director of Resources and Development (To Follow)*
- 4.3 Draft Anti-Fraud and Corruption Strategy - *Head of Audit and Governance*
- 4.4 Internal Audit Plan 2022/23 Update – *Head of Audit and Governance*
- 4.5 Appointing an External Auditor - *Head of Audit and Governance*

CIVIC CENTRE EVACUATION AND ASSEMBLY PROCEDURE

In the event of a fire alarm or a bomb alarm, please leave by the nearest emergency exit as directed by Council Officers. A Fire Alarm is a continuous ringing. A Bomb Alarm is a continuous tone.

The Assembly Point for everyone is Victory Square by the Cenotaph. If the meeting has to be evacuated, please proceed to the Assembly Point so that you can be safely accounted for.

5. OTHER ITEMS FOR DECISION

- 5.1 Regulation of Investigatory Powers Act 2000 (RIPA) – Quarterly Update – *Chief Solicitor*

6. STANDARDS ITEMS

No items.

7. STATUTORY SCRUTINY ITEMS

Crime and Disorder Scrutiny

No Items

Health Scrutiny

- 7.1 Session 3 - Review of the Reconfigured Substance Misuse Service and Needs Assessment Data:-
i) Report - *Director of Public Health / Public Health Principal*
ii) Presentation - *Public Health Principal*
- 7.2 Quality Account 2022/23 – North Tees and Hartlepool NHS Foundation Trust:-
(i) Covering Report - *Statutory Scrutiny Manager*
(ii) Presentation - *Business Intelligence Manager, North Tees and Hartlepool NHS Foundation Trust*
- 7.3 North Tees and Hartlepool Foundation Trust – Verbal Update – *Associate Director of Governance and Transformation, NTHFT*
- 7.4 North East Ambulance Service (NEAS) Quality Report – Priorities Update:-
(i) Covering Report - *Statutory Scrutiny Manager*
(ii) Presentation - *Assistant Director of Communications and Engagement North East Ambulance Service NHS Foundation Trust (To Follow)*
- 7.5 Child and Family Poverty Investigation – Additional Recommendations – *Statutory Scrutiny Manager (To Follow)*
- 7.6 Accessibility of Council Services for those with Disabilities and Lifelong Conditions Investigations – Final Report – *Statutory Scrutiny Manager (To Follow)*

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

No items.

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

No items.

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

No items.

11. **MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP**

No items.

12. **REGIONAL HEALTH SCRUTINY UPDATE**

No items.

13. **DURHAM, DARLINGTON AND TEESSIDE, HAMBLETON, RICHMONDSHIRE AND WHITBY STP JOINT HEALTH SCRUTINY COMMITTEE**

No items.

14. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

For information: - forthcoming meeting dates to be confirmed

AUDIT AND GOVERNANCE SUB COMMITTEE

MINUTES AND DECISION RECORD

17 NOVEMBER 2022

The meeting commenced at 2.00 p.m. in the Civic Centre, Hartlepool.

Present:

Councillor: Rob Cook (in the Chair).

Councillors Angela Falconer and David Nicholson.

Officers: Laura Stones, Solicitor
David Cosgrove, Principal Democratic Services Officer

7. Apologies for Absence

None.

8. Declarations of Interest

None.

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

Under Section 100(A)(4) of the Local Government Act 1972, the press and public were excluded from the meeting for the following items of business on the grounds that they involved the likely disclosure of exempt information as defined in the paragraphs referred to below of Part 1 of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006.

Minute 10 – Home to School Travel Assistance Appeal – This item contains exempt information under Schedule 12A Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006 namely (para 2) information likely to reveal the identity of an individual.

10. Home to School Travel Assistance Appeal (*Director of Neighbourhoods and Regulatory Services*) This item contains exempt information under Schedule 12A Local Government Act 1972 as amended

by the Local Government (Access to Information) (Variation) Order 2006 namely (para 2).

The Sub Committee gave consideration to an appeal against a decision to refuse home to school transport for a Hartlepool School pupil. Details are set out in the Exempt Section of the minutes.

Recommended

The Sub Committee's decision is set out in the Exempt Section of the minutes.

11. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 3.20 p.m.

CHAIR

AUDIT AND GOVERNANCE SUB COMMITTEE

MINUTES AND DECISION RECORD

30 SEPTEMBER 2022

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

Present:

Councillors: Tom Feeney and Dennis Loynes.

Also Present: In accordance with Council Procedure Rule 4.2, Councillor Brian Cowie was in attendance as substitute for Councillor Rob Cook.

Officers: Hayley Martin, Chief Solicitor
Laura Stones, Solicitor
David Cosgrove, Principal Democratic Services Officer

1. Apologies for Absence

Apologies for absence were received from Councillor Rob Cook.

2. Election of Chair

In the absence of the Chair of the Audit and Governance Committee, Councillor Rob Cook, Councillor Dennis Loynes was appointed as Chair for this meeting.

Councillor Dennis Loynes in the Chair.

3. Declarations of Interest

None.

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

Under Section 100(A)(4) of the Local Government Act 1972, the press and public were excluded from the meeting for the following items of business on the grounds that they involved the likely disclosure of exempt information as defined in the paragraphs referred to below of Part 1 of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006.

Minute 5 – Home to School Travel Assistance Appeal – This item contains exempt information under Schedule 12A Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006 namely (para 2) information likely to reveal the identity of an individual.

- 5. Home to School Travel Assistance Appeal** (*Director of Neighbourhoods and Regulatory Services*) This item contains exempt information under Schedule 12A Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006 namely (para 2).

The Sub Committee gave consideration to an appeal against a decision to refuse home to school transport for a Hartlepool School pupil. Details are set out in the Exempt Section of the minutes.

Recommended

The Sub Committee's decision is set out in the Exempt Section of the minutes.

- 6. Any Other Items which the Chairman Considers are Urgent**

None.

The meeting concluded at 11.00 am.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

16 March 2023



Report of: Head of Audit and Governance

Subject: INTERNAL AUDIT PLAN 2023/24

1. PURPOSE OF REPORT

- 1.1 To inform Members of the direction of internal audit activity, and to seek approval of the annual operational Internal Audit Plan for 2023/2024 (Appendix A).

2. BACKGROUND

- 2.1 Under the Accounts and Audit Regulations 2015, the Council must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, in compliance with Public Sector Internal Audit Standards (PSIAS). At Hartlepool, the authority for ensuring this responsibility is met has been delegated to the Director of Resources and Development.
- 2.2 To accord with PSIAS and to assist in ensuring the objectives of Internal Audit are achieved, audit activity must be effectively planned to establish audit priorities and ensure the effective use of audit resources.
- 2.3 Given available audit resources, all aspects of the Council's systems and arrangements cannot be audited in one year. In recognition of this a Strategic Audit Plan has been prepared using a risk model based on the model accredited by the Chartered Institute of Public Finance and Accountancy, which factors include:
- System Factors
 - Managerial and Control environment
 - Value of transactions
 - Volume of transactions
 - Opinion critical
 - May incur legal penalties
- 2.4 The Strategic Audit Plan is produced in a way that ensures all relevant risk areas are covered. This allows the most relevant and comprehensive annual opinion on the Council's control environment

to be given to the Audit and Governance Committee. Additionally, the audit plan has been tailored to add value to the Council following a process of discussion and consideration by all Assistant Directors and Corporate Management Team, of their current operational issues.

3. INTERNAL AUDIT RESOURCES 2023/2024

- 3.1 Hartlepool Borough Council Internal Audit establishment consists of a Head of Audit and Governance and 5 FTE audit staff. When taking into account operational costs of providing the service and income generated, the net budget for the provision of Internal Audit is £230,000, which equates to approximately £225 per audit day provided.
- 3.2 A total of 53 planned areas of audit coverage will form the basis of the mainstream Internal Audit work for 2023/24. The plan includes fundamental systems such as salaries, debtors, creditors, risk management etc., which are identified, for the purpose of the plan, as single audits. However, these will include system and probity audits in each or some of the departments, in support of the main system reviews.
- 3.3 In addition to the planned audit work, advice and support will be provided on an ad hoc basis throughout the financial year together with unplanned reactive work wherever necessary and appropriate.
- 3.4 For 2023/24, we are contracted to provide 100 days of audit work to the Cleveland Fire Authority.
- 3.5 Further details are provided in Appendix A of the focus of coverage across the council. In order to support members in the process of reviewing proposed audit coverage, the Better Governance Forum guidance on approving Internal Audit plans is also attached for information. This takes the form of a number of questions members may want to consider when reviewing the plan.

4. DELIVERING THE AUDIT

- 4.1 Regular liaison is an essential feature of an effective and responsive audit function. In this context, Internal Audit will:
 - Have frequent meetings with departments to discuss the short term audit program, any current departmental issues which may benefit from an audit review and provide the opportunity to raise any concerns with the audit services provided;
 - Following audit reviews agree action plans, identifying responsibilities and timescales for action;

- Carry out follow up work to monitor the effectiveness of management in implementing action plans;
- Ensure action plans are focused on improving controls and delivering benefits to the Council;
- Provide feedback to the Director of Resources and Development and Members on progress on the audit plan and the outcomes of audit work.

5. INTEGRATION

- 5.1 Although Internal Audit and Mazars carry out their work with different objectives, it is good professional practice that both parties should work closely together, which is a principle that the Council has always been committed to.
- 5.2 The arrangements for ensuring effective joint working are formalised into a Joint Protocol Agreement, which ensured that the overall audit resources are most effectively focused and duplication is minimised.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are no financial considerations.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 8.1 There are no child and family poverty considerations.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 There are no equality and diversity considerations.

10. STAFF CONSIDERATIONS

- 10.1 There are no staff considerations.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 There are no asset management considerations.

12. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

- 12.1 There are no environment, sustainability and climate change considerations

13. RECOMMENDATION

- 13.1 It is recommended that Members review and approve the 2023/24 Internal Audit Plan and note the Internal Audit budget for 2023/24 of £230,000.

14. REASON FOR RECOMMENDATIONS

- 14.1 To ensure that the Audit and Governance Committee meets its remit, it is important that it satisfies itself that Internal Audit coverage is adequate and effective.

15. BACKGROUND PAPERS

- 15.1 - Accounts and Audit Regulations 2015
- UK Public Sector Internal Audit Standards (PSIAS).

16. CONTACT OFFICER

- 16.1 Noel Adamson
Head of Audit and Governance
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Appendix A

| Auditable Area | Assistant Director/Director | Department |
|--|------------------------------------|------------------------------------|
| Adult Education | Gemma Ptak | Adults and Community Based |
| Benefits - Housing | James Magog | Resources and Development |
| BIS | Bev Bearne | Resources and Development |
| Budgetary Control | James Magog | Resources and Development |
| Cash/Bank | James Magog | Resources and Development |
| Cemeteries & Crematoriums | Gemma Ptak | Adults and Community Based |
| Children's Individual Placements | Danielle Swainston | Children's and Joint Commissioning |
| Computer Audit | James Magog | Resources and Development |
| Corporate Process Reviews | James Magog | Resources and Development |
| Council Tax | James Magog | Resources and Development |
| Creditors | James Magog | Resources and Development |
| Day Services | John Lovatt | Adults and Community Based |
| Debtors | James Magog | Resources and Development |
| Disabled Facilities Grant Regulatory Framework | John Lovatt | Adults and Community Based |
| Disaster Recovery/Business Continuity | Sylvia Pinkney | Regeneration and Regulatory |
| Domiciliary Care Contract | John Lovatt/Danielle Swainston | Adults and Community Based |
| Education Psychology Service | Amanda Whitehead | Children's and Joint Commissioning |
| Employee Protection/Violence Register | Sylvia Pinkney | Regeneration and Regulatory |
| European Social Fund | Gemma Ptak | Adults and Community Based |
| Fraud Awareness | James Magog | Resources and Development |
| Health and Safety | Sylvia Pinkney | Regeneration and Regulatory |
| Highways - Repairs and Maintenance | Kieron Bostock | Regeneration and Regulatory |
| Highways - Utilities Permits | Kieron Bostock | Regeneration and Regulatory |
| Housing Options Centre | Danielle Swainston | Children's and Joint Commissioning |
| Insurances | James Magog | Resources and Development |
| Libraries/Spydus System | Gemma Ptak | Adults and Community Based |
| Loans & Investments | James Magog | Resources and Development |
| Local Authority Delivery Scheme/Housing Upgrade Grants | Sylvia Pinkney | Regeneration and Regulatory |
| Local Council Tax Support Scheme | James Magog | Resources and Development |
| Main Accounting System | James Magog | Resources and Development |
| Members Allowances/Travel/Subsistence | Hayley Martin | Chief Solicitor |
| Money Laundering Policy Review | James Magog | Resources and Development |
| NFI | James Magog | Resources and Development |
| NNDR | James Magog | Resources and Development |
| Officers Expenses | James Magog | Resources and Development |
| Performance Management Systems | Bev Bearne | Resources and Development |
| Procurement | Bev Bearne | Resources and Development |
| Public Health Contracting Arrangements | Danielle Swainston | Children's and Joint Commissioning |
| Public Health Services for children and young people aged 0-19 | Craig Blundred | Public Health |
| Pupil Transfers Between Schools | Amanda Whitehead | Children's and Joint Commissioning |
| Risk Management | Bev Bearne | Resources and Development |
| Salaries and Wages | James Magog | Resources and Development |
| Sexual Health Services | Craig Blundred | Public Health |

| | | |
|---------------------------------------|------------------------|--|
| Social Care - Direct Payments | John Lovatt/Jane Young | Children's and Joint Commissioning/ Adults and Community Based |
| Social Care - Means Tested Allowance | Jane Young | Children's and Joint Commissioning |
| Staff Lottery | James Magog | Resources and Development |
| Supporting Families Grant | Jane Young | Children's and Joint Commissioning |
| Tall Ships | James Magog | Resources and Development |
| Throston Primary School | Amanda Whitehead | Children's and Joint Commissioning |
| Transport - Child and Adult Provision | Kieron Bostock | Regeneration and Regulatory |
| Transport - Private Hire/Fleet Hire | Kieron Bostock | Regeneration and Regulatory |
| V.A.T. | James Magog | Resources and Development |
| Youth Employment Initiative Grant | Gemma Ptak | Adults and Community Based |

Reviewing the Audit Plan

At least once a year, but possibly more frequently, both your internal and external audit teams will ask you to review their audit plans and approve them. If you aren't familiar with audit plans, you may well be asking yourself how to do this and how you can add value. In this article, I will discuss:

- Why draw up an audit plan?
- Who is involved?
- How is the audit plan produced?
- What does the audit plan cover?
- When is the audit plan written?
- Your role in relation to the audit plan

I will finish with a “dashboard” of key questions for you to ask to satisfy yourself that the plan has been drawn up appropriately and will deliver the assurance that you need as an audit committee member. While I concentrate on your role in relation to internal audit, many of these points also relate to external audit.

Why draw up an audit plan?

An audit plan is needed to ensure that your auditors address all the main areas of risk within your organisation and can provide assurance to support your Annual Governance Statement or Statement on Internal Control. At the end of each year the head of internal audit provides an opinion on the effectiveness of the control environment so it is vital that the plan is sufficient to support that opinion. It is also needed to ensure auditors use their limited resources (budget, time, people and expertise) to best effect. Almost inevitably audit needs outstrip audit resources and the plan will help your audit team set its priorities, in discussion with you.

Who is involved?

The audit plan is normally drawn up by the head of internal audit, in consultation with directors and members of the audit team. As the internal audit plans and external audit plans should be aligned, each should consult the other as part of this process.

How is the audit plan produced?

The audit plan is 'risk-based' to address the financial and non-financial risks faced by your organisation and your key priorities. Your organisation's risk register and the effectiveness of risk management will be reviewed to help develop the plan. The plan may also include work to be undertaken on behalf of your external auditor. The identified audits will be balanced against the resources available and the plan drawn up accordingly.

What does the audit plan cover?

The audit plan should show how your internal audit strategy is going to be achieved in accordance with the section's terms of reference. Plans include a combination of planned work and allowances for reactive work. They are always flexible so that they can reflect the changing risks and priorities within your organisation. Plans will also include allowances for "non-chargeable" time.

Planned audit work consists of a series of reviews of different aspects of your organisation's operations. The plan will include some high risk areas, for example areas of significant financial risk or high profile projects or programmes. Or they could be areas where there are concerns about poor performance, fraud or emerging risks. Some higher risk audits may feature annually in audit plans. Other areas, particularly financial systems, may be audited regularly even if they are well controlled because of their significance to the financial statements. The frequency will usually be agreed with the external auditor. Other parts of the plan will reflect the risks and priorities of the organisation and the judgement of the head of internal audit.

Reactive audit work may include investigations, giving advice, supporting working groups and other such matters. Non-chargeable time includes annual leave, training, administration, team meetings etc. A working year is approximately 260 days. A typical auditor (not a trainee or a manager) will carry out about 200 audit days/year.

When is the audit plan written?

Detailed audit plans normally cover the organisation's financial year, although this is not mandatory. The audit plan is, therefore, generally written a few months before the start of the audit year for approval by the audit committee at the meeting before the start of that year. As the plan has to be flexible, you should be kept informed of minor changes and receive a revised plan for approval if there are any significant changes during the year.

There may also be a strategic plan that outlines the main direction for the audit team over a longer period than a year (perhaps three years). This is particularly useful to understand the wider coverage of risks and controls.

The audit committee's role

The audit committee should be both challenging of the plan and supportive in its delivery. You need to be sure that the organisation's risks and priorities are considered, that the plan is aligned with the audit strategy and terms of reference, that internal and external audit have liaised in drawing up their plans and that your auditors have exercised their independence and have not been unduly influenced by others in deciding what they will or (even more importantly) will not examine. You could review the audit strategy and terms of reference at the same time to ensure that they are still relevant and appropriate.

You also need to consider how the plan relates to other sources of assurance to support the Annual Governance Statement or Statement on Internal Control, for example assurance from the risk management process or management assurances. Taken as a whole, will you get the assurance you need?

Once the plan has been approved, your role is then to monitor activity and outcomes against that plan. Is it being delivered? Is the audit work delivering the expected outcome? You may also need to support your auditors, if they are struggling to get auditee engagement or experience a shortfall in resources. Above all, you are there to get action as a result of audit work.

Key questions to ask:

1. Who did the head of internal audit liaise with in drawing up this plan? Did this include external audit?

2. How does this audit plan link to our risk register and our strategic plans?

3. What audits have you left off this plan and why? When do you plan to carry out this work?

4. How does the audit plan fit with other assurance work? Are there any gaps or is there duplication?

Elizabeth Humphrey

Senior Associate, CIPFA Better Governance Forum

AUDIT AND GOVERNANCE COMMITTEE

16 March 2023



Report of: Head of Audit and Governance

Subject: DRAFT ANTI-FRAUD AND CORRUPTION
STRATEGY

1. PURPOSE OF REPORT

- 1.1 The purpose of the report is to enable members of the Audit and Governance Committee to consider and endorse the Anti-Fraud and Corruption Strategy.

2. BACKGROUND

- 2.1 In order to ensure that the Council has robust and relevant procedures and processes in place in respect of the detection and deterrence of fraud and corruption, it is necessary to periodically revisit the current strategy to ensure it is up to date and relevant. This refresh occurs on a cyclical basis to take into account any relevant changes in legislation or accepted best practice.
- 2.2 Since the Council adopted the current strategy the Local Government Fraud Strategy "Fighting Fraud and Corruption Locally" has been updated. The Council's Anti Fraud and Corruption Strategy has been realigned to this strategy with this recommended strategic approach in mind. This is considered best practice in terms of describing what actions are needed for an organisation to take to be effective in countering fraud and corruption.
- 2.3 The public sector has also been subjected to massive budget cuts at a time of financial uncertainty which also has an impact on potential fraudulent activity undertaken against the Council.

3. BETTER GOVERNANCE FORUM GUIDANCE ON COUNTERING FRAUD

- 3.1 The following Chapter is a copy of the guidance produced by the Better Governance Forum to help members of Audit Committees in their role in relation to assessing and reviewing counter fraud arrangements.

Counter fraud arrangements – What is the role of the Audit Committee?

- 3.2 The Audit Committee exists to gain and provide independent assurance that there are adequate controls in place to mitigate key risks and to provide assurance that the organisation is operating effectively – calling the organisation to account. Its key role is overseeing and assessing the risk management, control and governance arrangements and advising the governing body (for example the full Council in a local authority) on the adequacy and effectiveness of these arrangements. An Audit Committee's main responsibilities include advising the organisation on all matters relating to its governance and in doing so considering the effectiveness of the risk management arrangements, the control environment and associated anti-fraud and anti-corruption arrangements.
- 3.3 Fundamentally, the Audit Committee makes sure that effective actions to counter fraud and corruption take place. It acts to enforce, enable and encourage successful actions to counter fraud. Good counter fraud is essential for organisations that want to stop losing money, harm, hurt and fear and maintain a high status and good reputation with their stakeholders, regulators and funders. On the other hand, poor governance weakens an organisation's potential and, at worst, can pave the way for financial difficulties, poor performance, loss of reputation, fraud and corruption.
- 3.4 The mere existence of an Audit Committee does not eliminate the risks of serious fraud, misconduct or misrepresentation of the financial position. However, an Audit Committee can:
- gain and give assurance through a process of independent and objective review
 - raise awareness of the need for sound control and the implementation of recommendations by internal and external audit.
- 3.5 Managers (directly employed people) are responsible for establishing and implementing arrangements to counter fraud and corruption. The Audit Committee is responsible for overseeing these management arrangements. The Audit Committee is powerful (e.g. it has delegated responsibility to act on behalf of the full Council, and is "those charged with governance".)

The role of the Audit Committee is crucial to support managers in achieving their anti-fraud objectives. The action needed to be effective in countering fraud and corruption is described in the CIPFA Red Book 2, *"Managing the Risk of Fraud – Actions to Counter Fraud and Corruption"*.

Countering fraud and corruption is everyone's job. It requires organisational and individual commitment to a culture of zero-tolerance,

Nolan principals and ensuring that money is spent on what it was intended for.

“Taking actions to proactively stop fraud occurring in the first place is a far better remedy than merely managing the risk.”

Steve Freer, Chief Executive, the CIPFA Group.

- 3.6 It is management’s responsibility to establish and implement effective arrangements. It is the job of the Audit Committee to oversee, monitor, support, enable, encourage, evaluate and when necessary enforce effective actions to counter fraud. A good committee agenda includes regular reports, updates and discussion of fraud issues and cases. It may be necessary to hold separate special meetings and/or exclude the press and public from main meetings. Committee members are better able to accomplish their role when they have been provided with training to understand their counter fraud responsibilities, for example:
- Internal control
 - Fraud risk factors: the fraud triangle – incentives, rationalization, opportunity
 - Good governance
 - Financial management and reporting
 - International Financial Reporting Standards and Standards on Auditing
 - Links to achieving organisational objectives
 - Final accounts.

Counter fraud arrangements – So, what questions should an Audit Committee ask?

3.7 20 Questions:

This checklist can be used by those responsible for governance (Audit Committees or equivalent) to assess their contribution to the fraud defences of their organisation and determine what action is needed. This is appropriate to use in any organisation.

Checklist for those responsible for governance

| Issue | Yes | No | Action |
|--|-----|----|--------|
| 1. Have we committed ourselves to zero tolerance against fraud? | | | |
| 2. Do we have appropriate strategies, policies and plans? | | | |
| 3. Do we have dedicated counter-fraud resources? | | | |
| 4. Do the resources cover all of the activities of our organisation? | | | |

| | | | |
|--|--|--|--|
| 5. Do we receive regular reports on fraud risks, plans and outcomes? | | | |
| 6. Have we assessed our management of counter fraud resources against good practice? | | | |
| 7. Do we raise awareness of fraud risks with: - new staff (including agency staff)? - existing staff? - non executives/members? | | | |
| 8. Do we join in appropriately with national, regional and local networks and partnerships to ensure we are up to date with current fraud risks and issues? | | | |
| 9. Do we have working arrangements with relevant organisations to ensure effective sharing of knowledge and data about fraud? | | | |
| 10. Do we identify areas where internal controls may not be performing as intended? | | | |
| 11. Do we maximise the benefit of our participation in data matching? | | | |
| 12. Do we set the right “tone at the top” to influence the creation / maintenance of a strong counter fraud culture in the organisation? | | | |
| 13. Is there a level of financial investment in work to counter fraud and corruption that is proportionate to the risk that has been identified? | | | |
| 14. Have we reassessed our fraud risks because of the current economic climate? | | | |
| 15. Have we amended our counter-fraud action plan as a result? | | | |
| 16. Have we reallocated staffing as a result? | | | |
| 17. Are we satisfied that payment controls are working as intended? | | | |
| 18. Have we reviewed our contract letting procedures against the good practice guidance issued by the Office of Fair Trading to reduce the risk of illegal practices such as cartels? | | | |
| 19. Are we satisfied that our recruitment procedures are: - preventing employment of people working under false identities? - validating employment references effectively? - ensuring applicants are eligible to work in the UK? | | | |
| 20. Do we have a reporting mechanism that encourages our staff to raise their concerns of money laundering? | | | |

4. PROPOSED ANTI FRAUD AND CORRUPTION STRATEGY

4.1 The strategy has been update in line with the Local Government Fraud Strategy “Fighting Fraud and Corruption Locally” and covers six themes (the six Cs):

- Culture
- Capability
- Competence
- Capacity
- Communication
- Collaboration

4.2 Attached as Appendices to the Strategy are documents that support the Strategy. These are the:

- Fraud Response Plan;
- Whistleblowing Policy;
- Prosecution Policy.

Taken together these documents add weight and back up the overall purpose of the strategy by outlining ways in which employees or members can voice their concerns about suspected fraud and corruption and how they will be protected if they do so. It also details the Councils commitment to prosecute cases where appropriate.

4.3 Any mention of the job title Director of Resources and Policy in the Strategy will be superceded by the job title Director of Finance, IT and Digital under the Councils new structure.

5. RISK IMPLICATIONS

5.1 The council has inadequate processes in place to combat and deal with instances of fraud leading to potential financial loss and reputational damage.

6. FINANCIAL CONSIDERATIONS

6.1 In order to ensure the ongoing stewardship of public funds, the Council must have adequate and appropriate procedures in place to protect those funds from potential fraud.

7. LEGAL CONSIDERATIONS

7.1 There are no legal considerations.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

5. 4.3 23.03.16 - A&G Draft Anti Fraud and Corruption Strategy

8.1 There are no child and family poverty considerations.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

9.1 There are no equality and diversity considerations.

10. STAFF CONSIDERATIONS

10.1 There are no staff considerations.

11. ASSET MANAGEMENT CONSIDERATIONS

11.1 There are no asset management considerations.

12. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

12.1 There are no environment, sustainability and climate change considerations

13. RECOMMENDATION

13.1 The Audit and Governance Committee considers and endorses the updated Anti-Fraud and Corruption Strategy attached as Appendix A.

14. REASON FOR RECOMMENDATIONS

14.1 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.

14.2 To ensure that the Council has in place arrangements to ensure all possible steps are taken to protect the Council against fraud.

15. BACKGROUND PAPERS

15.1 CIPFA Code of practice on managing the risk of fraud and corruption. Fighting Fraud and Corruption Locally – The Local Government Fraud Strategy.

16. CONTACT OFFICER

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Appendix A

HARTLEPOOL BOROUGH COUNCIL

**ANTI-FRAUD
&
CORRUPTION
STRATEGY**

HARTLEPOOL BOROUGH COUNCIL
ANTI-FRAUD & CORRUPTION STRATEGY

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HARTLEPOOL BOROUGH COUNCIL **ANTI-FRAUD & CORRUPTION STRATEGY**

1 INTRODUCTION

- 1.1 We (Hartlepool Borough Council) employ approximately 2700 employees and have a revenue and capital budget of over £250 million. As with other large organisations, the size and nature of our services puts us at risk of loss due to fraud and corruption both from within the Council and outside it.
- 1.2 The stewardship of public money is a fundamental responsibility for both elected Members and employees. We are committed to making sure that the opportunity for fraud and corruption is reduced to the lowest possible risk. Where there is the possibility that fraud, corruption or other irregularities have occurred, we will deal with the issue in a firm and controlled manner.
- 1.3 An important part of Hartlepool Borough Council's approach is introducing an anti-fraud and corruption strategy, which we will use to advise and guide Members and employees on our approach to the serious issues of fraud and corruption. This document also includes a 'fraud response plan' which provides more detailed guidance on how to deal with instances of potential fraud and corruption.
- 1.4 In administering its responsibilities the Council is committed to the prevention of fraud and corruption. This strategy statement emphasises to all employees the importance placed by the Council on probity, financial control and honest administration. The main message is that we expect all Members, employees, consultants, contractors, and others, to be fair and honest, and to give us any help, information and support we need to deal with fraud and corruption.
- 1.5 The Council is fully supportive of the Local Government Fraud Strategy "Fighting Fraud and Corruption Locally" and has aligned this strategy and its anti-fraud and corruption framework with this recommended strategic approach in mind. The Council's Anti Fraud and Corruption Strategy also meets the requirements of CIPFA's Code of Practice on Managing the Risk of Fraud and Corruption.

2 ANTI-FRAUD CULTURE

- 2.1 The Council's Executive Leadership Team (ELT) is committed to ensure robust governance arrangements and executive support to ensure anti-fraud, bribery and corruption measures are embedded throughout the organisation. Having a holistic approach to tackling fraud is part of good governance.
 - 2.2 ELT acknowledge the threats of fraud and corruption and the harm they can cause the Council, its aims and objectives and to service users. ELT acknowledge the importance of a culture that is resilient to the threats of fraud and corruption and aligns to the principles of good governance. As a council we will publicise what is being done to combat fraud and corruption, ensuring
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that the message that fraud is a serious matter and takes resources away from important services is adequately relayed. This makes fraud against the authority socially unacceptable both internally and externally.

- 2.3 We will develop clear reporting lines both internally and externally by using a whistle blowing policy, fraud hotline and fraud response plan so that employees and the public are clear as to what action to take to report a fraud and do not shy away or feel fearful of doing so.

We will ensure that fraud and corruption is a key issue in policy design.

- 2.4 We will ensure training is provided for our employees who are involved in, or managing, internal control systems, to make sure that their responsibilities and duties are regularly reviewed and reinforced. We will also ensure that any employees, who may be involved in investigating fraud and corruption, have received suitable training.

We will ensure that everyone is aware that they have a role to play in tackling fraud and corruption.

We will make counter fraud literature available in induction packs and on the intranet.

In order to continue to ensure our counter fraud response is comprehensive and effective will consider performance against each of the six themes (the six Cs) as detailed in the Fighting Fraud and Corruption Locally Strategy:

- Culture
- Capability
- Competence
- Capacity
- Communication
- Collaboration

How we expect Council Members and employees to behave

- 2.5 We expect all people and organisations that are in any way associated with us to be honest and fair in their dealings with us. We expect our Members and employees to lead by example in these matters.
- 2.6 Our separate Codes of Conduct for Members, and employees when issued, set out an approach to work that is both honest and fair. Members and employees must act in line with the codes at all times.
- 2.7 Hartlepool Borough Council Members and employees have an important part to play in our anti-fraud and corruption arrangements. We encourage our employees and Members to inform us if they suspect a case of fraud. We will endeavour not to reveal the names of the people who gave us the information. We will deal with all information fairly and confidentially. Our fraud response plan attached (Appendix 1) gives more advice on this issue for employees.

- 2.8 Members are required to record their financial and other interests and record any receipt and offering of hospitality or gifts. At formal meetings Members are required to declare any interests in the matters under discussion, where the interest is personal and prejudicial.
- 2.9 The Relevant Authorities (General Principles) Order 2001 set out the original ten guiding principles that should apply to people who serve the public and incorporated the original seven general principles of conduct developed by the Nolan Committee and which are now to be found within Section 28 of the Localism Act, 2011 (Codes of Conduct) . We will develop our working behaviour around these principles, which are set out below:

Selflessness

Members should serve only the public interest and should never improperly confer an advantage or disadvantage on any person.

Honesty & Integrity

Members should not place themselves in situations where their honesty and integrity may be questioned, should not behave improperly and should on all occasions avoid the appearance of such behaviour.

Objectivity

Member should make decisions on merit, including when making appointments, awarding contracts, or recommending individuals for rewards or benefits.

Accountability

Members should be accountable to the public for their actions and the manner in which they carry out their responsibilities, and should co-operate fully and honestly with any scrutiny appropriate to their particular office.

Openness

Members should be as open as possible about their actions and those of their authority, and should be prepared to give reasons for those actions.

Personal Judgement

Members may take account of the views of others, including their political groups, but should reach their own conclusions on the issues before them and act in accordance with those conclusions.

Respect for Others

Members should promote equality by not discriminating unlawfully against any person, and by treating people with respect, regardless of their race, age, religion, gender, sexual orientation or disability. They should respect the impartiality and integrity of the authority's statutory officers, and its other employees.

Duty to Uphold the Law

Members should uphold the law and, on all occasions, act in accordance with the trust that the public is entitled to place in them.

Stewardship

Members should do whatever they are able to do to ensure that their authorities use their resources prudently and in accordance with the law.

Leadership

Members should promote and support these principles by leadership, and example, and should act in a way that secures or preserves public confidence.

- 2.10 We expect our Senior Officers and Managers to deal firmly and quickly with anyone who is responsible for fraud or corruption. The Managing Director in consultation with the Director of Resources and Development and the Monitoring Officer may refer matters to the police if they suspect any criminal activity has been carried out.
- 2.11 We must ensure that any investigative process is not misused and, therefore, any abuse, such as raising unfounded malicious allegations, may be dealt with as a disciplinary matter.

3 PREVENTION OF FRAUD

Deterrence

- 3.1 We will ensure strong systems that act as a deterrent to any potential fraudster are in place so that they feel that the attempt is not worthwhile.
- 3.2 We will put effective detective processes in place so that the potential fraudster feels that the risk of getting caught is too great.
- 3.3 The presence of investigators and professional investigation work will help to make the fraudster feel that evidence of fraud can always be uncovered.
- 3.4 The use of effective legal action and sanctions and publicising results will help to make the fraudster feel penalties of being caught are too certain and too severe.
- 3.5 By seeking the effective recovery of losses to fraud from the perpetrator we will ensure the fraudster feels they stand to gain nothing from the fraud.
- 3.6 We will ensure there is a strong declaration of intent about what will happen to those who commit fraud in order to provide a deterrent effect.
- 3.7 We will ensure that the effective use of publicity will put a strong message out that the council has a zero tolerance policy on fraud and potential fraudsters may be deterred from attempting to commit the fraud if they are aware that strong measures are in place to prevent and detect their attempts.

Prevention

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- 3.8 To address the potential challenge of fraud and corruption, we must endeavour to prevent it from happening in the first place. It is essential that we have clear rules and procedures, to provide a framework within which Members, employees, consultants and contractors can work. These are:
- Financial Procedure Rules;
 - Contract Procedure Rules;
 - Scheme of Delegation;
 - Officer Employment Procedure Rules;
 - Code of Conduct for Employees;
 - Code of Conduct for Members;
 - Disciplinary Procedures;
 - Employees' Conditions of Service.
- 3.9 The Council also recognises the high level of public scrutiny of its affairs by a variety of bodies including;
- External Audit;
 - Government Departments;
 - Inland Revenue;
 - HM Customs & Excise;
 - General Public;
 - Local and National Media.
- 3.10 The Council will positively respond to such scrutiny, demonstrating its commitment to this process, by effective liaison with External Audit and other statutory agencies to ensure that it achieves the required standards of probity.
- 3.11 Individual departments have also introduced their own measures, which are designed to control their activities. Examples include accounting control procedures, working manuals and operating procedures. Senior Officers and Managers must make sure that suitable levels of internal checks are included in working procedures, particularly financial procedures. It is important that duties are organised so that no one person can carry out a complete transaction without some form of checking process being built into the system.
- 3.12 Senior Officers and Management must make sure that all employees have access to these rules and regulations and that staff receive suitable training. Members and employees must make sure that they read and understand the rules and regulations that apply to them, and act in line with them.
- 3.13 If anyone breaks these rules and regulations we may take formal action against them. This may include, in particular circumstances, ending their employment with the Council in respect of employees and referral to the Audit and Governance Committee (exercising standards functions) following investigation in respect of Members. It will be the responsibility of the Monitoring Officer to make arrangements for dealing with complaints alleging breaches of the Members Code of Conduct applying adopted procedures and which are accessible on the Council's website.

- 3.14 We will as an authority regularly review and update our written rules and procedures.
- 3.15 To ensure the effective use of audit resources an annual risk based Internal Audit Activity Plan is in operation. This plan ensures that the challenge of potential fraud is appropriately addressed through;
- regular reviews of controls within the main financial systems;
 - protective audit visits to Council establishments to ensure appropriate standards of financial administration are in operation;
 - detailed probity work using computer interrogation techniques.
- 3.16 By its nature, corruption is difficult to identify and prosecute successfully. The Council's approach is to have in place a robust framework of procedures and subject them to regular review.
- 3.17 We will check the previous employment records of anyone we are considering employing. This applies to both temporary and permanent employees. The role that employees are expected to play in ensuring effective internal control will be included within employee induction procedures when they begin their employment. This will be followed up with training as appropriate.
- 3.18 We are committed to working and co-operating with other organisations to prevent organised fraud and corruption. Wherever possible, we will be prepared to help and exchange information with other Authorities and organisations to deal with fraud.
- 3.19 We will participate in computerised data matching initiatives, co-ordinated by the Home Office and other government agencies and we will abide by Codes of Practice covering such processes. This kind of work needs to be tightly controlled particularly in relation to data protection issues.
- 3.20 We will make sure that full details of arrangements for reporting concerns are widely published to the public, Members and employees, and that all information we receive in this way is investigated and dealt with.

Pursue and Protect

- 3.21 The array of preventative systems, particularly internal control systems, within the Council has been designed to provide indicators of any fraudulent activity, although generally they should be sufficient in themselves to deter fraud. You should read this section with our fraud response plan (Appendix 1) and our Prosecution Policy (Appendix 3).
- 3.22 Under our Code of Conduct and Financial Procedure Rules, employees should report any suspected cases of fraud and corruption to the appropriate manager, or, if necessary, direct to the Head of Audit and Governance. Reporting cases in this way is essential to the anti-fraud and corruption strategy and makes sure that:
- suspected cases of fraud and corruption are investigated properly;
 - the fraud response plan is properly carried out;

- there is a standard process for dealing with all suspected cases of fraud and corruption; and people and our interests are protected.

- 3.23 The Council's Whistleblowing Policy (Appendix 2) is intended to encourage and enable employees and others to raise serious concerns of misconduct. Employees reporting concerns in this way are afforded certain protection against discrimination through legislation (Public Interest Disclosure Act 1998).
- 3.24 The Head of Audit and Governance will work with the Managing Director and Senior Officers and Managers to decide on the type and course of the investigation. This will include referring cases to the police where necessary. We will prosecute offenders and we will carry out our disciplinary procedures where appropriate. We will ensure that any internal proceedings do not prejudice any criminal case.
- 3.25 The investigation protocol agreed between HR and Internal audit will be followed in all relevant investigations.
- 3.26 We will ensure the existence of skilled Investigators in order to ensure that detected frauds are investigated to the highest possible standards and expeditiously and that good results are achieved.
- 3.27 We will ensure that the Investigators are, or become, professionally trained and accredited. This ensures that all suspected instances of fraud or corruption are investigated objectively and in the most professional and timely manner possible and that the laws surrounding investigation work are adhered to at all times.
- 3.28 We will ensure that cases accepted for investigation, are assigned following an intelligence-led and risk-based approach. This ensures that the right cases (with the highest chance of a successful outcome) are identified for investigation and that resources are being used efficiently.
- 3.29 The Council recognises the harm that fraud can cause in the community. We will put in place measures to protect the Council and our residents from fraud and serious and organised crime, protecting individuals from becoming victims of crime and protecting against the harm that fraud can do to the community. We will put in place measures to protect public funds, protect against cybercrime and future frauds.

4 SANCTIONS AND REDRESS

- 4.1 Where investigations find evidence of fraud, it is desirable to seek to impose some form of sanction.
- 4.2 In every individual case, it is necessary to consider the full range of sanctions that are available at the earliest opportunity. All investigations are conducted in accordance with the Police and Criminal Evidence Act 1984 i.e. to a

criminal standard and to ensure that the full range of sanctions remains available.

