



Cabinet

Date **Wednesday 15 April 2015**
Time **9.30 am**
Venue **Committee Room 2, County Hall, Durham**

Public Question and Answer Session

9.30 a.m. to 10.00 a.m.

An opportunity for local people to have a 30 minute informal question and answer session with Cabinet Members.

Cabinet Business

10.00 a.m. onwards

Part A

Items during which the press and public are welcome to attend - members of the public can ask questions with the Chairman's agreement

1. Minutes of the meetings held on 18 March 2015 (Pages 1 - 6)
2. Declarations of interest
3. Joint Strategic Needs Assessment 2014 and the refresh of the Joint Health & Wellbeing Strategy 2015-2018 - Report of Corporate Director, Children and Adults Services (Pages 7 - 62)
4. Pharmaceutical Needs Assessment (PNA) - Report of Corporate Director, Children and Adults Services (Pages 63 - 126)
5. Children's Services Update - Report of Corporate Director, Children and Adults Services (Pages 127 - 136)
6. Annual Review of the Constitution - Report of Head of Legal and Democratic Services (Pages 137 - 254)
7. ICT Strategy 2015-2018 - Report of Corporate Director, Resources (Pages 255 - 288)
8. County Durham Partnership Update - Report of Assistant Chief Executive (Pages 289 - 308)

9. Children & Young People's Overview and Scrutiny Review of Self Harm by Young People - Report of Assistant Chief Executive (Pages 309 - 336)
10. Annual Enforcement Programme Children and Young Persons (Protection from Tobacco) Act 1991 and Anti-Social Behaviour Act 2003 - Report of Corporate Director, Neighbourhood Services (Pages 337 - 350)
11. Environment, Health & Consumer Protection Service - Enforcement Policy - Report of Corporate Director, Neighbourhood Services (Pages 351 - 360)
12. Review of the Council's Hackney Carriage and Private Hire Licensing Policy - Report of Corporate Director, Neighbourhood Services (Pages 361 - 416)
13. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration.
14. Any resolution relating to the exclusion of the public during the discussion of items containing exempt information.

Part B

Items during which it is considered the meeting will not be open to the public (consideration of exempt or confidential information)

15. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration.

Colette Longbottom
Head of Legal and Democratic Services

County Hall
Durham
7 April 2015

To: **The Members of the Cabinet**

Councillors S Henig and A Napier (Leader and Deputy Leader of the Council) together with Councillors J Brown, N Foster, L Hovvells, O Johnson, M Nicholls, M Plews, B Stephens and E Tomlinson

Contact: Ros Layfield

Tel: 03000 269708

DURHAM COUNTY COUNCIL

At a Meeting of **Cabinet** held in the **Council Chamber, Spennymoor Council Offices, Green Lane, Spennymoor, Co Durham** on **Wednesday 18 March 2015** at **10.00 am**

Present:

Councillor S Henig (Leader of the Council) in the Chair

Members of Cabinet:

Councillors J Brown, N Foster, L Hovvels, O Johnson, A Napier, M Nicholls, M Plews, B Stephens and E Tomlinson

Also Present:

Councillors J Allen, J Armstrong, D Bell, C Carr, P Conway, I Geldard, B Graham, A Surtees, R Todd and M Williams

1 Minutes

The minutes of the meeting held on 11 February 2015 were confirmed as a correct record and signed by the Chair.

2 Declarations of interest

No declarations of interest were made.

3 Council Plan and Service Plans 2015-2018 [Key Decision: CORP/A/03/15/1]

The Cabinet considered a report of the Assistant Chief Executive which provided details of the draft Council Plan for 2015-18, for approval by Council on 1 April 2015 (for copy see file of minutes).

Resolved:

That the recommendations contained in the report be approved.

4 School Admission Arrangements Academic Year 2016/2017 [Key Decision: CAS/02/14]

The Cabinet considered a report of the Corporate Director, Children and Adults Services which presented the proposed admission arrangements for Community and Voluntary Controlled Schools for the 2016/17 academic year (for copy see file of minutes).

The Leader advised that as Ms Llewellyn was not present a written response would be provided to the question she submitted in advance relating to Benfieldside Sure Start Centre.

Cabinet members asked that their thanks be recorded to all who had been involved in this detailed and lengthy review.

Resolved:

That the recommendations in the report be approved.

5 Review of Children's Centres in County Durham [Key Decision: CAS/10/13]

The Cabinet considered a report of the Corporate Director, Children and Adults Services which reported on the consultation carried out between 31 July 2014 and 23 October 2014 on the future of Children's Centre services in County Durham and made recommendations on the future of the Children's Centre buildings and future service model (for copy see file of minutes).

Resolved:

That the recommendations contained in the report be approved.

6 Proposal to Change the Age Range of Shotley Bridge Infant School from 4-7 to 4-11 from 1 September 2015 to create a Primary School and to close Shotley Bridge Junior School as a separate school on 31 August 2015 [Key Decision: CAS/06/14]

The Cabinet considered a report of the Corporate Director, Children and Adults Services, which sought to change the age range of Shotley Bridge Infant School from 4-7 to 4-11 from 1 September 2015 to create a Primary School and to close Shotley Bridge Junior School as a separate school on 31 August 2015 (for copy see file of minutes).

Resolved:

That the recommendations contained in the report be approved.

7 Quarter 3 2014/15 Performance Management Report

The Cabinet considered a report of the Assistant Chief Executive which presented progress against the Council's corporate basket of performance indicators and reported other significant performance issues for the third quarter of 2014/15 covering the period October to December 2014 (for copy see file of minutes).

The report was commended by Cabinet members, referring to the achievements that had been made in such difficult times. Specific mention was made of the high

levels of education attainment which were higher than the national and north east average, and the creation of 219 apprenticeships.

Resolved:

That the recommendations contained in the report be approved.

8 Update on the delivery of the Medium Term Financial Plan 4

The Cabinet considered a report of the Assistant Chief Executive which provided an update on the progress made at the end of December 2014 on the delivery of the 2014/15 to 2016/17 Medium Term Financial Plan (MTFP 4) (for copy see file of minutes).

Despite the level of financial cuts imposed on the Authority, the plan remained on track and was attributable to all officers involved.

Resolved:

That the report be noted.

9 Forecast of Revenue and Capital Outturn 2014/15 for General Fund and Housing Revenue Account - Period to 31 December 2014

The Cabinet considered a report of the Corporate Director, Resources which provided an updated forecast of 2014/15 revenue and capital outturn, based on the period to 31 December 2014 for the Council's General Fund and Housing Revenue Account which included updated forecasts for the Council Tax Collection Fund and Business Rates Collection Fund (for copy see file of minutes).

Resolved:

That the recommendations contained in the report be approved.

10 Local Safeguarding Children Board Annual Report

The Cabinet considered a report of the Corporate Director, Children and Adults Services which presented the Local Safeguarding Children Board Annual Report (for copy see file of minutes).

Resolved:

That the recommendations contained in the report be approved.

11 Care Act and Adult Social Care Transformation Update

The Cabinet considered a report of the Corporate Director, Children and Adults Services which provided an update to Cabinet on the national and local development in relation to the implementation of the Care Act and the transformation of Adult Care Services (for copy see file of minutes).

Resolved:

That the recommendations contained in the report be approved.

12 A690 Milburngate Bridge - Major Maintenance

The Cabinet considered a report of the Corporate Director, Neighbourhood Services which informed Cabinet of the proposals to undertake major maintenance of Milburngate Bridge and the implications this will have on the highway network (for copy see file of minutes).

Resolved:

That the recommendation contained in the report be approved.

DURHAM COUNTY COUNCIL

At a **Special Meeting of Cabinet** held in the **Council Chamber, Spennymoor Council Offices, Green Lane, Spennymoor, Co. Durham** on **Wednesday 18 March 2015** at **11.15 am**

Present:

Councillor S Henig (Leader of the Council) in the Chair

Members of Cabinet:

Councillors J Brown, N Foster, L Hovvels, O Johnson, A Napier, M Nicholls, M Plews, B Stephens and E Tomlinson

Also Present:

Councillors J Allen, D Bell, P Conway, A Surtees and R Todd

1 Declarations of interest

No declarations of interest were made.

2 Exclusion of the public

Resolved:

That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A to the said Act.

3 Former King James Lower School, South Church Road, Bishop Auckland

The Cabinet considered a report of the Corporate Director, Regeneration and Economic Development regarding the former King James Lower School, South Church Road, Bishop Auckland.

Resolved:

That the recommendations in the report be approved

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Cabinet

15 April 2015



**Joint Strategic Needs Assessment
2014 and the refresh of the Joint Health
& Wellbeing Strategy 2015-2018**

Report of Corporate Management Team

**Rachael Shimmin, Corporate Director of Children and Adults
Services**

Anna Lynch, Director of Public Health County Durham

**Councillor Lucy Hovvels, Cabinet Portfolio Holder for Safer and
Healthier Communities**

**Councillor Morris Nicholls, Cabinet Portfolio Holder for Adult
Services**

**Councillor Ossie Johnson, Cabinet Portfolio Holder for Children and
Young People's Services**

Purpose of Report

1. The purpose of this report is to present Cabinet with the:
 - Summary of key messages from the refresh of the Joint Strategic Needs Assessment (JSNA) 2014 which is attached at Appendix 2.
 - Refreshed County Durham Joint Health & Wellbeing Strategy (JHWS) 2015-2018 which is attached at Appendix 3.

Background

2. The Health and Social Care Act 2012 places clear duties on local authorities and Clinical Commissioning Groups (CCGs) to prepare a Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy through Health and Wellbeing Boards.
3. The JSNA is used to inform key strategies and plans, for example, the Sustainable Community Strategy (SCS), Children, Young People and Families Plan, CCG Operational Plans, the Better Care Fund Plan and Durham County Council's Council Plan.
4. Work has taken place to ensure that the Better Care Fund work programmes have been mapped to the JHWS to ensure work on integration and transformation is fully reflected. Clinical Commissioning Group Commissioning Intentions have also been aligned to the JHWS, where appropriate.
5. Equality Impact Assessments have been undertaken as part of the process for developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

6. Consultation has taken place on the JSNA and JHWS between October 2014 and February 2015 with over 400 people from different backgrounds taking part in the process.
7. A number of public consultation events have taken place including:
 - The “Big Tent” engagement event which was attended by over 240 people and included members of the public, patients, service users and carers, the voluntary and community sector and NHS and local government representatives
 - A number of engagement events with children and young people (including disabled children)
 - A specific event for people with learning disabilities
8. Online consultation also took place through the Durham County Council website.
9. Adults, Wellbeing and Health and Children and Young People’s Overview and Scrutiny Committees and all 14 Area Action Partnerships were also part of the consultation.
10. The JSNA key messages were received by the Health and Wellbeing Board on 28th January 2015 and the JHWS was approved by the Health and Wellbeing Board on 11th March 2015.
11. The Joint Health and Wellbeing Strategy will be received and endorsed by Durham Dales, Easington and Sedgefield and North Durham Clinical Commissioning Groups, through their Governing Body meetings in May 2015.

Joint Strategic Needs Assessment 2014 and the Annual Report of the Director of Public Health

12. The JSNA 2014 is the seventh edition produced in County Durham which provides an overview of health and wellbeing needs of the local population.
13. The JSNA 2014 is primarily a web based document, with links provided to instant atlas (an interactive web-based tool).
14. The JSNA has identified a number of key messages. A summary of these key messages are provided for information in Appendix 2, along with demographic information and examples of improvements in health and social care since the last JSNA.
15. A summary document has been produced for the JSNA 2014 which provides a narrative, based around a life course approach (from childhood, to adulthood and into older age) which focuses on health and social care needs including how these link to the wider determinants of health, for example, unemployment and deprivation.
16. The JSNA 2014 has informed the Annual Report of the Director of Public Health (DPH) County Durham, which focuses on tackling social isolation and loneliness in County Durham.
17. Anybody can be affected by social isolation or loneliness and older people are particularly vulnerable due to factors such as bereavement, reduced mobility, sensory impairment or limited income. However, other groups are also at risk, including new,

young or lone parents, carers (both young and old), people experiencing domestic abuse, people with autism or a learning disability and those experiencing poverty and deprivation.

18. The DPH Annual Report explores social isolation in relation to children and young people and older people whilst recognising the impacts on the wider population and recommendations from the report have informed strategic actions in the JHWS.

Refresh of the Joint Health and Wellbeing Strategy

19. The vision for the JHWS has been re-affirmed as “**Improve the health and wellbeing of the people of County Durham and reduce health inequalities**”. This vision has also been adopted as the overarching vision for the Better Care Fund in County Durham.

Strategic Objectives and Outcomes Framework

20. The Strategic Objectives and Outcomes Framework for the JHWS is provided below:

Strategic Objective 1: Children and young people make healthy choices and have the best start in life

- ❖ Reduced childhood obesity
- ❖ Improved early health intervention services for children and young people

Strategic Objective 2: Reduce health inequalities and early deaths

- ❖ Reduced levels of tobacco related ill health
- ❖ Reduced obesity levels
- ❖ Reduced levels of alcohol and drug related ill health
- ❖ Reduced mortality from cancers and circulatory diseases
- ❖ Reduced excess winter deaths

Strategic Objective 3: Improve quality of life, independence and care and support for people with long term conditions

- ❖ Adult care services are commissioned for those people most in need
- ❖ Increased choice and control through a range of personalised services
- ❖ Improved independence and rehabilitation
- ❖ Improved joint commissioning of integrated health and social care

Strategic Objective 4: Improve mental and physical wellbeing of the population

- ❖ Increased physical activity and participation in sport and leisure
- ❖ Maximised independence
- ❖ Increased social inclusion
- ❖ Reduced self-harm and suicides

Strategic Objective 5: Protect vulnerable people from harm

- ❖ Provide protection and support to improve outcomes for victims of domestic abuse and their children
- ❖ Safeguarding children and adults whose circumstances make them vulnerable and protect them from avoidable harm

Strategic Objective 6: Support people to die in the place of their choice with the care and support that they need

- ❖ Improved End of Life Pathway

Strategic Actions

21. The JHWS includes a number of Strategic Actions that identify the key areas of work which the Health and Wellbeing Board will focus on, linked to objectives and outcomes.
22. Work has been undertaken to streamline the number of Strategic Actions from 60 to 51 with many actions now being grouped together under common themes, for example the prevention and treatment of cancers. A number of actions also have amended wording. New Strategic Actions are shown in Appendix 4.
23. A hard copy of the Joint Health and Wellbeing Strategy 2015-18 has been made available in the Members' library. The JHWS will also be available on Durham County Council's website.

Delivery Plan

24. More detailed actions outlining the work taking place to achieve the Strategic Actions will be included in the JHWS Delivery Plan. This will include target dates to show when actions will be achieved, and will be presented to the Health and Wellbeing Board for agreement on 23rd July 2015.
25. The Joint Health and Wellbeing Strategy is monitored robustly and progress is reported to the Health and Wellbeing Board on a six monthly basis. This allows partners the opportunity to challenge each other and ensure that services are delivered timely and effectively and achieve good outcomes. As well as providing performance highlights, the Board also receives information on areas for improvement. A performance scorecard/dashboard is also provided to the Board.
26. In addition to performance monitoring through the Health and Wellbeing Board a subset of performance indicators from the JHWS is reported to the County Durham Partnership and Council Plan, under the "Altogether Healthier" theme. Overview and Scrutiny Committees are also provided a subset basket of indicators to provide them with oversight of the performance.

Health and Wellbeing Board Annual Report

27. The Board produced its first annual report for 2013/14 which outlined the work and achievements of the Board during its first year of operation. It also outlined the Board's future work programme. Cabinet received the Health and Wellbeing Board Annual Report 2013/14 at its meeting on 15th October 2014.
28. The second Annual Report, for the period 2014/15, will look at the work and achievements that the Health and Wellbeing Board has made since its implementation and include details of the Local Government Association Peer Challenge which took place in February 2015. This peer challenge is designed to support the Local Authority and Health and Wellbeing Board in reflecting on and improving practice.
29. The Health and Wellbeing Board Annual Report 2014/5 will be presented to the Health and Wellbeing Board at its meeting on 23rd July 2015 for agreement and will be received by Cabinet on 16th September 2015 for information.

Recommendations

30. Cabinet is requested to:

- Note the summary of key messages in the Joint Strategic Needs Assessment (Appendix 2).
- Receive and endorse the Joint Health and Wellbeing Strategy (Appendix 3).
- Agree to receive the Health and Wellbeing Board Annual Report 2014/15 on 16th September 2015 for information.

Contact: Peter Appleton, Head of Planning & Service Strategy
Children and Adults Services
Tel: 03000 267381

Appendix 1: Implications

Finance – The demographic profile of the County in terms of both an ageing and projected increase in population will present future budget pressures to the County Council and NHS partners for the commissioning of health and social care services.

The Joint Health and Wellbeing Strategy has been developed in line with the Council's Medium Term Financial Plan, CCG efficiencies and the Better Care Fund (BCF).

In June 2013, the Government announced that it would be allocating £3.8 billion nationally to a pooled budget, now called the BCF. County Durham's allocation is £43.735m in 2015/16.

Staffing - No direct implications.

Risk - Non-achievement of performance-related targets may lead to financial pressures on the BCF.

Equality and Diversity / Public Sector Equality Duty - Equality Impact Assessments have been completed for both the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS).

Accommodation - No direct implications.

Crime and Disorder - The JSNA provides information relating to crime and disorder.

The following strategic action is included in the JHWS: 'Work together to address the health and social needs of vulnerable people who come into contact with the Criminal Justice System'.

Human Rights - No direct implications.

Consultation – Consultations have taken place with over 400 key partners and organisations including service users, carers and patients as part of the refresh, to ensure the strategy continues to meet the needs of people in the local area and remains fit for purpose for 2015-18.

Procurement - The Health and Social Care Act 2012 outlines that commissioners should take regard of the JSNA and JHWS when exercising their functions in relation to the commissioning of health and social care services.

Disability Issues – Issues in relation to disability have been considered throughout the development of the JSNA and the JHWS.

Legal Implications - The Health and Social Care Act 2012 places clear duties on local authorities and Clinical Commissioning Groups (CCGs) to prepare a JSNA and JHWS. The local authority must publish the JHWS. The Health and Wellbeing Board lead the development of the JSNA and JHWS.

Appendix 2

Summary of JSNA Key Messages

Demographics

- Population projections indicate that by 2021 the county's population will have increased by 4.6% to 539,900 people, rising to 560,700 people by 2030, which is an 8.7% increase from 2013.
- Since 2001, the population aged 65+ years has increased by 21%, an increase of 17,100 people, which is proportionally more than the 14.6% increase regionally and 18.8% nationally. In 2013, around one in five people (19.2%) were aged 65 or over, higher than both regional (18.4%) and national (17.4%) comparisons.
- The 65+ age group is projected to increase from almost one in five people in 2013 (19.2%) to nearly one in four people (24.7%) by 2030, which equates to an increase of 39.8% from 99,000 to 138,400 people.
- The proportion of the county's population aged 85+ is predicted to almost double (+95.2%) by 2030.

Examples of improvements in health and social care

- Life expectancy has improved for both males (77.9) and females (81.5) but is still below the England average of 79.2 for males and 83.0 for females (based on 2010/12 data).
- Mortality rates from the major causes of death (CVD, cancer, stroke, COPD) have fallen significantly over time, in many cases faster than nationally, however they remain significantly higher than England (based on 2010/12 data).
- The rate of permanent admissions to residential or nursing care for clients aged 65+ has reduced from 907 per 100,000 population during 2011/12 to 736 per 100,000 during 2013/14.
- As people are supported in their own homes for longer, the average age of permanent admission for older people into residential care continues to show a steady increase from 85.5 years in 2010/11 to 86.63 years in 2013/14.
- In 2013/14 there were 1,450 referrals to the reablement service, an increase of 7.3% on the previous year (1,351). 83.8% of people completing reablement achieved their goals.
- In 2013/14, there were 7,931 older people in receipt of personal budgets - this is an increase of 20.8% when comparing 2010/11 figures (6,566).
- Physical activity levels for children in County Durham are higher than the England average. 56.7% of children in years 1-13 spend at least 3 hours per week on high quality PE and school sport, compared to 55.1% nationally (Child Health Profile 2013)
- As of February 2015, County Durham's Stronger Families programme has identified and worked with 1,695 families. 1,185 of these families have been 'turned around' through the Stronger Families programme.
- The proportion of women who start to breastfeed has risen from 56.1% in 2010/11 to 57.4% in 2013/14. This remains lower than the national average (73.9%).
- Teenage conception rates (33.7 per 1,000) are greater than the England average (27.7 per 1,000), but lower than the North East average (35.5 per 1,000) and have been falling over time (1998-2012).

Summary of Key Messages

- Males from the most affluent areas will live 7 years longer than those from the most deprived areas. Females in the most affluent areas will live 7.2 years longer than those in the most deprived areas.
- 23% of children aged under 16 years live in poverty compared with the England average of 20.6%.
- On average in County Durham around 1,075 people died per year from smoking-related causes in the period 2010-12. Smoking-related death rates are significantly higher in County Durham than England.
- During 2013/14, 19.9% of mothers were smokers at the time of delivery compared to 20.9% regionally and 12% nationally.
- The prevalence of excess weight for 10-11 year olds (35.9%) is higher than the England average of 33.3% (2012/2013).
- Excess weight in adults (72.5%) is significantly higher than England (63.8%) but not significantly different to the North East (68%). (County Durham Health Profile 2014.)
- County Durham's under-18 alcohol specific hospital admission rate in 2012/13 was 81.5 per 100,000, higher than the regional rate of 72.2 (Local Alcohol Profiles for England 2014). County Durham is ranked 18th worst out of 326 local authorities.
- Around 19,000 people aged 65+ are lonely, with over 10,000 experiencing intense loneliness.
- Admissions to hospital (2012/13) as a result of self-harm (aged 10-24) are significantly higher (410.5 per 100,000) than England (346.3 per 100,000).
- Between 2011/13, suicide rates were significantly higher (13.4) than England (8.8) per 100,000 population.
- Most recent data shows that 52% of children who live in our most deprived areas achieved a good level of development (Early Years Foundation Stage). The gap in outcomes between these children and their peers is 10 percentage points.
- The number of carers aged 65+ providing unpaid care is set to increase by 30.6% by 2030 (from 14,911 in 2014 to 19,481).
- In 2013/14 there were 293 adults with autism aged 18-64 years in county Durham, an increase of 3% from 2012/13.
- Abuse or neglect continues to be the most significant type of primary need encountered across the county with regard to children in need.
- The number of adults referred and assessed with mental health needs increased year on year across County Durham, by 23.4% for referrals and by 22.9% for assessments when comparing 2010/11 figures with 2013/14.
- In County Durham, overall satisfaction of people who use services for their care and support increased from 64.3% in 2012/13 to 67.10%. This is above the England average (64.9%).

Appendix 3

Refreshed County Durham Joint Health and Wellbeing Strategy 2015-18 attached as a separate document

Appendix 4

New Strategic Actions for 2015-18

Strategic Objective 1 – Children and Young People make healthy choices and have the best start in life

Outcome: Improved early intervention services for children and young people

1. A separate strategic action has been developed in relation to under 18 conceptions which are higher in County Durham than the England average. This also reflects feedback from young people that there is a gap in education in schools. This will be addressed through the Teenage Pregnancy Health Needs Assessment and school nursing review.
 - **Support the reduction of teenage pregnancies (under 18 conceptions) in County Durham by delivering interventions that are in line with evidence and best practice.**
2. The following action has been added to reflect the early intervention work taking place through the Early Help Strategy. This action is also included in the Children, Young People and Families Plan 2015/18.
 - **Implement the Early Help Strategy to better support families who have additional needs at an earlier point.**

Strategic Objective 2 – Reduce health inequalities and early deaths

Outcome: Reduced levels of tobacco related ill health

3. The JSNA states that “disadvantaged children, young people and adults are also likely to be exposed to higher levels of second-hand smoke than those from more privileged backgrounds, which is due to lower levels of smoking restrictions in the home.” The JSNA also states that the health and Social Care Information Centre reported that in 2012 “two thirds (67%) of pupils in England reported that they had been exposed to second-hand smoke in the past year”.
4. The following new action reflects the work taking place to address the issue of second hand smoke and smoke free play areas that the Health and Wellbeing Board supported at its meeting in July 2014.
 - **Implement local awareness-raising campaigns to support the Smokefree Families Initiative, by targeting specific age groups on the health issues related to second hand smoke and by encouraging smoke free play areas across the county**

Strategic Objective 3 – Improve the quality of life, independence and care and support for people with long term conditions

Outcome: Adult care services are commissioned for those people most in need

5. The following action has been developed to reflect the work taking place to implement The Care Act 2014.
 - **Implement The Care Act to promote integration between care and support provision and health services**
6. An additional action has also been added in relation to Carers, which reflects consultation feedback, ensures alignment with the Better Care Fund and supports a recommendation from the LGA Peer Challenge Team.
 - **Support people with caring responsibilities to identify themselves as carers so they can access the information, advice and support that is available.**

Outcome: Improved independence and rehabilitation

7. The following action has been agreed with Clinical Commissioning Groups and aligns to CCG commissioning intentions. This also aligns to the BCF Plan.
 - **Develop a new model for Community Services for the Frail Elderly that incorporates a whole system review that cuts across health, social care and the third sector; that delivers person centred care and places early identification, timely intervention and prevention at its core**
8. The following action has been included to track the implementation of Intermediate Care Plus which is a BCF work programme:
 - **Improve people's ability to reach their best possible level of independence by implementing Intermediate Care Plus and other effective alternatives to hospital and residential care admission**
9. Following feedback at the Health and Wellbeing Board meeting in January, an action that reflects the vision of the Urgent Care Strategy has been added:
 - **Implement the Urgent Care Strategy to ensure that patients are seen by the right health/social care professional, in the right setting, at the right time, to the highest quality and in the most efficient way providing the best outcome for the patient.**

Outcome: Improved joint commissioning of integrated health and social care

10. The following actions have been added to reflect the work taking place to provide joint care packages and services between health and social care:
 - **Implement the agreed framework for Clinical Commissioning Group decision-making in relation to continuing health care and integrated packages in mental health and learning disability, including personal health budgets**

- **Implement the Better Care Fund Plan to integrate health and social care services**

Strategic Objective 4 – Improve mental and physical wellbeing of the population

Outcome: Increased physical activity and participation in sport and leisure

11. The JSNA identifies that adults in County Durham are less physically active than the England average. The following Strategic Actions have been developed by DCC Neighbourhoods Service and will link to the Culture and Sport Strategy that is being developed:

- **Provide a wide range of physical activity opportunities across County Durham to support more active lifestyles and contribute towards tackling 'lifestyle conditions'**
- **Establish a wide and large scale intervention approach across agencies to support increased participation in physical activity through culture change**

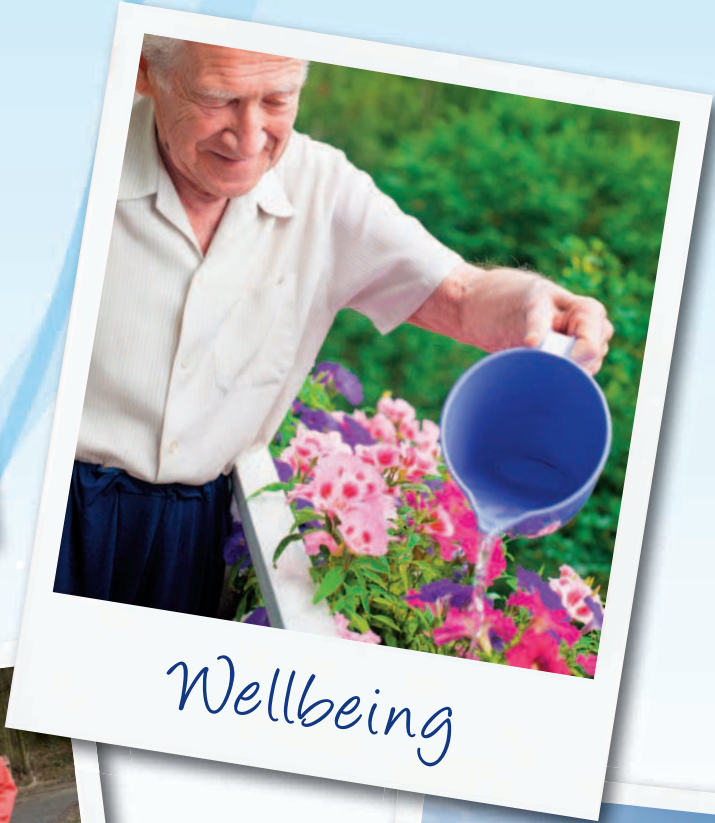
Outcome: Increased social inclusion

12. The JSNA states that “social isolation and loneliness is a significant and growing public health challenge for County Durham’s population”. The following two actions are included as recommendations in the Director of Public Health County Durham’s Annual Report on social isolation and loneliness. They are also aligned to the Social Inclusion BCF work programme:

- **Work in partnership to identify those who are, or who are at potential risk of becoming socially isolated to support people at a local level and to build resilience and social capital in their communities**
- **Work in partnership to support the building of improved connectedness in communities in order to protect those most at risk of social isolation**



Support



Wellbeing



Health



Independence

Improve the health and wellbeing of the people of County Durham and reduce health inequalities

County Durham Joint Health and Wellbeing Strategy 2015-2018

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1. Foreword

The first Joint Health and Wellbeing Strategy (JHWS) for County Durham was developed in 2013 and was reviewed from 2014 with input from local stakeholders, including service users, patients, carers, the voluntary and community sector, NHS and local authority partners.

The strategy outlines a vision for where we would like County Durham to be heading in terms of health and wellbeing and health inequalities.

Examples of developments which are included in the JHWS are:

- Agreement of the strategy for the Prevention of Unintentional Injuries in Children and Young People aged 0-19 in County Durham to promote safety education in areas that target both parents and carers, and focusing on home safety issues with relevant multi-agency partners.
- A Wellbeing for Life Service has been implemented to help people achieve a positive physical, social and mental state. The wellbeing approach goes beyond looking at single-issue healthy lifestyle services and a focus on illness, and aims to influence the circumstances that help people to live well, and build their capacity to be independent, resilient and maintain good health for themselves and those around them.
- The provision of a new service providing short term rehabilitation to help people remain independent and out of hospital and residential care. The service provides one route into all intermediate care services that prevents unnecessary admission to hospitals or premature admission to care homes, and promotes independence and faster recovery from illness.
- The implementation of the No Health Without Mental Health government policy brings together all the strands of mental health and wellbeing to better support people who need it. This includes the Mental Health Crisis Care Concordat that provides joined up service responses to people who are suffering from mental health crisis.
- Agreed the Dementia Strategy for County Durham and Darlington that identifies areas of need and services we need to prioritise to enable people to live well with dementia. A key area of the strategy is the roll out of 'Dementia Friendly Communities' which will focus on improving inclusion and quality of life for people living with dementia.



- We have reviewed the Safeguarding Framework to clarify the working arrangements between the Safeguarding Adults Board and Local Safeguarding Children's Board with the Health and Wellbeing Board, Children and Families Partnership and Safe Durham Partnership.
- Agreement of a five year plan for Palliative and End of Life Care in County Durham and Darlington to deliver high quality sustainable services and improvements for patient and carer experience for people diagnosed with a life limiting condition. This will ensure people who need it receive excellent palliative care, in the place they want to receive it, when they are progressing towards the end of life.

Over recent months, consultations have taken place with over 400 key partners and service users, carers and patients to ensure the strategy continues to meet the needs of people in the local area and remains fit for purpose for 2015-18.

The financial constraints placed on public services require that we work together to maximise opportunities. This is reflected in the Better Care Fund Plan which includes joint initiatives between health and social care organisations. The objectives identified in the Better Care Fund Plan are the same as those identified in the Joint Health and Wellbeing Strategy and reflect the long term aspirations of the Health and Wellbeing Board to further integrate services.

There is a strong commitment from the Health and Wellbeing Board to improve the health and wellbeing of the people of County Durham and reduce health inequalities by working together. This refresh of the Joint Health and Wellbeing Strategy is the next step to achieve that vision.



Councillor Lucy Hovvels

Chair of the Health and Wellbeing Board
Cabinet Portfolio for Safer and Healthier Communities



Dr Stewart Findlay

Vice Chair of the Health and Wellbeing Board
Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group

2. Introduction

What is the Health and Wellbeing Board?

The Health and Wellbeing Board was established in April 2013 to promote integrated working between commissioners of health services, public health and social care services, for the purposes of advancing the health and wellbeing of the people in its area.

As well as being a Council Committee, the Health and Wellbeing Board is the “Altogether Healthier” thematic partnership of the County Durham Partnership, which is the overarching strategic partnership in County Durham.

An annual report is produced which identifies achievements of the Health and Wellbeing Board and the forward programme of work.

Please see Appendix 1 for information about the membership of the Health and Wellbeing Board.

What is the Joint Health and Wellbeing Strategy?

The Joint Health and Wellbeing Strategy is a legal requirement to ensure that health and social care agencies work together and agree the services and initiatives that should be prioritised.

County Durham’s Health and Wellbeing Board has the responsibility to deliver the Joint Health and Wellbeing Strategy 2015-18. The refresh is informed by the Joint Strategic Needs Assessment and the Annual Report of the Director of Public Health County Durham, which is reviewed annually.

The strategy is not about taking action on everything at once but about setting priorities for joint action and making a real impact on people’s lives. It provides a

focus and vision from which to plan ahead in the medium term.

It sets the priorities for commissioners to purchase health and social care services from April 2015 onwards. These will be reflected in Clinical Commissioning Group and local authority plans, including the Better Care Fund work programme.

What consultation has taken place?

Consultation has taken place with over 400 people as part of the refresh of the Joint Health and Wellbeing Strategy.

The Health and Wellbeing Board held an engagement event that was attended by over 240 people from various groups including voluntary organisations, patient reference groups, service users, carers and Area Action Partnerships and Elected Members.

A number of engagement events were also undertaken by Investing in Children to gain the views of young people in relation to health and wellbeing.

An engagement event with people with learning disabilities was also undertaken.

In addition, consultation took place on Durham County Council’s website.

Both Adults, Wellbeing and Health and Children and Young People’s Overview and Scrutiny Committees were also consulted.

A number of surveys have been undertaken to capture the views of local people and this information has informed both the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

Commitments of the Health and Wellbeing Board

Examples of commitments undertaken by the Health and Wellbeing Board include:

- Signed up to the Disabled Children's Charter to ensure that the needs of disabled children are fully understood and services are commissioned appropriately.
- Identified the Chair of the Health and Wellbeing Board and Director of Public Health County Durham as mental health champions whose role includes promoting wellbeing and initiating and supporting action on public mental health.
- Signed up to the National Dementia Declaration and Dementia Care and Support Compact to support the delivery of the National Dementia Strategy and improving care and support for people with dementia, their carers and families.
- Signed up to the Carers' Call to Action to ensure that the vision for carers of people with dementia is achieved.
- Signed up to the National Pensioners Convention's Dignity Code which has been developed to uphold the rights and maintain the personal dignity of older people.
- As part of the Winterbourne View Concordat and Action Plan, a Learning Disability Champion has been identified to promote the needs of people with learning disabilities.

Stakeholders

A list of stakeholders for the Joint Health and Wellbeing Strategy is shown below:

- Patients
- Service users
- Carers
- Durham County Council
- Clinical Commissioning Groups
- County Durham and Darlington NHS Foundation Trust
- North Tees & Hartlepool NHS Foundation Trust
- City Hospitals Sunderland
- Tees Esk & Wear Valley NHS Foundation Trust (TEWV)
- Healthwatch County Durham
- Voluntary organisations
- County Durham Partnership
- Safe Durham Partnership
- Children and Families Partnership
- Overview and Scrutiny Committees
- Durham Constabulary
- The Durham Tees Valley Community Rehabilitation Company Limited
- National Probation Service
- Safeguarding Adults Board
- Local Safeguarding Children Board
- Veterans Wellbeing Assessment and Liaison Service (VWALS)
- Tobacco Control Alliance
- Think Family Partnership
- Learning Disabilities Engagement Forum
- Older Adults Engagement Forum
- Mental Health Partnership Board
- Community Wellbeing Partnership
- Community Services and Care Closer to Home Group
- System Resilience Group
- Protected Characteristic Groups
- Children's Joint Disability Commissioning Group

(NB this is not an exhaustive list)

3. Vision for health and wellbeing in County Durham

The Joint Health and Wellbeing Strategy is informed by the Joint Strategic Needs Assessment and the [Annual Report of the Director of Public Health County Durham](#), which focuses on social isolation and loneliness in County Durham.

The vision for the Joint Health and Wellbeing Strategy is to:

‘Improve the health and wellbeing of the people of County Durham and reduce health inequalities’

Central to this vision is that decisions about the services that will be provided for service users, carers and patients, should be made as locally as possible, involving the people who use them.

The Health and Wellbeing Board will continue to work towards integrated services in line with the Better Care Fund.

The Strategic Objectives were re-affirmed by the Health and Wellbeing Board in September 2014 as:

1. Children and young people make healthy choices and have the best start in life.
2. Reduce health inequalities and early deaths.
3. Improve quality of life, independence and care and support for people with long term conditions.
4. Improve the mental and physical wellbeing of the population.
5. Protect vulnerable people from harm.
6. Support people to die in the place of their choice with the care and support that they need.

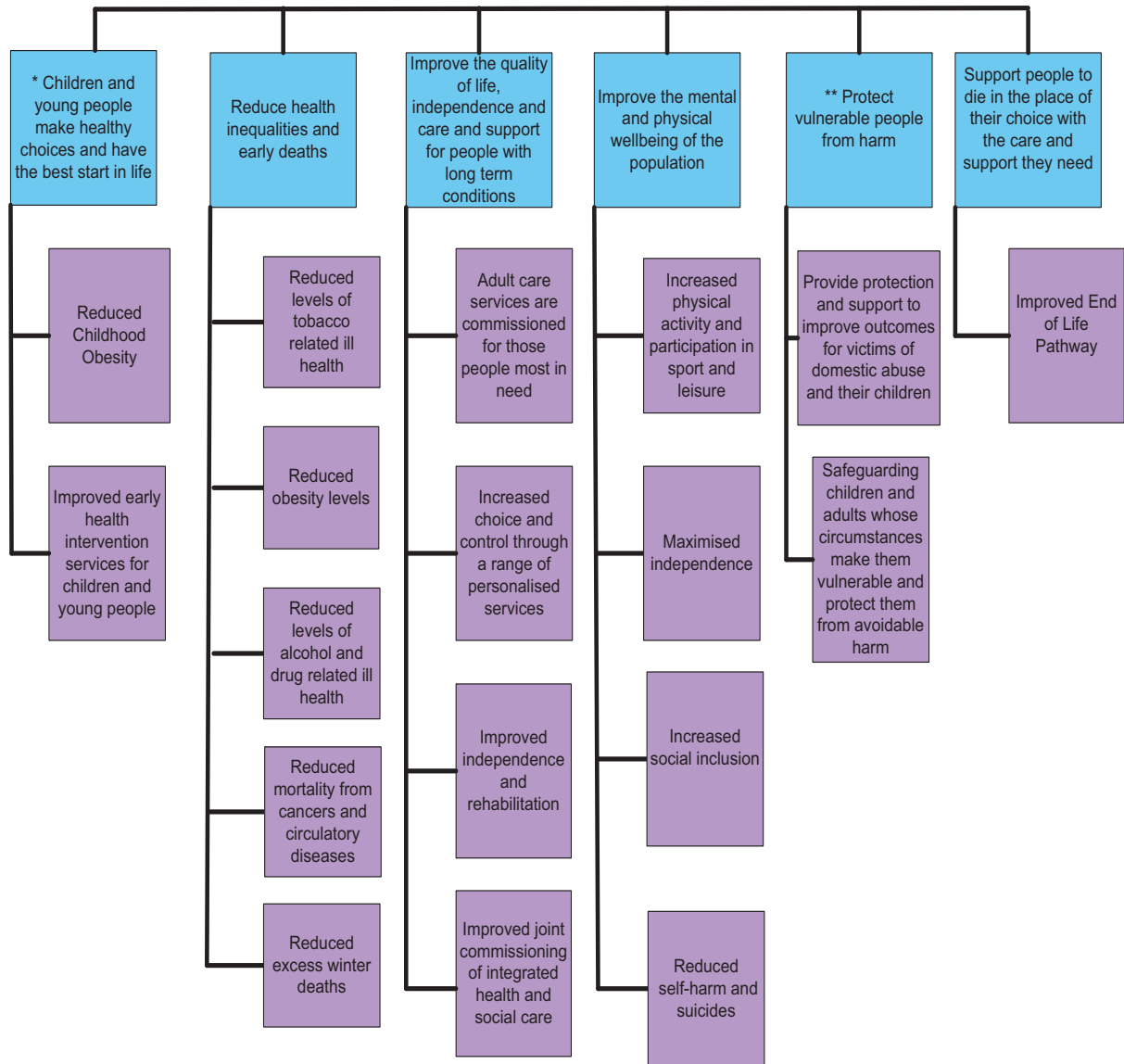
The Health and Wellbeing Board has also agreed a set of Outcomes that are aligned to the Strategic Objectives, for example ‘Reduced childhood obesity’ and ‘Improved independence and rehabilitation’. Please see the diagram on the next page for a full illustration of Strategic Objectives and Outcomes.

The Strategic Objectives and Outcomes are underpinned by a number of Strategic Actions that will be undertaken to meet the objectives. The Joint Health and Wellbeing Strategy Delivery Plan will ensure the strategy is effective and performance managed, ensuring transparency in demonstrating the progress that has been made, and what is still left to do. Performance monitoring reports are presented to the Health and Wellbeing Board on a 6 monthly basis to outline achievement and where further action is still required.

The Joint Health and Wellbeing Strategy has informed local authority plans, CCG commissioning intentions and plans, Better Care Fund plans, the Sustainable Community Strategy, and NHS Provider Plans (including Quality Accounts).



Joint Health and Wellbeing Strategy Objectives and Outcomes



* Shared objective for the Children and Families Partnership and the Health and Wellbeing Board

** Shared objective for the Safe Durham Partnership and the Health and Wellbeing Board

4. Wider and cross cutting issues

The County Durham Partnership (CDP) is the overarching partnership for County Durham and is supported by five thematic partnerships, each of which has a specific focus:

- **The Economic Partnership**
Aims to make County Durham a place where people want to live, work, invest and visit whilst enabling our residents and businesses to achieve their potential
- **The Children and Families Partnership**
Works to ensure effective services are delivered in the most efficient way to improve the lives of children, young people and families in County Durham
- **The Health and Wellbeing Board**
Promotes integrated working between commissioners of health services, public health and social care services, for the purposes of improving the health and wellbeing of the people in the area
- **The Safe Durham Partnership**
Tackles crime, disorder, substance misuse, anti-social behaviour and other behaviour adversely affecting the environment and seeks to reduce re-offending
- **The Environment Partnership**
Aims to transform and sustain the environment within County Durham, maximising partnership arrangements to support the economy and the wellbeing of local communities.

The 14 Area Action Partnerships (AAPs) across County Durham have been set up to help deliver high quality services and give local people and organisations a say on how our services are provided. Each AAP has a health representative from the CCGs sitting on their respective Boards, as well as a designated Public Health officer aligned to

the AAP who provides ongoing support. In 2015/16, Public Health have provided the AAPs with a health budget which the AAPs and partners can use to address local health issues.

The County Durham and Darlington Fire and Rescue Service is also represented on AAP Boards. Through the Transformation Challenge Award the Fire and Rescue Service has recently launched a scheme, known as Safer Homes to engage socially isolated elderly people and provide them with crime and fire safety advice.

Wider determinants of health

It is acknowledged that the wider determinants of health, for example, employment, education, transport, crime and disorder are best addressed through the Sustainable Community Strategy (SCS) which is the over-arching strategic document of the County Durham Partnership. The SCS will have a stronger focus on issues that cut across more than one thematic priority, particularly those that will have a significant impact on the high level objectives of more than one thematic partnership. The SCS also has links to other plans such as the Regeneration Statement, the Local Transport Plan and the Housing Strategy.



Cross Cutting Issues

The SCS will provide particular focus on 6 cross cutting issues:

- Job creation
- Mental wellbeing
- Think Family
- Volunteering
- Inequalities
- Alcohol

In November 2014, the CDP hosted an event to share good practice, shape the future of partnership working across the county and to launch the revised SCS 2014/30. Workshops were dedicated to each of the six cross cutting issues which highlighted how a broader perspective to these key issues can add value to existing work programmes to ensure that the work of the County Durham Partnership makes a real difference to facilitate change in the longer term to improve outcomes for local people.

There are also a number of cross cutting priorities that will be addressed in the Joint Health and Wellbeing Strategy. The following objective is shared with the Children and Families Partnership and is included in the Children, Young People and Families Plan:
'Children and young people make healthy choices and have the best start in life.'

Issues such as self-harm by young people are included under this objective and will be dealt with jointly by the Health and Wellbeing Board and Children and Families Partnership.

The following objective is shared with the Safe Durham Partnership:

'Protect Vulnerable People from Harm'.

Issues such as substance misuse and providing support to vulnerable families will be dealt with jointly by the Health and Wellbeing Board and Safe Durham Partnership.

The Joint Health and Wellbeing Strategy reflects work that is taking place across all service user, carer and patient groups. It recognises that many issues affect multiple groups of people. For example, issues around mental health can affect children and young people, older people and often people suffering with cardiac problems.



5. National Policy Context

A number of national policies have influenced the refresh of the Joint Health and Wellbeing Strategy. Please see some examples below:

Children and Families Act 2014 / Special Educational Needs and Disabilities (SEND) Reforms

The Children and Families Act brings together pre and post-16 support for children and young people with special educational needs and learning difficulties into a single, birth-25 system. From 1st September 2014 a new SEN code of practice was introduced, and SEN statements (for schools) and learning difficulty assessments (for young people in further education and training) were replaced with single 0-25 Education, Health and Care Plans. Local Authorities are now required to publish a 'local offer' to ensure that parents and young people have access to a single source of coherent and complete information to manage their choices with regard to SEND related services. The Act has also reformed the systems for adoption, looked after children and family justice.

The Care Act 2014

The Act places care and support legislation into a single statute designed to create a new principle where the overall wellbeing of the individual is at the forefront of their care and support.

The Act places broad duties on local authorities in relation to care and support including promoting people's wellbeing, focusing on prevention and providing information and advice. The Act requires local authorities and their partners to work together to integrate health and social care wherever possible so that the services people receive are properly joined up.

From April 2015, the Act extends local authority adult care responsibility to include prisons, introducing a national eligibility threshold as well as introducing new duties around assessments including the right for carers to request an assessment of their care and support needs. The Act also places a duty on local authorities from April 2016 to implement a cap on eligible care costs.



pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities through the Health and Wellbeing Board. The Care Act 2014 facilitates the establishment of the Better Care Fund by providing a mechanism that allows the sharing of NHS funding with local authorities to be made mandatory from 2015/16.

The County Durham Better Care Fund is split into the following seven work programmes:

- **Short term intervention service** which includes intermediate care community services, reablement, support and support for young carers
- **Equipment and adaptations for independence** which includes telecare, disability, adaptations and the Home Equipment Loans Service
- **Supporting independent living** which included mental health prevention services, floating support and supported living and community alarms and wardens
- **Supporting carers** which includes carers breaks, carers emergency support and support for young carers
- **Social isolation** which includes local coordination of an assets based approach to increase community capacity and resilience to provide low level services
- **Care home support** which includes care home and acute and dementia liaison services
- **Transforming care** which includes maintaining the current level of eligibility criteria, the development of IT systems to support joint working and implementing the Care Act.

National Dementia Strategy: Local Delivery and Local Accountability

The aim of the strategy is to ensure that significant improvements are made to dementia services across three key areas: improved awareness, earlier diagnosis and intervention, and a higher quality of care. Work taking place in County Durham is reflected in Objective 3 of the Joint Health and Wellbeing Strategy 'Improve the quality of life, independence and care and support for people with long term conditions'.

No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages

The Strategy sets out how the government, working with all sectors of the community and taking a life course approach, will improve the mental health and wellbeing of the population and keep people well; and improve outcomes for people with mental health problems through high-quality services that are equally accessible to all.

Objective 4 of the Joint Health and Wellbeing Strategy is to 'Improve the mental and physical wellbeing of the population'. This will include rolling out the No Health Without Mental Health Implementation Plan in County Durham.

'Closing the Gap': Priorities for essential change in mental health' is a policy paper that follows on from 'No Health Without Mental Health' and identifies 25 priorities for health and social care services over the next couple of years. These priorities are reflected in the Joint Health and Wellbeing Strategy or in the Public Mental Health Strategy that links to it e.g. improved access to psychological therapies.

National Drugs Strategy

This sets out the government's approach to tackling the use of drugs and its effect on crime, family breakdown and poverty. Work to reflect drug misuse in County Durham is reflected for young people in Objective 1 and for adults in Objective 2 of the Joint Health and Wellbeing Strategy. This includes implementing the County Durham Drugs Strategy and reducing negative risk-taking by young people.

National Alcohol Strategy

The Alcohol Strategy sets out proposals to crackdown on the 'binge drinking' culture and slash the number of people drinking to damaging levels. The Joint Health and Wellbeing Strategy will address health issues caused by alcohol in County Durham through the Alcohol Harm Reduction Strategy.

End of Life Care Pathway

NHS England has a responsibility for planning how to deliver End of Life Care but there is also a role for Clinical Commissioning Groups and local authorities.

Following an independent review, the Liverpool Care Pathway was phased out over 2013/14 and a new approach has been developed by the Leadership Alliance for the Care of Dying People (LACDP) which focuses on achieving five priorities, including patient involvement in decisions about treatment, sensitive communication between staff and patients, and an individual care plan that is delivered with compassion. Joint working to develop End of Life Care Pathways in County Durham is shown in objective 6 of the Joint Health and Wellbeing Strategy.

Criminal Justice and Courts Act 2015

The Criminal Justice and Court Act 2015 introduces two new criminal offences of willful neglect or ill-treatment in health and social care following recommendations made by Robert Francis QC in relation to the public inquiry into care at Mid Staffordshire Foundation Trust.

The offences to be introduced in 2015 will apply to:

- all formal healthcare provision for adults and children in both the NHS and private sector, other than in specific excluded children's settings and services which are already subject to existing legislative and regulatory safeguards;
- all formal adult social care provision, in both the public and private sectors, including where care is self-funded; and,
- individuals and organisations paid to provide or arrange for the provision of these health and adult social care services, but with the offence for organisations formulated differently from that for individuals.



6. The picture of health and wellbeing needs in County Durham linked to the Joint Strategic Needs Assessment and Annual Report of the Director of Public Health County Durham

The health of the people in County Durham has improved significantly over recent years, but remains worse than the England average. Health inequalities remain persistent and pervasive. Levels of deprivation are higher and life expectancy is lower than the England average, and there is also inequality within County Durham for many measures (including life expectancy and premature mortality for example). The links between poor health outcomes and deprivation are well documented.

Health inequalities are affected by socio-economic conditions that exist within County Durham such as lower household income levels, lower educational attainment levels and higher levels of unemployment, which lead to higher rates of benefits claimants suffering from mental health or behavioural disorders. Local priorities for tackling these inequalities include reducing smoking, tackling childhood and adult unhealthy weight, promoting breastfeeding, reducing alcohol misuse, reducing teenage conceptions (and promoting good sexual health), promoting positive mental health and reducing early deaths from heart disease and cancer.

Much of our population suffer from avoidable ill-health or die prematurely from conditions that are preventable. Lifestyle choices remain a key driver to reducing premature deaths but it is clear that social, economic and environmental factors also have a direct impact on health status and can exacerbate existing ill health.

Many people in County Durham continue to make poor lifestyle choices when compared to England. Smoking

prevalence, proportion of mothers smoking during pregnancy, unhealthy weight in age 10 and 11 year olds and adults, alcohol specific hospital admissions and teenage conception rates are all greater than the England average. Lower than average levels of breastfeeding initiation are prevalent, combined with poor diet choices.