- 4.3 At the conclusion of an investigation we are able to make a fully informed and proportionate judgment, based on all the evidence obtained, about a recommendation on action to penalise the individual concerned.
- 4.4 **For employees** – The sanctions available are disciplinary action in accordance with the Council's **Disciplinary Code**; prosecution (either taken by the Council's Legal Services or by the Crown Prosecution Service where the Police have been involved in the investigation); Police Caution or by civil remedy (to recover money, interest and costs). Prosecution may result in imprisonment or suspended prison sentence, fine, confiscation or compensation orders or community punishment order. Any sentence will be determined by a Magistrates or Crown Court. Where a combination of sanctions is applied e.g. disciplinary action and prosecution, this is known as applying parallel sanctions.
- 4.5 **For the public** – For non-housing benefit instances of fraud or theft committed by the public against the authority, cases will be investigated to a criminal standard where the option to prosecute the offender is always considered. Where prosecution is not seen to be in the public interest or the evidence is not considered robust enough to result in a successful prosecution, civil action will be considered in order to recover any losses to the authority.
- 4.6 We will ensure that the message is put across that all methods to recover losses to fraud will be sought in order to ensure that fraud does not pay.
- 4.7 We will ensure systems are in place and staff are properly trained for the effective recovery of losses gained through fraud.
- 4.8 We will use all available methods to recover losses from fraud. Losses may be recovered through the criminal process with the use of restraint, confiscation, forfeiture and/or compensation orders. Alternatively, losses may be recovered through the civil courts where the court can make an order against the defendant requiring them to compensate the plaintiff if it is proven, on the balance of probabilities, that it has cause of action against the defendant and the amount taken.

5 CONCLUSION

- 5.1 We are committed to tackling fraud and corruption whenever it happens. Our response will be effective and organised and will rely on the principles included in this document. The Council has in place a clear network of systems and procedures to assist it in the fight against fraud and corruption. It is determined that these arrangements will keep pace with any future developments in both preventative and detection techniques regarding fraudulent or corrupt activity that may affect its operation.

- 5.2 To this end, the Council maintains a continuous overview of such arrangements through, in particular, its Section 151 Officer, and its Internal and External Auditors.

Appendix 1

FRAUD RESPONSE PLAN

1. INTRODUCTION

- 1.1 Hartlepool Borough Council is committed to the highest possible standards of openness, probity and accountability in all its affairs. It is determined to develop a culture of honesty and opposition to fraud and corruption.
- 1.2 In line with that commitment, the Council's Anti-Fraud and Corruption Strategy the principles we are committed to in relation to preventing, reporting and managing fraud and corruption.
- 1.3 This Fraud Response Plan reinforces the Council's robust approach by setting out the ways in which employees or members of the public can voice their concerns about suspected fraud or corruption. It also outlines how the Council will deal with such complaints.

2. WHAT DO WE WANT TO KNOW ABOUT?

- 2.1 This Plan is intended to be implemented where suspicions of fraud or corruption have been raised.

Fraud is defined as:

"The intentional distortion of financial statements or other records by persons internal or external to the Authority which is carried out to conceal the misappropriation of assets or otherwise for gain".

Corruption is defined as:

"The offering, giving, soliciting or acceptance of an inducement or reward, which may influence the action of any person".

- 2.2 Concerns or allegations which fall within the scope of other, existing procedures e.g. discrimination issues will normally be referred for consideration under those procedures.
- 2.3 Fraudulent or corrupt acts may include:
- Systems Issues i.e. where a process/system exists which is prone to abuse by either employees or the public;
 - Financial Issues i.e. where individuals or companies have fraudulently obtained money from the Council e.g. invalid invoices/work not done;
 - Equipment Issues i.e. where Council equipment is used for personal use e.g. unauthorised/inappropriate personal use of Council vehicles;
 - Resource Issues i.e. where there is a misuse of resources e.g. theft of materials;

- Other Issues i.e. activities undertaken by employees of the Council which may be: unlawful; against the Council's Procedure Rules or policies, falls below established standards or practices; or amounts to improper conduct e.g. receiving inappropriate hospitality.

2.4 This is not an exhaustive list. If you are in any doubt about the seriousness of your concern, advice and guidance can be obtained from the Head of Audit and Governance on 01429 266522.

3. SAFEGUARDS

- 3.1 **Harassment or Victimisation** – The Council recognises that the decision to report a concern can be a difficult one to make, not least because of the possible fear of reprisal from those responsible for the malpractice. The Council will not tolerate harassment or victimisation and will take action to protect those who raise a concern in good faith.
- 3.2 **Confidentiality** – The Council will do its best to protect an individual's identity when he or she raises a concern and does not want their name to be disclosed. It must be appreciated, however, that the investigation process may reveal the source of the information and a statement by the individual may be required as part of the evidence.
- 3.3 **Anonymous Allegations** – This policy encourages individuals to put their names to allegations. Concerns expressed anonymously are much less powerful, but they will be considered at the discretion of the Director of Resources and Development and Managing Director of the Council. In exercising this discretion, the factors to be taken into account would include:
- the seriousness of the issues raised;
 - the credibility of the concern; and
 - the likelihood of confirming the allegation from attributable sources.
- 3.4 **Untrue Allegations** – If an allegation is made in good faith, but it is not confirmed by the investigation, no action will be taken against the originator. If, however, individuals make malicious or vexatious allegations, disciplinary action may be considered against the individual making the allegation.

4. WHAT SHOULD AN EMPLOYEE DO IF THEY SUSPECT FRAUD OR CORRUPTION?

- 4.1 Employees may be the first to realise that there is something seriously wrong within the Council. However, they may not express their concerns because they feel that speaking up would be disloyal to their colleagues or to the Council. They may also fear harassment or victimisation. In these circumstances, it may be easier to ignore the concern rather than report what may just be a suspicion of malpractice.
- 4.2 The Council's Whistleblowing Policy is intended to encourage and enable staff to raise legitimate concerns within the Council rather than overlooking a

problem or blowing the whistle to the media or other external bodies. This policy has been discussed with the relevant Trade Unions and professional organisations and has their support.

- 4.3 A full copy of the Whistleblowing Policy is provided in the staff handbook and can be obtained from your Customer and Workforce Services Section, Trade Union Representative or Chief Solicitor.
- 4.4 In essence, employees should approach the relevant line manager, who, if they find the claim to be substantiated, then in accordance with the Whistleblowing Procedure, the Head of Paid Service, Director of Resources and Development or alternatively the Head of Audit and Governance should be informed. The nature of the complaint will determine the Council's course of action.
- 4.5 Internal Audit can be contacted by phone on 01429 266522 or by writing to the Head of Internal Audit, Level 3, Civic Centre, Victoria Road, Hartlepool.

5. WHAT SHOULD A MEMBER OF THE PUBLIC DO IF THEY SUSPECT FRAUD OR CORRUPTION?

- 5.1 The Council encourages members of the public who suspect fraud and corruption to contact the Managing Director, Director of Resources and Development, Chief Solicitor and Monitoring Officer or the Head of Audit and Governance in the first instance.
- 5.2 The Internal Audit Section is a unit, which operates independently of all other Council Services, whose work includes reviewing procedures with the following aims:
 - To deter, prevent, detect and investigate fraud and corruption.
 - To see appropriate action taken against those who commit or seek to commit some sort of fraud or corruption.
 - To develop an anti-fraud culture.

The possible courses of action taken by the Council are outlined below.

- 5.3 Internal Audit can be contacted by phone on 01429 266522, or by writing to the Head of Audit and Governance, Level 3, Civic Centre, Victoria Road, Hartlepool.

6. HOW WILL HARTLEPOOL BOROUGH COUNCIL DEAL WITH ALLEGATIONS OF FRAUD OR CORRUPTION?

- 6.1 For issues raised by employees or members of the public, the action taken by the Council will depend on the nature of the concern. The matters raised may be investigated internally or referred to the Police.
- 6.2 Within 10 working days of a concern being received, the Managing Director or designated officer will write to the complainant:

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- acknowledging that the concern has been received;
- indicating how it is proposed the matter will be dealt with;
- giving an estimate of how long it will take to provide a final response;
- telling them whether any initial enquiries have been made; and
- telling them whether any further investigations will take place, and if not, why not.

6.3 The Council accepts that those people who reported the alleged fraud or corruption need to be assured that the matter has been properly addressed. Thus, subject to legal constraints, they will receive information about the outcomes of any investigation.

7. ALTERNATIVE METHODS FOR TAKING A COMPLAINT FORWARD

- 7.1 If either a member of the public or an employee feels it is right to take the matter outside these processes, the following are possible ways forward:
- elected Members of the Council. If you are unsure how to contact them, call the Council on 01429 266522 for advice.
 - the External Auditors – who are the organisation, appointed to scrutinise the Council's finances and performance. By law, they must be completely independent from the Council.
 - your Trade Union – employees may invite their Trade Union to raise a matter on their behalf.
 - the Police – suspicions of fraud or corruption may be reported directly to the Police.
 - the Local Government Ombudsman – this is an independent body set up by the Government to deal with complaints against Authority's in the United Kingdom.
 - Public Concern at Work – this is an independent authority which seeks to ensure that concerns about malpractice are properly raised and addressed in the workplace.

Appendix 2**HARTLEPOOL BOROUGH COUNCIL****"CORPORATE WHISTLE BLOWING" PROCEDURE****1. Introduction**

Hartlepool Borough Council is committed to ensuring that all its activities are lawful and that the highest possible standards are observed. A number of rules, regulations and procedures exist which are intended to promote high standards and to investigate and rectify any shortcomings.

Employees are often the first to realise when something is wrong within a Council but may not always voice their concerns. This might be because they fear reprisals or harassment or because they think speaking up is disloyal to colleagues.

This procedure provides a way in which concerns about malpractice or wrongdoing may be raised and investigated when other procedures are not sufficient or are inappropriate. It is intended to encourage employees to raise serious concerns and to protect them from any form of reprisal.

All employees of the Council may use this procedure. This includes permanent and temporary staff. It also covers agency personnel and staff seconded to a third party. Any concerns relating to the third party, if relevant to the individual's secondment, can also be raised under this procedure.

Contractors working for the Council may also use the provisions of these procedures to make the Council aware of any concerns that the Contractor's staff may have with regard to any contractual or other arrangement with the Borough Council.

2. Existing Procedures

The grievance procedure exists for employees to raise complaints about their employment. Copies of this are available in all departments and from the Personnel Division. The Employee Support Policy provides a special procedure for those wishing to make a complaint about harassment, victimisation or discrimination. Copies of this are available in all departments or can be obtained from the Employee Support Officer. This procedure does not replace **the** complaints procedure.

3. Aims of the Whistle Blowing Policy

- Encourage employees to feel confident in raising serious and to question and act upon their concerns.

- Provide ways for employees to raise those concerns and get feedback on any action as a result.
- Ensure that employees get a response to their concerns and that they are aware of how to pursue them if they know what to do if they are not satisfied with any actions.
- Reassure employees that if they raise any concerns in good faith and reasonably believe them to be true, they will be protected from possible reprisals or victimisation.

4. **What is Malpractice or Wrongdoing?**

Employees are encouraged, and expected, to report malpractice or wrongdoing and could in certain circumstances be subject to disciplinary action if they know of this and do not report it. Malpractice or wrongdoing might include any of the following. This is not a comprehensive list but gives examples of the sorts of things which could be raised, under the procedures listed in section 2, where appropriate, or under this procedure:-

- a) Unlawful acts or omissions, acts which are criminal or in breach of civil law or statutory duty.
- b) failure to comply with appropriate professional or other established standards;
- c) corruption or fraud;
- d) actions which are likely to cause physical danger to any person;
- e) failure to take reasonable steps to report and rectify any situation which is likely to cause a significant avoidable cost, or loss of income, to the Council or would otherwise seriously prejudice the Council;
- f) failure to draw relevant matters to the attention of Councillors or superior officers, or failure to comment appropriately on matters within an employee's responsibilities which might significantly affect an action or decision of, or on behalf of, the Council.
- g) abuse of power, or the use of the Council's powers and authority for any unauthorised or ulterior purpose;
- h) unfair discrimination in the Council's employment or services;
- i) other unethical conduct

5. **How do I Raise a Concern?**

If an employee has a concern then he/she should raise it with someone as soon as possible. If there are reasons why he/she cannot raise it with his/her manager, or through the procedures listed in section 2, then the following procedure should be followed.

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5.1 Raise the matter with:

- The Council's Monitoring Officer
Mrs H Martin – Chief Solicitor
- or in the absence of the Council's Monitoring Officer, with the Deputy Monitoring Officer Mr N Wilson – Legal Services.

5.2 Letters to the Chief Solicitor will not be opened by anyone else if marked Personal & Confidential. The Chief Solicitor can be contacted on tel: 266522 ext. 3003.

5.3 Whilst concerns may be raised verbally it is helpful to have details in writing.

5.4 When a matter is raised with the Chief Solicitor they will arrange for one of the following to take place:-

- their own investigations
- investigation by another officer or Internal Audit as appropriate
- referral to the Police
- referral to the external Auditor
- referral for independent enquiry
- referral for consideration under another procedure (disciplinary, grievance, etc)
- no action

5.5 The decision will be based upon the information provided, and an interview with the employee raising the concern (off site if necessary) if appropriate. In respect of a written report, or a verbal report which the Chief Solicitor has agreed to accept, the Chief Solicitor will advise the employee in writing within 10 days of what is to happen giving an estimate of the time any investigation is expected to take. The Chief Solicitor will report as necessary to Council Members.

Some concerns may be resolved by agreed action without any need for investigation.

If urgent action is required this will be taken before any investigation is conducted.

6. **Support and Safeguards**

It can be difficult for employees to raise concerns and Hartlepool Borough Council aims to support those who do so and to take steps to ensure that they are not victimised or harassed. The Chief Solicitor may take appropriate action to protect those raising concerns in good faith. An employee who raises concerns in good faith will not be penalised by the Council, eg. in relation to general treatment or to any job or promotion application, or any request for a reference.

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This procedure does not override or affect an employee's rights to protection under the provisions of the Employment Rights Act 1996 inserted by the Public Interest Disclosure Act 1998, as amended. The Act protects employees against detriment as a result of making a "protected disclosure" and specifies a range of matters, which may be the subject of a protected disclosure. Namely;

- a) that a criminal offence has been committed, is being committed or is likely to be committed,
- b) that a person has failed, is failing or is likely to fail to comply with any legal obligation to which he is subject,
- c) that a miscarriage of justice has occurred, is occurring or is likely to occur,
- d) that the health or safety of any individual has been, is being or is likely to be endangered,
- e) that the environment has been, is being or is likely to be damaged, or
- f) that information tending to show any matter falling within any one of the preceding paragraphs has been, is being or is likely to be deliberately concealed.

Some of the malpractice referred to in this procedure, e.g. commission of a criminal offence, would also be the subject of the statutory protection afforded by the Act; others, e.g. the provision of misinformation to the Council or causing financial loss to the Council, would not be subject to statutory protection. The Council believes that its employees are entitled to the additional protection afforded by the procedure.

6.1 Victimisation

Disciplinary action will be taken against anyone victimising or harassing an employee because he/she has raised concerns.

6.2 Anonymous Allegations

Anonymous allegations are necessarily difficult to investigate and, for that reason, cannot always be given the same consideration as attributed allegations. In considering whether any action is to be taken the seriousness and credibility of the allegations will be taken into account as will the feasibility of investigating them and the reason(s) for anonymity being requested.

6.3 Confidentiality

It is much easier to investigate concerns when those raising them are willing for their names to be disclosed if necessary in the investigation. However if employees specifically ask for their names not to be disclosed then this will be

respected subject only to any requirement to disclose having the force of law. This may, in some situations impede the investigation. If the only evidence of wrongdoing or malpractice is that of the complainant as an eyewitness of the complainant then he/she will usually need to be prepared to make a statement.

7. Links to Other Procedures

7.1 Disciplinary Action

Employees who are subject to disciplinary action and who raise concerns under this procedure should note that the disciplinary action will not necessarily be halted or delayed as a result. However in some circumstances this may be appropriate or necessary.

7.2 Unproven Allegations

If an employee makes an allegation in good faith and this is not confirmed in the investigation no action will be taken against him/her. The Council will also try to minimise any negative effects of an allegation being investigated and not confirmed.

7.3 Deliberately False Allegations

The Council will take disciplinary action against any employee deliberately making allegations they know to be false or unfounded, whether frivolously or maliciously. Action will also be taken against any employee inventing or otherwise falsifying facts in order to make a complaint.

7.4 Other Procedures

If a matter is raised under the Whistle-Blowing procedure which could more appropriately be dealt with under another procedure the Chief Solicitor will consult the appropriate senior officer who would operate the other procedure and, if this is agreed, refer the matter on, advising the complainant accordingly.

8. Taking Concerns/Complaints Further

8.1 If employees are not able to have their concerns addressed satisfactorily through this or the Council procedures then they may need to consider taking matters outside the authority and consulting one of the following:-

- the Audit Commission
- the Police
- the Local Government Ombudsman
- the Monitoring Officer (for issues regarding a councillors conduct)
- the relevant professional bodies or regulatory organisations
- Public Concern at Work
- The employees Trade Union

5. 4.3 23.03.16 - A&G Draft Anti Fraud and Corruption Strategy

- The Citizens Advice Bureau
- The Information Commissioner
- The Health and Safety Executive

Adult and Community Services employees are encouraged to refer matters of concern to the Commission for Social Care Inspection since such referral is encouraged nationally.

Details of how to contact the above is attached at Appendix 1

Note:

Public Concern at Work is the Whistle Blowing charity. The organisation has four primary activities;

- to offer free, confidential advice to people concerned about crime, danger or wrong doing at work.***
- to help organisations deliver and demonstrate good governance.***
- inform public policy and***
- promote individual responsibility, organisational accountability and the public interest.***

Note:

In conjunction with Public Concern at Work, British Standards (BSI) has published a Code of Practice on Whistle Blowing arrangements under the classification PAS 1998/2008. Copies of the code can be downloaded from www.bsigroup.com/PAS1998

- 8.2 The, Chief Solicitor can give advice on raising concerns externally, as can the trades unions and professional associations.
- 8.3 Employees who raise concerns outside the Council should ensure that confidential information is not disclosed inappropriately. The Chief Solicitor can advise on this.
- 8.4 The Public Interest Disclosure Act 1998 also provides for protection under the Act to be extended to disclosure to a 'prescribed person' identified by the Secretary of State in regulations made under the Act. For matters relating to the proper conduct of public business, value for money, fraud and corruption in local government bodies, the 'prescribed person' is the Audit Commission for England and Wales.

9. Records of Complaints

The Chief Solicitor who is the Monitoring Officer will be responsible for maintaining records of concern raised and of outcomes. Records will be kept in a form, which does not compromise confidentiality.

10. Trades Unions

This procedure has been agreed with the Hartlepool Joint Trade Union Committee and Trades Union representatives as indicated may give advice on the use of this or other procedures to raise concerns. Employees raising concerns may invite their Trades Union representative, or a colleague, to be present during any meetings or interviews.

Appendix 1

Contact details for outside organisations as outlined
in Paragraph 7.1 of the Whistle Blowing Procedure

| Name of Organisation | Address | Telephone Number | E-mail Address |
|--|--|------------------|-----------------------------------|
| Police – Cleveland Constabulary | P.O. Box 70 Ladgate Lane Middlesbrough TS8 9EH | (01642) 326326 | enquiries@cleveland.pnn.police.uk |
| Local Government Ombudsman | Local Government Ombudsman PO BOX 4771 Coventry CV4 OEA | 01904 380200 | advice@lgo.org.uk |
| Monitoring Officer | Hartlepool Borough Council Civic Centre Victoria Road Hartlepool TS24 8AY | 01429 523003 | |
| Public Concern at Work | Suite 301 16 Baldwins Gardens London EC1N 7RJ | 020 7404 6609 | whistle@pcaw.co.uk |
| Commission for Social Care Inspection | 33 Greycoat Street London SW1P 2QF | 0845 015 0120 | enquiries@csci.gsi.gov.uk |
| Relevant Professional bodies or regulatory organisations | Enquire for further information at Civic Centre Hartlepool | 01429 523003 | portal.master@hartlepool.gov.uk |

Appendix 3

PROSECUTION POLICY

Hartlepool Borough Council is committed to preventing fraud and corruption and has developed an 'Anti-Fraud and Corruption Strategy' in order to minimise its occurrence.

The Council will constantly monitor its systems and amend procedures as required.

This procedure does not supersede other internal disciplinary codes implemented by the Council and internal offenders (e.g. Council employees or Members) will be liable to general disciplinary procedures as well as prosecution.

General

The Council's policy on fraud is to:

- deter it in the first instance;
- detect it quickly;
- investigate it efficiently; and
- prosecute offenders when appropriate.

In most cases, the Managing Director in consultation with the Monitoring Officer/ Director of Resources and Development or the Head of Audit and Governance, will be involved in deciding if reporting the matter to the Police is appropriate. In exceptional circumstances the Monitoring Officer/ Director of Resources and Development or the Head of Audit and Governance may refer matters to the Police direct without prior consultation with the Managing Director.

In deciding whether a fraud should be reported to the police the following factors will be taken into account.

- the extent of the fraud/corruption in financial terms;
- the sufficiency and appropriateness of evidence;
- whether the public interest will be served.

In general, all cases, where there is evidence of a criminal act, will be reported to the Police.

AUDIT AND GOVERNANCE COMMITTEE

16th March 2023



Report of: Head of Audit and Governance

Subject: INTERNAL AUDIT PLAN 2022/23 UPDATE

1. PURPOSE OF REPORT

- 1.1 To inform Members of the progress made to date completing the internal audit plan for 2022/23.

2. BACKGROUND

- 2.1 In order to ensure that the Audit and Governance Committee meets its remit, it is important that it is kept up to date with the ongoing progress of the Internal Audit section in completing its plan. Regular updates allow the Committee to form an opinion on the controls in operation within the Council. This in turn allows the Committee to fully review the Annual Governance Statement, which will be presented at this meeting of the Committee, and after review, will form part of the statement of accounts of the Council.

3. PROPOSALS

- 3.1 That members consider the issues within the report in relation to their role in respect of the Councils governance arrangements. In terms of reporting internally at HBC, Internal Audit produces a draft report which includes a list of risks currently faced by the client in the area audited. It is the responsibility of the client to complete an action plan that details the actions proposed to mitigate those risks identified. Once the action plan has been provided to Internal Audit, it is the responsibility of the client to provide Internal Audit with evidence that any action has been implemented by an agreed date. The level of outstanding risk in each area audited is then reported to the Audit and Governance Committee.
- 3.2 The benefits of this reporting arrangement are that ownership of both the internal audit report and any resulting actions lie with the client. This reflects the fact that it is the responsibility of management to ensure adequate procedures are in place to manage risk within their areas of operation, making managers more risk aware in the performance of their duties. Greater assurance is gained that actions necessary to mitigate risk are implemented and less time is spent by both Internal Audit and management in ensuring audit reports are agreed. A greater breadth of assurance is given

to management with the same Internal Audit resource and the approach to risk assessment mirrors the corporate approach to risk classification as recorded in covalent. Internal Audit can also demonstrate the benefit of the work it carries out in terms of the reduction of the risk faced by the Council.

- 3.3 Table 1 of the report detailed below, sets out the schools audit that has been completed and the recommendations made. Recommendations to mitigate the risks identified have been agreed and a follow up audit will be carried out to ensure satisfactory implementation.

Table 1

| Audit | Objectives | Recommendations | Agreed |
|----------------------|---|--|---------------|
| Ward Jackson Primary | Ensure school finance and governance arrangements are in line with best practice. | -Ensure all business interests are updated on the school website as part of an annual governor update. | Y |
| | | -Business continuity plan to be shared with governors at next Full Governing Body Meeting. | Y |
| | | A schedule of testing of the plan will be developed and results will be reported to Governors. | |
| | | -Signatory to be removed from bank mandate and additional member of SLT to be added. | Y |
| | | -Review of order processes to be completed by Senior Leaders and School Business Manager and implemented from the next financial year. | Y |
| | | -Ensure under new payment process that any payments close to the expiry period are flagged to the senior leaders. | Y |
| | | -Move to an online system for payments to ensure accurate and timely collection. | Y |
| | | -All fees and charges to be reviewed annually by governors in the Summer Term Meeting. | Y |
| | | -Staff increments to be uploaded onto SIMS within 30 days of decision being made to ensure rates of pay match Resource Link. | Y |
| | | -Senior Leaders to work with Data Protection Officer in establishing and implementing a robust Information Governance Policy. | Y |
| | | -Refresher training for all staff on Information Security/Data Protection to be provided. | Y |

Table 2 summarises the assurance placed on those audits completed with more detail regarding each audit and the risks identified and action plans agreed provided in Appendix A.

Table 2

| Audit | Assurance Level |
|--|------------------------|
| Youth Employment Initiative Claim 3 | Satisfactory |
| Youth Employment Initiative Claim 4 | Satisfactory |
| Salaries and Wages | Satisfactory |
| Green Homes Grant Local Authority Delivery Phase 2 | Satisfactory |
| Debtors System | Satisfactory |

- 3.4 For Members information, Table 3 below defines what the levels of assurance Internal Audit places on the audits they complete and what they mean in practice:

Table 3

| Assurance Level | Meaning |
|------------------------|---|
| Satisfactory Assurance | Controls are operating satisfactorily and risk is adequately mitigated. |
| Limited Assurance | A number of key controls are not operating as intended and need immediate action. |
| No Assurance | A complete breakdown in control has occurred needing immediate action. |

- 3.5 Table 4 below details the audits that were ongoing at the time of compiling the report.

Table 4

| Audit | Objectives |
|---|--|
| Agency Residential Placements | Ensure placements made are appropriate, authorised and monitored |
| Benefits - Housing | Ensure benefits are paid in line with statutory requirements |
| Budgetary Control | Ensure budgets are monitored and managed in line with best practice |
| Choice Based Lettings, Housing Aid, Homelessness and Landlord Accreditation | Ensure landlord services are provided in line with statutory requirement sand best practice. |
| Contain Outbreak Management Fund | Grant is managed in line with terms and conditions. |
| Council Tax | Ensure council tax is set collected and monitor in line with statutory requirements. |
| Creditors | Ensure creditors are managed in line with statutory requirements and HBC procedures. |
| Legionella Management | Adequate arrangements are in place to manage service in line with statutory requirements. |
| Local Council Tax Support Scheme | Ensure Local Council Tax Support Scheme is managed in line with statutory requirements and HBC procedures. |
| Main Accounting | Ensure Main Accounting System is adequately controlled ensuring accuracy and accountability. |
| National Fraud Initiative (NFI) | Manage NFI process. |
| Non Domestic Rates (NDR) | Ensure Non Domestic Rates are managed in line with statutory requirements and HBC procedures. |
| Procurement | Ensure adequate procedures are in place to manage procurement in line with statutory and HBC procedures. |
| Risk Management | Ensue risk management strategies and policies are embedded across the organisation. |
| Social Care - Carers Service | Ensure Carers Service is operating effectively and efficiently. |
| Working from Home - Data Protection Compliance | Risks associated with working from home are adequately mitigated. |
| Working from Home - H&S Compliance | Risks associated with working from home are adequately mitigated. |

4. RISK IMPLICATIONS

- 4.1 There is a risk that if Members of the Audit and Governance Committee do not receive the information needed to enable a full and comprehensive review of governance arrangements at the Council, this would lead to the Committee being unable to fulfil its remit.

5. FINANCIAL CONSIDERATIONS

- 5.1 There are no financial considerations.

6. LEGAL CONSIDERATIONS

- 6.1 There are no legal considerations.

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. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

- 11.1 There are no environment, sustainability and climate change considerations.

12. RECOMMENDATIONS

- 12.1 It is recommended that Members note the contents of the report.

13. REASON FOR RECOMMENDATIONS

- 13.1 To ensure that the Audit and Governance Committee meets its remit, it is important that it is kept up to date with the ongoing progress of the Internal Audit section in completing its plan.

14. BACKGROUND PAPERS

- 14.1 Internal Audit Reports.

15. CONTACT OFFICER

15.1 Noel Adamson
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Appendix A

| Audit | Objective | | | Assurance Level |
|--|--|----------------------|--|--|
| Supporting Families Grant Claim 3 | Ensure terms and conditions of grant adhered to. | | | Satisfactory |
| Risk Identified | Risk Level prior to action implemented | Action Agreed | | Risk Level after action implemented |
| No unmitigated risk identified. | | | | |

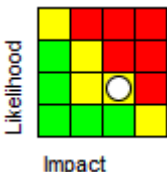
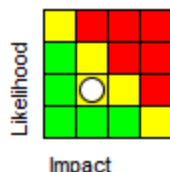
| Audit | Objective | | | Assurance Level |
|--|--|----------------------|--|--|
| Youth Employment Initiative Claim 3 | Ensure terms and conditions of grant adhered to. | | | Satisfactory |
| Risk Identified | Risk Level prior to action implemented | Action Agreed | | Risk Level after action implemented |
| No unmitigated risk identified. | | | | |



| Audit | Objective | | | Assurance Level |
|--|--|----------------------|--|--|
| Youth Employment Initiative Claim 4 | Ensure terms and conditions of grant adhered to. | | | Satisfactory |
| Risk Identified | Risk Level prior to action implemented | Action Agreed | | Risk Level after action implemented |
| No unmitigated risk identified. | | | | |

| Audit | Objective | | | Assurance Level |
|---|---|--|---|-------------------------------------|
| Salaries and Wages | Ensure Salaries and Wages are managed in line with statutory requirements and HBC procedures. | | | Satisfactory |
| Risk Identified | | Risk Level prior to action implemented | Action Agreed | Risk Level after action implemented |
| Out of a sample of 5 personal changes made by the payroll department 1 did not have corresponding evidence to support the change. A note was added to Resource link to confirm the employee had made a telephone call to amend the address. No supporting evidence was available or input checks carried out. | | | Issue guidance to team instructing changes should not be made without supporting evidence, e.g. letter or email. | |
| Resource link (including Myview) has not had a data cleanse since it was introduced 14+ years ago. Retaining personal information that is not required by law can result in fines from the Information Commissioners Office (ICO). | | | Exercise to be arranged to review information held on both Resource link and Enterprise. To schedule once the year-end system upgrades are completed. Review to consider ways to retain information required for Insurance and Pensions (e.g. McCloud review requires employee history back to 2014). | |

| Audit | Objective | | | Assurance Level |
|-----------------------------------|---|--|---------------|-------------------------------------|
| European Social Fund Grant | Grant is managed in line with terms and conditions. | | | Satisfactory |
| Risk Identified | | Risk Level prior to action implemented | Action Agreed | Risk Level after action implemented |
| No unmitigated risk identified | | | | |

| Audit | Objective | | | Assurance Level |
|---|---|--|---------------|-------------------------------------|
| Green Homes Grant Local Authority Delivery Phase 2 | Grant is managed in line with terms and conditions. | | | Satisfactory |
| Risk Identified | | Risk Level prior to action implemented | Action Agreed | Risk Level after action implemented |
| No unmitigated risk identified | | | | |

| Audit | Objective | | | Assurance Level |
|--|--|--|--|--|
| Debtors | Ensure debtors are managed in line with statutory requirements and HBC procedures. | | | Satisfactory |
| Risk Identified | | Risk Level prior to action implemented | Action Agreed | Risk Level after action implemented |
| <p>A review of the sales invoice/credit note report identified a total of 36 credit notes which were not on the report of credit notes over £300 which require authorisation and had a total credit value of £153,012.64. Further checks showed that these all related to the same cost centre which was Job Costing/Billing. Further enquiries confirmed that three officers within the Neighbourhood Services Team have access to raise the debt and also the credit to cancel with no separation of duties in place relating to this function. Discussed with the Integra Support Team who are going to look into this.</p> | |  | <p>The credit notes are raised automatically in Sales Ledger System when a payment certificate is cancelled in Job Billing. There isn't a way to amend this process without hampering the user access in Job Billing. We will create an Integra alert to send to the Snr Accounting & Finance Officer and Head of Finance – Regen & Neighbourhoods to enable them to monitor credit notes as they occur.</p> |  |

| | | | |
|---|---|---|---|
| <p>Review of the Post Dated Sales Invoice report from the system identified a number of invoices listed related to rent and internet costs for the BIS and HEC and although reminders not to do this due to the impact this has on the recovery process have been issued to the officer responsible it is clear from the volume of invoices listed on the report that she has continued to raise post-dated invoices on the system.</p> |  <p>Impact</p> | <p>An alert is already in place and is monitored by Senior Recovery Officer. There have been 2 occurrences by the same Officer which were both addressed when the alert was received and there has been no re-occurrence.</p> |  <p>Impact</p> |
|---|---|---|---|

AUDIT AND GOVERNANCE COMMITTEE

16 March 2023



Report of: Head of Audit and Governance

Subject: APPOINTING AN EXTERNAL AUDITOR

1. PURPOSE OF REPORT

- 1.1 To update Members on issues in relation to appointing an external auditor in respect of the application of the Local Audit and Accountability Act 2014 and the Local Audit (Appointing Person) Regulations 2015.

2. BACKGROUND

- 2.1 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.
- 2.2 It was agreed at the meeting held on 16.03.21 that members of the Audit and Governance Committee support the Council's continued membership of Public Sector Audit Appointments Limited (PSAA) for the provision of external audit services. It was further recommended that a report from the Audit and Governance Committee be presented to Full Council requesting authority for the Council's continued membership of PSAA in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Local Audit (Appointing Person) Regulations 2015.

3. APPOINTMENT OF EXTERNAL AUDITORS

- 3.1 There are currently a number of issues surrounding the provision of external audit services:
- The audit industry is under heavy scrutiny;
 - There is great regulatory pressure to improve audit quality;
 - Audit resources are stretched;

- Delayed local audit opinions an unresolved national concern;
- Local government audit's focus is being questioned;
- Additional work means additional fees are needed;
- Regulations need updating.

- 3.2 The aim of PSAA is to secure the delivery of an audit service of the required quality for every opted-in body at a realistic market price and to support the drive towards a long term competitive and more sustainable market for local public audit services

The benefits of the current arrangement of central purchasing have resulted in reduced fees with the Council not having to set up a separate Auditor Appointment Panel to deal with any future appointment. PSAA are also looking to maximise value for local public bodies by:

- securing the delivery of independent audit services of the required quality;
- awarding long term contracts to a sufficient number of firms to enable the deployment of an appropriately qualified auditing team to every participating body;
- encouraging existing suppliers to remain active participants in local audit and creating opportunities for new suppliers to enter the market;
- encouraging audit suppliers to submit prices which are realistic in the context of the current market;
- enabling auditor appointments which facilitate the efficient use of audit resources;
- supporting and contributing to the efforts of audited bodies and auditors to improve the timeliness of audit opinion delivery; and
- establishing arrangements that are able to evolve in response to changes to the local audit framework.

- 3.3 Correspondence received from the PSAA outlined the following proposed timetable for opting in to procurement arrangements:

| | |
|----------------|--|
| September 2021 | Eligible bodies will be invited to join PSAA's national scheme (<i>will require a decision by Full Council</i>) |
| January 2022 | Deadline for eligible bodies to notify PSAA of their decision to opt in |
| February 2022 | Procurement will commence |
| June 2022 | PSAA Board will award new contracts where possible and determine if there is a need to extend current ones to enable PSAA to meet its statutory duty to appoint to all opted-in bodies |
| December 2022 | PSAA Board will confirm auditor appointments for 2023/24 |

- 3.4 On the 19.12.22, PSAA formally communicated that as responsible body for appointing an auditor from 2023/24 to eligible bodies that have chosen to opt into its national auditor appointment, its appointment of Mazars LLP as external auditor of Hartlepool Borough Council for five years from 2023/24 to 2027/28. This appointment was made under regulation 13 of the Local Audit (Appointing Person) Regulations 2015 and was approved by the PSAA Board at its meeting on 16 December 2022.

4. RISK IMPLICATIONS

- 4.1 Members of the Audit and Governance Committee do not receive the information needed to enable a full and comprehensive review of the Councils arrangements for the provision of external audit services, leading to non-compliance with statutory requirements and the Council being unable to prove it provides value for money services in this area.

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 significant savings to the Council.

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. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

- 11.1 There are no environment, sustainability and climate change considerations

12. RECOMMENDATIONS

- 12.1 It is recommended that Members of the Audit and Governance Committee note the appointment of Mazars LLP by PSAA for the provision of external audit services as external auditor of Hartlepool Borough Council for five years from 2023/24 to 2027/28.

13. REASON FOR RECOMMENDATIONS

- 13.1 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.

14. BACKGROUND PAPERS

- 14.1 Local Audit and Accountability Act 2014.
Local Audit (Appointing Persons) Regulations 2015.

15. CONTACT OFFICER

- 15.1 Noel Adamson
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TS24 8AY
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Email: noel.adamson@hartlepool.gov.uk

AUDIT AND GOVERNANCE COMMITTEE

16 March 2023



Report of: Chief Solicitor

Subject: REGULATION OF INVESTIGATORY POWERS ACT
2000 (RIPA) - QUARTERLY UPDATE

1. PURPOSE OF REPORT

- 1.1 To provide members with a quarterly update on activities relating to surveillance by the Council and policies under the Regulation of Investigatory Powers Act 2011.

2. BACKGROUND

- 2.1 Hartlepool Borough Council has powers under the Regulation of Investigatory Powers Act 2000 (RIPA) to conduct authorised covert surveillance.
- 2.2 This report is submitted to members as a result of the requirement to report to members under paragraph 4.47 of the Covert Surveillance and Property Interference Revised Code of Practice (August 2018) which states that:

Elected members of a local authority should review the authority's use of the 1997 Act and the 2000 Act and set the policy at least once a year. They should also consider internal reports on use of the 1997 Act and the 2000 Act on a regular basis to ensure that it is being used consistently with the local authority's policy and that the policy remains fit for purpose.

- 2.3 As from 1 November 2012 Local Authorities may only use their powers under the Regulation of Investigatory Powers Act 2000 to prevent or detect criminal offences punishable by a minimum term of 6 months in prison (or if related to underage sale of alcohol and tobacco – not relevant to this Council). The amendment to the 2000 Act came into force on 1 November 2012.
- 2.4 Examples of where authorisations could be sought are serious criminal damage, dangerous waste dumping and serious or serial benefit fraud. The surveillance must also be necessary and proportionate. The 2012 changes mean that authorisations cannot be granted for directed surveillance for e.g. littering, dog control, fly posting.

- 2.5 As from 1 November 2012 any RIPA surveillance which the Council wishes to authorise must be approved by an authorising officer at the council and also be approved by a Magistrate; where a Local Authority wishes to seek to carry out a directed surveillance or make use of a human intelligence source the Council must apply to a single Justice of the Peace.

3. RIPA AUTHORISATIONS

- 3.1 In the quarter to the date of this meeting:

| | |
|-----------------------|-----|
| Communications Data | Nil |
| CHIS | Nil |
| Directed Surveillance | Nil |

4. RECOMMENDATION

- 4.1 That the quarterly report be noted.

5. REASONS FOR RECOMMENDATIONS

- 5.1 To enable the Council to monitor the RIPA system effectively and as required by law and guidance.

6. CONTACT OFFICERS

- 6.1 Hayley Martin
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01429 523003

Amanda Whitaker
Legal and Democratic Services Team Manager
Amanda.whitaker@hartlepool.gov.uk
01429 523013

AUDIT AND GOVERNANCE COMMITTEE

16 March 2023



Report of: Director of Public Health

Subject: SESSION 3 - REVIEW OF THE RECONFIGURED
SUBSTANCE MISUSE SERVICE AND NEEDS
ASSESSMENT DATA

1. PURPOSE OF REPORT

- 1.1 This is the final consolidation session to Audit and Governance Committee on the progress and process taken to reconfigure substance misuse services across Hartlepool including increased investment from the National Drug Strategy. This final report will present the final Substance Misuse Needs Assessment 2023 and the development of a Hartlepool Substance Misuse Strategy with partners.

2. BACKGROUND

- 2.1 The Committee has been presented with the following information over three sessions:

Update on the work to reduce the harms related to substance misuse in Hartlepool including data from the refreshed Substance Misuse Needs Assessment, an update on the reconfigured START service and new investment from the national 'From harm to hope: A 10-year drugs plan to cut crime and save lives'.

The second session focused on the clinical provision within the START service and in particular the impact of Adverse Childhood Experiences (ACES) and harm minimisation work.

3. PROPOSALS/ISSUES FOR CONSIDERATION

The final consolidation session will present the final substance misuse needs assessment and an update on the emerging substance misuse strategy being developed with partners.

3.1 Hartlepool Substance Misuse Needs Assessment findings (**Appendix 1**)

The Public Health team and partners have worked together to complete a substance misuse needs assessment. The needs assessment aims to analyse the current need and identify any gaps in treatment and support services in Hartlepool by exploring previous and current data relating to drug and alcohol related harms.

Key themes:

Prevention: Early identification and prevention targeting specific higher risk groups, such as younger people and ex-offenders earlier by:

- Developing further insight into understand the changing trends in drug use and the role of recreational drug use in the population of Hartlepool and consider emerging evidence of ways to tackle this
- To Increase the awareness of the risks associated with drinking alcohol and promote positive behaviour change targeting known at risk groups
- Inclusion of actions relating to prevention of substance misuse related harms should be incorporated in a strategy and action plan with an annual delivery plan to ensure that actions are completed and progress made

Treatment: Use data, evidence, research and behavioural insight studies to better understand the needs of service users and their families specifically to:

- Advise commissioning and treatment services of potential gaps within service provision, data collection and quality
- Ensure appropriate, effective and timely access to support
- There are still significant numbers of unplanned exits from our services and deaths (from any cause) there requires a concerted effort for engagement with service users and partners to look at improvements (i.e. in addressing co-existing conditions and better supporting those with housing problems or other vulnerabilities).
- The data shows a significant proportion of successful completions has fallen for opiates similar to the England average which has also fallen and non-opiate users which has been significantly worse than the England average for the last seven years. Further work is needed to understand this trend and how this links to; average time in service data, unplanned exits and wider health needs.
- Reduce unmet need for those impacted by drug and alcohol issues and wider family support specifically in relation to children of dependant alcohol/drug users.
- What are the ongoing impacts for parents after planned exits, in terms of supporting them and their families?

Wider Health Needs: Consider our long term strategic goals to improve Drug and alcohol related physical and mental health conditions across all health provisions, not just treatment services.

- Develop the work within the community hubs and with partners to reemphasise 'Making Every Contact Count' so that people with co-existing physical and mental health conditions can access support, advice and information services easily.
- People with co-occurring substance misuse and mental health problems face additional barriers to access and take up of treatment and support, this requires further work to ensure there is closer multidisciplinary working to tackle it and the further development of case management systems that communicates effectively to reduce barriers to communication further.
- The data shows that the proportion of adults using alcohol are the highest proportion of people who live with children at least 60%. Further work is needed to understand the needs of children and the impact of parental alcohol misuse has on their health and wellbeing and particularly in relation in the context of Adverse Childhood Experiences (ACEs)
- It is likely that persons within this cohort are at greater risk, due to further issues such as homelessness, lack of access to health care and abuse. Efforts are required to establish how we respond to this. This will also aid our understanding of how co-existing conditions vary between and across groups and how vulnerabilities can be addressed.

Enforcement and Crime and Disorder: To work collaboratively with Tees Drugs Combatting Partnerships to reduce drug related crime

- It is recommended that a review of the current criminal justice pathways into substance misuse service is reviewed with partners
- Early alert systems are reviewed through the joint Tees Drug and Alcohol Related Death (DARD) process to ensure effective communication of risks are managed between partners
- To Strengthen the role of Public Health as a Responsible Authority through the alcohol licensing Standard Operating Procedure (SOP)

The findings from the needs assessment and recommendations will inform a local substance misuse strategy.

3.2 Substance Misuse Strategy vision and priorities are being developed with partners and will form priorities across four broad themes:

- Prevention: Early identification and prevention targeting specific higher risk groups
- Treatment: Use data, evidence, research and behavioural insight studies to better understand the needs of service users and their families
- Wider Health Needs: Consider our long term strategic goals to improve Drug and alcohol related physical and mental health conditions across all health provisions, not just treatment services
- Enforcement and Crime and Disorder: To work collaboratively with Tees Drugs Combatting Partnerships to reduce drug related crime

4. RECOMMENDATIONS

- 4.1 It is recommended the Audit and Governance Committee note the progress taken to refresh the Substance Misuse Needs Assessment and the recommendations contained within.
- 4.3 Note the work with partners to develop a vision and priorities for the substance misuse strategy.
- 4.4 Agree the proposal to update the Committee annually on progress against the priorities.

5. REASONS FOR RECOMMENDATIONS

- 5.1 Public Health have a responsibility to work with partners to develop a substance misuse strategy which is based on data identifying need and is evidence based in order to inform service delivery and:
- Look at opportunities for partnership working across the system to improve preventative support and information and access to support services.
 - Aim to develop evidence based, intervention programmes and outreach services ensures a full range of evidence-based services are available to our local treatment population.
 - Evidence based programmes offer variety for interventions as well as creating capacity for staff managing large caseloads and space for quality improvement.
 - Caseload segmentation can increase the quality of specialist care, staff navigating fewer treatment pathways and providing dedicated interventions to specific substances having an impact on effectiveness of treatment
- 5.2 To aide service development and enhancing treatment quality, in line with the 2021 drug strategy *From Harm to Hope* and Dame Carol Black recommendations, I recommend consideration be given to the implementation of evidence-based psychosocial intervention programmes, caseload segmentation and increase capacity for outreach services – which has proved promising for people with alcohol problems.

6. BACKGROUND PAPERS

- 6.1 None.

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Hartlepool Drug and Alcohol Needs Assessment 2023



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1.0 Introduction

The misuse of drug and alcohol is one of the highest risk factors for ill-health across the UK with an estimate of 1 in 11 adults aged 16-59 to have taken a drug in the last year, with 1.1 million adults to have taken a class A drug¹. In the same year, it is estimated 358,000 hospital admissions were attributed to alcohol use, 6% higher than the previous year². Drug and alcohol use can lead to a number of physical and psychological conditions, such as liver disease, cardiovascular complications, high blood pressure, depression and anxiety.

The costs of alcohol and drug misuse to society are significant. Estimates show that the social and economic costs of alcohol-related harm amount to £21.5billion, while harm from illicit drug use costs £10.7billion. However, it is said £4 social return is made for every £1 spent on treatment and support services³.

Hartlepool has the second highest rate of deaths related to drug poisoning in the North East of England and the third highest nationally⁴

Additionally, Hartlepool has the 18th highest alcohol related liver disease mortality rate in England, and has been consistently significantly worse than the England average for the last 6 years. This is also reflected in Hartlepool's alcohol related mortality rate which has fallen from a peak of 23.8 per 100,000 population in 2014-16, but is still significantly worse than the England average

Whilst we may not yet have seen the long term impacts of the COVID-19 pandemic, we can see that the sales of spirits saw an increase of £317 million (+8%) and wine £299 million (+7%). Individuals who reported higher levels of alcohol use before the pandemic, reported further increases of alcohol consumption during the pandemic, putting individuals at further risk of alcohol related harms⁵. Research has suggested that people using illicit substances were at greater risk of overdose and blood-borne infections throughout COVID-19, potentially resulting in long-term health implications⁶.

The reasons why an individual may increase their alcohol use, or take illicit drugs can vary. However, research has shown that adverse childhood experiences (ACE) are prevalent amongst those who take substances⁷. Drugs and/or alcohol may also be used to help manage with emotional distress and/or traumatic experiences⁸. Therefore, it is important that safe and effective treatment is available for those who need it.

This needs assessment aims to analyse the current need and identify any gaps in treatment and support services in Hartlepool by exploring previous and current data relating to drug and alcohol related harms.

2.0 Purpose/Aim

- To provide analysis of current substance misuse needs and identify health inequalities.
- To identify the current need in Hartlepool using local data.
- Develop recommendations which will aid the development of the Hartlepool drug and alcohol strategy.
- Support coordinated action between strategic partners and service planning.
- Inform the public health evidence base for services and interventions to reduce drug and alcohol related harm.

3.0 Methodology

This Needs Assessment is based on a range of desk research and data analysis. The main focus is to provide a baseline and understand any changes over the last five years. This needs assessment aims to further understand the needs of the population of Hartlepool in relation to substance misuse to inform a local Substance Misuse strategy and a joint approach to addressing and delivering the National Strategy From Harm to Hope.

The core data used to support this needs assessment is sourced from the National Drug Treatment Monitoring System (NDTMS) and Public Health Outcomes Framework (PHOF) indicators.

Additional partnership data was gathered and analysed supporting the findings of this assessment, which include:

- Drug offences
- Crime

- Licensing and Trading Standards
- Ambulance

4.0 National and Local policy

4.1 National Policy/Strategy

Review of drugs: phase two report - The second part of Dame Carol Black's independent review of drugs focuses on prevention, treatment and recovery.⁹

Dame Carol Black was commissioned by the Home Office and the Department of Health and Social Care to undertake a 2-part independent review of drugs, to inform the government's strategy on tackling the harms associated with drugs and alcohol. Part one was published on 27 February 2020 and provides analysis on the challenges posed by drug supply and demand. Part two was published on the 8 July 2021 and focused on drug treatment, recovery and prevention. The report focused on 32 recommendations to enable vulnerable people with substance misuse issues to access support and recover.

The key areas include:

- Centralised reform of leadership, funding and commissioning
- Rebuilding services
- Increased focus on primary prevention and early interventions
- Improvements to research and how science informs policy, commissioning and practice

From harm to hope: A 10-year drugs plan to cut crime and save lives¹⁰

Following Dame Carol Black's two tier review of drugs policy and subsequent report published in 2021, the Government have launched their ambitious plan to tackle the misery and harm caused by illegal drugs. From harm to hope was launched in December 2021 and sets out the government's three priorities to:

- Break drug supply chains
- Deliver world-class treatment and recovery services
- Achieve a shift in the demand for recreational drugs

The strategy is underpinned by the investment of over £3 billion in the next three years.

NHS long term plan¹¹ sets out new commitments to address the causes of ill health with more focus on prevention and a more systematic approach in addressing health inequalities and contribute to the government's ambition of five years of extra healthy life expectancy by 2035.

Community Mental Health Service¹²

The above NHS Long Term Plan and NHS Mental Health Implementation Plan¹³ 2019/20 – 2023/24 set out that the NHS will develop new and integrated models of primary and community mental health care. The new offer will include access to psychological therapies, improved physical health care, employment support, personalised and trauma informed care, medicines management and support for self-harm and coexisting substance use.

4.2 Regional and Local Policy/Strategy

North East and North Cumbria ICS/ICB Strategic Plans¹⁴ set out priorities to significantly improve health outcomes for people who live in the region focusing on prevention and reducing inequalities in partnerships for the health of local communities

Cleveland Police and Crime Plan 2021 – 2024¹⁵ sets out a 10 point plan to tackle some of the most important issues facing Cleveland Police in particular and emphasis on combatting the issues caused by drugs with greater emphasis on partnership working including a priority to:

- Get tough on drugs and gangs - Introducing a holistic approach to drugs and gangs including prevention, early intervention and targeted intervention.

HM Prison and Probation Service North-East Reducing Reoffending Plan 2022-25¹⁶

The strategic document outlines a commitment to tackling drug and alcohol addiction, with specific references to:

- £200 million a year by 2024-25 to improve prison leavers' access to accommodation, employment support and substance misuse treatment, introducing further measures for early intervention to tackle youth offending
- £40 million a year to help offenders engage with substance misuse treatment and to tackle drug supply
- Ensure more people with a substance misuse problem are engaged in treatment within three weeks of release
- Increase joint working with local authorities to ensure additional funding for substance misuse is fully utilised for probation, following Dame Carol Black's report
- Ensure an effective whole-prison-and-probation approach to drugs and alcohol to reduce demand and maximise opportunities for recovery
- Disrupt, reduce and prevent the supply of drugs in prisons through robust security measures

Hartlepool Joint Health and Wellbeing Strategy¹⁷ sets out a vision and ambition that Hartlepool will develop a culture and environment that promotes and supports health and wellbeing for all and an overall ambition is to improve the health and wellbeing of people living in Hartlepool and reduce inequalities.

Director of Public Health Annual Report 2022¹⁸

The 2022 Director of Public Health Report noted that People in Hartlepool are also more likely to die due to alcohol or drug use than people in England.

Hartlepool Borough Council Plan 2021/22 – 2023/24¹⁹ sets out a vision to for Hartlepool to be a place where people are enabled to live healthy, independent and prosperous lives. In particular the plan makes reference to:

- There are reduced levels of smoking, substance and alcohol misuse in the community;
- There is improved mental, emotional and social wellbeing;

Hartlepool Homelessness Reduction and Rough Sleeping Strategy 2021-2024²⁰ sets out how the council will work with our partners and residents to grow, improve, support and deliver the housing offer. This includes protecting the most vulnerable including those with an offending history and those people with multiple and complex needs.

Tees Combatting Drugs Partnership Joint Needs Assessment

The purpose of the Joint Needs Assessment is to present an assessment of need for the Combatting Drugs Partnership in Tees. The needs assessment draws on information from partners across the system and national 'Guidance for local delivery partners'. This will to feed into a Tees Drugs Strategy Delivery Plan and agreed local performance framework.

5.0 Data

5.1 Hartlepool Demographics

Hartlepool has a working aged (16-64) population of 58% of the total population.

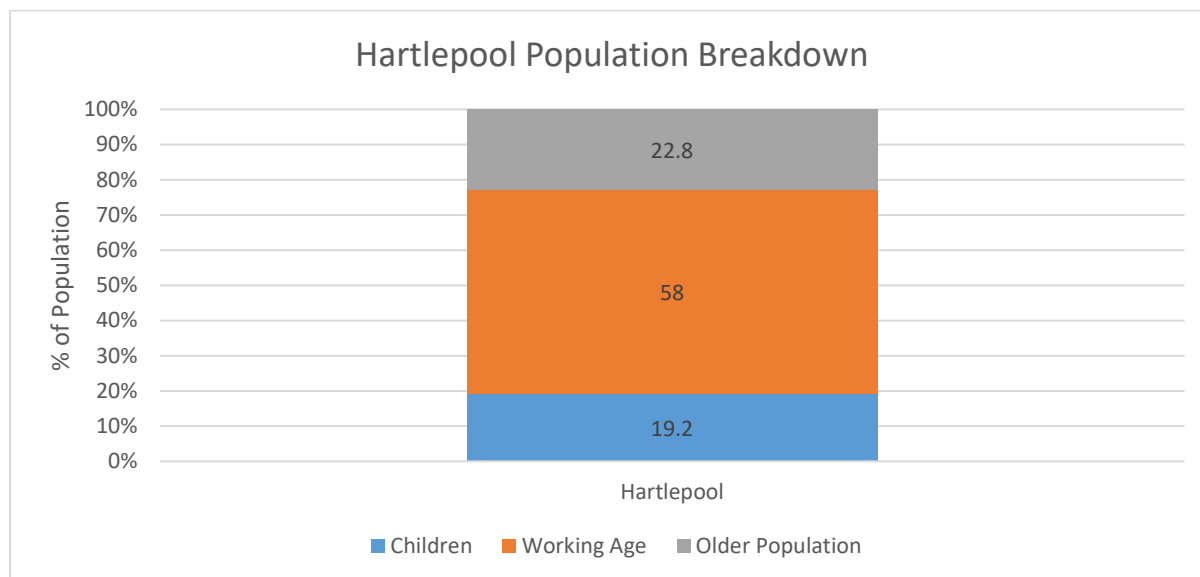


Figure 1: Hartlepool population breakdown

Source: ONS 2022 – 2020 Estimate

The remaining population is split with a slightly larger older population, 22.8% to 19.2% for children.

Within the individual wards in Hartlepool, Victoria has the largest proportion of working aged population, 63%, and Fens & Greatham the smallest, 51.1%.

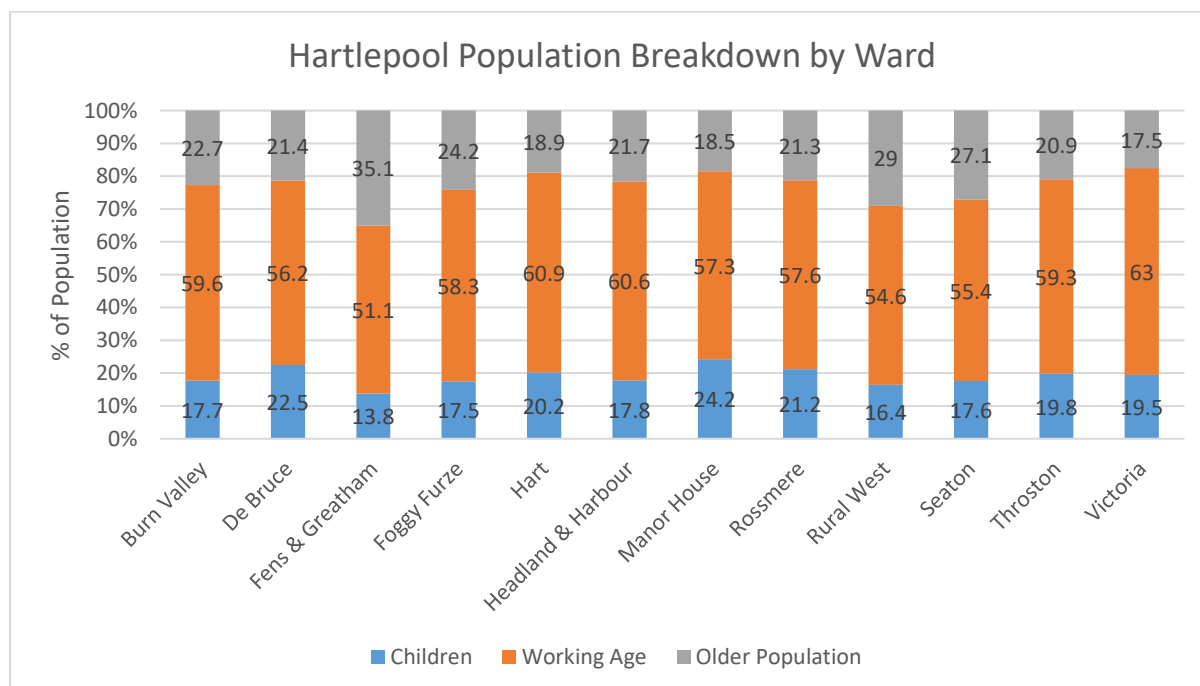


Figure 2: Hartlepool Population Breakdown by Ward

Source: ONS 2022 – 2020 Estimate

For the older population these two wards are reversed, with Fens & Greatham having the largest proportion, 35.1%, and Victoria the smallest, 17.5%.

Hartlepool's population is 51% female and 49% male in the latest population estimate.

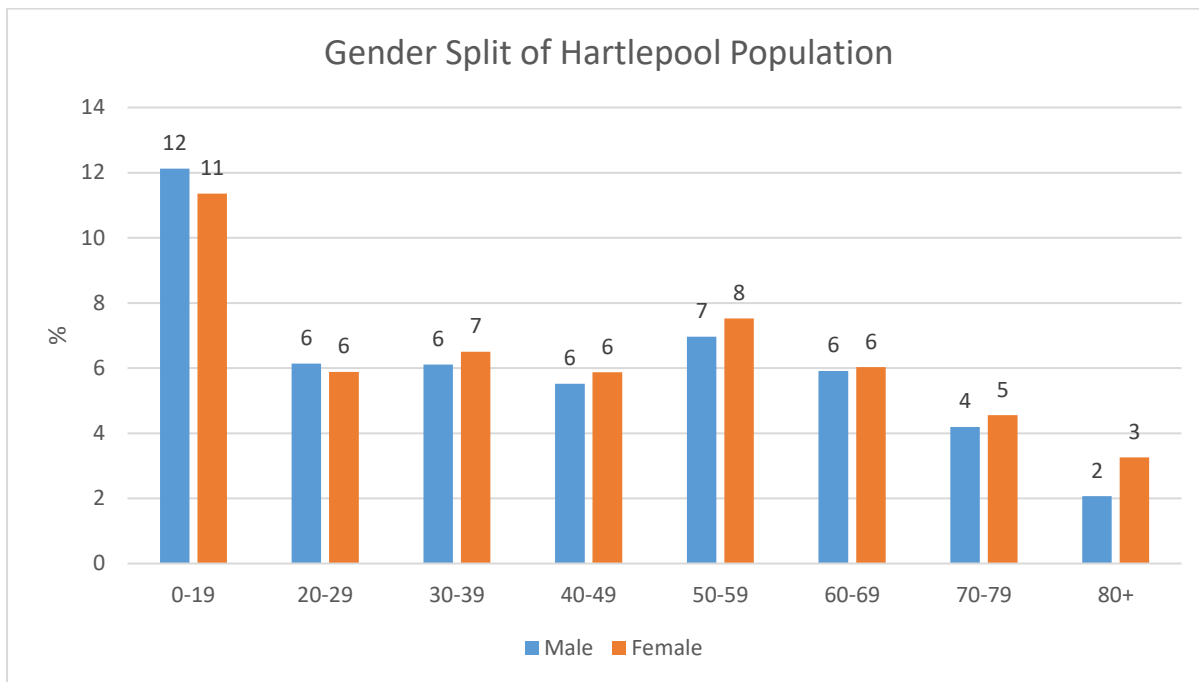


Figure 3: Gender Split of Hartlepool Population

Source: ONS 2022 – 2020 Estimate

The proportion for each gender is with 1% of each other for every age group.

5.2 Substance Use Prevalence

5.2.1 Adults

Age:

The age rates of the Hartlepool adult substance misuse caseload have stayed fairly static over the last five years.

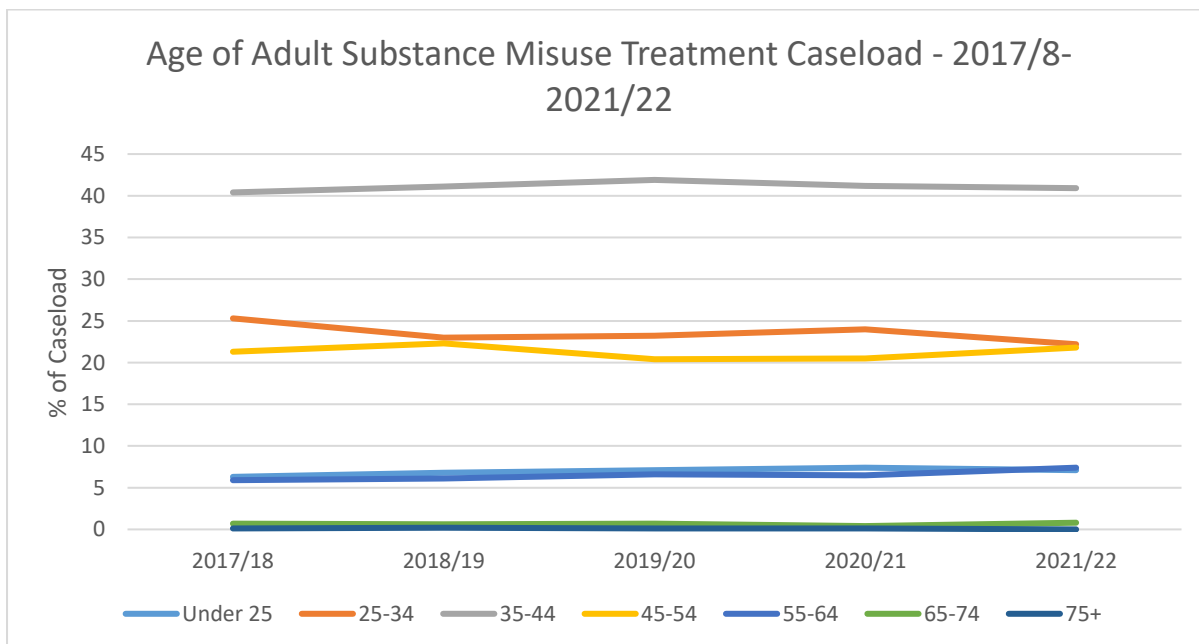


Figure 4: Age of Adult Substance Misuse Treatment Caseload - 2017/8-2021/22

Source: NDTMS 2022

Those aged 35-44 account for roughly 40% of the treatment population throughout the reporting period. A further 40-45% is attributable to the age groups either side of 35-44, 25-34 and 45-54. Those under 25 and those over 55 each account for around 7-8% of the treatment population.

When compared to the England average, Hartlepool has a younger treatment population

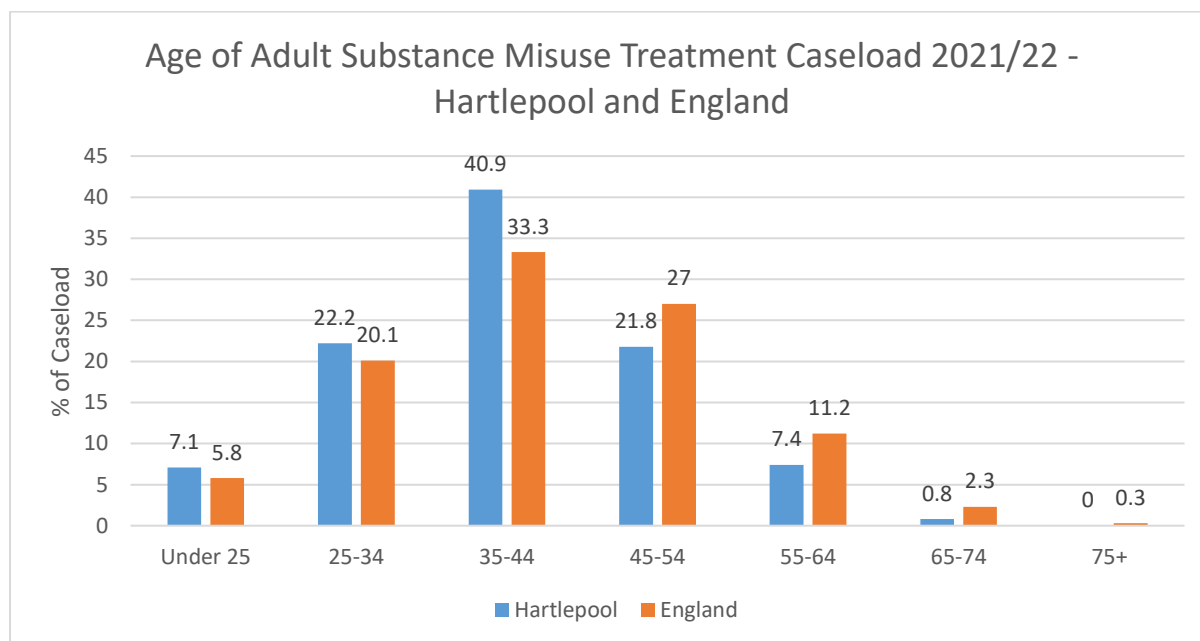


Figure 5: Age of Adult Substance Misuse Treatment Caseload 2021/22 - Hartlepool and England
Source: NDTMS 2022

Hartlepool has a larger proportion of its adult treatment caseload for each age group up to 35-44, and then a smaller proportion for each subsequent age group.

Ethnicity:

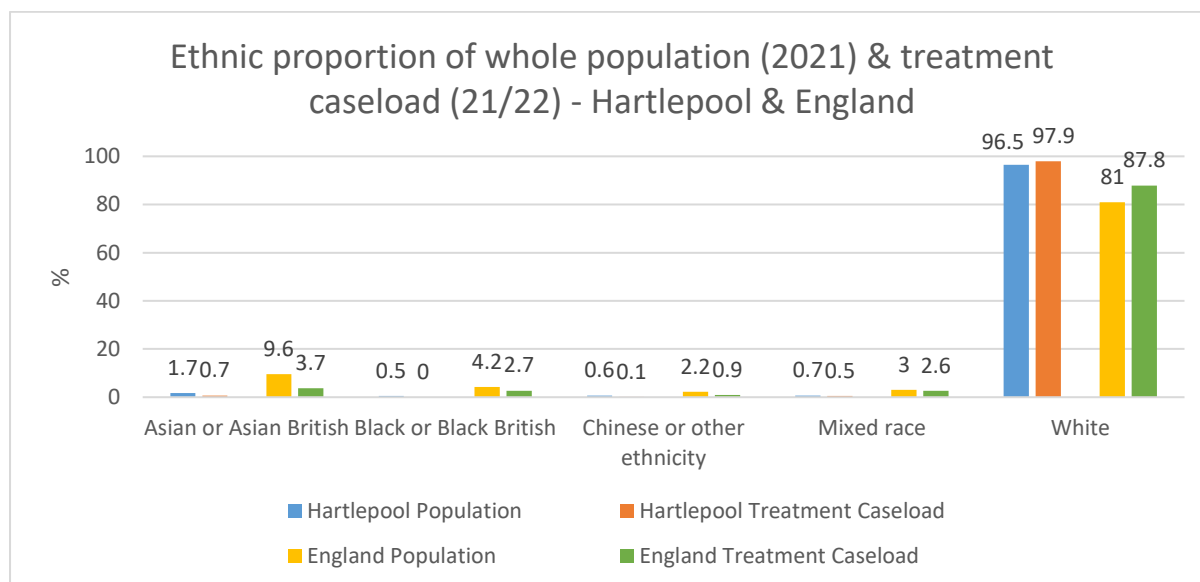


Figure 6: Ethnic proportion of whole population (2021) & treatment caseload (21/22) - Hartlepool & England

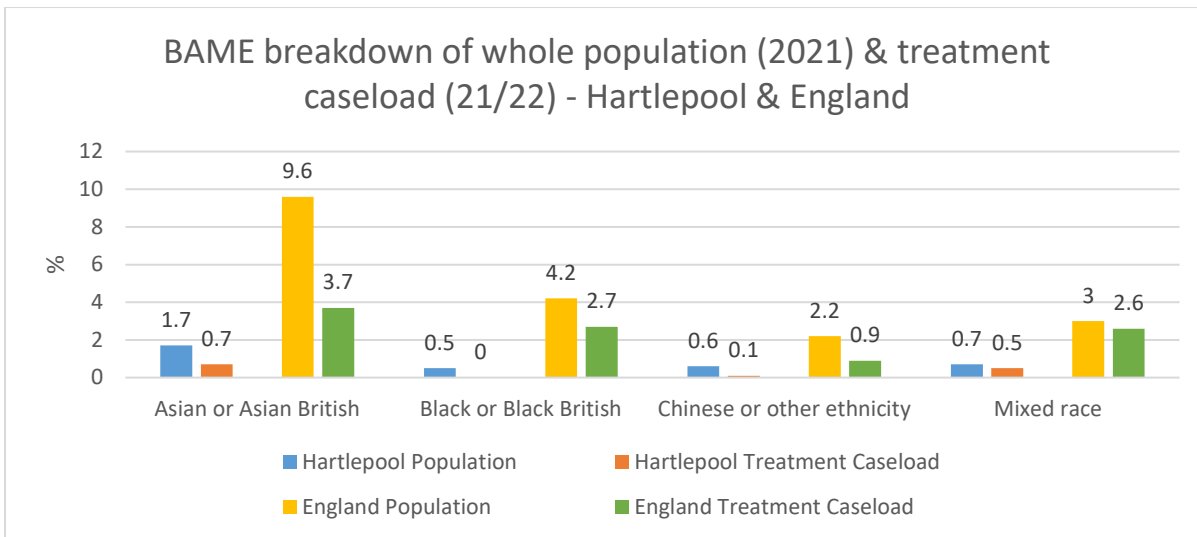


Figure 7: BAME breakdown of whole population (2021) & treatment caseload (21/22) - Hartlepool & England
Source: Census & NDTMS 2022

Hartlepool's treatment population is majority white in ethnicity, with 97.9% of the treatment population in 2021/22 identifying as white. This is comparable with the population of Hartlepool as whole, but is larger than the treatment proportion for England, however Hartlepool has a larger proportion of its whole population which identifies as white than England as a whole. Within the BAME population Hartlepool has relatively small numbers both in treatment and as whole, with no BAME group contributing more than 1% of the treatment population.

Treatment Service Referral Numbers:

Hartlepool Adult Substance Misuse Referrals 2011/21

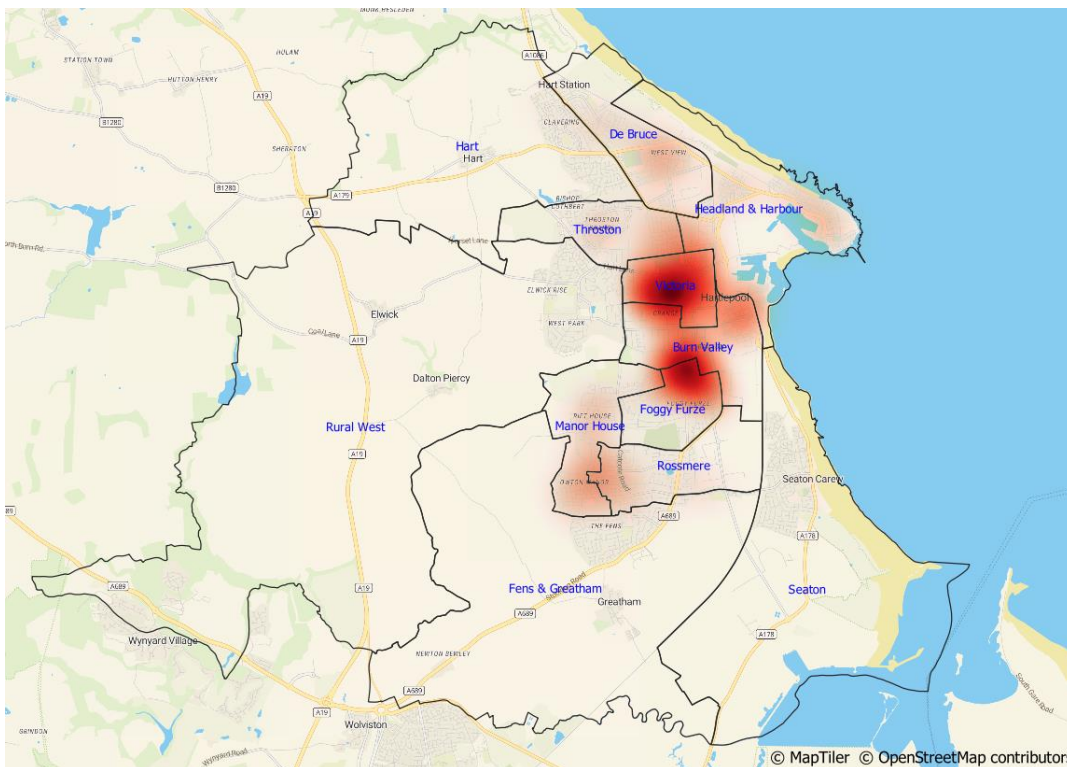


Figure 8: Hartlepool Adult Substance Misuse Referrals 2011/21
Source: Local Data 2022

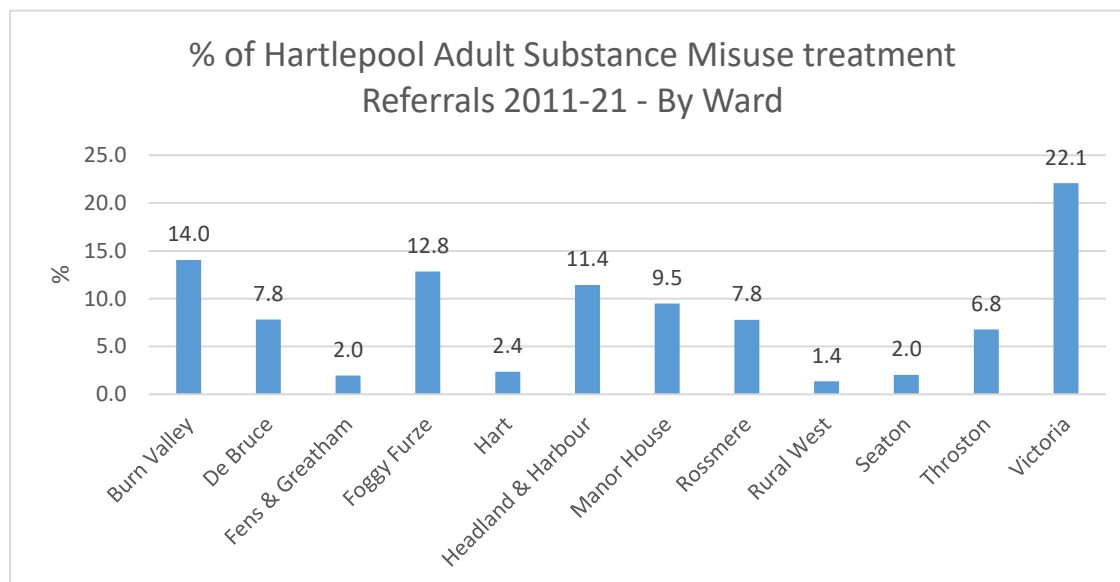


Figure 9: Percentage of Hartlepool Adult Substance Misuse treatment Referrals 2011-21 - By Ward
Source: Local Data 2022

Referrals for Hartlepool's adult's substance misuse treatment services, the ward with the largest proportion is Victoria, and the area of greatest concentration is the Victoria and Burn Valley area of the town.

For adult Victoria ward accounts for more than 1 in 5 referrals. Victoria and Burn Valley combined accounts for more than a third of all referrals. Again similar to the young people's referrals, the areas of largest proportion of referrals are areas of high levels of deprivation.

Referral Source:

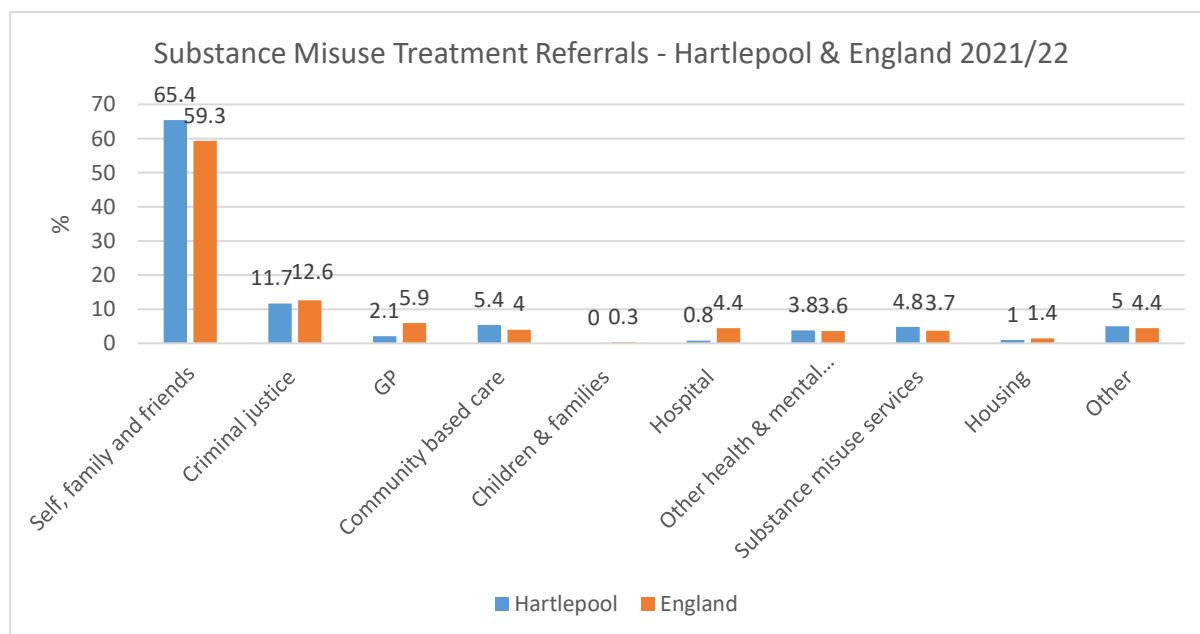


Figure 10: Substance Misuse Treatment Referrals - Hartlepool & England 2021/22
Source: NDTMS 2022

Hartlepool's referrals for substance misuse treatment are dominated by self, family and friends, which accounts for almost 2 in 3 referrals, if criminal justice referrals are added then this becomes 3 in 4 referrals. This is not unusual, as it follows a similar pattern to England as a whole. Hartlepool received less than half the proportion of GP referrals than England as a whole and less than a quarter of the England proportion from hospitals.