The county has an ageing population structure and this will provide challenges in delivering services.

Demographics:

- The 65+ age group is projected to increase from almost one in five people in 2013 (19.2%) to nearly one in four people (24.7%) by 2030, which equates to an increase of 39.8% from 99,000 to 138,400 people.
- The proportion of the county's population aged 85+ is predicted to almost double (+ 95.2%) by 2030.
- Life expectancy is improving for both males (77.9) and females (81.5), but is still below the England average (79.2 for males), (83 for females).

Social isolation and loneliness is a significant and growing public health challenge for County Durham's population. It affects many people living in County Durham and has a significant negative effect on health and wellbeing across the life course. Anybody can be affected by social isolation or loneliness and it can 'affect any person, living in any community'. It is costly to local health and care services and can increase the chances of premature death.

Further information and detail is contained within the County Durham Joint Strategic Needs Assessment and the [Annual Report of the Director of Public Health County Durham](#).

7. Strategic Objectives

The following 6 Strategic Objectives are the medium term aims for the Joint Health and Wellbeing Strategy 2015-18.

Strategic Objective 1: Children and young people make healthy choices and have the best start in life

Why is this a Strategic Objective?

Supporting children and young people to be healthy and to reach their full potential through offering support at the earliest opportunity is vital to them achieving successful outcomes.

The proportion of children living in poverty in County Durham continues to be greater than the England average. Growing up in poverty has a significant impact on children and young people both during their childhood and beyond.



What is going well?

- The percentage of young people who exit from treatment for drugs and/or alcohol in a planned way has improved, exceeded target and is better than the national average.

Areas of development

- Under 18 conception rates has increased and is worse than the national average.
- Breastfeeding initiation and prevalence rates in County Durham are significantly lower than the national rate.
- The number of young people admitted to hospital as a result of self-harm is significantly higher than the national average.
- The number of young people admitted to hospital due to alcohol is higher than both national and regional averages.
- The percentage of children aged 10-11 classified as overweight or obese has reduced but is still higher than national and regional averages.

What you told us

- Relevant dedicated people (not necessarily teachers) to engage young people and deliver messages around sex education.
- Better accessibility and raised awareness of the role of school nurses.
- Young people raised concerns with regards to the amount of children and young people they are aware of that self-harm.

Investing in Children Agenda Days August – September 2014

- Improve the quality of the information about alcohol given in primary schools, using recovery ambassadors and Fire and Rescue Services' annual visit.

Health and Wellbeing Board Big Tent Engagement Event October 2014

EVIDENCE FROM THE JOINT STRATEGIC NEEDS ASSESSMENT

In County Durham:

- Between 2001 and 2013, the 0-17 population in County Durham has fallen by 6% which is a slightly smaller fall than the North East region of 7.5%, while the national trend is reversed and saw an increase in the 0-17 population of 2.8% over the same period. By 2030, the number of children and young people aged 0-17 is projected to increase by 6.5%, reversing some of the declining trends seen prior to 2011.
- Between 2001 and 2013, due to the increase in birth rate, the 0-4 age group in County Durham increased by 10.7%. As a result of an increase in the birth rate, it is expected that there will be in the region of 1,220 more primary aged pupils by 2023/24 than there were in 2013/14.
- The proportion of women who start to breastfeed in County Durham (57.4%) is significantly lower than the England average (73.9%) and has been so over time.
- The prevalence of excess weight for 10-11 year olds (35.9%) is higher than the England average 33.3% (2012/13).
- Teenage conception rates (15-17 year olds) (33.7 per 1,000) are greater than the England average (27.7 per 1,000) but lower than the North East average (35.5 per 1,000) and have been falling over time (1998-2012).
- County Durham's under-18 alcohol specific hospital admission rate in 2012/13 was 81.5 per 100,000, higher than the regional rate of 72.2 (Local Alcohol Profiles for England 2014). County Durham is ranked 18th worst out of 326 local authorities.
- Too many of our children still experience preventable dental disease. Children's tooth decay at age 5 in County Durham in 2011/12 (0.93%) was not significantly different to England (0.94%) but was lower than the North East (1.02%).
- During 2013/14, 19.9% of mothers were smokers at the time of delivery compared to 20.9% regionally and 12% nationally.
- Admissions to hospital (2012/13) as a result of self-harm (aged 10-24) are significantly higher (410.5 per 100,000) than England (346.3 per 100,000) and not significantly different to the North East (479.6 per 100,000).
- County Durham has 4,070 disabled children and young people in receipt of Disability Living Allowance, of which 358 are severely disabled and receive a statutory service from the Children's Disability Team.
- Around 10% of those aged 5-16 years have a classifiable mental health disorder, which is similar to the national and regional estimate.
- 23% of children aged under 16 years live in poverty compared with the England average of 20.6%.
- Physical activity levels for children in County Durham are higher than the English average. 56.7% of children in years 1-13 spend at least 3 hours per week on high quality PE and school sport, compared to 55.1% nationally (Child Health Profile 2013). Data is no longer available in the 2014 Profile.

Strategic Actions – How we will work together

Reduced Childhood Obesity

- Improve support to families and children to develop healthy weight.
- Improve support to women to start and continue to breastfeed their babies.

Improved early health intervention services for children and young people

- Continue to improve the Mental Health and emotional wellbeing of children and young people and ensure interventions and services are effective and available to those who need it.
- Support the reduction of teenage pregnancies (under 18 conceptions) in County Durham by delivering interventions that are in line with evidence and best practice.
- Reduce the oral health inequalities faced by children within County Durham
- Continue to implement the Healthy Child Programme.
- Implement the Early Help Strategy to better support families who have additional needs at an earlier point.
- Work together to reduce incidents of self-harm by young people.
- Implement the Special Educational Needs and Disability Strategy 2015-18, based on the findings of the SEND Review, to enable joint commissioning of services and support for individual children across education, health and social care
- Ensure health, social care and third sector organisations work together to identify and support young carers.
- Work in partnership to increase awareness and provide education to young people and their parents on the risks of alcohol and ensure that adequate control on the sale of alcohol is in place and effective treatment services are available.

What are the outcomes / measures of success?

- Prevalence of breastfeeding at initiation and 6-8 weeks from birth.
- Percentage of children aged 4-5 and 10-11 classified as overweight or obese.
- Number of young people referred to CAMHS who are seen within 9 weeks.
- Alcohol specific hospital admissions for under 18's.
- Percentage of exits from young person's substance misuse treatment that are planned discharges.
- Under 16 and 18 conception rates.
- Percentage of mothers smoking at time of delivery.
- Infant mortality rate.
- Emotional and behavioural health of Looked After Children.
- Emergency admissions for children with lower respiratory tract infections.
- Young people aged 10-24 years admitted to hospital as a result of self-harm.

Case Study

Young parents were referred into Children's Centre for family support to work on home routines and getting baby into a routine and support with bonding and attachment.

Senior Family Worker (SFW) started 1:1 work in the home supporting parents with routines both for baby and home. At first both parents didn't engage with the SFW.

Both parents started MAD's Group (Mam's and Dad's young parent's group) in a Children's Centre. Mother has continued to attend with baby for a number of months. Mother has accessed many training opportunities within the MAD's group such as; confidence building, looking at self-esteem, building positive relationships, cooking healthy fast food on a budget as well as adult learning courses.

Through coming to the MAD's group mother has:

- Developed a routine with the baby.
- Cooked healthy meals.
- Learnt how to play with baby.
- Learnt how to be patient.
- Become more confident with baby and developed excellent attachment to baby.

The baby is:

- Meeting all his stages of development: his physical development is excellent. He was an early crawler and is now a confident walker at 12 months.
- A happy and confident little boy who also lets you know when he's not happy.
- Good at showing his emotions.



Strategic Objective 2: Reduce health inequalities and early deaths

Why is this a Strategic Objective?

Life expectancy in County Durham has improved over recent years although more still needs to be done, as County Durham is still worse than the England average.

What is going well?

- The percentage of patients receiving treatment within 31 days of cancer treatment has achieved target and is consistent with regional and national averages.
- County Durham is above the regional and national average for breast and cervical screening rates.

What you told us

- Building resilience for individuals and educating communities on how they can help individuals to help themselves is important.
- Inform communities of what help is available.

Health and Wellbeing Board Big Tent Engagement Event October 2014

Areas of development

- Successful completions as a percentage of total number in drug treatment is below target and national and regional averages.
- Four week smoking quitters is below target and has decreased from the same period of the previous year.
- Alcohol related admissions to hospital for all ages are significantly higher than the national average.
- Despite improvements in all cause mortality rates for those under 75 years, the rate remains significantly higher than the national average.



EVIDENCE FROM THE JOINT STRATEGIC NEEDS ASSESSMENT

In County Durham:

- Children born in County Durham will, on average, live around a year and a half less than the average for England, and in some parts of the county life expectancy is even lower. The average life expectancy in County Durham is 77.9 years for males and 81.5 years for females (England average 79.2 males / 83.0 females).
- The healthy life expectancy for County Durham is significantly worse for both males (58.7) and females (59.4) than for England (63.4 and 64.1 respectively).
- In County Durham premature mortality rates for the ‘biggest killers’ (cancer, heart disease and stroke) are higher than nationally, but have been reducing at a faster rate than England.
- On average in County Durham around 1,075 people died per year from smoking-related causes in the period 2010-12. Smoking-related death rates are significantly higher in County Durham than England.
- In County Durham, males born in the most affluent areas will live 7 years longer than those born in the most deprived areas. Females born in the most affluent areas will live 7.2 years longer than those born in the most deprived areas.
- Recorded prevalence of many long term conditions is greater in County Durham than England (CHD, hypertension, COPD, diabetes).
- Smoking is the biggest single contributor to the shorter life expectancy experienced locally and contributes substantially to the cancer burden. Between 2010 and 2012 cardiovascular disease (CVD) and cancer accounted for 64% of early or premature deaths in County Durham.
- Cancer contributes significantly to the gap in life expectancy between County Durham and England and as such is a priority area for action locally.
- Adult obesity in County Durham (27.4%) is not significantly different from England (23%) or the North East (25.9%). Excess weight in County Durham (72.5%) is significantly higher than England (63.8%) but not significantly different to the North East (68%). Being overweight and obese is more common in lower socioeconomic and socially disadvantaged groups, particularly among women.
- Significantly higher alcohol-related admission rates than England for men and women. Rates have been rising over time for men and women locally (8% men and 12% women), regionally (9% men and 10% women) and nationally (16% men and 18% women).
- Between 2009 and 2012 there was a total of 820 additional deaths, an average of 273 additional deaths each winter than would be expected from the rate of death in the non-winter months. This was not significantly different to the England average.
- Concerns by offenders relating to anxiety/stress increased from 23.1% in 2008 to 30.1% in 2011 and concerns about depression from 24.1% in 2008 to 29.9% in 2011.

Strategic Actions – How we will work together

Reduced levels of tobacco related ill health

- Implement a comprehensive partnership approach to wider tobacco control actions to reduce exposure to second hand smoke, help people to stop smoking, reduce availability (including illicit trade), reduce promotion of tobacco, engage in media and education and support tighter regulation on tobacco.
- Implement local awareness-raising campaigns to support the Smokefree Families Initiative, by targeting specific age groups on the health issues related to second hand smoke and by encouraging smoke free play areas across the county.

Reduced obesity levels

- Implement the Healthy Weight Strategic Framework to develop and promote evidence based multi-agency working and strengthen local capacity and capability.
- Implement a Food and Health Action Plan for County Durham .

Reduced levels of alcohol and drug related ill health

- Work together to reduce the harm caused by alcohol to individuals, families and communities in County Durham while ensuring that people are able to enjoy alcohol responsibly.
- Implement the Drugs Strategy to prevent harm, restrict supply and sustain a future for individuals to live a drug free and healthy life, whilst minimising the impact of drugs on communities and families.
- Implement new specialist joint drug and alcohol service for children and adults.

Reduced mortality from cancers and circulatory diseases

- Work in partnership to develop effective preventative and treatment services for cancers.
- Work in partnership to develop effective preventative and treatment services for circulatory diseases.
- Implement an integrated and holistic Wellbeing for Life service to improve health and wellbeing and tackle health inequalities in County Durham.
- Reduce the inequalities between people with learning disabilities and the general population.

Reduced excess winter deaths

- Integrate and roll out interventions to address the impact of fuel poverty on excess mortality and morbidity.



What are the outcomes / measures of success?

- Mortality rate from all causes for persons aged under 75 years.
- Mortality rate from all cardiovascular diseases (including heart disease and stroke) for persons aged under 75 years.
- Mortality rate from all cancers for persons aged under 75 years.
- Percentage of eligible people who receive an NHS health check.
- Mortality rate from liver disease for persons aged under 75 years.
- Mortality rate from respiratory diseases for persons aged under 75 years.
- Percentage of patients receiving first definitive treatment for cancer within 31 days from diagnosis.
- Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer.
- Male / female life expectancy at birth.
- Successful completions as a percentage of total number in drug treatment – Opiates / Non Opiates.
- Alcohol-related admissions to hospital.
- Successful completions as a percentage of total number in treatment – Alcohol.
- Four week smoking quitters.
- Estimated smoking prevalence of persons aged 18 and over.
- Proportion of physically active adults.
- Excess weight in adults.
- Percentage of women in a population eligible for breast /cervical screening at a given point in time who were screened adequately within a specified period.
- Percentage of people eligible for bowel screening who were screened adequately within a specified period.
- Excess winter deaths.
- Percentage of people with learning disabilities that have had a health check

Case Study

Mr J began experimenting with drugs when he was 12 and was a heroin user by the age of 23. He became homeless, continued to take drugs and this led to severe health issues.

This was a turning point in Mr J's life. He contacted Recovery Academy Durham (RAD) and completed the 12 step rehab programme.

Mr J has now remained drug free for 17 months. He is currently volunteering as a drug and alcohol recovery ambassador in County Durham and is using his past experiences of addiction and his new knowledge of recovery to help and support other addicts to recover and find a new way to live.

Strategic Objective 3: Improve the quality of life, independence and care and support for people with long term conditions

Why is this a Strategic Objective?

- The number of people with long term chronic conditions requiring health and social care services will increase, as will the number of those requiring additional support to maintain independence in their own homes. An increasingly older population will see increased levels of disability and long term conditions (LTCs) and will significantly increase the number of people needing to provide care to family members or friends.
- Long term conditions have a significant impact on reducing the length and quality of a person's life. They also impact on family members who may act as carers, particularly in the later stages. People with long term conditions are the most frequent users of health care services accounting for 50% of all GP appointments and 70% of all inpatient bed days.
- Local authorities with adult social care responsibilities have a statutory duty to provide an assessment, including a new duty for carers and children who are likely to need support after their 18th birthday.
- The Care Act creates statutory principles which mean that whenever a local authority makes a decision about an adult, they must promote that adult's wellbeing.

What is going well?

- Percentage of people with no ongoing care needs following completion of provision of a reablement package has increased.
- The number of people who are fit for discharge but delayed in a hospital bed has decreased and is better than the national average.
- The percentage of people who report that the services they receive has helped to improve the quality of their life has exceeded target.



Areas of development

- The number of older people admitted to hospital for falls or falls injuries is higher than the national average.
- The number of older people admitted to hospital with hip fractures is higher than the national and north east averages.

What you told us

- We need to involve patients earlier in the process of designing services and pathways to make sure they work for patients.
- Involve carers more in creating care plans.
- Better coordination across health and social care, including sharing information and systems.
- Need to raise the public's awareness of what Frail Elderly services are available.

Health and Wellbeing Board Big Tent Engagement Event October 2014

- 93% of service users reported that the help and support they receive has made their quality of life better.
- 93.4% of service users reported that they have control over their life.

Assessment and Review Survey

EVIDENCE FROM THE JOINT STRATEGIC NEEDS ASSESSMENT

In County Durham:

- The number of carers aged 65+ providing unpaid care is set to increase by 30.6% by 2030 (from 14,911 in 2014 to 19,481).
- The number of older carers aged 75 years and over receiving a service increased by 3% from 853 in 2010/11 to 875 in 2013/14.
- There has continued to be an increase in the number of older people who are offered the choice and control to purchase their own care and support services through self-directed support. In 2013/14 in County Durham 7,931 older people were in receipt of personal budgets, this is an increase of 20.8% when comparing 2010/11 figures.
- The percentage of people with long term conditions, for example, Diabetes, Coronary Heart Disease, and stroke is higher than the England average.
- In 2013/14, there were 1,450 referrals to the reablement service, an increase of 7.3% on the previous year (1,351). 62.3% of those referred completed the period without the need for ongoing care. 21.5% received a reduced care package. 83.8% of people completing reablement achieved their goals.
- In 2013/14 there were 293 adults with autism aged 18-64 years accessing social care services in County Durham, a 3.2% increase on 2012/13 (284) figures.

Strategic Actions – How we will work together

Adult care services are commissioned for those people most in need

- Implement The Care Act to promote integration between care and support provision and health services.
- Support people with caring responsibilities to identify themselves as carers so they can access the information, advice and support that is available.

Increased choice and control through a range of personalised services

- Work together to give people greater choice and control over the services they purchase and the care that they receive.

Improved independence and rehabilitation

- Develop a new model for Community Services for the Frail Elderly that incorporates a whole system review that cuts across health, social care and the third sector; whilst delivering person centred care and placing early identification, timely intervention and prevention at its core.
- Maintain people's independence at home and reduce unplanned admissions by expanding the use of self-management programmes and technology.
- Improve people's ability to reach their best possible level of independence by implementing the Intermediate Care Plus Service and other effective alternatives to hospital and residential care admission.
- Provide safe, high quality 7 day integrated services across the health and social care economy.
- Implement the Urgent Care strategy to ensure that patients are seen by the right health/social care professional, in the right setting, at the right time, to the highest quality and in the most efficient way providing the best outcome for the patient.

Improved joint commissioning of integrated health and social care

- Implement the agreed framework for Clinical Commissioning Group decision-making in relation to continuing health care and integrated packages in mental health and learning disability, including personal health budgets.
- Implement the Better Care Fund Plan to integrate health and social care services.
- Work together to ensure a more localised approach to enable Clinical Commissioning Groups to set priorities based on local evidence.

What are the outcomes / measures of success?

- Carer reported quality of life.
- Overall satisfaction of carers with support and services they receive.
- Percentage of service users reporting that the help and support they receive has made their quality of life better.
- Proportion of people using social care who receive self-directed support.
- Adults aged 65+ admitted on a permanent basis in the year to residential or nursing care.
- Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.
- Emergency readmissions within 30 days of discharge from hospital.
- Delayed transfers of care from hospital.
- Falls and injuries in the over 65s.
- Hip fractures in the over 65s.
- Proportion of people feeling supported to manage their condition.
- Avoidable emergency admissions.
- Number of people in receipt of Telecare per 100,000.
- Prevalence of Diabetes.

Case Study

Mr D lives alone and is aged over 80. He has had a stroke, has reduced mobility and some memory problems. His daughter lives nearby and visits as often as she can. Mr D takes several different tablets during the day and was having trouble remembering when to take them. His daughter noticed he had taken too much medication on some days. Mr D was provided with a medication dispenser connected to Care Connect, which alerts him at set times during the day and allows him to access the correct tablets. Should he not take his medication the dispenser alerts the Care Connect control centre who contact Mr D or visit if there is a problem. Mr D now feels reassured and in control and his daughter no longer worries that he is taking too much medication.

Strategic Objective 4: Improve the mental and physical wellbeing of the population

Why is this a Strategic Objective?

Good mental wellbeing and resilience are fundamental to our physical wellbeing, relationships, education, training, work and to achieving our potential; it is the foundation for wellbeing and the effective functioning of individuals and communities. Rates of mental health illnesses, for example depression, are projected to significantly increase by 2030. This objective recognises the impact physical wellbeing has on mental wellbeing and vice versa.

What is going well?

- The percentage of service users who have as much social contact as they would like is above target.
- A higher percentage of people in secondary mental health services in County Durham live independently than nationally

Areas of development

- Improve access to psychological therapy services.
- Suicide rates are higher in Durham than the regional and national averages.
- The rate of people admitted to hospital as a result of self-harm is significantly higher than the national average.

EVIDENCE FROM THE JOINT STRATEGIC NEEDS ASSESSMENT

In County Durham:

- Projections for people with dementia suggest that the estimated 6,625 people affected in 2014 could almost double to 10,896 by 2030 (source: Projecting Older People Population Information).
- The number of adults referred and assessed with mental health needs increased year on year across County Durham, by 23.4% for referrals and by 22.9% for assessments when comparing 2010/11 figures with 2013/14.
- For the period 2011/13, the suicide rate per 100,000 in County Durham (13.4) was significantly higher than England (8.8).
- There are over 4,600 people in County Durham registered with GP's with a diagnosis of mental illness.
- Older prisoners are at a greater risk of becoming isolated within the prison environment and are less likely to have social support, with a greater risk of developing mental health difficulties.
- In County Durham estimates suggest that around 22,000 people aged 18-64 years are socially isolated (7%).

Nationally:

- Estimates suggest that 1 in 4 adults will experience mental health problems at any one time.
- Life expectancy is on average 10 years lower for people with mental health problems due to poor physical health. People with a severe mental illness are:
 - 5 times as likely to suffer from diabetes.
 - 4 times as likely to die from cardiovascular or respiratory disease.
 - 8 times as likely to suffer Hepatitis C.
 - 15 times as likely to be HIV positive.
- Over half (52%) of the ex-service community report having a long-term illness or disability, compared with 35% in the general population.
- There is an increased risk of suicide among recently released prisoners in England and Wales. The greatest risk is identified in those people aged 50 years and over.

Strategic Actions – How we will work together

Increased physical activity and participation in sport and leisure

- Provide a wide range of physical activity opportunities across County Durham to support more active lifestyles and contribute towards tackling 'lifestyle conditions'.
- Establish a wide and large scale intervention approach across agencies to support increased participation in physical activity through culture change.

Maximised independence

- Work together to support people who have dementia to live in their own home for as long as possible.
- Develop and implement programmes to increase resilience and wellbeing through practical support.
- Work together to find ways that will support the armed services community who have poor mental or physical health.
- Ensure that people using mental health services who are in employment have a care plan that reflects the additional support needed to help them retain this employment.
- Continue to improve access to psychological therapies.

Increased social inclusion

- Develop a more integrated response for people with both mental and physical health problems, in particular supporting people with common mental health problems (such as depression or anxiety).
- Work in partnership to identify those who are, or who are at potential risk of becoming socially isolated to support people at a local level and to build resilience and social capital in their communities.
- Work in partnership to support the building of improved connectedness in communities in order to protect those most at risk of social isolation.
- Work together to address the health and social needs of vulnerable people who come into contact with the Criminal Justice System.
- Work together to reduce the health inequalities between the Gypsy Roma Traveller community and the general population

Reduced self-harm and suicides

- Implement the multi-agency Public Mental Health Strategy for County Durham including the self-harm and suicide plan.



What are the outcomes / measures of success?

- Gap between the employment rate for those with a long term health conditions and the overall employment rate.
- Proportion of adults in contact with secondary mental health services in paid employment.
- Suicide rate.
- Hospital admissions as a result of self-harm.
- Excess under 75 mortality rate in adults with serious mental illness.
- Percentage of people who use adult social care services who have as much social contact as they want with people they like.
- Estimated diagnosis rate for people with dementia.

What you told us

- Need to reduce the social stigma of mental health problems
- Care pathways should not end when treatment does, needs to link into physical activity opportunities and other support mechanisms.
- There's a link between crisis and who you talk to – communication is important.
- Flexible service is required following discharge – so people can dip in and out when need to.
- Cognitive therapy is important for people suffering from dementia.
- Increase speech and language support for young people in the criminal justice system.

Health and Wellbeing Board Big Tent Engagement Event October 2014

- 85.3% of people who use services and their carers reported that they have as much social contact as they would like.

Assessment and Review Survey

Case Study

Mr B is a 65 year old man with advanced dementia. He lives with his wife and needs 24 hour supervision.

Mr B's wife is his main carer and provides round-the-clock support for her husband. This is a big responsibility and often Mrs B struggles to sleep and also has physical health problems.

The couple receive weekly social work visits which provide support to Mr B's wife. Mr B has a Personal Budget which is used to purchase support services, including specialist day care, sitting services and residential respite care. Without the support that the couple receive, Mr B would need 24-hour residential care.

Strategic Objective 5: Protect vulnerable people from harm

Why is this a Strategic Objective?

- The Safeguarding Adults Board (which now has statutory powers) and the Local Safeguarding Children Board are committed to ensuring that adults, children and young people are kept safe and feel safe at all times, no matter what their background.
- The LSCB is responsible for developing a multi-agency approach to Child Sexual Exploitation and missing children.

What is going well?

- The proportion of people who use services who say that those services have made them feel safe and secure is well above target (based on local data).
- The Percentage of children who became subject of a child protection plan for a second or subsequent time has reduced and is lower than the national average

Areas of development

- The Transformation of Children's Social Care Services aims to reduce the number of children and young people in statutory services and provide early help to families when they need it.

What you told us

- 93.6% of Social Care users surveyed, reported that the care and support they received made them feel safer.

Assessment and Review Survey

- A report in 2012 by the Victim's Services Advocate found that victims of domestic abuse felt that they were not always taken seriously, especially if there were no signs of physical abuse. The first response was also considered to be the most important in terms of influencing outcomes relating to engagement with criminal justice processes, referrals for holistic needs assessment and subsequent development of appropriate pathways of support.

EVIDENCE FROM THE JOINT STRATEGIC NEEDS ASSESSMENT

In County Durham:

- Domestic abuse features in just less than half (46.1%) of all Initial Child Protection conferences (167) and continues to be the most common factor across all localities.
- Children in need referrals in 2013/14 show that abuse/neglect is the most significant type of primary need recorded.
- During 2013/14 the majority of children (50.3%) who became subject to a child protection plan were aged less than 5 years old.
- In 2013/14 the majority of safeguarding adults referrals for alleged abuse refer to incidents that have occurred in care homes and at the service user's home address.
- Safeguarding adults referrals in 2012/13 show that Neglect or Acts of Omission was the most common type of alleged abuse in 2013/14 (For example, failure to provide for medical, social or educational needs and withholding necessities such as food, drink and warmth and a lack of protection from hazards).

Strategic Actions – How we will work together

Provide protection and support to improve outcomes for victims of domestic abuse and their children

- Work together to provide support to victims of domestic abuse from partners or members of the family.

Safeguarding children and adults whose circumstances make them vulnerable and protect them from avoidable harm

- Work in partnership to identify signs of family vulnerability and to offer support earlier.
- Support families using a Think Family approach to address their needs at the earliest opportunity.

What are the outcomes / measures of success?

- Percentage of repeat incidents of domestic violence.
- Proportion of people who use services who say that those services have made them feel safe and secure.
- Number of children's assessments where risk factors of parental domestic violence, mental health, alcohol misuse or drug misuse are identified.
- Number of children with a Child Protection Plan per 10,000 population.
- Percentage of adult safeguarding referrals substantiated or partially substantiated.



Case Study

Miss V is a young lady who has learning disabilities. She had experienced financial abuse by her relatives for many years.

The Safeguarding Adults Team were alerted to Miss V's situation. The team's intervention prevented further abuse and protected her from debts which her relatives had run up in her name.

Miss V has moved into supported accommodation and now has access to her own money to spend. She has settled well in her new home and has no further contact with the people responsible for the abuse.

Strategic Objective 6: Support people to die in the place of their choice with the care and support that they need

Why is this a Strategic Objective?

To ensure the care and provision meets the individual requirements of people identified with palliative needs and those living with increased need in their last year(s) of life and support is provided to families and carers.

What is going well?

- County Durham has higher numbers of people at the end of their life dying in their usual place of residence compared to the national figures.

Areas of development

- A lack of prompt access to services in the community may lead to people approaching the end of their life being unnecessarily admitted to hospital. The absence of 24 hour response services and timely access to advice and medication leads to unplanned admissions.

What you told us

- Need to ensure that the needs of families and carers are reflected in palliative care services.

EVIDENCE FROM THE JOINT STRATEGIC NEEDS ASSESSMENT

- The National End of Life Care Strategy aims for all adults to receive high quality end of life care regardless of age, condition, diagnosis, ethnicity or place of care.
- One indication of end of life care is whether or not a person achieves a death in their place of choice.
- For the period 2013/14 in County Durham 96% of people who stated their preferred place of death achieved it in the North Durham CCG area, and 83% in the Durham Dales, Easington and Sedgefield CCG area.

In County Durham:

- Around 5,300 people die each year from all causes; around two thirds of these are aged over 75 years (similar to the national experience).
- The 2012 National End of Life Care profile for County Durham states that for the period 2008-2010:
 - 54% of all deaths were in hospital.
 - 22% occurred at home.
 - 19% occurred in a care home.
 - 3% were in a hospice.
 - 3% were in other places.
- Between 2008 and 2010 in County Durham:
 - 29% of all deaths were from CVD.
 - 29% of all deaths were from cancer.
 - 28% of all deaths were from other causes.
 - 15% of all deaths were from respiratory diseases.

Strategic Actions – How we will work together

Improved End of Life Pathway

- Ensure the care and provision meets the individual requirements of people identified with palliative needs and those living with increased need in their last year(s) of life and support is provided to families and carers.



What are the outcomes / measures of success?

- Proportion of deaths in usual place of residence.
- Percentage of hospital admissions ending in death (terminal admissions) that are emergencies.

Case Study

Miss H is a lady with learning disabilities who has recently passed away. Although this is a sad event and she will be missed by those who knew her it is also a testament to the dignified and caring outcome that can be achieved for someone when agencies work together.

This lady had been ill for a number of months but would not tolerate medical intervention. Initially the health facilitation team worked with the staff in Supported Housing to try and look at ways to support any medical intervention. Her GP surgery was very supportive and looked at ways of treating the symptoms she was showing while unable to reach a diagnosis. She continued to state that she did not want to go to hospital.

It was agreed at a best interest meeting that Miss H's wishes would be paramount and that Palliative care would be the best option. She was seen by the psychologist who confirmed that he felt that she was able to make that decision. As Miss H's condition deteriorated she was supported by physiotherapist, occupational therapists, District Nurses, MacMillan nurses and Supported Housing staff. As a result of this Miss H was able to stay at home and have a peaceful death and not going into hospital.

8. Measuring Success: Performance Management Arrangements for the Joint Health and Wellbeing Strategy

The overarching framework for the Joint Health and Wellbeing Strategy is from the national outcomes frameworks:

- Adult Social Care
- NHS
- Public Health

Performance management arrangements have been developed for the Joint Health and Wellbeing Strategy in order to measure the effectiveness of the Strategy. This ensures responsibility and accountability of the strategic actions within the Strategy.

The Health and Wellbeing Board regularly monitors and reviews the Strategy.

Copies of six monthly performance reports, agendas and minutes from previous Health and Wellbeing Board meetings can be found on the [Health and Wellbeing Board committee webpage](#).



9. Appendices

- Appendix 1 Membership of the Health and Wellbeing Board
- Appendix 2 Other strategies that link to the Joint Health and Wellbeing Strategy
- Appendix 3 Abbreviations / Glossary of Terms

Appendix 1 – Membership of the Health and Wellbeing Board

COUNCILLOR LUCY HOVELS

Chair of Health & Wellbeing Board

Member Portfolio Holder (Safer & Healthier Communities) – Durham County Council

DR. STEWART FINDLAY

Vice Chair of Health & Wellbeing Board

Chief Clinical Officer - Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

COUNCILLOR OSSIE JOHNSON

Member Portfolio Holder (Children & Young People's Services) – Durham County Council

COUNCILLOR MORRIS NICHOLLS

Member Portfolio Holder (Adult Services) – Durham County Council

RACHAEL SHIMMIN

Corporate Director Children & Adults Services – Durham County Council

ANNA LYNCH

Director of Public Health County Durham – Children & Adults Services
Durham County Council

ALAN FOSTER

Chief Executive – North Tees & Hartlepool NHS Foundation Trust

JOSEPH CHANDY

Director of Primary Care, Partnerships and Engagement– Durham Dales,
Easington & Sedgefield Clinical Commissioning Group

DR. DAVID SMART

Clinical Chair – North Durham Clinical Commissioning Group

NICOLA BAILEY

Chief Operating Officer – North Durham and Durham Dales, Easington & Sedgefield
Clinical Commissioning Groups

CAROL HARRIES

Director of Corporate Affairs – City Hospitals Sunderland, NHS Foundation Trust

SUE JACQUES

Chief Executive – County Durham & Darlington NHS Foundation Trust

MARTIN BARKLEY

Chief Executive – Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV)

JUDITH MASHITER

Chair, Healthwatch County Durham

Appendix 2 - Other strategies and documents in place that link to the Joint Health and Wellbeing Strategy

Overarching

- Sustainable Community Strategy
- Council Plan
- Clinical Commissioning Group Plans
- NHS Acute Trust Quality Accounts
- Annual Report of the Director of Public Health County Durham
- County Durham & Darlington NHS Foundation Trust – Right first time 24/7 (Clinical & Quality Strategy)
- Urgent Care Strategy
- System Resilience Group's Resilience Plan

Objective 1

- Children, Young People and Families Plan 2015-18
- Early Help Strategy
- Early Years Strategy
- TEWV Transformation of children and young people services Plan
- Teenage Pregnancy Strategy Health Needs Assessment
- School Nurse Review
- Strategy for Prevention of Unintentional Injuries in Children and Young People (0-19year)
- Children and Adolescent Mental Health Services Strategy
- Mental Health and Emotional Wellbeing Strategy to be developed in 2015

Objective 2

- Physical Activity Delivery Plan
- Healthy Weight Strategic Framework for County Durham
- Tobacco Alliance Action Plan
- County Durham Drug Strategy 2014-17
- *Alcohol Harm Reduction Strategy 2012-15
- Intermediate Care Strategy
- Cardiovascular Disease Prevention Strategic Framework for County Durham

* Alcohol Harm Reduction Strategy 2015-17 currently in development

Objective 3

- Older Persons Accommodation and Support Services Strategy 2010-2015
- Learning Disability Self-Assessment Framework
- Winterbourne View Concordat and Action Plan

Objective 4

- County Durham Implementation Plan of the “No Health without Mental Health” National Strategy
- Dementia Strategy
- Public Mental Health Strategy (including self-harm and suicide)
- Mental Health Crisis Care Concordat
- Gypsy and Traveller Health Needs Assessment
- Gypsy, Roma, Travellers in County Durham: A strategy for the future 2014-17

Objective 5

- Safeguarding Framework
- Local Safeguarding Children Board Annual Report
- Safeguarding Adults Board Annual Report
- Safe Durham Partnership Plan 2015-18
- Domestic Abuse and Sexual Violence Strategy
- Perpetrator Strategy
- Health Needs Assessment of Offenders, 2011
- Think Family Strategy

Objective 6

- Improving Palliative and End of Life Care: Strategic Commissioning Plan 2013 – 2018

Appendix 3 - Abbreviations / Glossary of Terms

AMHP	Adult Mental Health Professional
Autism	Autism is a condition which is characterised by impaired social and communication skills.
CAMHS	Child and Adolescent Mental Health Services
CHD	Coronary heart disease
Chronic	A persistent or recurring condition or a group of symptoms.
Clinical Commissioning Groups (CCGs)	Groups of GP practices, including other health professionals who will commission the great majority of NHS services for their patients.
COPD	Chronic obstructive pulmonary disease
County Durham Plan	Sets out information about new developments planned in the county, where these will take place and how they will be managed.
Cross Cutting Issues	Cross Cutting issues: Issues which impact upon or require action from multiple teams, services or areas.
CVD	Cardio-vascular disease
Dementia	Dementia is used to describe a syndrome which may be caused by a number of illnesses in which there is progressive decline in multiple areas of function, including decline in memory, reasoning, communication skills and the ability to carry out daily activities. Individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering.
Demographics	The statistical data of a population.
Deprived areas	Having different aspects to a problem, encompassing a range of issues e.g. financial, wealth, education, services or crime.
Domestic violence/abuse	Violence toward or physical abuse of one's spouse or domestic partner.
Fuel poverty	When a household's required fuel costs are above the median level; and if they were to spend what is required, then the household would be left with a residual income below the official poverty line.
GP	General practitioner - also known as family doctors who provide primary care.
Health Check	The NHS Health Check programme will be targeted at those with an estimated 20% risk or more of developing cardiovascular disease in the next 10 years.
Healthy Weight Alliance	A formal agreement to develop and improve partnerships that are committed to leading County Durham area residents to reduce the prevalence of unhealthy weight through the implementation of evidence based programs that improve health and healthy behaviours.
IAPT	Improving Access to Psychological Therapies
Incidence	The rate of occurrence of a disease in a population.
Intermediate Care	Intermediate care, either residential or non-residential, is a range of time-limited health and social care services that may be available to promote faster recovery from illness, avoid unnecessary admission to hospital, support timely discharge from hospital and avoid premature long-term admission to a care home.

Interventions	Services provided to help and/or improve the health of people in the county.
Joint Health & Wellbeing Strategy (JHWS)	The Health and Social Care Act 2012 places a duty on local authorities and CCGs to develop a Joint Health & Wellbeing Strategy to meet the needs identified in the local Joint Strategic Needs Assessment (JSNA).
Joint Strategic Needs Assessment (JSNA)	The Health and Social Care Act 2012 states the purpose of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages.
Looked after children	Children who are subject to care orders and those who are voluntary accommodated.
Life expectancy	The average number of years that an individual of a given age is expected to live if current mortality rates continue (Webb et al., Essential Epidemiology)
Long term condition (LTC)	The Department of Health has defined a Long Term Condition as being “a condition that cannot, at present be cured; but can be controlled by medication and other therapies.” This covers a lot of different conditions e.g. diabetes, chronic obstructive pulmonary disease (COPD), dementia, high blood pressure.
LSCB	Local Safeguarding Children Board
MAD’s Group	Mam and Dad’s young parent’s group
National dementia declaration	Explains the challenges presented to society by dementia and some of the outcomes that are being sought for people with dementia and their carers.
NHS	National Health Service
Personal budget	Provided that a person meets certain criteria they may be eligible for care and support and the council may help towards the cost. A Personal Budget is an amount of money the council makes available to meet a person’s eligible needs and agreed outcomes.
Premature mortality	Generally, premature mortality refers to deaths under the age of 75.
Prevalence	The proportion of a population with a disease at a given moment in time.
Quality Accounts	A report about the quality of services provided by an NHS healthcare service.
RAD	Recovery Academy Durham
Reablement	Reablement is about giving people over the age of 18 years the opportunity, motivation and confidence to relearn/regain some of the skills they may have lost as a consequence of poor health, disability/impairment or accident and to gain new skills that will help them to develop and maintain their independence.
Respiratory disease	Disease of the respiratory system which supplies oxygen to and removes carbon dioxide from the body.
SAB	Safeguarding Adults Board
SCS	Sustainable Community Strategy – vision for the local area and umbrella strategy for all the other strategies devised for the area.
Self-harm	The practice of cutting or otherwise wounding oneself, usually considered as indicating psychological disturbance.
SEND	Special Educational Needs and Disability
Stakeholders	Interested parties or those who must be involved in a service/project or activity.

Wider determinants of health

The conditions in which people are “born, grow, live, work and age”. It is the wider determinants of health that are mostly responsible for the unfair and avoidable differences in health status (World Health Organisation).

County Durham Joint Health and Wellbeing Strategy 2015-2018

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15 April 2015

Pharmaceutical Needs Assessment (PNA)



Report of Corporate Management Team

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Councillor Lucy Hovvels, Portfolio holder for Safer and Healthier Communities

Purpose of the Report

1. To present the completed Pharmaceutical Needs Assessment (PNA) for information following the statutory consultation phase (13 October 2014 to 12 December 2014).

Background

2. The PNA looks at the current provision of pharmacy services across County Durham and whether there are any potential gaps to service delivery.
3. The Health and Social Care Act 2012 transferred the responsibility for developing and updating PNAs from Primary Care Trusts (PCTs) to Health and Wellbeing Boards (HWBs). All HWBs must produce an updated PNA by 1 April 2015. The PNA will be used by NHS England in its consideration of applications to join the pharmaceutical list, and by commissioners of community pharmacy enhanced and locally commissioned services.
4. The public health department of Durham County Council (DCC) led the development of the PNA on behalf of the HWB.
5. A statutory public consultation was undertaken from 13 October 2014 to 12 December 2014 to seek the views of the public and other stakeholders. Any comments and feedback obtained from the consultation have been reflected in this final revised PNA report.
6. The key conclusion from the PNA is that there are sufficient numbers of pharmacies in County Durham. This can be demonstrated using the following points:
 - County Durham has 24 pharmacies per 100,000 population. This is higher than the England average of 21 per 100,000.
 - More than 90% of the items prescribed by GP practices in County Durham in 2013-14 were dispensed by pharmacies in County Durham.
 - There is a good distribution of pharmacies and dispensing practices in areas of high population density and within the 30% most deprived areas.

- A good distribution of pharmacies exists with extended and weekend opening hours in all localities.
 - There are limited short term future housing developments which are relatively small and would not require a new pharmacy contract due to satisfactory cover from already existing pharmacies.
7. However, there is scope to further develop advanced, enhanced and locally commissioned services from the existing service providers in order to further support targets in the Joint Health and Wellbeing Strategy (JHWS). These services should particularly focus on the growing elderly population; on the expansion of community pharmacy based public health services particularly in the deprived areas across the county and exploring innovative ways in which pharmacists and pharmacies can support the wider priorities in the JHWS.
 8. The Health & Wellbeing Board agreed the PNA at an extraordinary meeting on 28 January 2015.
 9. The PNA will be downloaded onto the council website and hard copies will be distributed to relevant stakeholders and organisations.

Recommendations

10. Cabinet is recommended to:
 - Note the final PNA report
 - Note that the Health & Wellbeing Board has agreed the PNA for publication.

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Background papers: Pharmaceutical Needs Assessment 2015

Appendix 1: Implications

Finance

No financial Implications

Staffing

No financial implications

Risk

No risk identified

Equality and Diversity / Public Sector Equality Duty

The PNA demonstrates that there is good coverage and provision of pharmacy services and dispensing in the 30% most deprived areas. The majority of pharmacies (110 out of 125) have good wheelchair access and the remaining 15 have made reasonable adjustments for residents with a disability.

Accommodation

None

Crime and Disorder

None

Human Rights

None

Consultation

PNA has been consulted on through key stakeholders and the public.

Procurement

None

Disability Issues

None

Legal Implications

None

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County Durham Health
and Wellbeing Board

Pharmaceutical Needs Assessment

2015



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Executive summary

This Pharmaceutical Needs Assessment (PNA) looks at the current provision of pharmaceutical services across County Durham and whether there are any potential gaps to service delivery. The Health and Social Care Act 2012 transferred the responsibility for developing and updating PNAs from Primary Care Trusts (PCTs) to Health and Wellbeing Boards (HWBs). All HWBs must produce an updated PNA by 1st April 2015. The PNA will be used by NHS England in its consideration of applications to join the pharmaceutical list, and by commissioners of pharmaceutical services.

The Public Health department of Durham County Council (DCC) oversaw the development of the PNA on behalf of the HWB. In the process of undertaking the PNA, a steering group was established, and information and feedback sought from a number of stakeholders including the Local Pharmaceutical Committee (LPC), DCC, NHS England, Clinical Commissioning Groups (CCGs), the Local Pharmacy Network (LPN), NECS, community pharmacists and dispensing practices. A statutory public consultation was undertaken from 13th October 2014 to 12th December 2014 to seek the views of the public and other stakeholders.

The PNA for County Durham links to the health needs identified in the Joint Strategic Needs Assessment (JSNA). County Durham is a predominantly rural county with a large and increasing aging population. County Durham experiences higher levels of deprivation than the national average.

The PNA report includes information on the following:

- The number and geographical distribution of pharmacies and dispensing practices in County Durham. These are presented by locality: Dales; Derwentside; Durham and Chester-le-Street; Easington; and Sedgefield.
- Ease of access and type of pharmaceutical service in County Durham and a judgement on the potential gaps in the provision of services and how these could be met.

The key conclusion from the PNA is that there are sufficient numbers of pharmacies in County Durham. This can be demonstrated using the following points:

- County Durham has ~ 24 pharmacies per 100,000 population. This is higher than the England average of 21 per 100,000.
- More than 90% of the items prescribed by GP practices in County Durham in 2013-14 were dispensed in pharmacies in County Durham.
- There is a good distribution of pharmacies and dispensing practices in areas of high population density and within the 30% most deprived areas.
- A good distribution of pharmacies exists with extended and weekend opening hours in all localities.
- There are limited short term future housing developments which are relatively small and would not require a new pharmacy contract due to satisfactory cover from already existing pharmacies.

However, there is scope to further develop advanced, enhanced and locally commissioned services from the existing service providers in order to further support

targets in the Joint Health and Wellbeing Strategy (JHWS). These services should particularly focus on the growing elderly population; on the expansion of community pharmacy based public health services particularly in the deprived areas across the county; and exploring innovative ways in which pharmacists and pharmacies can support the wider targets in the JHWS on e.g. social isolation.

The PNA must be reviewed every 3 years. It will also be reviewed following any major changes such as a significant change to the availability of pharmaceutical services, or a fundamental redesign of the community pharmacy contract. The PNA can either be reviewed in full or a Supplementary Statement can be issued to become part of the existing PNA.

Section One: Introduction

Key points

A PNA describes the health needs of the population, current pharmaceutical services provision and any gaps in that provision. It also identifies potential new services to meet health needs and help achieve the objectives of the JHWS, while taking account of financial constraints.

Pharmacy can support the achievement of a number of targets in the JHWS. This includes exploring innovative ways in which pharmacists and pharmacies can support the wider targets in the JHWS on e.g. social isolation.

National policy direction supports the development of community pharmacies to improve public health in their local communities and to *Make Every Contact Count*.

1.1 National policy

The NHS is ultimately working towards achieving targets in the *NHS Outcomes Framework*. Priorities in this framework are set under five domains. For example:

- **Domain 1: Preventing people from dying prematurely.** Target areas include reducing the under 75s' mortality from cardiovascular disease (CVD) and respiratory disease, and early detection of cancer.
- **Domain 2: Enhancing quality of life for people with long term conditions.** Particularly targeting chronic obstructive pulmonary disease (COPD), diabetes and dementia.
- **Domain 3: Helping people to recover from episodes of ill health.** Priorities here include reducing hospital re-admissions and helping older people to recover their independence.

In addition the *NHS Five Year Forward View* was published in October 2014¹. This describes how far greater use of pharmacists should be made in prevention and support for healthy living; to support self-care for minor ailments and long term conditions (LTCs); to provide medication review in care homes; and as part of more integrated local care models.

Key national drivers that are either shaping or will help to shape community pharmacy now and in the future include:

Pharmacy in England: Building on strengths – delivering the future

This White Paper² was published by the Department of Health (DoH) in April 2008 and set out the vision for pharmaceutical services in the future.

¹ <http://www.england.nhs.uk/ourwork/futurenhs/>

² http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083815

Improving health and patient care through community pharmacy – a Call to Action

The *Call to Action*³ for pharmacy was conducted by NHS England between December 2013 and March 2014. This was a consultation designed to gather views on what community pharmacy services should look like in the future and was carried out as part of the work of NHS England to redesign the whole of primary care (including GP services). Recommendations from national pharmacy bodies on this NHS England consultation included:

- A shift from a contract based on medicines supply to one focused on clinical care and patient outcomes.
- Common enhanced services currently commissioned by NHS England region-by-region (e.g. minor ailment schemes) to become nationwide essential services.
- All community pharmacists to become independent prescribers for a limited list of medicines, be given autonomy to alter prescriptions, and have appropriate access to patient records.
- Patients with long term conditions (LTCs) to be registered with a named community pharmacist, with the community pharmacy contract becoming more aligned with the GP contract.
- Pharmacies to become fully integrated into the provision of primary care and public health services, with an even better use of community pharmacies to promote public health messages.

Community Pharmacy – helping provide better quality and resilient urgent care⁴

This was published by NHS England in November 2014 and is part of a national drive to enable the better utilization of community pharmacy to help tackle winter pressures and support urgent healthcare provision. Three enhanced services are proposed of flu vaccination, emergency supplies of medicines, and provision of self-care support for winter ailments (see section 4.1c for further detail).

Public health

In addition, there is now a big push to fully utilize community pharmacies to improve public health in their local communities and to *Make Every Contact Count*. Driving this nationally is the Pharmacy and Public Health Forum which reports directly to Public Health England. This forum has published numerous key documents including:

- The first national public health standards for pharmacy practice (in conjunction with the Royal Pharmaceutical Society (RPS))⁵. These standards align with the Faculty of Public Health's nine core areas of public health practice.
- *Health on the high street: rethinking the role of community pharmacy*⁶ was published in 2013 in conjunction with the NHS Confederation. This discusses how public health services should be commissioned from community

³ <http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/>

⁴ <http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/>

⁵ <http://www.rpharms.com/unsecure-support-resources/professional-standards-for-public-health.asp>

⁶ <http://www.nhsconfed.org/Publications/reports/Pages/Health-on-high-street-rethinking-community-pharmacy.aspx>

pharmacy. It states that the NHS has historically undervalued the role that community pharmacy can play in improving public health.

- *Consolidating and developing the evidence base and research for community pharmacy's contribution to public health: a progress report*⁷ was also published in 2013 and examined the evidence base for community pharmacy public health interventions. Appendix 1 is a summary of this evidence base.

1.2 Local policy

HWBs bring Local Authorities and CCGs together by promoting integrated working between commissioners of health services, public health and social care services to improve the health and wellbeing of local people. The HWB produces the JSNA which informs the HWB on the health and wellbeing of people in County Durham and how this compares to the rest of England⁸. The JSNA informs the PNA and the wider JHWS for County Durham which describes how social care and health services will work together and the services they will develop. A summary of the targets in the JHWS for County Durham 2014-17⁹ appears in Appendix 2 whilst Appendix 3 describes some of these priorities and how pharmacy is, or could in the future, support the delivery of these targets. This includes exploring innovative ways in which pharmacists and pharmacies can support the wider targets in the JHWS on e.g. social isolation.

1.3 Pharmaceutical needs assessment

A PNA describes the health needs of the population, current pharmaceutical services provision and any gaps in that provision. It also identifies potential new services to meet health needs and help achieve the objectives of the JHWS, while taking account of financial constraints.

The Health Act 2009 introduced a legal requirement for all PCTs to publish a PNA by 1st February 2011. The Health and Social Care Act 2012¹⁰ transferred the responsibility for developing and updating PNAs to HWBs. All HWBs must produce an updated PNA by 1st April 2015. The PNA takes account of the JSNA and is a strategic commissioning document which will also be used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The PNA will also be used to:

- inform commissioning plans about pharmaceutical services that could be provided by community pharmacies and other providers to meet local need. These services can be commissioned by local authorities, NHS England and CCGs (see section 4);
- support commissioning of high quality pharmaceutical services;
- ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs and ambitions outlined within the JHWS;
- facilitate opportunity for pharmacists and pharmacies to make a significant contribution to the health of the population of County Durham; and

⁷ <https://www.gov.uk/government/publications/consolidating-and-developing-the-evidence-base-and-research-for-community-pharmacys-contribution-to-public-health>

⁸ <http://www.durham.gov.uk/Pages/Service.aspx?ServiceId=6622>

⁹ <http://www.durham.gov.uk/Pages/Service.aspx?ServiceId=8873>

¹⁰ <http://www.legislation.gov.uk/ukxi/2013/349/regulation/5/made>

- ensure that decisions about applications for market entry for pharmaceutical services are based on robust and relevant information.

1.4 Market entry

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 a person (a pharmacist, dispenser of appliances, or in some rural areas a GP) who wishes to provide NHS pharmaceutical services must apply to NHS England to be included on the relevant pharmaceutical list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this such as applications to provide pharmaceutical services on a distance-selling (i.e. internet or mail order only) basis.