Reported Drug Use:

The proportion of substances used by those in adult treatment for substance misuse in Hartlepool has seen the proportion using opiates and the proportion using alcohol both decline, but the proportion using Opiates in conjunction with crack, and cocaine increase over the last five years.

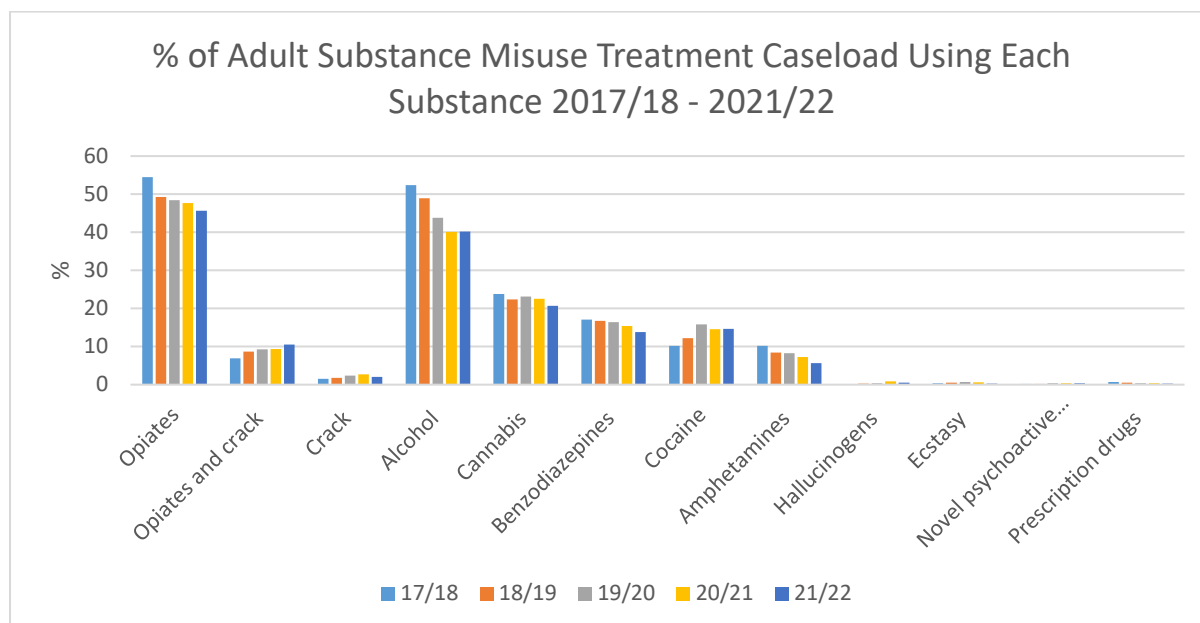


Figure 11: Percentage of Adult Substance Misuse Treatment Caseload Using Each Substance 2017/18 - 2021/22
Source: NDTMS 2022

Crack use, without opiate use in conjunction, has remained low throughout the reporting period in Hartlepool, as have hallucinogens and ecstasy. All three have remained no higher than 3% of the caseload. Both opiate and alcohol use were above 50% in 2017/18, 54% and 52% respectively, however this has fallen to 46% for opiates and 40% for alcohol by 2021/22, though these two substance have remained the two largest proportions of any substance on the caseload. Cannabis, benzodiazepines and amphetamines use has declined in its proportion of the adult caseload across the reporting period, while cocaine has had the adverse relationship, increasing from 10% in 2017/18 to 15% in 2021/22.

When compared to the England averages, the proportions of the adult caseload using each substance is very different for opiate and alcohol use.

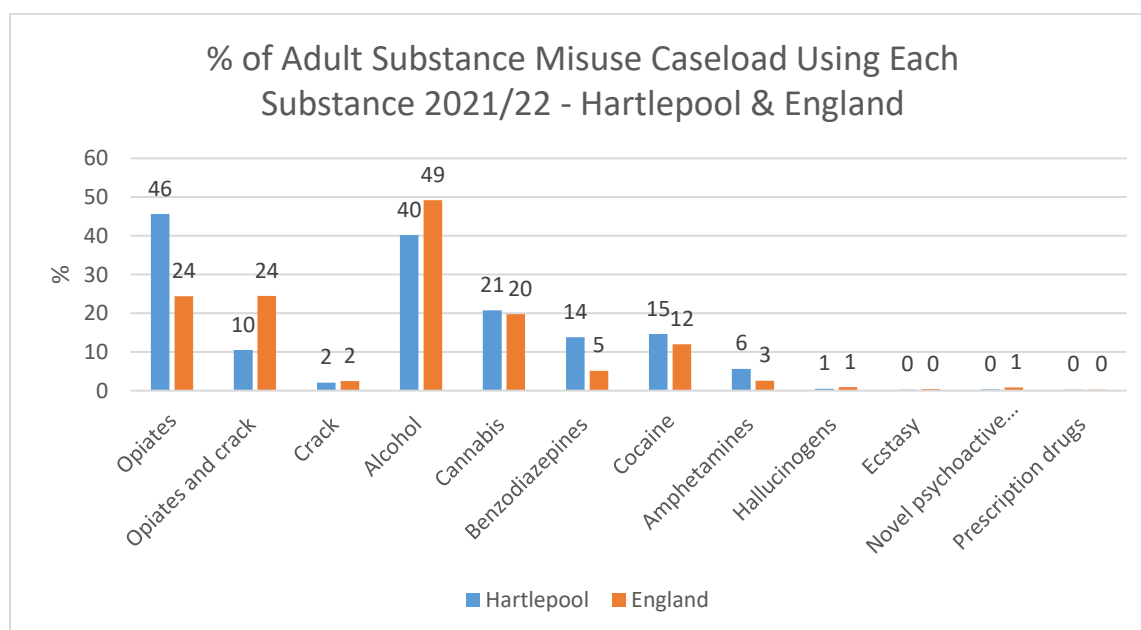


Figure 12: Percentage of Adult Substance Misuse Caseload Using Each Substance 2021/22 - Hartlepool & England
Source: NDTMS 2022

Hartlepool's adult treatment caseload has a proportion of opiate users almost twice the size of the England average, though less than half of the size for opiate and crack usage in conjunction. While Hartlepool's benzodiazepine use has declined amongst the adult caseload, it is still almost three times the size of the England average.

Successful Completions:

Within Hartlepool's adult substance misuse treatment services, successful completion of treatment for opiate use is on a declining trend. Further work will need to be undertaken to understand this declining trend and how this compares to England's declining trend.

Successful completion of drug treatment - opiate users

Proportion - %

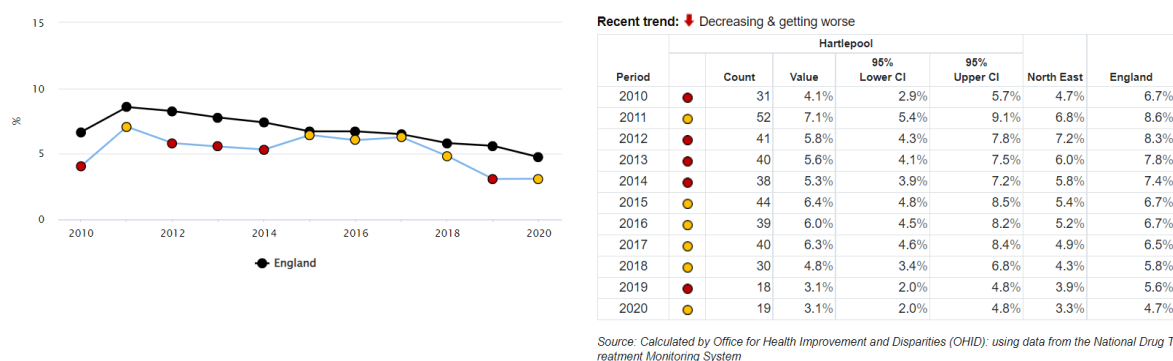


Figure 13: Successful Completion of drug treatment - opiate users
Source: OHID 2022

In the five years from 2015 to 2020, Hartlepool's proportion of successful completions for opiate use in substance misuse treatment has fallen by more than 50%, from 6.4 in 2015 to 3.1 in 2020. Across the same period the England average has fallen by 30%, from 6.7% in 2015 to 4.7 in 2020. However in both 2015 and 2020 Hartlepool's successful completion rate for opiate use was statistically similar to the England average.

For non-opiate use, the successful completion rate in Hartlepool has been significantly worse than the England average for the last seven years.

Successful completion of drug treatment - non-opiate users

Proportion - %

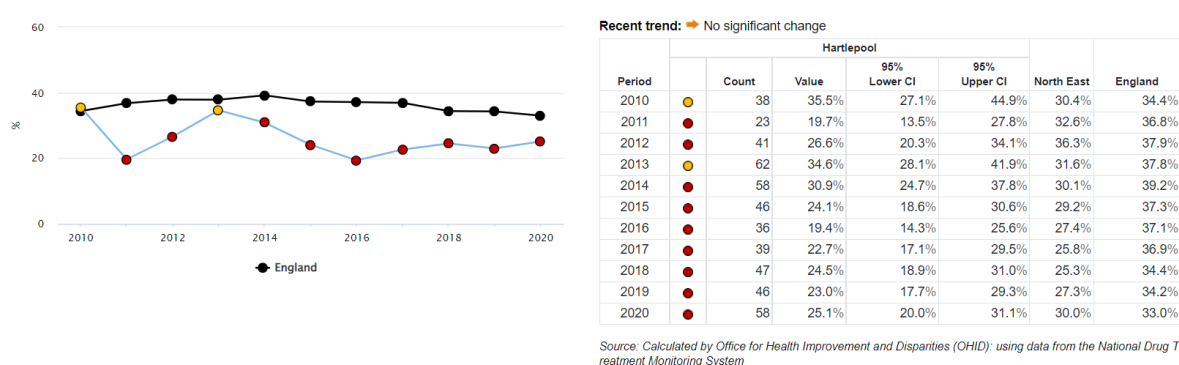


Figure 14: Successful completion of drug treatment - non-opiate users
Source: OHID 2022

Hartlepool's non-opiate successful completions have remained fairly stable for the last four years, following a three year period of decline, from 34.6% in 2013 to 19.4% in 2016. Hartlepool's current rate is 25.1%, compared with England's 33.0%, however the gap between Hartlepool and England is the smallest for six years.

Average Length of Time in Treatment:

The average length of time in treatment for both opiate and non-opiate clients in Hartlepool is shorter than the England average, and has been so for the last five years.

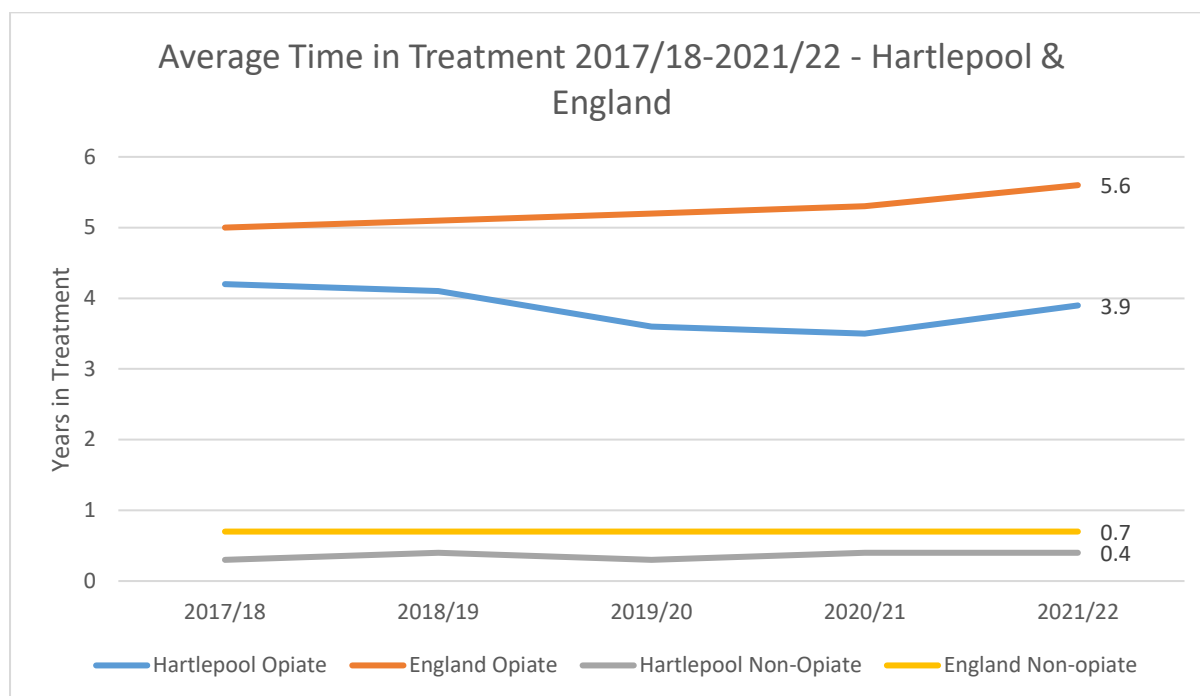


Figure 15: Average Time in Treatment 2017/18-2021/22 - Hartlepool & England
Source: NDTMS 2022

The Office for Health Improvement and Disparities published a report in November 2021, which found that the average length of a successful opiate treatment episode was 2.5 years.¹ Hartlepool's average time in treatment for opiate users had fallen to 3.5 years in 2020/21, but has climbed to 3.9 in 2021/22. This is still 1.7 years less than the England average. For non-opiate episodes, the same report found that the average was 6 months, Hartlepool has maintained an average below that figure, which may increase the likelihood of unsustainable treatment exits and further episodes in the future.

Treatment Exits and Representations:

Hartlepool has had more than 50% of its treatment exits unplanned in four of the last five years. There are definitions. The National Drug Treatment Monitoring System (NDTMS)²¹ defines exits from treatment using the following three categories:

Completed Treatment

- The client no longer requires structured drug (or alcohol) treatment interventions and is judged by the clinician not to be using heroin (or any other opioid, prescribed or otherwise) or crack cocaine or any other illicit drug or alcohol.
- The client no longer requires structured drug or alcohol treatment interventions and is judged by the clinician not to be using heroin (or any other opioid, prescribed or otherwise) or crack cocaine. There is evidence of use of other illicit drug or alcohol use but this is not judged to be problematic or to require treatment.

Transferred

- The client has finished treatment at this provider but still requires further structured drug treatment interventions and the individual has been referred to an alternative non-prison provider for this.
- The client has received a custodial sentence or is on remand and a continuation of structured treatment has been arranged. This will consist of the appropriate onward referral of care planning information and a 2-way

¹ <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2020-to-2021/adult-substance-misuse-treatment-statistics-2020-to-2021-report>

communication between the community and prison treatment provider to confirm assessment and that care planned treatment will be provided as appropriate.

- Client has been transferred for ongoing structured treatment at another treatment provider as a result of this service being decommissioned.

Unplanned exits – dropped out

- The treatment provider has lost contact with the client without a planned discharge and activities to re-engage the client back into treatment have not been successful.
- The treatment provider has withdrawn treatment provision from the client. This item could be used, for example, in cases where the client has seriously breached a contract leading to their discharge. It should not be used if the client has simply 'dropped out'. Adult drug and alcohol secure settings business definitions
- The treatment provider has received a referral and has had a face-to-face (or equivalent) contact with the client after which the client has chosen not to commence a recommended structured drug treatment intervention.
- Without completing their episode of structured treatment, the client has been deported to another country.
- The treatment provider has been unable to continue the client's treatment due to the client being released from court.

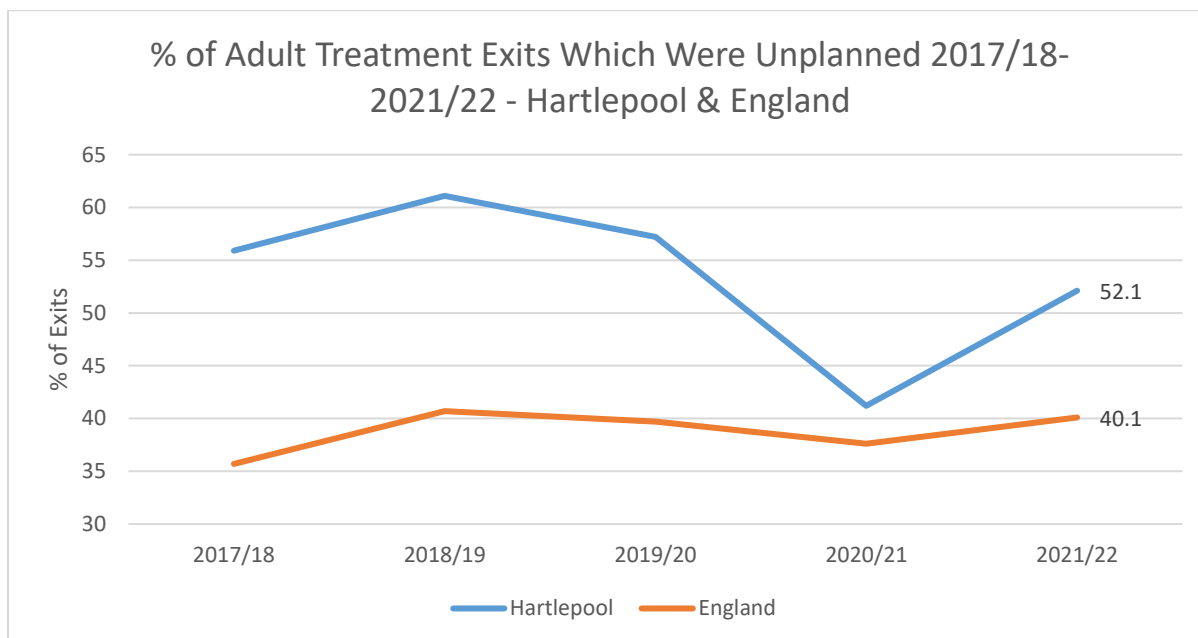


Figure 16: Percentage of Adult Treatment Exits Which Were Unplanned 2017/18-2021/22 - Hartlepool & England
Source: NDTMS 2022

In contrast the England average has not exceeded 41% in the same period. Such a high level of unplanned exit will hinder Hartlepool's ability to have an increased level of successful completion across its treatment population.

Representations within Hartlepool's successful completions have shown little consistency and have undergone large increases and decreases across the reporting period.

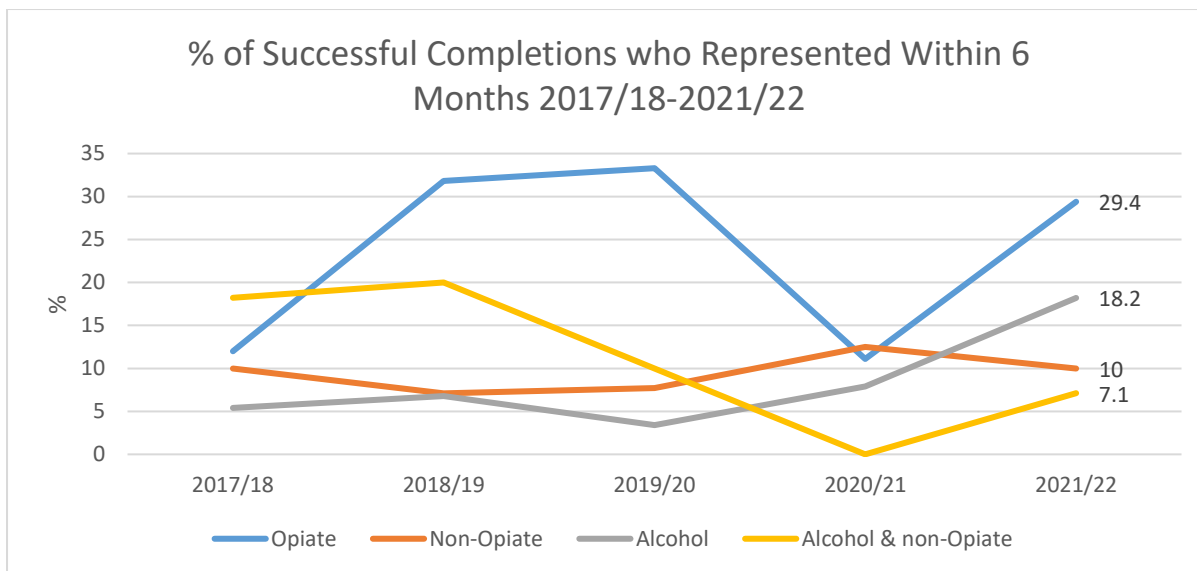


Figure 17: Percentage of Successful Completions who Represented Within 6 Months 2017/18-2021/22
Source: NDTMS 2022

However, this can largely be attributed to the relatively small pool of successful completions from which this data is taken. Where the number of successful completions is small, even one representation can see a large jump in the rate of representation.

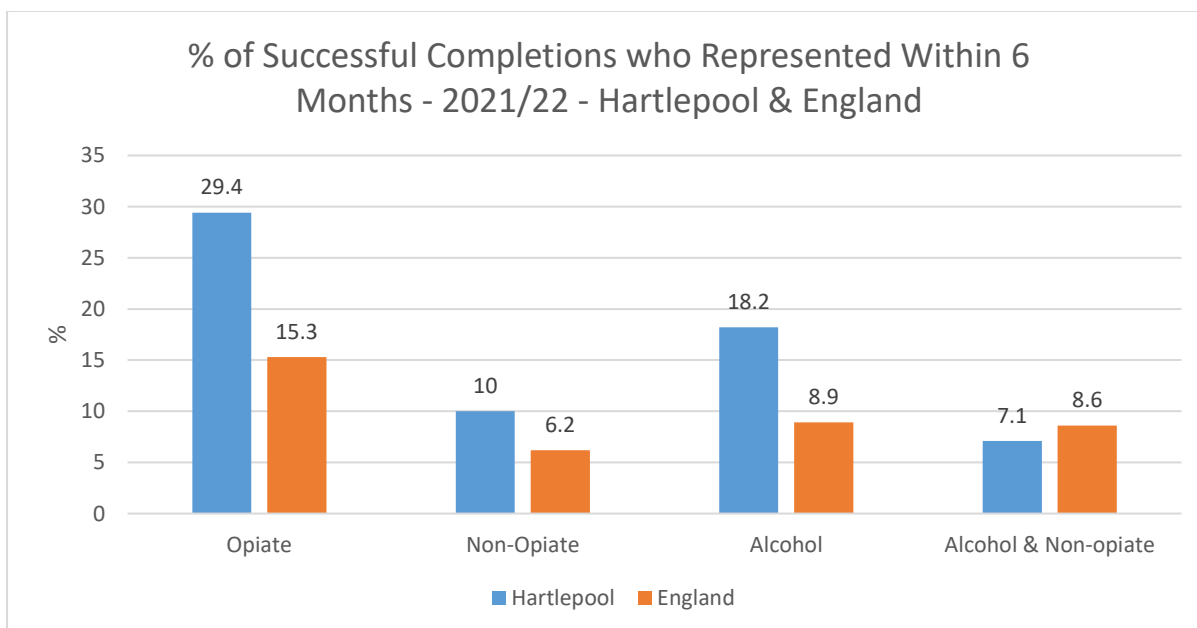
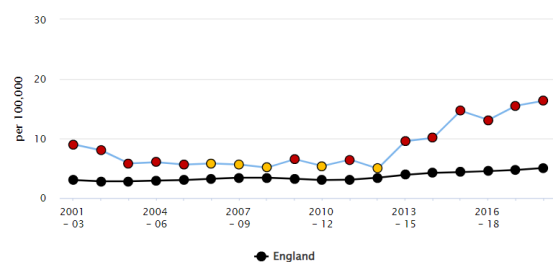


Figure 18: Percentage of Successful Completions who Represented Within 6 Months - 2021/22 - Hartlepool & England
Source: NDTMS 2022

When compared with the England representation rates Hartlepool has almost twice the level of opiate representation, however as previously stated the data must be caveated with the effects that the small pool of successful completions has on Hartlepool's representation rates.

Drug Related Deaths:

Hartlepool has seen a rapid increase in its deaths from drug misuse rate since the 2012/14 rate of 4.9 per 100,000 population. In 2018/20, Hartlepool's rate was 16.3 per 100,000, this is a more than threefold increase.



Recent trend: Could not be calculated

| Period | Count | Value | Hartlepool | | North East | England |
|-----------|-------|-------|--------------|--------------|------------|---------|
| | | | 95% Lower CI | 95% Upper CI | | |
| 2001 - 03 | 23 | 9.0 | 5.7 | 13.5 | 3.8 | 3.0 |
| 2002 - 04 | 20 | 8.0 | 4.9 | 12.4 | 3.6 | 2.8 |
| 2003 - 05 | 15 | 5.8 | 3.3 | 9.6 | 3.4 | 2.8 |
| 2004 - 06 | 16 | 6.0 | 3.4 | 9.8 | 3.7 | 2.9 |
| 2005 - 07 | 15 | 5.6 | 3.1 | 9.3 | 3.8 | 3.0 |
| 2006 - 08 | 15 | 5.8 | 3.2 | 9.5 | 4.1 | 3.2 |
| 2007 - 09 | 14 | 5.6 | 3.0 | 9.4 | 4.6 | 3.4 |
| 2008 - 10 | 13 | 5.1 | 2.7 | 8.7 | 4.9 | 3.4 |
| 2009 - 11 | 17 | 6.5 | 3.8 | 10.5 | 4.8 | 3.2 |
| 2010 - 12 | 14 | 5.4 | 2.9 | 9.0 | 4.4 | 3.0 |
| 2011 - 13 | 17 | 6.4 | 3.7 | 10.3 | 4.5 | 3.1 |
| 2012 - 14 | 13 | 4.9 | 2.6 | 8.5 | 5.4 | 3.4 |
| 2013 - 15 | 25 | 9.6 | 6.2 | 14.1 | 6.3 | 3.9 |
| 2014 - 16 | 26 | 10.1 | 6.5 | 14.8 | 7.2 | 4.2 |
| 2015 - 17 | 39 | 14.6 | 10.4 | 20.1 | 7.6 | 4.3 |
| 2016 - 18 | 34 | 13.1 | 9.0 | 18.3 | 8.6 | 4.5 |
| 2017 - 19 | 39 | 15.5 | 11.0 | 21.2 | 9.1 | 4.7 |
| 2018 - 20 | 42 | 16.3 | 11.7 | 22.1 | 9.9 | 5.0 |

Source: Office for National Statistics (ONS)

Figure 19: Deaths from Drug Misuse

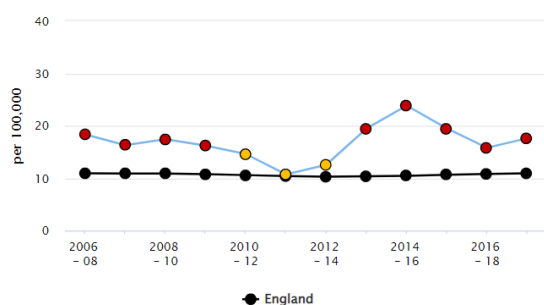
Source: OHID 2022

Hartlepool's rate is currently the 3rd highest in England, and has seen an increase in five of the last 6 years.

Mortality Rates:

Alcohol-specific mortality (Persons, 3 year range)

Directly standardised rate - per 100,000



Recent trend: Could not be calculated

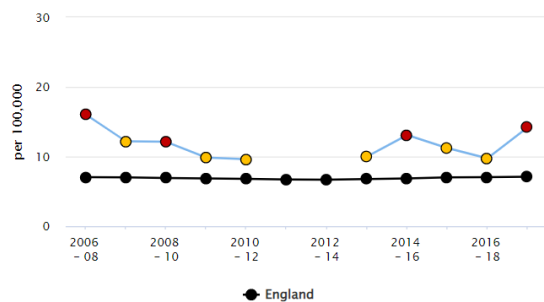
| Period | Count | Value | Hartlepool | | North East | England |
|-----------|-------|-------|--------------|--------------|------------|---------|
| | | | 95% Lower CI | 95% Upper CI | | |
| 2006 - 08 | 48 | 18.4 | 13.5 | 24.4 | 15.1 | 10.9 |
| 2007 - 09 | 43 | 16.3 | 11.8 | 22.0 | 15.2 | 10.9 |
| 2008 - 10 | 46 | 17.4 | 12.7 | 23.3 | 15.2 | 10.9 |
| 2009 - 11 | 44 | 16.2 | 11.7 | 21.8 | 14.7 | 10.7 |
| 2010 - 12 | 39 | 14.6 | 10.4 | 19.9 | 14.1 | 10.6 |
| 2011 - 13 | 29 | 10.7 | 7.1 | 15.4 | 13.8 | 10.4 |
| 2012 - 14 | 34 | 12.5 | 8.6 | 17.5 | 14.3 | 10.3 |
| 2013 - 15 | 53 | 19.5 | 14.6 | 25.5 | 15.8 | 10.3 |
| 2014 - 16 | 65 | 23.8 | 18.4 | 30.4 | 16.4 | 10.4 |
| 2015 - 17 | 53 | 19.5 | 14.6 | 25.5 | 16.0 | 10.6 |
| 2016 - 18 | 43 | 15.8 | 11.4 | 21.3 | 15.7 | 10.8 |
| 2017 - 19 | 48 | 17.6 | 12.9 | 23.4 | 16.0 | 10.9 |

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates

Figure 20: Alcohol-specific mortality

Source: OHID 2022

Hartlepool's alcohol related mortality rate has fallen from a peak of 23.8 per 100,000 population in 2014-16, but is still significantly worse than the England average. Hartlepool's current rate, the 2017-19 figure, is 17.6 per 100,000, but this is an increase from the 2016-18 figure of 15.8 per 100,000. Hartlepool had a three year period, between 2010-12 to 2012-14, where its mortality rate was statistically similar to the England rate. This has been followed by a five year period where Hartlepool's mortality rate has been significantly worse than the England average.



Recent trend: Could not be calculated

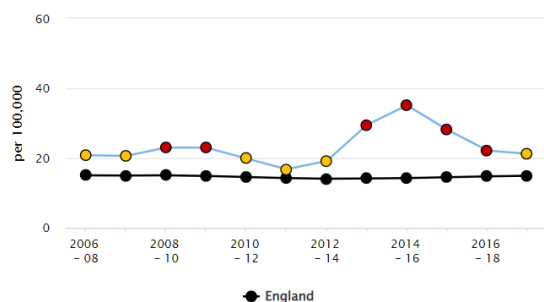
| Period | | Hartlepool | | | | North East | England |
|-----------|---|------------|-------|--------------|--------------|------------|---------|
| | | Count | Value | 95% Lower CI | 95% Upper CI | | |
| 2006 - 08 | ● | 22 | 16.0 | 10.0 | 24.4 | 10.1 | 7.0 |
| 2007 - 09 | ● | 16 | 12.2 | 7.0 | 19.7 | 10.5 | 7.0 |
| 2008 - 10 | ● | 16 | 12.1 | 7.0 | 19.6 | 10.1 | 6.9 |
| 2009 - 11 | ● | 13 | 9.8 | 5.3 | 16.8 | 9.6 | 6.9 |
| 2010 - 12 | ● | 13 | 9.6 | 5.1 | 16.4 | 9.2 | 6.8 |
| 2011 - 13 | | 7 | * | - | - | 9.3 | 6.7 |
| 2012 - 14 | | 9 | * | - | - | 10.3 | 6.7 |
| 2013 - 15 | ● | 14 | 10.0 | 5.4 | 16.7 | 11.4 | 6.7 |
| 2014 - 16 | ● | 18 | 13.1 | 7.7 | 20.7 | 11.8 | 6.8 |
| 2015 - 17 | ● | 15 | 11.2 | 6.2 | 18.5 | 11.2 | 7.0 |
| 2016 - 18 | ● | 13 | 9.7 | 5.1 | 16.7 | 10.7 | 7.0 |
| 2017 - 19 | ● | 20 | 14.2 | 8.6 | 22.0 | 11.0 | 7.1 |

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates

Figure 21: Alcohol-specific Mortality (Female)

Source: OHID 2022

When looked at individually, the male and female alcohol specific mortality rates, which had been following a similar declining trajectory, have differed in the most recent data, with the male rate continuing it decline, though to a lesser degree than in the two previous years, and the female rate has increased sharply.



Recent trend: Could not be calculated

| Period | | Hartlepool | | | | North East | England |
|-----------|---|------------|-------|--------------|--------------|------------|---------|
| | | Count | Value | 95% Lower CI | 95% Upper CI | | |
| 2006 - 08 | ● | 26 | 20.8 | 13.6 | 30.5 | 20.4 | 15.0 |
| 2007 - 09 | ● | 26 | 20.6 | 13.5 | 30.1 | 20.2 | 14.9 |
| 2008 - 10 | ● | 29 | 22.9 | 15.4 | 32.9 | 20.6 | 15.0 |
| 2009 - 11 | ● | 30 | 23.0 | 15.5 | 32.8 | 20.2 | 14.8 |
| 2010 - 12 | ● | 26 | 19.9 | 12.9 | 29.1 | 19.2 | 14.6 |
| 2011 - 13 | ● | 22 | 16.8 | 10.5 | 25.5 | 18.5 | 14.3 |
| 2012 - 14 | ● | 25 | 19.1 | 12.3 | 28.3 | 18.7 | 14.0 |
| 2013 - 15 | ● | 39 | 29.5 | 20.9 | 40.4 | 20.4 | 14.1 |
| 2014 - 16 | ● | 47 | 35.1 | 25.7 | 46.8 | 21.3 | 14.2 |
| 2015 - 17 | ● | 38 | 28.1 | 19.8 | 38.6 | 21.0 | 14.5 |
| 2016 - 18 | ● | 30 | 22.1 | 14.9 | 31.7 | 21.1 | 14.7 |
| 2017 - 19 | ● | 28 | 21.2 | 14.1 | 30.7 | 21.3 | 14.9 |

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates

Figure 22: Alcohol specific mortality (Male)

Source: OHID 2022

Hospital Admissions:

Alcohol related hospital admissions have been consistently significantly worse than the England rate throughout the entirety of the 13 year reporting period. Hartlepool had seen a recent increase up to a high of 1,171 per 100,000 population in 2019/20, which followed two previous years of increases. However this has been followed by a steep decline, down to 887 per 100,000 in 2020/21.

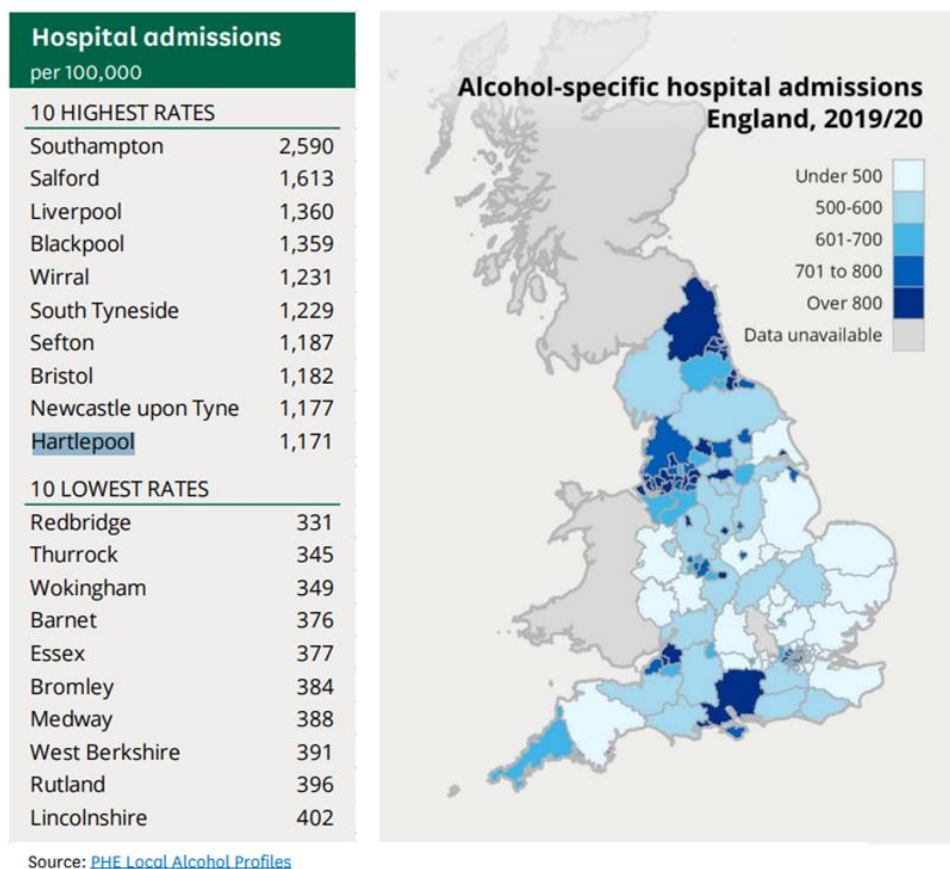
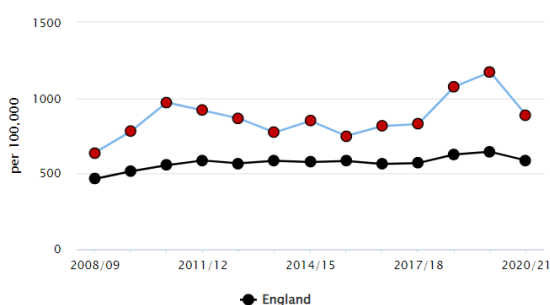


Figure 23: Alcohol specific hospital admissions, England, 2019/20

Admission episodes for alcohol-specific conditions (Persons)

Directly standardised rate - per 100,000



Recent trend: ▲ Increasing & getting worse

| Period | Hartlepool | | | | North East | England |
|---------|------------|-------|--------------|--------------|------------|---------|
| | Count | Value | 95% Lower CI | 95% Upper CI | | |
| 2008/09 | 572 | 638 | 587 | 693 | 739 | 465 |
| 2009/10 | 709 | 779 | 722 | 839 | 805 | 515 |
| 2010/11 | 875 | 971 | 907 | 1,038 | 853 | 555 |
| 2011/12 | 837 | 918 | 857 | 983 | 897 | 587 |
| 2012/13 | 780 | 866 | 806 | 929 | 822 | 568 |
| 2013/14 | 697 | 773 | 716 | 833 | 780 | 584 |
| 2014/15 | 764 | 849 | 789 | 912 | 748 | 576 |
| 2015/16 | 680 | 749 | 693 | 808 | 770 | 583 |
| 2016/17 | 730 | 815 | 757 | 877 | 778 | 563 |
| 2017/18 | 755 | 828 | 769 | 889 | 806 | 570 |
| 2018/19 | 975 | 1,075 | 1,008 | 1,146 | 909 | 626 |
| 2019/20 | 1,060 | 1,171 | 1,101 | 1,245 | 936 | 644 |
| 2020/21 | 795 | 887 | 825 | 951 | 904 | 587 |

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

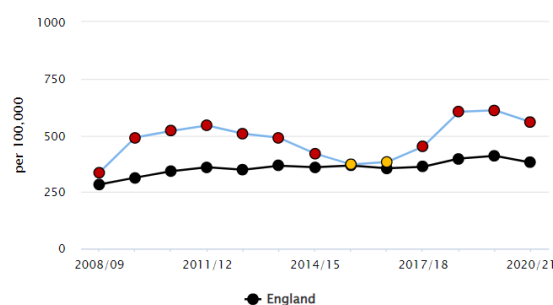
Figure 24: Alcohol admission episodes for alcohol-specific conditions

Source: OHID 2022

When split along gender lines, the male rate is following a very similar pattern to the Hartlepool rate as a whole, a sustained period of significantly worse rates than the England average, three years of increase followed by a sharp decline in the most recent figures, whereas the female rate has followed a different pattern.