There are five types of market entry application that can be made to be included on the NHS England Pharmaceutical List. These are:

- To meet a current need in the PNA
- To meet a future need in the PNA
- To improve current access
- To improve future access
- To fulfil an unforeseen benefit (where the applicant provides evidence of a need that was not foreseen when the PNA was published)

1.5. Process followed for developing the PNA

The PNA process followed guidance set out by the *Pharmaceutical Needs Assessment, Information Pack for Local Authority Health and Wellbeing Boards* published by the DoH in 2013¹¹. Both prison pharmacy and hospital pharmacy are outside the scope of this PNA.

A steering group was established in April 2014. The core membership of the group consisted of representatives from the Public Health Department at the DCC (a consultant in public health, a speciality registrar in public health, the public health pharmacist, an epidemiologist and an administrator), representatives from the LPC (the chair, the chief officer and a member) and a representative from the Medicines Optimisation Team at NECS. In the first meeting the group agreed the terms of reference of the steering group, the PNA questionnaire to pharmacists and dispensing practices in County Durham, the timeline of the PNA process, the structure of the document, and the frequency of meetings. It was agreed that the steering group was responsible for overseeing the completion of the PNA and ensuring it meets the minimum requirements.

The services subcommittee of the LPC commented on the final draft before it was published for the statutory 60 day consultation on the DCC website at the end of 2014.

As part of the public consultation an online survey was designed to essentially test the conclusions of the draft PNA. A total of 321 responses were received to this online survey following awareness raising of the PNA consultation with the Area Action Partnerships, DCC employees, the Durham Residents Association, and Durham Community Action (see appendix 7). Appendix 8 lists the stakeholder organisations which commented on the draft PNA.

¹¹ <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

1.6. Localities for the purpose of the PNA

The PNA steering group decided that for the purpose of the PNA the following localities would be used in the analyses and presentation of data. These are the Dales; Derwentside; Durham and Chester-le-Street; Easington; and Sedgefield.

Section Two: Population demography and health needs

Key points

The increasingly ageing population will have an impact on pharmaceutical services. Elderly patients often have higher morbidity and will require more support with their medicines and to access pharmaceutical services.

Pharmacy can make a significant contribution to supporting a reduction in premature mortality and improving the health of the population.

County Durham experiences higher levels of deprivation than the national average. Research by Durham University has shown that 99.8% of the population in the areas of highest deprivation in England have access to a community pharmacy within a 20 minute walk. Therefore community pharmacy is already well-placed to provide pharmaceutical and public health services in the heart of deprived communities, and to work closely with wellbeing services.

2.1 Population profile¹²

Between 2001 and 2011 the population of County Durham increased by 4% from 493,678 to 513,242, higher than the 3.2% rise seen in the North East region but lower than the 7.8% seen across England and Wales. This increase in the county's population is predicted to continue for the near future and DCC projections indicate that by 2021 the county's population will have increased by 5.2% to 539,900 people, rising to 560,700 people by 2030 (a 9.3% increase from 2011).

As with other areas and national trends, the county has an ageing population. There have been changes throughout the population age structure since 2001. Figure 1 provides a more detailed picture of the changes in ages of the county's population from 2011 and onwards to 2030.

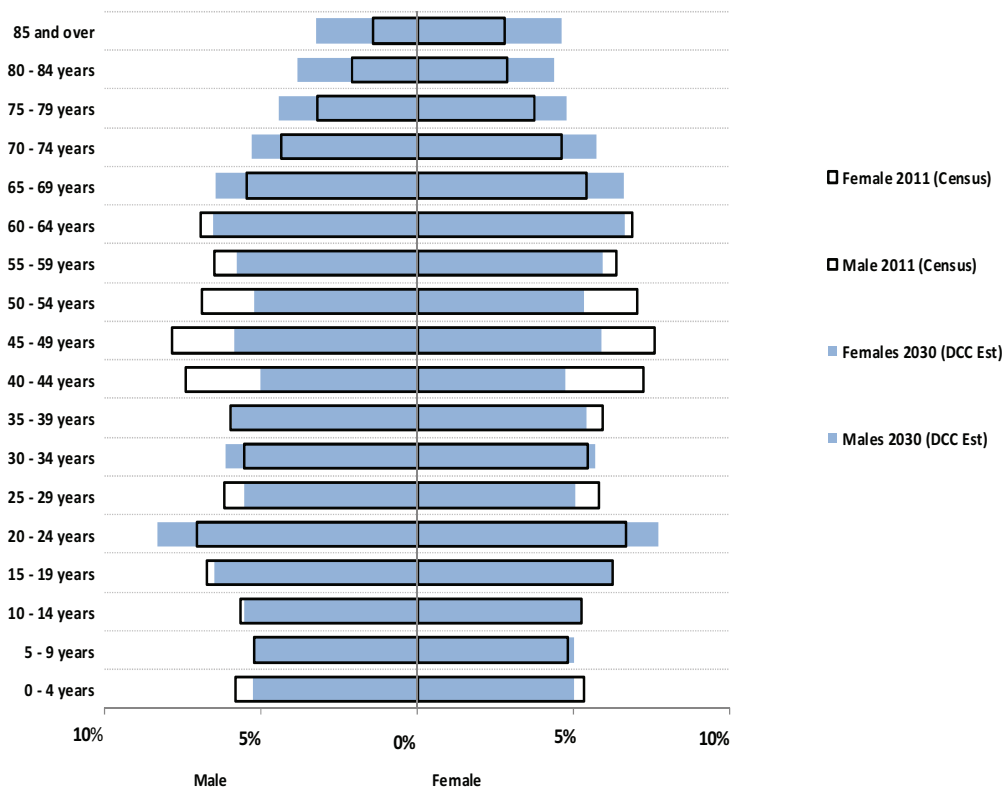
Since 2001 the county has seen a fall in younger people while the retired population continue to increase. This pattern is similar to that seen across the North East and England and Wales. In addition, the DCC population projections indicate that this pattern will continue until at least 2030 (figure 1).

Between 2001 and 2011 the retired population (65+ years) in County Durham had increased by 13.2%, higher than regional (8.0%) and national (11.0%) increases. In County Durham 18.0% of the population (92,300 people) were aged 65+ in 2011. Predictions indicate that the 65+ population will increase by a further 24.9% by 2021 and by 48.8% by 2030 (from a 2011 base). This increasingly ageing population will see the proportion of the county's population aged 65 or over increasing from almost one in five people (18.0%, 2011) to nearly one in four people (23.8%, 2030).

This projected increase in older people, combined with the decrease in the working age and younger population will have an impact on pharmaceutical services. Elderly patients tend towards a higher morbidity and will require more support with their medicines and to access pharmaceutical services.

¹² The information on which this part and subsequent ones are based is constantly changing. We used the most recent information at the time of writing this report.

Figure 1: Population age pyramid for County Durham 2011 to 2030



Source: County Durham JSNA, 2013

2.2 Deprivation in County Durham

County Durham experiences higher levels of deprivation than the national average. 28.8% of County Durham’s population live in the 20% most deprived areas in England (Index of Deprivation, 2010), compared to 20.4% of England’s population¹³. It should be noted that pockets of relative deprivation exist across the county, even in relatively affluent areas such as Durham and Chester-le-Street.

Almost 50% of the population live in relatively deprived areas (47% of County Durham lower super output areas (LSOAs) are in the 30% most deprived nationally). 34% of North Durham’s LSOAs are in the most 30% deprived nationally, compared to 57% in Durham Dales, Easington and Sedgfield (DDES) CCG. In County Durham men from the least deprived areas will live 7 years longer than those from the most deprived areas. Females in the most affluent areas will live 7.2 years longer than those in the most deprived areas.

A study published in the BMJ in 2014 by Durham University¹⁴ sought to determine the percentage of the population in England that have access to a community pharmacy within a 20 minute walk, and how this linked to social deprivation. It found

¹³ County Durham Health Profile 2014, Public Health England.

¹⁴ Todd *et al.* The positive pharmacy care law: an area level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ 2014 **4(8)** 1-8

that 90.2% of the population in the areas of lowest deprivation have access to a community pharmacy within a 20 minute walk, whilst 99.8% of the population in the areas of highest deprivation have access to a community pharmacy within a 20 minute walk. Therefore community pharmacy is already well-placed to provide pharmaceutical and public health services in the heart of deprived communities.

2.3 Life expectancy and disease prevalence

Children born in County Durham will, on average, live just over a year less than the average for England, and in some parts of the county life expectancy is even lower. The average life expectancy for males in County Durham is 77.9 years and for females it is 81.5 years¹⁵. Life expectancy at birth in County Durham has been improving over time for both males and females, although not as fast as England. Disability free life expectancy (DFLE) is the average number of years a person could expect to live without illness or a health problem that limits daily activities. In County Durham male DFLE in the most affluent areas is 14.7 years higher than those from the most deprived areas. This difference is greater than the national (10.9 years) and regional (14.1 years) differences. For women in the most affluent areas the DFLE in County Durham is 13 years higher than those from the most deprived areas. Again this difference is greater than the national (9.2 years) and regional (11.8 years) differences.

Premature mortality can also be used as an important measure of the overall health of County Durham's population, and as an indicator of inequality between and within areas (e.g. County Durham and elsewhere, and within County Durham). Reductions in premature mortality over time can demonstrate improvement in the health status of the population as a whole. There is significant variation in premature all-cause mortality within County Durham. Rates in Easington locality and DDES CCG are significantly higher than County Durham. Rates in North Durham CCG and the Chester-le-Street and Durham constituencies are significantly lower than County Durham. Early death rates from cancer, heart disease and stroke in County Durham are significantly worse than the England average but have been falling over time, closing the absolute and relative gap between County Durham and England. However the gap for early death rates from COPD has experienced little change over time (figure 2). Patterns of mortality show that circulatory diseases and cancers are key factors contributing to poor life expectancy for males and females. Following success with earlier interventions related to heart disease, the importance of similar early detection in relation to cancer has increased, as a way to reduce the gap in life expectancy. This is reflected by, for example, the NHS England *Be Clear on Cancer* symptom awareness campaigns.

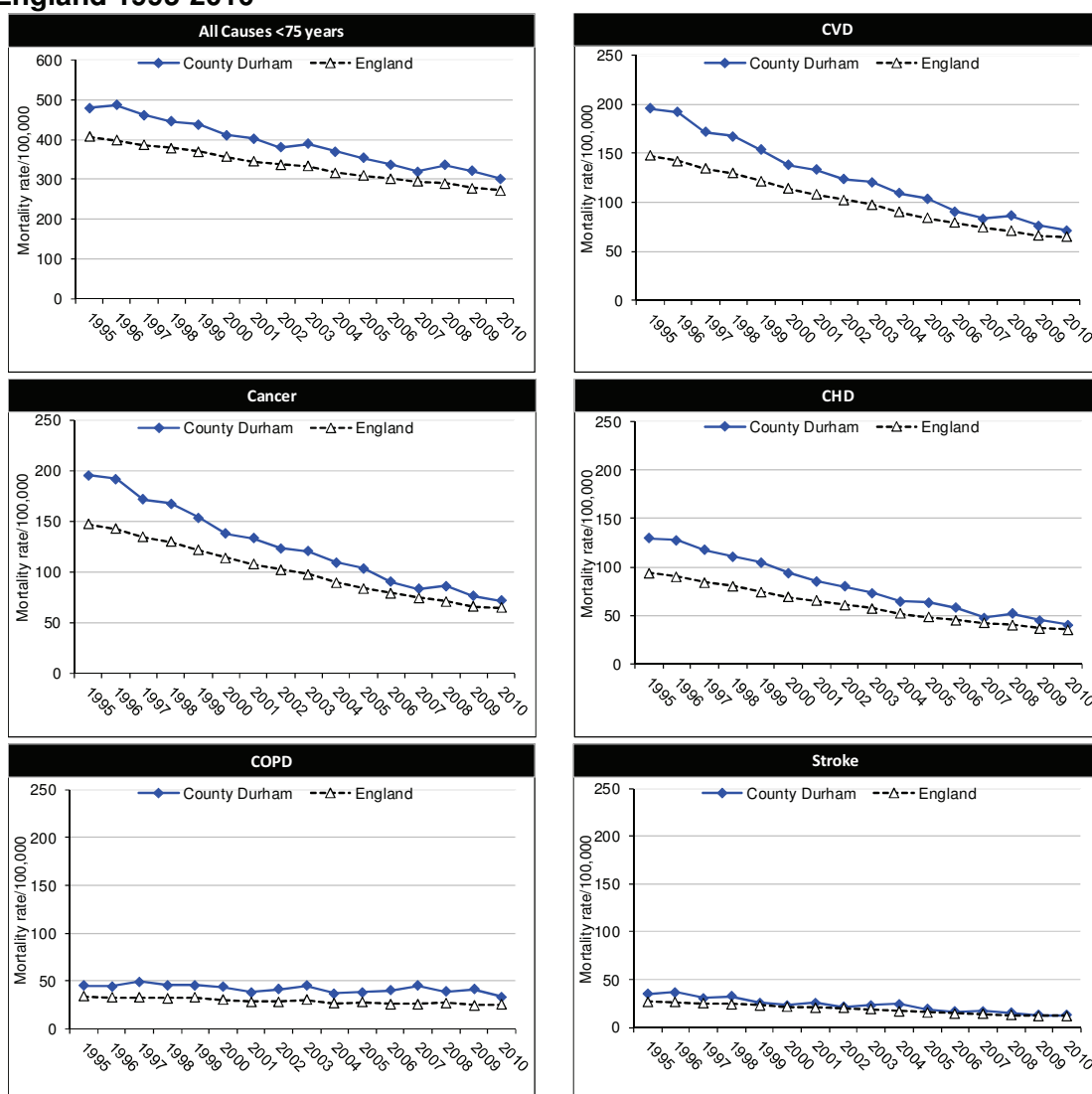
Coronary heart disease (CHD) prevalence in County Durham (5%) is higher than England (3.4%). There is also significant variation in prevalence within County Durham. Directly age standardised prevalence rates in DDES CCG are significantly higher than County Durham and North Durham CCG. The distribution of CHD prevalence in County Durham is unequal. It is higher in the more deprived wards. Diabetes prevalence in County Durham (6.8%) is higher than England (6%). The distribution of diabetes within County Durham (by wards) is unequal. There is significant variation between wards but this has a weak to moderate relationship with

¹⁵ Public Health England (2014). County Durham. Health Profile.
http://www.apho.org.uk/resource/view.aspx?QN=HP_RESULTS&GEOGRAPHY=20

deprivation. Similarly, the distribution of COPD within County Durham (by wards) is unequal. There is significant variation between wards, and this too displays a moderate relationship with deprivation.

Pharmacy can make a significant contribution to supporting the reduction in premature mortality and improving the health of the population. A review of the evidence base for the effectiveness of community pharmacy-led public health services concluded that a considerable body of evidence exists for the role of community pharmacy in a range of services, not only aimed at improving general health, but also at maintaining the health of those with existing disease (see Appendix 1). In addition a community pharmacy-led COPD case finding and support service won the respiratory category in the 2014 British Medical Journal awards¹⁶.

Figure 2: Premature mortality rates for various diseases in County Durham and England 1995-2010



Source: Health and Social Care Information Centre

¹⁶ <http://thebmjawards.bmj.com/the-2014-winners>

2.4 Lifestyle: prevalence of risk factors

Unhealthy lifestyles remain a key cause for increased rates of premature death. Many people in County Durham continue to follow unhealthy lifestyle behaviours when compared to England (see table 1). This is directly linked to the social, economic and environmental factors outlined above. Local priorities described in the JHWS for tackling health inequalities include reducing smoking (especially women smoking during pregnancy), tackling obesity, reducing alcohol misuse (including admissions), reducing teenage conceptions (and promoting good sexual health), promoting positive mental health, and reducing early deaths from heart disease and cancer (see Appendix 2 and 3). Lower than average levels of breastfeeding initiation and participation in physical activity are prevalent, together with a poor diet.

Table 1: Prevalence of risk factors in County Durham and England

	Prevalence of lifestyle factors (%)	
	County Durham	England
Smoking in pregnancy	19.9	12.7
Childhood obesity (yr 6)	21.0	18.9
Alcohol specific hospital stay (under 18)	81.5	44.9
Adult smoking	22.2	19.5
Physically active adults	52.2	56.0
Obese adults	27.4	23.0

Source: County Durham Health Profile 2014, Public Health England

In 2012 the Kings Fund report *Clustering of unhealthy behaviours over time: Implications for policy and practice*¹⁷ used data from the Health Survey for England to examine how four lifestyle risk factors – smoking, excessive alcohol use, poor diet, and low levels of physical activity – co-occur in the population and how this distribution has changed over time. The report found that people with no qualifications are currently more than five times as likely as those with higher education to engage in all four poor behaviours. The report concluded that in order to improve the public health in lower socio-economic groups a holistic approach is needed encompassing multiple unhealthy behaviours.

Therefore DCC is developing the *Wellbeing for Life Service* which will be implemented in 3 phases. This service goes beyond looking at single issue healthy lifestyle services and instead aims to take a whole person and community approach to improving health.

Phase 1 began in November 2014 and consists of three staff bases plus one fixed satellite from which outreach will be coordinated:

- North Durham: Stanley
- East Durham: Easington
- South Durham: Bishop Auckland or Newton Aycliffe
- Fixed satellite: Dales

The service will help adults and families to improve their health around diet and nutrition, physical activity, obesity, smoking, alcohol consumption, and mental wellbeing. In addition it will help to build capacity and capability in communities to improve wellbeing by e.g. training community volunteers. The service will be targeted in the 30% most deprived geographical areas. Anyone will be able to sign-post into these services.

¹⁷ <http://www.kingsfund.org.uk/publications/clustering-unhealthy-behaviours-over-time>

Sitting alongside phase 1 is the *Adult Wellbeing in Targeted Communities* outreach services in:

- Shildon
- Southmoor/Quaking Houses
- Burnhope/Brandon/Langley Park
- Trimdon

The emphasis of the work in Southmoor/Quaking Houses is tobacco control. In Mid Durham the focus is supporting older people to live healthy and fulfilled lives, improving health and reducing social isolation. In Shildon the focus is building capacity, emotional resilience, optimism, well-being and reducing social isolation. Phase 2 of the *Wellbeing for Life Service* will focus on the wider determinants of health e.g. housing; whilst Phase 3 of the Service will involve partnership working between primary care and specialist services to support patients with long term conditions.

Therefore in the future community pharmacies are likely to work very closely with their local wellbeing services.

Section Three: Access to pharmaceutical services

Key points

County Durham has an above national average supply of community pharmacies. This is an opportunity to allow for more patient choice, additional pharmaceutical services to the ageing and deprived populations in County Durham, and further support to urgent healthcare services.

A good distribution of pharmacies exists with extended and weekend opening hours in all localities. However, results from the public online survey indicate that opening hours of pharmacies could be reviewed again.

Of the current 291,273 properties in County Durham only 254 are not within a 20 minute drive of a pharmacy or dispensing practice. These households are largely situated in the Dales. A review of the rurality of County Durham is required by NHS England following an appeal to the NHS Litigation Authority in 2011.

There are limited short term future housing developments which would not require a new pharmaceutical contract due to satisfactory cover from already existing services.

3.1 Number, type of pharmaceutical service and geographical distribution

In 2014 there are 125 pharmacies in County Durham (see Appendix 4). The number reported in the last PNA of 2011 was 116. Hence, there has been an increase of 9 pharmacies (7.75%). However this increase has been largely due to pharmacies opening outside the market entry system. Table 2 shows the distribution per locality. There was no indication of the number of distance selling pharmacies in the last PNA. In 2014 there are 5 distance selling pharmacies in County Durham (see Appendix 5). In the 2011 PNA there were 16 dispensing practices. In 2014 there are 18 dispensing practices, an increase of 11% (see Appendix 6).

The mid-year County Durham population estimate for 2012 was 514,000. This means that County Durham has 24.3 pharmacies per 100,000 population. This is higher than the England average of 21 per 100,000. If one excludes the total number of dispensing patients registered in the 18 dispensing practices (total 27,507 in January 2013) County Durham seems to have an above average supply of community pharmacies per 100,000 population (26 pharmacies per 100,000 population) which is higher than that of the North East (23) and the England (21) average. This is an opportunity to allow for more patient choice, additional pharmaceutical services to the ageing and deprived populations in County Durham, and further support to urgent healthcare services.

Table 2: Number of community pharmacies per locality in County Durham

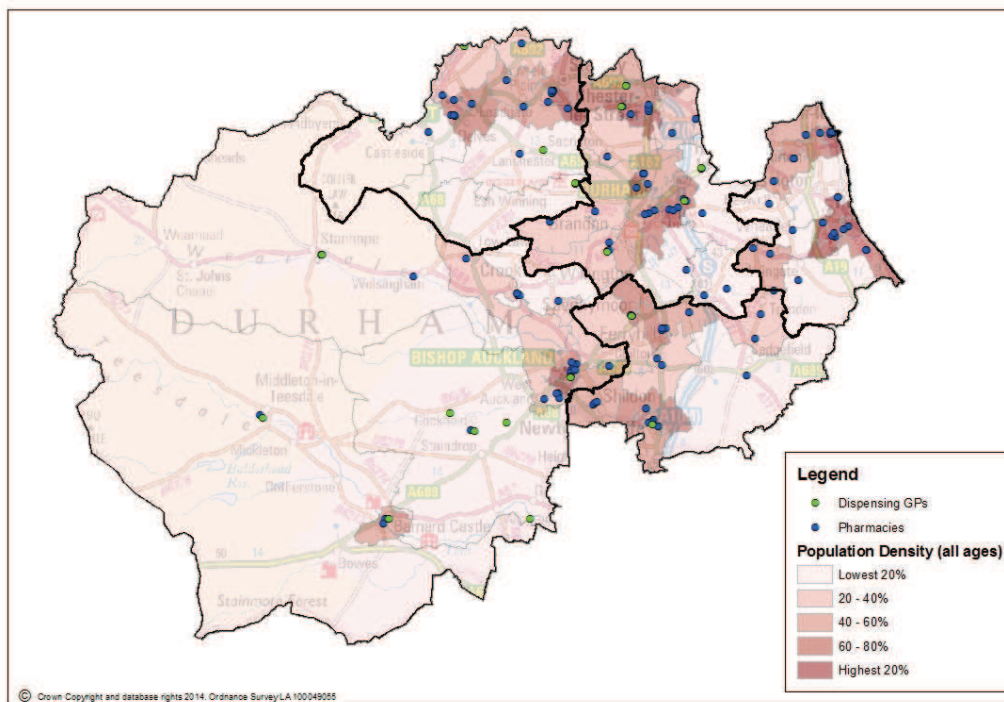
Locality	Number of pharmacies in 2011	Number of pharmacies in 2014
Dales	21	24
Derwentside	18	20
Durham and Chester-le-Street	29	32
Easington	26	26
Sedgefield	22	23
Total	116	125

3.2 Access to pharmaceutical services in areas of high population density

Map 1 shows that there is a good distribution and sufficient provision of pharmacies and dispensing practices in areas of high population density. The rural population in the Dales is mainly served by dispensing practices.

Dispensing doctors are authorised to provide drugs and appliances in designated rural areas known as controlled localities. A controlled locality is an area that has been determined to be ‘rural in character’ by NHS England, a PCT predecessor organisation, or following an appeal to the NHS Litigation Authority. NHS England holds the map of controlled localities in County Durham and Darlington. A review of the rurality of County Durham is required by NHS England following an appeal to the NHS Litigation Authority in 2011.

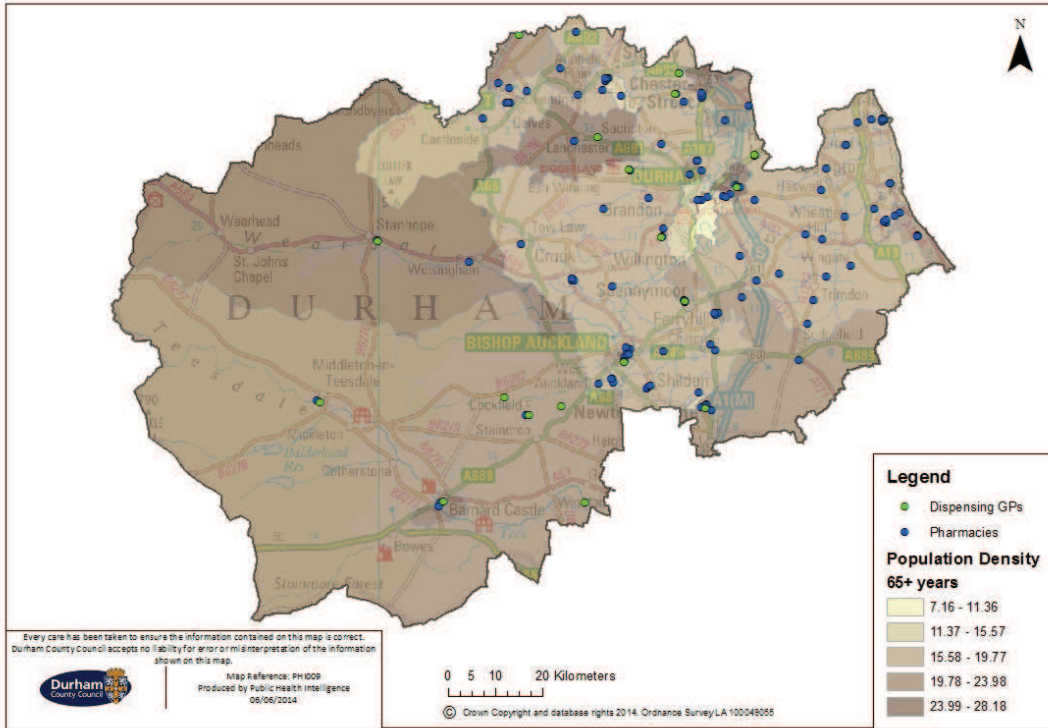
Map 1: Access to pharmacies and dispensing practices by areas of high population density in County Durham



3.3 Access to pharmaceutical services for elderly people

Map 2 shows that the areas of high population density of 65 year olds and over appear to be underserved by pharmacies and dispensing practices, however these areas map onto areas with overall low population density. Additional pharmaceutical services to the growing elderly population in County Durham should be explored by commissioners.

Map 2: Access to pharmacies and dispensing practices by areas of high population density of over 65s

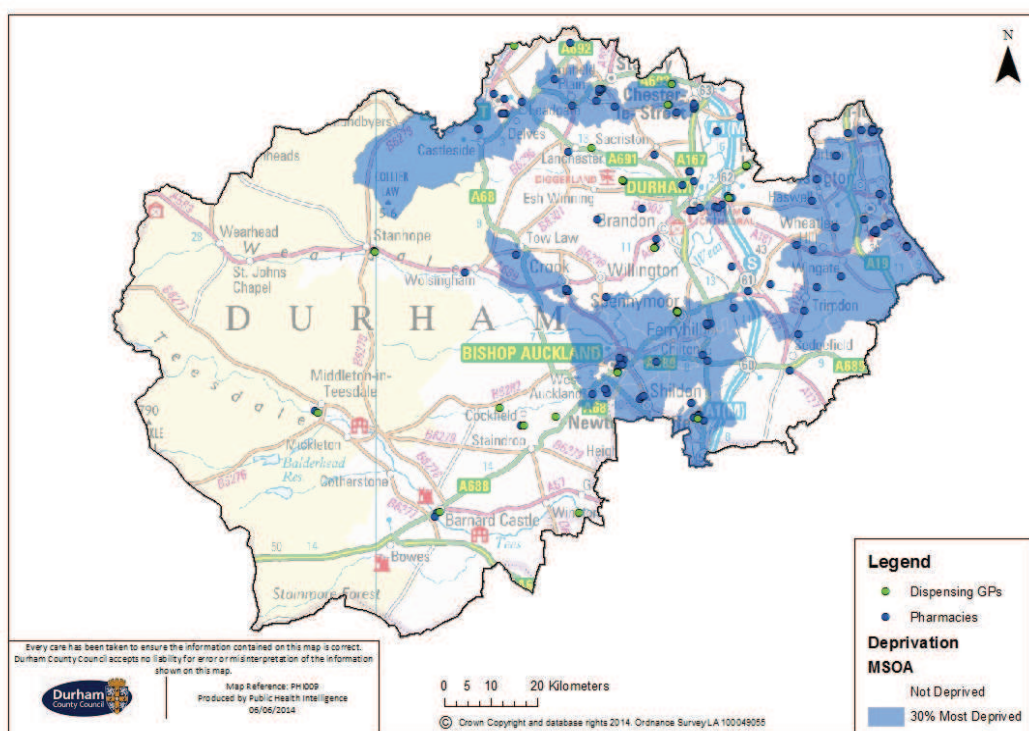


3.4 Access to pharmaceutical services in areas of high deprivation

Pharmaceutical services need to be targeted to the populations with the highest health needs. It is important to ensure that services are accessible to the population in the 30% most deprived areas. As map 3 shows there is a good distribution of pharmacies and dispensing practices in areas of high deprivation (i.e. 30% most deprived) in County Durham.

As discussed in section 2.2 community pharmacy is already well-placed to provide pharmaceutical and public health services in the heart of deprived communities.

Map 3: Access to pharmacies and dispensing practices in County Durham in areas of high deprivation



3.5 Ease of access to pharmaceutical services

An important consideration in determining the adequacy of pharmaceutical services is how long it takes to travel to a pharmacy. However all pharmacies provide a daily delivery service. In addition the roll out of repeat dispensing and the electronic prescription service (EPS) will further help to support convenience and ease of access for patients across County Durham.

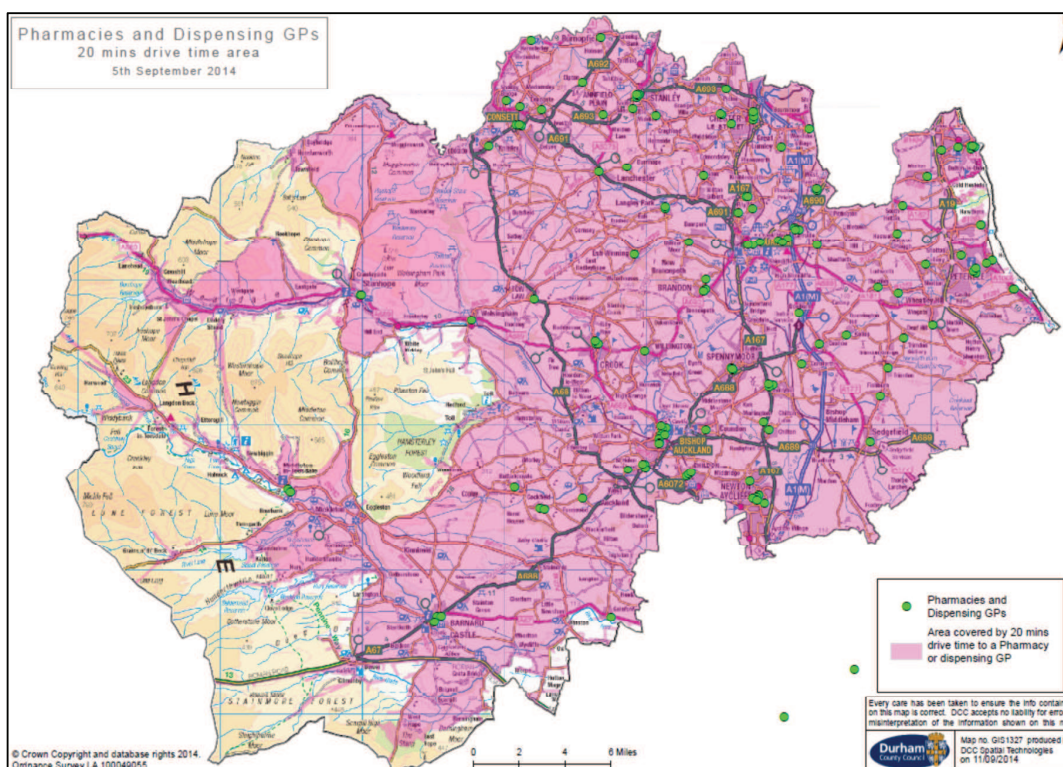
As discussed in section 2.2 a study published in the BMJ in 2014 by Durham University¹⁸ found that over 90% of the population in England have access to a community pharmacy within a 20 minute walk. The 2008 White Paper *Pharmacy in England: Building on strengths – delivering the future*¹⁹ states that 99% of the population – even those living in the most deprived areas – can get to a pharmacy within 20 minutes by car. Map 4 shows that of the current 291,273 properties in County Durham only 254 are not within a 20 minute drive of a pharmacy or dispensing practice. These households are largely situated in the Dales.

Results from the public online survey showed that 97% of respondents can easily access pharmaceutical services (see appendix 7).

¹⁸ Todd *et al.* The positive pharmacy care law: an area level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ 2014 **4(8)** 1-8

¹⁹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083815

Map 4: Population within a 20 minute drive of a community pharmacy or dispensing practice



3.6 Access to pharmaceutical services by opening hours

The new market entry system came into force on 1st September 2012 whereby decisions on contract applications became based on local PNAs. This market entry system also removed the 100-hour exemption and exemptions allowing pharmacies to open automatically if they were situated in out-of-town shopping centres or one-stop primary care centres. NHS England is responsible for administering opening hours for pharmacies, which is likely to be handled locally by its Area Teams. A pharmacy has 40 core contractual hours (or 100 for those that have opened under the former exemption from the market entry test), which cannot be amended without the consent of NHS England.

In 2014 there are thirteen '100 hour' pharmacies out of a total of 125 pharmacies in County Durham (10.4%) (table 3) which provide extended and out of hours cover for pharmaceutical services across the county. In 2014, 64 pharmacies in County Durham (out of 125 pharmacies) are open on Saturday (excluding those 100 hour pharmacies). Map 5 shows the locations of all pharmacies with weekend opening hours. These extended and weekend opening hours will allow efficient signposting into community pharmacy from the urgent care sector as part of the national drive to support urgent healthcare provision (see section 4.1c).

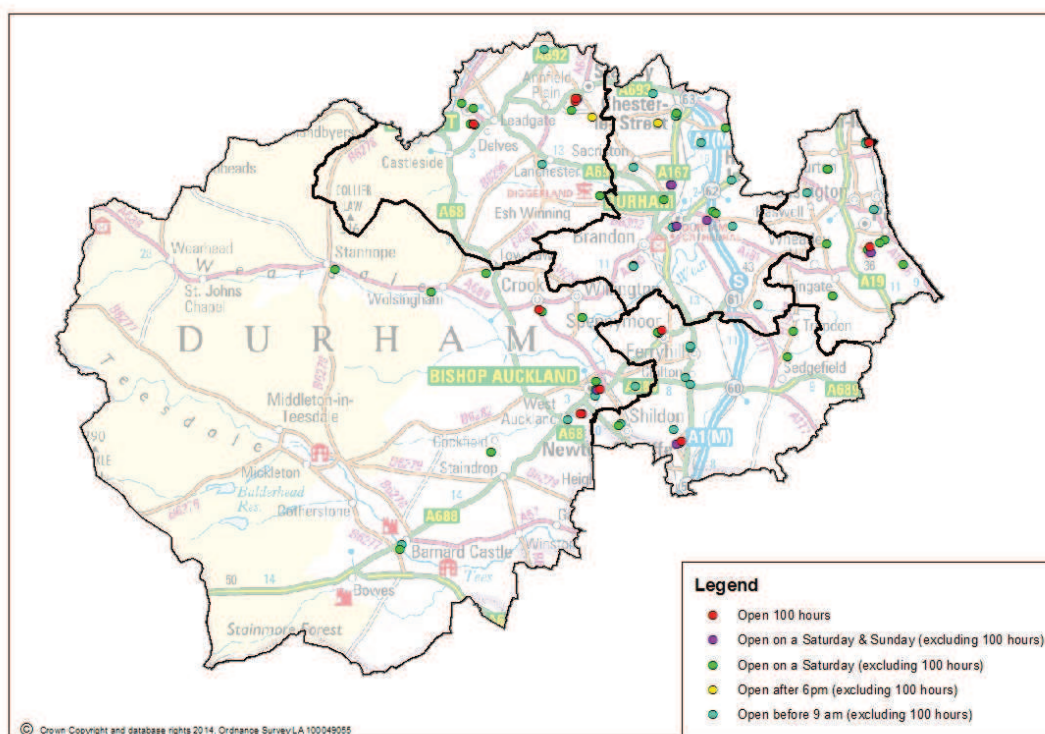
Results from the public online survey (see appendix 7) indicate that opening hours of pharmacies could be reviewed again to ensure sufficient coverage for the local population. Patterns of current opening hours should be considered using up to date information on www.nhs.uk.

Table 3: 100 hour pharmacies in County Durham

Locality	Details
Dales	<ul style="list-style-type: none"> Boots, Tindale, DL14 9FA Sainsbury's, Tindale, DL14 9AE Asda, Bishop Auckland, DL14 7LB Tesco, Tindale, DL14 9AB The Co-operative, Crook, DL15 9HU
Derwentside	<ul style="list-style-type: none"> Boots, Tanfield View, Stanley, DH9 8AD Asda, Stanley, DH9 0NB T & J Healthcare Ltd, Consett, DH8 5RL
Durham and Chester-le-Street	<ul style="list-style-type: none"> Tesco, Dragonville Industrial Estate, DH1 2XQ
Easington	<ul style="list-style-type: none"> Asda, Seaham, SR7 7HN Asda, Peterlee, SR8 5HA
Sedgefield	<ul style="list-style-type: none"> Tesco, Newton Aycliffe, DL5 4DH Asda, Spennymoor, DL16 6QB

Source: NHS England

Map 5: Pharmacies open on Saturday or Sunday in County Durham in 2014



3.7 Disability access

The Disability Discrimination Act 1995 has now been replaced by the Equality Act 2010²⁰. This sets out a framework which requires service providers not to discriminate against persons with a disability. A person is regarded as being disabled

²⁰ <http://psnc.org.uk/wp-content/uploads/2013/08/PSNC-Briefing-084.13-Equality-Act-2010-August-2013.pdf>

if they have a physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day to day activities. If there are obstacles to accessing a service then the service provider must consider what adjustments are needed to overcome that obstacle. For example providing an easy open container, or ensuring that there is a care worker available to open the child resistant container, for a person with severe arthritis. The provider will be in breach of the legislation if there is a reasonable adjustment available which he chooses not to make, making the disabled person unable to access the service. Easy open containers and large print labels are common adjustments in pharmacy. For patients who are forgetful, a reminder chart, showing which medicines are to be taken at particular times during the day may help, and for some patients, a monitored dosage system (MDS) may be the only adjustment that will allow the patient to improve their adherence to medicines taking. A minority of pharmacies have no wheelchair access (table 4) however making reasonable adjustments for disabled people is routine practice in community pharmacy and primary care.

Table 4: Pharmacies with no disabled access provision in County Durham

Locality	No of pharmacies	No wheelchair access
Dales	24	1
Derwentside	20	5
Durham and Chester-le-Street	32	3
Easington	26	1
Sedgefield	23	5
Total	125	15

Source: Pharmacy PNA questionnaire June-July 2014

3.8 Future housing developments

Proposed short term future housing developments (defined as a build in the next 5 years) are relatively small and would not require a new pharmacy contract to be issued for the areas of development due to satisfactory cover from already existing pharmacies. This will need to be reviewed if further housing development applications are forthcoming during the PNE time frame.

Section Four: Service provision

Key points

Better utilisation of repeat dispensing, post-discharge medicines use reviews (MURs) and commissioning of services to further support medicines optimisation should be considered by commissioners, particularly with the growing elderly population in County Durham. Any service developments should be integrated into wider primary care services.

Commissioners may wish to increase access to the anticoagulation monitoring service, and the community pharmacy needle exchange service.

For the minor ailment scheme a consistent approach across the region could deliver greater benefits. This is particularly important with the current national drive for community pharmacy to support urgent healthcare provision.

During 2015 the Healthy Living Pharmacy framework will be revised as part of the local drive to expand community pharmacy based public health services particularly in the deprived areas across the county. Appropriate local marketing of this initiative will be essential.

Innovative ways in which pharmacists and pharmacies can support the wider targets in the JHWS on e.g. social isolation should be explored.

Out of area pharmacies do not provide a 'necessary' pharmaceutical service for County Durham. However it is important that commissioners work across borders to ensure that service developments do not disadvantage those living in cross boundary areas.

4.1 Pharmaceutical services

Any organisation can commission services from community pharmacy. NHS England commissions Pharmaceutical Services (see below) whilst local authorities and CCGs commission 'locally commissioned services' (see section 4.2).

NHS England is the only organisation that can commission NHS Pharmaceutical Services (i.e. via the national community pharmacy contract). Community pharmacies provide three tiers of Pharmaceutical Service which have been identified in The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013²¹. These are:

- Essential Services: services all pharmacies are required to provide.
- Advanced Services: services to support patients with safe use of medicines.
- Enhanced Services: services that can be commissioned locally by NHS England.

In addition a Local Pharmaceutical Service (LPS) contract allows NHS England to commission community pharmaceutical services tailored to meet specific local

²¹ <http://www.legislation.gov.uk/ukSI/2013/349/made>

requirements. It provides flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national pharmacy contract arrangements. All LPS contracts must, however, include an element of dispensing.

More than 90% of the items prescribed by GP practices in County Durham in 2013-14 were dispensed in pharmacies in County Durham. This indicates that out of area pharmacies do not provide a 'necessary' pharmaceutical service for County Durham.

4.1a Essential services

Essential services are mandatory in the pharmacy contract and hence all community pharmacies are required to provide them. NHS England is responsible for ensuring that all pharmacies deliver all of the essential services as specified. Each pharmacy has to demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service on an annual basis.

Essential services include:

- Dispensing medicines and appliances (with the EPS rolling out across the county)
- Repeat dispensing
- Disposal of unwanted medicines
- Public health (promotion of healthy lifestyles)
- Signposting
- Support for self-care

The public online survey indicated that 34% would like improvements in the ease of obtaining repeat prescription medicines (see appendix 7). The CCGs should continue their work to widely roll out the implementation of repeat dispensing for appropriate patients in order to improve the patient pathway, reduce GP practice workload, and improve the clinical care that patients receive in their community pharmacy.

4.1b Advanced services

There are four Advanced Services within the NHS community pharmacy contract. Community pharmacies can choose to provide any of these services as long as they meet the necessary requirements. The four advanced services are MUR, Appliance Use Reviews (AUR), New Medicines Service (NMS) and the Stoma Customisation Service (SCS).

As of June 2014, all pharmacies in County Durham provide MURs and the vast majority (except one) provide the NMS. The number of pharmacies providing the AUR and SCS service is currently very limited but is likely to reflect the fact that appliance contractors are currently largely providing this service, and that training to provide this service is currently limited.

The MUR service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for LTCs. A MUR is a way to:

- improve patients' understanding of their medicines,
- highlight problematic side effects and propose solutions,

- improve adherence and,
- reduce medicines wastage, usually by encouraging the patient only to order the medicines they require.

A MUR is not a full clinical review and is in addition to any reviews carried out by the patient's GP. Feedback is provided to the patient's GP where there is an issue for them to consider²². National target groups have been agreed in order to guide the selection of patients to whom the service will be offered. These target groups are:

- patients taking high risk medicines (e.g. anticoagulants);
- patients recently discharged from hospital who had changes made to their medicines while they were in hospital (ideally within four weeks of discharge);
- patients with respiratory disease;
- patients with CVD or with another condition which puts them at increasing risk of developing CVD, taking four or more medicines.

70% of the annual maximum of 400 MURs undertaken by each pharmacy should be on patients within the national target groups. In total 27,723 MURs were completed between April 2012 and March 2013 across County Durham.

Improving hospital discharge remains a huge challenge in the NHS. In August 2014 NHS England published a *Patient Safety Alert on the risks arising from breakdown and failure to act on communication during handover at the time of discharge from secondary care*²³ with the aim of collecting and disseminating best practice. Changes in the General Medical Services (GMS) contract support this agenda. For example, enhanced services in the GMS contract in 2013-14 included the identification and case management of patients identified as seriously ill or at risk of emergency hospital admission. In 2014-15 changes to the GMS contract included a named accountable GP for people aged 75 and over (as part of the *Transforming Primary Care* agenda published in April 2014), and an enhanced service to reduce unplanned admissions to hospital.

In County Durham, the use of post-discharge MURs could be far better utilised in order to also support this agenda. This is particularly important with the growing elderly population in the county (see section 2.1). Results from the online public survey show that 52% of respondents think more support is needed with medicines following discharge from hospital (with 30% answering don't know) (see appendix 7). Any development of this service should be integrated into wider primary care services (e.g. integration with the admission avoidance schemes) with more robust communication between GP practices and community pharmacies (e.g. the LPN for Durham, Darlington and Tees is working with the Academic Health Sciences Network pharmacy subgroup to develop this service using the PharmOutcomes IT platform).

Non-adherence to prescribed medicines can lead to poor management of LTCs and a cost to the patient, NHS and society. The NMS aims to provide early support to patients who are newly prescribed a medicine with repeated follow-up in the short term to increase adherence and effective medicine taking. Increased patient adherence to treatment will consequently reduce drug wastage and medicines

²² <http://psnc.org.uk/wp-content/uploads/2013/06/MUR-Guidance-Oct-2013.pdf>

²³ <http://www.england.nhs.uk/2014/08/29/psa-communication/>

related hospital admissions. The NMS is targeted to new medicines prescribed in the four therapy areas of:

- Hypertension
- Type 2 diabetes
- Asthma / COPD
- Anticoagulation / antiplatelet therapy

The national evaluation of the NMS²⁴ found that the service is well received by patients and increases adherence to new medicines at 10 weeks by approximately 10% making it an important public health intervention. Interestingly, only 26% of respondents to the online public survey wished for more ongoing support with medicines from their pharmacy (see appendix 7 – 31% would not like more ongoing support; 43% answered not applicable).

4.1c Enhanced services

Enhanced Services can be commissioned by NHS England to meet a local need²⁵. There are 20 enhanced services listed in the 2013 Directions²⁶ however none are currently commissioned.

The menu of 20 enhanced services largely focuses on supporting the medicines optimisation agenda with service templates for a:

- Care home service
- Disease specific medicines management service
- Medicines assessment and compliance support service
- Medication review service

Medicines optimisation is about ensuring that the right patients get the right choice of medicine, at the right time. To support this, the *Medicines Optimisation Dashboard* was launched in June 2014 by NHS England²⁷.

County Durham has a growing elderly population (see section 2.1) making the commissioning of services to support better medicines optimisation an area which should be considered by commissioners, for example as enhanced services in the community pharmacy.

In addition NHS England can commission a seasonal flu vaccination service from accredited community pharmacists targeting the over 65s and the high risk groups. This service has been commissioned since 2012-13, and in 2013-14 just over 100 pharmacies participated across County Durham and Darlington. Patient feedback has indicated that the reasons for using the pharmacy were mainly about convenience, not needing an appointment, the proximity to home and the times the service was available²⁸. This flu vaccination service is now part of a national drive to better utilize community pharmacy to help tackle winter pressures and support urgent healthcare provision. *Community Pharmacy – helping provide better quality*

²⁴ www.nmsevaluation.org.uk

²⁵ <http://www.england.nhs.uk/wp-content/uploads/2014/04/pharm-services-ga-230414.pdf>

²⁶ <https://www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013>

²⁷ <http://www.england.nhs.uk/ourwork/pe/mo-dash/>

²⁸ Tompkins. Pharmacy Influenza Immunisation Scheme 2013/14: Evaluation Report. County Durham and Darlington Screening and Immunisation Area Team

and resilient urgent care²⁹ recommends the commissioning of three enhanced services of flu vaccination, emergency supplies of medicines, and provision of self-care support for winter ailments. The emergency supply of medicines scheme is running as a pilot from December 2014. A minor ailment service is currently a locally commissioned service (see section 4.2b).

4.2 Locally commissioned services

Any organisation can commission services from community pharmacy. NHS England can commission enhanced services (section 4.1c). Local authorities and CCGs can commission *locally commissioned services*. In order to commission these services a CCG would use the NHS Standard Contract and a local authority could its own public health contract or a national template. Table 6 describes the services that are commissioned in 2014.

When developing services it is important for commissioners to review and evaluate the currently commissioned services and health outcomes achieved. Any review should include whether to keep the status quo by allowing all pharmacy contractors to engage in new commissioned services by expression of interest, or whether targeted delivery by a small number of contractors would be more appropriate. For example, where there is a recognised health need in a certain population or location. It is important that any service evaluation includes actual service delivery by pharmacists as well as other providers who also meet specific pharmaceutical needs.

As discussed, out of area pharmacies do not provide a 'necessary' pharmaceutical service for County Durham. However it is important that those living in cross boundary areas are not disadvantaged in terms of access to services. It is therefore important that commissioners work across borders to ensure that services are based on the same criteria for patient inclusion.

Table 6: Locally commissioned services in community pharmacy

Service	Commissioner
Anticoagulant monitoring	CCG
Minor ailment service	CCG
Palliative care service	CCG
Gluten free food supply service	CCG
Reimbursement of TB medication costs	CCG
Food thickening voucher scheme	CCG
Sexual health services	DCC
Stop smoking services	DCC
Drug misuse services	DCC
Alcohol brief interventions	DCC
Health Checks	DCC

4.2a Anticoagulant monitoring

An anticoagulation monitoring service with community pharmacists provides patients with a local, accessible service. A service within pharmacy means that patients do

²⁹ <http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/>

not have to make inconvenient and timely visits to hospital. Table 7 describes the number of pharmacies currently providing this service.

During the re-commissioning process commissioners may wish to further increase access to this service taking into account local prevalence of atrial fibrillation, other drug management options, monitoring currently provided by other service providers, and the locations of the patients registered with the current pharmacy providers.

4.2b Minor ailment service

Encouraging patients to 'think pharmacy first' is a key national target demonstrated by, for example, *Community Pharmacy – helping provide better quality and resilient urgent care*³⁰. In a minor ailment service patients are encouraged to consult the community pharmacy rather than the GP for a defined list of minor ailments. Patients who are exempt from NHS prescription charges receive treatment from an agreed local formulary free of charge.

The aim of this service is to reduce GP workload in terms of the number of minor ailment consultations, and to improve patient access and choice, whilst allowing patients to receive expert advice in the pharmacy. An evaluation of the County Durham and Darlington scheme in 2010 by Sunderland University showed that 40% of patients asked would have made an appointment to see their GP if the scheme had not been in place.

Minor ailment schemes can also potentially have an impact on consultations for minor ailments in urgent care. *Community Pharmacy Management of Minor Illness*, published in 2014, showed that minor ailments cost the NHS an extra £1.1 billion a year when patients are treated in Emergency Departments or GP surgeries rather than at community pharmacies with treatment results being equally good³¹.

Provision of the minor ailment scheme is widespread (table 7). However a consistent approach across the Area Team would deliver greater benefits in terms of a consistent formulary of product choices and promotion of the scheme to patients. This is particularly important with the national drive to better utilise community pharmacy to support urgent healthcare provision and enable referrals into community pharmacy from NHS 111 and Accident and Emergency Departments for emergency supply of prescription medication and treatment of minor ailments.

4.2c Palliative care service

The aim of this service is to ensure that appropriate palliative care drugs are available in the community at the point of need. Designated community pharmacies hold an agreed list of palliative care drugs to enable easier access (table 7). Apart from this service there is no additional support from community pharmacy to the palliative care team.

4.2d Gluten free food supply scheme

This service is running as a pilot in Durham and Chester-le-Street. Following an annual review with a dietician, patients can obtain gluten free foods at the pharmacy without the need to visit their GP. If commissioners consider rolling out this service the use of PharmOutcomes should be considered to enable easier processing of vouchers.

³⁰ <http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/>

³¹ <http://www.pharmacyresearchuk.org/waterway/wp-content/uploads/2014/01/MINA-Study-Final-Report.pdf>

4.2e Reimbursement of TB medication costs

This is a scheme administered across County Durham which enables patients who normally pay for their prescriptions to receive anti tuberculosis drugs free of charge. Patients present their prescription and a letter from community health services to their community pharmacy which then provides the prescription free of charge and subsequently claims this charge back from the commissioning team.