Admission episodes for alcohol-specific conditions (Female)

Directly standardised rate - per 100,000



Recent trend: ↑ Increasing & getting worse

| Period | | Hartlepool | | | | North East | England |
|---------|---|------------|-------|--------------|--------------|------------|---------|
| | | Count | Value | 95% Lower CI | 95% Upper CI | | |
| 2008/09 | ● | 154 | 335 | 284 | 393 | 468 | 283 |
| 2009/10 | ● | 227 | 490 | 428 | 559 | 512 | 313 |
| 2010/11 | ● | 241 | 519 | 455 | 590 | 542 | 342 |
| 2011/12 | ● | 251 | 543 | 478 | 615 | 572 | 359 |
| 2012/13 | ● | 235 | 507 | 444 | 577 | 533 | 348 |
| 2013/14 | ● | 227 | 489 | 427 | 557 | 507 | 366 |
| 2014/15 | ● | 196 | 419 | 362 | 482 | 488 | 359 |
| 2015/16 | ● | 174 | 371 | 318 | 431 | 493 | 367 |
| 2016/17 | ● | 175 | 382 | 327 | 444 | 484 | 355 |
| 2017/18 | ● | 210 | 450 | 391 | 516 | 512 | 361 |
| 2018/19 | ● | 280 | 604 | 535 | 679 | 595 | 397 |
| 2019/20 | ● | 285 | 610 | 541 | 686 | 590 | 409 |
| 2020/21 | ● | 255 | 558 | 491 | 631 | 601 | 380 |

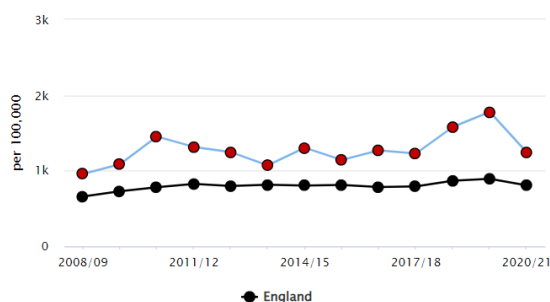
Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Figure 25: Admission for alcohol-specific conditions (Female)

Source: OHID 2022

Admission episodes for alcohol-specific conditions (Male)

Directly standardised rate - per 100,000



Recent trend: ➡ No significant change

| Period | | Hartlepool | | | | North East | England |
|---------|---|------------|-------|--------------|--------------|------------|---------|
| | | Count | Value | 95% Lower CI | 95% Upper CI | | |
| 2008/09 | ● | 418 | 958 | 868 | 1,055 | 1,026 | 658 |
| 2009/10 | ● | 482 | 1,085 | 990 | 1,187 | 1,116 | 728 |
| 2010/11 | ● | 634 | 1,452 | 1,340 | 1,570 | 1,183 | 780 |
| 2011/12 | ● | 586 | 1,315 | 1,210 | 1,427 | 1,242 | 827 |
| 2012/13 | ● | 545 | 1,247 | 1,143 | 1,357 | 1,129 | 799 |
| 2013/14 | ● | 470 | 1,072 | 977 | 1,175 | 1,070 | 815 |
| 2014/15 | ● | 568 | 1,304 | 1,198 | 1,417 | 1,026 | 804 |
| 2015/16 | ● | 506 | 1,143 | 1,045 | 1,248 | 1,065 | 812 |
| 2016/17 | ● | 555 | 1,271 | 1,166 | 1,382 | 1,091 | 784 |
| 2017/18 | ● | 545 | 1,229 | 1,127 | 1,337 | 1,121 | 791 |
| 2018/19 | ● | 690 | 1,579 | 1,463 | 1,703 | 1,244 | 869 |
| 2019/20 | ● | 775 | 1,778 | 1,654 | 1,909 | 1,307 | 894 |
| 2020/21 | ● | 540 | 1,244 | 1,140 | 1,355 | 1,230 | 806 |

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

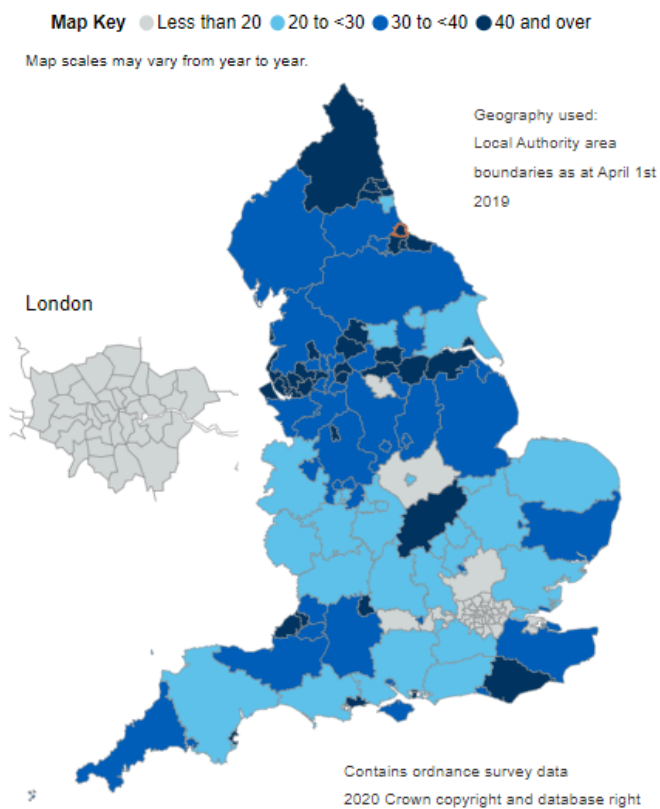
Figure 26 Figure 25: Admission episodes for alcohol specific conditions (Male)

Source: OHID 2022

The female hospitalisation rate had a two year period where it was statistically similar to the England rate, and while, similar to the male and Hartlepool total rates, this was followed by a steep increase, there has been a two year steady decline of rate in the two most recent figures.

In regard to poisoning by drug misuse, Hartlepool has higher hospital admission rates than both the North East and England.

Admission rate (per 100,000 population) by Local Authority



Regional and national comparisons

| | | |
|-----------------------|--------|-----------------------------------|
| Hartlepool | 60 | 71 |
| Admissions | | Admissions per 100,000 |
| North East | 1,315 | 51 |
| Admissions - Region | | Admissions per 100,000 - Region |
| England | 16,994 | 31 |
| Admissions - National | | Admissions per 100,000 - National |

'Blank' indicates a value that has been suppressed (admissions value between 1 and 7)

Admissions per 100,000 population by year

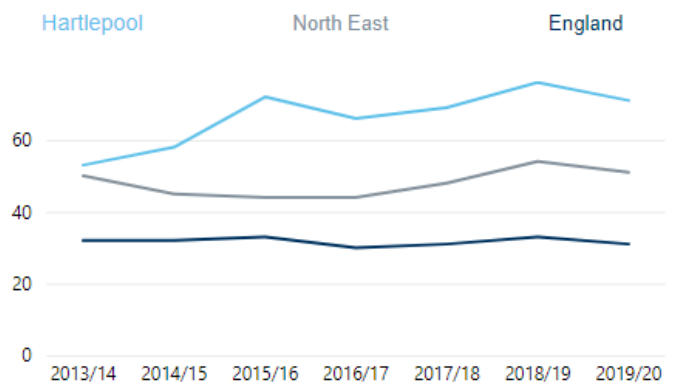


Figure 27 Admissions for poisoning by drug misuse
Source: Hospital Episode Statistics (HES), NHS Digital

5.2.2 Children and Young People

Age:

More than 50% of Hartlepool's young people's substance misuse caseload (under 18's) are aged 15 or under for each of the last five years.

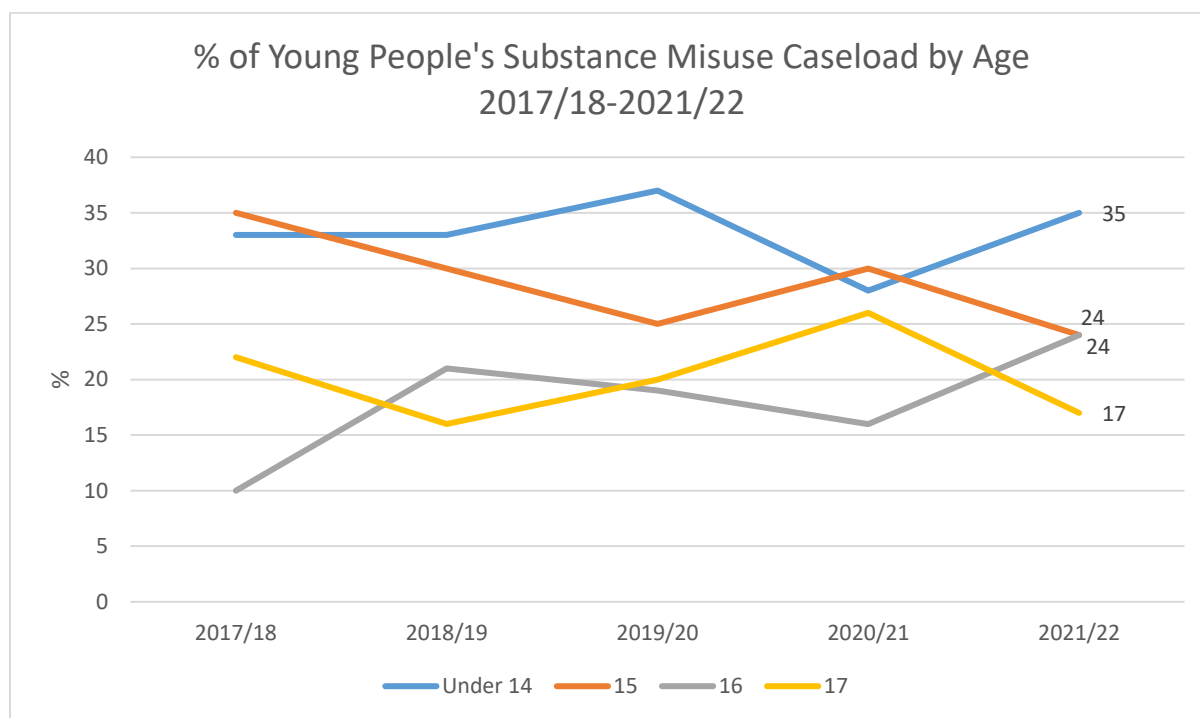


Figure 28: Percentage of Young People's Substance Misuse Caseload by Age 2017/18-2021/22
Source: NDTMS 2022

This trend is not found in the England figures for 2021/22, where the age breakdown is almost an equal four way split.

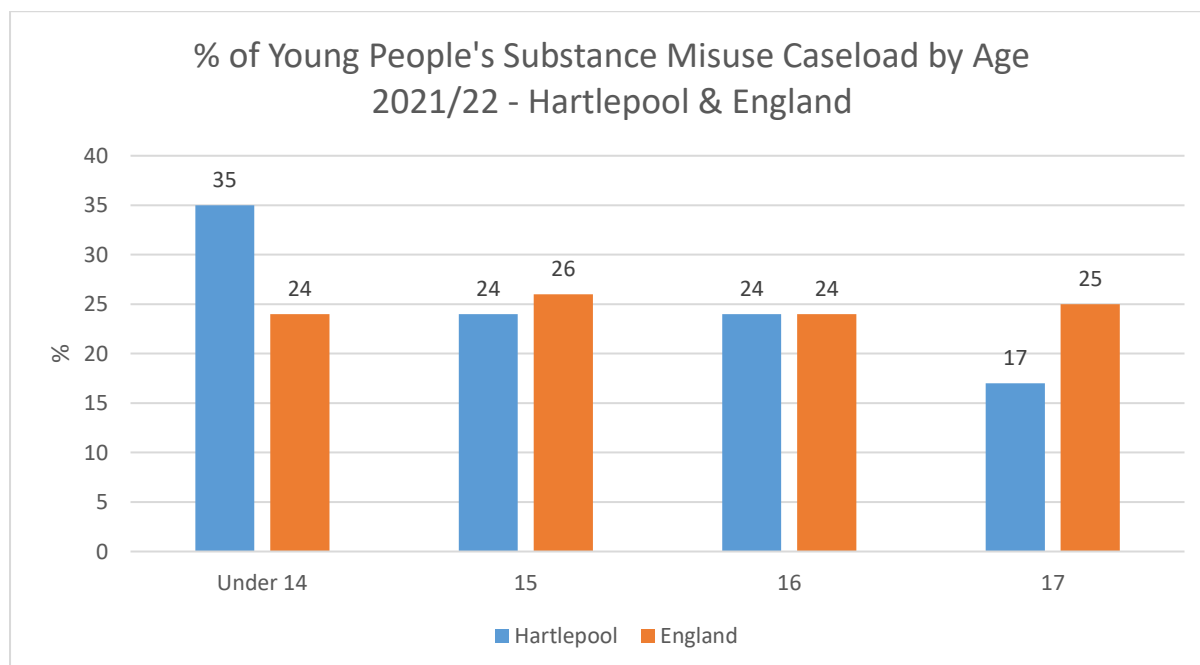


Figure 29: Percentage of Young People's Substance Misuse Caseload by Age 2021/22 - Hartlepool & England
Source: NDTMS 2022

Here the increased emphasis on the younger age groups in Hartlepool's caseload is clearly visible.

Hartlepool Young People's Substance Misuse Referrals 2011/21

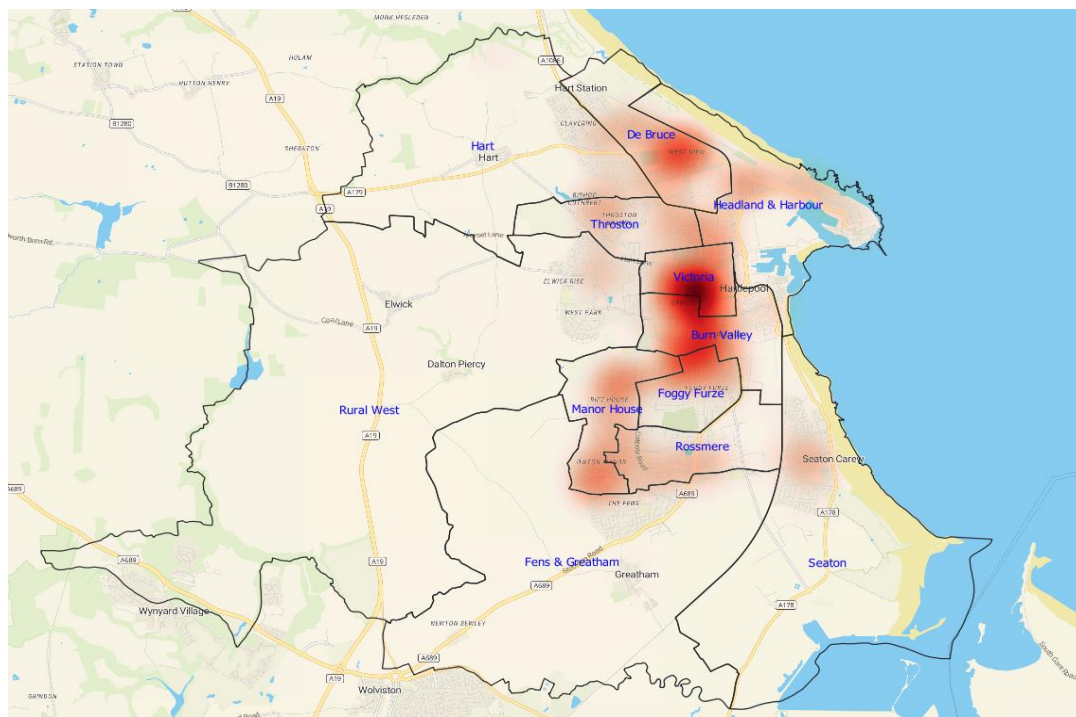


Figure 30: Hartlepool Young People's Substance Misuse Referrals 2011/21
Source: Local Data 2022

Similar to the adult's referrals, referrals for Hartlepool's young people's substance misuse treatment services from 2011-2021 have their largest concentration in the Victoria and Burn Valley area of the town, though as a proportion of all referrals Manor House is larger than Burn Valley. Victoria ward accounts for 1 in 7 of the total referrals. And the five wards with 10% or more, Victoria, Manor House, Burn Valley, De Bruce and Headland & Harbour account for almost two thirds between them. Four of these five wards (Victoria, Manor House, De Bruce and Headland & Harbour) are in the most deprived decile in England, and the other, Burn Valley is in the 2nd most deprived quintile.

Reported Substances:

In young people's substance misuse treatment in Hartlepool, cannabis has remained the most prominent substance, with as much as 98% of the caseload using cannabis.

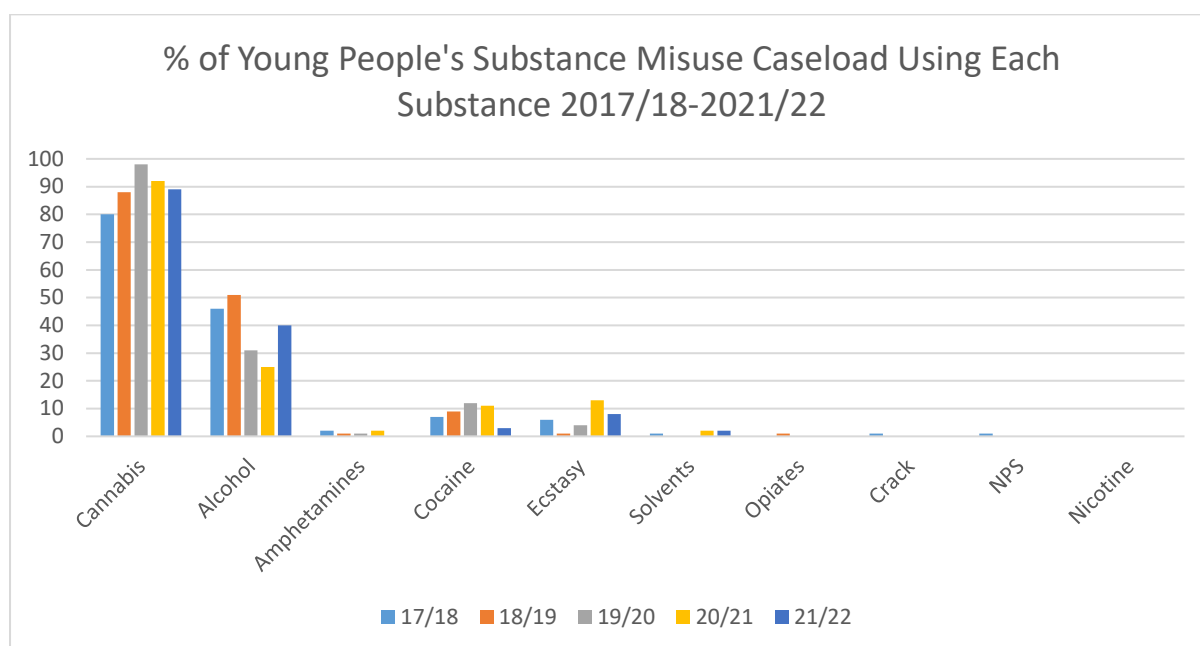


Figure 31: Percentage of Young People's Substance Misuse Caseload Using Each Substance 2017/18-2021/22
Source: NDTMS 2022

Alcohol is the only other substance to have a proportion above 15%, but has moved from a high of 51% in 2018/19 to a low of 25% in 2020/21. In 2021/22 alcohol was being used by 40% of Hartlepool's young people's caseload. Other than cannabis and alcohol, the only substance to reach above 2% of the caseload are cocaine and ecstasy.

When compared to the England average, Hartlepool's young people's caseload use of cannabis is comparable.

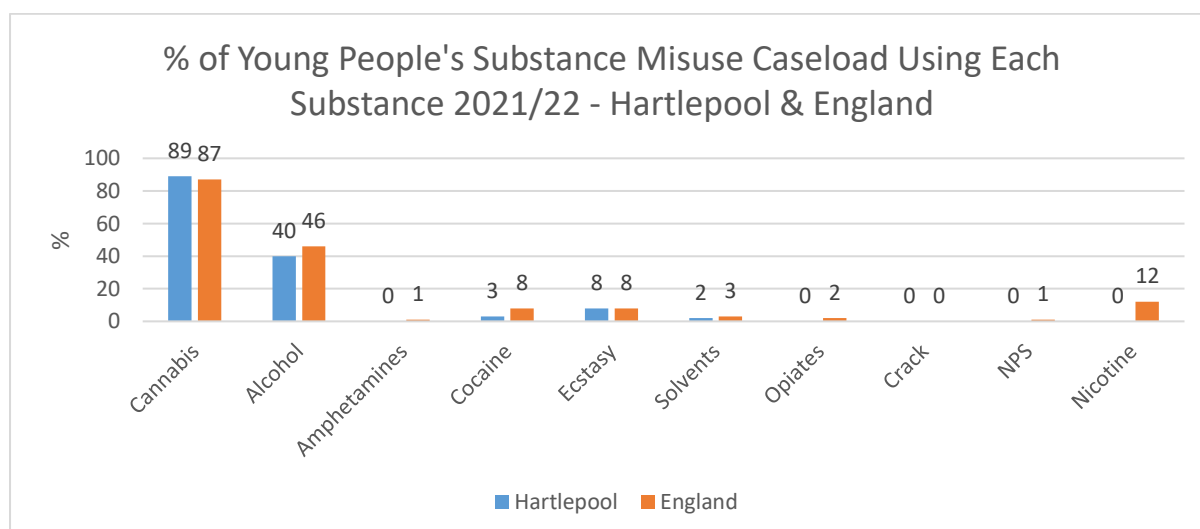


Figure 32: Percentage of Young People's Substance Misuse Caseload Using Each Substance 2021/22 - Hartlepool & England
Source: NDTMS 2022

Treatment Exits:

Within young people's substance misuse services in Hartlepool, the proportion of unplanned exits has been above the England average for the last three years, with unplanned exits being the majority of exits in 2020/21.

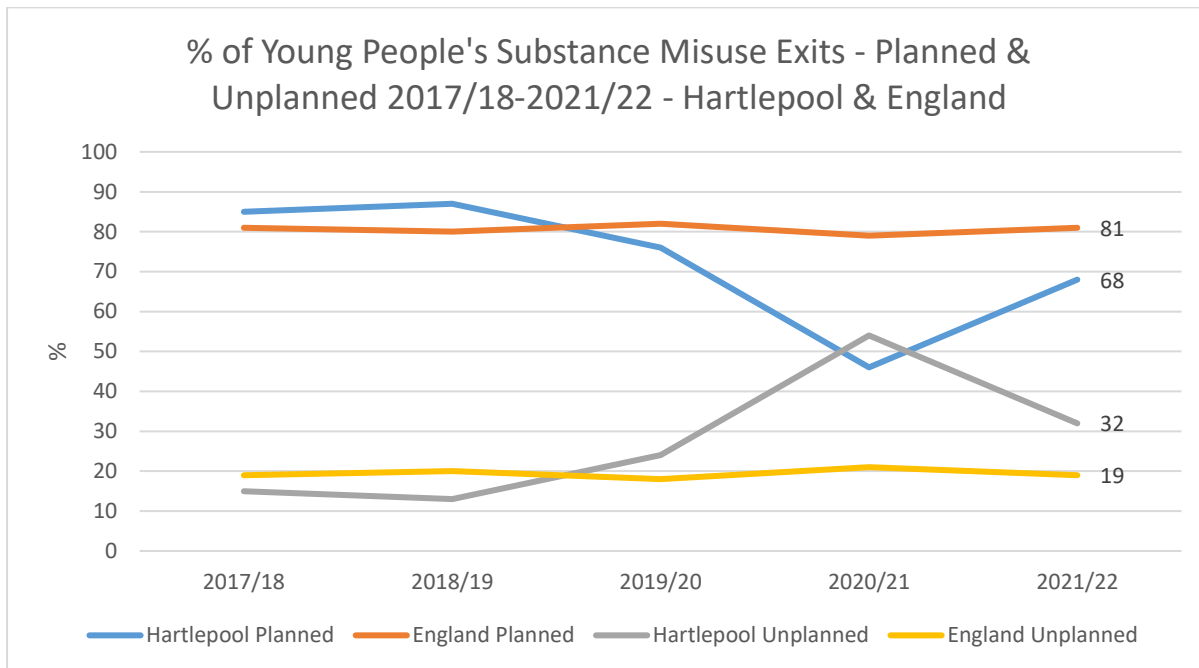


Figure 33: Percentage of Young People's Substance Misuse Exits - Planned & Unplanned 2017/18-2021/22 - Hartlepool & England
Source: NDTMS 2022

Throughout the five year reporting period, the England rate has remained relatively stable, with rough 80% of exits planned and 20% unplanned. This has not been the case in Hartlepool, a two year increase in unplanned exits took the Hartlepool rate from 13% in 2018/19 to 54% in 2020/21.

Representations of successful completions within Hartlepool's young people's substance misuse service have been at least twice the England average on three of the last five years.

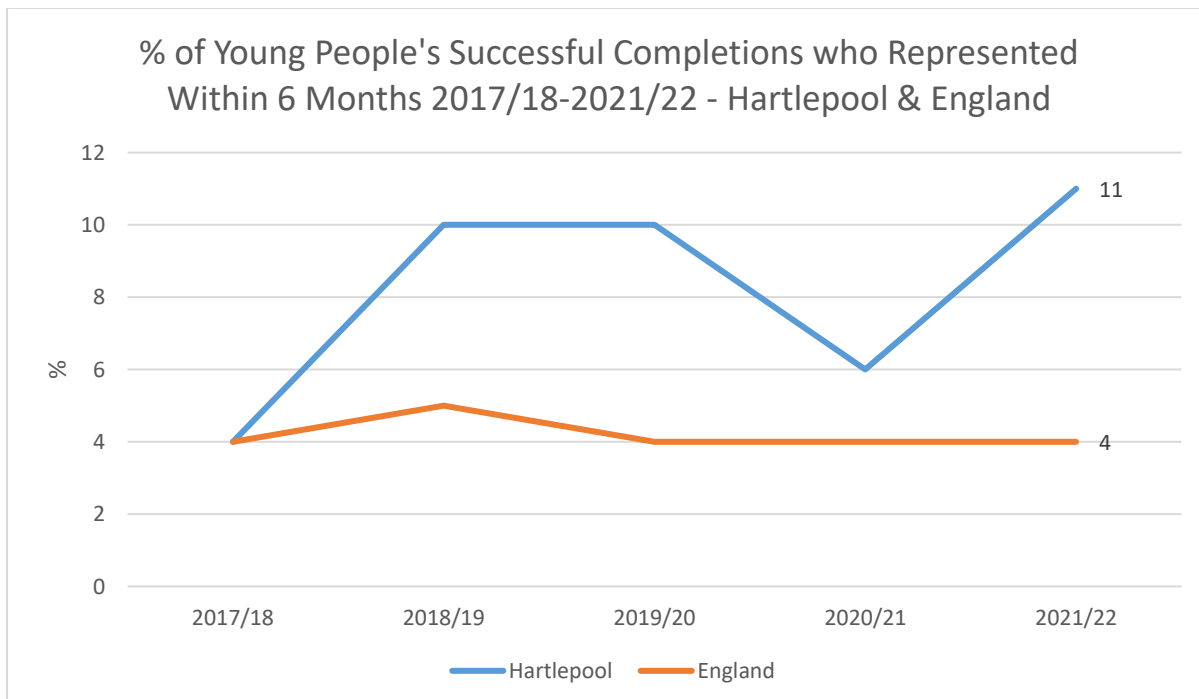


Figure 34: Percentage of Young People's Successful Completions who Represented Within 6 Months 2017/18-2021/22 - Hartlepool & England
Source: NDTMS 2022

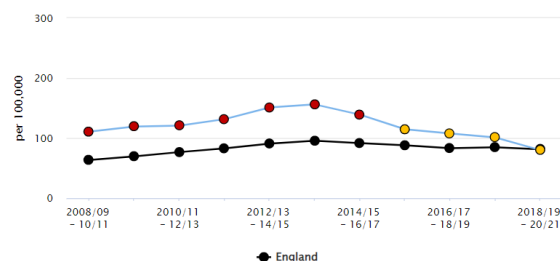
While the England representation rate has remained largely stable at around 4% across the five years, Hartlepool, whilst starting at the same 4% rate as England in 2017/18, increases up to a high of 11% in 2021/22.

Hospital Admissions for Substance Use:

Hospitalisations due to substance misuse for 15-24 year olds in Hartlepool are at their lowest rate across the 11 year reporting period, therefore suggesting hospital admission rates are not drive by a younger population.

Hospital admissions due to substance misuse (15-24 years)

Directly standardised rate - per 100,000



Recent trend: Could not be calculated

| Period | Count | Value | Hartlepool | | North East | England |
|-----------------|-------|-------|--------------|--------------|------------|---------|
| | | | 95% Lower CI | 95% Upper CI | | |
| 2008/09 - 10/11 | 40 | 110.5 | 78.1 | 148.8 | 102.8 | 63.5 |
| 2009/10 - 11/12 | 43 | 119.2 | 86.3 | 160.6 | 105.6 | 69.4 |
| 2010/11 - 12/13 | 43 | 120.5 | 87.1 | 162.4 | 116.9 | 76.5 |
| 2011/12 - 13/14 | 46 | 131.4 | 96.1 | 175.3 | 120.1 | 82.8 |
| 2012/13 - 14/15 | 52 | 150.8 | 112.6 | 197.9 | 122.9 | 90.6 |
| 2013/14 - 15/16 | 53 | 155.9 | 116.8 | 204.0 | 121.2 | 95.4 |
| 2014/15 - 16/17 | 47 | 139.0 | 102.1 | 184.8 | 113.3 | 91.6 |
| 2015/16 - 17/18 | 38 | 114.5 | 81.0 | 157.2 | 113.1 | 87.9 |
| 2016/17 - 18/19 | 35 | 107.6 | 75.0 | 149.7 | 117.8 | 83.1 |
| 2017/18 - 19/20 | 30 | 101.0 | 69.1 | 142.7 | 117.2 | 84.7 |
| 2018/19 - 20/21 | 25 | 79.9 | 51.7 | 117.9 | 115.2 | 81.2 |

Source: Hospital Episode Statistics (HES)

Figure 35: Hospital admissions due to substance misuse (15-24)

Source: Hospital Episode Statistics (HES) 2022

Hartlepool has been statistically similar to the England average for hospital admissions due to substance misuse for the most recent four years. Hartlepool's current rate of 79.9 per 100,000 population is a decrease of 49% on the peak of 155.9 per 100,000 in 2013/14-2015/16. Hartlepool's rate is currently the 2nd lowest in the north east.

Hospital Admissions for Alcohol Use:

For under 18s, the hospital admission for alcohol specific reasons, has followed a very different pattern, with a sustained eight year period where the rate has been similar to the England average.

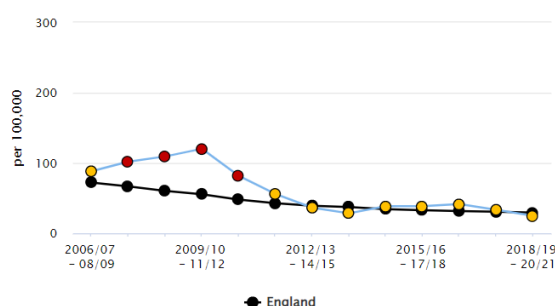
Admission episodes for alcohol-specific conditions - Under 18s (Persons)

Crude rate - per 100,000

[Show confidence intervals](#)

[Show 99.8% CI values](#)

[More options](#)



Recent trend: Could not be calculated

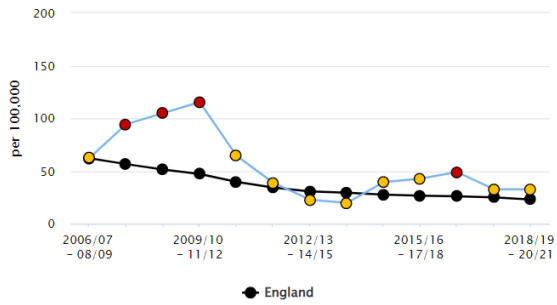
| Period | Count | Value | Hartlepool | | North East | England |
|-----------------|-------|-------|--------------|--------------|------------|---------|
| | | | 95% Lower CI | 95% Upper CI | | |
| 2006/07 - 08/09 | 56 | 88.1 | 66.6 | 114.5 | 119.3 | 72.1 |
| 2007/08 - 09/10 | 64 | 101.8 | 78.4 | 129.9 | 115.8 | 66.7 |
| 2008/09 - 10/11 | 68 | 109.3 | 84.8 | 138.5 | 104.8 | 60.3 |
| 2009/10 - 11/12 | 74 | 120.2 | 94.4 | 150.9 | 96.3 | 55.4 |
| 2010/11 - 12/13 | 50 | 81.8 | 60.7 | 107.8 | 77.6 | 48.0 |
| 2011/12 - 13/14 | 34 | 55.9 | 38.7 | 78.1 | 70.6 | 42.8 |
| 2012/13 - 14/15 | 22 | 36.4 | 22.8 | 55.1 | 66.0 | 39.0 |
| 2013/14 - 15/16 | 17 | 28.3 | 16.5 | 45.4 | 66.9 | 37.4 |
| 2014/15 - 16/17 | 23 | 38.5 | 24.4 | 57.7 | 64.8 | 34.2 |
| 2015/16 - 17/18 | 23 | 38.4 | 24.3 | 57.7 | 62.7 | 32.9 |
| 2016/17 - 18/19 | 25 | 41.6 | 29.6 | 65.4 | 60.0 | 31.5 |
| 2017/18 - 19/20 | 20 | 33.3 | 20.3 | 51.4 | 55.4 | 30.6 |
| 2018/19 - 20/21 | 15 | 24.9 | 16.4 | 45.2 | 52.0 | 29.3 |

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Figure 36: Admission episodes for alcohol-specific conditions - under 18s

Source: OHID 2022

When split along gender lines, whereas for the adult population it is the male rate that followed a similar pattern to the overall rate, with under 18s it is the female rate which is similar to the overall pattern.



Recent trend: Could not be calculated

| Period | | Hartlepool | | | | North East | England |
|-----------------|---|------------|-------|--------------|--------------|------------|---------|
| | | Count | Value | 95% Lower CI | 95% Upper CI | | |
| 2006/07 - 08/09 | ● | 20 | 62.2 | 38.0 | 96.0 | 103.0 | 62.0 |
| 2007/08 - 09/10 | ● | 30 | 94.2 | 63.6 | 134.5 | 99.4 | 56.5 |
| 2008/09 - 10/11 | ● | 33 | 104.8 | 72.1 | 147.1 | 91.9 | 51.3 |
| 2009/10 - 11/12 | ● | 36 | 115.3 | 80.8 | 159.7 | 85.4 | 47.0 |
| 2010/11 - 12/13 | ● | 20 | 64.4 | 39.3 | 99.4 | 68.2 | 39.6 |
| 2011/12 - 13/14 | ● | 12 | 38.7 | 20.0 | 67.6 | 59.4 | 34.2 |
| 2012/13 - 14/15 | ● | 7 | 22.7 | 9.1 | 46.7 | 56.2 | 30.5 |
| 2013/14 - 15/16 | ● | 6 | 19.6 | 7.2 | 42.6 | 57.8 | 29.4 |
| 2014/15 - 16/17 | ● | 12 | 39.3 | 20.3 | 68.7 | 60.0 | 27.4 |
| 2015/16 - 17/18 | ● | 13 | 42.5 | 22.6 | 72.8 | 56.1 | 26.4 |
| 2016/17 - 18/19 | ● | 15 | 48.9 | 29.8 | 84.7 | 52.2 | 25.9 |
| 2017/18 - 19/20 | ● | 10 | 32.6 | 20.2 | 68.2 | 47.1 | 24.9 |
| 2018/19 - 20/21 | ● | 10 | 32.5 | 17.8 | 63.9 | 42.7 | 22.8 |

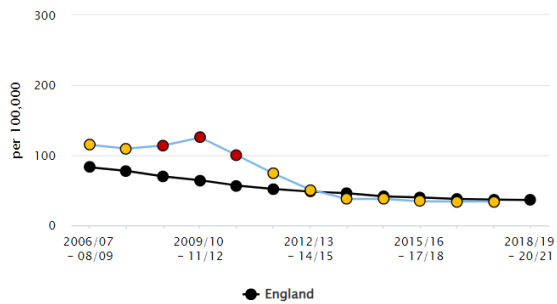
Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Figure 37: Admission episodes for alcohol-specific conditions - under 18s (Male)

Source: OHID 2022

Admission episodes for alcohol-specific conditions - Under 18s (Female)

Crude rate - per 100,000



Recent trend: Could not be calculated

| Period | | Hartlepool | | | | North East | England |
|-----------------|---|------------|-------|--------------|--------------|------------|---------|
| | | Count | Value | 95% Lower CI | 95% Upper CI | | |
| 2006/07 - 08/09 | ● | 36 | 114.8 | 80.4 | 158.9 | 136.4 | 82.7 |
| 2007/08 - 09/10 | ● | 34 | 109.5 | 75.8 | 153.0 | 133.0 | 77.5 |
| 2008/09 - 10/11 | ● | 35 | 113.8 | 79.3 | 158.3 | 118.4 | 69.7 |
| 2009/10 - 11/12 | ● | 38 | 125.2 | 88.6 | 171.8 | 107.9 | 64.1 |
| 2010/11 - 12/13 | ● | 30 | 99.8 | 67.3 | 142.4 | 87.5 | 56.8 |
| 2011/12 - 13/14 | ● | 22 | 73.8 | 46.2 | 111.7 | 82.4 | 51.8 |
| 2012/13 - 14/15 | ● | 15 | 50.7 | 28.4 | 83.6 | 76.3 | 48.0 |
| 2013/14 - 15/16 | ● | 11 | 37.5 | 18.7 | 67.1 | 76.5 | 45.8 |
| 2014/15 - 16/17 | ● | 11 | 37.6 | 18.8 | 67.3 | 70.0 | 41.3 |
| 2015/16 - 17/18 | ● | 10 | 34.1 | 16.3 | 62.8 | 69.6 | 39.6 |
| 2016/17 - 18/19 | ● | 10 | 34.1 | 18.7 | 67.1 | 68.2 | 37.5 |
| 2017/18 - 19/20 | ● | 10 | 34.0 | 11.8 | 53.6 | 64.1 | 36.7 |
| 2018/19 - 20/21 | ● | - | * | - | - | 61.9 | 36.1 |

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Figure 38: Admission episodes for alcohol-specific conditions - under 18s (Female)

Source: OHID 2022

5.3 Estimated Unmet Need

Within the substance misusing population in Hartlepool, levels of unmet need differ greatly by substance.