Table 7: CCG commissioned services

Locality	Number of pharmacies	Minor ailment service	Anticoagulation monitoring	Palliative care service
Dales	24	22	5	9
Derwentside	20	18	5	7
Durham and Chester-le-Street	32	30	0	10
Easington	26	26	2	5
Sedgefield	23	21	2	9
Total	125	117	14	40

Source: Pharmacy PNA questionnaire June-July 2014

4.2f Food thickening voucher scheme

This is a scheme administered across County Durham which enables patients seen by the Speech and Language Therapy service to quickly obtain food thickening products via a voucher through community pharmacies.

4.2g Sexual health services

This service consists of emergency hormonal contraception (EHC) provision, chlamydia screening, and C card registration and supply.

EHC service

The aim of the EHC service is to increase the accessibility and availability of 'free at point of issue' EHC to females aged 13 years and over in pharmacies in County Durham. This service therefore helps to reduce unintended teenage pregnancies, and increase the knowledge of emergency contraception and its use, especially among young people. The EHC service is run through accredited pharmacists operating under a Patient Group Direction (PGD). All accredited pharmacists attend refresher training every two years in order to maintain their competence. Between April 2013 and March 2014 under 16's requests for EHC from pharmacies in County Durham continued to fall and represented 4% of the total consultations carried out. Requests from 16-18 year old requests have also continued to fall. This could be due to the increasing uptake of long acting reversible contraception by the younger females in the area.

Chlamydia screening

For pharmacies also offering the chlamydia screening service, dual screening postal packs (for chlamydia and gonorrhoea) are offered during an EHC consultation, where appropriate, to females aged 14-24 years and their partners. This aids the detection of undiagnosed infection. They are also offered to young people aged 13-24 who request a pack. Map 6 shows that there is a good distribution of pharmacies

providing chlamydia screening, especially in areas of high socioeconomic deprivation in County Durham.

C card service

The aim of the C Card scheme is to provide young people aged 13-24 with sexual health advice and information, and free condoms in a discreet and professional setting. Participating pharmacies largely provide the free condom supply service, however a small number of pharmacies also provide the initial C card registration service in addition to the ongoing supply of free condoms. Pharmacies signed up to provide C card registration are specially trained to give advice about sexual health and the correct use of condoms. During April 2013 to March 2014 pharmacies in County Durham accounted for 22.5% of the total of new registrations for C card among all outlets including GP practices, colleges, schools, youth clubs and others, and 47% of the total supply of free condoms.

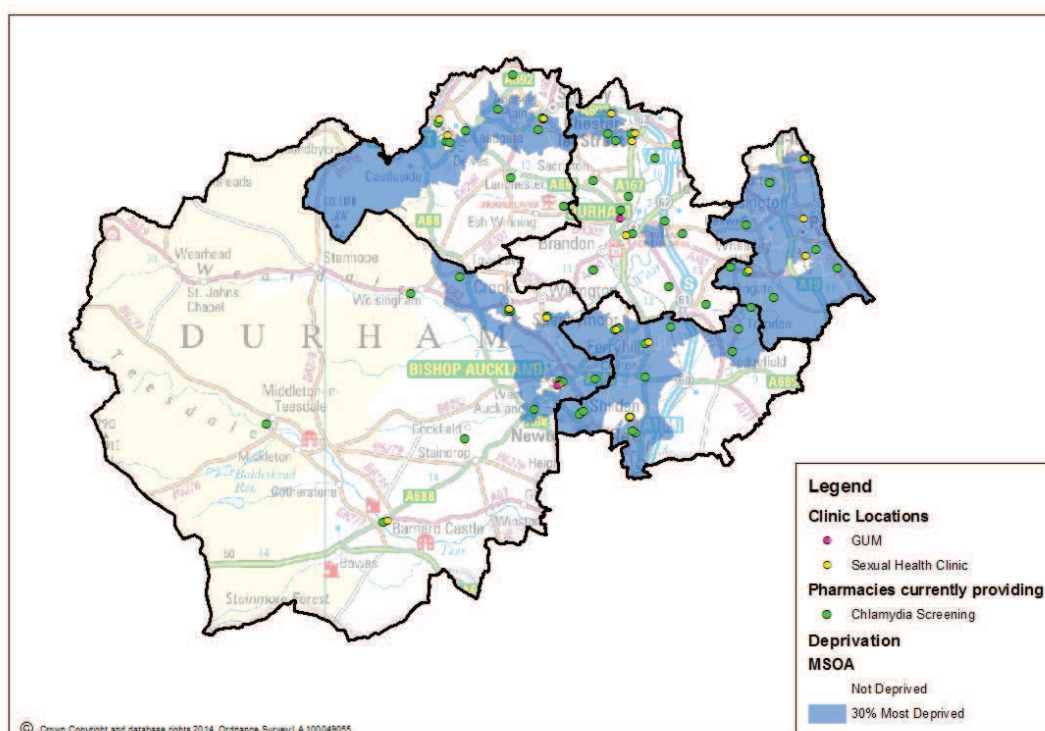
Table 8 shows the number of pharmacies providing each service. Provision of the EHC service is widespread, with approximately 50% of pharmacies also offering the chlamydia screening and C card supply service. The number of pharmacies currently offering the C card registration service is currently limited to 7% of pharmacies however this accounted for 22.5% of the total of all new registration in 2013-4.

Table 8: Sexual health services provided by pharmacists in County Durham

Locality	No of pharmacies	EHC service	C card registration	C card supply	Chlamydia screening
Dales	24	22	2	18	13
Derwentside	20	17	0	13	12
Durham and Chester-le-Street	32	25	3	16	17
Easington	26	20	3	9	10
Sedgefield	23	22	1	15	14
Total	125	106	9	71	66

Source: PNA pharmacy questionnaire June-July 2014

Map 6: Pharmacies in County Durham offering Chlamydia screening



4.2h Stop smoking services

Pharmacies provide either a Level 2 stop smoking service and/or dispensing of nicotine replacement therapy (NRT) via the NRT voucher scheme (table 9). The majority of pharmacies in County Durham (86%) provide NRT supply.

Table 9: Pharmacies providing Level 2 and NRT voucher services

Locality	Number of pharmacies	Level 2 service	NRT vouchers
Dales	24	7	19
Derwentside	20	11	19
Durham & Chester-le-Street	32	10	28
Easington	26	11	23
Sedgefield	23	10	18
Total	125	49	107

Source: PNA pharmacy questionnaire June – July 2014

The Level 2 service provides a programme of stop smoking support and access to stop smoking treatments, and is currently provided by 39% of all pharmacies in County Durham (table 9 and map 7). The service includes:

- Identifying smokers and offering support (including targeting the priority groups of routine and manual workers).
- Delivering support by trained staff and enabling access to appropriate pharmacotherapy.

- Offering support for up to 12 weeks including weekly support for at least the first 4 weeks (including carbon monoxide monitoring).
- Referring smokers to specialist Level 3 services where appropriate (e.g. pregnant smokers).
- Achieving a sufficient number of 4 week quitters (a minimum of 30 quitters per year with a minimum 40% quit).
- Seeking service user feedback using a standard questionnaire.

GP practices, community pharmacies and the specialist service are the three main settings for clients to access support in County Durham. Of all the clients seen in 2013-14, 26% were seen in a community pharmacy setting of which 45% quit, which represents 23% of all quitters (figure 3). This 4-week quit rate of 45% compares to a quit rate of 63% in the Level 3 specialist service and 47% in the GP practice setting.

Current provision in an area is always considered by the commissioner prior to approving new providers.

Map 7: Community pharmacies, GP practices and other specialist services offering smoking cessation services linked to areas of deprivation

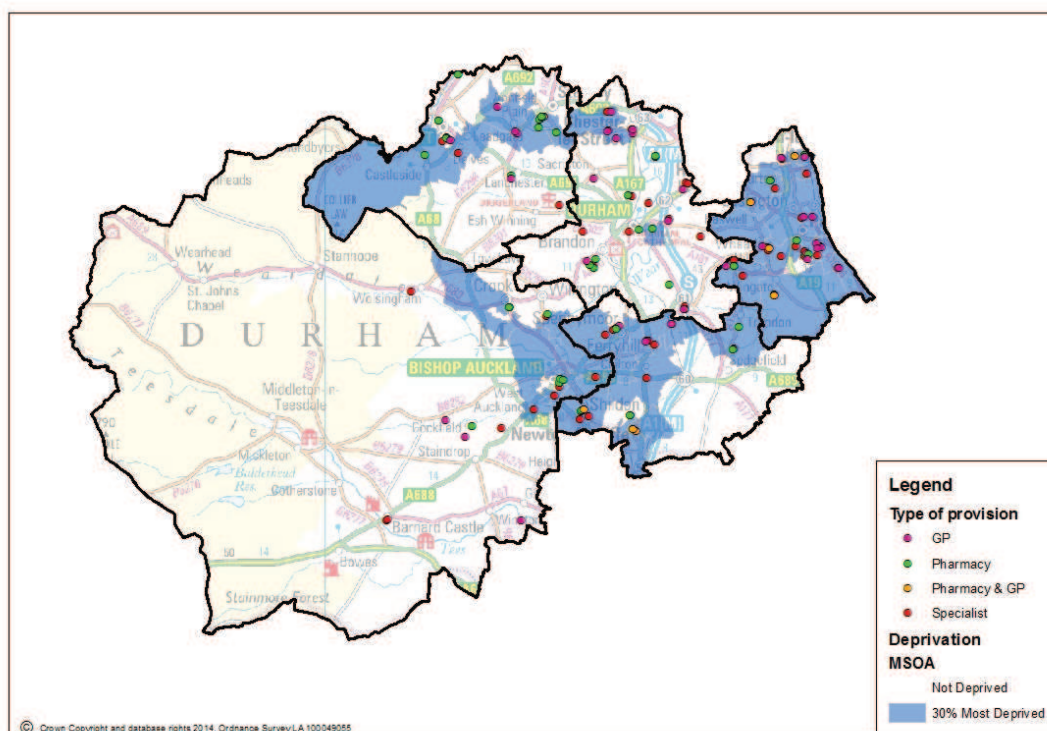
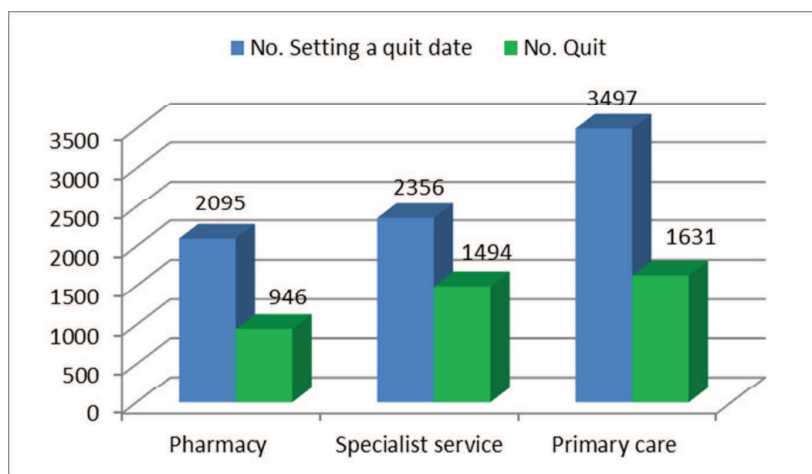


Figure 3: Number of clients setting a quit date, and number of 4-week quitters in 2013/14



4.2i Drug misuse services

County Durham Community Drug Service (CDS) is an integrated multi-agency treatment service consisting of seven providers working across multiple sites to provide support and treatment for adults who have recognized problematic substance use. It is well recognised that community pharmacy has a major role to play in the overall harm minimisation strategy by providing pharmaceutical care to drug users.

Supervised consumption

Supervised consumption of methadone and other medications through community pharmacies is an integral element to the overall shared care services provided to support people who misuse substances – heroin in particular. Current guidelines recommend that all new treatment for opiate dependence be subject to supervised consumption for the first three months or a longer period considered appropriate by the prescriber. The rationale for this recommendation is to provide routine and structure for the service user, helping to promote a move away from chaotic and risky behaviour. CDS works closely with local community pharmacies and service users to provide a locally based supervised consumption service to ensure adherence to treatment contracts. The aims of the supervised administration service are to:

- Provide drug treatment which will help to ensure that prescribed medication is consumed under professional supervision.
- Co-operate with local services to ensure that service users are aware of all treatment options and services which promote recovery from dependence.

Table 10 shows the service provision across County Durham, and map 8 the locations of the supervised administration services particularly in relation to areas of deprivation.

Needle exchange

The aim of the needle exchange service is to provide a needle exchange facility to injecting drug users over the age of 18 in order to reduce the levels of harm associated with injecting drug use for individuals, families and local communities.

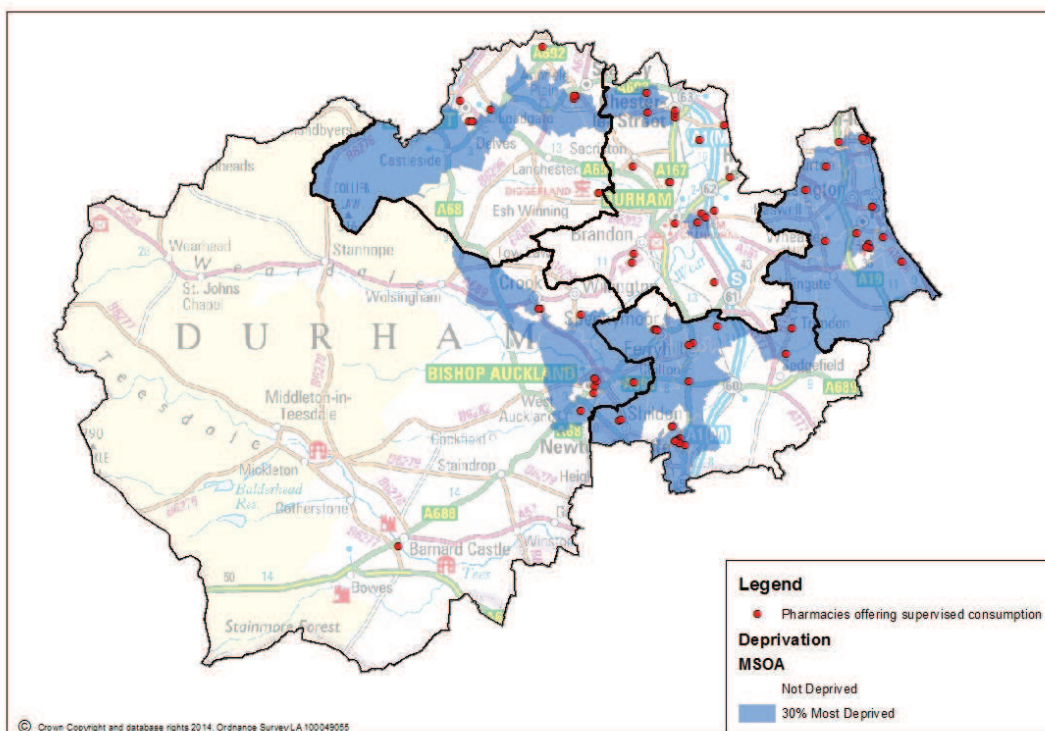
Pharmacies distribute sterile injecting equipment, provide advice and information on the safe disposal of injecting equipment, and distribute appropriate literature advising on harm reduction, safer sex and local services to all injecting drug users. In County Durham there are currently only three community pharmacy providers of this service all in the Derwentside locality (table 10).

Table 10: Number of pharmacies providing drug misuse services in County Durham

Locality	Number of pharmacies	Supervised administration	Needle exchange
Dales	24	12	0
Derwentside	20	13	3
Durham & Chester-le-Street	32	20	0
Easington	26	15	0
Sedgefield	23	16	0
Total	125	76	3

Source: PNA pharmacy questionnaire June-July 2014 / CDS information July 2014

Map 8: Pharmacies providing supervised administration service



A service review of the CDS will be complete by April 2015. During this review no new community pharmacy service providers are being commissioned. However a wider provision of community pharmacy-based needle exchange schemes could be considered in the future.

4.2j Alcohol brief interventions

The aims of the alcohol screening service in pharmacies are to:

- Identify levels of drinking amongst those presenting with conditions possibly

related to alcohol (e.g. persistent gastric symptoms, high blood pressure, presenting to the EHC service).

- Prevent progression to dependent drinking.
- Raise public awareness of safe levels of drinking and consequences of unsafe drinking (particularly targeting women who are pregnant / trying to conceive).
- Refer appropriately to community based alcohol treatment services.
- Reduce alcohol related hospital admissions.

Pharmacists and/or their staff attend training in the appropriate use of the World Health Organisation alcohol screening AUDIT tool, and how to provide brief advice to clients aged 16+ years. In 2014, 88 pharmacies in County Durham have attended training however the PNA questionnaire returns indicate that only 55 were currently providing the service (table 11) therefore the information in the PNA returns conflicts with the commissioner's information.

Table 11: Alcohol screening in community pharmacies in County Durham

Locality	Number of pharmacies	Alcohol screening
Dales	24	7
Derwentside	20	9
Durham & Chester-le-Street	32	16
Easington	26	10
Sedgefield	23	12
Total	125	55

Source: PNA pharmacy questionnaire June-July 2014

Between April 2012 and March 2014, 7219 screens were undertaken in pharmacies in County Durham. The majority of these were linked to patients with gastric problems, high blood pressure, or as part of a MUR. Approximately 15% of these screens lead on to a full brief intervention and possible referral into the Alcohol Service.

4.2k Health Checks

Health Checks in County Durham (i.e. Check4Life) are part of a national risk assessment and management programme for those aged 40 to 74, who do not have existing CVD, and who are not currently being treated for CVD risk factors. The aim of the programme is to identify anyone in this eligible population who has a high risk of developing CVD and to individually assess them by calculating their risk of developing CVD, communicating that risk, and offering lifestyle advice and other interventions to reduce that risk. By the end of July 2014 a potential population in County Durham of 124,884 people were still eligible for a NHS Health Check³². The provision of Check4Life through accredited community pharmacies is currently limited due to various factors (e.g. competing agendas, low staffing levels, competency and IT issues) (table 12). Results from the online public survey indicate that the public welcome this service (see appendix 7).

³² www.healthcheck.nhs.uk

Table 12: NHS health checks in community pharmacies in County Durham

Locality	Number of pharmacies	Number providing NHS health check
Dales	24	4
Derwentside	20	5
Durham & Chester-le-Street	32	2
Easington	26	6
Sedgefield	23	4
Total	125	21

Source: Check4Life Quality Assurance Pharmacy Database August 2014

4.3 Healthy Living Pharmacy programme

There is increasing recognition that community pharmacy can make a significant contribution to improving the public's health. The Healthy Living Pharmacy (HLP) framework is the best known but by no means the only model for delivery of public health in a community pharmacy setting. Public health services are commissioned through three levels of increasing complexity and required expertise, with pharmacies aspiring to go from one level to the next. The framework is underpinned by three enablers of workforce development, engagement with the local community and other social care and health professionals, and premises with a dedicated health-promoting environment. Therefore the HLP concept involves community pharmacy health champions delivering lifestyle interventions with premises fit for purpose alongside local stakeholder engagement. Non pharmacist staff make a significant contribution to the delivery of public health services in HLPs.

An evaluation in 2013 of the national HLP pathfinder programme found that:³³

- Patient survey results were very positive with almost all users who returned questionnaires (98.3%) saying they would recommend the service to others.
- 76% of contractors said they had up to a 25% increase in income as a result of becoming a HLP.
- For stop smoking services the self-reported 4 week quit rate was similar to the national average and in some cases well above the national average. People walking into a HLP are twice as likely to set a quit date and quit smoking, compared to a non HLP³⁴.
- A high proportion of individuals receiving a chlamydia screening service or EHC were also being provided with additional relevant information such as advice on safe sex and use of condoms.
- Staff providing an alcohol service felt they were well equipped to open further dialogue on alcohol consumption and were able to sign post people to further services.

Locally the HLP framework has been running since 2012. Currently there are 10 pharmacies working towards Level 1 and 16 working towards Level 2. One of the priorities of the Public Health Pharmacist for County Durham will be to work with all stakeholders to reinvigorate the HLP programme during 2015. This will require careful local marketing since results from the online public survey indicate that only

³³ <https://www.gov.uk/government/publications/consolidating-and-developing-the-evidence-base-and-research-for-community-pharmacys-contribution-to-public-health>

³⁴ Community Pharmacy: Local governments new role in public health. LGA 2013. Available at http://www.local.gov.uk/publications/-/journal_content/56/10180/5597846/PUBLICATION

33% would welcome information and support on lifestyle issues from their pharmacy (see appendix 7).

Section Five: Conclusion and recommendations

The PNA for County Durham links to the health needs identified in the JSNA. County Durham is a predominantly rural county with a large and increasing ageing population. County Durham experiences higher levels of deprivation than the national average.

The key statements from the PNA for County Durham are:

- There is sufficient provision of pharmacies in County Durham with good overall access to pharmaceutical services. However, results from the public survey indicate that current opening hours of pharmacies could be reviewed.
- A review of rurality of County Durham is required by NHS England following an appeal to the NHS Litigation Authority in 2011.
- The active implementation of repeat dispensing and the EPS across the county should continue.
- The utilisation of post-discharge MURs should be improved ensuring integration into the wider patient pathway and more robust communication using PharmOutcomes.
- The national drive to allow signposting into community pharmacy from the urgent care sector should continue to be supported. This includes implementing a consistent approach across the region for a minor ailment service.
- Services that improve medicines optimisation should particularly target the growing elderly population in the county.
- Alongside a public marketing campaign, community pharmacy based public health services should be expanded particularly in the deprived areas across the county.
- Innovative ways in which pharmacists and pharmacies can support the wider targets in the JHWS on e.g. social isolation should be explored.

These statements are not only in line with local target need and targets but also with recent national policy. For example the *NHS Five Year Forward View*³⁵ describes how far greater use of pharmacists should be made in prevention and support for healthy living; in support to self-care for minor ailments and LTCs; in medication review in care homes; and as part of more integrated local care models. In addition *Community Pharmacy – helping provide better quality and resilient urgent care*³⁶ describes the role that community pharmacies could play in supporting vulnerable housebound patients (e.g. by domiciliary medicines support and formal referral

³⁵ <http://www.england.nhs.uk/ourwork/futurenhs/>

³⁶ <http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/>

mechanisms if a vulnerable person is noticed to be deteriorating or not coping during a home medicines delivery); further support for healthy living; and improving the uptake of MURs particularly aimed at patients with respiratory disease and when discharged from hospital.

Appendix 7 shows the results of the online public survey which essentially tested the public's opinion of the broad conclusions in the PNA. These results showed that 97% of respondents can easily access pharmaceutical services, with only 11% stating that they feel there aren't enough pharmacies in County Durham. There was also broad agreement with the proposed service developments. For example: 52% think more support is needed with medicines following discharge from hospital (with 30% answering don't know); whilst 70% and 62% of respondents, respectively supported NHS Health Checks and information on a broader range of services in community pharmacy. However 67% of respondents would not like more information and support from community pharmacy on healthy lifestyles.

The PNA must be reviewed every 3 years. It will also be reviewed following any major changes such as a significant change to the availability of pharmaceutical services, or a fundamental redesign of the community pharmacy contract. The PNA can either be reviewed in full or a Supplementary Statement can be issued to become part of the existing PNA.

List of abbreviations

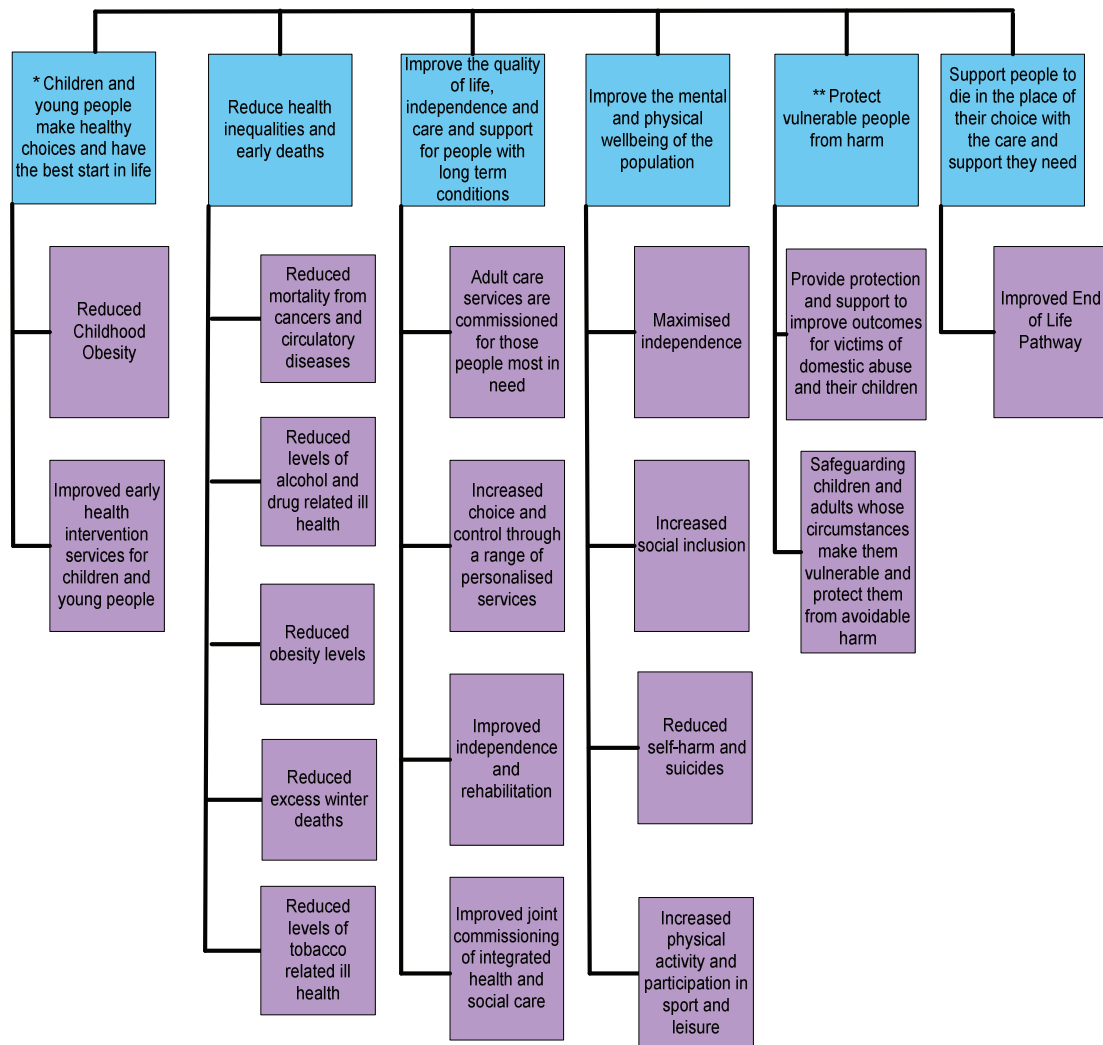
AUR	Appliance Use Review
CCG	Clinical Commissioning Group
CDS	County Durham Community Drug Service
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Airways Disease
CVD	Cardiovascular Disease
DCC	Durham County Council
DDES	Durham Dales, Easington and Sedgefield
DFLE	Disability Free Life Expectancy
DoH	Department of Health
EHC	Emergency Hormonal Contraception
EPS	Electronic Prescription Service
GMS	General Medical Service
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LPC	Local Pharmaceutical Committee
LPN	Local Pharmacy Network
LSOA	Lower Super Output Area
LPS	Local Pharmaceutical Services
LTC	Long Term Condition
MDS	Monitored Dosage System
MUR	Medicines Use Review
NECS	North of England Commissioning Support
NMS	New Medicine Service
NRT	Nicotine Replacement Therapy
PCT	Primary Care Trust
PGD	Patient Group Direction
PNA	Pharmaceutical Needs Assessment
RPS	Royal Pharmaceutical Society
SCS	Stoma Customisation Service

Appendix 1: Summary of the national evidence base for community pharmacy services³⁷

Service	Evidence base
Chronic disease management	<p>Strong evidence of improvements in lipid levels that were sustained for at least one year in both primary and secondary prevention of CHD.</p> <p>Strong evidence of significant reductions in systolic blood pressure alongside regular patient review.</p> <p>Good quality evidence that enhanced medicines management in patients with heart failure recently discharged from hospital led to reduction in hospitalisation but not mortality.</p> <p>Community pharmacists can make an important contribution to the management of people with diabetes for screening, improved adherence with medicines, reduced blood glucose or HbA1c levels, and achieving weight reduction.</p> <p>Good evidence that community pharmacy interventions can improve respiratory function and use of medicines in patients with asthma. The evidence in COPD is currently weak.</p>
Stop smoking	<p>All reviews indicate that community pharmacy stop smoking services provided by trained pharmacy staff were effective and cost effective in helping smokers quit smoking. The studies included in the reviews were rated as high level evidence (i.e. randomised controlled trials).</p>
Emergency hormonal contraception supply	<p>Good evidence that community pharmacy EHC services provide timely access to treatment and are highly rated by women who use them. However, currently there is no hard evidence about outcome, i.e. reduction of rates of teenage pregnancy as a result of access to EHC services from community pharmacy, although it would seem to be a reasonable assumption.</p>
Weight management	<p>The evidence points to the fact that although community pharmacy based weight management reduction programmes appear to show promise, there is insufficient evidence currently to support investment in the provision of weight management services through community pharmacy (Note: there is evidence that community pharmacy services are effective in achieving weight reduction in diabetic patients).</p>
Alcohol and drug misuse services	<p>Currently little available evidence of the effectiveness of community pharmacy based services for alcohol misuse. However, there is some evidence of success on a small scale from local initiatives.</p> <p>Moderate quality evidence that there is high attendance at community pharmacy based supervised methadone administration services and that this service is acceptable to users.</p> <p>Community pharmacy based needle exchange schemes were found to achieve high rates of returned injecting equipment and are cost effective. However, evidence is based on descriptive studies.</p> <p>Evidence suggests that inclusion of trained community pharmacists in the care of intravenous drug users, attending to obtain methadone substitution treatment, improved testing and subsequent uptake of hepatitis vaccination.</p>

³⁷ Community pharmacy and public health. Solutions for Public Health 2013. Available at <http://www.sph.nhs.uk/sph-documents/community-pharmacy-and-public-health-final-report>

Appendix 2: Joint Health and Wellbeing Strategy Objectives and Outcomes



* Shared objective for the Children and Families Partnership and the Health and Wellbeing Board

** Shared objective for the Safe Durham Partnership and the Health and Wellbeing Board

Appendix 3: Targets in JHWS and how community pharmacy can help (now and in the future)

JHWS target	Community pharmacy support
<p>Children and young people make healthy choices and have the best start in life</p> <p>Actions include:</p> <ul style="list-style-type: none"> • Supporting the needs of young carers • Improving the rates of breast feeding • The <i>Baby clear</i> initiative (stop smoking services in pregnancy) • Improving oral health in children • Reducing childhood obesity • Education on the risks of alcohol 	<p>Availability of information on a wide range of support services for young carers</p> <p>Consistent health promotion messages on breast feeding, healthy diets and physical exercise, and oral health</p> <p>Level 2 Stop Smoking Services targeting pregnant women who smoke</p> <p>Alcohol screening service targeting parents</p>
<p>Reduce health inequalities and early deaths</p> <p>Actions include:</p> <ul style="list-style-type: none"> • Targeting drug misuse, alcohol and smoking • Raising awareness of cancer • Implementation of Health Checks • Targeting people with learning disabilities to improve healthy lifestyles • Reducing excess winter deaths 	<p>Drug and alcohol misuse services</p> <p>Level 2 Stop Smoking Services</p> <p>Active participation in the NHS England <i>Be Clear on Cancer</i> campaigns</p> <p>Participation in Health Check programme</p> <p>Targeting people with learning disabilities and signposting to relevant support</p> <p>Providing information to elderly patients on fuel poverty</p>
<p>Improve quality of life, independence, care and support for people with LTCs</p> <p>Actions include:</p> <ul style="list-style-type: none"> • Combating loneliness of older people • Reducing inappropriate admissions to care homes and hospital • Improving hospital discharge and reducing readmissions 	<p>Delivery drivers providing information about available services to housebound elderly patients</p> <p>Advanced services: Post discharge MUR (with active referral from secondary care)</p> <p>Potential enhanced services: Care home service, disease specific medicines management service, medicines assessment and compliance support service, medication review service</p>
<p>Improve mental and physical wellbeing of the population</p> <p>Actions include:</p> <ul style="list-style-type: none"> • Early identification of people at risk of social isolation 	<p>Include community pharmacy team in referral pathways to e.g. improve the physical health of those with poor mental health; active role in suicide prevention; involvement in social prescribing.</p> <p>Delivery drivers acting as an early warning system.</p>

Appendix 4: Community pharmacies in County Durham

Name	Address
Dales	
J S Langhorne Ltd	19 Market Place, Middleton-In-Teesdale, Barnard Castle, County Durham, DL12 0QG
Whitworth Chemists Limited	38 Front Street, Cockfield, Bishop Auckland, County Durham, DL13 5DS
M J & A Gordon Limited	24 High Street, Tow Law, Bishop Auckland, County Durham, DL13 4DL
Asda Stores Ltd	South Church Road, Bishop Auckland, County Durham, DL14 7LB
Tesco Stores Limited	St Helen Auckland Industrial Estate, Bishop Auckland, County Durham, DL14 9AB
M & M Pharmacies Limited	172-174 Newgate Street, Bishop Auckland, County Durham, DL14 7EJ
Britton & Robson Ltd	46 High Street, Willington, Crook, County Durham, DL15 0PG
Boots UK Limited	31 Newgate Street, Bishop Auckland, County Durham, DL14 7EW
C & C Forster Ltd	144 Melrose Drive, St Helen Auckland, Bishop Auckland, County Durham, DL14 9DN
Clemitsons Ltd	25A Hope Street, Crook, County Durham, DL15 9HS
R S Marsden (Chemist) Ltd	86 Galgate, Barnard Castle, County Durham, DL12 8BJ
Chambers Chemist Ltd	Victoria Lane, Coundon, Bishop Auckland, County Durham, DL14 8NL
Stanhope Chemists Ltd	79 Front Street, Stanhope, Bishop Auckland, County Durham, DL13 2TZ
Clemitsons Ltd	51 Hope Street, Crook, County Durham, DL15 9HU
Boots UK Limited	Bishop Auckland Primary Care Centre, Watling Road, Bishop Auckland, County Durham, DL14 6RP
Wolsingham Pharmacy Ltd	12 Market Place, Wolsingham, Bishop Auckland, County Durham, DL13 3AE
Boots UK Limited	37-39 Market Place, Barnard Castle, County Durham, DL12 8NE

Name	Address
Boots UK Limited	8 North Terrace, Crook, County Durham, DL15 9AZ
Bestway National Chemists Limited	50 Hope Street, Crook, County Durham, DL15 9HU
Boots UK Limited	Unit 8 Bishop Auckland Shopping Park, Tindale Crescent, St Helen Auckland, Bishop Auckland, County Durham, DL14 9FA
M & M Pharmacies Ltd	Station View Medical Centre, 29a Escomb Road, Bishop Auckland, County Durham, DL14 6AB
Bestway National Chemists Limited	Unit 7, Newgate Centre, Bishop Auckland, County Durham, DL14 7JQ
Sainsbury's Supermarkets Ltd	St Helen's Industrial Estate, Tindale Crescent, St Helen's Auckland, Bishop Auckland, County Durham, DL14 9AE
M & M Pharmacies Ltd	203 Newgate Street, Bishop Auckland, County Durham, DL14 7EL
Easington	
Dixon & Hall Ltd	60 York Road, Peterlee, County Durham, SR8 2DP
Lloyds Pharmacy Limited	8 Blandford Place, Seaham, County Durham, SR7 7EL
J F Eilbeck (Chemist) Limited	Seaham Primary Care Centre, St Johns Square, Seaham, County Durham, SR7 7JE
Boots UK Limited	30-32 The Chare, Peterlee, County Durham, SR8 1AE
Boots UK Limited	The Medical Centre, Front Street, Wingate, County Durham, TS28 5PZ
G Whitfield Limited	16 Woods Terrace East, Murton, Seaham, County Durham, SR7 9AA
Crispin Pharmacy Ltd	2 Front Street, Shotton Colliery, County Durham, DH6 2LT
Boots UK Limited	17 Blackhills Road, Horden, Peterlee, County Durham, SR8 4DW
Boots UK Limited	South Hetton Health Centre, Front Street, South Hetton, County Durham, DH6 2TH
Bestway National Chemists Limited	9 The Chare, Peterlee, County Durham, SR8 1AE
M Whitfield Limited	22 Alexander Terrace, Wheatley Hill, Durham, County Durham, DH6 3JW

Name	Address
Bestway National Chemists Limited	43 Church Street, Seaham, County Durham, SR7 7HF
Boots UK Limited	Craddock House, Seaside Lane, Easington Colliery, County Durham, SR8 3PF
J F Eilbeck (Chemist) Limited	1 The Avenue, Deneside, Seaham, County Durham, SR7 8LQ
Boots UK Limited	1 Seaside Lane, Easington Colliery, Peterlee, County Durham, SR8 3PF
Haswell Pharmacy Ltd	80 Front Street, Haswell, County Durham, DH6 2BL
Norchem Healthcare Limited	51 Middle Street, Blackhall Colliery, County Durham, TS27 4EE
M Whitfield Limited	28 Middle Street, Blackhall Colliery, County Durham, TS27 4EA
Boots UK Limited	63 Church Street, Seaham, County Durham, SR7 7HF
Lloyds Pharmacy Limited	1 West Grove, Westlea Estate, Seaham, County Durham, SR7 8EL
Whitworth Chemists Limited	10 Woods Terrace East, Murton, Seaham, County Durham, SR7 9AA
Asda Stores Ltd	Asda Stores Ltd, Surtees Road, Peterlee, County Hall, SR8 5HA
Phillips Chemists Ltd	21a Church Road, Trimdon Village, County Durham, TS29 6PY
M Whitfield Limited	2 Stanley Terrace, Thornley, County Durham, DH6 3ES
Asda Stores Ltd	Byron Place, South Terrace, Seaham, County Durham, SR7 7HN
Phillips Chemists Ltd	15 Commercial Street, Trimdon Colliery, County Durham, TS29 6AD
IntraHealth Pharmacy Limited	William Brown Centre, Manor Way, Peterlee, County Durham, SR8 5TW
M Whitfield Limited	4 Sunderland Road, Horden, Peterlee, County Durham, SR8 4QJ
Durham and Chester-Le-Street	
M & M Pharmacies Limited	The Health Centre, Sawmills Lane, Meadowfield, County Durham, DH7 8NJ

Name	Address
Lloyds Pharmacy Limited	6 Bridge End, Chester-Le-Street, County Durham, DH3 3RA
Boots UK Limited	8-9 St.Cuthberts Walk, Chester le Street, County Durham, DH3 3BL
Boots UK Limited	Cestria Health Centre, Whitehill Way, Chester le Street, County Durham, DH2 3DJ
Middle Chare Pharmacy Limited	Middle Chare, Chester-Le-Street, County Durham, DH3 3QD
W Smith (Durham) Ltd	Flass Terrace, Ushaw Moor, County Durham, DH7 7LD
Coolmain Services Ltd	29 Front Street, Framwellgate Moor, County Durham, DH1 5EE
W Smith (Durham) Ltd	1 New House Road, Esh Winning, County Durham, DH7 9JU
M Whitfield Limited	34 Sunderland Road, Gilesgate, County Durham, DH1 2LG
M Whitfield Limited	1 Sanderson Street, Cornforth Lane, Coxhoe, County Durham, DH6 4DF
J Leak & S Cook	6 Blue House Buildings, High Street, Belmont, County Durham, DH1 1AR
James & Lindsey Clark	10 Cheveley Park, Shopping Centre, Belmont, County Durham, DH1 2AA
Bestway National Chemists Limited	25 Gilesgate, Gilesgate, County Durham, DH1 1QW
W Smith (Durham) Ltd	55 Carr House Drive, Framwellgate Moor, County Durham, DH1 5LT
Mr T Grey	The Store House, Rainton Gate, Houghton-Le-Spring, County Durham, DH4 6SQ
G Whitfield Limited	38 Gill Crescent North, Fencehouses, Houghton Le Spring, County Durham, DH4 6AW
Sainsbury's Supermarkets Ltd	J Sainsbury Supermarket, Arnison Retail Centre, Pity Me, County Durham, DH1 5GD
Boots UK Limited	Unit B, Arnison Centre Retail Park, Pity Me, County Durham, DH1 5GB
Boots UK Limited	2-5 Market Place, Durham, County Durham, DH1 3NB
J Dinning (Lumley) Limited	13 Lombard Place, Great Lumley, Chester le Street, County Durham, DH3 4QP

Name	Address
M & M Pharmacies Ltd	Phoenix House, 4 Sawmills Lane, Brandon, County Durham, DH7 8BJ
Alrahi & Singh Ltd	Hilary House, Kelloe, County Durham, DH6 4PE
Boots UK Limited	Unit 9, Durham City Retail Park, McIntyre Way, Belmont, Durham, County Durham, DH1 2RP
Fletcher Gamble Limited	Fell Road, Pelton Fell, Chester le Street, County Durham, DH2 2NR
Boots UK Limited	The Medical Centre, Front Street, Sacriston, County Durham, DH7 6JW
Centrechem Ltd	Pelton Primary Care Centre, Ouston Lane, Pelton, Chester Le Street, County Durham, DH2 1EZ,
Lloyds Pharmacy Limited	Manchester House, Commercial Street, Brandon, County Durham, DH7 8PL
Boots UK Limited	5a-6 North Road, Durham, County Durham, DH1 4SH
Tesco Stores Limited	Tesco Extra, Dragon Lane, County Durham, DH1 2XQ
Superdrug Stores Plc	48-50 Front Street, Chester-Le-Street, County Durham, DH3 3BD
Bowburn Pharmacy Company Ltd	2 Ash Terrace, Bowburn, Durham, County Durham, DH6 5AS
Parkchem Limited	2 Harley Terrace, Sherburn, Durham, County Durham, DH6 1DS
Derwentside	
Bestway National Chemists Limited	40 Front Street, Langley Park, Durham, County Durham, DH7 9SA
M D & A G Burdon Ltd	15 Front Street, Lanchester, Durham, County Durham, DH7 0LA
Farah Chemists Limited	Cedar Crescent, Burnopfield, Newcastle Upon Tyne, NE16 6HU
Lloyds Pharmacy Limited	Clifford Road, Stanley, County Durham, DH9 0AB
Lloyds Pharmacy Limited	12 Station Road, Consett, County Durham, DH8 5RL
Dixon & Hall Ltd	79 Front Street, Stanley, County Durham, DH9 0T,

Name	Address
John Low Ltd	83 Queens Road, Shotley Bridge, Consett, County Durham, DH8 0BW
Boots UK Limited	Tanfield View Surgery, Scott Street, Tanfield, Stanley, County Durham, DH9 8AD
Farah Chemists Limited	George Ewen House, Watling Street, Leadgate, Consett, County Durham, DH8 6DP
Ashchem Limited	3 West Road, Annfield Plain, Stanley, County Durham, DH9 7XA
Bestway National Chemists Limited	The Derwent Centre, Middle Street, Consett, County Durham, DH8 5QP
Farah Chemists Limited	Lesbury House, Front Street, Dipton, Stanley, County Durham, DH9 9AD
M J & A Taylor Ltd	226 Park Road, South Moor, Stanley, County Durham, DH9 7AN
Asda Stores Ltd	Front Street, Stanley, County Durham, DH9 0NB
Qammar Nazir	9 Station Road, Consett, County Durham, DH8 5RL
Boots UK Limited	53 Front Street, Stanley, County Durham, DH9 0SY
Sri Vijaya Venkata LLP	Unit 19b Number One Industrial Estate, Consett, County Durham, DH8 6SY
Boots UK Limited	Station Yard West, Delves Lane, Consett, County Durham, DH8 5YA
Dixon & Hall Ltd	6 Standerton Terrace, Craghead, Stanley, County Durham, DH9 6DD
John Low Ltd	Consett Park Terrace, Moorside, Consett, County Durham, DH8 8ET
Sedgefield	
Asda Stores Ltd	St Andrew's Lane, Spennymoor, County Durham, DL16 6QB
Lloyds Pharmacy Limited	Pease Way Medical Centre, 2 Pease Way, Newton Aycliffe, County Durham, DL5 5NH
Boots UK Limited	57 Beveridge Way, Newton Aycliffe, County Durham, DL5 4DU
A R McConnell Limited	Pioneering Care Centre, Cobbler's Hall, Burn Lane, Newton Aycliffe, County Durham, DL5 4SE

Name	Address
Centrechem Ltd	11 Front Street, Sedgefield, County Durham, TS21 3AT
Robert & Roberts Limited	27 Bewick Crescent, Newton Aycliffe, County Durham, DL5 5LH
Chilton Chemists Ltd	5 Cheapside, Shildon, County Durham, DL4 2HP
Hancock & Ainsley Ltd	1 Main Street, Shildon, County Durham, DL4 1AJ
Boots UK Limited	2 North Street, Ferryhill, County Durham, DL17 8HX
Boots UK Limited	18 Cheapside, Spennymoor, County Durham, DL16 6DJ
Bestway National Chemists Limited	St Andrews Medical Centre, St Andrews Lane, Spennymoor, County Durham, DL16 6QA
Robert & Roberts Limited	11 Main Street, Ferryhill, County Durham, DL17 8LA
Intrahealth Pharmacy Ltd	6-8 High Street, West Cornforth, Ferryhill, County Durham, DL17 9HR
Boots UK Limited	1 Durham Road, Ferryhill, County Durham, DL17 8LD
Phillips Chemists Ltd	9 Alhambra Terrace, Fishburn, Sedgefield, County Durham, TS21 4BU
Chilton Chemists Ltd	1 North Road, Chilton, Ferryhill, County Durham, DL17 0HE
Robert & Roberts Limited	6 Neville Parade, Newton Aycliffe, County Durham, DL5 5DH
Norchem Healthcare Limited	Norchem House, Chilton Industrial Estate, Ferryhill, County Durham, DL17 0PD
M & M Pharmacies Ltd	14 Church Street, Shildon, County Durham, DL4 1DX
Tesco Stores Limited	Tesco Extra, Greenwell Road, Newton Aycliffe, County Durham, DL5 4DH
Mr A D P Miller	22 Cheapside, Spennymoor, County Durham, DL16 6DJ

Appendix 5: Distance selling pharmacies (internet or mail order) in County Durham

Pharmacy Name	Trading Name	Address
Robert & Roberts Limited	Neville Pharmacy	6 Neville Parade Newton Aycliffe Co Durham DL5 5DH
Norchem Healthcare Limited	Norchem House Pharmacy	Norchem House Chilton Industrial Estate Ferryhill Co Durham DL17 0PD
M & M Pharmacies Ltd	M & M Pharmacy	203 Newgate Street Bishop Auckland Co Durham DL14 7EL
Sri Vijaya Venkata LLP	Consett Pharmacy	Unit 19b Number One Industrial Estate Consett Co Durham DH8 6SY
M & M Pharmacies Ltd	M & M Pharmacy	Phoenix House 4 Sawmills Lane Brandon Co Durham DH7 8BJ

Appendix 6: Dispensing practices in County Durham

Practice Code	Surgery	1st line address	2nd line	3rd line	4th line	Post Code
A83043	Old Forge Surgery	Middleton in Teesdale	Barnard Castle		Co Durham	DL12 0QE
A83035	Weardale Practice	Dale Street	Stanhope	Bishop Auckland	Co Durham	DL13 2XD
A83021	Auckland Medical Group	54 Cockton Hill Road	Bishop Auckland		Co Durham	DL14 6BB
A83060	Pinfold Medical Practice	Pinfold Lane	Butterknowle		Co Durham	DL13 5NX
A83046	Barnard Castle Surgery	Victoria Road	Barnard Castle		Co Durham	DL12 8HT
A83626	Evenwood Surgery 5 South View	Evenwood	Bishop Auckland		Co Durham	DL14 9QS
A83032	Woodview Medical Practice	The Green Cockfield	Bishop Auckland		Co Durham	DL13 5AF
A83061	Gainford Surgery	Gainford	Darlington		Co Durham	DL2 3BE
A83001	St Andrews Medical Practice	St Andrews Road	Spennymoor		Co Durham	DL16 6QA
A83037	Bewick Crescent Surgery	27 Bewick Crescent	Newton Aycliffe		Co Durham	DL5 5LH
A83014	Belmont Surgery	Broomside Lane	Belmont	Durham	Co Durham	DH1 2QW
A83637	Gardiner Crescent Surgery	21 Gardiner Street	Pelton Fell	Chester-le-Street	Co Durham	DH2 2NJ
A83024	The Surgery	Woodland View	West Rainton	Houghton-le-Spring	Co Durham	DH4 6RQ
A83033	Pelton & Fellrose Medical Group	Unit 1 The Lavender Centre	Pelton Lane Pelton	Chester-le-Street	Co Durham	DH21HS
A83022	The Medical Group	Adrian Clark House	Sawmills Lane	Meadowfield	Co Durham	DH7 7NH
A83622	The Haven Surgery	The Haven	Burnhope		Co Durham	DH7 0BD
A83618	Oakfields Health Centre	Hamsterley Colliery			Newcastle-upon-Tyne	NE17 7SB
A83617	Brownley House Surgery	Front Street	Langley Park		Co Durham	DH7 9YT

Appendix 7: Responses to patient survey

Figure 1: Access to pharmacy services

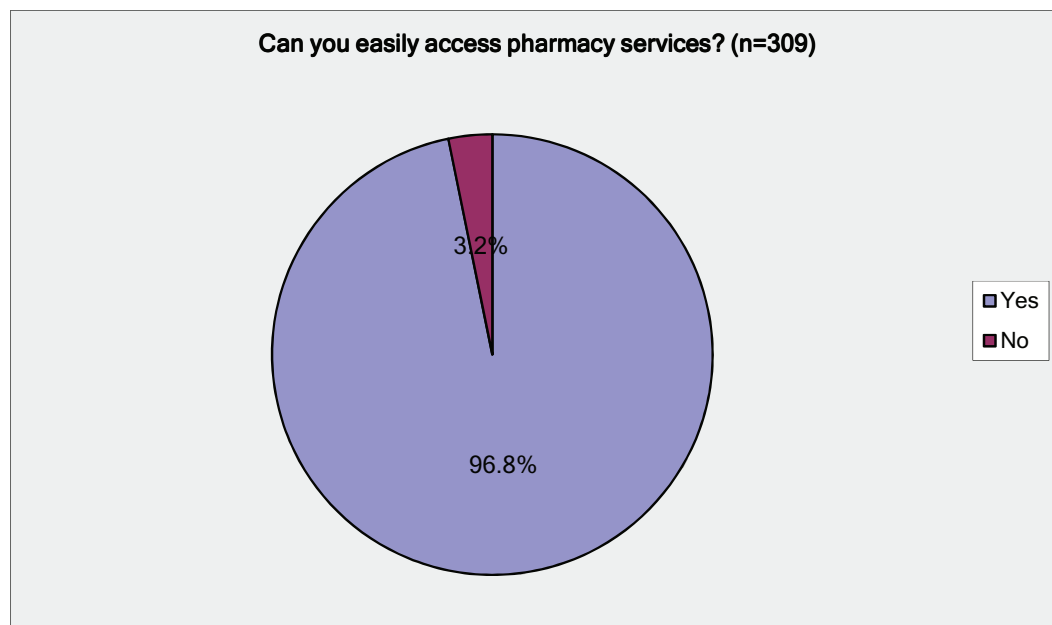
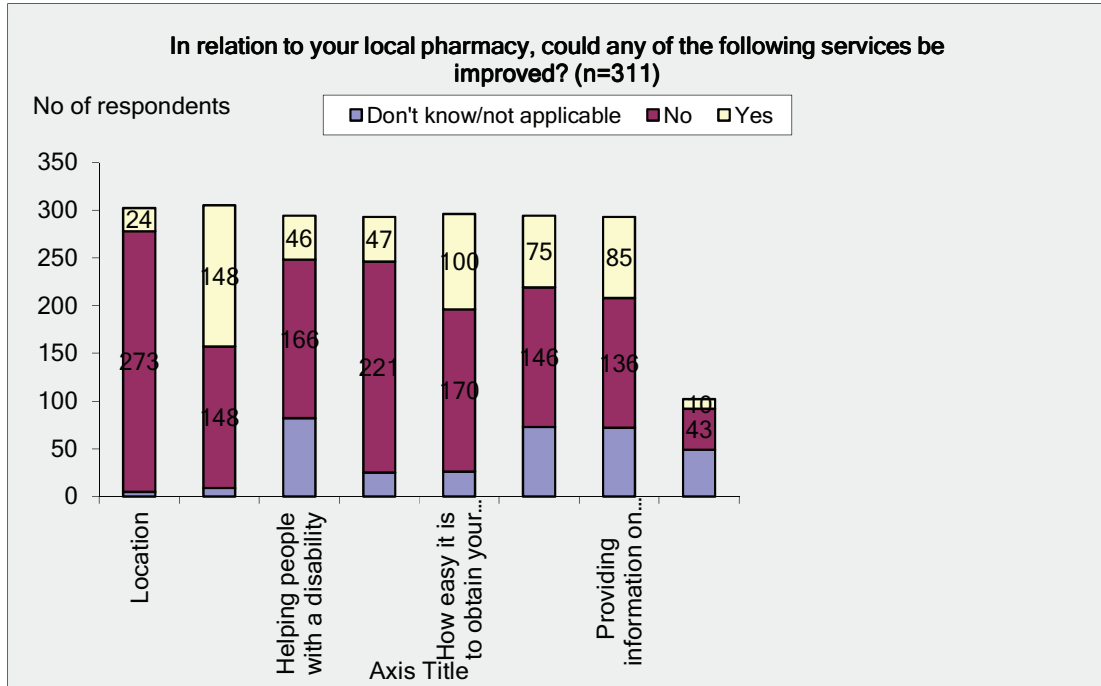