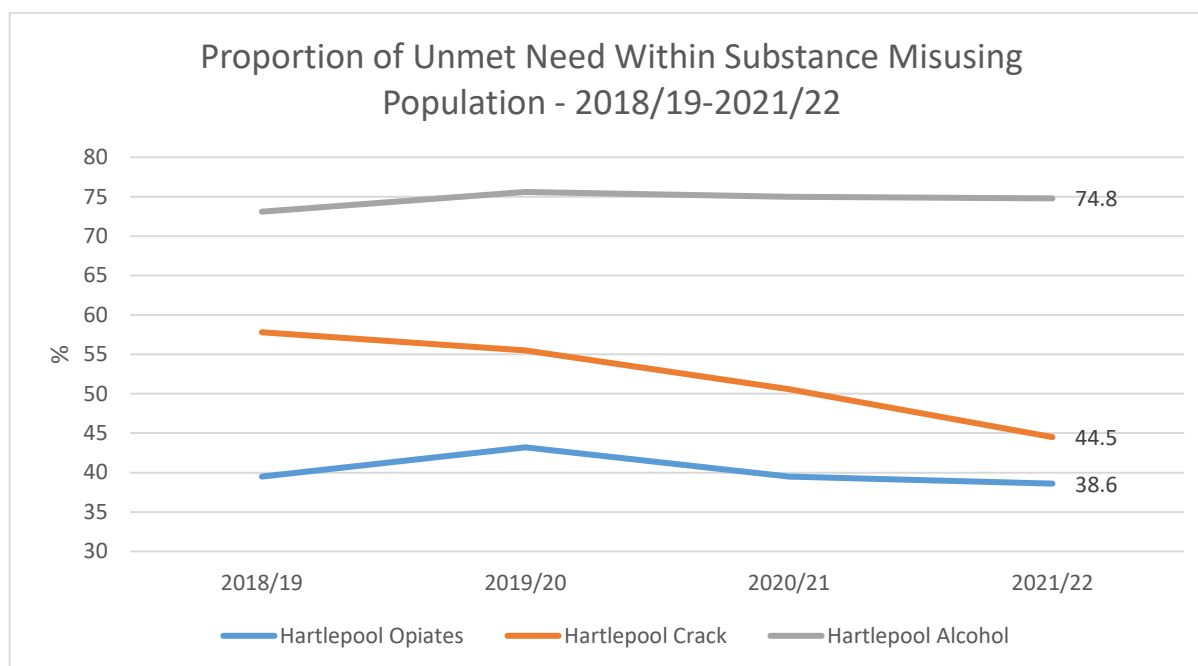


Figure 39: Proportion of Unmet Need within Substance Misusing Population - 2018/19-2021/22

Source: NDTMS 2022

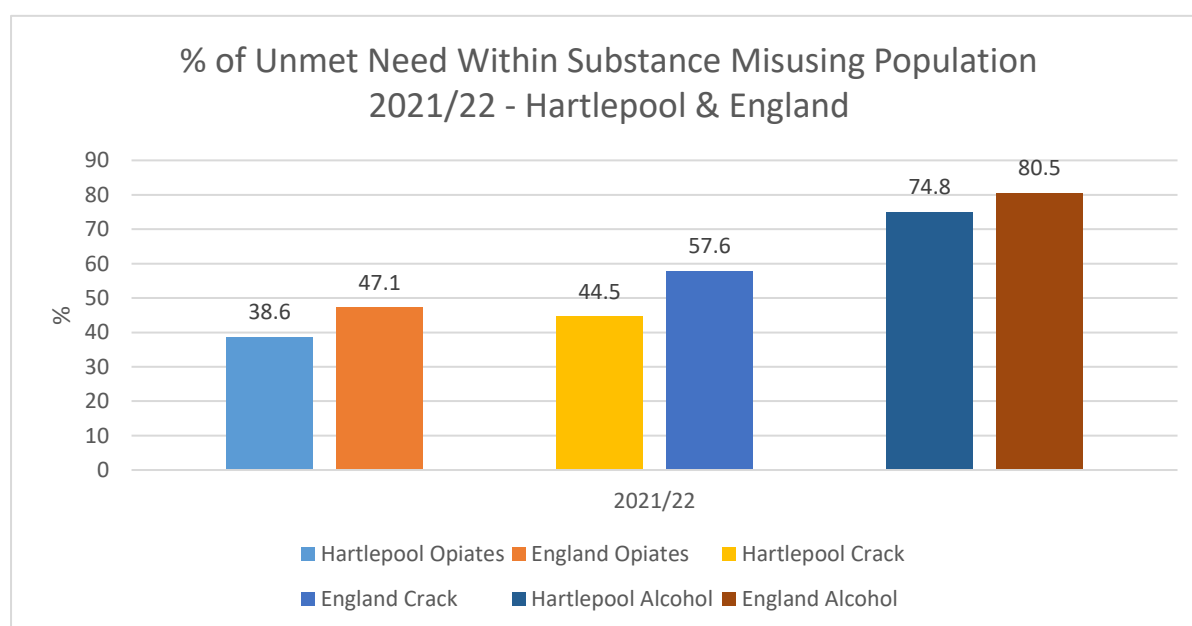


Figure 40: Percentage of Unmet Need Within Substance Misusing Population 2021/22 - Hartlepool & England

Source: Liverpool John Moores University

Drug and alcohol prevalence estimates for each local authority in England were set from 2016/17 data by Liverpool John Moores University. These prevalence estimates are then used to see the level of unmet need, which is the individuals who could be in treatment for substance misuse within an authority but are not. Within Hartlepool the level of unmet need for alcohol use has remained fairly stable at around 75%, three out of four problematic alcohol users are not in treatment. Similarly the unmet need for opiate use has remained largely around 2 in 5 opiate users not being in treatment. From crack use however, the unmet has fallen across the reporting period from 57.8% in 2.18/19 to 44.5% in 2021/22, a decline of 23%.

5.4 Wider Drug and Alcohol Related Harms

Multiple Deprivation and Local Inequalities:

Hartlepool's wider levels of deprivation are a factor within substance misuse, with Hartlepool having some of the most deprived areas in England.

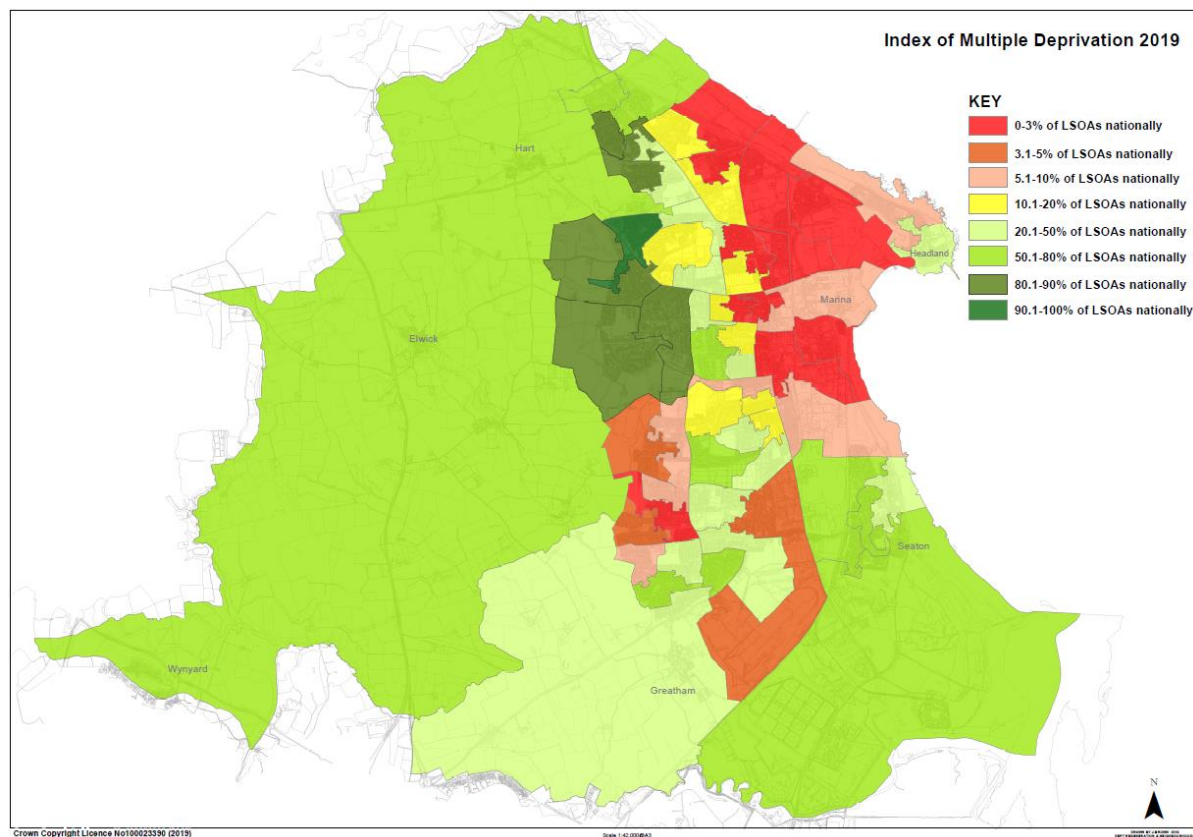


Figure 41: Index of multiple deprivation 2019
Source: ONS 2019

Hartlepool has 11 Lower Super Output Areas (LSOAs) within the top 3% of deprivation levels in England, and a further three LSOAs within the top 5%. This accounts for 19% of the town within the top 3% of deprivation levels in England, mainly focussed around the Headland and West View area of the town. More than half of the town, 52%, is within the most deprived quintile in England. Several of these areas of highest deprivation are areas where a significant proportion of the substance misuse caseload are located. Specifically those LSOAs located within the Headland and Burn Valley areas of the town.

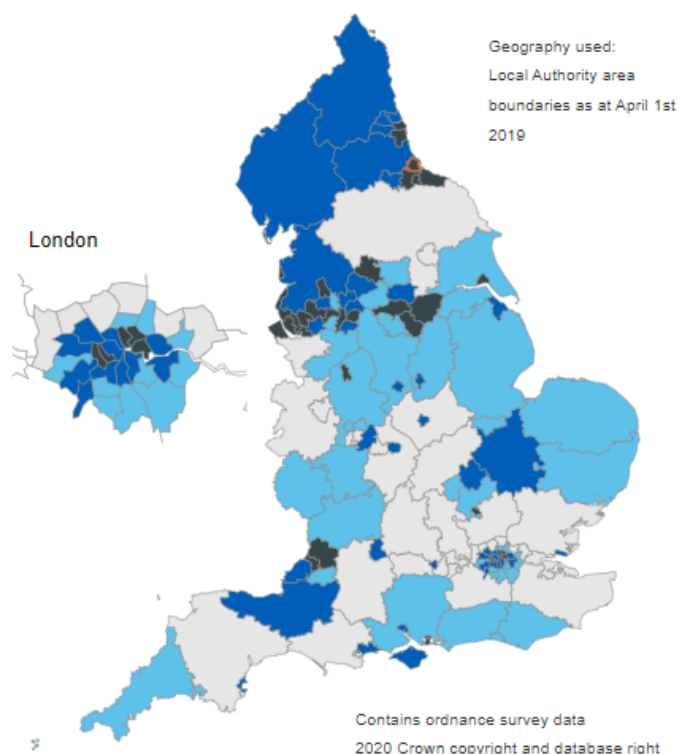
Mental Health:

Admissions where drug-related mental health and behavioural disorders were a factor *(hospital admissions with a primary or secondary diagnosis of drug-related mental and behavioural disorders – referred)*

Admission rate (per 100,000 population) by Local Authority

Map Key ● Less than 120 ● 120 to <170 ● 170 to <260 ● 260 and over

Map scales may vary from year to year.



Regional and national comparisons

| | | |
|-----------------------|--------|-----------------------------------|
| Hartlepool | 520 | 606 |
| Admissions | | Admissions per 100,000 |
| North East | 7,050 | 283 |
| Admissions - Region | | Admissions per 100,000 - Region |
| England | 99,782 | 181 |
| Admissions - National | | Admissions per 100,000 - National |

'Blank' indicates a value that has been suppressed (admissions value between 1 and 7)

Admissions per 100,000 population by year

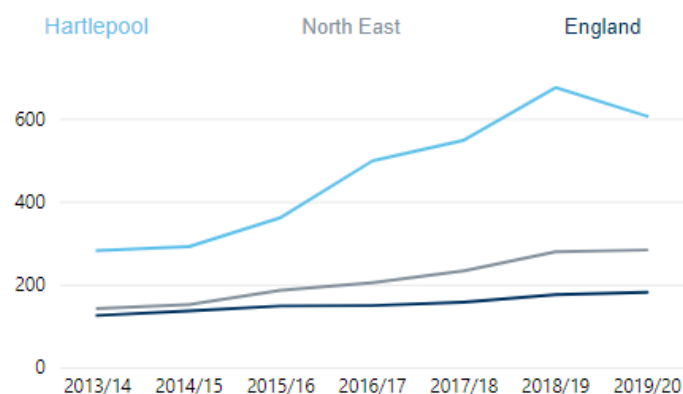


Figure 42 Admissions where drug-related mental health and behavioural disorders were a factor

Source: Hospital Episode Statistics (HES), NHS Digital

Hartlepool has the highest admission rate with 606 per 100,000 population, followed by Blackpool (569), and Liverpool (485) for hospital admissions where drug-related mental health and behavioural disorders were a factor. As per figure x Hartlepool is significantly higher than the North East, and England average.

The Five Year forward view for Mental Health report identified that 77% of people detained in low and medium secure mental health services are men, 63% have a primary diagnosis of psychosis, and 26% have a secondary diagnosis of substance misuse²²

Hartlepool dual diagnosis patients are jointly managed between substance misuse and mental health treatment services through Teams daily huddle board and discussed on a regular basis to reflect any changes or concerns. This is then shared in a fortnightly Huddle with the substance misuse service provider (Supporting Treatment and Recovery Together (START)). In addition to this there is a minimum 12-week joint review throughout a patient's treatment, and also interim reviews as needed. There are currently 31 Dual diagnosis patients working jointly with TEWV and START.

Physical Health:

Hartlepool has high levels of alcohol related liver disease mortality.

Under 75 mortality rate from alcoholic liver disease (Persons, 3 year range)

Directly standardised rate - per 100,000

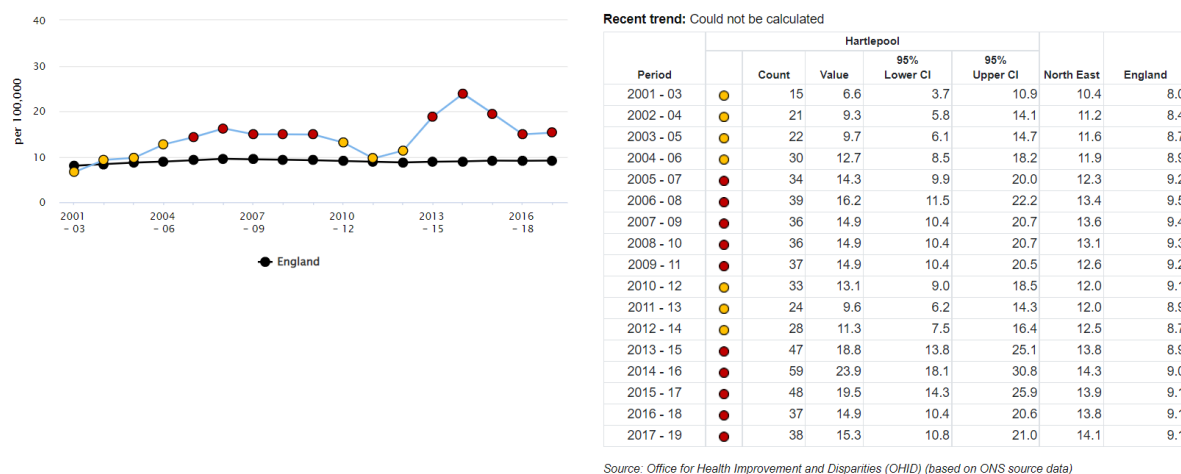


Figure 43: Under 75 mortality rate from alcohol liver disease

Source: OHID 2022

Hartlepool has the 18th highest alcohol related liver disease mortality rate in England, and has been consistently significantly worse than the England average for the last 6 years.

Blood Borne Viruses (BBV):

Hartlepool is currently experiencing a declining trend for eligible substance misuse treatment clients who are offered and accept a hepatitis C test.

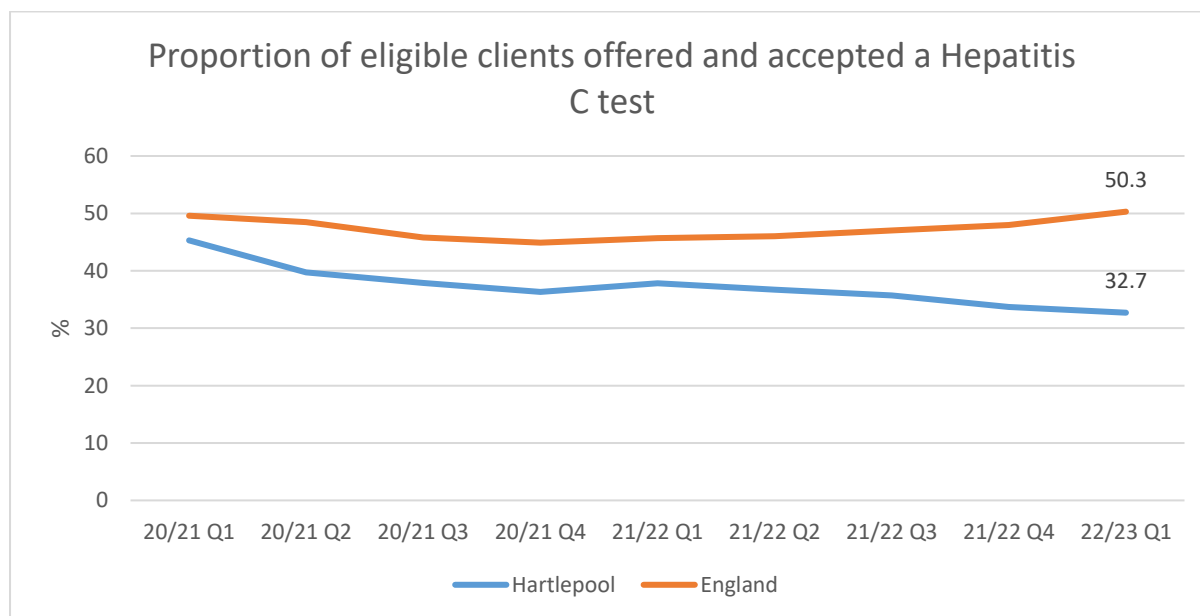


Figure 44: Proportion of eligible clients offered and accepted a Hepatitis C test

Source: OHID DOMES 2022

Across the nine quarters of the reporting period Hartlepool's proportion of eligible clients offered and accepting a hepatitis C test falls from a high of 45.3% in 2020/21 Q1 to a low of 32.7% in 2022/23 Q1. This is a decline of 28%. Across the same period the England average actually increases, from 49.6% to 50.3%. The gap between Hartlepool and England is larger in the most recent quarter than at any point in the preceding quarters.

For hepatitis B vaccinations, the proportion of those in substance misuse treatment in Hartlepool, who are eligible, and were offered and accepted has increased as a whole across the reporting period, but is on a declining trend.

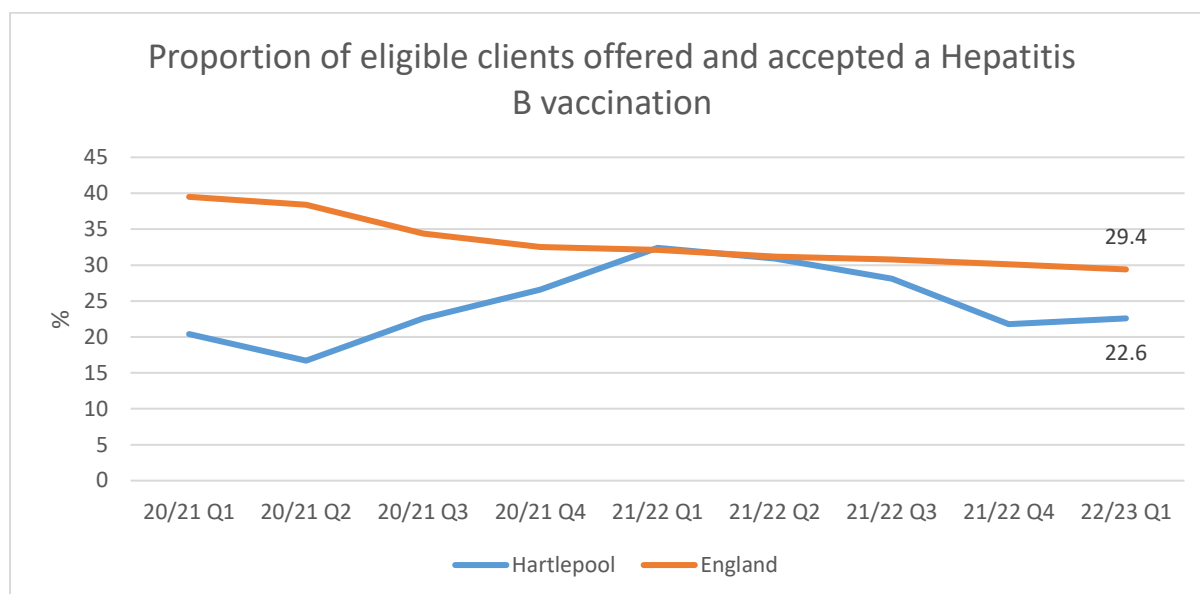


Figure 45: Proportion of eligible clients offered and accepted a Hepatitis B vaccination
Source: OHID DOMES 2022

Hartlepool's proportion of eligible clients in substance misuse treatment who were offered and accepted a hepatitis vaccination increased from a low of 20.4% in 2020/21 Q1, up to a high of 32.4% in 2021/22 Q1, but has since fallen to 22.6% in 2022/23 Q1. This differs from the England pattern across the same period, which has seen a constant gradual decline, from 38.4% to 29.4%. The data shows that in any given year in the five year reporting period, no more than 55% of those who accepted Hepatitis B vaccinations actually began the vaccination programme.

Crime and Safety:

People arrested for possession of drugs in Hartlepool over the last 12 months has remained static (0% change). However in the last six months, there was a rise of 12.0% compared with the same period in previous year.

| | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|------|------|------|------|------|
| Number of arrests for possession of drugs | 195 | 238 | 296 | 267 | 267 |

Table 1: Number of arrests for possession of drugs in Hartlepool 2018-22
Source: Office of the Police and Crime Commissioner for Cleveland

Between June and November 2022, 15 individuals from Hartlepool were drug tested on arrest, due to trigger offences, for cocaine and opiates. Of those committing the trigger offences during this period, cocaine was detected 73.3% of the time, and opiates 20% of the time. Each time opiates were detected they were in conjunction with cocaine, no test during this period returned a positive opiate result without also returning a positive cocaine result. 20% of people were negative for both cocaine and opiates, and 6.7% of people refused to be tested. Those tested were predominantly male, 80%, all were White British, and two thirds were in their 30s.

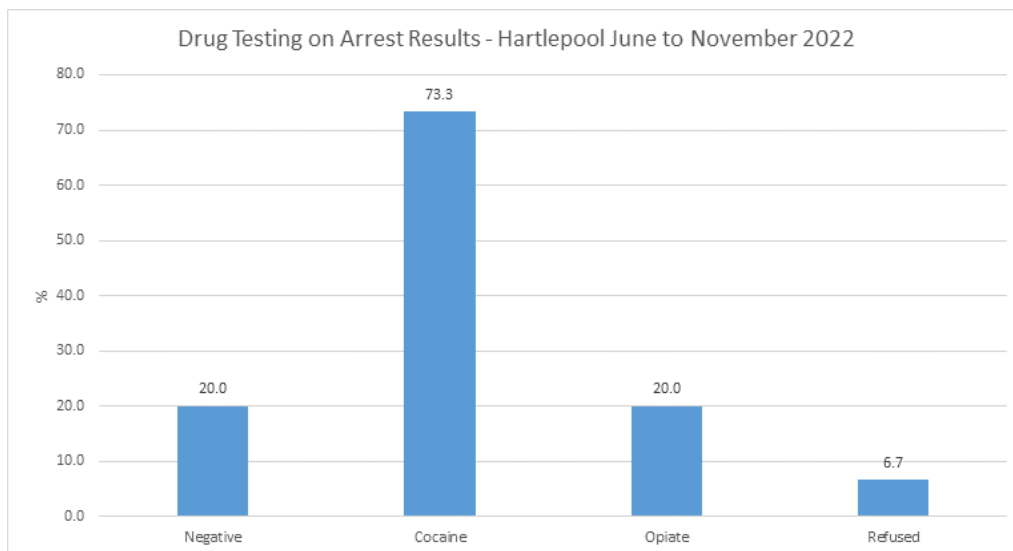


Figure 46 Drug testing on arrest results - Hartlepool (June-November 2022)
Source: Cleveland Police 2022

Using police data, a ward level breakdown has been possible for incidents of violence against the person, domestic violence incidents and public safety and welfare incidents, where drugs or alcohol was cited from 2017-21.

Ward Level Breakdown of Incidents of Violence against the Person Where Drug or Alcohol Were Cited 2017-21 – per 100,000

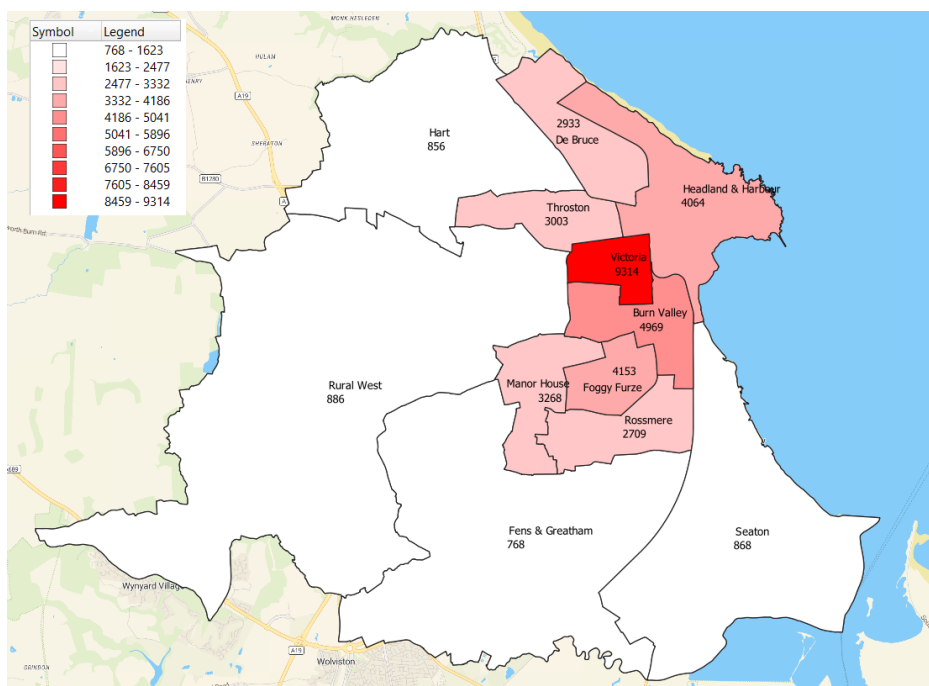


Figure 47: Ward Level Breakdown of Incidents of Violence against the Person Where Drug or Alcohol Were Cited 2017-21 – per 100,000
Source: Cleveland Police Data 2022

Ward Level Breakdown of Incidents of Domestic Violence Where Drug or Alcohol Were Cited 2017-21 – Per 100,000

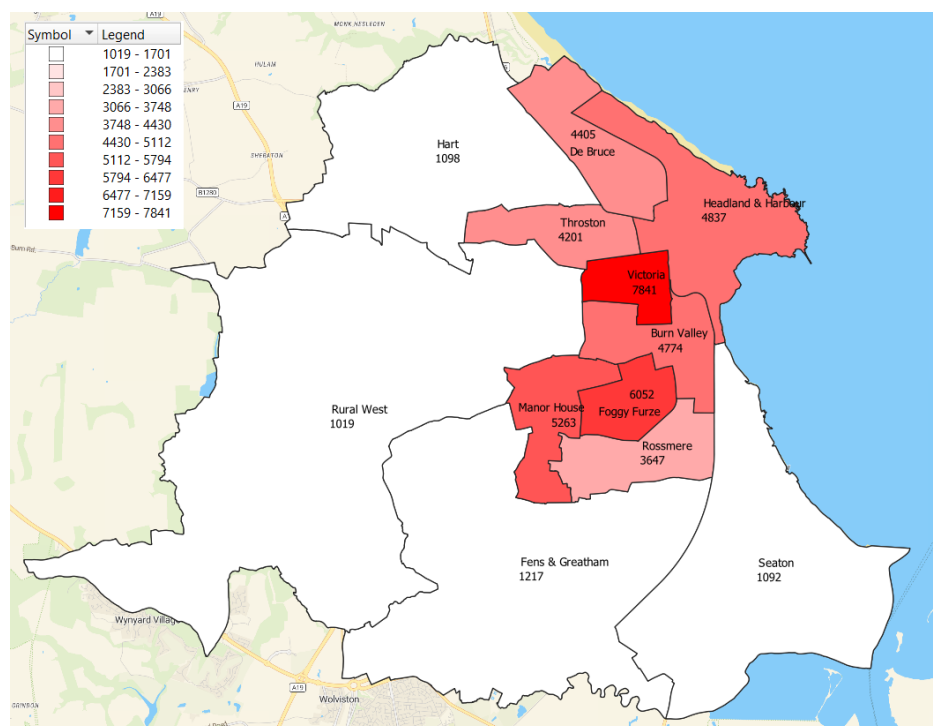


Figure 48: Ward Level Breakdown of Incidents of Domestic Violence Where Drug or Alcohol Were Cited 2017-21 – Per 100,000
Source: Cleveland Police Data 2022

Ward Level Breakdown of Incidents of Public Safety & Welfare Where Drug or Alcohol Were Cited 2017-21 – Per 100,000

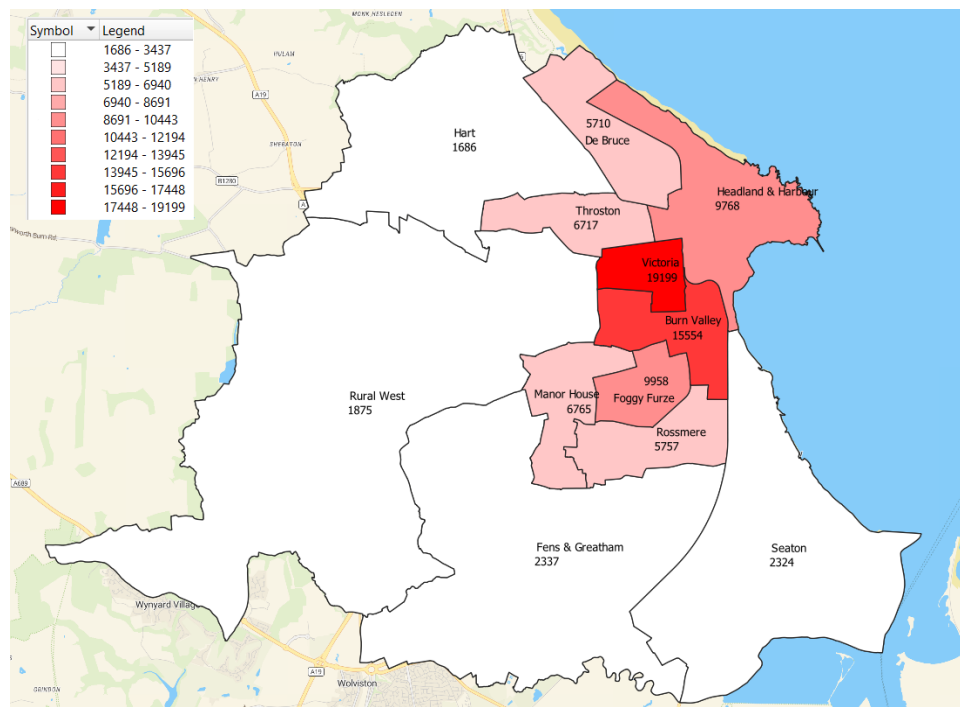


Figure 49: Ward Level Breakdown of Incidents of Public Safety & Welfare Where Drug or Alcohol Were Cited 2017-21 – Per 100,000
Source: Cleveland Police Data 2022

In each of the three maps, Victoria ward is an area of high concentration of incidents where drugs or alcohol has been cited as an issue.

Prison Release Support:

One access metric where Hartlepool is performing better than the England average is treatment continuity when people leave prison (see table 1). 59% of Tees residents leaving prison with a need for substance misuse services successfully engage with community treatment services (compared to 37% in England).

| | Tees | England | Hartlepool | Middlesbrough | Redcar and Cleveland | Stockton |
|---|------|---------|------------|---------------|----------------------|----------|
| % of prison releases successfully engaging with substance misuse services | 59% | 37% | 71% | 56% | 65% | 50% |

Table 2: Proportion of Tees residents leaving prison with a need for substance misuse services who successfully engage with community treatment services during Quarter 1 of 2022/23 (%).

Road Traffic Accidents:

The proportion of alcohol related road traffic collisions in Hartlepool is similar to the rest of Tees. Hartlepool is not an outlier within its geographic neighbours.

| Volume and Proportion. | Local Policing area | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---------------------|------|------|------|------|------|
| Volume of RTC (TR2/3/4) with Alcohol flag | Hartlepool | 19 | 19 | 27 | 15 | 22 |
| | Middlesbrough | 24 | 32 | 26 | 19 | 36 |
| | Redcar & Cleveland | 33 | 28 | 37 | 20 | 39 |
| | Stockton | 36 | 36 | 51 | 26 | 43 |
| Proportion of RTC (TR2/3/4) with Alcohol flag | Hartlepool | 2% | 2% | 3% | 2% | 3% |
| | Middlesbrough | 1% | 2% | 2% | 2% | 3% |
| | Redcar & Cleveland | 2% | 2% | 3% | 2% | 4% |
| | Stockton | 1% | 2% | 3% | 2% | 3% |

Figure 50: Number of Road Traffic collisions with Alcohol flag in Hartlepool

Source: Cleveland Police 2022

Safeguarding:

Within adult social care in Hartlepool, an estimated 8.2% of cases are drug or alcohol related, when this is applied to the adult social care caseload figures the number of drug or alcohol related cases can be estimated.

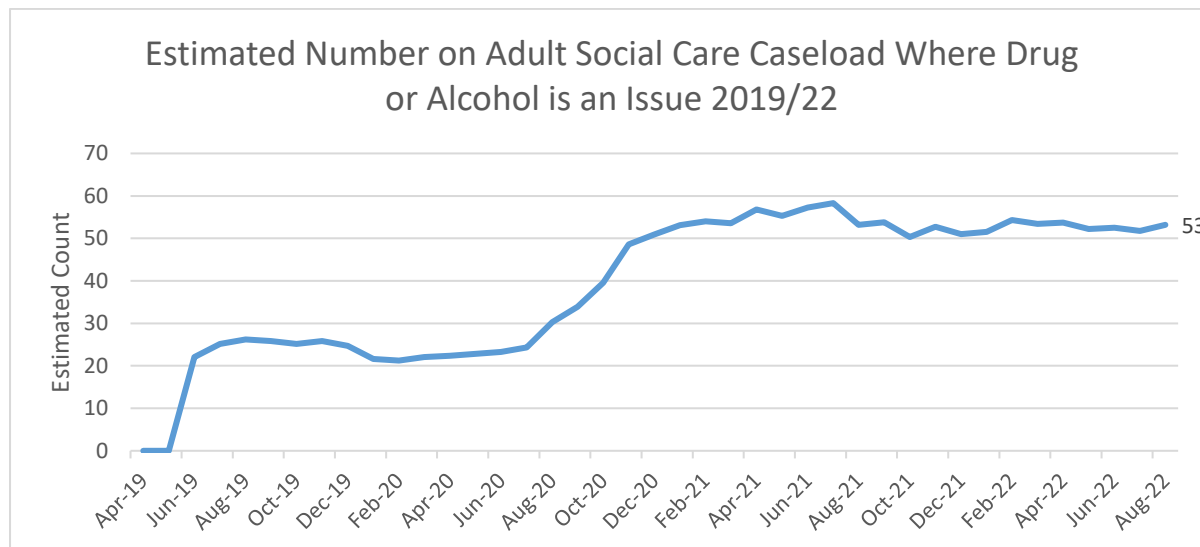


Figure 51: Estimated Number on Adult Social Care Caseload Where Drug or Alcohol is an Issue 2019/22

Source: Hartlepool Adult Social Care Team 2022

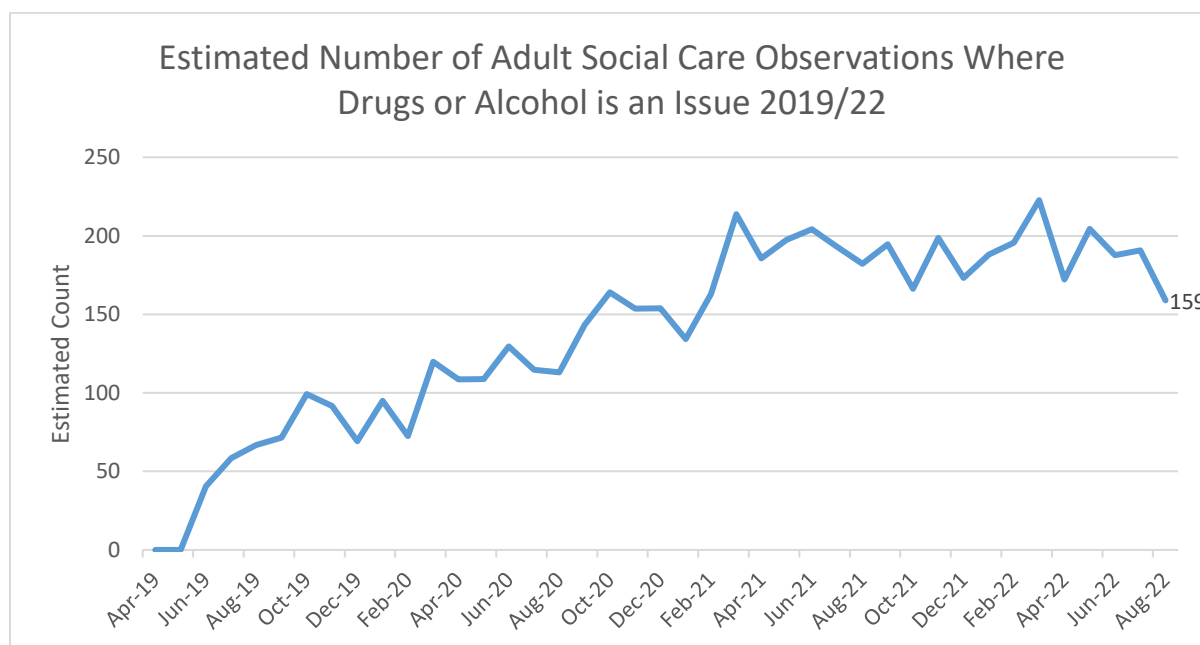


Figure 52: Estimated Number of Adult Social Care Observations Where Drugs or Alcohol is an Issue 2019/22

Source: Hartlepool Adult Social Care Team 2022

Families:

The prevalence of adults with alcohol dependency who live with children in Hartlepool in 2019/20 was comparable to the England average for both the rate per 1,000 population and overall unmet treatment need. When unmet need is further broken down by gender, the unmet need for females in Hartlepool is 20% better than the England average.

Estimated number of adults with alcohol dependence living with children in **Hartlepool**, rates per 1,000 of the population and unmet treatment need.

| Sex | Estimated number of alcohol dependent adults living with children (2018 to 2019) | Rate per 1,000 of the population | | Number in treatment (2019 to 2020) | Unmet treatment need | |
|--------|--|----------------------------------|-----------|------------------------------------|----------------------|-----------|
| | | Local | Benchmark | | Local | Benchmark |
| Total | 262 | 4 | 4 | 77 | 71% | 79% |
| Male | 178 | 5 | 6 | 39 | 78% | 84% |
| Female | 84 | 2 | 2 | 38 | 55% | 68% |

Figure 53: Estimated number of adults with alcohol dependence living with children in Hartlepool, rates per 1000 of the population and unmet treatment need.

Source: PHE 2020

For opiate dependency, the rate of prevalence amongst adults living with children in Hartlepool is also comparable to the England average.

Estimated number of adults with opiate dependence living with children in **Hartlepool**, rates per 1,000 of the population and unmet treatment need.

| Sex | Estimated number of opiate dependent adults living with children (2014 to 2015) | Rate per 1,000 of the population | | Number in treatment (2019 to 2020) | Unmet treatment need | |
|--------|---|----------------------------------|-----------|------------------------------------|----------------------|-----------|
| | | Local | Benchmark | | Local | Benchmark |
| Total | 268 | 5 | 4 | 89 | 67% | 54% |
| Male | 175 | 6 | 5 | 46 | 74% | 60% |
| Female | 93 | 3 | 3 | 43 | 54% | 41% |

Figure 54: Estimated number of adults with opiate dependence living with children in Hartlepool, rates per 1000 of the population and unmet treatment need.

Source: PHE 2020

However Hartlepool's unmet treatment need for adults with opiate dependence who live with children is 24% larger than the England average, when this is broken down by gender, male unmet need is 23% larger and female unmet need is 32% larger.

Within treatment populations, the overall proportion of parents is similar in Hartlepool and England.

Breakdown of parental groups for new presentations to treatment in **Hartlepool** in 2019 to 2020.

Breakdown of parental groups for new presentations to treatment in **benchmark areas** in 2019 to 2020.