Figure 2: Respondents' views on key areas for improvements in pharmaceutical services



Keys to chart:

- Location
- Opening hours
- Helping people with a disability
- Advice on the medicines you buy
- How easy it is to obtain your repeat prescription medicines
- Advice on healthy lifestyles
- Providing information on other services

Figure 3: Views on the number of pharmacies in County Durham

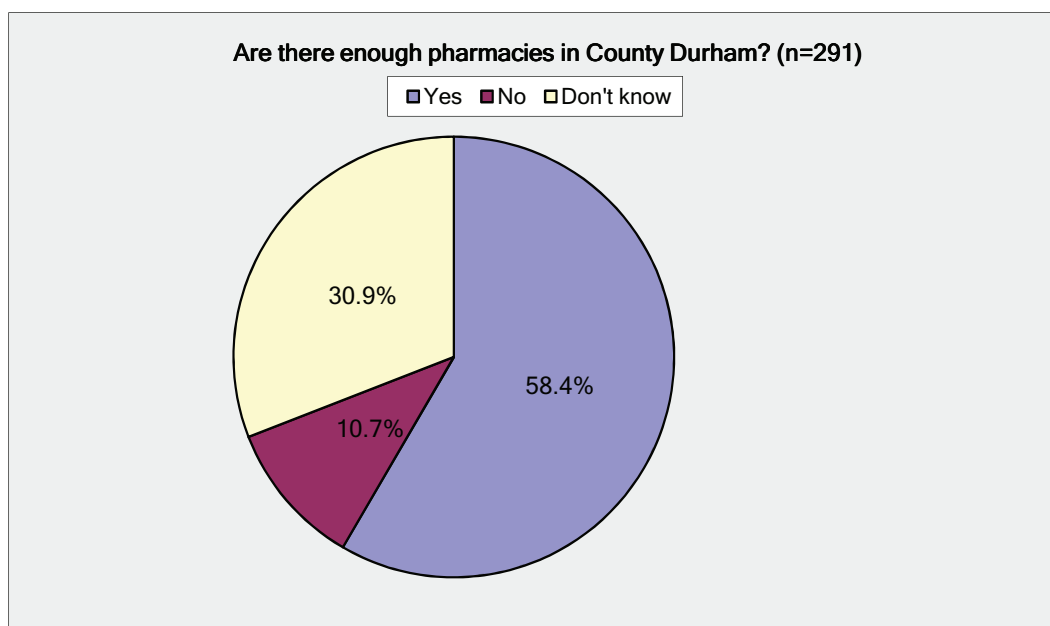


Figure 4: Respondent views on pharmacy support service with medicines following discharge from hospital

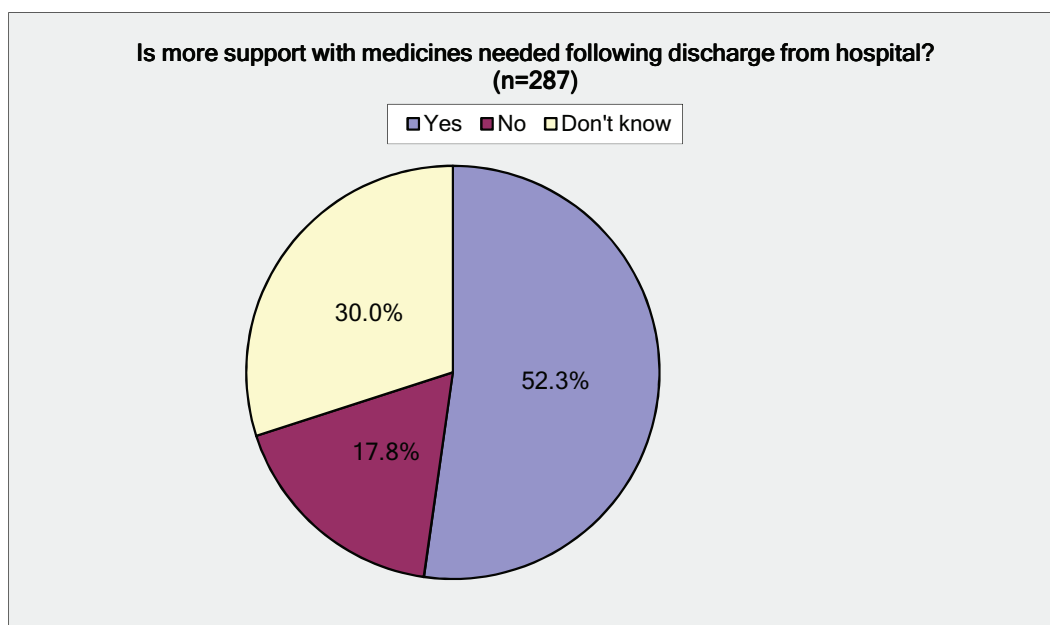


Figure 5: Respondent views on support with medicines from pharmacy

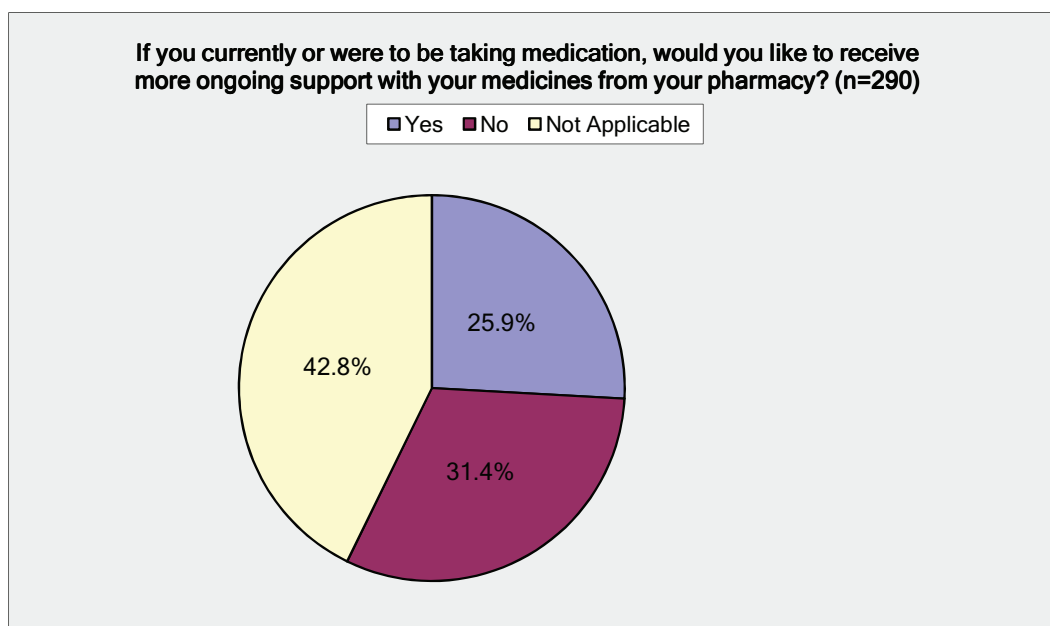


Figure 6: Respondent views on support with medicines related to dementia or learning difficulties

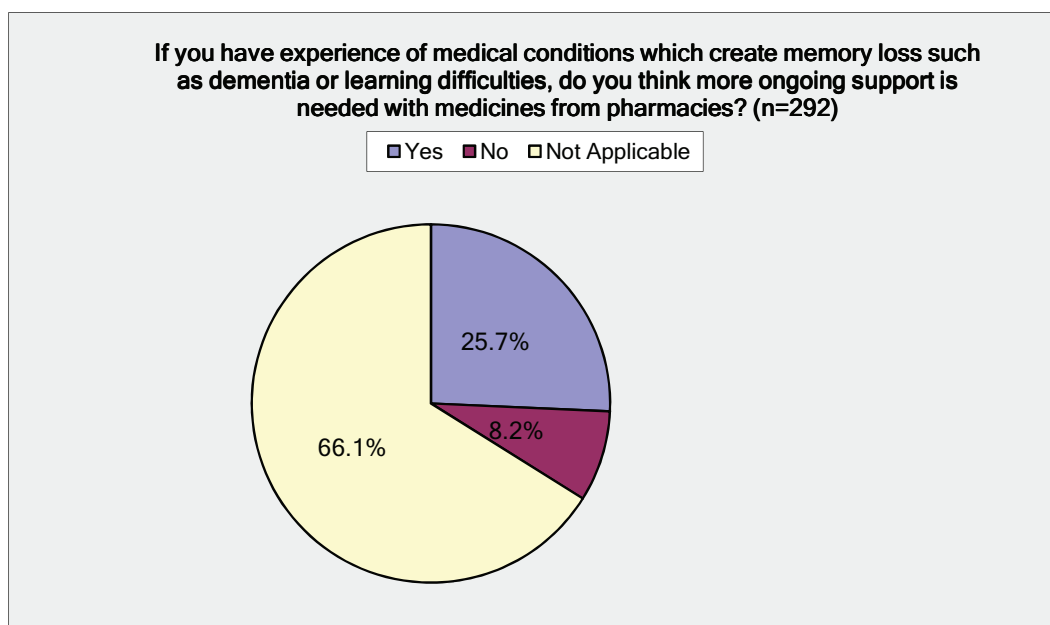


Figure 7: Respondent views on support from pharmacy in relation to lifestyle advice

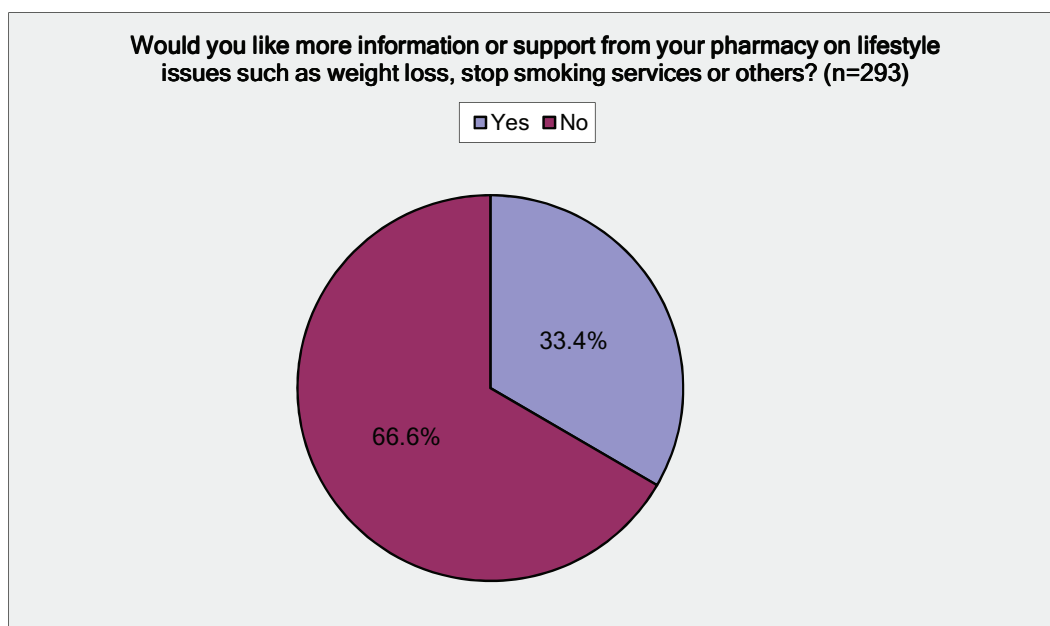
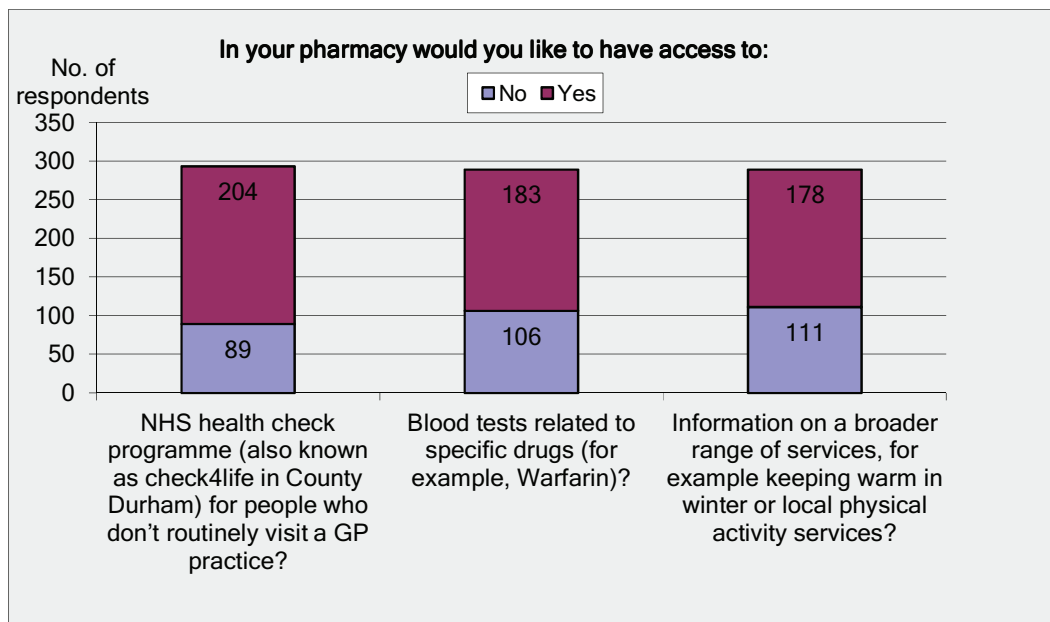


Figure 8: Respondent views on service types



Appendix 8: Organisation representation of stakeholders who responded to the public consultation

NHS England
Public Health Department at Durham County Council
North of England Commissioning Support
North Durham Clinical Commissioning Group
Local Pharmaceutical Committee
Local Pharmacy Network
Bestway National Chemists Limited
Lanchester Pharmacy
Wolsingham Pharmacy
Boots, UK
Oakfields Health Centre, Newcastle upon Tyne
Shildon Town Council

Cabinet

15 April 2015



Children's Services Update

Report of Corporate Management Team

Rachael Shimmin, Corporate Director of Children & Adults Services

Councillor Ossie Johnson, Cabinet Portfolio Holder for Children & Young People's Services

Purpose of the Report

1. The purpose of this report is to provide an update to Cabinet on the national and local developments in relation to children's social care services.

Background

2. A report was presented to Cabinet on 19 November 2014 summarising a range of national policy documents published by successive governments over the last 16 years, all pointing to a consistent strategic direction, towards early intervention and prevention alongside effective and rigorous protection of children and young people.
3. The report provided Cabinet with an overview of the Children's inspection regime and an update on the transformation journey that has been undertaken in Children's Services in Durham.

National Context

4. **Child Sexual Exploitation: The Report of inspection of Rotherham Metropolitan Borough Council - February 2015.** In August 2014 Professor Alexis Jay published an Independent Inquiry into Child Sexual Exploitation in Rotherham. The report, commissioned by Rotherham Metropolitan Borough Council (RMBC) as a review of its own practices, concluded that over 1400 children had been sexually exploited in Rotherham between 1997 and 2013. The vast majority of the perpetrators were said to be 'Asian' men.
5. In response, in September 2014, the Secretary of State for Communities and Local Government appointed Louise Casey to carry out an inspection of Rotherham Metropolitan Borough Council under section 10 of the Local Government Act 1999. The inspection was designed to assess the Council's compliance with the requirements of Part 1 of that Act, considering leadership and governance, scrutiny, services for children and young people, taxi and private hire licensing, and whether the council 'covers up' information.

6. The Casey inspection report found a council in denial about serious and on-going safeguarding failures and a failure to address past weaknesses, in particular in children's social care. It reported a culture of sexism, bullying and discomfort around race and a culture of failing to deal with difficult issues.
7. The report found ineffective leadership and management, including political leadership with no shared vision and ineffective liaisons with partners.
8. It also identified weak and ineffective arrangements for taxi licensing which left the public at risk.
9. In March 2015 the government issued its response to the Jay report and laid out measures they would introduce to prevent the failures happening again. This includes a new whistleblowing national portal for child abuse related reports to bring child sexual exploitation to light and be able to spot patterns of failure across the country.
10. There will be a new national taskforce, and a centre of expertise, to support areas that are struggling to get it right.
11. There will be a consultation on an extension to the new 'wilful neglect' offence to children's social care, education and elected members. The criminal charge for wilful neglect is punishable by a maximum jail term of five years.
12. To help tackle offenders, child sexual abuse has been given the status of a national threat in the Strategic Policing Requirement so that this is prioritised by every police force.
13. In addition there will be an extra £7 million available in 2014/15 and 2015/16 to organisations which support those who have experienced sexual abuse.
14. **Single Inspection Framework (SIF):** In late 2013, Ofsted introduced a new SIF for Children's Services, which covers children in need of help and protection, services for looked after children and care leavers, and the Local Safeguarding Children Board (LSCB).
15. The SIF operates on a three-yearly cycle and the 'overall effectiveness' is judged as either outstanding, good, requires improvement or inadequate, as will each of the following judgements this is derived from:
 - The experiences and progress of children who need help and protection
 - The experiences and progress of children looked after and achieving permanence, including two graded judgements:
 - Adoption
 - The experiences and progress of care leavers
 - Leadership, management and governance.
16. Benchmarking and learning from other Local Authorities who have already been subject to inspection by Ofsted under this framework continues in the service. To date, 43 Local Authorities have been inspected and had reports published.

Of these, 10 (23%) have received an overall effectiveness judgement of 'good'. Three-quarters are rated below Ofsted's benchmark of 'good', with 26 (61%) judged to 'require improvement' and 7 (16%) as 'inadequate'. No local authorities have been judged as 'outstanding' under the SIF.

17. With regard to reviews of the LSCBs in 42 of the local authorities inspected under SIF, 12 have been judged to be 'good' (29%), 22 (52%) as 'requires improvement' and 8 (19%) as 'inadequate'. No LSCBs have been judged to be 'outstanding' under the SIF.
18. Benchmarking analysis of the inspections to date shows a declining trend from previous inspection judgements. The overall effectiveness judgement has decreased in 44% of all Local Authorities inspected (19) and remained the same in 16 (37%). The overall judgement has improved in 8 (19%).
19. Ofsted announced on 26 February 2015, that the proposed integrated inspection framework would not be implemented from April 2015, instead 'joint' inspections of Children's Services will begin in the autumn. The inspections will have a tight focus on how well agencies work together to protect children and address specific areas of concern, such as sexual exploitation of children and young people. It is anticipated that six inspections will take place before March 2016.
20. Ofsted, the Care Quality Commission as well as Her Majesty's Inspectorate of Constabulary and Her Majesty's Inspectorate of Probation plan further consultation in the summer to refine the joint inspection model.
21. **Children's Social Care Innovation Programme:** The government has made £30m available in 2014/15 and further funding in 2015/16 to help children's professionals develop innovative ideas for reforming how children's social care is delivered.
22. The programme's key objective is to support improvements to the quality of services so that children who need help from the social care system have better chances in life.
23. The programme also seeks to help local authorities and other commissioners to get better value for public money spent to support vulnerable children and seeks to create conditions in which local systems are better able to innovate in future to drive sustained improvements in outcomes for vulnerable children.
24. **Troubled Families:** In June 2013, the Government announced plans to expand the Troubled Families Programme (known in County Durham as Stronger Families) for a further five years from 2015/16 and to reach up to an additional 400,000 families across England. This increased investment was aimed to support the Government's commitment to improve the lives of troubled families and as this work is taken to a significantly greater scale, to transform local public services and reduce costs for the long-term.
25. The Government announced in the Budget 2014 that it would offer the highest performing areas including Durham the opportunity to start delivery of the expanded Troubled Families Programme early, during 2014/15. These areas

began delivery in September 2014 and worked intensively with the Troubled Families Team to implement and refine the operating model for the national roll out of the expanded Troubled Families Programme in April 2015.

Regional Context

26. There is a regional commitment to develop regional protocols for child sexual exploitation, including inter-agency information sharing.
27. Durham is represented on a regional workforce development group which was set up after the joint Association of Directors of Adult Social Services (ADASS)/ Association of Directors of Children's Services (ADCS) group agreed that they could better co-ordinate their efforts on workforce development.
28. The group is working towards a number of objectives including Step Up to Social Work (SUSW) which is an 18 month employment based pathway to social work qualification and work with children and families for high quality graduates. The region was successful in two bids for funding from the Department for Education, with the programme expected to commence in January 2016. Durham will offer 12 placements under this scheme.
29. It is difficult to recruit high quality managers into social worker management posts. The workforce development group is planning a management development programme for potential managers/existing social work managers.

Local Context

Child Sexual Exploitation (CSE)

30. The Durham Local Safeguarding Children Board (LSCB) has prioritised work on child sexual exploitation since 2011.
31. Durham Constabulary, working to the direction of the Local Safeguarding Children's Board (LSCB) Missing and Exploited sub group carried out an analysis of Child Sexual Exploitation covering the period April 2013 to March 2014.
32. The analysis found that CSE in County Durham generally involves the exploitation of children and young people by lone perpetrators, mostly white males under 30 years of age.
33. There were 124 young people referred under child protection procedures having displayed common risk factors associated with sexual exploitation. The majority of these referrals were for children considered at risk of exploitation, rather than known to have been the victim of actual abuse. Each of these young people has been referred to the First Contact Service, where an initial risk assessment has been undertaken, to ascertain the level of risk for each individual child.

34. For those assessed at low risk, a referral is passed to the One Point service for early help. Medium and high risk cases were allocated to the locality team manager of the Children's Services Assessment and Intervention teams to coordinate multi-agency support for each young person.
35. In the year April 2013 to March 2014, 21 young people received therapeutic support for CSE through a contract with Barnado's specialist CSE service, as a result of their being assessed as high risk, or due to their known status as victims of CSE. This is provided as part of a programme of care and support from Children's Services.
36. Taking a snapshot at the end of February 2015, there were 66 young people assessed as being at medium or high risk of CSE and of these, 19 were known to be victims. Of these, 13 young people are currently accessing Barnados therapeutic support for CSE.
37. The majority of referrals related to females (88%) and the most common age for a referral was 13 years.
38. The most significant threat to young people originates from the use of social media (25% of referrals) particularly involving the growth of various sites and apps which facilitate communication and the sharing of images.
39. Alcohol consumption by young people continues to be a common theme, as does the prevalence of the "party model" in which young people are plied with alcohol at "parties" to induce sexual activity. This is one of several "risk taking behaviours", including going missing, which are known to increase the risk of sexual exploitation.
40. A new pattern of grooming linked to workers in some local businesses was noted.
41. The LSCB has agreed a new Child Sexual Exploitation Strategy for 2014-2017 together with an Action Plan which outlines the key actions to be progressed to achieve the strategic aims within the Strategy of:
 - Prevent – making it more difficult to exploit children
 - Protect – identifying and safeguarding children who are at risk
 - Pursue – the offenders, disrupt and where possible prosecute their activity
42. The Action Plan provides clarity in relation to strengthening leadership and improving the governance of the work to tackle CSE. It will ensure that training of professionals will be effective, co-ordinated and targeted and single and multi-agency processes and procedures are effective.
43. A multi-agency marketing strategy, called ERASE, has been developed to ensure that consistent and accurate messages are communicated to key stakeholders and there will be coordinated protection, support and guidance for CSE victims, and their families, as well as those at risk of CSE.

44. Progress of the strategy is monitored through the Action Plan, underpinned by a performance management framework. The Action Plan is used to provide periodic updates on progress to both the LSCB Missing and Exploited sub-group and the Local Safeguarding Children Board.
45. Following the Casey report, Durham County Council is undertaken an internal review, to provide assurance on the activity and governance in place in the Council and to reflect on any wider lessons for the Council.

Children's Social Care Innovation Programme

46. Durham was successful in two bids to the Children's Social Care Innovation Fund. The first was for £496,000 for a therapeutic support programme at Aycliffe secure centre for children that have been sexually exploited. This will offer targeted support in helping young people deal with trauma and in making the transition from the secure setting into more independent living.
47. The second successful bid was for £3.26 million to deliver on a large scale a new approach to social work and to work with families, building on the learning from past initiatives in Durham and elsewhere.
48. The current social care model can result in too many cases being worked at statutory levels and insufficient activity at lower levels, particularly where multi-agency family support is required.
49. Social work remains largely reactive and episodic, due to the volume of work and social workers do not always have the capacity to offer the intensive family support that is needed over a longer period of time.
50. The intention is to identify and meet the needs of children sooner, address the root causes of the problems and so reduce the numbers of families who are re-referred for support.
51. Durham will implement an approach to working with families that has been demonstrated to be effective and which is valued by families themselves.
52. The programme is underpinned by a significant programme of workforce development designed to create a new culture by developing new skills and attitudes, through training, mentoring, clinical consultation and challenge.
53. The main innovative elements of Durham's programme are:
 - Creation of ten integrated early help and social work teams to create Innovation teams across the County, significantly increasing the range, access, quality and effectiveness of services for the whole family across the continuum of need.
 - Creation and development of third sector alliances in all areas of County Durham to build community capacity and sustainable change

for families.

- An intensive workforce development programme to support the new teams and the whole workforce.
- Significantly enhanced service user engagement to change the relationship between professional and service user.

54. New team structures, roles and relationships will be implemented, building on the existing strengths of the workforce in County Durham. Extensive staff engagement will drive the change programme, as will the voice of service users.
55. Innovation Funding of £3.26 million will be used to enable rapid roll out of the programme, whilst minimising risk to existing statutory service delivery. Work to date has delivered a reduction in Looked After Children of 8% and a cost reduction of £2.5 million, against national and regional trends. This further investment is required in order to take the next step and to accelerate Durham's progress.
56. It is anticipated that the programme will deliver improved services and outcomes for the whole population of County Durham by the end of 2016 including a further 12% reduction in Looked After Children, a reduction in re-referrals to children's social care services and a reduction in child protection plans as a result of neglect.
57. Durham will realign the whole children's service workforce into five co-terminus areas of the county. Each area will have two Innovation Teams. This will include the current Assessment and Intervention social work service; the integrated One Point Service, which delivers universal and targeted services and the current Family Pathfinder Service, which delivers intensive whole family support.
58. The ten newly created Innovations teams, led by social workers, will work from the One Point hubs to ensure a seamless and fully integrated service for children and families regardless of their level of need.
59. Underpinning these arrangements is an aligned model of universal services, such as schools, community health services and voluntary and community sector organisations. It is their role to ensure that need is identified at the earliest point, so that early help can be provided. These services are already engaged through five early Help Forums.
60. Three child protection teams will continue working with children subject to child protection plans and children in care proceedings and a Looked After Children's Service will work with children with permanence plans.
61. The Innovation teams will support families who have complex needs and require intensive family support, but who do not need a child protection plan or to be Looked After.
62. In addition to the £2.5million already saved, as a result of reducing the number of Looked After Children by 8%, this model has the potential to reduce spending on Looked After Children (LAC) by a further 12% (£3.5million) in Durham, resulting

in a total saving of £6 million. The approach has potential to establish a national precedent in good practice and were this to be replicated nationwide, a saving to the public purse of £688million could be delivered (based on March 2014 LAC rates).

63. Workforce support and development has been a key strength of our work to date and this will continue. The Stronger Families workforce development programme won the Children and Young People Now Staff Development award in 2014.
64. Building on this award winning approach, a workforce development programme has been developed to support implementation of this programme, and a mentoring programme is already in place.

Stronger Families

65. Durham is meeting its full target of 'turning around' 1,320 families by March 2015.
66. In August 2014, due to the successful implementation and delivery of Phase 1, Durham was invited to be one of the Early Starters for Phase 2 of the Troubled Families Programme. This new phase includes much broader criteria with locally derived outcome measures. Families must hit two of the six eligibility criteria below to be included on the programme:
 - Parents and children involved in crime or antisocial behaviour
 - Children who have not been attending school regularly
 - Children who need help
 - Adults who are out of work or are at risk of financial exclusion and young people at risk of worklessness
 - Families affected by domestic violence and abuse
 - Parents and children with a range of health problems
67. This broader set of criteria will enable the majority of families worked with by social care services to be part of the programme and to achieve results payments.
68. There is a very clear need to shift our focus to ensuring families are worked with in such a way that supports significant and sustained change. Phase 2 will be delivered over a 5 year time period and Durham will work with 4,330 families to within this period.
69. As part of being an early starter Durham was asked to deliver work to an additional 650 families by March 2015. Durham was also invited to be take part in the design and development of Phase 2 ready for national implementation in April 2015.

Next Steps

70. The delivery of the Child Sexual Exploitation Strategy 2014-17 and Action Plan will continue with regular updates provided to the Local Safeguarding Children

Board.

71. The first stage of the Children's Social Care Innovation Programme will start in one area of the county in June 2015. The second stage will follow in February 2016 with the final third stage starting in June 2016. All phases will be concluded by November 2016.

72. Durham will work with an additional 4,330 families as part of Phase 2 of the Stronger Families Programme.

Recommendations

73. Cabinet is recommended to:

- Note the contents of this report.
- Agree to receive further updates in relation to the transformation of Children's Services on a six monthly basis.

Contact: Carole Payne, Head of Children Services Tel: 03000 268657

Appendix 1: Implications

Finance – Substantial efficiencies have already been delivered through this approach as part of the Medium Term Financial Plan. Further efficiencies are planned. The successful bid to the Children’s Innovation Fund will result in funding of £3.26m coming in to the authority to be used to develop new approaches to children’s social care. As part of the Children’s Innovation Fund an additional £496,000 bid was successful for a therapeutic support programme at Aycliffe secure centre for children that have been sexually exploited.

Staffing – Workforce development will benefit staff and will help to challenge thinking and introduce new ways of working into practice. Roles and responsibilities are being amended in line with revised requirements. Embedding culture change is dependent on staff working effectively and understanding service aims, supported by managers.

Risk – Changes need to be carefully managed to ensure the protection of children remains robust and the system is not de-stabilised during transition.
Risk to the safety of children and young people of failure to prevent CSE.
Major reputational risk to the Council of failure to prevent and address CSE.

Equality and Diversity / Public Sector Equality Duty – The needs of vulnerable children and families will be better met through implementation of these changes

Accommodation – The innovation programme will require relocation and co-location of staff teams across the county, which will be managed within existing resources.

Crime and Disorder – Effective partnership working through the Safe Durham Partnership.

Human Rights - None

Consultation – Any changes to workforce will be subject to consultation with affected staff.

Procurement – None at this stage

Disability Issues – None at this stage

Legal Implications – There are a number of key policy developments/initiatives that have led the way and contributed to the Children’s Services Transformation agenda in County Durham. All changes must be compliant with legal requirements

Cabinet

15 April 2015



Annual Review of the Constitution

Report of Corporate Management Team

Colette Longbottom, Head of Legal and Democratic Services

Councillor Simon Henig, Leader of the Council

Purpose of the Report

1. To present proposals for the revision of the Council's Constitution.

Background

2. In accordance with the Local Government Act 2000, the County Council adopted the new constitution for the Unitary Authority from 1 April 2009. Although legislation has been amended by the Localism Act 2011, a constitution is still required. An annual review of the constitution is carried out each year by the Monitoring Officer.
3. Amendments to the Constitution which have been approved by full Council since last year's annual review have been incorporated into the constitution which is kept updated and maintained on the Council's website and the intranet. Amendments made since the last annual review are shown below:-
 - a. Amendments to the officer scheme of delegations, and to the terms of reference of the General Licensing and Registration Committee to reflect changes in legislation, working practices, or to correct inaccuracies (Parts 3A and 3C)
 - b. Establishment of a protocol for reporting of meetings, to comply with the Openness of Local Government Bodies Regulations 2014 (Parts 4 and 5)
 - c. To update the Members Allowances Scheme by the adoption of a new process for Members' travel, accommodation and subsistence claims to be in line with the claims process for employees (Part 6)
 - d. The introduction of a Civic Handbook which will be used as a guide for any member fulfilling the joint role of Chairman of Durham County Council and Mayor of the City of Durham (Part 5)
 - e. A revised Local Code of Corporate Governance (Part 5)

- f. Following the annual meeting in May 2015, as agreed by full council on 21 January 2015, the council procedure rules will be amended to reflect changes to public questions submitted to council, and the inclusion of a protocol for members of the public within to ask questions at Council (Parts 4 and 5)
 - g. Full Council agreed on 1 April 2015 to amend Article 16 to reflect the obligation of the Health and Wellbeing Board to develop and agree a pharmaceutical needs assessment. Also as Part 1 of the Care Act 2014 came into force on 1 April 2015, and places new duties and responsibilities on the Council in relation to care and support for adults. The Corporate Director, Children and Adults Services Delegations required updating to ensure that the Council complies with its statutory obligations (Parts 2 and 3C)
4. The Monitoring Officer has now carried out her annual review of the constitution which includes the review of the delegations to the Chief Officers who have been consulted and asked to submit any amendments. The proposed revisions are attached as Appendices.

Proposed Revisions

- 5. To amend the Executive Procedure Rules to comply with The Local Authorities (Standing Orders) (England) (Amendment) Regulations 2014 (“the Regulations”) in order to make provision about the standing orders of local authorities in relation to the recording of votes taken at budget decision meetings. The council procedure rules were amended accordingly last year to comply with the requirement related to council budget meetings. The amendment to the Executive Procedure Rules is contained in Appendix 2.
- 6. To amend Article 4 relating to Full Council because the responsibility of approving the Local Transport Plan has now transferred to the Combined Authority. The amendment is highlighted in Appendix 3.
- 7. To amend Article 6 relating to overview and scrutiny arrangements to correct a typing error, and to amend the Overview and Scrutiny Procedure Rules to reflect working practices. The amendments are shown in Appendix 4.
- 8. To amend Article 9 to update the role and function of the Standards Committee. The amendments are shown in Appendix 5.
- 9. To amend Article 11 relating to officers in Neighbourhood Services to reflect the changes to the functions and responsibilities of the Director of Neighbourhood Services. The proposed Neighbourhood Services section of Article 11 is shown in Appendix 6.
- 10. To amend Article 13 regarding finance, contracts and legal matters to bring it in line with Paragraph 17 of the Contract Procedure Rules. The amendment is highlighted in Appendix 7.

11. To amend the Contract Procedure Rules (“CPR”) to reflect changes in legislation. The EU Procurement Directives, which underpin UK procurement law, were substantially updated in early 2014, and the UK government has transposed these into UK law, in the form of new Public Contracts Regulations (“Regulations”) early in 2015. They have also been updated to improve in terms of clarity or functionality. A proposed update to the CPR is attached at Appendix 8.

The changes include:

- a. Additional clauses to Rule 3 to allow the Corporate Procurement Manager, in consultation with the appropriate Head of Service, to suspend individual officers’ ability to make purchases, in cases of non-compliance or disciplinary action.
 - b. Corporate Directors have a special delegated power, already contained in the CPR, to approve urgent contract awards, in situations where the normal procurement process cannot be followed – with a Contract Procedure Rule Variation put in place as soon as possible after this. In light of this, and to ensure that Corporate Directors are aware of breaches of the rules within their Service Grouping, it is proposed to amend Rule 4, to require that where an application for Variation to the CPRs is retrospective in nature, the application must be reviewed by the relevant Corporate Director before being submitted.
 - c. An expanded list of exemptions, in Rule 5, to cover scenarios in which expenditure is outside the scope of procurement law, and to which procurement rules should therefore not apply.
 - d. A clause in Rule 7 to refer to the Council’s duties under the Public Services (Social Value) Act.
 - e. Amendment to Rule 9 to broaden the scope for direct negotiation with a single supplier, where this is of considerable benefit to the Council.
 - f. Clarification, in Rule 11, that when shortlisting via PQQ, at least five bidders (assuming five or more are received) should be shortlisted – in line with the requirements of the EU Directive.
 - g. Clarification, in Rule 22, of the previously advised requirement to make use of in-house providers, where these can meet a Service Area’s need, within an appropriately established budget.
12. That the terms of reference of the Audit Committee as detailed in Part 3A of the Constitution relating to the Responsibility for Non-Executive or Council functions, be amended to reflect that responsibility for adopting the Annual Governance Statement (AGS) be delegated to Audit Committee. The Accounts and Audit Regulations 2011 require all relevant bodies to prepare an Annual Governance Statement (AGS), which is to accompany the Statement of Accounts (SoA), and also require that, on or before the 30 September, approval is given to the SoA by resolution of a committee, which

for Durham County Council is the Audit Committee. Therefore, the approval processes for the AGS and the SoA must be aligned and must ensure that both documents are formally approved by 30 September. This proposal, which was approved by the Audit Committee on 26 February 2015, would streamline the process for approving the AGS and will ensure that it is approved in a timely manner, and in accordance with Council's Constitution. The proposed amendments are set out in Appendix 9.

13. To amend officer delegations for the reasons set out below (Part 3, C). The proposed amendments are set out in Appendix 10, Schedules 1-5.
 - a. Changes to the General Delegations to all Chief Officers to clarify the working practice that Heads of Service authorise officers (Part 3, C, Table 1) as set out in Schedule 1.
 - b. Changes to the delegations of the Corporate Director, Regeneration and Economic Development to reflect current working practices and changes in legislation (Part 3, C, Table 4) as set out in Schedule 2.
 - c. Changes to the delegations of the Corporate Director, Neighbourhood Services to reflect changes to the names of service areas, to improve the clarity of the delegations to Heads of Service and to include additional legislation (Part 3, C, Table 5). Schedule 3 shows the current delegations and Schedule 4 shows the proposed new delegations.
 - d. Changes to the delegations of the Corporate Director, Resources to reflect working practices and to clarify and reflect current working practices in relation to the pension fund (Part 3, C, Table 6) as set out in Schedule 5.
14. Following the Housing Stock Transfer, delegations in relation to Housing (paragraph 56 of table 4), will require amendment. It is proposed that the Head of Legal and Democratic Services do this following appropriate consultation and using appropriate delegated powers.
15. As a consequence of questions from the Area Action Partnership's (AAPs) being considered at full Council meetings following the annual meeting of Council instead of meetings Cabinet, the Executive Procedure Rules, and the protocol for public speaking at Cabinet will be amended to reflect that questions from the public on matters of concern or interest, will be considered as the first agenda item at cabinet meetings, rather than a separate session prior to the formal meeting. The amendments are highlighted at Appendix 2.
16. The revisions proposed, except for those referred to in paragraph 15 above and some minor tweaks to paragraph 5 of the Contract Procedure Rules were approved by the Constitution Working Group on 12 March 2015 for recommendation to Cabinet, and then Council on 20 May 2015.

Recommendations and reasons

17. The Leader and Cabinet are asked to:

- (i) Approve the delegating of executive powers as set out in the officer scheme of delegations.
- (ii) Recommend that Council agree the proposed revisions to the Constitution, including the delegations to Chief Officers contained, at the meeting of the Council on 20 May 2015.
- (iii) Recommend that Council authorise the Head of Legal and Democratic Services, following consultation with the Constitution Working Group, to make future changes to the Constitution to reflect decisions of the Council or a Council body or to comply with legal requirements.
- (iv) Recommend that Council authorise the Head of Legal and Democratic Services, in consultation with the Leader, to make any amendments in relation to Housing, as identified in paragraph 14 of the report.

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Appendix 1: Implications

Finance: None specific within this report.

Staffing: None specific within this report.

Risk: None specific within this report.

Equality and Diversity/Public Sector Equality Duty: Provision will be made for the constitution to be made available on a variety of formats and languages.

Accommodation: None specific within this report.

Crime and Disorder: None specific within this report.

Human Rights: None specific within this report.

Consultation: Consultation with Chief Officers has taken place in relation to the proposed provisions.

Procurement: None specific within this report.

Disability Issues: None specific within this report.

Legal Implications: To comply with recent changes in legislation.

Appendix 2: Amendments to the Executive Procedure Rules, and Protocol for Public Speaking at Cabinet

Amendments to paragraph 1.11 (c), 2.3.and 2.6 of the Executive Procedure Rules

Executive Procedure Rules

1. HOW DOES THE EXECUTIVE OPERATE?

1.1 Who may make executive decisions?

The arrangements for the discharge of executive functions are determined by the Leader. The Leader may provide for executive functions to be discharged by:

- (i) the Executive as a whole;
- (ii) a committee of the Executive;
- (iii) an individual member of the Executive;
- (iv) an officer;
- (v) joint arrangements; or
- (vi) another local authority.

1.2 Delegation by the Leader

Following the annual meeting of the Council, the Head of Legal and Democratic Services, at the direction of the Leader, will draw up a written record of executive delegations made by the Leader for inclusion in the Council's scheme of delegation at Part 3 to this Constitution. This will contain the following information about executive functions in relation to the coming year:

- (i) the extent of any authority delegated to Executive members individually, including details of the limitation on their authority;
- (ii) the terms of reference and constitution of such Executive committees as the Leader appoints and the names of Executive members appointed to them;
- (iii) the nature and extent of any delegation of executive functions to any other authority or any joint arrangements; and

- (iv) the nature and extent of any delegation to officers with details of any limitation on that delegation, and the title of the officer to whom the delegation is made.

1.3 Sub-delegation of executive functions

- (a) Where the Executive, a committee of the Executive or an individual member of the Executive is responsible for an executive function, they may delegate further to joint arrangements or an officer.
- (b) Unless the Leader directs otherwise, a committee of the Executive to whom functions have been delegated by the Leader may delegate further to an officer.
- (c) Where executive functions have been delegated, that fact does not prevent the discharge of delegated functions by the person or body who delegated.

1.4 The Council's scheme of delegation and executive functions

- (a) The Leader may amend the scheme of delegation relating to executive functions at any time. In doing so the Leader will give written notice to the Head of Legal and Democratic Services and to the person, body or committee concerned. The notice must set out the extent of the amendment to the scheme of delegation, and whether it entails the withdrawal of delegation from any person, body or committee. The Head of Legal and Democratic Services will present a report to the next ordinary meeting of the Council setting out the changes made by the Leader.
- (b) Where the Leader seeks to withdraw delegation from a committee of the Executive, notice will be deemed to be served on that committee when he has served it on its chairman.

1.5 Conflicts of Interest

- (a) Where the Leader has a conflict of interest this should be dealt with as set out in the Council's Code of Conduct for Members in Part 5 of this Constitution.
- (b) If every member of the Executive has a conflict of interest this should be dealt with as set out in the Council's Code of Conduct for Members in Part 5 of this Constitution.
- (c) If the exercise of an executive function has been delegated to a committee of the Executive, an individual member or an officer, and should a conflict of interest arise, then the function will be exercised in the first instance by the person or body by whom the delegation was

made and otherwise as set out in the Council's Code of Conduct for Members in Part 5 of this Constitution.

1.6 Executive meetings – when and where?

The frequency and timing of meetings of the Executive will be determined by the Leader. The Executive will meet at the Council's main offices or another location to be agreed by the Leader.

1.7 Public meetings of the Executive?

The Executive will hold its meetings in public, except in the circumstances set out in paragraphs (a) to (c) of Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012. Briefly, these circumstances cover:

- (a) confidential information;
- (b) exempt information;
- (c) disorderly conduct.

1.8 Private meetings of the Executive

If the Executive is to hold a meeting in private and this means a meeting or part of a meeting during which the public are excluded, then at least 28 clear days before the private meeting it must:

- (a) make available at the Council offices a notice of intention to hold the meeting in private; and
- (b) publish that notice on the Council's website.

The notice must include a statement of reasons for the meeting to be held in private.

Following that, at least 5 clear days before a private meeting, the Council must:

- (a) make available at its offices a further notice of its intention to hold the meeting in private; and
- (b) publish that notice on the Council's website.

The notice must include a statement of the reasons for the meeting to be held in private, details of any representations received about why the meeting should be open to the public and a statement of the Council's response to any such representation.

1.9 Urgent Private Meeting of the Executive

Where the date by which a private meeting must be held makes compliance with Rule 1.8 impracticable, the meeting may only be held in private where the Executive has agreement from:-

- (a) the Chair of the Overview and Scrutiny Management Board; or
- (b) if he/she is unable to act, the Chair of the Council; or
- (c) where there is no chair, the vice-chair of the Council

that the meeting is urgent and cannot reasonably be deferred.

As soon as reasonably practicable after the Executive has obtained agreement to hold an urgent private meeting it must make available at the Council offices a notice setting out the reasons why the meeting is urgent and cannot reasonably be deferred and publish that notice on the Council's website.

1.10 Quorum

- (a) The quorum for a meeting of the Executive shall be 3 including the Leader or Deputy Leader.
- (b) The quorum for a meeting of a committee of the Executive shall be 2.

1.11 How are decisions to be taken by the Executive?

- (a) Executive decisions made by the Executive as a whole will be taken at a meeting convened in accordance with the Access to Information Rules in Part 4 of the Constitution.
- (b) Where executive decisions are delegated to a committee of the Executive, the rules applying to executive decisions taken by them shall be the same as those applying to those taken by the Executive as a whole.
- (c) Immediately after any vote is taken at a budget decision¹ meeting of the Executive there must be recorded in the minutes of the proceedings of that meeting the names of the members who cast a vote for the decision or against the decision or who abstained from voting.

2. HOW ARE EXECUTIVE MEETINGS CONDUCTED?

2.1 Who presides?

¹ Budget decision means calculation of the Council tax requirement, calculation of the basic amount of Council tax, additional calculations where special items relate to part only of the area, calculation of Council tax for different variation bands, substitute calculations and calculation of the amount payable by billing authorities.

The Leader will preside at any meeting of the Executive or its committees at which he is present. In his absence, the Deputy Leader will preside.

2.2 Who may attend?

These details are set out in the Access to Information Rules in Part 4 of this Constitution.

2.3 What business?

At each meeting of the Executive the following business will be conducted:

- (i) questions from the public;
- (ii) consideration of the minutes of the last meeting;
- (iii) declarations of interest, if any;
- (iv) matters referred to the Executive (whether by the Overview and Scrutiny Management Board or one of the other Scrutiny Committees or by the Council) for reconsideration by the Executive in accordance with the provisions contained in the Overview and Scrutiny Procedure Rules or the Budget and Policy Framework Procedure Rules set out in Part 4 of this Constitution;
- (v) consideration of reports from the Overview and Scrutiny Management Board and Scrutiny Committees; and
- (vi) matters set out in the agenda for the meeting, and which shall indicate which are key decisions and which are not in accordance with the Access to Information Procedure rules set out in Part 4 of this Constitution.

2.4 Consultation

All reports to the Executive from any member of the Executive or an officer on proposals relating to the budget and policy framework must contain details of the nature and extent of consultation undertaken with stakeholders and the outcome of that consultation. Reports about other matters will set out the details and outcome of consultation as appropriate. The level of consultation required will be appropriate to the nature of the matter under consideration.

2.5 Who can put items on the executive agenda?

- (a) The Leader will decide upon the schedule for meetings of the Executive. He may put any matter on the agenda of any Executive

meeting whether or not authority has been delegated to the Executive, a committee of it or any member or officer in respect of that matter.

- (b) Any member of the Executive may require the Head of Legal and Democratic Services to make sure that an item is placed on the agenda of the next available meeting of the Executive for consideration.
- (c) The head of paid service, the monitoring officer and/or the chief finance officer may include an item for consideration on the agenda of an Executive meeting and may require that such a meeting be convened in pursuance of their statutory duties.

2.6 **Questions by the Public**

A protocol that sets out how members of the public can raise matters with the Cabinet ~~before and~~ at Cabinet meetings is set out in Part 5 (Codes and Protocols) of this Constitution.

Protocol for Public Speaking before and at Cabinet Meetings

This Protocol is intended to assist members of the public in understanding how they may raise matters with the Council's Cabinet

Public Questions and Answer Session	Protocol for Members of the Public wishing to Speak at Cabinet
<p>Members of the public may question Cabinet Members on matters of concern or interest, during the first formal item of business on question and answer sessions to be held between 9.30 a.m. and 10.00 a.m. before every ordinary Cabinet Meeting. The following procedures apply:</p> <ol style="list-style-type: none">1. Questions may either be submitted by members of the public not later than 12 p.m. on the third day before the date of the meeting, or asked informally at the public session meeting.2. Priority will be given to those submitted in advance.3. If you are asking a question that is substantially the same as a one that has already been responded to, you will be forwarded a copy of the previous similar question and response instead of being allowed to ask the question in person.4. Questions submitted beforehand, may be made via the following means -<ul style="list-style-type: none">• By e-mail to Cabinetquestions@durham.gov.uk• By tel. to 03000 269 708 or 03000 269 711 <p>In writing to Committee Services Section (Cabinet Questions), County Hall, Durham DH1 5UL.</p>	<p>If a member of the public wishes to speak at Cabinet about a matter being considered at the meeting. The following procedures apply:</p> <ol style="list-style-type: none">1. Members of the public must indicate the item they wish to speak on by no later than 12 p.m. on the third day before the date of the meeting. They must do so via the following means:<ul style="list-style-type: none">• By e-mail to Cabinetquestions@durham.gov.uk• By tel. to 03000 269 708 or 03000 269 7112. If a group of people wish to speak on an item they will be asked to elect a spokesperson. Accordingly they are advised to arrange to be at the venue for the Cabinet meeting in good time to arrange who this will be.3. A representative of Committee Services will be there to greet Members of the Public, take down their name and advise them where to sit. The Committee Services representative will also advise whether it is necessary to elect a spokesperson.4. Generally, representations will be subject to a time limit of 5 minutes, (except at the discretion of the Chairman).

Appendix 3: Amendments to Article 4 – The Full Council

Article 4 – The Full Council

4.01 Meanings

(a) **Policy Framework.** The policy framework means the following plans and strategies:-

- Council Plan
- Sustainable Community Strategy
- County Durham Local Development Framework (Plans and alterations that together form the Development Plan)
- Youth Justice Plan
- ~~Local Transport Plan~~
- Crime and Disorder Reduction Strategy (known as the Safe Durham Partnership Plan)
- Housing Strategy
- Licensing Authority Policy Statement
- Statement on Gambling Policy
- Any other plan or strategy which the Council determines should be adopted or approved by them.

(b) **Budget.** The budget includes the allocation of financial resources to different services and projects, proposed contingency funds, setting the council tax and decisions relating to the control of the Council's borrowing requirement, the control of its capital expenditure and the setting of virement limits.

4.02 Functions of the full Council

Only the Council will exercise the following functions:

- (a) adopting and changing the Constitution;
- (b) approving or adopting the policy framework and the budget;

- (c) subject to the urgency procedure contained in the Budget and Policy Framework Procedure Rules in Part 4 of this Constitution, making decisions about any matter in the discharge of an executive function which is covered by the policy framework or the budget where the decision maker is minded to make it in a manner which would be contrary to the policy framework or contrary to or not wholly in accordance with the budget;
- (d) appointing and removing the Leader;
- (e) agreeing and/or amending the terms of reference for committees, deciding on their composition and making appointments to them;
- (f) appointing representatives to outside bodies unless the appointment is an executive function or has been delegated by the Council;
- (g) adopting an allowances scheme under Article 2.05 and amending, revoking or replacing such a scheme;
- (h) confirming and terminating the appointment of the head of paid service;
- (i) receive the final accounts for information; and
- (j) those non-executive functions specified as being the responsibility of the Council in Section A of Part 3 of this Constitution;
- (k) all other matters which, by law, must be reserved to the Council.

4.03 Council meetings

There are three types of Council meeting:

- (a) the annual meeting;
- (b) ordinary meetings;
- (c) extraordinary meetings.

and they will be conducted in accordance with the Council Procedure Rules in Part 4 of this Constitution.

4.04 Responsibility for functions

The Council will maintain the tables in Part 3 of this Constitution setting out the responsibilities for the Council's functions which are not the responsibility of the Executive.

Appendix 4: Amendments to the Overview and Scrutiny Arrangements, and Overview and Scrutiny Procedure Rules

Article 6 – Overview and Scrutiny Arrangements

6.01 Terms of Reference

The Council will appoint the Overview and Scrutiny Management Board and Scrutiny Committees set out in the left hand column of the table below to discharge the functions conferred by section 21 of the Local Government Act 2000 (as amended) or regulations under section 32 of the Local Government Act 2000 (as amended) and under the Health and Social Care Act 2001 in relation to the matters set out in the right hand column of the same table.

Terms of reference for the Board and Committees are set within the context of the Council Plan, its Notice of Key Decisions and the overarching partnership framework namely the Sustainable Communities Strategy (SCS) and its associated delivery plan and the Council Plan.

Neither the Chairman of the Council nor members of the Executive or Executive Support Members may be members of the Overview and Scrutiny Management Board or a Scrutiny Committee.

Committee	Scope
<p>Overview and Scrutiny Management Board</p> <p><i>Membership</i></p> <ul style="list-style-type: none"> • 26 Members of the Council including the Chairs and Vice Chairs of the 6 5-Scrutiny Committees; • 5 voting Church and Parent Governor representatives; 	<ol style="list-style-type: none"> 1 To oversee and co-ordinate the work of Overview and Scrutiny and its committees 2 To ensure effective liaison across the work of the committees re: cross cutting issues 3 To be strategic driver of the Overview and Scrutiny function 4 To consider as appropriate scrutiny member involvement in regional scrutiny arrangements within the context of any regional strategies. 5 The establishment of appropriate liaison with the Executive in the interests of achieving common aims and continuous improvement for the Council

**Overview and Scrutiny
Management Board (continued)**

- 6 To encourage appropriate community involvement in the Overview and Scrutiny role
- 7 To consider the Council Plan and Notice of Key Decisions and to monitor performance against these plans
- 8 To deal with petitions in accordance with the Council's Protocol as set out in Part 5 of this Constitution

Overview and Scrutiny Procedure Rules

1. What will be the number and arrangements for Overview and Scrutiny Committees?

The Council will have an Overview and Scrutiny Management Board and the Scrutiny Committees set out in Article 6 and will appoint to them as it considers appropriate from time to time. The Board and such Committees may appoint smaller groups to carry out detailed examination of particular topics for report back to them. Such Groups may be appointed for a fixed period on the expiry of which they shall cease to exist.

2. Who may sit on Overview and Scrutiny Committees?

All Councillors except Members of the Executive, the Executive Support Members and the Chairman of the County Council shall be eligible for appointment as Members of the Overview and Scrutiny Management Board or a Scrutiny Committee. However, no Member may be involved in scrutinising a decision in which he has been directly involved.

3. Co-optees

Each thematic Scrutiny Committee shall be entitled to appoint a maximum of two people as non-voting co-optees either as standing members of the Committee or on a time limited basis. The selection and nomination of co-opted members shall be in accordance with the Protocol agreed by the Overview and Scrutiny Management Board.

4. Education representatives

The Overview and Scrutiny Management Board and each relevant Scrutiny Committee dealing with education matters shall include in its membership the following voting representatives:

- (a) 1 Church of England diocese representative;
- (b) 1 Roman Catholic diocese representative; and
- (c) 3 parent governor representatives.

A relevant Scrutiny Committee in this paragraph is a Scrutiny Committee of a Local Education Authority, where the Committee's functions relate wholly or in part to any education functions which are the responsibility of the authority's Executive. If the Overview and Scrutiny Management Board or relevant Scrutiny Committee deals with other matters, these representatives shall not vote on those other matters, though they may stay in the meeting and speak.

5. **Meetings of the Overview and Scrutiny Management Board and Scrutiny Committees**

- (a) There shall be at least 6 ordinary meetings of the Overview and Scrutiny Management Board in each year. In addition, extraordinary meetings may be called from time to time as and when appropriate. An Overview and Scrutiny Management Board meeting may be called by the Chairman of the Overview and Scrutiny Management Board or by the Head of Legal and Democratic Services if he considers it necessary or appropriate.
- (b) There shall be at least four meetings of each Scrutiny Committee in each year. In addition, extraordinary meetings may be called from time to time as and when appropriate. A Scrutiny Committee may be called by the Chairman of the relevant Committee or by the Head of Legal and Democratic Services if he considers it necessary or appropriate.
- (c) The Overview and Scrutiny Management Board and the Scrutiny Committees may set up ad hoc groups including non-voting co-opted members to carry out specific projects and report their findings to the appointing Board or Committee.
- (d) The Chair and Vice-Chair of the Overview and Scrutiny Management Board acting together shall be authorised to take urgent action in relation to the allocation of projects to a Scrutiny Committee or an ad hoc group following consultation with the appropriate Chair of a Scrutiny Committee.

6. **Adults, Well-Being and Health Scrutiny Committee**

The Adults Well-Being and Health Scrutiny Committee shall have powers to deal with routine matters within its jurisdiction subject to reporting for information to the Overview and Scrutiny Management Board. ~~However, where policy issues are concerned, including consultations about substantial changes in relation to Health Services, a report shall be submitted to the Overview and Scrutiny Management Board and to the Council's Executive for information.~~ The Committee shall have the enhanced review and scrutiny powers in line with provisions in Health and Social Care Act 2012, including power of referral to the Secretary of State for Health. ~~In the event of a proposed referral to the Secretary of State for Health, a report shall be submitted to the County Council for information, prior to submission.~~

7. **Quorum**

The quorum for an Overview and Scrutiny Management Board or a Scrutiny Committee shall be as set out for Committees in the Council Procedure Rules in Part 4 of this Constitution.

8. Who Chairs Overview and Scrutiny Committee meetings?

- (a) There shall be a Chair and a Vice-Chair of the Overview and Scrutiny Management Board and each Scrutiny Committee.
- (b) In the absence of a Chair the Vice-Chair can exercise the powers of the Chair.
- (c) The Chair and the Vice-Chair of the Overview and Scrutiny Management Board shall be entitled to attend each Scrutiny Committee as an ex-officio member.

9. Work programme

Each Scrutiny Committee will, following consultation with the Chair and Vice-Chair of the Overview and Scrutiny Management Board, set its own work programme and in doing so they shall take into account wishes of Members on that Committee who are not Members of the largest political group on the Council.

10. Agenda items

- (a) Any Member of the Overview and Scrutiny Management Board or a Scrutiny Committee or Sub-Committee shall be entitled to give notice to the Head of Legal and Democratic Services that he wishes an item relevant to the functions of the Board, Committee or Sub-Committee to be included on the agenda for the next available meeting of the Board, Committee or Sub-Committee. Seven working days notice of the item should be given to the Head of Legal and Democratic Services together with sufficient information to enable the Officer to advise about the nature and purpose of the item.

On receipt of such a request, so long as it is an appropriate matter to be considered, the Head of Legal and Democratic Services will ensure that it is included on the next available agenda.

- (b) Any Member of the Authority shall be entitled to give notice to the Head of Legal and Democratic Services that he wishes an item relevant to the functions of the Board, Committee or Sub-Committee to be included on the agenda for the next available meeting of the Board, Committee or Sub-Committee, providing that it is not an excluded matter. Seven working days' notice of the item should be given to the Head of Legal and Democratic Services together with sufficient information to enable the Officer to advise about the nature and purpose of the item.

On receipt of such a request, so long as it is an appropriate matter to be considered, the Head of Legal and Democratic Services will ensure that it is included on the next available agenda.

- (c) The Overview and Scrutiny Management Board and the Scrutiny Committees shall also respond, as soon as their work programme permits, to requests from the Council and/or the Executive to review particular areas of Council activity. Where they do so, the Overview and Scrutiny Management Board shall report their findings and any recommendations back to the Executive and/or Council. The Council and/or the Executive shall consider the report of the Overview and Scrutiny Management Board or Scrutiny Committee within one month of receiving it.

11. **Policy review and development**

- (a) The role of the Overview and Scrutiny Management Board in relation to the development of the Council's budget and policy framework is set out in detail in the Budget and Policy Framework Procedure Rules.
- (b) In relation to the development of the Council's approach to other matters not forming part of its policy and budget framework, the Overview and Scrutiny Management Board may make proposals to the Executive for developments in so far as they relate to matters within their terms of reference.
- (c) The Overview and Scrutiny Management Board and the Scrutiny Committees may hold enquiries and investigate the available options for future direction in policy development and may appoint advisers and assessors to assist them in this process. They may go on site visits, conduct public surveys, hold public meetings, commission research and do all other things that they reasonably consider necessary to inform their deliberations. They may ask witnesses to attend to address them on any matter under consideration and may pay to any advisers, assessors and witnesses a reasonable fee and expenses for doing so.

12. **Reports from the Overview and Scrutiny Management Board and Scrutiny Committees**

- (a) All formal reports from Scrutiny Committees will be reported to the Overview and Scrutiny Management Board before submission to the Executive or the Council except in special circumstances with the agreement of the Chair and Vice-Chair of the Overview and Scrutiny Management Board.
- (b) Once it has formed recommendations on proposals for development, the Overview and Scrutiny Management Board will prepare a formal report and submit it to the Head of Legal and Democratic Services for consideration by the Executive (if the proposals are consistent with the existing budgetary and policy framework), or to the Council as appropriate (e.g. if the recommendation would require a departure from or a change to the agreed budget and policy framework).

- (c) If an Overview and Scrutiny Management Board cannot agree on one single final report to the Council or Executive as appropriate, one minority report may be prepared and submitted for consideration by the Council or Executive with the majority report.
- (d) The Council or Executive shall consider the report of the Overview and Scrutiny Management Board within one month of it being submitted to the Head of Legal and Democratic Services.

13. Making sure that Overview and Scrutiny reports are considered by the Executive

- (a) The agenda for Executive meetings shall include an item entitled 'Issues arising from Overview and Scrutiny'. The reports of the Overview and Scrutiny Management Board referred to the Executive shall be included at this point in the agenda (unless they have been considered in the context of the Executive's deliberations on a substantive item on the agenda) as soon as practicable. Where an item is not considered by the Executive within two months, the Executive will give an explanation of the reasons to the Chair-of the Overview and Scrutiny Management Board as soon as practicable.
- (b) The Overview and Scrutiny Management Board and the Scrutiny Committees will have access to the Executive's Notice of Key Decisions and timetable for decisions and intentions for consultation. Even where an item is not the subject of detailed proposals from the Overview and Scrutiny Management Board following a consideration of possible policy/service developments, the Board will be able to respond in the course of the Executive's consultation process in relation to any key decision.
- (c) Where the Executive has delegated decision-making power to another individual member of the Executive the Overview and Scrutiny Management Board will submit a copy of their report to him for consideration. At the time of doing so the Overview and Scrutiny Management Board shall serve a copy on the Head of Legal and Democratic Services. The Member with delegated decision-making power must consider the report and respond in writing to the Overview and Scrutiny Management Board within four weeks of receiving it. A copy of his written response to it shall be sent to the Head of Legal and Democratic Services and the Leader. The Member will also attend a future meeting of the Overview and Scrutiny Management Board to present their response.

14. Rights of the Overview and Scrutiny Management Board and Scrutiny Committee Members to documents

- (a) In addition to their rights as Councillors, Members of the Overview and Scrutiny Management Board and the Scrutiny Committees have the additional right to documents, and to notice of meetings as set out in

the Access to Information Procedure Rules in Part 4 of this Constitution.

- (b) Nothing in this paragraph prevents more detailed liaison between the Executive and the Overview and Scrutiny Management Board and the Scrutiny Committees as appropriate depending on the particular matter under consideration. Indeed, the aim will be to develop a positive and constructive relationship between the Executive and the Overview and Scrutiny function.

15. **Members and Officers giving account**

- (a) The Overview and Scrutiny Management Board and any Scrutiny Committee may scrutinise and review decisions made or actions taken in connection with the discharge of any Council functions. As well as reviewing documentation, in fulfilling the Scrutiny role, it may require any Member of the Executive, the Chief Executive and/or any senior officer to attend before it to explain in relation to matters within their remit:

- (i) any particular decision or series of decisions;
- (ii) the extent to which the actions taken implement Council policy; and/or
- (iii) their performance

and it is the duty of those persons to attend if so required.

- (b) For this purpose, senior officer includes any chief officer, deputy chief officer, third tier officer and other appropriate senior officer. Where there are concerns about the appropriateness of the officer who should attend, the relevant chief officer shall discuss this with the appropriate Scrutiny Chair or Vice Chair with a view to achieving consensus.
- (c) Where any member or officer is required to attend the Overview and Scrutiny Management Board or a Scrutiny Committee under this provision, the Chair of that Committee will inform the Head of Legal and Democratic Services. The Head of Legal and Democratic Services shall inform the member or officer, if necessary in writing, giving at least 7 working days notice of the meeting at which he is required to attend (unless agreed otherwise). Any notice will state the nature of the item on which he is required to attend to give account and whether any papers are required to be produced for the Board or Committee.

Where the account to be given to the Overview and Scrutiny Management Board or Scrutiny Committee will require the production of a report, then the member or officer concerned will be given sufficient notice to allow for preparation of that documentation.

- (d) Where, in exceptional circumstances, the member or officer is unable to attend on the required date, then the Overview and Scrutiny Management Board or Scrutiny Committee shall in consultation with the member or officer arrange an alternative date for attendance.

16. Attendance by others

The Overview and Scrutiny Management Board or a Scrutiny Committee may invite people other than those people referred to in paragraph 15 above to address it, discuss issues of local concern and/or answer questions. It may for example wish to hear from residents, stakeholders and members and officers in other parts of the public sector and shall invite such people to attend.

17. Call-in

- (a) The Overview and Scrutiny Management Board has the power to call in decisions made by the Executive (which term shall also include a Joint Committee) but not yet implemented. The purpose is to consider whether to recommend that a decision be reviewed by the Executive. This is a power which should only be used in exceptional circumstances and cannot be used in respect of day-to-day management and operational decisions.
- (b) When a decision is made by the Executive, an individual member of the Executive with delegated powers or under joint arrangements, notice of the decision shall be published, including where possible by electronic means, and shall be available at the main offices of the Council normally within 2 working days of being made. All Overview and Scrutiny Members will be sent copies of the records of all such decisions within the same timescale, by the person responsible for publishing the decision.
- (c) That notice will bear the date on which it is published and will specify that the decision will come into force, and may then be implemented, on the expiry of 5 working days after the publication of the decision, unless the decision is called in under the provisions set out below.
- (d) Within that period:
 - (i) the Chair or, in his absence the Vice-Chair of the Overview and Scrutiny Management Board; or
 - (ii) any five members of the Overview and Scrutiny Management Board or the Scrutiny Committee within whose remit the decision falls

may sign a notice requesting that the decision is called in and submit the notice to the Head of Legal and Democratic Services. The notice

should give reasons for the request for call-in, having regard to the principles of decision making set out in Article 12 of this Constitution.

- (e) On receipt of the notice the Head of Legal and Democratic Services will, as soon as possible, seek the views of the Chair or in his absence, the Vice-Chair of the Overview and Scrutiny Management Board, or in the absence of both, a Chair or Vice-Chair of another Scrutiny Committee.
- (f) The Chair or Vice-Chair to whom the request is referred will consider whether the request is reasonable. They will take account of whether a case has been made out for calling in the decision and whether delaying the implementation of the decision would be likely to cause significant damage to the Council's interests. They will have regard to the advice of the Monitoring Officer and Chief Finance Officer on this point.
- (g) If it is considered that the request for call-in is reasonable, the Head of Legal and Democratic Services will convene a meeting of the Overview and Scrutiny Management Board within 7 working days, after consulting the Chair of the Board about the date. The Board will then proceed as in sub-paragraph (i) below.
- (h) If the Chair or Vice-Chair to whom the request is referred consider that the request is unreasonable the decision will not be called in. The Head of Legal and Democratic Services will submit a report to the next available meeting of the Overview and Scrutiny Management Board giving details of the request and Chair's/Vice-Chair's reasons for refusing it.
- (i) Where the Overview and Scrutiny Management Board considers a call-in request, the format of the meeting will be as follows:-
 - after the Chair opens the meeting the members who asked for the decision to be called in will be asked to explain their reasons for the request and what they feel should be reviewed;
 - on matters of particular relevance to a particular electoral division, electoral division members who are not signatories to a call-in have the opportunity to make comments on the call-in at the meeting, such speeches not to exceed five minutes each. Electoral division members will take no further part in the discussion or vote. Electoral division members must register their request to speak by contacting the Head of Legal and Democratic Services by 12 noon on the day prior to the relevant hearing;
 - the relevant portfolio holder (or holders if more than one is relevant) will then be invited to make any comments;

- the relevant Corporate Director or his representative will advise the Board on the background and context of the decision and its importance to achieving Service priorities;
- Board members will ask questions of members and officers in attendance;
- the portfolio holder(s) will be invited to make any final comments on the matter.

The Board, after considering the evidence presented to the meeting, will make one of the following decisions:

- to take no further action, in which case the decision will take effect immediately;
 - to refer the decision back to the decision-maker for reconsideration, setting out the nature of the Board's concerns; the decision-maker must then re-consider the matter with a further 10 working days, taking into account the concerns of the Overview and Scrutiny Management Board, before making a final decisions;
 - to refer the matter to full Council, in which case paragraph (k) below will apply; or
 - to refer the matter to a sub group of the Board for further consideration and report back to the Board within a specified period not exceeding 14 days, in which case the Board will, at its reconvened meeting take one of the decisions set out above; if the Board does not reconvene within 14 days or does reconvene but does not refer the matter back to the decision maker or to the full Council, the decision will take effect on the date of the reconvened Board meeting or the expiry of that further 14 day period, whichever is the earlier.
- (j) If, following a request for call-in, the Overview and Scrutiny Management Board does not meet in the period set out above, or does meet but does not refer the matter back to the decision maker or to full Council, the decision will take effect on the date of the relevant Board meeting, or the expiry of that further 7 working day period, whichever is the earlier.
- (k) If the matter is referred to full Council and the Council does not object to a decision which has been made, then no further action is necessary and the decision will be effective in accordance with the provision below. However, if the Council does object, it has no locus to make decisions in respect of an Executive decision unless it is contrary to the policy framework, or contrary to or not wholly consistent with the budget. Unless that is the case, the Council will refer any decision to which it objects back to the decision maker, together with the Council's

views on the decision. That decision maker shall choose whether to amend the decision or not before reaching a final decision and implementing it. Where the decision was taken by the Executive, a meeting will be convened to reconsider within 10 working days of the Council request. Where the decision was made by an individual, the individual will reconsider within 10 working days of the Council request.

- (l) If the Council does not meet, or if it does but does not refer the decision back to the decision maker, the decision will become effective on the date of the Council meeting or expiry of the period in which the Council meeting should have been held, whichever is the earlier.

18. **Exceptions**

In order to ensure that call-in is not abused, nor causes unreasonable delay, certain limitations are to be placed on its use. These are:

- (i) that the Overview and Scrutiny Management Board may only call-in a maximum of 3 decisions per three month period;
- (ii) that call-in can be invoked in respect of a decision only once;
- (iii) that call in will not apply to individual decisions made by the Audit Committee, the County Planning Committee or Area Planning Committees, the Highways Committee, the Statutory Licensing Committee, the General Licensing and Registration Committee, the Appeals and Complaints Committee, the Chief Officers' Appointments Committee, the Standards Committee or the Human Resources Committee, or any Sub-Committee of those Committees.

19. **Call-in and Urgency**

- (a) The call-in procedure set out above shall not apply where the decision being taken by the Executive is urgent. A decision will be urgent if any delay likely to be caused by the call in process would seriously prejudice the Council's or the public's interests. The record of the decision, and notice by which it is made public shall state whether in the opinion of the decision maker, the decision is an urgent one, and therefore not subject to call-in. The Chairman of the Council in consultation with the Chair of the Overview and Scrutiny Management Board must agree both that the decision proposed is reasonable in all the circumstances and to it being treated as a matter of urgency. In the absence of the Chairman of the Council, the Vice-Chairman's consent shall be required (again in consultation with the Chairman of the Overview and Scrutiny Management Board). In the absence of both the Chairman and Vice-Chairman of the Council, the Chief Executive or his nominee's consent shall be required. Decisions taken as a matter of

urgency must be reported to the next available meeting of the Council, together with the reasons for urgency.

- (b) The operation of the provisions relating to call-in and urgency shall be monitored annually, and a report submitted to Council with proposals for review if necessary.

20. **Reports to the Local Authority where the key decision procedure is not followed**

20.1 Where an executive decision has been made and:-

- (a) was not treated as being a key decision; and
- (b) a relevant overview and scrutiny committee are of the opinion that the decision should have been treated as a key decision,

that overview and scrutiny committee may require the executive which is responsible for the decision to submit a report to the relevant local authority within such reasonable period as the committee may specify.

20.2 A report under paragraph 22.1 must include details of:-

- (a) the decision and the reasons for the decision;
- (b) the decision maker by which the decision was made; and
- (c) if the executive of the relevant local authority are of the opinion that the decision was not a key decision, the reasons for that opinion.

21. **Independence**

The purpose of Overview and Scrutiny is to hold decision-makers to account. Members of the Overview and Scrutiny Management Board or a Scrutiny Committee should, therefore, approach any Scrutiny process in an open manner irrespective of political allegiance.

22. **Procedure at Overview and Scrutiny Committee meetings**

- (a) The Overview and Scrutiny Management Board and Scrutiny Committees shall consider the following business:
 - (i) minutes of the last meeting;
 - (ii) declarations of interest;
 - (iii) consideration of any matter referred to the Board or Committee for a decision in relation to call in of a decision;

- (iv) responses of the Executive to reports of the Overview and Scrutiny Board;
 - (v) the business otherwise set out on the agenda for the meeting.
- (b) Where the Overview and Scrutiny Management Board or a Scrutiny Committee conduct investigations (e.g. with a view to policy development), the Board or Committees may also ask people to attend to give evidence at Committee meetings which are to be conducted in accordance with the following principles:
- (i) that the investigation be conducted fairly and all Members of the Board or Committee be given the opportunity to ask questions of attendees, and to contribute and speak;
 - (ii) that those assisting the Committee by giving evidence be treated with respect and courtesy;
 - (iii) that the investigation be conducted so as to maximise the efficiency of the investigation or analysis.
- (c) Following any investigation or review, the Board or Committee shall prepare a report, for submission to the Executive and/or Council as appropriate and shall make its report and findings public.

23. Councillor Call for Action

- (a) The Councillor Call for Action is a mechanism for enabling elected Members to bring matters of local concern to the attention of the Council, via the Scrutiny process.
- (b) Any Member may request that an item is placed on the agenda of the Overview and Scrutiny Management Board for consideration. The Member making that request does not have to be a member of the Overview and Scrutiny Management Board or any Scrutiny Committee.
- (c) The Call for Action should be an option of “last resort”. In considering whether to refer to a matter in accordance with these provisions, Members must have regard to relevant guidance issued by the Secretary of State. A Call for Action will only be included on the Overview and Scrutiny Management Board agenda if the Chairman, in consultation with the Monitoring Officer, is satisfied that:
 - (i) the Member has made all reasonable efforts to resolve the matter via direct liaison with council officers and/or relevant partners; and
 - (ii) the issue of concern is a matter in respect of which the Council has a statutory power or duty and is not precluded by adopted

Council policy or legislation; and

- (iii) the issue of concern has a demonstrable impact on a part or the whole of the Member's electoral division

and accordingly information to support the above matters should accompany the Call for Action request.

- (d) A Call for Action cannot, in any event, relate to:
 - (i) a planning decision;
 - (ii) a licensing decision;
 - (iii) any matter concerning an individual or entity in respect of which that individual or entity has a right of recourse to a review or right of appeal conferred by or under any enactment;
 - (iv) any matter which is vexatious, discriminatory or not reasonable to be included in the agenda for, or to be discussed at, a meeting of the Overview and Scrutiny Management Board.
 - (v) any matter which is a local crime and disorder matter for the purposes of Section 19 of the Police and Justice Act 2006.
- (e) If the Chairman rejects the Call for Action the Member who made the request shall be provided with reasons for the decision.
- (f) A valid Call for Action will be considered at the next ordinary meeting of the Overview and Scrutiny Management Board or at a special meeting of the Board within 14 days of validation whichever is the sooner. The Board may either decide to consider the matter itself or refer it to the appropriate Scrutiny Committee.
- (g) The subject matter of the Call for Action will be the subject of a report from the relevant Corporate Director, with such supporting information and evidence as is reasonably available. If the matter also or exclusively entails consideration of information held by another public body or partner, an appropriate representative shall be invited to the Overview and Scrutiny Management Board or Scrutiny Committee meeting to provide that information, make representations and answer questions.
- (h) The Call for Action will be considered by the Overview and Scrutiny Management Board or Scrutiny Committee in public session unless consideration of the issues involves the disclosure of exempt or confidential information as defined by the Access to Information Procedure Rules of the Constitution.

- (i) The Member who referred the matter under sub-paragraph (b) above may address the Overview and Scrutiny Management Board or Scrutiny Committee in respect of the Call for Action for up to 10 minutes.
- (j) The Overview and Scrutiny Management Board or Scrutiny Committee may also consider representations from any residents of the electoral division affected by the Call for Action, subject to the discretion of the Chairman.
- (k) If the Call for Action concerns issues that fall within the remit of the Cabinet, the relevant Cabinet Portfolio Member shall also attend the Overview and Scrutiny Management Board or Scrutiny Committee to answer questions and make any representations.

24. Reports and Recommendations on Calls for Action

- (a) Where the Overview and Scrutiny Management Board or Scrutiny Committee makes a report or recommendations to the Council or the Executive as a result of a reference under paragraph 22 above, the Overview and Scrutiny Management Board or Scrutiny Committee may publish the report, subject to the provisions of Part 5 of the Local Government Act 2000 (as amended) in relation to confidential or exempt information.
- (b) The Overview and Scrutiny Management Board or Scrutiny Committee will, by notice in writing to the Head of Legal and Democratic Services, require the Council or Executive:
 - (i) to consider the report or recommendations,
 - (ii) to respond to the Overview and Scrutiny Management Board or Scrutiny Committee indicating what, if any action the Council or Executive proposes to take,
 - (iii) if the Overview and Scrutiny Management Board or Scrutiny Committee has published the report or recommendations, to publish the response, subject to the provisions of Part 5 of the 2000 Act relating to confidential or exempt information,
 - (iv) if the Overview and Scrutiny Management Board or Scrutiny Committee provided a copy of its report or recommendations to the Member who referred the matter to the Board, to provide that Member with a copy of the response, subject to the provisions of Part 5 of the 2000 Act in relation to confidential or exempt information,

and to do so within two months of the date when the Council or Executive received the report or recommendations or (if later) the date

when the Head of Legal and Democratic Services received the notice.

25. Scrutiny of Crime and Disorder Matters

- (a) The Safer and Stronger Communities Scrutiny Committee may make a report or recommendations to the Council with respect to any local crime and disorder matter in relation to a Member of the Council.

(A local crime and disorder matter in relation to a Member means any matter concerning:

- crime and disorder (including in particular forms of crime and disorder that involve anti-social behaviour or other behaviour adversely affecting the local environment);
- the misuse of drugs, alcohol or other substances which affects all or part of the Member's electoral area (or any person who lives or works in that area)).

- (b) Any Member of the Council may give notice to the Head of Legal and Democratic Services that he wishes an item which he considers to be a crime and disorder matter to be included on the agenda for discussion at the next meeting of the Safer and Stronger Communities Scrutiny Committee.

- (c) On receipt of the request, the Head of Legal and Democratic Services will ensure that the item is included on the next available agenda for consideration by the Safer and Stronger Communities Scrutiny Committee.

- (d) Sub-paragraphs (g) to (k) of paragraph 22 above shall apply to the consideration of a crime and disorder matter by the Safer and Stronger Communities Scrutiny Committee as they apply to the consideration of a Call for Action by the Overview and Scrutiny Management Board or relevant Scrutiny Committee.

- (e) If the Safer and Stronger Communities Scrutiny Committee decides not to make a report or recommendation to the Council in relation to the crime and disorder matter, it must notify the Member who referred the matter of its decision and the reasons for it.

- (f) Where the Committee makes a report or recommendations to the Council it must:

- (i) provide a copy of the report or recommendations to the Member who referred the matter to the Committee and
- (ii) provide a copy of the report or recommendations to such of:

- the responsible authorities (within the meaning of Section 5 of the Crime and Disorder Act 1998); and
- the co-operating persons and bodies (i.e. those persons and bodies with which the responsible authorities have a duty to co-operate under Section 5(2) of the Crime and Disorder Act 1998);

as it thinks appropriate.

- (g) Where the Safer and Stronger Communities Scrutiny Committee makes a report or recommendations to the Council or provides a copy of a report or recommendations under sub-paragraph (f)(ii) above, the Committee must notify the Council, body or person to whom it makes or provides a copy of the report or recommendations that the Council, body or person must:
- (i) consider the report or recommendations;
 - (ii) respond to the Safer and Stronger Communities Scrutiny Committee indicating what (if any) action it proposes to take;
 - (iii) have regard to the report or recommendations in exercising its functions.
- (h) For the purpose of carrying out its functions under the Crime and Disorder (Overview and Scrutiny) Regulations, 2009, the Safer and Stronger Communities Scrutiny Committee will meet to review or scrutinise decisions made, or other action taken, in connection with the discharge by the responsible authorities of the crime and disorder functions, no less than twice in every 12 month period.
- (i) Where the Safer and Stronger Communities Scrutiny Committee makes a report or recommendations to a responsible authority or to a co-operating person or body in accordance with section 19(8)(b) of the Police and Justice Act, 2006, the Committee shall review the responses received and monitor the action (if any) taken by the relevant authority, person or body in accordance with its powers under section 19(1) of the 2006 Act.

Appendix 5: Amendments to Article 9 – The Standards Committee

Article 9 – The Standards Committee

9.01 Standards Committee

The Council meeting will establish a Standards Committee.

9.02 Composition

The Standards Committee comprises 11 Council Members with two co-optees from the parish councils.

9.03 Role and Function

The Standards Committee will have the following roles and functions:-

- (a) promoting and maintaining high standards of conduct by ~~Members Councillors, Independent Members~~ and Co-opted Members of the Council and Parish and Town Council Members
- (b) assisting ~~the~~ ~~Members Councillors, Independent Members~~, and Co-opted Members of the Council and Parish and Town Council Members to observe the Members' Code of Conduct and where appropriate, the Planning Code of Practice;
- (c) advising the Council on the adoption or revision of the Members' Code of Conduct and the Planning Code of Practice;
- (d) monitoring the operation of the Members' Code of Conduct and the Planning Code of Practice;
- (e) advising, training or arranging to train ~~Members Councillors, Independent Members~~, and Co-opted Members of the Council and Parish and Town Council Members on matters relating to the Members' Code of Conduct and Planning Code of Practice;
- (f) granting dispensations to ~~Members Councillors, Independent Members~~, and Co-opted Members of the Council and Parish and Town Council Members from requirements relating to interests set out in the Members' Code of Conduct and Planning Code of Practice in circumstances where this function has not been delegated to the Monitoring Officer;
- ~~(g) the exercise of any functions under Regulations made under Section 54(4) of the Local Government Act 2000 (as amended);~~

- (g) the assessment and/or referral for investigation of allegations of misconduct on the part of Members and Co-opted Members of the Council and Parish and Town Council Members, if requested to undertake this function by the Monitoring Officer;
- (h) the ~~assessment, investigation and~~ determination of allegations of misconduct on the part of Members and Co-opted Members of the Council and Parish and Town Council Members;
- (i) dealing with any alleged breach by a Member of a Council Protocol, in accordance with procedures approved by the Committee;
- (j) overview of the Officers' Code of Conduct;
- (k) overview of the Protocol on Member/Officer Relations;
- (l) ~~power to make payments or provide other benefits in cases of maladministration etc;~~ overview of payments or provision of other benefits in cases of maladministration
- ~~(m) the exercise of (a) – (h) in relation to Parish and Town Council Members.~~

9.04 Parish and Town Council Sub-Committee

The Standards Committee will appoint a sub-committee comprising 3 Councillors. The remit of the Sub-Committee will be to support Parish and Town Councillors and their Clerks in maintaining high standards of conduct, whether through training or otherwise, and for this purpose to maintain close links with the County Durham Association of Local Councils.

Appendix 6: Proposed Amendments to Article 11 – Officers - regarding Neighbourhood Services

Post	Main Functions and areas of responsibility
Corporate Director Neighbourhood Services	<p>Culture and Sport Localities including:</p> <ul style="list-style-type: none"> • Libraries, Museum, Theatres and Leisure Centres <p>Culture and Sport Improvement and Development</p> <ul style="list-style-type: none"> • Marketing, Funding and Commissioning • Service and System Improvement and Co-ordination <p>Culture and Sport Growing and learning including:</p> <ul style="list-style-type: none"> • Libraries, Museums and Collections, Heritage and Visual Arts <p>Culture and Sport Wellbeing including:</p> <ul style="list-style-type: none"> • Sport, Fitness, Physical Activity, Aquatics, Parks and Countryside <p>Culture and Sport Place and Experience including:</p> <ul style="list-style-type: none"> • Theatre, Performing Arts, Festivals and Events <p>Building Facilities and Management</p> <p>County Fleet</p> <p>Refuse and Recycling including:</p> <ul style="list-style-type: none"> • Waste Transfer Stations <p>Clean and Green including:</p> <ul style="list-style-type: none"> • Street Cleansing, Public Realm/ Open Space Maintenance, Parks and Grounds <p>Neighbourhood Protection including:</p> <ul style="list-style-type: none"> • Pest Control, Civic Pride, Dog Control, Neighbourhood Wardens, Anti-Social Behaviour, Bereavement Services, Allotments and Unauthorised Encampments <p>Business Regulation</p> <p>Environment Protection including:</p> <ul style="list-style-type: none"> • Pollution Control, Contaminated Land, Air Quality Management, Public Health and Private Sector Housing <p>Health Protection including:</p> <ul style="list-style-type: none"> • Food Hygiene and Standards, Animal Health and Welfare, Infectious Disease Control, Safety and Occupational Health, Health and Safety (Employees) <p>Consumer Protection including:</p> <ul style="list-style-type: none"> • Fair Trading, Safety and Metrology, Licensing and Markets <p>Customer Services</p> <p>Service Improvement including:</p> <ul style="list-style-type: none"> • Complaints <p>Policy , Performance and Communications</p> <p>Business Support</p> <p>Projects</p> <p>Strategic Waste including:</p> <ul style="list-style-type: none"> • Waste Contract and Management Strategy

Post	Main Functions and areas of responsibility
	<p>Building Design including:</p> <ul style="list-style-type: none"> • Architecture and Building Surveying, Mechanical and Electrical, Asbestos Management <p>Construction Programme and Project Management including:</p> <ul style="list-style-type: none"> • Programme and Project Management, Quantity Surveying and Accounts, Construction and Design Management (CDM) <p>Highway Services including:</p> <ul style="list-style-type: none"> • Highway Design Construction and Maintenance, Winter Maintenance <p>Schools Capital Projects</p> <p>Strategic Highways including:</p> <ul style="list-style-type: none"> • Drainage and Coastal Protection, Network Management, Client, Policy and Asset Management, Road Safety

Appendix 7: Amendments to Article 13 – Finance, Contracts and Legal Matters

Article 13 – Finance, Contracts and Legal Matters

13.01 Financial management

The management of the Council's financial affairs will be conducted in accordance with the Financial Procedure Rules set out in Part 4 of this Constitution.

13.02 Contracts

Every contract made by the Council will comply with the Contract Procedure Rules set out in Part 4 of this Constitution and with the Procurement Code of Practice.

13.03 Legal proceedings

The Head of Legal and Democratic Services is authorised to institute, defend or participate in any legal proceedings in any case where such action is necessary to give effect to decisions of the Council or a chief officer acting under delegated powers or in any case where he considers that such action is necessary to protect the Council's interests.

13.04 Authentication of documents

- (a) Where any document is necessary to any legal procedure or proceedings on behalf of the Council, it will be signed by the Head of Legal and Democratic Services or other person authorised by him, unless any enactment otherwise authorises or requires, or the Council has given requisite authority to some other person.
- (b) Any contract with a value exceeding ~~£10,000~~ £500 entered into on behalf of the Council in the course of the discharge of an executive function shall be made in writing. In accordance with the Contract Procedure Rules, if a formal agreement is unnecessary it can be concluded by the sending of an award letter and the subsequent issuing of a purchase order. A formal agreement requires signature by ~~Such contracts must either be signed by~~ at least two officers of the Council authorised in accordance with Paragraph 13.04(c). Where the contract is in the form of a deed it must be made under the Council's seal and attested as required by Paragraph 13.05(a) of the Constitution. ~~or made under the Common Seal of the Council attested by at least one authorised officer.~~
- (c) Chief Officers shall determine which persons within their service areas are authorised to sign contracts on behalf of the Council and shall

notify the Head of Legal and Democratic Services of the names of those persons so authorised whose names shall be kept in a list maintained by the Head of Legal and Democratic Services.

13.05 Common Seal of the Council

- (a) The Common Seal of the Council will be kept in a safe place in the custody of the Head of Legal and Democratic Services. A decision of the Council, or of any part of it, will be sufficient authority for sealing any document necessary to give effect to the decision. The Common Seal will be affixed to those documents which in the opinion of the Head of Legal and Democratic Services should be sealed. The affixing of the Common Seal will be attested by the Head of Legal and Democratic Services or some other person authorised by him.

- (b) Details of every deed and other document to which the Common Seal is to be affixed shall be entered prior to the time of its sealing or as soon as practicable thereafter by the Head of Legal and Democratic Services in a book to be maintained for that purpose and the book shall be signed by the person attesting the affixation of the Common Seal.

Appendix 8: Amendments to the Contract Procedure Rules

Contract Procedure Rules

1. INTRODUCTION

1.1 What are Contract Procedure Rules?

1.1.1 The Contract Procedure Rules (CPRs) provide the framework for procurement activity across the Council, setting out how contracts for goods, works, services and utilities should be put in place and managed, and detailing the record keeping and reporting requirements related to procurement activity. They apply to all Service Groupings across the Council.

1.1.2 To avoid the need for regular amendment due to changes in post titles generic terms are included for officers as follows:

- The term “Chief Officers” refers to the Council’s Chief Executive, the Corporate Directors and the Assistant Chief Executive.
- The term “Procurement Officer” refers to any officer of the Council responsible for carrying out a procurement exercise – not just to officers with “Procurement Officer” as their job title. Any Council officer undertaking a procurement exercise is a “Procurement Officer” for the purposes of these rules.
- In addition to the above definitions, the general term “officer” refers to any employee of the Council.

1.1.3 The Contract Procedure Rules should not be seen in isolation, but rather as part of the overall regulatory framework of the Council as set out in the Constitution.

1.1.4 The content of these CPRs is supported by additional guidance and documentation contained in the Advice Centre ~~within the “Procurement and Purchasing”~~ in the “Procurement Catalogue” section of the Council intranet (henceforth referred to as the “Advice Centre”).

2. BASIC PRINCIPLES

2.1 All procurement procedures must:

- Realise value for money by achieving the optimum combination of whole life costs and quality of outcome,
- Be consistent with the highest standards of integrity,
- Operate in a transparent manner,

- Ensure fairness in allocation of public contracts,
- Support all relevant Council priorities and policies including the Medium Term Financial Plan,
- Comply with the Council's Corporate Strategy for Commissioning and Procurement, and the Sustainable Commissioning and Procurement Policy, and:
- Comply with all legislative requirements including European Union (EU) Treaty principles, which in relation to procurement are as follows:
 - transparency - contract procedures must be transparent and contract opportunities should generally be publicised;
 - equal treatment and non-discrimination - potential suppliers must be treated equally;
 - proportionality - procurement procedures and decisions must be proportionate;
 - mutual recognition - giving equal validity to qualifications and standards from other Member States, where appropriate.

2.2 These Rules shall be applied to the contracting activities of any partnership for which the Council is the accountable body unless the Council expressly agrees otherwise.

3. OFFICER RESPONSIBILITIES

3.1 Officers

3.1.1 Officers will comply with these Contract Procedure Rules (CPRs), the Council's Constitution and with all UK and EU legal requirements. Officers must ensure that any agents, consultants and contractual partners acting on their behalf also comply.

3.1.2 Officers will:

- Have regard to the guidance in the Advice Centre,
- Keep the records required by Rule 19 of these CPRs,
- Take all necessary procurement, legal, financial and professional advice, taking into account the requirements of these CPRs,
- Prior to letting a contract on behalf the Council, check whether:

- o the Council already has an appropriate contract in place in the Corporate Contracts Register, or:
- o an appropriate national, regional or other collaborative contract is already in place.

Where the Council already has an appropriate contract in place, then this **must** be used unless it can be established that the contract does not fully meet the Council's specific requirements in this particular case, and this is agreed following consultation with Corporate Procurement.

Where an appropriate national, regional or collaborative contract is available, consideration should be given to using this, provided the contract offers value for money.

- Ensure that when any employee, either of the Council or of a service provider, may be affected by any transfer arrangement, then any Transfer of Undertaking (Protection of Employment) (TUPE) issues are considered and legal and HR advice from within the Council is obtained prior to proceeding with the procurement exercise.

3.1.3 Failure to comply with any of the provisions of these CPRs, the Council's Constitution or UK or EU legal requirements may be brought to the attention of the Monitoring Officer, Head of Internal Audit, or relevant Corporate Director as appropriate. Depending on the nature of the non-compliance this may result in disciplinary action being taken.

3.1.4 In cases of non-compliance with these CPRs, the Corporate Procurement Manager may, following consultation with the officer's Head of Service, temporarily or permanently suspend any officer's access to the Oracle system, e-tendering system, and use of purchasing cards.

3.1.5 In addition, in cases of serious non-compliance, the Corporate Procurement Manager may temporarily suspend any officer's delegated authority to place contracts, and refer the matter to the Council's Chief Internal Auditor and Corporate Fraud Manager for further investigation.

3.2 Chief Officers

3.2.1 Chief Officers will:

- Ensure their Service Grouping complies fully with the requirements of these CPRs,
- Ensure contracts are recorded in the corporate Contracts Register as held and maintained by Corporate Procurement, through the use of the Procurement Acceptance Report as detailed in Rule 19,
- Ensure that their Service Grouping provides the requisite information to allow the Council to maintain the Procurement Work Programme, including

the submission of a Procurement Initial Request Form at as early a stage as possible.

Copies of the Procurement Acceptance Report and Procurement Initial Request Form are available from the Advice Centre.

4. VARIATIONS TO CONTRACT PROCEDURE RULES AND EXEMPTIONS

- 4.1 Except where the Public Contracts Regulations (2015) apply, the Executive has the power to waive any requirements within these CPRs for specific projects.
- 4.2 Additionally, and where proceeding under a Variation does not breach the Public Contracts Regulations (2015), these Rules may be waived or varied where the circumstances are certified by the Corporate Director, Resources (advised as appropriate by the Corporate Procurement Manager) as meeting any of the following criteria:
- (a) with an organisation already engaged by the Council for a similar and related procurement and where there is significant benefit to extending the contract to cover this additional requirement, without exposing the Council to unacceptable risk;
 - (b) involving cases of genuine, unforeseen urgency, where it is not possible to comply with the CPRs;
 - (c) for the purchase of a work of art or museum specimen, to meet the specific requirements of an artistic, cultural, or performing arts event, or otherwise for the protection of exclusive rights which cannot be procured competitively due to the nature of the requirement;
 - (d) in relation to time-limited grant funding from an external body, where the time limitations will not allow a competitive procurement process to be completed and where the grant conditions allow this; or
 - (e) where relevant UK or EU legislation not otherwise referred to in these CPRs prevents the usual procurement process from being followed.
- 4.3 The appropriate Officer must complete and submit an Application for Variation form, as contained within the Advice Centre, for approval by the Corporate Director, Resources, which must be authorised by their Head of Service before being submitted to Corporate Procurement. Corporate Procurement will review the Application for Variation before obtaining a decision from the Corporate Director, Resources (or other officer as delegated).

- 4.4 Committing to expenditure with a supplier, without a valid contract or a Variation in place, is a breach of these CPRs. Therefore, where a Variation is being sought retrospectively, for expenditure to which a Service Area has already, the retrospective application must be authorised by their Corporate Director, to make them aware of the breach, before it is submitted to Corporate Procurement.
- 4.5 Every Variation form will be recorded on a master register to be maintained by Corporate Procurement.
- 4.6 Where a Variation is being applied for by Corporate Procurement, it must also be scrutinised by Internal Audit, to ensure the robustness of the procedure.
- 4.7 The use of e-procurement does not negate the requirement to comply with all elements of these CPRs. The circumstances under which an exemption to the use of e-procurement can be requested are detailed in Rule 10 and Rule 12.

5. EXEMPTIONS

- 5.1 ~~These CPRs do not apply to contracts~~ The following contracts and/or payments are exempt from these CPRs:

(a) Contracts for the execution of mandatory works by statutory undertakers, where the statutory undertaker is the only body which can perform the works. Such statutory undertakers include:

- i. British Telecom – specifically for telecoms infrastructure works;
- ii. Network Rail – specifically for works affecting the railway infrastructure;
- iii. Northern Gas Networks – specifically for gas supply infrastructure works;
- iv. Northern Powergrid – specifically for electricity infrastructure works;
- v. Northumbria Water – specifically for water and sewerage infrastructure works;

In addition, certain other organisations may be regarded as statutory undertakers in very specific circumstances, where works are required, involving disruption to, or re-siting of, existing infrastructure which they own and/or operate, particularly:

- vi. Any other telecoms provider for works to specifically-licensed mobile telecoms infrastructure which they own;
- vii. Any Independent Distribution Network Operator (IDNO) for works to electricity infrastructure they own.

(b) Fees payable to Ofsted for the inspection of a school, children's home, or other facility;

(c) Fees payable to the Care Quality Commission under section 85(1) of the Health and Social Care Act 2008;

(d) Fees payable to the Driver & Vehicle Licensing Agency and/or Drive & Vehicle Standards Agency (formerly VOSA) with regard to Council owned or operated vehicles;

(e) Fees payable to the Disclosure & Barring Service;

(f) Fees for TV licenses in Council owned or operated premises;

(g) Fees payable to Public Health England with respect to the Child Death Notification Service;

(h) Contracts for the carrying out of statutory public health funerals under the Part 3 of the Public Health (Control of Disease) Act 1984;

(i) Contracts for the purchase of broadcasting time, including for the placing of radio and television advertising;

(j) Contracts to provide sponsorship to events, awards schemes, or other promotional activity being organised by a third party;

(k) Contracts of employment which make an individual a direct employee of the authority;

(l) A staff secondment, where an employee of another organisation shall work on a Council project, on a temporary basis, but where they will not become an employee of the Council;

NB: While the CPRs do not apply to staff secondments, authorisation to proceed must be obtained from Human Resources, and the terms of the secondment appropriately documented.

(m) Agreements regarding the acquisition, disposal, or transfer of land (to which the Financial Procedure Rules apply), or:

(n) The payment of grants to third parties.

NB: While grants are not covered by these CPRs, there are rules on the awarding of grants which do need to be observed. The Council cannot simply choose to treat a procurement as a grant in order to avoid conducting a competitive process. Officers should follow any guidance contained in the Advice Centre.

- Which have been procured on the Council's behalf by a Central Purchasing Body, where the process followed is in line with the Public Contracts Regulations (2015) (e.g. the North East Procurement Organisation, another Pro5 Organisation, or Crown Commercial Service).

~~o through collaboration with other local authorities or other public bodies, where a competitive process which complies with the CPRs of the leading organisation has been carried out;~~

~~o under the terms of a Strategic Partnership arrangement approved by the Executive.~~

- Those relating to special educational needs, urgent social care contracts or urgent operational needs, if in the opinion of the relevant Corporate Director it is considered to be in the Council's interests or necessary to meet the authority's obligations under relevant legislation. Use of this exemption by the relevant Corporate Director must be followed up with a Procurement Acceptance Report as detailed in Rule 19.
- ~~Those relating to residential and/or nursing care to a person or persons to whom the Council has a duty or power to provide under the Care Act 2014 and other relevant legislation relating to social care, health and mental health, S21 and S29(4) National Assistance Act 1948, S117 Mental Health Act 1983, S17 Children Act 1989 and S2 Local Government Act 2000, if in the opinion of the appropriate Corporate Director, it is considered to be in the Council's interests and demonstrates value for money.~~

6. RELEVANT CONTRACTS

6.1 All Relevant Contracts must comply with these CPRs. A Relevant Contract is any arrangement made by, or on behalf of, the Council for the supply of goods, or the carrying out of works, ~~supplies~~ or services.

These include arrangements for:

- The supply or disposal of goods,
- The hire, rental or lease of goods and equipment,
- The delivery of services, including (but not limited to) those related to:
 - the recruitment of staff
 - land and property transactions
 - financial and consultancy services

6.2 A contract awarded under a Variation to these CPRs (as per Rule 4) remains a Relevant Contract in all aspects other than those elements of the CPRs which were specifically waived.

~~5.2 Relevant Contracts do not include:~~

- ~~Contracts of employment which make an individual a direct employee of the authority,~~

- ~~Agreements regarding the acquisition, disposal, or transfer of land (to which the Financial Procedure Rules apply), or;~~
- ~~The payment of grants to third parties.~~

~~**NB** While grants are not covered by these CPRs, there are rules on the awarding of grants which do need to be observed. The Council cannot simply choose to treat a procurement as a grant in order to avoid conducting a competitive process. Officers should follow any guidance contained in the Advice Centre.~~

7. RISK ASSESSMENT

- 7.1 All procurements with a likely total value of £50,000 or greater, as well as lower value procurements ~~via Invitation to Tender, and Requests for Quotation~~ where appropriate, must be supported by a risk assessment. This risk assessment must be carried out by the Service Area requesting the procurement, at the start of the procurement process.
- 7.2 The risk assessment process will identify where further specialist advice should be sought.
- 7.3 In order to ensure the Council meets its duties under the Public Services (Social Value) Act 2012, the risk assessment must include an appraisal of the opportunities to address social value outcomes through the proposed procurement.
- 7.4 Full details of the process to be followed, including the approved risk log, matrix, ~~and social value options appraisal~~, are available in the Advice Centre.

8. PRE-TENDER MARKET TESTING AND CONSULTATION

- 8.1 The Council may consult potential suppliers, prior to the issue of the Invitation to Tender or Request for Quotation, in general terms about the nature, level and standard of the supply, contract packaging and other relevant matters, provided this does not prejudice any potential organisation.
- 8.2 When engaging with potential suppliers, the Council must not seek or accept technical advice on the preparation of an Invitation to Tender or Quotation from anyone who may have a commercial interest in them, and where this may prejudice the equal treatment of all potential bidding organisations or distort competition.
- 8.3 In undertaking any market testing activities, the Officer responsible should refer to any guidance contained in the Advice Centre.