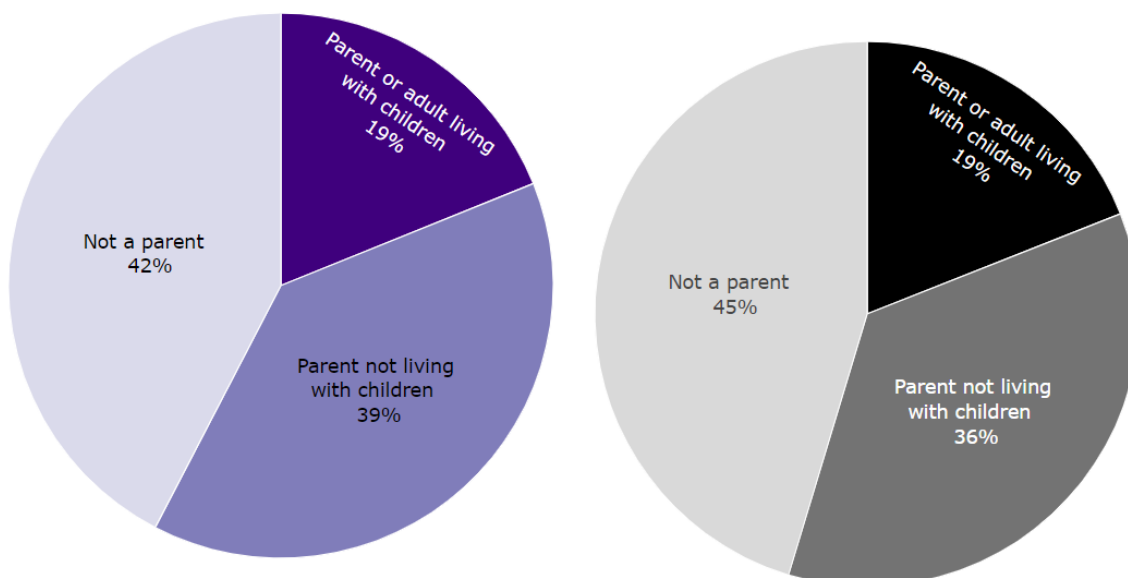


Figure 55: Breakdown of parental groups for new presentations to treatment in Hartlepool in 2019 to 2020 compared to benchmark areas
Source: PHE 2020

For both Hartlepool and England 19% of the new presentations into treatment in 2019/20 were adults living with children, and a further 39% for Hartlepool and 36% for England were parents who did not live with children.

Within Hartlepool's treatment population who live with children in 2019/20, opiate use accounts for roughly 1 in 5 and is the smallest proportion of the three parental groups within opiate users.

Breakdown of substance groups for new presentations to treatment in **Hartlepool**.

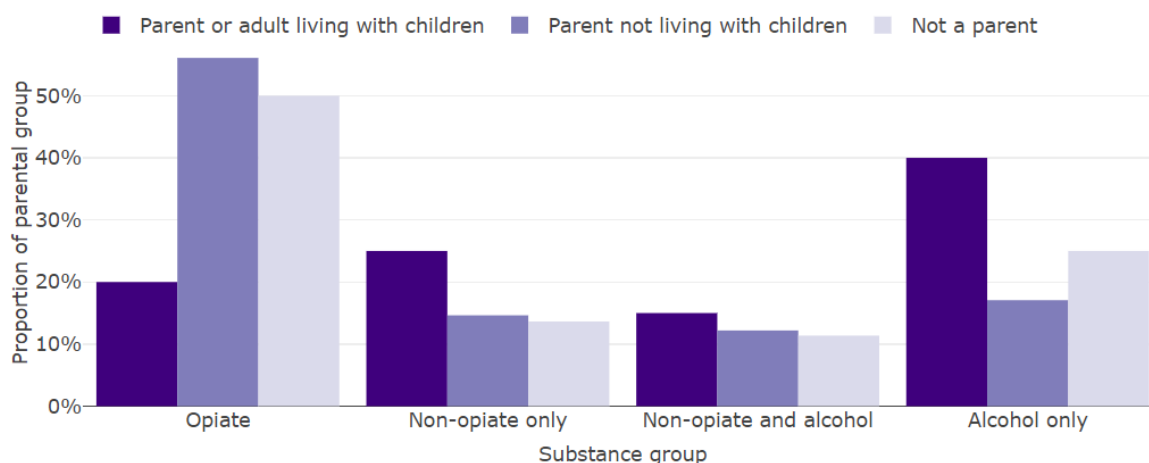


Figure 56: Breakdown of substance groups for new presentations to treatment in Hartlepool
Source: PHE 2020

The proportion of adults who live with children who are opiate users within the treatment population in Hartlepool 2019/20 was less than half the size of the proportion of parents who don't live with children or those who are not a parent. However across the other three substance groups (non-opiate, non-opiate and alcohol and alcohol only), adults who live with children have a larger proportion of their total in each of them. For alcohol use the proportion for adults who live with children is at least 60% larger than for the other two parental groups.

Source: PHE 2020

Homelessness:

In the period of 21/22 Q2 to 22/23 Q1 the proportion of homeless applications where drug or alcohol appear as a support need accounts for up to 1 in 5 applicants in a given quarter.

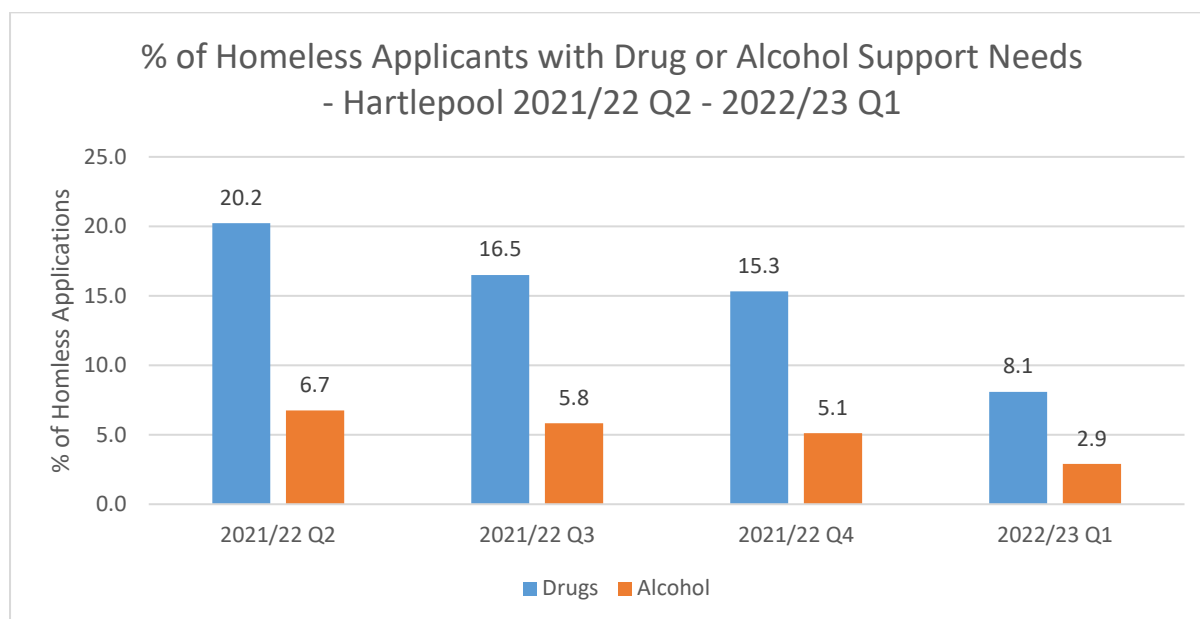


Figure 57: Percentage of Homeless Applicants with Drug or Alcohol Support Needs - Hartlepool 2021/22 Q2 - 2022/23 Q1
Source: Local data 2022

For both drugs and alcohol the proportion of homeless applications where support was flagged as a requirement was highest in 2021/22 Q2. Both drugs and alcohol see a quarter on quarter reduction across the four quarters. Drugs has a 60% reduction, from 20.2% in 2021/22 Q2 to 8.1% 2022/23 Q1, and alcohol a 57% reduction, 6.7% to 2.9%.

6.0 Licencing and Trading Standards

Using data from Hartlepool Council's trading standards team, a map has been produced showing the concentrations of licensed premises across Hartlepool. This includes a mixture of on-license, off license premises and those having both an off and on license.

- Off license premises account for 38% of premises across Hartlepool that sell alcohol for consumption off the premises e.g. shops and convenience stores
- On license premises are those that provide drinking on site e.g. pubs and restaurants
- On/off license premises are those that provide on-site drinking and the option to buy alcohol to take off site e.g. pubs and restaurants

Heat Map Showing Concentration of Licensed Premises in Hartlepool 2022

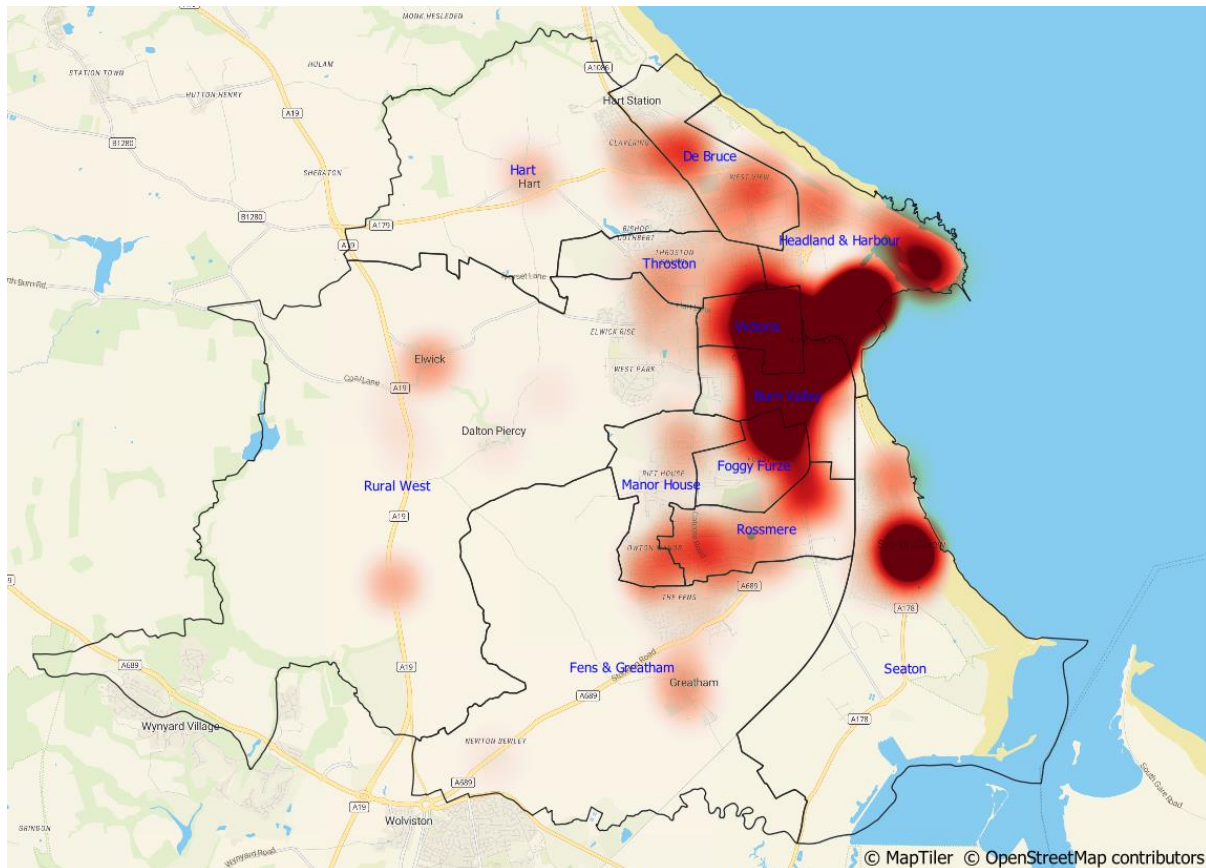


Figure 58: Heat Map Showing Concentration of Licensed Premises in Hartlepool 2022

Source: Hartlepool Trading Standards 2022

The area of highest concentration runs across the Victoria, Burn Valley and Headland & Harbour wards are in the most deprived decile in England and mirror treatment service referral numbers for both adults and children and young people. This area includes Hartlepool town centre, where a relatively large number of pubs and restaurants are located. There is also a high concentration in the north area of the Seaton ward.

7.0 Substance Use Services in Hartlepool

START (Supporting Treatment and Recovery Together) is a partnership between Hartlepool Borough Council and Foundations Health Care. START aim to support people with problems relating to drugs and/or alcohol, whether this is to reduce drug and alcohol intake, or stop completely. Needle exchange services are also offered to promote harm minimisation. This service is delivered by START and Boots Marina pharmacy.

Appendix A and B START information leaflets.

HeadSTART provides friendly and expert advice on drugs and alcohol to young people up to the age of 25. HeadSTART support young people to understand the affects/harm substance misuse has on the body and mind and the impact it can have on people around them.

For further information please see: www.hartlepool.gov.uk/START

Appendix C HeadSTART information leaflet.

Inpatient detoxification unit (IPU) and medically managed detoxification

North Tees and Hartlepool Foundation Trust (NTHFT) are commissioned to provide a full time provision for a medically managed detoxification unit. This service is commissioned as a Tees Valley consortium and contract managed by Stockton Borough Council. Access to IPU is facilitated through specialist community service pathways to ensure appropriate assessment, stabilisation and multidisciplinary communication and planning.

SMART

Self-Management and Recovery Training is a mutual aid group that runs once a week at the Central Community Hub (124 York Road, Hartlepool, TS26 9DE, 01429 272905). This group is open to anyone with any addiction, such as drugs, alcohol or gambling. Please see [Self-Help Addiction Recovery | UK Smart Recovery](#).

Breaking Free Online

Breaking Free Online offers online support for drugs and alcohol. This is an online evidence-based digital behaviour change program that allows people to recognise and actively address the psychological and lifestyle issues that are driving their use of alcohol and/or drugs [Breaking Free Online | Recovery Program for Alcohol & Drugs](#).

8.0 Conclusions and Recommendations

Prevention: Early identification and prevention targeting specific higher risk groups, such as younger people and ex-offenders earlier by:

- Developing further insight into understand the changing trends in drug use and the role of recreational drug use in the population of Hartlepool and consider emerging evidence of ways to tackle this
- To Increase the awareness of the risks associated with drinking alcohol and promote positive behaviour change targeting known at risk groups
- Inclusion of actions relating to prevention of substance misuse related harms should be incorporated in a strategy and action plan with an annual delivery plan to ensure that actions are completed and progress made

Treatment: Use data, evidence, research and behavioural insight studies to better understand the needs of service users and their families specifically to:

- Advise commissioning and treatment services of potential gaps within service provision, data collection and quality
- Ensure appropriate, effective and timely access to support

- There are still significant numbers of unplanned exits from our services and deaths (from any cause) there requires a concerted effort for engagement with service users and partners to look at improvements (i.e. in addressing co-existing conditions and better supporting those with housing problems or other vulnerabilities).
- The data shows a significant proportion of successful completions has fallen for opiates similar to the England average which has also fallen and non-opiate users which has been significantly worse than the England average for the last seven years. Further work is needed to understand this trend and how this links to; average time in service data, unplanned exits and wider health needs.
- To understand the impact of drug and alcohol issues on the wider family specifically in relation to children of dependant alcohol/drug users.
 - What are the ongoing impacts for parents after planned exits, in terms of supporting them and their families?
 - Work with those services who work with families to identify unmet needs and look at opportunities to support people to access support for substance misuse and how treatment services and family services work together to support children living with a parent who uses substances

Wider Health Needs: Consider our long term strategic goals to improve drug and alcohol related physical and mental health conditions across all health provisions, not just treatment services.

- Develop the work within the community hubs and with partners to reemphasise 'Making Every Contact Count' so that people with co-existing physical and mental health conditions can access support, advice and information services easily.
- People with co-occurring substance misuse and mental health problems face additional barriers to access and take up of treatment and support, this requires further work to ensure there is closer multidisciplinary working to tackle it and the further development of case management systems that communicates effectively to reduce barriers to communication further.
- The data shows that the proportion of adults using alcohol are the highest proportion of people who live with children at least 60%. Further work is needed to understand the needs of children and the impact of parental alcohol misuse has on their health and wellbeing and particularly in relation in the context of Adverse Childhood Experiences (ACEs)
- It is likely that persons within this cohort are at greater risk, due to further issues such as homelessness, lack of access to health care and abuse. Efforts are required to establish how we respond to this. This will also aid our understanding of how co-existing conditions vary between and across groups and how vulnerabilities can be addressed.

Enforcement and Crime and Disorder: To work collaboratively with Tees Drugs Combatting Partnerships to reduce drug related crime

- It is recommended that a review of the current criminal justice pathways into substance misuse service is reviewed with partners
- Early alert systems are reviewed through the joint Tees Drug and Alcohol Related Death (DARD) process to ensure effective communication of risks are managed between partners
- To Strengthen the role of Public Health as a Responsible Authority through the alcohol licensing Standard Operating Procedure (SOP) and ensure the following are considered:
 - submit a representation against an application for a new or existing premises
 - negotiate conditions with an applicant
 - support or apply a review of a premises licence or club premises certificate where there are problems with one or more of the licensing objectives
 - help develop and review a cumulative impact assessment (CIA)
 - help to develop and review the SLP and have an important role in identifying and interpreting health data and evidence
 - build relationships with other RAs and support their representations by providing them with public health evidence

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Substance Misuse

Claire Robinson Public Health Principal
Abigail Reay Advanced Public Health
Practitioner

Health Needs Assessment and Strategy

The needs assessment aimed to analyse the current need and identify any gaps in treatment and support services in Hartlepool by exploring previous and current data relating to drug and alcohol related harms.

Key themes:

- How we support children living with an alcohol dependant parent
- A rapid increase in drug related deaths
- Opiates and alcohol remain the two most common substances used
- Alcohol related ill health and mortality

The findings from the needs assessment and recommendations will inform a joint substance misuse strategy for Hartlepool and should take a whole system approach in addressing the needs of communities.

Hartlepool Needs Assessment

Prevention: Early identification and prevention targeting specific higher risk groups, such as younger people and ex-offenders earlier by:

- Developing further insight into understand the changing trends in drug use and the role of recreational drug use in the population of Hartlepool and consider emerging evidence of ways to tackle this
- To Increase the awareness of the risks associated with drinking alcohol and promote positive behaviour change targeting known at risk groups
- Inclusion of actions relating to prevention of substance misuse related harms should be incorporated in a strategy and action plan with an annual delivery plan to ensure that actions are completed and progress made

Treatment: Use data, evidence, research and behavioural insight studies to better understand the needs of service users and their families specifically to:

- Advise commissioning and treatment services of potential gaps within service provision, data collection and quality
- Ensure appropriate, effective and timely access to support
- There are still significant numbers of unplanned exits from our services and deaths (from any cause) there requires a concerted effort for engagement with service users and partners to look at improvements (i.e. in addressing co-existing conditions and better supporting those with housing problems or other vulnerabilities).
- The data shows a significant proportion of successful completions has fallen for opiates similar to the England average which has also fallen and non-opiate users which has been significantly worse than the England average for the last seven years. Further work is needed to understand this trend and how this links to; average time in service data, unplanned exits and wider health needs.
- • Reduce unmet need for those impacted by drug and alcohol issues and wider family support specifically in relation to children of dependant alcohol/drug users.
- • What are the ongoing impacts for parents after planned exits, in terms of supporting them and their families?

- **Wider Health Needs: Consider our long term strategic goals to improve Drug and alcohol related physical and mental health conditions across all health provisions, not just treatment services.**
- Develop the work within the community hubs and with partners to reemphasise 'Making Every Contact Count' so that people with co-existing physical and mental health conditions can access support, advice and information services easily.
- People with co-occurring substance misuse and mental health problems face additional barriers to access and take up of treatment and support, this requires further work to ensure there is closer multidisciplinary working to tackle it and the further development of case management systems that communicates effectively to reduce barriers to communication further.
- The data shows that the proportion of adults using alcohol are the highest proportion of people who live with children at least 60%. Further work is needed to understand the needs of children and the impact of parental alcohol misuse has on their health and wellbeing and particularly in relation in the context of Adverse Childhood Experiences (ACEs)
- It is likely that persons within this cohort are at greater risk, due to further issues such as homelessness, lack of access to health care and abuse. Efforts are required to establish how we respond to this. This will also aid our understanding of how co-existing conditions vary between and across groups and how vulnerabilities can be addressed.

Enforcement and Crime and Disorder: To work collaboratively with Tees Drugs Combatting Partnerships to reduce drug related crime

- It is recommended that a review of the current criminal justice pathways into substance misuse service is reviewed with partners
- Early alert systems are reviewed through the joint Tees Drug and Alcohol Related Death (DARD) process to ensure effective communication of risks are managed between partners
- To Strengthen the role of Public Health as a Responsible Authority through the alcohol licensing Standard Operating Procedure (SOP)

Substance Misuse Strategy

From our Strategic Needs Assessment, we plan to develop Hartlepool's Drug and Alcohol Strategy to ensure communities are safe from drug and alcohol related harms, have access to effective support and treatment, the right to physical and mental wellbeing, and the confidence in enforcement to reduce drug and alcohol related crimes.

The development of our vision, priorities and action plan will be a collaboration with our partners across health and social care, primary and secondary care, enforcement and treatment services.

Our final strategy will be complete April 2023

Responses to questions raised

Committee requested an update on factors that influence drug related deaths and lesson learning going forward (TO BE INCLUDED AS PART OF INVESTIGATION EVIDENCE)

- The process for understanding and monitoring of drug and alcohol related deaths across Hartlepool is managed through a joint Tees post. This allows information sharing of cases and risks across the Tees area.
- Drug and alcohol related deaths are closely monitored and look at changing trends, means, and any wider factors. This is then used to identify areas of support for particularly vulnerable people.

Factors include

- Use of a substance after a period of abstinence or reduced use
- Poor physical health contributing to a person's death
- There are also links with intentional overdoses and suicides so we also work closely with the Tees Suicide lead to understand joint cases and shared learning

Committee requested numbers of service user in employment (TO BE INCLUDED AS PART OF INVESTIGATION EVIDIENCE)

The latest figures, Q2 2022/23, show that 18.1% of the caseload are in regular employment, which is 44 people from 243.

- 27.2% are long term sick or disabled.
- 48.1% are unemployed
- 2.1% are retired.

Claire Robinson to feedback any potential data or partnership working formed with Teesside Uni into research regarding recreational drug use (TO BE INCLUDED AS PART OF INVESTIGATION EVIDIENCE)

- This will be presented with the annual update outcome of a bid submitted is still unknown
- **An annual update to be provided on substance misuse in Hartlepool (ADD TO WORK PROGRAMME)**

Committee requested figures of how much is spent on detox and residential rehab places out of area and how much is being spent across the Tees Valley (TO BE INCLUDED AS PART OF INVESTIGATION EVIDIENCE)

We don't have the Tees figures however the following figures are for Hartlepool

- Hartlepool pay 39k annually for the Tees shared alcohol detox bed
- We have had 10 people use the bed during 2021 – to date
- There were a small number of out of area detox placements for both drugs and alcohol in the last 12 months total cost £16,999 (cost varies dependent on length of stay).

The out of area provision is currently being reviewed across Tees and alternative options for provision in the Tees area is being reviewed.

Questions

AUDIT AND GOVERNANCE COMMITTEE

16 March 2023



Report of: Statutory Scrutiny Manager

Subject: QUALITY ACCOUNT 2022/23 – NORTH TEES AND
HARTLEPOOL NHS FOUNDATION TRUST –
COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To introduce representatives from North Tees and Hartlepool NHS Foundation Trust (NTHFT) will join today's meeting to engage with Members in respect of their Quality Account for 2022/23 and priorities for 2023/24.

2. BACKGROUND INFORMATION

- 2.1 In November 2009 the Government published the Health Bill which required all providers of NHS healthcare services to provide an annual Quality Account. The Department of Health made a legal requirement on all NHS healthcare providers to send their Quality Accounts to an Overview and Scrutiny Committee in the local authority area where the provider has a registered office.
- 2.2 Subsequently, representatives from the NTHFT will be present at today's meeting to give the Committee an opportunity to consider and comment on performance against priorities identified for 2022/23 and proposed priorities for 2023/24.

3. RECOMMENDATIONS

- 3.1 That the Audit and Governance Committee consider and comment:-
- Progress made on the three quality priorities for 2022/23; and
 - Priorities identified for quality improvement within the draft Quality Account for 2023/24.

Contact Officer:- Joan Stevens – Statutory Scrutiny Manager
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

BACKGROUND PAPERS

No background papers were used in preparation of this report.

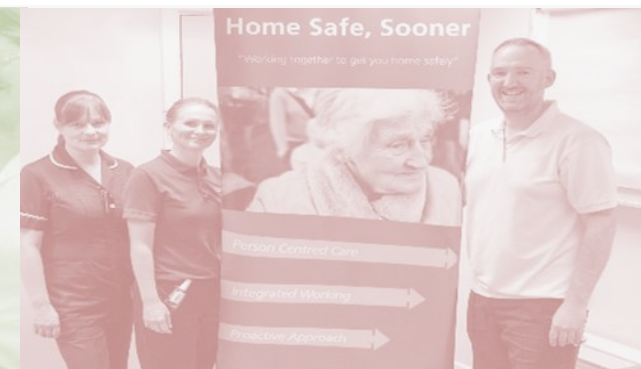
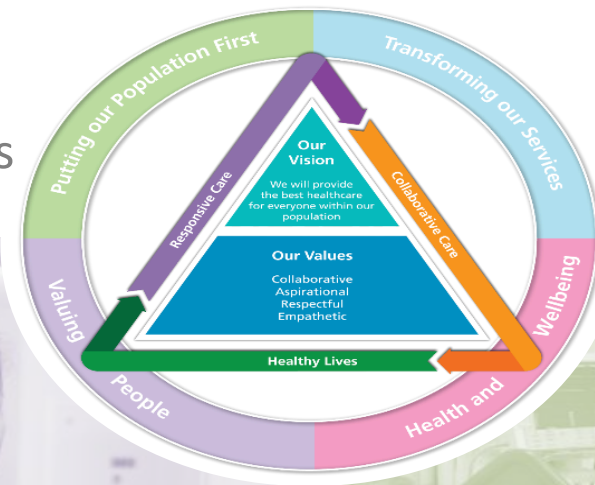
Quality Accounts 2022-23

Keith Wheldon

Head of Performance and Business
Intelligence

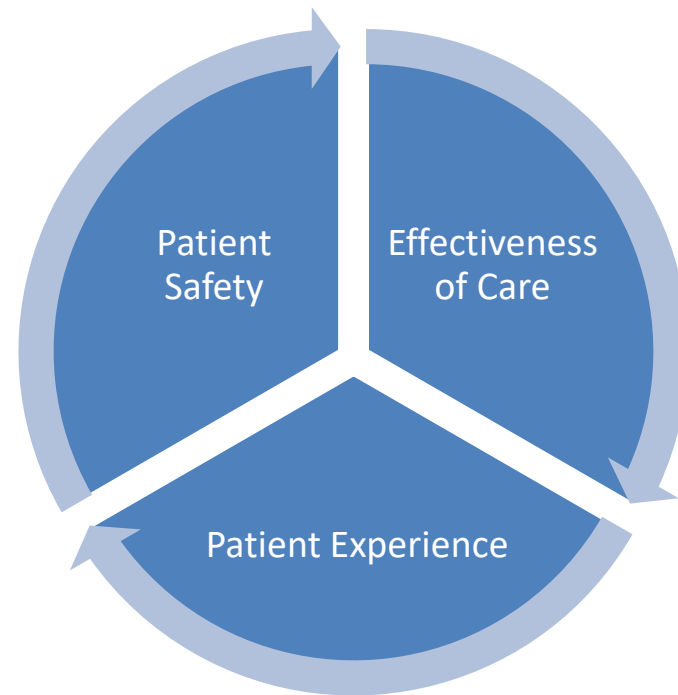
Fiona McEvoy

Associate Director of Nursing,
Effectiveness and Clinical standards



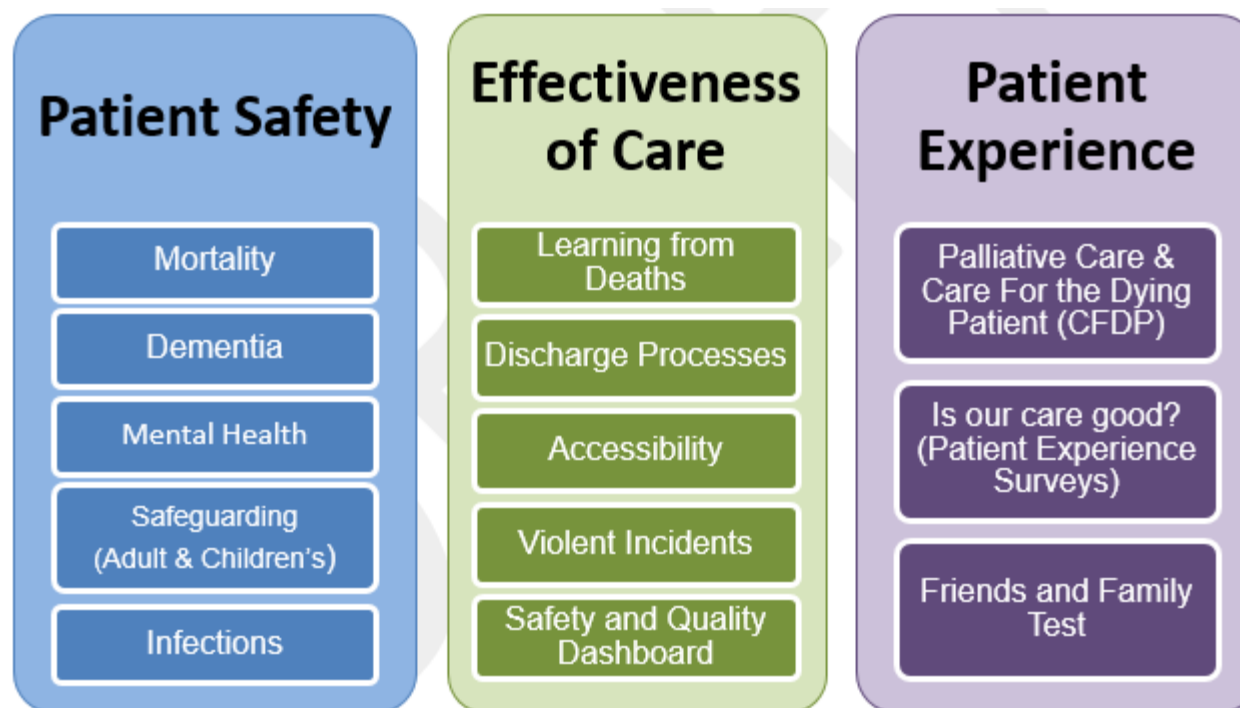
Quality Accounts 2022-23

Three Key Priorities



Quality Accounts Priorities

2022-23



Patient Safety

Mortality Indicators (HSMR & SHMI)

Hospital Standardised Mortality Ratio (HSMR) – In-Hospital mortalities

HSMR – 93.53 (December 2021 to November 2022)

HSMR reporting for December 2020 to November 2021 was **87.82** an increase of **5.71** points.

Summary level Hospital Mortality Indicator (SHMI) –

In-Hospital Deaths and those up to 30 days post Acute Trust discharge

SHMI – 98.11 (September 2021 to August 2022)

SHMI reporting for September 2020 to August 2021 was 99.00 an increase of **0.89** points.

COVID-19 activity in the SHMI

From the July 2020 publication, COVID-19 activity has been excluded from the SHMI. The SHMI is not designed for this type of pandemic activity and the statistical modelling used to calculate the SHMI may not be as robust if such activity were included.

HSMR Indicator

Hospital Standardised Mortality Ratio (HSMR) – In-Hospital mortalities

HSMR – 93.53 (December 2021 to November 2022)



National Range – 72.01 to 130.33



Regional Range – 90.30 to 128.90

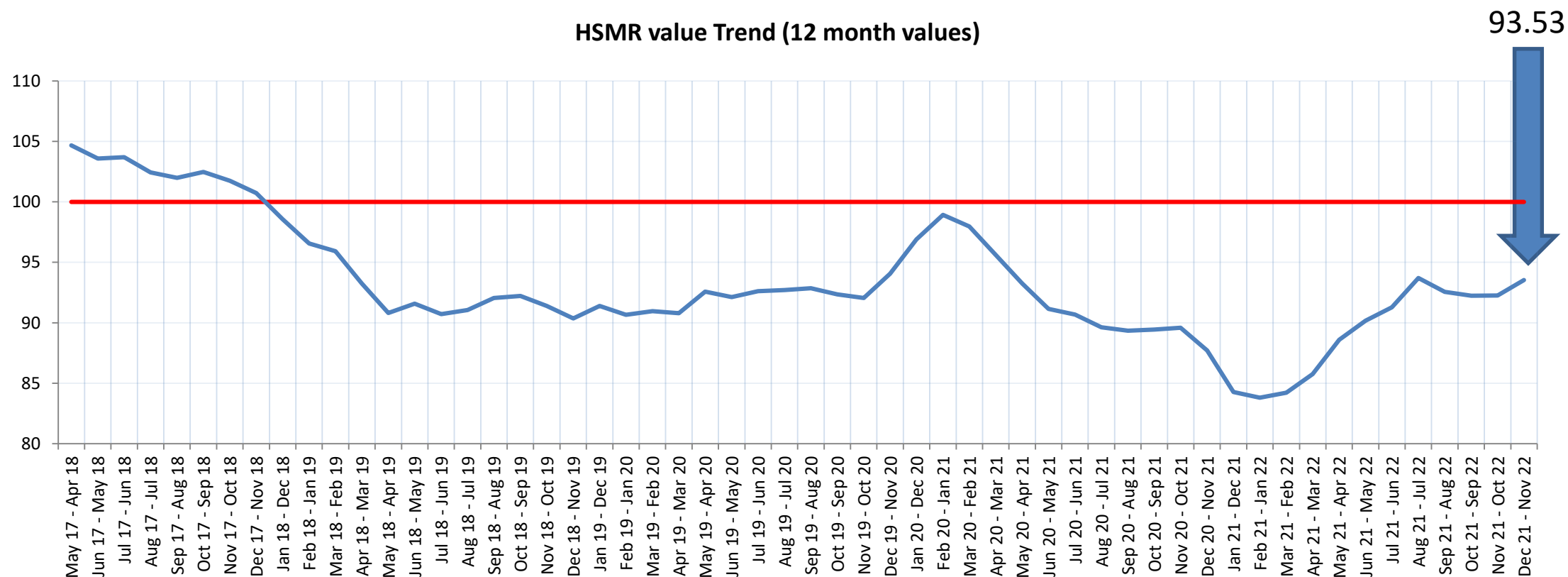
Expected number of deaths

HSMR Indicator

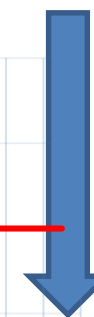
Hospital Standardised Mortality Ratio (HSMR) – In-Hospital mortalities

HSMR – 93.53 (December 2021 to November 2022)

HSMR value Trend (12 month values)



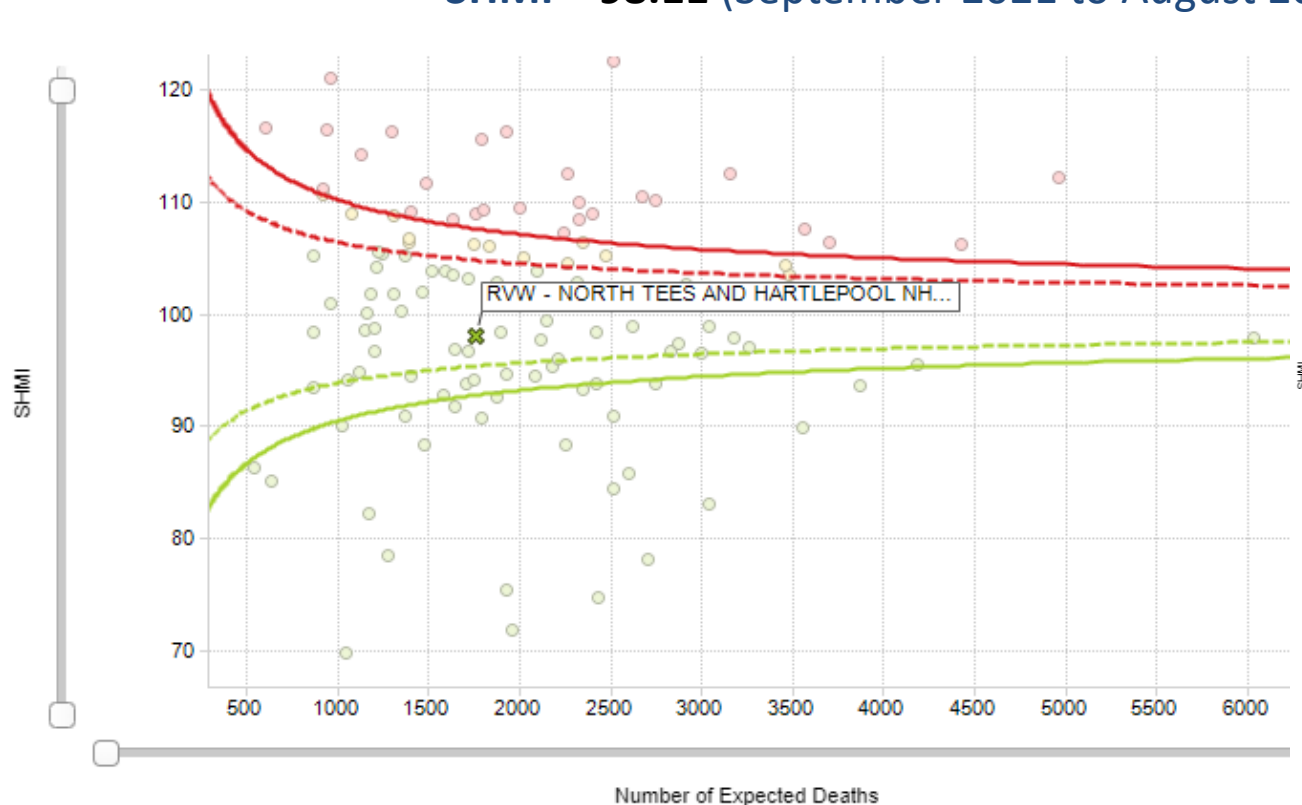
93.53



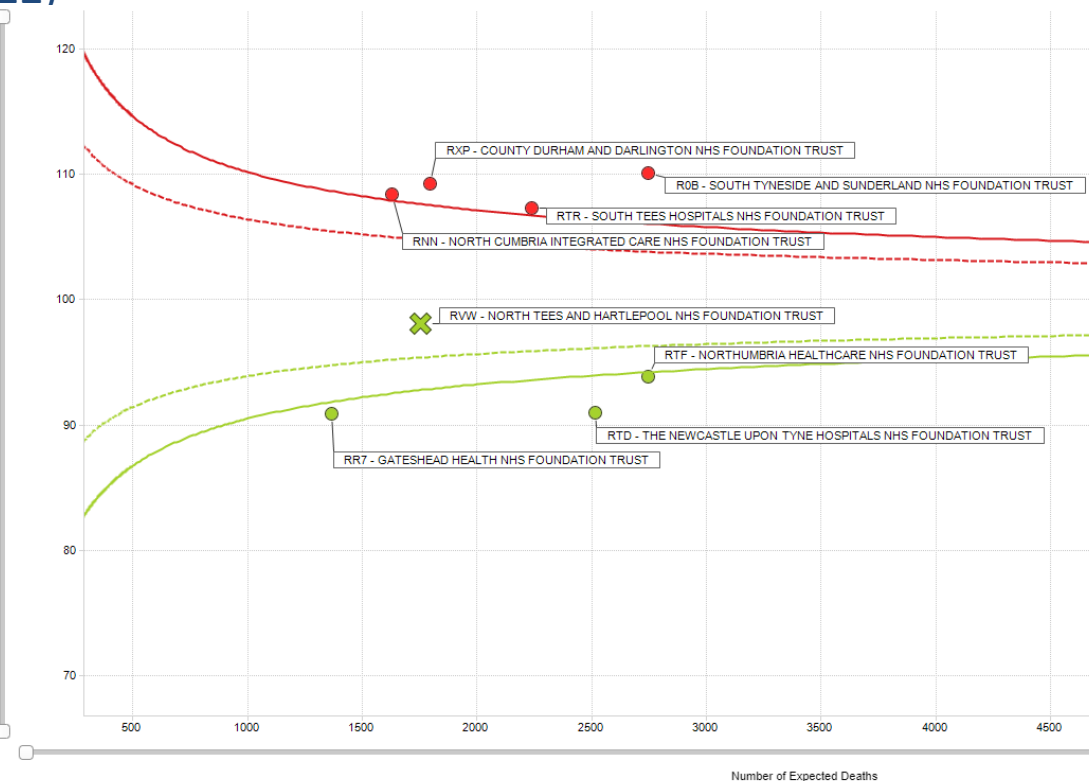
SHMI Indicator

Summary level Hospital Mortality Indicator (SHMI) –
In-Hospital Deaths and those up to 30 days post Acute Trust discharge