9. COMPETITION REQUIREMENTS

9.1 Competition Requirements

9.1.1 The Procurement Officer must establish the total value of the procurement including whole life costs and incorporating any potential extension periods which may be awarded.

9.1.2 Based on this value, quotations or tenders must then be invited, and appropriately advertised, in line with the financial thresholds detailed in the Advice Centre.

9.1.3 Where the Public Contracts Regulations (2015) apply (i.e. for any contracts likely to exceed the relevant OJEU threshold), the Procurement Officer must determine, prior to advertising, whether the contract is to be divided into lots. If it is decided not to subdivide the contract into lots, the reason for this decision must be recorded in the Procurement Acceptance Report required by Rule 19.

9.1.4 Where the Public Contracts Regulations (2015) apply (i.e. for any contracts likely to exceed the relevant OJEU threshold), the Procurement Officer shall consult Corporate Procurement to determine the procedure for conducting the procurement exercise.

9.2 Negotiation with a Single Supplier (below OJEU)

9.2.1 In exceptional circumstances, a contract which will not exceed the relevant OJEU threshold may be awarded without a competitive procurement, via direct negotiation with a single supplier, following a similar process to the EU Negotiated Procedure without prior publication.

9.2.2 Such an award may **only** be made directly by, or with written approval from, Corporate Procurement, and **only** in the following circumstances:

(a) for the purchase of goods which are patented or have such special technical characteristics that they may be considered unique, and where these goods are only available from one supplier.

(Note that the presence of a patent alone does not permit the use of this procedure – many patented products are available from more than one supplier);

Or:

(b) for the execution of works or services involving unique, highly specialist knowledge or skills and where it can be demonstrated that only one organisation possesses the required knowledge or skills:

Or:

(c) for the execution of works or services, where there is considerable benefit to the Council in negotiating with a

particular proposed supplier, and where this does not expose the Council to unacceptable risk.

9.2.3 The use of this process may be invalidated by prior negotiation or discussion (of any kind), between a Service Area and a proposed supplier, without the involvement of Corporate Procurement, where such negotiation may distort or restrict the potential market or otherwise prejudice the Council's position. Corporate Procurement reserves the right to refuse the award of a contract via this process where such unauthorised negotiation has taken place.

NB Note that when using Rule 9.2 above, no contract may be entered into until the relevant notification has been issued by Corporate Procurement, as set out in Rule 19.3.

10. INVITATION TO TENDER / REQUEST FOR QUOTATION

10.1 Invitations to Tender, Requests for Quotation and Quick Quotes must be issued in accordance with the requirements of these CPRs, with particular attention to Rule 7, Rule 9 and Rule 17. The Procurement Officer must ensure they are familiar with, and adhere to, the minimum current threshold values, as published on the Advice Centre.

10.2 Above the single quotation threshold of £5,000, outlined in the Advice Centre, all Invitations to Tender, Requests for Quotation and Quick Quotes must be issued via the Council's e-tendering system. Procurement documents must be issued via the e-tendering system.

10.3 In exceptional cases, where specific circumstances mean that a procurement process cannot be carried out electronically or, for example, where there is a failure of the electronic system, permission to conduct a procurement process by alternative means must be obtained from the Corporate Procurement Manager using the relevant exemption form. This can be found in the Advice Centre. This exemption must be sought before requesting quotations or tenders.

11. SHORTLISTING

11.1 Any shortlisting (i.e. Pre-Qualification Questionnaire (PQQ)) must have regard to the economic, financial and technical standards relevant to the contract and the Evaluation Criteria. Special rules apply to contracts covered by the Public Contracts Regulations (2015). Officers should refer to any further guidance contained in the Advice Centre.

11.2 Where the likely value of the procurement is less than the OJEU threshold for goods and services (even where the contract is not for goods or services), no shortlisting phase or PQQ may be used.

11.3 Where applying financial turnover threshold as a shortlisting criteria, the threshold used must be no more than two times the estimated total value of the proposed contract.

11.4 When shortlisting as part of a restricted tender process, a minimum of five bidding organisations should be shortlisted to tender, except in cases where fewer than five compliant PQQ responses are received.

12. SUBMISSION, RECEIPT AND OPENING OF TENDERS / QUOTATIONS

12.1 Tenders

12.1.1 Bidding organisations must be given an adequate period in which to prepare and submit a proper quotation or tender, consistent with the complexity of the contract requirements. Where the Public Contract Regulations (2015) apply, Chapter 2 of the Regulations lays down specific minimum time periods for tenders.

12.1.2 As in Rule 10 (above) tenders, except those which have been approved as exempt from electronic tendering, must be submitted electronically via the e-tendering system. Tenders submitted by any other means must not be accepted.

12.2 Quotations

12.2.1 As in Rule 10 (above), responses to Requests for Quotation and Quick Quotes must be submitted electronically via the e-tendering system, except where specifically exempt under Rule 10.3. Quotations submitted by any other means must not be accepted.

12.3 Electronic Arrangements

12.3.1 Quotations, Further Competition bids and Pre-Qualification Questionnaires which are received electronically via the e-tendering system will be opened by the Procurement Officer. The system will not allow any quotations to be opened until the allocated return date / time has passed.

12.3.2 Tenders which are received electronically via the e-tendering system will be opened by a representative from Legal & Democratic Services.

12.4 Hard Copy Arrangements

12.4.1 In the event that 'hard copy' tenders are to be accepted (see Rule 10 and Rule 12.1.2 of these CPRs for guidance) these must be submitted, sealed, in the envelope provided with the procurement documents and sent by recorded delivery, addressed to the Head of Legal & Democratic Services at the Council's registered business address, without any mark revealing the bidding organisation's identity. Hard copy tenders submitted by any other means will not be accepted.

12.4.2 All hard copy tenders will be held by the Head of Legal & Democratic Services until the tender opening date/time has been reached.

12.4.3 All hard copy tenders for the same contract will be opened at the same time by a representative of the Chief Officer who invited the tenders and a representative from Legal & Democratic Services. A register of tenders received will be kept by Legal & Democratic Services and will be initialled on each occasion by the officers who are present at the opening of the tenders.

12.4.4 In the event that hard copy quotations are to be accepted (see Rule 10 and Rule 12.2.1 of these CPRs for guidance) these must be submitted in a plain envelope marked 'Quotation for....' followed by a description of the goods, works or services being procured.

12.4.5 Hard copy quotations will be received directly by Service staff. All quotations must be opened together once the official return date / time has been passed.

13. EVALUATION CRITERIA AND STANDARDS

13.1 Evaluation Criteria

13.1.1 In any procurement exercise the successful bid should be the one which either:

- Offers the lowest price, or:
- Offers the most economically advantageous balance between quality and price.

In the latter case, the Council will use criteria linked to the subject matter of the contract to determine that an offer is the most economically advantageous, for example: price, quality, technical merit, aesthetic and functional characteristics, environmental characteristics, running costs, cost effectiveness, after-sales service, technical assistance, delivery date, delivery period and period of completion.

13.1.2 Issues that are important to the Council in terms of meeting its corporate objectives can be used to evaluate bids. The criteria can include, for example sustainability considerations, support for the local economy, or the use of subcontractors. The bidding organisations' approaches to continuous improvement and setting targets for service improvement or future savings could also be included. All criteria must relate to the subject matter of the contract, be in line with the Council's corporate objectives and must be objectively quantifiable and non-discriminatory.

13.1.3 These criteria should be assessed through either:

- Essential Criteria – assessed on a pass / fail basis, or:
- Technical Questions – assessed on a scored basis.

13.1.4 The procurement documentation should clearly explain the basis of the decision to bidding organisations, making clear how the evaluation criteria specified in the process will be applied, the overall weightings to be attached

to each of the high-level criteria, how the high-level criteria are divided into any sub-criteria and the weightings attached to each of those sub-criteria.

13.2 Evaluation Panel

13.2.1 The Procurement Officer should establish an evaluation panel for the assessment of any Technical Questions at shortlisting and/or Invitation To Tender stages. Each element of the evaluation may have its own panel, provided that all of the responses to each Technical Question are evaluated by the same panel members.

13.2.2 The panel should have at least two members. The Procurement Officer should act as moderator, and may also take part in the evaluation.

Officers should refer to any further guidance in the Advice Centre.

13.3 Standards

13.3.1 Relevant British, EU and International standards which apply to the subject matter of the contract and which are necessary to properly describe the required quality must be included with the contract.

Officers should refer to any further guidance in the Advice Centre.

14. CLARIFICATION PROCEDURES

14.1 The Council can ask bidding organisations for clarification of any details submitted as part of their bid. However, any such clarification must not involve changes to the basic features of the bidding organisation's submission.

14.2 Clarification questions must be raised via the e-tendering system. Bidders must also be asked to respond via the e-tendering system. In cases where an e-tender exemption has been granted under Rule 10.3, the Council should ensure any clarifications are requested in writing, or by e-mail, and bidding organisations asked to respond by the same means.

14.3 When requesting clarification, the Procurement Officer must follow any additional guidance contained in the Advice Centre.

15. EVALUATION, AWARD OF CONTRACT, AND DEBRIEFING OF ORGANISATIONS

15.1 Evaluation

15.1.2 The evaluation of bids must be conducted in accordance with the evaluation criteria set out in the procurement documents provided to bidding organisations. Evaluation should be conducted in line with Rules 13.1 and 13.2 above, and with regard any guidance detailed in the Advice Centre.

15.2 Award of Contract

15.2.1 The Council is required to notify successful and unsuccessful bidders of the outcome of a procurement process, in writing, in as timely a fashion as possible. These written notifications should be transmitted via the e-tendering system unless a specific exemption has been granted under Rule 10.3.

15.2.2 Where procurement has been subject to the Public Contract Regulations (2015), the Alcatel Standstill (a 10 day standstill period before a contract can be awarded to allow an unsuccessful bidding organisation an opportunity to challenge the proposed contract award) ~~will need to shall~~ be included in the procurement timetable, ~~and observed~~ before the contract can be awarded. Full information regarding the Alcatel Standstill is contained within the Advice Centre.

15.2.3 Decisions on award of contract must be made in accordance with the scheme of delegations in Part 3 of the Constitution.

15.3 Debriefing

~~16.3.1 The debriefing of organisations must be carried out in line with any guidance detailed in the Advice Centre.~~

15.3.1 The written notifications sent to bidders, in accordance with Rule 15.2.1 above, shall include feedback explaining the outcome of the evaluation process, with specific reference to the evaluation criteria, so that bidders can understand why they were, or were not, successful.

15.3.2 The Procurement Officer should follow any additional guidance in the Advice Centre.

16. CONTRACT DOCUMENTS

16.1 Format of Contract Documents

16.1.1 The Council's harmonised procurement documents or conditions issued by a relevant professional body will be used. Where there is any deviation from these, the documents to be used must be reviewed by Legal Services before being issued. These are available from Corporate Procurement or Service Area procurement staff detailed in the Advice Centre.

16.2 Contract Signature

16.2.1 Contract agreement must:

- (a) Where the contract is in the form of a deed, be made under the Council's seal and attested as required by the Constitution, or:
- (b) Where the contract is in the form of an agreement, either:

- (i) be signed by at least two officers of the Council authorised as required by the Constitution, or:
- (ii) be formalised by the sending of an award letter **and** the subsequent issuing of a purchase order.

The Procurement Officer should also follow any guidance on the use of deeds and agreements to form contracts found in the Advice Centre.

16.3 Legal Services Review of Tenders and Contracts

16.3.1 To ensure the integrity of the procurement process:

- All proposed Invitations to Tender, Requests for Quotation or Quick Quote where they are not in compliance with the County Council's harmonised contract documentation or standard terms and conditions issued by a relevant professional body, will be reviewed by Legal Services.
- Any proposed Invitations to Tender which are subject to the Public Contracts Regulations (2015), or which are deemed to be of high risk, must be reviewed by Legal Services.
- Any proposed contract where there is any deviation from the contract terms included in the invitation to tender must be reviewed by Legal Services.

17. APPROVED LISTS AND FRAMEWORK AGREEMENTS

17.1 Approved Lists

17.1.1 Approved lists must not be used where they are prohibited under the Public Contracts Regulations (2015).

17.1.2 Approved lists should only be used in accordance with the guidance contained in the Advice Centre.

17.2 Framework Agreements

17.2.1 Framework Agreements are agreements between the Council and one, ~~or three~~ or more suppliers for the provision of goods, works or services on agreed terms for a specific period, for estimated quantities against which orders may be placed if and when required during the contract period.

17.2.2 The term of a Framework Agreement must not exceed four years. ~~and, while an agreement may be entered into with one provider, where an agreement is concluded with several organisations, there must be at least three in number.~~

17.2.3 Where Frameworks are awarded to several organisations, contracts based on Framework Agreements may be awarded in one of two ways, as follows:

- Where the terms of the agreement are sufficiently precise to cover the particular call-off, by applying the terms laid down in the Framework Agreement without re-opening competition, or:
- Where the terms laid down in the Framework Agreement are not precise or complete enough for the particular call-off, by holding a further competition in accordance with the following procedure:
 - inviting the organisations within the Framework Agreement, that are capable of executing the subject of the contract, to submit bids electronically via the Further Competition step on the e-tendering system, with an appropriate time limit for responses, taking into account factors such as the complexity of the subject of the contract,
 - awarding each contract to the bidding organisation who has submitted the best bid on the basis of the relevant Award Criteria set out in the Framework Agreement.

18. SUB-CONTRACTORS

18.1 This Rule applies to all contracts:

- (a) for works, where the value is above the OJEU works threshold, or:
- (b) for services, where the value is above the OJEU services threshold, and where the services are to be provided at sites or premises managed by the Council.

18.2 Where this Rule applies, following the decision to award the contract, but before the contract commences, the Procurement Officer must obtain the following details, from the winning supplier(s):

- The names and business addresses of any sub-contractor(s) the supplier intends to utilise in the delivery of any part of the works or services.
- The name and address of the legal representatives of each such sub-contractor.
- Information to verify each sub-contractor's compliance with the mandatory and discretionary grounds for exclusion listed in Regulation 57 of the Public Contracts Regulations 2015.

18.3 Where it is identified, as a result of the above procedure, that a sub-contractor is in breach of any of the mandatory grounds for exclusion, the supplier must be required to dismiss that sub-contractor from any involvement in the contract. The supplier should appoint a replacement sub-contractor, for which the information in 18.2 above must then be obtained and verified.

18.4 Where it is identified that a sub-contractor is in breach of a discretionary ground for exclusion, the Council may, at its discretion, require the sub-contractor to be dismissed and a suitable replacement appointed.

19. RECORDS

19.1 The Public Contracts Regulations (2015) require contracting authorities to maintain the following comprehensive records of procurement activities:

- Any proposed contract details including value
- Selection decision
- Justification for use of the selected procedure
- Names of bidding organisations, both successful and unsuccessful
- Reasons for selection
- Reasons for abandoning a procedure.

19.2 Prior to the contract being formally awarded, and prior to any bidding organisation(s) being notified, the result of any competitive procurement process must be recorded in a Procurement Acceptance Report and submitted to Corporate Procurement. Corporate Procurement will maintain a register of all Procurement Acceptance Reports. Information from Procurement Acceptance Reports will also be used for the tracking of procurement savings, sustainability benefits, and other data.

19.3 Following receipt of the correctly completed Procurement Acceptance Report, Corporate Procurement will issue a notification to the Procurement Officer, and other relevant officers. Only once this notification has been issued should the contract be formally awarded.

19.4 Following the signature of the contract documents, the Procurement Officer shall ensure a copy of the signed contract particulars is retained on the e-tendering system for future reference and audit purposes.

Additional records management advice is contained in the Advice Centre.

20. PREVENTION OF CORRUPTION & DECLARATION OF INTERESTS

20.1 Rules and regulations pertaining to the prevention of corruption are outlined in the Council's Financial Procedure Rules and must be adhered to.

20.2 Rules and regulations pertaining to the Declaration of Interests are outlined in the Code of Conduct for Employees within the Constitution and must be adhered to.

21. ~~DECLARATION OF INTERESTS~~

21. CONTRACT MANAGEMENT / MONITORING

- 21.1 All contracts must have an appointed Contract Manager for the entirety of the contract. The responsible Head of Service must ensure a Contract Manager is designated prior to award.
- 21.2 Contract management, monitoring, evaluation and review must be conducted in line with any guidance detailed in the Advice Centre.

22. INTERNAL PROVIDERS

- 22.1 Where an in-house provider is bidding in competition for the provision of goods, works or services, care must be taken to ensure a fair process between the in-house provider and external bidding organisations.

~~22.2 Where it is proposed that a procurement process be undertaken for goods, services or works which could also potentially be delivered by an in-house provider, the commissioning Service Area shall consult with the in-house provider before proceeding issuing any Invitation to Tender, Request for Quotation, or Quick Quote.~~

22.2 Where a Service Grouping intends to procure goods, services or works which could potentially be delivered in-house by another Service Grouping, the commissioning service shall consult with that in-house provider before proceeding to issue any Invitation to Tender, Request for Quotation, or Quick Quote.

22.3 If the in-house provider has the capability and capacity to meet the requirement, and can deliver this within the appropriately established budget allocated by the commissioning service, then the in-house service shall be used and no procurement exercise should take place. A procurement exercise via the e-tendering system should only be undertaken if it can be established that the in-house service cannot meet the requirement (or if it has been previously agreed by the appropriate Head of Service that external contractors may be engaged as part of an out-sourcing study or project).

22.4 The Procurement Officer should follow any additional guidance in the Advice Centre.

23. EXTERNAL BODY GRANT FUNDING

23.1 Where a procurement process is funded, in whole or part, by grant funding which has been awarded to the Council by an external funding body, the Procurement Officer must ensure that any rules or grant conditions imposed by the funding body are adhered to, in addition to the requirements of these CPRs.

23.2 Where there is any conflict between these CPRs and the rules or conditions imposed by the funding body, the stricter requirement should be followed. Where there is any doubt over which requirement should be followed, the guidance should be sought from Legal & Democratic Services before proceeding.

23.3 Where a procurement process is funded, in whole or part, by grant funding, a Grant Authorisation Form must be completed as detailed in the Advice Centre.

24. REVIEW AND AMENDMENT OF CPRS

These Contract Procedure Rules shall be reviewed and updated on an annual basis as part of the annual review of the Constitution.

Appendix 9: Amendments to Terms of Reference of Audit Committee

Committee	Membership	Functions
Audit Committee	<p>9 Members of the Council excluding Members of the Executive and Executive Support Members</p> <p>2 co-opted non-voting Members</p> <p>A chair of the Overview and Scrutiny Management Board or any other Scrutiny Committee or of the Standards Committee may not chair the Audit Committee.</p>	<p>The Audit Committee approves the Final Accounts and is an advisory committee to the Council and the Executive on audit and governance issues in order to provide independent assurance over the adequacy of the Council's risk management framework and associated control environment. In particular the Audit Committee will:-</p> <p>on audit matters:</p> <ol style="list-style-type: none"> 1. consider the Head of Internal Audit's annual report and opinion, and a summary of Internal Audit activity (actual and proposed) and the level of assurance it can give over the Council's corporate governance arrangements; 2. consider summaries of Internal Audit reports on a quarterly basis; 3. consider reports dealing with the performance of the Internal Audit service; 4. consider a report from Internal Audit on agreed audit recommendations not implemented within a reasonable timescale; 5. consider the External Auditor's annual letter, relevant reports, and the report to those charged with governance; 6. consider specific reports as agreed with the External Auditor; 7. consider the External Audit plan, comment on the scope and depth of external audit work, and to ensure it gives value for money; 8. review the appointment of the Council's External Auditor; 9. within available resources be able to request work from Internal and External Audit. <p>on governance issues:</p> <ol style="list-style-type: none"> 10. maintain an overview of the Council's Constitution in respect of changes to contract procedure rules and financial procedure rules; 11. review any issue referred to it by the Chief Executive or a chief officer, or any Council body; 12. monitor the effective development and operation of risk management and overall corporate governance in the Council;

Committee	Membership	Functions
Audit Committee (Cont'd)		<p>13. monitor the operation of the Council's anti-fraud and anti-corruption policies and strategy;</p> <p>14. approval and adoption of the Council's Annual Governance Statement; and recommend its adoption;</p> <p>15. consider the Council's arrangements for corporate governance and recommend actions to ensure compliance with best practices;</p> <p>on annual accounts matters:</p> <p>16. approve the annual statement of accounts;</p> <p>17. to comment on the External Auditor's report to those charged with governance on issues arising from the audit of the accounts;</p> <p>18. overview of probity aspects of internal and external audit;</p> <p>19. overview of the Council's Confidential Reporting Code.</p>

Appendix 10: Amendments to Officer Delegations

Schedule 1

C. OFFICER SCHEME OF DELEGATIONS

Table 1

General Delegations to all Chief Officers

1. The Chief Officers referred to in this scheme of delegations are those set out in Article 11 of this Constitution.
2. Chief Officers are empowered to carry out those specific functions of the Council delegated to them in the scheme of delegation. In doing so Chief Officers are expected to follow principles of decision making in Article 12 of the Constitution.
3. Functions are to be construed in a broad and inclusive fashion and include the doing of anything which is calculated to facilitate or is conducive or incidental to the discharge of any of the specified functions.
4. In exercising their delegated powers Chief Officers may:-
 - (a) Incur, vary and withdraw expenditure including the making of contributions to outside bodies whose objects are complementary to the work of the Council.
 - (b) In consultation, where appropriate, with the relevant Cabinet Portfolio Member, introduce, set and vary as necessary fees and charges for the delivery of services and for the issue of any licence, registration, permit, consent or approval.
 - (c) deal with the following employment issues in accordance with the Council's procedures:
 - (i) engage, suspend, dismiss and deploy staff up to and including Head of Service level;
 - (ii) take disciplinary action against staff up to but excluding appeals against dismissal;
 - (iii) apply conditions of service in accordance with the Council's policies;
 - (iv) permanently regrade posts up to and including Head of Service level with the approval of the Corporate Director Resources.

- (v) make establishment changes up to and including Head of Service level;
 - (vi) deal with applications for regrading up to and including final appeal, ensuring that the person hearing the final appeal has had no previous involvement in the matter
- (d) Deploy other resources within their control.
 - (e) Within service budgets, accept tenders, place contracts and procure other resources within or outside the Council subject to compliance with the Council's Financial and Contract Procedure Rules.
 - (f) Terminate contractual and other commissioning arrangements.
 - (g) Serve, receive and act upon notices, give or refuse consents, issue determinations, apply for permissions, make orders, grant licences in the exercise of any discretionary power or in complying with any duty of the Council.
 - (h) Exercise virement within the financial limits contained in the Financial Procedure Rules.
 - (i) Provide services to other local authorities and organisations.
 - (j) Respond to consultations from Government departments and other public bodies.
 - (k) Request the Head of Legal and Democratic Services to enforce any bye-laws relevant to their service area.
5. In exercising their delegated powers Chief Officers must act within the law, the Council's Constitution, its Financial and Contract Procedure Rules and other procedures and policies and within appropriate service budgets.
6. In exercising their delegated powers the Chief Officers will:-
- (a) Follow the procedures and guidance set out in the Guidance on the Exercising and Recording of Delegated Powers issued by the Monitoring Officer.
 - (b) Consult the relevant Cabinet Portfolio Member as appropriate.
 - (c) Consult any appropriate Chief Officer or relevant Head of Service, in particular where there are significant financial, legal, property or HR implications of the proposed action or decision.
 - (d) Make the record available to:-

- (i) the public, provided this does not mean the release of confidential or exempt information; and
 - (ii) any Member of the Council provided this does not involve the release of confidential or exempt information to which the Member is not entitled.
 - (iii) the Chief Executive and Head of Legal and Democratic Services.
7. Each Chief Officer shall act as the designated Proper Officer for the Government Act 1972:-
- (a) To identify which background papers disclose facts on which a particular report or an important part of the report is based (Section 100(d)(v)(a) of the Act).
 - (b) To prepare a list of background papers and to make arrangements for production of copies of background papers (Section 100(d)(i)(a) and (b) of the Act) (such delegation relates to the Chief Officer(s) in whose name(s) the report is prepared).
8. Chief Officers and Heads of Service may authorise officers within their Service area to exercise powers delegated to them. Chief Officers must maintain proper records of such authorisation. The Chief Officer shall remain accountable for any action or decisions taken under that authority.
9. For the avoidance of doubt, any authorisations made by Chief Officers to officers in force immediately prior to the adoption of this Constitution shall continue in force and any action taken thereunder shall remain valid unless and until it is superseded by either further such delegation or authorisation, or any action taken pursuant to later delegation.
10. In the event of a Chief Officer post being vacant, or in the absence of a Chief Officer, those delegated powers may be exercised by the relevant Heads of Service so far as permitted by law.
11. Where this Constitution permits the exercise of delegated powers by Heads of Service, such exercise is subject to the same restrictions and requirements as are applicable to Chief Officers.
12. Where it is impracticable to obtain authorisation from the Council body with responsibility for the function and subject to the action being reported (for information) to the next convenient meeting of that body, to take urgent action within legal powers where this is necessary in the interests of the Council, in respect of matters otherwise reserved to the Executive or some other Council body.

Schedule 2

Table 4

Delegations to the Corporate Director, Regeneration and Economic Development

Executive Functions

Subject to the requirement set out below and in compliance with the provisions of Table 1 above, the Corporate Director, Regeneration and Economic Development is authorised to discharge any function of the Executive in relation to:-

- Spatial Planning, Regeneration and Economic Policy
- Housing
- Transport Strategy
- Highways and Local Transport Planning
- Traffic Management, in consultation, where required with the Highways Committee, in relation to functions under the Road Traffic Regulation Act 1984 and 1988
- Network Management and Street Works in relation to the New Roads and Street Works Act 1991 and the Traffic Management Act 2004 including enforcement
- Strategic Tourism
- Conservation and Archaeology
- Town Twinning
- Public Rights of Way
- Management of the Council's Land and Property Assets
- The transport functions delegated to the Council by the Combined Authority formed by the Durham, Gateshead, North Tyneside, Northumberland, South Tyneside and Sunderland Combined Authority Order 2014 (the Combined Authority)

In carrying out these delegated functions the Corporate Director will agree arrangements for consultation with the relevant Cabinet Portfolio Member(s) and will refer to the Executive for consideration and decision those matters directed by the said Member(s)

Specific and non-executive delegations

1. To give consent on behalf of the Council to the County Durham Development Company Limited incurring expenditure of money provided by the Council.
2. To review decisions made by the Head of Planning and Assets relating to the list of assets of community value.
3. In consultation with the Head of Legal and Democratic Services to review and update the list of relevant legislation contained within the Appendix to this Table to reflect new or modified statutory provisions.
4. The exercise of the Council's enforcement powers under legislation listed in the Appendix to Table 4 in relation to Common Land and Town and Village Greens.

The following matters are, in addition, delegated to the Head of Transport and Contract Services:

5. To exercise all of the Council's functions relating to public rights of way as set out in Part 1 of Section I of Schedule 1 to the 2000 Regulations except matters reserved to the Highways Committee.
6. To cancel penalty charge notices in respect of parking contraventions under the Civil Enforcement of Parking Contraventions (England) Representations and Appeals Regulations 2007.
7. To exercise the Council's powers under the Traffic Management Act 2004 and Transport Act 2000 to
 - a) issue a penalty charge notice in connection with parking offences and part of the civil parking regime
 - b) allow exceptions to normal civil parking enforcement practices where appropriate
8. To deal with the provision and maintenance of bus stop infrastructure in highways and, if necessary, land abutting highways.
9. To undertake non-statutory consultations before implementing proposals to locate bus stop infrastructure, subject to consultation with Highways Committee before exercising this delegated power if there are unresolved representations to such proposals.
10. Provision and operation of closed circuit television in accordance with the Criminal Justice and Public Order Act 1994 and the Private Security Industry Act 2001.

11. To discharge the regulatory and enforcement functions of the Council under the legislation set out in the Appendix to this Table.
12. To enter into Section 38 of the Highways Act 1980 agreements to adopt and thereafter maintain highways at the public expense.
13. To enter into Section 278 of the Highways Act 1980 agreements to modify existing highways.

The following matters are, in addition, delegated to the Head of Spatial Policy, Planning and Assets:

14. Determine all forms of planning and other applications and all notifications submitted under the Town and Country Planning Act 1990, the Planning (Listed Buildings and Conservation Areas) Act 1990, the Planning (Hazardous Substances) Act 1990 or under any related principal or secondary legislation, except the following –
 - (a) those applications for planning permission, applications for approval of reserved matters or other notifications which have a relevant timescale of more than 28 days that any Member of the Council requests be determined by the Planning Committee (such must be made in writing to the Head of Spatial Policy, Planning and Assets specifying material planning grounds on which the request is made and received by the Head of Spatial Policy, Planning and Assets within 21 days of publication on the weekly list);
 - (b) those applications for planning permission, applications for approval of reserved matters or other notifications which have a relevant timescale of more than 28 days where a Member of the Council or an officer of the Planning Development Service or their spouse/partner or children has an interest in the property or land which is the subject of the application or notification and where there is an objection to the application or notification;
 - (c) those applications for planning permission, applications for approval of reserved matters or other notifications which have a relevant timescale of more than 28 days where despite a Town or Parish Council having expressed objection or support on material planning grounds the officer is minded to recommend the application or notification contrary to the Town or Parish Council wishes and the Town or Parish Council have made a specific request in writing for the application or notification to go before a planning committee which is received by the Head of Planning and Assets within 21 days of publication on the weekly list;
 - (d) Major developments (but not including Reserved Matters, applications for extension of time or applications for a material minor amendment) comprising –

- (i) ten or more dwellings (detailed and outline applications) except where the application is for a substitution of house types on a scheme already benefiting from an extant planning permission;
 - (ii) industrial floor space of 5000 m² or more comprised in Use Class B1 (Business) and/or Use Class B2 (General Industrial) and/or Use Class B8 (Storage or Distribution); or
 - (iii) all other developments not falling within use classes C3, C4, B1, B2 or B8 where the floor space is 1000 m² (gross) or more or the site area is 1 hectare or more except applications where the use or building would be for agriculture or personal equestrian use;
- (e) those applications for planning permission or notifications which have a relevant timescale of more than 28 days which in the opinion of the Head of Planning and Assets ought to be determined by Committee due to their controversial nature;
 - (f) those applications for planning permission or notifications which have a relevant timescale of more than 28 days recommended for refusal which involve the creation of 10 or more full time or equivalent jobs;
 - (g) those applications for planning permission or notifications which have a relevant timescale of more than 28 days where there is a significant departure from Development Plan policy and which would be required to be the subject of a notification to the Secretary of State;
15. To decline to determine planning applications under Sections 70A, 70B and 70C of the Town and Country Planning Act.
 16. To take all necessary steps in connection with the defence of appeals against any refusal or failure to determine any of the applications and notifications mentioned at paragraph 15 above.
 17. To provide pre-application advice on proposed or anticipated development schemes in accordance with the Council's Pre-Application Advice Protocol.
 18. To respond to any pre-application or other consultation on nationally significant infrastructure projects submitted or to be submitted to the Major Infrastructure Planning Unit under the Planning Act 2008.
 19. To authorise the making and confirmation of a Direction under Article 4 of the Town and Country Planning (General Permitted Development) Order 1995.
 20. To authorise the drafting, negotiation and completion of Section 106 Planning Obligations, S106A Variations to Planning Obligations and Release of Section 52 Planning Agreements and to authorise the giving of any approval or consent required pursuant to a S106 Planning Obligation, S106A Deed of Variation or Section 52 Planning Agreement.

21. Authorise, sign and serve all enforcement and other notices under the Town and Country Planning Act 1990, **The Planning (Listed Buildings and Conservation Areas) Act 1990** and the Town and Country Planning (Control of Advertisements) (England) Regulations 2007 on behalf of the Council.
22. Authorise the taking of prosecution action applications for injunctions and to instruct the Head of Legal and Democratic Services, as necessary, to instigate legal proceedings in respect of the enforcement of legislation referred to in the Appendix to this Table.
23. To administer simple and conditional cautions to persons guilty of criminal offences under the legislation referred to in the Appendix to this Table and in accordance with PACE and Home Office guidance.
24. Authorise the taking of default action under Sections 178 & 219 of the Town and Country Planning Act 1990.
25. Authorise the making of Orders under Section 257 of the Town and Country Planning Act 1990.
26. To apply to the Secretary of State for an order under Section 249 of the Town and Country Planning Act 1990.
27. To exercise powers of revocation/modification of planning permissions (Section 97), discontinuance of a use/alteration or removal of a building (Section 102 & Schedule 9) and the making of Prohibition or Suspension Orders (Schedule 9) of the Town and Country Planning Act 1990.
28. Authorise the making, confirmation, revocation and variations of Tree Preservations Orders.
29. In connection with any proposed development under Schedule 2 of the Town and Country Planning (Environmental Impact Assessment) Regulations 2011, determine whether an Environmental Impact Assessment is required (screening) and the information required (scoping).
30. Authorise individual named officers to exercise powers of entry contained in the following:
 - The Hedgerow Regulations 1997
 - Town and Country Planning Act 1990
 - Planning (Listed Buildings and Conservation Areas) Act 1990
 - Planning (Hazardous Substances) Act 1990
 - Building Act 1984
 - Fire Safety and Safety of Places of Sport Act 1987
 - Safety of Sport Grounds Act 1975
 - Local Government (Miscellaneous Provisions) Act 1982
 - Party Wall etc Act 1996

Planning Act 2008

or such other Acts of Parliament as relate to the relevant statutory functions of the planning authority;

31. To administer and determine complaints about high hedges under the Anti-Social Behaviour Act 2003.
32. The obtaining of information under Section 330 of the Town and Country Planning Act 1990 and Section 16 of the Local Government (Miscellaneous Provisions) Act 1976.
33. Act under and in respect of –
 - (a) Sections 16, 18 to 21, 23 to 25, 32, 35 and 36, Building Act 1984;
 - (b) Sections ~~74-77~~ to ~~73~~ 78 and ~~77~~ 80 to 83, Building Act 1984;
 - (c) Building Regulation 14 with regard to giving of notices and requiring the laying open, cutting into, and pulling down the building, works or fittings
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 - (d) Sections 29-32, Local Government (Miscellaneous Provisions) Act 1982;
 - (e) Party Wall Act etc 1996;
34. Accept and reject notices, certificates and certificates of compliance from Approved Inspectors and Public Bodies under Sections 47 to 54, Building Act 1984 and to issue safety certificates in accordance with the Safety of Sports Grounds Act 1975 and Part III, Fire Safety and Safety of Places of Sport Act 1987;
35. To authorise, sign and serve all notices and deal with all applications, licences, revocations and suspensions and take all necessary enforcement action on behalf of the Council in respect of its responsibilities for matters of building control.
36. In consultation with the Local Members and the relevant Cabinet Portfolio Member, to sell or lease any property which is surplus to the requirements of the Service for which it is held and where after enquiries no other Service has expressed an interest in the property.
37. To approve the principle of acquiring property at a price not exceeding £60,000.
38. To settle the terms of the purchase or lease of property the acquisition of which has been approved in principle by the Council and to settle any dilapidation claim at the end of any lease acquired.

39. To negotiate the acquisition of easements, rights of way, wayleaves, licences, covenants and consents for the benefit of Council land and property.
40. To accept the dedication or transfer of land to be maintained as public open space subject to satisfactory terms being negotiated for contribution to the cost of maintenance.
41. To deal with applications for easements, rights of way, wayleaves, licences, covenants and consents affecting council land and property not materially affecting the use to which it is or might be put.
42. To approve the granting of an option over Council land or the acquiring by the Council of an option over land and to approve the extension of any option granted or acquired.
43. To authorise the use of Council land as a permissive right of way and/or to dedicate Council land as a public right of way.
44. In consultation with the appropriate Service representative to grant leases on any council owned property, whether or not it has been declared surplus.
45. In respect of leases, to carry out rent reviews and to grant renewals, variations, assignments, sub-lettings, surrenders and other landlords' consents.
46. To agree the appropriation of land from one use to another where this is necessary to facilitate schemes to be carried out by or on behalf of the Council.
47. To settle compensation claims not exceeding £50,000 either under the provisions of Part 1 of the Land Compensation Act 1973 or as a result of the Council taking entry to property for borehole samples, surveys or other site investigations.
48. To negotiate and agree the rating assessment and valuation of all council owned property, in consultation with the Head of Corporate Finance.
49. To require information as to interests in land under Section 16 of the Local Government (Miscellaneous Provisions) Act 1976.
50. To negotiate abortive costs in the event of a transaction not proceeding in circumstances where the Council has a liability to pay costs.
51. Where required as part of the appropriate management of the Council's assets, to authorise the demolition of Council buildings.
52. To approve disposals and appropriations of Open Space and Public Walks and Pleasure Grounds as set out in Section 10 of the Open Spaces Act 1906 and Section 164 of the Public Health Act 1875 subject to seeking guidance

from the Highways Committee in the event of unresolved objections being received.

53. To authorise and maintain a list of assets of community value and to make adjudications and decisions in relation thereto, as defined in Part 5, Chapter 3 of the Localism Act 2011.
54. All duties arising out of the establishment of the Business Improvement Districts.
55. To designate any areas to be of special architectural or historical interest as conservation areas; to review and amend the boundaries and conclude Character appraisals and to formulate and prepare proposals for the preservation and enhancement of those areas.

The following matters are, in addition, delegated to the Head of Economic Development and Housing

56. To exercise the Council's function in relation to housing including:-
 - (a) determining the conditions to be included in tenancy agreements;
 - (b) making any decisions necessary to comply with the Council's obligations to secure tenants in compliance with the legislation referred to in the Appendix to Table 4;
 - (c) the determination of any applications for grant assistance pursuant to the legislation listed in the Appendix at Table 4;
 - (d) the allocation of tenancies in accordance with policies approved by the Council;
 - (e) to determine all requests for consents required by the terms of tenancy agreements;
 - (f) to authorise action to enforce a breach of condition in tenancy agreements, including in consultation with the Head of Legal and Democratic Services where necessary, the institution of legal proceedings;
 - (g) the exercise of the Council's enforcement powers under the legislation listed in the Appendix to Table 4 in relation to private sector housing;
 - (h) to authorise the implementation of any action necessary to recover monies due to the Council as a result of its exercise of

the powers contained in legislation listed in the Appendix at Table 4;

- (i) to investigate and determine all applications made to the Council under its powers and duties to deal with homelessness in the legislation described in the Appendix at Table 4:
- (j) to authorise any expenditure required in the exercise of the Council's functions to assist the homeless.
- (k) To amend agreements entered with Arms Length Management organisations;
- (l) To respond on the Council's behalf to requests for consent to alterations to the Articles of Association of Large Scale Voluntary Transfer companies and Arms Length Management Organisations.

57. To carry out the Council's functions in relation to permanent gypsy, roma and traveller sites under the legislation listed in the Appendix at Table 4, including allocation of sites, site management, rent recovery and tenant support.

Appendix to Table 4

Acquisition of Land Act 1981
Anti-Social Behaviour Act 2003
Anti-Social Behaviour, Crime and Policing Act 2014
Building Act 1984
Chronically Sick and Disabled Persons Act 1970
Commons Act 1876
Commons Act 2006
Commons Registration Act 1965
Countryside and Rights of Way Act 2000
Criminal Justice and Public Order Act 1994
Durham City Council Act 1985
Electricity at Work Act 1989
Environmental Protection Act 1990
Environment Act 1995
Fire Safety and Places of Sport Act 1987
Forgery and Counterfeiting Act 1981
Fraud Act 2006
Growth and Infrastructure Act 2013
The Hedgerows Regulations 1997
Highways Act 1980
Home Energy Conservation Act 1997
Homelessness Act 2002
Housing Act 1985
Housing Act 1988
Housing Act 1996
Housing Act 2004
Housing and Regeneration Act 2008
Housing Grants Construction and Regeneration Act 1996
Inclosure Act 1857
Land Compensation Act 1973
Landlord and Tenant Act 1985
Leasehold Reform Housing and Urban Development Act 1993
Local Democracy, Economic Development and Construction Act 2009
Local Government, Planning and Land Act 1980
Local Government (Miscellaneous Provisions) Act 1982
Local Government (Miscellaneous Provisions) Act 1976
Local Government Act 1972
Local Government Act 2003
Local Government and Housing Act 1989
Localism Act 2011
Local Transport Act 2008
Mobile Homes Act 2013
National Parks and Access to the Countryside Act 1949
Natural Environment and Rural Communities Act 2006
New Roads and Street Works Act 1991
Open Spaces Act 1906
Party Wall etc. Act 1996
Planning and Compulsory Purchase Act 2004

Planning (Hazardous Substances) Act 1990
Planning (Listed Buildings and Conservation Areas) Act 1990
Planning Act 2008
Private Security Industry Act 2001
Proceeds of Crime Act 2002
Protection from Eviction Act 1977
Railway Clauses Consolidation Act 1985
Regulatory Reform (Housing Assistance) (England and Wales) Order 2002
Road Traffic Regulation Act 1984
Safety of Sports Grounds Act 1975
The Conservation of Habitats and Species Regulations 2010
Town and Country Planning (Use Classes Order) 1987
Town and Country Planning Act 1990
Town and Country Planning (Control of Advertisements) (England) Regulations 2007
Town and Country Planning (Environmental Impact Assessment) Regulations 2011
Town and Country Planning (General Permitted Development) Order 1995
Town and Country Planning (Development Management Procedure) (England) Order 2010
Town and Country Planning (Local Planning) (England) Regulations 2012
Town Police Clauses Act 1847
Traffic Management Act 1984
Traffic Management Act 2004
Transport Act 1985
Transport Act 2000
Warm Homes and Energy Conservation Act 2003
Wildlife and Countryside Act 1981

Schedule 3 – Current delegations to the Corporate Director, Neighbourhood Services

Table 5

Delegations to the Corporate Director, Neighbourhood Services

Executive Functions

Subject to the requirement set out below and in compliance with the provisions of Table 1 above the Corporate Director, Neighbourhood Services is authorised to discharge any function of the Executive in relation to:-

- Highway design and maintenance
- Highway speed management
- Clean Neighbourhoods and Environment
- Open Spaces
- Leisure and Recreation
- Public Health and Pest Control
- Waste Management and Recycling
- Street Cleansing
- Building and Technical Services
- Allotments
- Building Compliance and Repairs
- Construction Compliance
- Traffic Management, in consultation, where required, with the Highways Committee in relation to functions under the Road Traffic Regulation Act 1984.
- Network Management and Street Works in relation to the New Roads and Street Works Act 1991 and the Traffic Management Act 2004 including enforcement
- Community Safety
- The Waste Solution Programme
- Private Sector Housing Enforcement

- Animal Welfare/Infectious Disease Control
- Stray Dogs
- Trading Standards and Consumer Protection
- Burial and Cremation
- Fleet Management
- Vehicle Testing
- Response to unauthorised Gypsy, Roma and Traveller Encampments
- Facilities Management
- Catering Management
- Tree Management
- Customer Services
- Street Naming and Numbering
- Culture and Sport Activities including the provision of facilities and venues
- Countryside Estate Management
- Provision, operation and commissioning of public libraries, museums, art galleries, theatres, arts development, heritage facilities

Specific and Non-Executive Delegations

1. To exercise all of the Council's functions including licensing, registration, making of orders, issue of notices and enforcement in respect of the following matters referred to in Schedule 1 to the 2000 Regulations:
 - (a) performances of hypnotism;
 - (b) premises for acupuncture, tattooing, ear piercing and electrolysis;
 - (c) pleasure boats and pleasure vessels;
 - (d) night cafes and take-away food shops;
 - (e) sale of non-medicinal poisons;
 - (f) premises for the preparation of food including registration;
 - (g) scrap yards;
 - (h) pet shops and the breeding and boarding of dogs or other animals;
 - (i) animal trainers;
 - (j) knackers' yards;
 - (k) charitable collections;
 - (l) operation of loudspeakers;
 - (m) street works licences;
 - (n) movement and sale of cattle and pigs;
 - (o) all the provisions of the Highways Act 1980;
 - (p) storage of celluloid;
 - (q) meat, fish, dairy and egg product establishments and butchers' shops;
 - (r) motor salvage operations;
 - (s) health and safety at work;
 - (t) smoke-free premises;
 - (u) caravan and camping sites and moveable dwellings.

2. To exercise the Council's functions in relation to:
 - (a) the control of pollution and the management of air quality;
 - (b) statutory nuisances, as referred to in Schedule 2 to the 2000 Regulations;
 - (c) contaminated land;
 - (d) port health;

The matters set out in paragraphs 3 to 15 below are, in addition, delegated to the Head of Environment, Health and Consumer Protection:

3. To exercise, in consultation with the Head of the Legal and Democratic Services the Council's licensing, approval, registration and enforcement functions, including the institution of legal proceedings under legislation set out in Appendix 1 to this Table and all associated secondary legislation as amended from time to time.
4. In consultation with the Head of Legal and Democratic Services to review and update the list of relevant legislation contained within Appendix 1 to this Table to reflect new or modified statutory provisions.
5. Subject to Appendices 2, 3 and 4 to this Table to authorise, suspend, vary, transfer, extend or revoke permits, licences, certificates, registrations and approvals issued under the legislation set out in the Appendix 1 to this Table including all relevant statutory provisions.
6. To issue simple and conditional cautions to persons guilty of criminal offences under the legislation as referred to in paragraph 3 above and in accordance with PACE and the Home Office Guidance.
7. To authorise suitably qualified and competent staff within the Environment, Health and Consumer Protection Division and other persons acting on behalf of the Council, for the purposes of discharging duties and powers under the legislation referred to in paragraph 3 above.
8. To authorise another local authority to institute legal proceedings in respect of a contravention of the legislation set out in Appendix 1 to this Table where related contraventions are being investigated by that authority.
9. To grant authorisations in relation to illegal money lending and unfair trading practices.
10. Power to agree transfers and assignments under health and safety legislation to change Enforcing Authority responsibilities.

11. Power to appoint Proper Officers and alternate Proper Officers for the Authority for matters relating to Public Health, Port Health and the Control of Infectious Disease.
12. Power to appoint Public Analyst, Agricultural Analyst and Food Examiner for the Council.
13. To authorise Officers to institute and or defend on behalf of the Council any legal proceedings which the Council by itself, or by a duly empowered Committee, may decide to take. In this respect, nominated staff are hereby authorised to appear in Court in person, or to be represented by a duly appointed officer of the Council in accordance with Section 223 of the Local government Act 1972 or to be represented by a duly instructed solicitor.
14. To determine those applications and matters in relation to Licensing and Gambling as are referred to in Appendices 2, 3 and 4 to this Table.
15. To agree terms of conditions and licences in accordance with published best practice and/or guidance.

The matters set out in paragraphs 16 to 23 below are, in addition, delegated to the **Head of Direct Services and Head of Technical Services:**

16. To exercise, in consultation with the Head of Legal and Democratic Services the Council's enforcement functions, including the institution of legal proceedings, under legislation set out in Appendix 5 to this Table and all associated secondary legislation, as amended from time to time.
17. To authorise suitably qualified and competent staff within Neighbourhood Services and other persons acting on behalf of the Council, for the purposes of discharging duties and powers under the legislation referred to in Appendix 5 to this Table.
18. In consultation with the Head of Legal and Democratic Services to review and update the list of relevant legislation contained within Appendix 5 to this Table to reflect new or modified statutory provisions.
19. To issue simple and conditional cautions to persons guilty of criminal offences under the legislation as referred to in Appendix 5 to this Table and in accordance with PACE and the Home Office Guidance.
20. To discharge the regulatory and enforcement functions of the Council under the legislation set out in Appendix 5 to the Table.
21. The determination of applications for approval of drainage systems submitted pursuant to Schedule 3 of the Flood and Water Management Act 2010
22. To exercise the Council's powers under the Durham City Council Act 1985 in relation to the temporary closure of footpaths.

23. (a) To grant street-works licenses under Section 50 of the New Roads and Streetworks Act 1991 (the 1991 Act)
- (b) To issue fixed penalty notices to statutory undertakers who fail to serve correct notices under the New Roads and Street Works Act 1991 to carry out works on the road network.

The matter set out in paragraph 24 below is, in addition, delegated to the Head of Culture and Sport

24. In consultation with the Head of Legal and Democratic Services to take enforcement action under bye-laws relating to arts, libraries and museums.