SHMI – 98.11 (September 2021 to August 2022)



National Range – 69.79 to 122.46

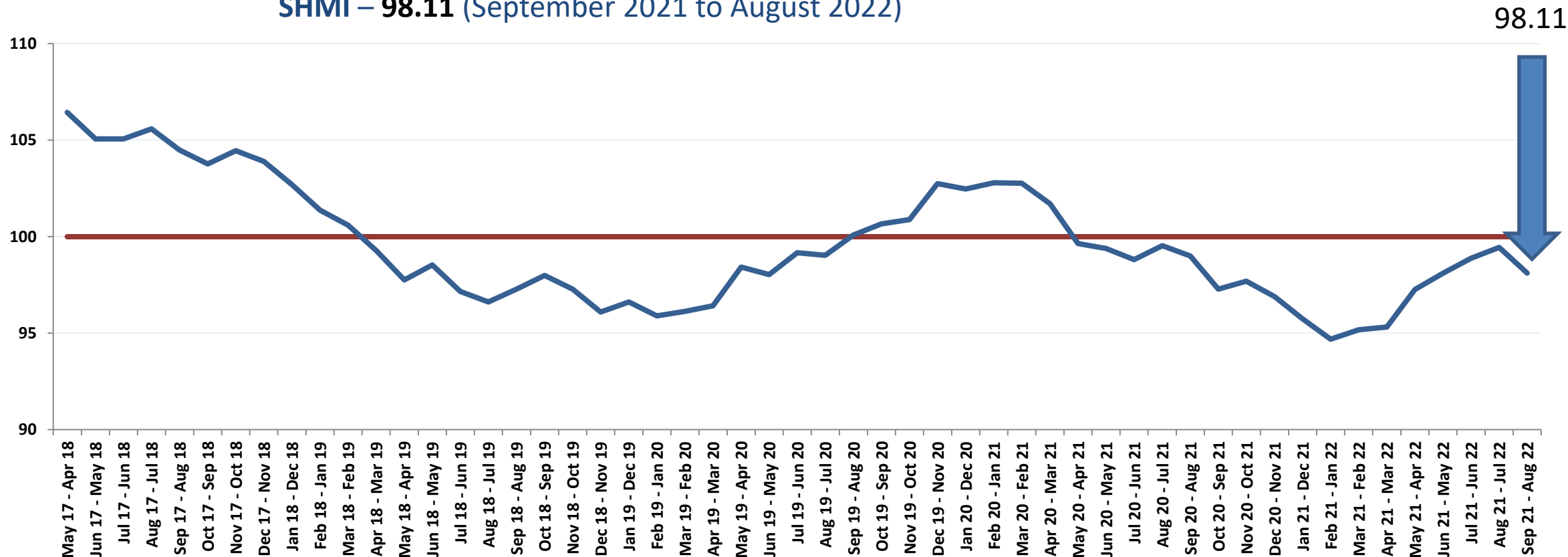


Regional Range – 90.92 to 110.04

SHMI Indicator

Summary level Hospital Mortality Indicator (SHMI) –
In-Hospital Deaths and those up to 30 days post Acute Trust discharge

SHMI – 98.11 (September 2021 to August 2022)

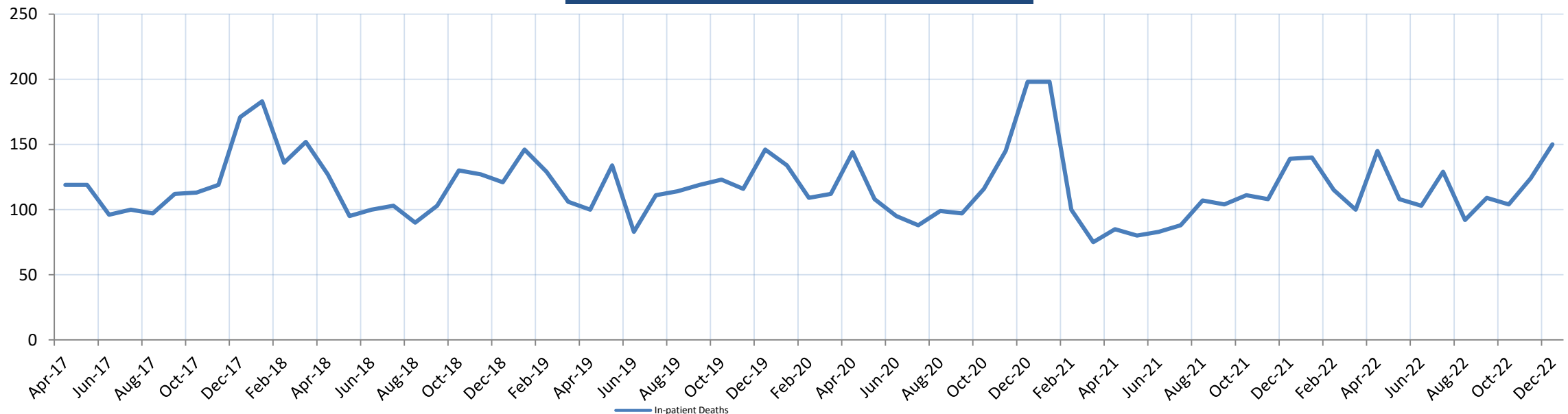


Trust Raw Mortality

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 2015/16 | 119 | 124 | 103 | 92 | 99 | 119 | 95 | 124 | 134 | 134 | 135 | 142 |
| 2016/17 | 142 | 131 | 123 | 119 | 107 | 97 | 132 | 119 | 144 | 155 | 136 | 136 |
| 2017/18 | 126 | 128 | 103 | 104 | 105 | 120 | 121 | 129 | 182 | 194 | 138 | 163 |
| 2018/19 | 135 | 104 | 102 | 114 | 92 | 108 | 139 | 134 | 132 | 149 | 132 | 113 |
| 2019/20 | 106 | 142 | 90 | 118 | 117 | 124 | 126 | 125 | 157 | 146 | 116 | 118 |
| 2020/21 | 152 | 113 | 101 | 93 | 102 | 106 | 120 | 154 | 206 | 207 | 110 | 83 |
| 2021/22 | 95 | 87 | 84 | 100 | 113 | 112 | 120 | 113 | 151 | 151 | 120 | 110 |
| 2022/23 | 153 | 117 | 111 | 134 | 95 | 115 | 112 | 134 | 167 | | | |

| | Apr to Dec |
|---------|------------|
| 2015/16 | 1,009 |
| 2016/17 | 1,114 |
| 2017/18 | 1,118 |
| 2018/19 | 1,060 |
| 2019/20 | 1,105 |
| 2020/21 | 1,147 |
| 2021/22 | 976 |
| 2022/23 | 1,138 |

Raw Inpatient Mortality Trend since Apr 17



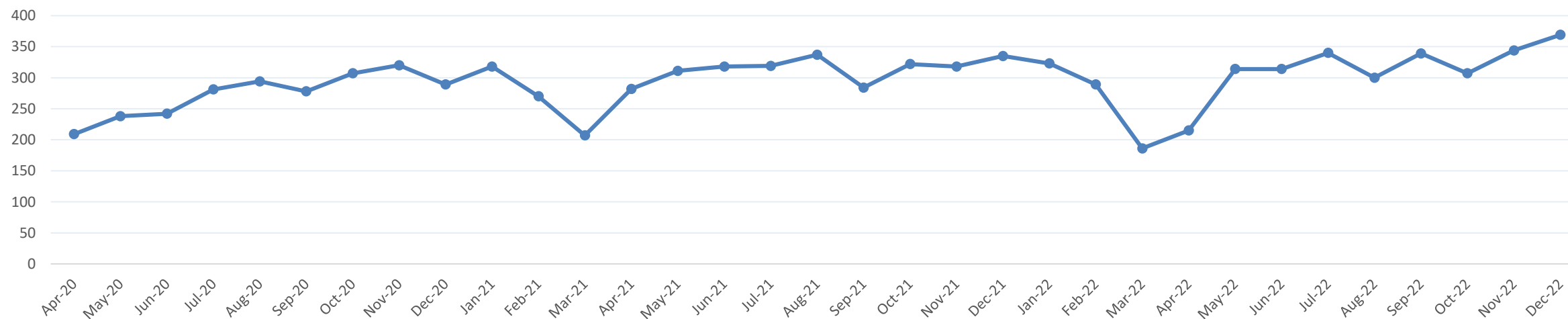
Dementia

The challenges the Trust faces regarding patients admitted with a diagnosis of Dementia/Delirium.

| | April | May | June | July | August | September | October | November | December | January | February | March | Total |
|---------|-------|-----|------|------|--------|-----------|---------|----------|----------|---------|----------|-------|-------|
| 2020-21 | 209 | 238 | 242 | 281 | 294 | 278 | 307 | 320 | 289 | 318 | 270 | 207 | 3,253 |
| 2021-22 | 282 | 311 | 318 | 319 | 337 | 284 | 322 | 318 | 335 | 323 | 289 | 186 | 3,624 |
| 2022-23 | 215 | 314 | 314 | 340 | 300 | 339 | 307 | 344 | 369 | | | | 2,842 |

| Apr to Dec |
|------------|
| 2,458 |
| 2,826 |
| 2,842 |

Patients admitted with a diagnosis of Dementia/Delirium



Infection Control – C diff

The following demonstrates the total number of *Healthcare Associated* infections during 2022-2023 compared with 2021-2022.

- Hospital onset healthcare associated (HOHA): cases that are detected in the hospital two or more days after admission
- Community onset healthcare associated (COHA): cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks.

| Infection Type | 2021-22 | 2022-23 | Year on Year |
|---|---------|---------|--------------|
| *Clostridium difficile (C Difficile) HOHA – Hospital onset Healthcare Associated | 26 | 25 | -1 |
| *Clostridium difficile (C Difficile) COHA – Community onset Healthcare Associated | 18 | 13 | -5 |

Data is for April to January for both financial years

Infection Control

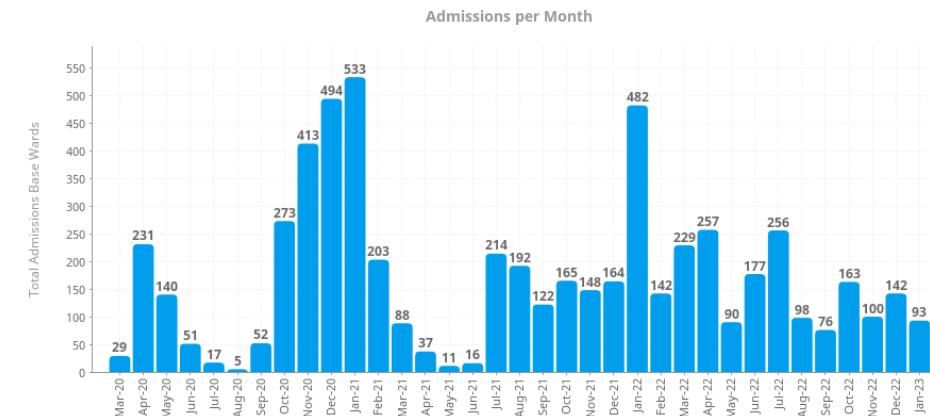
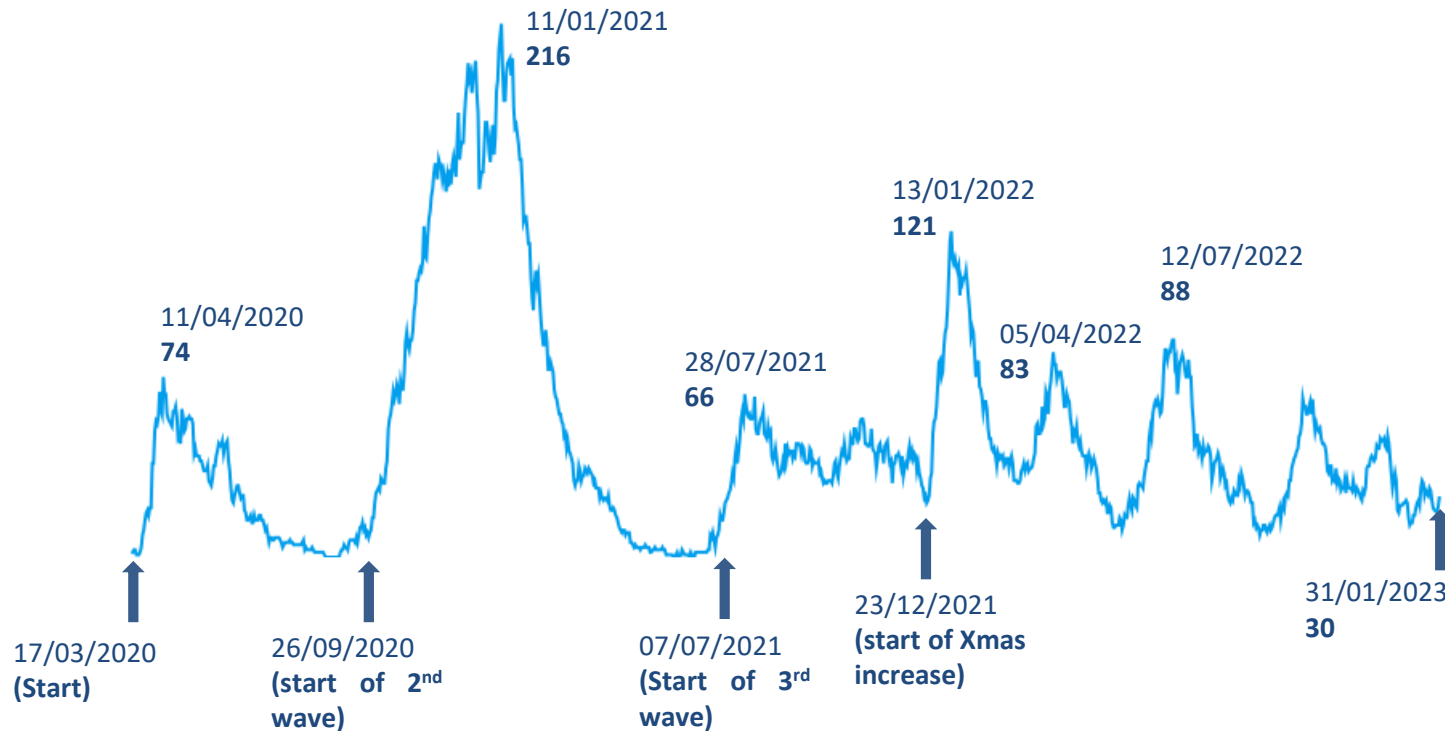
The following demonstrates the total number of *Healthcare Associated* infections during 2022-2023 compared with 2021-2022.

| Infection Type | 2021-22 | 2022-23 | Year on Year |
|--|---------|---------|--------------|
| Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia | 0 | 1 | +1 |
| Methicillin-Sensitive Staphylococcus Aureus (MSSA) | 20 | 33 | +13 |
| Escherichia coli (E.coli) | 61 | 70 | +9 |
| Klebsiella species (Kleb sp) bacteraemia | 14 | 22 | +8 |
| Pseudomonas aeruginosa (Ps a) bacteraemia | 9 | 10 | +1 |
| CAUTI | 227 | 180 | -47 |

*Data is for April to January for both financial years

COVID-19 Infections

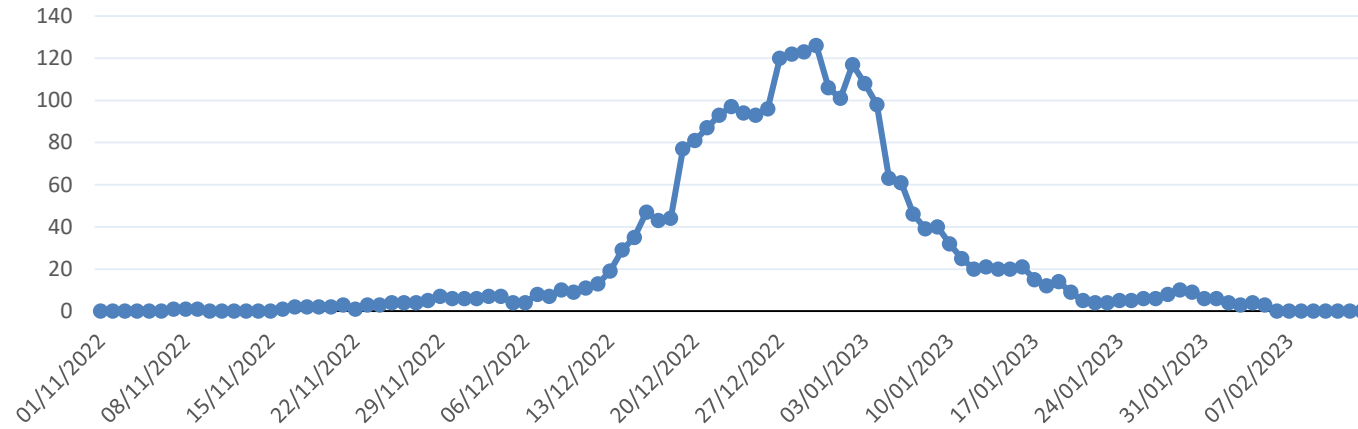
COVID-19 Positive Patients In Hospital



As of this presentation (15 Feb 2023), there are **24** cases in the Trust.

2022-2023 Flu Cases

Total Patients In The Trust with Flu

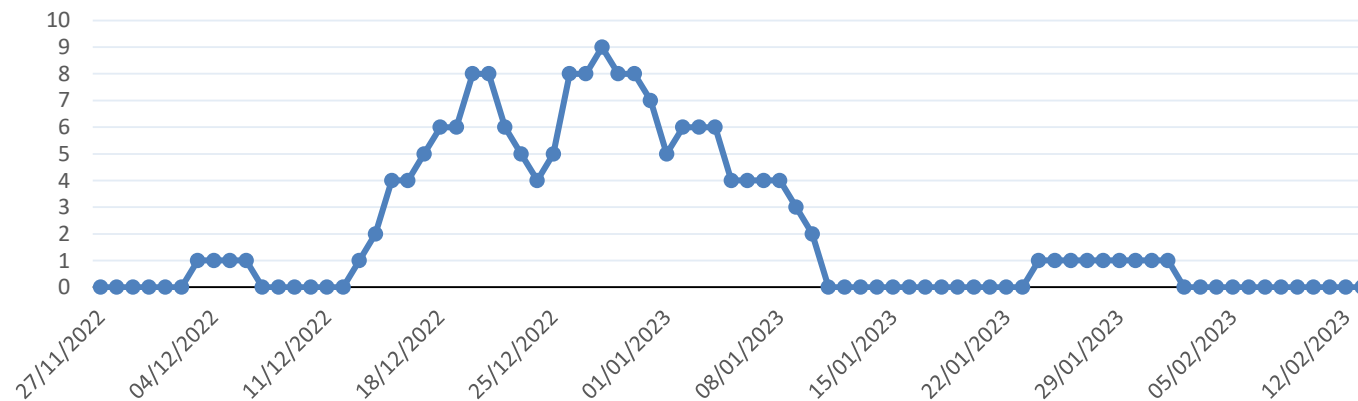


On the 30 December 2022 there were **126** patients in the Trust with Flu.

The single day with the highest number of Flu admissions was the 27 December 2022 with 37.

As of this presentation, there are **Zero** cases in the Trust.

Total ITU Patients with Flu



On the 28 December 2022 there were **9** patients in ITU with Flu.

Effectiveness of Care

Emergency Activity

| | A&E Attendance | A&E Admissions | UC Attendance | UC Admissions | Total Attendance | Total Admissions |
|-------------------|----------------|----------------|---------------|---------------|------------------|------------------|
| 2019/20 | 45,264 | 18,216 | 127,856 | 7,285 | 173,120 | 25,501 |
| 2020/21 | 34,361 | 14,069 | 86,455 | 3,888 | 120,816 | 17,957 |
| 2021/22 | 42,637 | 16,664 | 12,1233 | 6,132 | 163,870 | 22,796 |
| 2022 - 14/2/23 | 41,361 | 15726 | 118,070 | 5,967 | 159,431 | 21,693 |
| 2022/23 Predicted | 47177 | 17937 | 134674 | 6806 | 181851 | 24744 |

Attendances to A&E/ UC

Attendances saw a significant increase overall of 45% (year on Year) including those patients going through Resus (increasing by 41%) suggesting higher acuity. Increases in overall admissions can also be seen across the Trust.

| Attendances | Dec'21 | Dec'22 | Diff | % Diff |
|-------------|--------|--------|-------|--------|
| Type 1 A&E | 3,611 | 4,603 | 992 | 27% |
| Type 3 UC | 9139 | 13,824 | 4,685 | 51% |
| Total | 12,750 | 18,427 | 5,677 | 45% |

| Type 1 Breakdown | Dec'21 | Dec'22 | Diff | % Diff |
|------------------|--------|--------|------|--------|
| Resus | 725 | 1022 | 297 | 41% |
| Majors | 2337 | 2689 | 352 | 15% |
| Paeds | 547 | 920 | 373 | 68% |

| Emergency Admissions | Dec'21 | Dec'22 | Diff | % Diff |
|-------------------------|--------|--------|------|--------|
| Trust (excl Ambulatory) | 3562 | 4269 | 707 | 17% |
| Type 1 Admissions | 1443 | 1820 | 377 | 21% |
| Type 3 Admissions | 351 | 388 | 37 | 10% |

Accessibility

Developments and improvements 2022/2023:

- Trust webpage and accessibility
- The Trust contracted language service provider has recommenced training to Trust staff to provide guidance on best practice when working with an interpreter. Virtual training sessions have taken place and face to face training is due to commence with Ward Matrons.
- 18 Accessibility Champions have been introduced to raise awareness around accessibility and reasonable adjustments. The Champions will have received training around the Accessible Information Standards by the end of March 2023.
- The Terms of Reference for the Accessibility Meeting are being refreshed. The meeting is now Chaired by Associate Director of Nursing, Experience and Improvement. The refresh will ensure enhanced senior representation and wider representation from our stakeholders in the community.

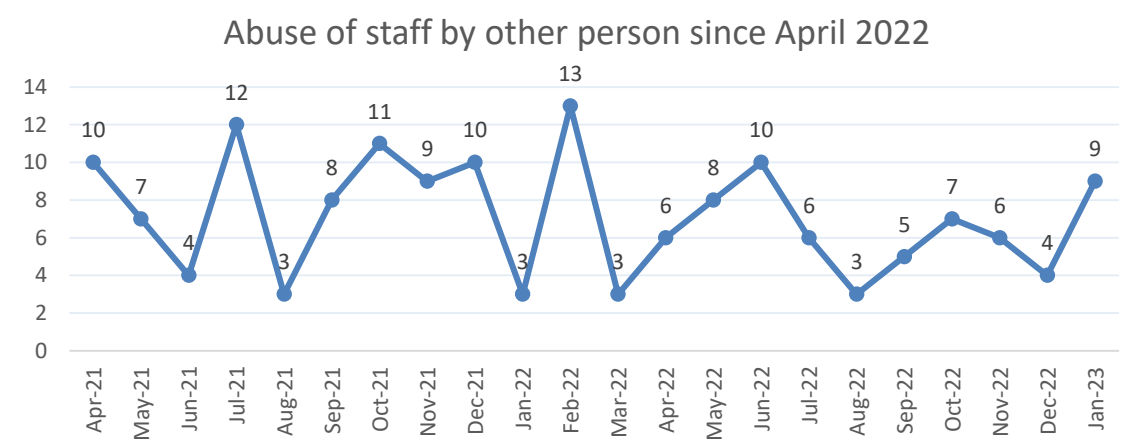
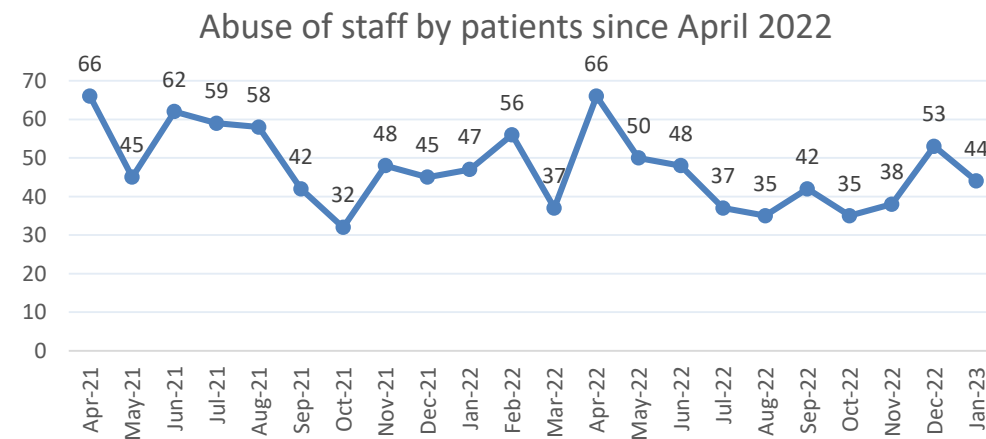
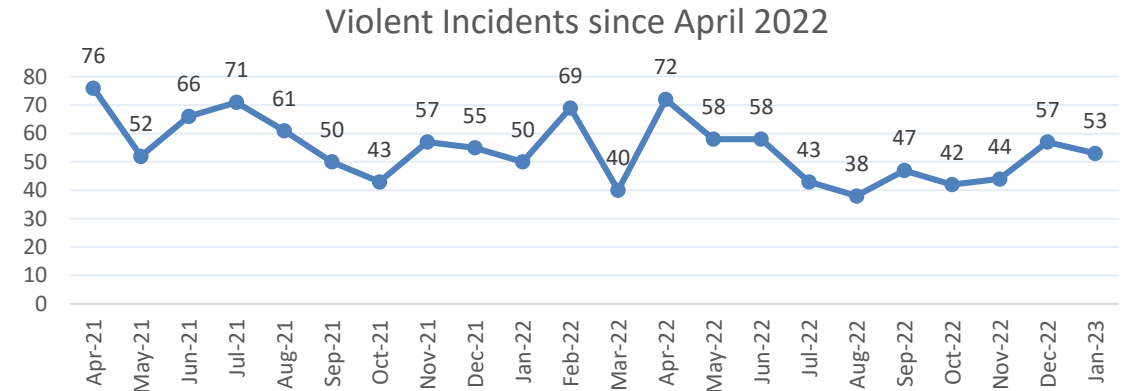
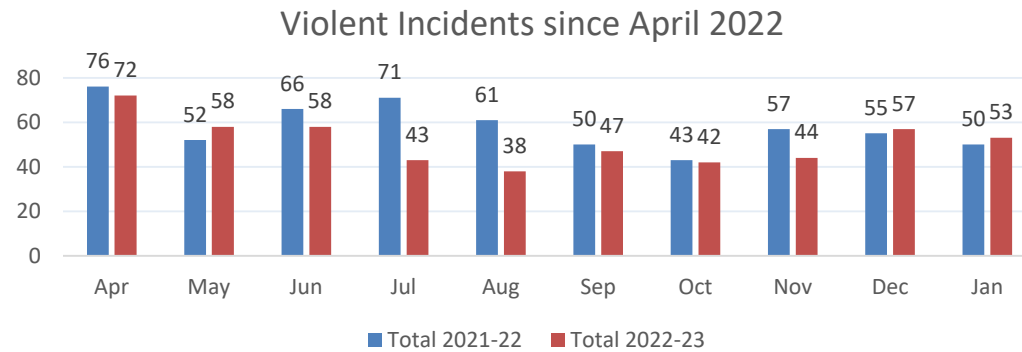
Accessibility continued....

- The Trust engaged the services of an external contractor who undertook a DDA access audit on North Tees, Hartlepool and Peterlee Hospital sites. The audit followed the journey of a patient from the car park/bus stop through to wards and departments. The recommendations from the audit have been graded according to priority level and risk level and remedial work will commence in the first quarter of 2023-24.
- The DDA access report and findings are now factored into any development work to ensure they are addressed whilst undertaking the development work.
- PLACE (patient-led assessment of the care environment) audits have recommenced. The most recent took place in December 2022 and includes external areas, communal areas within the Trust as well as a number of inpatient areas. The findings were fed into the DDA access report for remedial work.
- A review of the Trust complaint process is underway in line with the Parliamentary and Health Service Ombudsman's Complaint Standard Framework. The revised process ensures equal access when raising a concern, complaint or providing feedback as well as a more streamlined and efficient service for all.
- A Patient, Public and People with Lived Experience Steering Group (PPPLE) has been set up to review and refresh the Trust's approach to engagement from full co-production of services to soft touch information giving. The Steering Group will include representation from PPPLE who require reasonable adjustments to access our services.

Violent Incidents

The following demonstrates the total number of *Violent Incidents* the Trust received during 2022-2023 compared with 2021-2022.

| | Total | Abuse of staff by patients | Abuse of staff by other person |
|-------------------|-------|----------------------------|--------------------------------|
| Apr - Jan 2021-22 | 581 | 504 | 77 |
| Apr - Jan 2022-23 | 512 | 448 | 64 |



Data is for Apr to Jan for both financial years

Violent Incidents - Events

| Adverse event | 2021-22 | 2022-23 | Difference |
|---|------------|------------|------------|
| Assault etc with a weapon | 6 | 4 | -2 |
| Concerns to do with personal safety | 78 | 40 | -38 |
| Disruptive, aggressive behaviour - other | 87 | 50 | -37 |
| Inappropriate behaviour and/or personal comments | 22 | 20 | -2 |
| Need for use of control and restraint with patient | 50 | 20 | -30 |
| Physical abuse, assault or violence - Malicious | 9 | 11 | 2 |
| Physical Abuse, assault or violence - unintentional | 108 | 115 | 7 |
| Racial | 13 | 5 | -8 |
| Sexual | 1 | 0 | -1 |
| Verbal abuse or disruption | 207 | 247 | 40 |
| Total | 581 | 512 | -69 |

Data is for Apr to Jan for both financial years

Patient Experience

Friends and Family Test (FFT)



Data from April 2022 to January 2023

April 2022 to January 2023

| Total Responses | Month | | | | | | | | | |
|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| FFT Response | Apr 22 | May 22 | Jun 22 | Jul 22 | Aug 22 | Sep 22 | Oct 22 | Nov 22 | Dec 22 | Jan 23 |
| Very Good | 1,137 | 1,265 | 1,280 | 1,284 | 1,410 | 1,191 | 1,469 | 1,223 | 1,057 | 1,395 |
| Good | 182 | 259 | 229 | 218 | 231 | 177 | 236 | 201 | 200 | 210 |
| Neither Good nor Poor | 30 | 51 | 51 | 43 | 58 | 45 | 53 | 47 | 32 | 51 |
| Poor | 24 | 38 | 37 | 31 | 31 | 31 | 24 | 31 | 31 | 26 |
| Very Poor | 23 | 36 | 37 | 51 | 35 | 34 | 53 | 36 | 53 | 34 |
| Don't know | 3 | 3 | 5 | 5 | 2 | 4 | 3 | 7 | 6 | 5 |
| Total | 1,399 | 1,652 | 1,639 | 1,632 | 1,767 | 1,482 | 1,838 | 1,545 | 1,379 | 1,721 |

Very Good/Good % 92.53%

Very Poor/Poor % 4.34%

Complaints

The following demonstrates the total number of **Complaints** the Trust received during 2022-2023 compared with 2022-2022 and 2020-2021.

| Complaint Type | *2020-21 | *2021-22 | *2022-23 | 2021-22 v 2022-23 |
|----------------------------------|------------|--------------|--------------|-------------------|
| Stage 1 - Informal | 823 | 1,006 | 1,161 | +155 |
| Stage 2 - Formal (meeting) | 17 | 67 | 68 | +1 |
| Stage 3 - Formal Response Letter | 111 | 85 | 82 | -3 |
| Total | 951 | 1,158 | 1,311 | |

Data is for April to January for all financial years

Complaints

The following demonstrates the top 10 number of **Complaints** types so far for April to January.

All Complaints – Top 10 Subjects

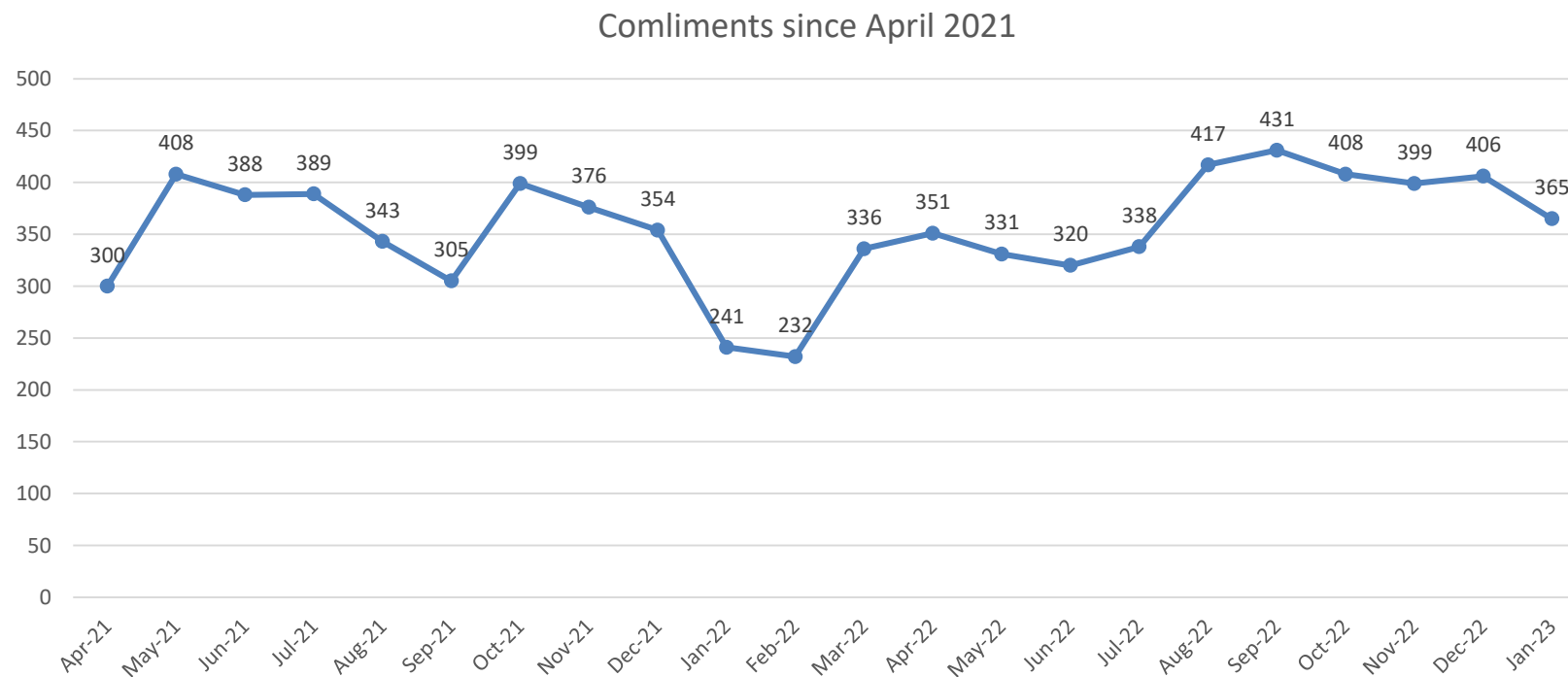
| Sub-subject (primary) | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Total |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| Attitude of staff | 12 | 15 | 25 | 33 | 18 | 25 | 13 | 26 | 11 | 16 | 194 |
| Communication - verbal / non verbal | 17 | 24 | 10 | 12 | 10 | 22 | 17 | 22 | 15 | 17 | 166 |
| Treatment and procedure delays | 14 | 6 | 4 | 5 | 11 | 13 | 12 | 7 | 8 | 10 | 90 |
| Care and compassion | 9 | 5 | 7 | 6 | 7 | 16 | 10 | 7 | 9 | 4 | 80 |
| Competence of staff member | 4 | 8 | 6 | 7 | 5 | 7 | 6 | 5 | 5 | 4 | 57 |
| Length of time to be given apt | 2 | 9 | 2 | 6 | 13 | 5 | 0 | 6 | 2 | 8 | 53 |
| Discharge arrangements | 7 | 3 | 5 | 2 | 6 | 7 | 5 | 0 | 4 | 5 | 44 |
| Outpatient cancellation | 6 | 4 | 5 | 1 | 4 | 2 | 4 | 4 | 7 | 2 | 39 |
| Delay to diagnosis | 6 | 3 | 7 | 4 | 1 | 1 | 10 | 1 | 1 | 2 | 36 |
| Receptionist/administration staff incl attitude and communication | 5 | 4 | 2 | 4 | 3 | 4 | 3 | 4 | 3 | 3 | 35 |

| Sub-subject (primary) | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Total |
|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| Attitude of staff | 5 | 18 | 13 | 9 | 12 | 15 | 7 | 12 | 8 | 23 | 122 |
| Length of time to be given apt | 5 | 9 | 11 | 9 | 14 | 12 | 20 | 8 | 13 | 7 | 108 |
| Treatment and procedure delays | 9 | 8 | 12 | 13 | 13 | 14 | 7 | 12 | 7 | 8 | 103 |
| Care and compassion | 4 | 7 | 2 | 7 | 9 | 6 | 12 | 6 | 9 | 14 | 76 |
| Delay to diagnosis | 4 | 2 | 5 | 10 | 12 | 12 | 8 | 6 | 6 | 9 | 74 |
| Communication - Verbal | 0 | 2 | 1 | 0 | 8 | 8 | 6 | 17 | 6 | 13 | 61 |
| Communication - verbal / non verbal | 27 | 18 | 4 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 53 |
| Competence of staff member | 3 | 6 | 3 | 10 | 9 | 5 | 5 | 4 | 2 | 3 | 50 |
| Outpatient cancellation | 6 | 7 | 8 | 8 | 3 | 1 | 7 | 6 | 1 | 3 | 50 |
| Failure to monitor | 5 | 3 | 4 | 4 | 10 | 3 | 5 | 5 | 2 | 6 | 47 |

Compliments

The following demonstrates the total **Compliments** received so far for April 2021 to January 2022 compared to the same period for 2020-21.

| | |
|-----------------------------|--------------|
| Total Apr to Jan | |
| 2021-22 | 3,503 |
| 2022-23 | 3,766 |



2022-23 Timeline

- Engagement process between February 2023 to March 2023
- 2022-2023 document finalised end of April 2023
- Document sent to Stakeholders to produce their 3rd party statements on.
- 3rd Party Statements back by end of May 2023
- The 2022-23 Quality Accounts to be published on the Trust website by 30 June 2023 deadline



AUDIT AND GOVERNANCE COMMITTEE

16th March 2023



Report of: Statutory Scrutiny Manager

Subject: NEAS QUALITY REPORT – PRIORITIES UPDATE - COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To introduce a representative(s) from the North East Ambulance Service NHS Foundation Trust (NEAS) who will be in attendance at today's meeting to engage with Members in respect of progress made on the three quality priorities for 2022/23 and proposals for the quality priorities for 2023/24.

2. BACKGROUND INFORMATION

- 2.1 In November 2009 the Government published the Health Bill which required all providers of NHS healthcare services to provide an annual Quality Account. The Department of Health made a legal requirement on all NHS healthcare providers to send their Quality Accounts to an Overview and Scrutiny Committee in the local authority area where the provider has a registered office.
- 2.2 Subsequently, a representative(s) from NEAS will be present at today's meeting to give the Committee an opportunity to consider and comment on performance against priorities identified for 2022/23 and proposed priorities for 2023/24.

3. RECOMMENDATIONS

- 3.1 That the Audit and Governance Committee consider and comment on:
- Progress made on the three quality priorities for 2022/23; and
 - Priorities identified for quality improvement within the draft Quality Account for 2023/24.

Contact Officer:- Joan Stevens – Statutory Scrutiny Manager
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BACKGROUND PAPERS

No background papers were used in preparation of this report.