Appendix 1 to Table 5

Administration of Justice Act 1970
Agriculture Act 1970
Agriculture (Miscellaneous Provisions) Act 1968
Agricultural Produce (Grading and Marking) Acts 1928 and 1931
Animal Boarding Establishments Act 1963
Animal By Products (Enforcement) (England) Regulations 2013
Animal Feed (England) Regulations 2010
Animal Health Act 1981
Animal Welfare Act 2006
Anti-Social Behaviour Act 2003
Anti-Social Behaviour, Crime and Policing Act 2014
Breeding of Dogs Act 1973
Breeding of Dogs Act 1991
Breeding and Sale of Dogs (Welfare) Act 1999
Building Act 1984
Caravan Sites and Control of Development Act 1960
Caravan Sites Act 1968
Children and Young Persons Act 1933
Children and Young Persons (Protection from Tobacco) Act 1991
Clean Air Act 1993
Clean Neighbourhoods and Environment Act 2005
Companies Act 1985 and 2006
Consumer Contracts (information, Cancellation and Additional Charges) Regulations 2013
Consumer Credit Act 1974
Consumer Protection (Distance Selling) Regulations 2000
Consumer Protection Act 1987
Consumer Protection from Unfair Trading Regulations 2008
Control of Pollution (Amendment) Act 1989
Control of Pollution Act 1974
Copyright, Design and Patents Act 1988
Crime and Disorder Act 1998
Criminal Justice Act 1988
Criminal Justice and Police Act 2001
Criminal Justice and Public Order Act 1994
Courts and Legal Services Act 1990
Dangerous Substances and Explosive Atmospheres Regulations 2002
Dangerous Wild Animals Act 1976
Development of Tourism Act 1969
Education Reform Act 1988
Employment of Women, Young Persons and Children Act 1920
Energy Act 1976
Enterprise Act 2002
Environmental Damage (Prevention and Remediation) (Regulations) 2009
Environmental Protection Act 1990
Environment Act 1995

Estate Agents Act 1979
European Communities Act 1972
Explosives Act
Explosives (Age of Purchase etc) Act 1976
Fair Trading Act 1973
Farm and Garden Chemicals Act 1967
Feed (Hygiene and Enforcement) (England) Regulations 2005
Food Act 1984
Food Safety and Hygiene (England) Regulations 2013
Food and Environment Protection Act 1985
Food Safety Act 1990
Fraud Act 2006
Gambling Act 2005
Hallmarking Act 1973
Health Act 2006
Health and Safety at Work etc. Act 1974
Highways Act 1980
House to House Collections Act 1939
Housing Act 2004
Hypnotism Act 1952
International Health Regulations 2005
Intoxicating Substances (Supply) Act 1985
Land Drainage Act 1976
Land Drainage Act 1991
Land Drainage Act 1994
Licensing Act 2003
Local Authorities Goods and Services Act 1970
Local Government Act 1972
Local Government (Miscellaneous Provisions) Act 1976
Local Government (Miscellaneous Provisions) Act 1982
Localism Act 2011
Medicines Act 1968
Mobile Homes Act 2013
Motor Salvage Operators Regulations 2002
National Assistance Act 1948
Noise Act 1996
Noise and Statutory Nuisance Act 1993
Official Feed and Food Controls (England) (Amendment) Regulations 2011
Performing Animals (Regulation) Act 1925
Pesticides Act 1998
Pesticides (Fees and Enforcement) Act 1989
Pet Animals Act 1951
Pet Animals Act 1951 Amendment Act 1983
Petroleum Consolidation Act 1928
Poisons Act 1972
Police, Factories etc. (Miscellaneous Provisions) Act 1916
Pollution Prevention and Control Act 1999
Prevention of Damage by Pests Act 1949
Prices Acts 1974
Proceeds of Crime Act 2002

Protection of Animals Act 1911
Public Health Act 1936
Public Health Act 1961
Public Health (Control of Diseases) Act 1984
Public Health (Ships) Regulations 1979
Public Health (Ships) (Amendment) (England) Regulations 2007
Public Health Acts Amendment Act 1907
Riding Establishments Acts 1964 and 1970
Road Traffic (Foreign Vehicles) Act 1972
Road Traffic Acts 1988 and 1991
Road Traffic Offenders Act 1988
Road Traffic (Consequential Provisions) Act 1988
Scrap Metal Dealers Act 2013
Slaughter of Poultry Act 1967
Slaughterhouse Act 1974
Solicitors Act 1974
Sunbeds (Regulations) Act 2010
Sunday Trading Act 1994
Telecommunications Act 1984
Timeshare, Holiday Products, Resale and Exchange Contracts Regulations 2010
Tobacco Advertising and Promotion Act 2002
Town and Country Planning Act 1990
Town Police Clauses Act 1847
Trade Descriptions Acts 1968
Trade Marks Act 1994
Trading Stamps Act 1964
Traffic Management Act 2004
Unsolicited Goods and Services Acts 1971
Unsolicited Goods and Services Amendment Act 1975
Video Recordings Acts 1984, 1993 and 2010
Water Industries Act 1991
Weights and Measures Act 1985
Zoo Licensing Act 1981

Appendix 2 to Table 5 - Delegation of Licensing Act 2003 responsibilities

Matter to be dealt with	(1) Full Committee	(2) Sub-Committee	(3) Officers
Application for Personal Licence		If a Police objection is made	If no objection made
Application for Personal Licence with unspent convictions		All cases	
Application for Premises Licence/Club Premises Certificate		If a relevant representation is made	If no relevant representation is made
Application for provisional statement		If a relevant representation is made	If no relevant representation is made
Application to vary Premises Licence/Club Premises Certificate		If a relevant representation is made	If no relevant representation is made
Application to vary designated Premises Supervisor		If a Police objection is made	All other cases
Request to be removed as designated Premises Supervisor			All cases
Application for transfer of Premises Licence		If a Police objection is made	All other cases
Application for interim authorities		If a Police objection is made	All other cases
Application to review Premises Licence/Club Premises Certificate		All cases	
Decision on whether a complaint is irrelevant, frivolous or vexatious, etc.			All cases, in consultation with the Chair or Vice Chair of the Statutory Licensing Committee
Decision to object when local authority is a consultee and not the relevant authority considering the application		All cases	
Determination of a police representation to a temporary event notice		All cases	

Appendix 3 to Table 5 - Gambling Act 2005 – Scheme of Delegations

Gambling Act 2005	Functions	Delegation
Section 163	Determination of application for Premises Licence in respect of which representations have been made (and not withdrawn) Determination of application for Premises Licence where no relevant representations received	Licensing Sub-Committee Officers
Section 162	Attachment of condition to Premises Licence or exclusion of default condition	Licensing Sub-Committee
Section 162	Decision as to whether representation is vexatious, frivolous, or would certainly not influence the authority's determination of application	Officers in consultation with Chairman or Vice-Chairman at the Licensing Committee
Section 187	Determination of application to vary Premises Licence in respect of which representations have been made (and not withdrawn) Determination of application to vary Premises Licence in respect of which no representation received	Licensing Sub-Committee Officers
Section 188	Determination of application for transfer of Premises Licence in respect of which representations have been made (not withdrawn) Determination of application for transfer of Premises Licence where no representations received	Licensing Sub-Committee Officers
Section 193	Revocation of Premises Licence for failure to pay annual fee	Officers
Section 194	Determination that a Premises Licence has lapsed	Officers
Section 195	Reinstatement of lapsed Premises Licence in respect of which representations have been made (and not withdrawn) Reinstatement of lapsed Premises Licence where no representation is received	Licensing Sub-Committee Officers
Section 198	Rejection of application for review of Premises Licence on various grounds	Officers in consultation with the Chairman or Vice-Chairman of the Licensing Committee
Section 200	Initiation of review of Premises Licence	Officers
Section 201	Determination that representation about review of Premises Licence is frivolous, vexatious or will certainly not influence a review of a Premises Licence	Officers in consultation with the Chairman or Vice-Chairman of the Licensing Committee
Section 202	Determination of action following review of Premises Licence	Licensing Sub-Committee

Gambling Act 2005	Functions	Delegation
Section 204	Determination of application for provisional statement in respect of Premises Licence where representations have been made (and not withdrawn) Determination of application for provisional statement in respect of which no representations received	Licensing Sub-Committee Officers
Section 205	Decision to disregard representations made in respect of application for a Premises Licence after issue of provisional statement	Officers in consultation with the Chairman or Vice-Chairman of the Licensing Committee
Section 218	Issue of counter notice to Temporary Use Notice where number of permitted days are exceeded	Officers
Section 221	Objection to Temporary Use Notice	Officers
Section 222	Hearing in relation to a Temporary Use Notice or to agree with other parties in the event of an objection that a hearing is unnecessary	Authorised Officer in consultation with Chair or Vice Chair of the Licensing Committee
Section 284	Making of Order to remove exemptions from specified premises	Licensing Sub-Committee
Section 346	Institution of criminal proceedings in respect of an offence under the provisions of the Act	Officers in consultation with the Chairman or Vice-Chairman of the Licensing Committee
Schedule 10 Paragraph 8	Determination of application for Family Entertainment Centre Gaming Machine Permit	Head of Administration (or in his absence the Central Services Manager) (Refusal to be exercised only in consultation with Chairman or Vice-Chairman of the Licensing Committee)
Paragraphs 14 and 15	Notification of lapse of Family Entertainment Centre Gaming Permit	Officers in consultation with the Chairman or Vice-Chairman of the Licensing Committee
Schedule 11 Paragraph 44 Paragraph 48	Registration of society for small society lottery Refusal of application for registration of society for small society lottery	Officers Officers in consultation with the Chairman or Vice-Chairman of the Licensing Committee
Paragraph 50	Revocation of registration of society for small society lottery	Officers in consultation with the Chairman or Vice-Chairman of the Licensing Committee
Paragraph 54	Cancellation of registration of society for small society lottery for non-payment of annual fee	Officers

Gambling Act 2005	Functions	Delegation
Schedule 12 Paragraphs 5 and 10 and 24	Determination of application for Club Gaming Permit and Club Registration Permit and for renewal of permit in respect of which representations have been made (and not withdrawn)	Licensing Sub-Committee
Paragraph 15	Determination of application for Club Gaming Permit and Club Registration Permit and for renewal of permit where no representations received	Officers
Paragraph 21	Determination of application for variation of Club Gaming Permit and in respect of which Club Registration Permit and cancellation of permit representations have been made (and not withdrawn)	Licensing Sub-Committee
Paragraph 22	Determination of application for variation of Club Gaming Permit and Club Registration Permit and cancellation of permit where no representations received	Officers
Paragraph 21	Cancellation of Club Gaming Permit and Club Registration Permit	Licensing Sub-Committee
Paragraph 22	Cancellation of Club Gaming Permit and Club Registration Permit for failure to pay annual fee	Officers
Schedule 13 Paragraphs 4, 15 and 19	Determination of application for grant, variation or transfer of Licensed Premises Gaming Machine Permit	Officers (Refusal and limitation on number of machines only in consultation with Chairman or Vice-Chairman of the Licensing Committee)
Paragraph 16	Cancellation of Licensed Premises Gaming Machine Permit or variation of number or category of machines in respect of which representations received (and not withdrawn)	Licensing Sub-Committee
Paragraph 17	Cancellation of Licensing Premises Gaming Machine Permit and variation of number or category of machine where no representations received	Officers
Paragraph 17	Cancellation of Licensed Premises Gaming Machine Permit for failure to pay annual fee	Officers
Schedule 14 Paragraphs 9 and 18	Determination of application for Prize Gaming Permit and application for renewal of Permit	Officers (Refusal only in consultation with Chairman or Vice-Chairman of Licensing Committee)
Paragraph 15	Determination that Prize Gaming Permit has lapsed	Officers

Appendix 4 to Table 5 - Hackney Carriage and Private Hire Licensing

Matters to be dealt with	Full Committee	Sub-Committee	Officers
Application for a Drivers Licence where there are no concerns over their fitness and propriety			X
Application for a Drivers Licence where doubts on fitness and propriety are minor traffic offences			X
Application for a Drivers Licence where there is a lapse of time or circumstances for convictions fall outside of the Policy		X	
Application for a Drivers Licence where there is any other doubt on suitability		X	
Revocation of Driver or Operator Licence		X	
Revocation of Vehicle Licence			X
Suspension of Licences			X

Appendix 5 to Table 5

Administration of Justice Act 1970
Allotments Act 1922, 1925 and 1950
Animal Welfare Act 2006
Anti-Social Behaviour Act 2003
Anti-Social Behaviour, Crime and Policing Act 2014
Burial Act 1853
Burial Act 1857
Civic Amenities Act 1967
Clean Neighbourhoods and Environment Act 2005
Coast Protection Act 1949
Conservation of Habitats and Species Regulations 2010
Construction, Design and Management Regulations 2007
Control of Pollution Act 1974
Control of Pollution (Amendment) Act 1989
Copyright, Designs and Patents Act 1988
Countryside Act 1968
Countryside and Rights of Way Act 2000
Cremation Act 1902 and 1952
Criminal Damage and Police Act 2001
Criminal Justice and Public Order Act 1994
Criminal Damage Act 1971
Crime and Disorder Act 1998
Dangerous Dogs Act 1991
Disability Discrimination Act 2005
Durham City Council Act 1985
Electricity at Work Act 1989
Environment Act 1995
Environmental Protection Act 1990
Firearms Act 1968
Flood and Water Management Act 2010
Hazardous Waste (England and Wales) Regulations 2005
Health and Safety at Work Act 1974
Highways Act 1980
Household Waste Recycling Act 2003
Housing Grants, Construction and Regeneration Act 1996
Land Drainage Act 1991 and 1994
Landfill (England and Wales) Regulations 2002
Local Democracy, Economic Development and Construction Act 2009
Local Government Act 1972
Local Government (Miscellaneous Provisions) Act 1976
Local Government (Miscellaneous Provisions) Act 1982
Localism Act 2011
Local Authorities' Cemeteries Order 1977
Local Transport Act 2008
Management of Health and Safety at Work Act Regulations 1999
Museums and Galleries Act 1992
National Parks and Access to the Countryside Act 1949
Natural Environment and Rural Communities Act 2006

New Roads and Street Works Act 1991
Occupiers Liability Act 1984
Offender Management Act 2007
Open Spaces Act 1906
Parochial Registers and Records Measure 1978
Police Reform Act 2002
Public Health Act 1925
Public Health Act 1936
Public Health Act 1961
Public Health Acts Amendment Act 1907
Refuse Disposal (Amenity) Act 1978
Registration of Burials Act 1864
Road Traffic Act 1988
Road Traffic Regulation Act 1984
Road Traffic (Temporary Restrictions) Act 1991
Road Traffic Regulation (Special Events) Act 1994
Safety Sports Ground Act 1975
Small Holdings and Allotments Act 1908
Sporting Events (Control of Alcohol etc) Act 1985
Theatres Act 1968
Town and Country Planning Act 1990
Town Improvement Clauses Act 1847
Town Police Clauses Act 1847
Traffic Calming Act 1992
Traffic Management Act 2004
Transport Act 1968, 1981, 1985 and 2000
Waste Minimisation Act 1998
Waste Batteries and Accumulators Regulations 2009
Waste Electrical and Electronic Equipment Regulations 2013
Waste (England and Wales) Regulations 2011
Weeds Act 1959
Wildlife and Countryside Act 1981

Schedule 4 – Proposed delegations to the Corporate Director, Neighbourhood Services

Table 5

Delegations to the Corporate Director, Neighbourhood Services

1. Executive Functions

Subject to the requirement set out below and in compliance with the provisions of Table 1 above the Corporate Director, Neighbourhood Services is authorised to discharge any function of the Executive in relation to:-

- Buildings and Facilities Management
- Building Services
- Business Services
- Street Cleansing and Grounds Maintenance
- Construction Programme and Project Management Unit
- Consumer Protection
- County Fleet
- Culture and Sport Localities
- Culture and Sport Improvement and Development
- Culture and Sport Growing and Learning
- Culture and Sport Wellbeing
- Culture and Sport Place and Experience
- Customer Services
- Environment Protection
- Health Protection
- Management and Maintenance of Highways
- Neighbourhood Protection
- Neighbourhood Services Learning and Development
- Parks and Grounds
- Policy, Performance and Communications
- Projects and Programme Management
- Waste Collections and Waste Transfer Sites
- Waste Management
- School Capital Projects

In carrying out these delegated functions the Corporate Director will agree arrangements for consultation with the relevant Cabinet Portfolio Member(s) and will refer to the Executive for consideration and decision those matters directed by the said Member(s)

Specific and Non-Executive Delegations

The following matters are, in addition delegated to the Head of Culture and Sport

2. To authorise suitably qualified and competent staff within Culture and Sport and other persons acting on behalf of the Council, for the purposes of discharging duties and powers under the relevant legislation referred to in Appendix 5 to this Table
3. In consultation with the Head of Legal and Democratic Services to review and update the list of legislation contained within Appendix 5 to this Table to reflect new or modified statutory provisions.
4. To exercise functions as Library Authority under relevant legislation referred to in Appendix 5 to this table
5. In consultation with the Head of Legal and Democratic Services to take enforcement action under bye-laws relating to arts, libraries and museums
6. To approve agency agreements where financial transactions are not required.

The following matters are, in addition delegated to the Head of Direct Services

7. To exercise the Council's functions relating to provisions of the Highways Act 1980 as set out in Schedule 1 to the Local Authorities (Functions and Responsibilities) (England) 2000 Regulations
8. To authorise suitably qualified and competent staff within Direct Services and other persons acting on behalf of the Council, for the purposes of discharging duties and powers under the relevant legislation referred to in Appendix 5 to this Table
9. In consultation with the Head of Legal and Democratic Services to review and update the list of legislation contained within Appendix 5 to this Table to reflect new or modified statutory provisions.
10. To authorise suitably qualified and competent staff within Direct Services to discharge the regulatory and enforcement functions of the Council under the relevant legislation set out in Appendix 5 to this Table
11. To exercise, in consultation with the Head of the Legal and Democratic Services the Council's enforcement functions including the institution of legal proceedings under relevant legislation set out in Appendix 5 to this Table and all associated secondary legislation as amended from time to time
12. To issue simple and conditional cautions to persons guilty of criminal offences under the legislation as referred to in Appendix 5 to this Table and in accordance with PACE and the Home Office Guidance

13. To exercise functions as Waste Collection Authority under relevant legislation referred to in Appendix 5 to this table

14. In consultation with the Head of Legal and Democratic Services, to make, confirm, amend, vary, modify, consolidate and revoke orders under the legislation referred to in Appendix 5 to this Table.

The following matters are, in addition delegated to the Head of Environment, Health and Consumer Protection

15. To exercise all of the Council's functions including licensing, registration, making of orders, issue of notices and enforcement in respect of the following matters referred to in Schedule 1 to the Local Authorities (Functions and Responsibilities) (England) 2000 Regulations:

- a. Performances of hypnotism;
- b. Premises for acupuncture, tattooing, ear piercing and electrolysis;
- c. Pleasure boats and pleasure vessels;
- d. Night cafes and take-away food shops;
- e. Sale of non-medicinal poisons;
- f. Premises for the preparation of food including registration;
- g. Scrap yards;
- h. Pet shops and the breeding and boarding of dogs or other animals;
- i. Animal trainers;
- j. Knackers' yards;
- k. Charitable collections;
- l. Operation of loudspeakers;
- m. Street works licences;
- n. Movement and sale of cattle and pigs;
- o. Storage of celluloid;
- p. Meat, fish, dairy and egg product establishments and butchers' shops;
- q. Motor salvage operations;
- r. Health and safety at work;
- s. Smoke-free premises;
- t. Caravan and camping sites and moveable dwellings

16. To exercise the Council's functions in relation to:

- a. The control of pollution and the management of air quality;
- b. Statutory nuisances, as referred to in Schedule 2 to the Local Authorities (Functions and Responsibilities) (England) 2000 Regulations;
- c. Contaminated land;
- d. Port health;

17. To exercise, in consultation with the Head of the Legal and Democratic Services the Council's licensing, approval, registration and enforcement functions,

including the institution of legal proceedings under legislation set out in Appendix 1 to this Table and all associated secondary legislation as amended from time to time.

18. In consultation with the Head of Legal and Democratic Services to review and update the list of relevant legislation contained within Appendix 1 to this Table to reflect new or modified statutory provisions.
19. Subject to Appendices 2, 3 and 4 to this Table to authorise, suspend, vary, transfer, extend or revoke permits, licences, certificates, registrations and approvals issued under the legislation set out in the Appendix 1 to this Table including all relevant statutory provisions.
20. To issue simple and conditional cautions to persons guilty of criminal offences under the legislation as referred to in paragraph 17 above and in accordance with PACE and the Home Office Guidance.
21. To authorise suitably qualified and competent staff within the Environment, Health and Consumer Protection Division and other persons acting on behalf of the Council, for the purposes of discharging duties and powers under the legislation referred to in paragraph 20 above.
22. To authorise another local authority to institute legal proceedings in respect of a contravention of the legislation set out in Appendix 1 to this Table where related contraventions are being investigated by that authority.
23. To grant authorisations in relation to illegal money lending and unfair trading practices.
24. Power to agree transfers and assignments under health and safety legislation to change Enforcing Authority responsibilities.
25. Power to appoint Proper Officers and alternate Proper Officers for the Authority for matters relating to Public Health, Port Health and the Control of Infectious Disease.
26. Power to appoint Public Analyst, Agricultural Analyst and Food Examiner for the Council.
27. To authorise Officers to institute and or defend on behalf of the Council any legal proceedings which the Council by itself, or by a duly empowered Committee, may decide to take. In this respect, nominated staff are hereby authorised to appear in Court in person, or to be represented by a duly appointed officer of the Council in accordance with Section 223 of the Local government Act 1972 or to be represented by a duly instructed solicitor.
28. To determine those applications and matters in relation to Licensing and Gambling as are referred to in Appendices 2, 3 and 4 to this Table.

29. To agree terms of conditions and licences in accordance with published best practice and/or guidance.

The following matters are, in addition delegated to the Head of Projects and Business Services

30. To authorise suitably qualified and competent staff within Projects and Business Services and other persons acting on behalf of the Council, for the purposes of discharging duties and powers under the relevant legislation referred to in Appendix 5 to this Table

31. In consultation with the Head of Legal and Democratic Services to review and update the list of legislation contained within Appendix 5 to this Table to reflect new or modified statutory provisions.

32. To exercise functions as Waste Disposal Authority under relevant legislation referred to in Appendix 5 to this table

The following matters are, in addition delegated to the Head of Technical Services

33. To exercise all the Council's functions relating to provisions of the Highways Act 1980 as set out in Schedule 1 to the Local Authorities (Functions and Responsibilities) (England) 2000 Regulations.

34. To authorise suitably qualified and competent staff within Technical Services and other persons acting on behalf of the Council, for the purposes of discharging duties and powers under the relevant legislation referred to in Appendix 5 to this Table.

35. In consultation with the Head of Legal and Democratic Services to review and update the list of legislation contained within Appendix 5 to this Table to reflect new or modified statutory provisions.

36. To authorise suitably qualified staff within Technical Services to discharge the regulatory and enforcement functions of the Council under the relevant legislation set out in Appendix 5 to this Table.

37. To exercise, in consultation with the Head of the Legal and Democratic Services the Council's enforcement functions, including the institution of legal proceedings, under legislation set out in Appendix 5 to this Table and all associated secondary legislation as amended from time to time

38. In consultation with the Head of Legal and Democratic Services, to make, confirm, amend, vary, modify, consolidate and revoke orders under the legislation referred to in Appendix 5 to this Table.

39. To exercise the functions as a Lead Local Flood Authority under the relevant legislation referred to in Appendix 5 to this table.

40. To exercise functions as Highway Authority under relevant legislation referred to in Appendix 5 to this table, including the following:

- (i) Power to enforce all the provisions of and initiate legal proceedings under all the sections of the Highways Act 1980
- (ii) To exercise the Council's powers under the Durham City Council Act 1985 in relation to the temporary closure of footpaths.
- (iii) To grant street works license under section 50 of the New Roads and Street Works Act 1991
- (iv) To issue fixed penalty notices to statutory undertakers who fail to serve correct notices under the New Roads and Street Works Act 1991 to carry out works on the road network.

Appendix 1 to Table 5

Administration of Justice Act 1970
Agricultural Produce (Grading and Marking) Acts 1928 and 1931
Agriculture (Miscellaneous Provisions) Act 1968
Agriculture Act 1970
Animal Boarding Establishments Acts 1963
Animal By Products (Enforcement) (England) Regulations 2013
Animal Feed (England) Regulations 2010
Animal Health Act 1981
Animal Welfare Act 2006
Anti-Social Behaviour Act 2003
Anti-Social Behaviour, Crime and Policing Act 2014
Breeding and Sale of Dogs (Welfare) Act 1999
Breeding of Dogs Act 1973, 1991
Building Act 1984
Caravan Sites Act 1968
Caravan Sites and Control of Development Act 1960
Cattle Identification Regulations 1998 (Amended)
Children and Young Persons Act 1933
Children and Young Persons (Protection from Tobacco) Act 1991
Clean Air Act 1993
Clean Neighbourhoods and Environment Act 2005
Companies Act 1985 and 2006
Consumer Contracts (Information, Cancellation and Additional Charges) Regulations 2013
Consumer Credit Act 1974
Consumer Protection (Distance Selling) Regulations 2000
Consumer Protection Act 1987
Consumer Protection from Unfair Trading Regulations 2008
Control of Pollution (Amendment) Act 1989
Control of Pollution Act 1974
Copyright, Design and Patents Act 1988
Courts and Legal Services Act 1990
Criminal Justice Act 1988
Crime and Disorder Act 1998
Criminal Justice and Police Act 2001
Criminal Justice and Public Order Act 1994
Dangerous Substances and Explosive Atmospheres Regulations 2002
Dangerous Wild Animals Act 1976
Development of Tourism Act 1969
Education Reform Act 1988
Employment of Women, Young Persons and Children Act 1920
Energy Act 1976
Enterprise Act 2002
Environment Act 1995

Appendix 1 to Table 5

Environmental Damage (Prevention and Remediation) Regulations 2009
Environmental Protection Act 1990
Estate Agents Act 1979
European Communities Act 1972
Explosive Act 1875
Explosives (Age of Purchase etc.) Act 1976
Fair Trading Act 1973
Farm and Garden Chemicals Act 1967
Feed (Hygiene and Enforcement) (England) Regulations 2005
Food Act 1984
Food and Environment Protection Act 1985
Food Safety Act 1990
Food Safety and Hygiene (England) Regulations 2013
Fraud Act 2006
Gambling Act 2005
Hallmarking Act 1973
Health Act 2006
Health and Safety at Work etc. Act 1974
Highways Act 1980
House to House Collections Act 1939
Housing Act 2004
Housing Grants, Construction and Regeneration Act 1996
Hypnotism Act 1952
International Health Regulations 2005
Intoxicating Substances (Supply) Act 1985
Land Drainage Act 1976
Land Drainage Act 1991
Land Drainage Act 1994
Legislative and Regulatory Reform Act 2006
Licensing Act 2003
Local Authorities Goods and Services Act 1970
Local Government (Miscellaneous Provisions) Act 1976
Local Government (Miscellaneous Provisions) Act 1982
Local Government Act 1972
Localism Act 2011
Medicines Act 1968
Mobile Homes Act 2013
Motor Cycle Noise Act 1987
Motor Salvage Operators Regulations 2002
National Assistance Act 1948
Noise Act 1996
Noise and Statutory Nuisance Act 1993
The Official Feed and Food Controls (England) (Amendment) Regulations 2011
Performing Animals (Regulation) Act 1925

Appendix 1 to Table 5

Petroleum (Consolidation) Regulations 2014 ~~Act 1928~~
Pesticides (Fees and Enforcement) Act 1989
Pesticides Act 1998
Pet Animals Act 1951
Pet Animals Act 1951 (Amendment) Act 1983
Pigs (Records, Identification and Movement) Order 1995
Poisons Act 1972
Police, Factories and etc. (Miscellaneous Provisions) Act 1916
Pollution Prevention and Control Act 1999
Pollution Prevention and Control (England and Wales) Regulations 2000
Prevention of Damage by Pests Act 1949
Prices Acts 1974
Proceeds of Crime Act 2002
Protection of Animals Act 1911
Public Health Act 1936
Public Health Act 1961
Public Health Acts Amendment Act 1907
Public Health (Control of Diseases) Act 1984
Public Health (Ships) Regulations 1979
Public Health (Ships)(Amendment)(England) Regulations 2007
Riding Establishments Acts 1964 and 1970
Road Traffic (Consequential Provisions) Act 1988
Road Traffic (Foreign Vehicles) Act 1972
Road Traffic Acts 1988 and 1991
Road Traffic Offenders Act 1988
Scrap Metal Dealers Act 2013
Sheep Scab Order 1997
Slaughter of Poultry Act 1967
Slaughterhouse Act 1974
Solicitors Act 1974
Sunbeds (Regulations) Act 2010
Sunday Trading Act 1994
Telecommunications Act 1984
Timeshare, Holiday Products, Resale and Exchange Contracts Regulations 2010
Tobacco Advertising and Promotion Act 2002
Town and Country Planning Act 1990
Town Police Clauses Act 1847
Trade Descriptions Acts 1968
Trade Marks Act 1994
Trading Stamps Act 1964
Traffic Management Act 2004
Unsolicited Goods and Services Acts 1971
Unsolicited Goods and Services Amendment Act 1975
Video Recordings Acts 1984,1993 and 2010

Appendix 1 to Table 5

Water Industries Act 1991

Weights and Measures Act 1985

Zoo Licensing Act 1981

Appendix 2 to Table 5 – Delegation of Licensing Act 2003 Responsibilities

Matter to be dealt with	Licensing Sub Committee	Authorised Officers
Application for Personal Licence	If police objection made	If no police objection made
Application for Personal Licence with unspent convictions	All cases	-
Application for Premises Licence/Club Premises Certificate	If relevant representation is made	If no relevant representation is made
Application for provisional statement	If relevant representation is made	If no relevant representation is made
Application to vary Premises Licence /Club Premises Certificate	If relevant representation is made	If no relevant representation is made
Application to vary designated Premises Supervisor	If police objection made	All other cases
Request to be removed as designated Premises Supervisor	-	All cases
Application for transfer of Premises Licence	If police objection made	All other cases
Application for interim authorities	If police objection made	All other cases
Application to review Premises Licence /Club Premises Certificate	All cases	-
Decision on whether a complaint is irrelevant, frivolous or vexatious, etc.	-	All cases in consultation with the Chair or Vice Chair of the Statutory Licensing Committee
Decision to object when local authority is a consultee and not the relevant authority considering the application	All cases	-
Determination of a police representation to a temporary event notice	All cases	-

Appendix 3 to Table 5 – Delegation of Gambling Act 2005 Responsibilities

Section of Gambling Act 2005	Matter to be dealt with	Delegated to
s162	Decision as to whether representation is vexatious, frivolous, or would certainly not influence the authority's determination of application	Authorised Officer in consultation with Chair or Vice Chair of the Licensing Committee
	Attachment of condition to Premises Licence or exclusion of default condition	Licensing Sub-Committee
s163	Determination of application for Premises Licence where no relevant representations received	Authorised Officer
	Determination of application for Premises Licence in respect of which representations have been made (and not withdrawn)	Licensing Sub-Committee
s187	Determination of application to vary Premises Licence in respect of which no representation received	Authorised Officer
	Determination of application to vary Premises Licence in respect of which representations have been made (and not withdrawn)	Licensing Sub-Committee
s188	Determination of application for transfer of Premises Licence where no representations received	Authorised Officer
	Determination of application for transfer of Premises Licence in respect of which representations have been made (not withdrawn)	Licensing Sub-Committee
s193	Revocation of Premises Licence for failure to pay annual fee	Authorised Officer
s194	Determination that a Premises Licence has lapsed	Authorised Officer
s195	Reinstatement of lapsed Premises Licence where no representation is received	Authorised Officer
	Reinstatement of lapsed Premises Licence in respect of which representations have been made (and not withdrawn)	Licensing Sub-Committee
s198	Rejection of application for review of Premises Licence on various grounds	Authorised Officer in consultation with Chair or Vice Chair of the Licensing Committee
s200	Initiation of review of Premises Licence	Authorised Officer

Appendix 3 to Table 5 – Delegation of Gambling Act 2005 Responsibilities

Section of Gambling Act 2005	Matter to be dealt with	Delegated to
s201	Determination that representation about review of Premises Licence is frivolous, vexatious or will certainly not influence a review of a Premises Licence	Authorised Officer in consultation with Chair or Vice Chair of the Licensing Committee
s202	Determination of action following review of Premises Licence	Licensing Sub-Committee
s204	Determination of application for provisional statement in respect of which no representations received	Authorised Officer
	Determination of application for provisional statement in respect of Premises Licence where representations have been made (and not withdrawn)	Licensing Sub-Committee
s205	Decision to disregard representations made in respect of application for a Premises Licence after issue of provisional statement	Authorised Officer in consultation with Chair or Vice Chair of the Licensing Committee
s218	Issue of counter notice to Temporary Use Notice where number of permitted days are exceeded	Authorised Officer
s221	Objection to Temporary Use Notice	Authorised Officer
s222	Hearing in relation to a Temporary Use Notice or to agree with other parties in the event of an objection that a hearing is unnecessary	Authorised Officer in consultation with Chair or Vice Chair of the Licensing Committee
s284	Making of Order to remove exemptions from specified premises	Licensing Sub-Committee
s346	Institution of criminal proceedings in respect of an offence under the provisions of the Act	Authorised Officer in consultation with Chair or Vice Chair of the Licensing Committee
Schedule 10, Para 8	Determination of application for Family Entertainment Centre Gaming Machine Permit	Head of Administration (or in their absence the Central Services Manager) (Refusal to be exercised only in consultation with Chairman or Vice-Chairman of the Licensing Committee)
Schedule 10, Para 14,15	Notification of lapse of Family Entertainment Centre Gaming Permit	Authorised Officer in consultation with Chair or Vice Chair of the Licensing Committee
Schedule 11, Para 44	Registration of society for small society Lottery	Authorised Officer
Schedule 11, Para 48	Refusal of application for registration of society for small society lottery	Authorised Officer in consultation with Chair or Vice Chair of the Licensing Committee

Appendix 3 to Table 5 – Delegation of Gambling Act 2005 Responsibilities

Section of Gambling Act 2005	Matter to be dealt with	Delegated to
Schedule 11, Para 50	Revocation of registration of society for small society lottery	Authorised Officer in consultation with Chair or Vice Chair of the Licensing Committee
Schedule 11, Para 54	Cancellation of registration of society for small society lottery for non-payment of annual fee	Authorised Officer
Schedule 12, Para 5,10,24	Determination of application for Club Gaming Permit and Club Registration Permit and for renewal of permit where no representations received	Authorised Officer
	Determination of application for Club Gaming Permit and Club Registration Permit and for renewal of permit in respect of which representations have been made (and not withdrawn)	Licensing Sub-Committee
Schedule 12, Para 15	Determination of application for variation of Club Gaming Permit and Club Registration Permit and cancellation of permit where no representations received	Authorised Officer
	Determination of application for variation of Club Gaming Permit and in respect of which Club Registration Permit and cancellation of permit representations have been made (and not withdrawn)	Licensing Sub-Committee
Schedule 12, Para 21	Cancellation of Club Gaming Permit and Club Registration Permit	Licensing Sub-Committee
Schedule 12, Para 22	Cancellation of Club Gaming Permit and Club Registration Permit for failure to pay annual fee	Authorised Officer
Schedule 13, Para 4,15,19	Determination of application for grant, variation or transfer of Licensed Premises Gaming Machine Permit	Authorised Officer (Refusal and limitation on number of machines only in consultation with Chair or Vice Chair of the Licensing Committee)
Schedule 13, Para 16	Cancellation of Licensed Premises Gaming Machine Permit or variation of number or category of machines	Licensing Sub-Committee
Schedule 13, Para 17	Cancellation of Licensing Premises Gaming Machine Permit and variation of number or category of machine where no representations received	Authorised Officer
	Cancellation of Licensed Premises Gaming Machine Permit for failure to pay annual fee	Authorised Officer

Appendix 3 to Table 5 – Delegation of Gambling Act 2005 Responsibilities

Section of Gambling Act 2005	Matter to be dealt with	Delegated to
Schedule 14, Para 9, 18	Determination of application for Prize Gaming Permit and application for renewal of Permit	Authorised Officer (Refusal only in consultation with Chair or Vice-Chair of Licensing Committee)
Schedule 14, Para 15	Determination that Prize Gaming Permit has lapsed	Authorised Officer

Appendix 4 to Table 5 - Hackney Carriage and Private Hire Licensing Responsibilities

Matter to be dealt with	Delegated to
Application for a Drivers Licence - No concerns over fitness and propriety	Authorised Officer
Application for a Drivers Licence - Doubts on fitness and propriety are minor traffic offences	Authorised Officer
Application for a Drivers Licence - Lapse of time or circumstances for convictions fall outside of the Policy	Licensing Sub-Committee
Application for a Drivers Licence - There is any other doubt on suitability	Licensing Sub-Committee
Revocation of Driver or Operator Licence	Licensing Sub-Committee
Revocation of Vehicle Licence	Authorised Officer
Suspension of Licence	Authorised Officer

Appendix 5 to Table 5

Administration of Justice Act 1970
Allotments Act 1922, 1925, 1950
Animal Welfare Act 2006
Anti-Social Behaviour Act 2003
Anti-Social Behaviour, Crime and Policing Act 2014
Burial Act 1853
Burial Act 1857
Civic Amenities Act 1967
Clean Neighbourhoods and Environment Act 2005
Coast Protection Act 1949
Conservation of Habitats and Species Regulations 2010
Construction Design and Management (CDM) Regulations 2007¹⁵
Control of Pollution (Amendment) Act 1989
Control of Pollution Act 1974
Copyright, Designs and Patents Act 1988
Countryside Act 1968
Countryside and Rights of Way Act 2000
Cremation Act 1902, 1952
Crime and Disorder Act 1998
Criminal Damage Act 1971
Criminal Justice and Police Act 2001
Criminal Justice and Public Order Act 1994
Dangerous Dogs Act 1991
Disability Discrimination Act 2005
Durham City Council Act 1985
Electricity At Work Act 1989
Environment Act 1995
Environmental Protection Act 1990
Firearms Act 1968
Flood and Water Management Act 2010
Hazardous Waste (England and Wales) Regulations 2005
Health and Safety at Work Act 1974
Highways Act 1980
Household Waste Recycling Act 2003
Housing Grants, Construction and Regeneration Act 1996
Land Drainage Act 1991 and 1994
Landfill (England and Wales) Regulations 2002
Local Authorities' Cemeteries Order 1977
Local Democracy, Economic Development and Construction Act 2009
Local Government Act 1972
Local Government (Miscellaneous Provisions) Act 1976
Local Government (Miscellaneous Provisions) Act 1982

Appendix 5 to Table 5

Local Transport Act 2008
Localism Act 2011
Management of Health and Safety at Work Regulations 1999
Museums and Galleries Act 1992
National Parks and Access to the Countryside Act 1949
Natural Environment and Rural Communities Act 2006
New Roads and Street Works Act 1991
Occupiers Liability Act 1984
Offender Management Act 2007
Open Spaces Act 1906
Parochial Registers and Records Measure 1978
Police Reform Act 2002
Public Health Acts Amendment Act 1907
Public Health Act 1925
Public Health Act 1936
Public Health Act 1961
Public Libraries and Museums Act 1964
Refuse Disposal (Amenity) Act 1978
Registration of Burials Act 1864
Road Traffic Act 1988
Road Traffic Regulations Act 1984
Road Traffic (Temporary Restrictions) Act 1991
Road Traffic Regulation (Special Events) Act 1994
Safety Sports Ground Act 1975
Small Holdings and Allotments Act 1908
Sporting Events (Control of Alcohol etc) Act 1985
Theatres Act 1968
Town and Country Planning Act 1990
Town Improvement Clauses Act 1847
Town Police Clauses Act 1847
Traffic Calming Act 1992
Traffic Management Act 2004
Transport Act 1968, 1981, 1985, 2000
Waste Minimisation Act 1998
Waste Batteries and Accumulators Regulations 2009
Waste Electrical and Electronic Equipment Regulations 2013
Waste (England and Wales) Regulations 2011
Weeds Act 1959
Wildlife and Countryside Act 1981

Schedule 5

Table 6

Delegations to the Corporate Director, Resources

Executive Functions

Subject to the requirement set out below and in compliance with the provisions of Table 1 above the Corporate Director, Resources is authorised to discharge any function of the Executive in relation to:-

- The proper administration of the Council's financial affairs
- The provision of Legal and Democratic Services to the Council
- Human Resources and Organisational Development Services
- ICT Services
- Coroners
- Land charges
- The Registration of Births, Deaths and Marriages

In carrying out these delegated functions the Corporate Director will agree arrangements for consultation with the relevant Cabinet Portfolio Member(s) and will refer to the Executive for consideration and decision those matters directed by the said Member(s)

Specific and Non-Executive Delegations

Finance and Corporate Services

1. To establish an appropriate Debt Management Strategy and Policy and to implement appropriate action to ensure the collection of revenue, council tax and business rates.
2. The administration of housing benefits, including Discretionary Housing Payments and the administration of the Local Council Tax Support Scheme (from 1 April 2013).
3. The provision, operation and commissioning of a Welfare Rights and Citizens Advisory Service.
4. To exercise the budgetary control functions referred to the Corporate Director under the Council's Financial Procedure Rules.
5. To arrange all borrowings, financing and investment in line with the Council's Treasury Management Policy Statement.
6. To maintain an effective internal audit service.
7. To act as lead officer for the Audit Committee.

8. To act as the Risk Management Officer Champion and ensure appropriate risk management arrangements are in place across the Council.
9. To act as lead officer for maintaining effective corporate governance arrangements and the preparation of the Annual Governance Statement
10. To make appropriate banking arrangements on behalf of the Council.
11. To insure against risks where this is considered appropriate.
12. The operation of the Council's accounting systems and payroll.
13. ~~In consultation with the Leader and Deputy Leader,~~ To authorise the release of funds from contingencies as set out in the Revenue Budget and to forecast and to manage the Council's Collection Funds, making adjustments to payments to principal precepting bodies as appropriate.
14. To establish such reserves as required and review them for both adequacy and purpose on a regular basis.
15. To act as Proper Officer for the purposes of the following provisions of the Local Government Act 1972:
 - (a) Section 115(2) (Accountability of Officers);
 - (b) Section 146 (Transfer of Securities on Alteration of Area Etc.)
16. ~~In relation to the Pension Fund:~~
 - (a) ~~To exercise the County Council's function as administering authority relating to the Local Government Pension Scheme.~~
 - (b) ~~To exercise discretions the Council has under the regulations governing the Local Government Pension Scheme;~~
 - (c) ~~To authorise, in cases of urgency, the taking of any action by a Manager of the Pension Fund this is necessary in order to protect the interests of the Fund.~~
 - (d) ~~To take any decision relating to the investment or management of the Pension Fund that cannot reasonably await the next meeting of the Pension Fund Committee.~~
 - (e) ~~To maintain all necessary accounts and records in relation to the Pension Fund, including the calculation of and payment of benefits, reconciliation and investment of contributions, preparation of the Annual Accounts and preparation of membership data for actuarial valuation purposes.~~
 - (f) ~~To maintain the system of internal control.~~

- (g) To manage the triennial valuation of the Pension Fund.
- (h) To accept for admission into the Pension Fund employees of authorities and bodies as prescribed in Regulations including transferee and community Admissions which are considered as 'exceptional circumstances', subject to an approved Admission Agreement, and subject to any necessary indemnities as appropriate
- (i) To be the local referee for disputes under the Local Government Pension Scheme
- (j) To set the appropriate funding target for the Fund under the rules of the Local Government Pension Scheme.
- (k) To carry out, in consultation with the Pension Fund Committee, the requirement to monitor and review the investments made by the Fund Managers and report to each meeting of the Pension Fund Committee on the exercise of this delegation.
- (l) To manage cash flow, allocate funds between investment managers in order to ensure that the Fund's asset allocation is maintained and invest the residual cash balances.
- (m) To arrange and authorise the provision of appropriate Member training, including the attendance at conferences and other similar pension fund related events by Members of the Pension Fund Committee.
- (n) To prepare and submit the necessary Policy Statements to Pension Fund Committee and to arrange for the implementation and review of those statements, strategies, policies and procedures, as required. These include the Funding Strategy Statement.
- (o) To prepare and submit the necessary plans and principles to the Pension Fund Committee and to arrange for the implementation and review of those plans and principles, as required. These include the Pension Fund Annual Report and the Statement of Investment Principles.
- (p) To produce as part of the Funding Strategy Statement, an assessment of all the specific risks that can be identified in relation to the management of the Pension Fund.

16. To write off debts.
17. To deal with the payment of Coroner's remuneration and expenses.
18. To ensure appropriate financial arrangements across the Council.
19. To approve premises for the solemnization of marriages and the registration of civil partnerships.

20. To appoint Assistant Coroners in accordance with the provisions of the Coroners and Justice Act 2009.
21. To authorise expenditure within the approved budget for civic hospitality.
22. To agree the terms of loans permitted under law.
23. To make a statutory declaration of local authority mortgage interest.
24. To respond to notices in relation to EU financial sanctions.
25. To receive and respond to expressions of interest under Community Right to Challenge, under Part 5, Chapter 2 of the Localism Act 2011.
26. To forecast yield from Business Rates including the completion and submission to Government of the NNDR 1 and NNDR 3 returns, factoring the implications of the Business Rate Retention Scheme (from 1 April 2013) into the Medium Term Financial Plan and maintaining a Collection Fund in accordance with proper accounting practice.
27. To establish a Council Tax Discretionary Reduction Policy and Business Rates Hardship Relief Policy and administer applications for relief under Section 13A(1)(c) of the Local Government Finance Act 1988.
28. To liaise with the Schools Forum on School Funding formula allocations and to advise Council on formula changes to ensure compliance with Department for Education guidance and regulations and the proper administration of Dedicated Schools Grant allocations.
29. In relation to the Pension Fund, to exercise the County Council's function as administering authority relating to the Local Government Pension Scheme including, but not restricted to, the following:
 - (a) To ensure that Pension Fund complies with the Local Government Pension Scheme Regulations and all other legislation that governs the administration of the Pension Fund.
 - (b) To exercise discretions the Council as administering authority has, under the regulations governing the Local Government Pension;
 - (c) To administer the financial affairs of the Pension Fund;
 - (d) To agree the write-off of bad debts;
 - (e) To take any decision relating to the investment or management of the Pension Fund that cannot reasonably await the next meeting of the Pension Fund Committee.
 - (f) To authorise, in cases of urgency, the taking of any action by a Manager of the Pension Fund that is necessary in order to protect the interests of the Fund.

- (g) To maintain all necessary accounts and records in relation to the Pension Fund, including the preparation of the Annual Accounts;
- (h) To ensure that appropriate arrangements for the administration of benefits are in place, including the calculation of and payment of benefits, and collection of contributions;
- (i) To manage the triennial valuation of the Pension Fund including the preparation of membership data for actuarial valuation purposes.
- (j) To ensure appropriate Additional Voluntary Contribution arrangements are in place;
- (k) To pay death grants in accordance with the agreed Death Grant Procedures
- (l) To approve the payment of Dependants' Pensions in accordance with the agreed procedures
- (m) To maintain the system of internal control.
- (n) To accept for admission into the Pension Fund employees of authorities and bodies as prescribed in Regulations;
- (o) To deal with stage 2 appeals under the dispute procedure for the Local Government Pension Scheme.
- (p) To set the appropriate investment objectives and the strategic asset allocation taking into consideration the Pension Fund's liabilities as calculated by the Pension Fund's Actuary;
- (q) To monitor and review the investments made by the investment managers and to review their performance against established benchmarks. To report on the Investment Managers' performance to each meeting of the Pension Fund Committee;
- (r) To manage the Pension Fund's cash flow and allocate funds between investment managers in order to ensure that the Pension Fund's strategic asset allocation is maintained and invest the residual cash balances.
- (s) To manage the cash balances not allocated to Investment Managers in accordance with the Treasury Management Strategy and Policy approved by the Pension Fund Committee;
- (t) To arrange and authorise the provision of appropriate Member training, including the attendance at conferences and other similar pension fund related events by Members of the Pension Fund Committee.
- (u) To prepare and submit the necessary Policy Statements to Pension Fund Committee and to arrange for the implementation and review of

those statements, strategies, policies and procedures, as required. These include the Funding Strategy Statement

- (v) To prepare and submit the necessary plans and principles to the Pension Fund Committee and to arrange for the implementation and review of those plans and principles, as required. These include the Pension Fund Annual Report and the Statement of Investment Principles.
- (w) To review the policy on social, environmental and ethical matters on the exercise of rights, including voting rights;
- (x) To produce as part of the Funding Strategy Statement, an assessment of all the specific risks that can be identified in relation to the management of the Pension Fund.

Human Resources and Organisational Development

- 30. To implement the Council's decisions in relation to Single Status and Job Evaluation.
- 31. To approve the regrading of posts up to and including Head of Service level.
- 32. To offer alternative employment to any permanent employee who becomes surplus to the requirements of the Service or whose employment is at risk through reasons of ill health or other incapacity.
- 33. To determine applications for the extension of sick pay.
- 34. To approve applications for leave of absence in cases not covered by the Council's policies.
- 35. To agree variations to the Council's scheme for payments towards removal expenses, lodging allowances and legal fees for new employees.
- 36. To approve overtime payments for employees above spinal column point 28.
- 37. To authorise redundancy payments to school staff after consultation with the Head of Corporate Finance.
- 38. To coordinate the Member Training and Development Programme including:
 - (a) management of the approved Member Training and Development Budget and
 - (b) authorisation of Member attendance at conferences, seminars and other training and development events in consultation with the Leader and the Head of Legal and Democratic Services.

39. To decide, taking into account the opinion of an independent registered medical practitioner, whether under the Local Government Pension Scheme Regulations, a member is eligible for an ill health pension and if eligible, what level of ill health pension the scheme member should be awarded.
40. To exercise discretions the Council as an employer has, under the regulations governing the Local Government Pension.

Legal and Democratic Services

The following matters are delegated to the Head of Legal and Democratic Services:

41. To act as Proper Officer for the purposes of the Local Government Acts 1972 and 2000 and all Regulations made there under other than those Proper Officer functions delegated to the Corporate Director, Resources in connection with the administration of the Council's financial affairs. This delegation shall not derogate from the general delegation under Table 1 paragraph 8.
42. (a) To act as Returning Officer for County Council Elections in accordance with Section 35 of the Representation of the People Act 1983 (the 1983 Act).
- (b) To act as Electoral Registration Officer for the County in accordance with Section 8 of the 1983 Act.
43. To carry out the Proper Officer functions relating to the freedom of the City under the Durham City Council Act, 1985.
44. To act as Proper Officer for the Registration of Births, Deaths and Marriages Service pursuant to Schedule 29 paragraph 41 of the Local Government Act 1972 including administration of the arrangements for the licensing of premises under the Marriage Act and the appointment of staff.
45. To amend the Constitution where necessary to reflect changes in the law or decisions of council bodies or to correct inaccuracies.
46. (a) To prepare, negotiate and agree all legal documentation in relation to all land and property in the Council's ownership or for the acquisition of land and property by the Council.
- (b) To prepare, negotiate and agree all legal documentation other than those contained in sub-paragraph (a) relating to or affecting the functions of the Council.
- (c) To sign or attest the Council's seal in all legal documents referred to in sub-paragraphs (a) and (b) and all other legal documentation intended to give effect to decisions of the Council.
47. (a) To prepare, negotiate and agree all legal documentation in relation to all land and property held by the Council as a trustee.

- (b) To sign or attest the Council's seal to all documents referred to in subparagraph (a)
- 48. To sign any notice, demand or other document on behalf of the Council in connection with any actual or contemplated legal or enforcement proceedings.
- 49.
 - (a) Generally, to institute, defend and conduct any legal proceedings relating to the Council's functions or affecting the property, rights or interests of the Council.
 - (b) To authorise named officers to appear on behalf of the Council in legal proceedings in the Magistrates' Court pursuant to Section 223 Local Government Act 1972.
- 50. To settle any action in any court or tribunal in which the Council is a party or where legal proceedings are indicated providing that any settlement exceeding £50,000 will be subject to prior consultation first with the Corporate Director, Resources as s151 Officer and then with the Leader or Deputy Leader of the Council except in cases of urgency where the settlement is made on the advice of Counsel.
- 51. To settle claims from staff for damage to personal property in accordance with the Council's policies.
- 52. In consultation with the Chairman of the Standards Committee, to make payments or provide other benefits in cases of maladministration in accordance with Section 92 of the Local Government Act 2000 (as amended).
- 53. To:
 - (a) appoint Members as proxies to attend and vote at shareholders meetings of any company of which the Council is a shareholder and
 - (b) give consent to written resolutions of any company of which the Council is a shareholder.
- 54. In consultation with the Chief Executive, to make appointments of Members to local and other outside bodies which are not the subject of report to the Council or the Executive, in consultation with the respective political group leaders.
- 55. To appoint Review Boards under Regulations under Section 34(4) (Determination of Claims and Reviews) of the Social Security Act 1998.
- 56. To make arrangements in relation to appeals against the exclusion of pupils from maintained schools.
- 57. To make arrangements pursuant to Sections 94(1), (1A) and (4) of the Schools Standards and Framework Act 1998 (Admission Appeals).

58. To make arrangements pursuant to Section 95(2) of the Schools Standards and Framework Act 1998 (Children to whom Section 87 applies; Appeals by Governing Bodies).
59. In consultation with the Corporate Director, Neighbourhood Services and the Chairman and Vice-Chairman of the Statutory Licensing Committee or General Licensing and Registration Committee as appropriate, to determine that a particular application shall be considered by the Statutory Licensing Committee or the General Licensing and Registration Committee rather than a Sub-Committee.
60. To consider and respond to representations made by members of the public in relation to a decision to hold a meeting or part of that meeting in private.
61. To discharge the Council's functions in relation to voluntary registrations of village greens as set out in section 15(8) Commons Act 2006.
62. To discharge the Council's functions set out in Part 1 of the Commons Act 2006 and the Commons Registration Act 1965 with the exception of determinations under section 15(1) of the Commons Act 2006.
63. To appoint an inspector to hold an inquiry into applications to register land as town or village green where appropriate.

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Cabinet

15 April 2015

ICT Strategy 2015 - 2018



Report of Corporate Management Team
Don McLure, Corporate Director Resources
Cllr Jane Brown, Portfolio Holder for Corporate Services

Purpose of Report

1. To present to Cabinet the proposed ICT Strategy that will cover the three years period April 2015 to March 2018.

Background

2. This is the third iteration of the ICT Strategy since Local Government Review. Due to the rapid changes in the ICT market, in particular the rise of consumer digital technologies and the need to define better the Council's ICT architecture, it is timely to review the strategy from April 2015.
3. The strategy builds upon the two previous strategies and has been widely consulted upon with members, internal stakeholders across the Council, customers, partners and external stakeholders and their valued feedback has been taken into account.
4. The proposed ICT architecture has also been through the same stakeholder consultation process.

ICT Strategy

5. The ICT Strategy is therefore aimed at all stakeholders who are interested in the technological direction of the Council, including residents, partners, members, suppliers, visitors and employees.
6. The strategy sets out our ambition to help deliver the vision, as well as the technological direction of the Council. It reflects the authority's overall strategic objectives and core values and links closely with other strategies and the Council Plan's themes. It makes it clear how ICT Services will:
 - a. Support the Council to achieve its Altogether Better themes
 - b. Use technology to be an Altogether Better Council
7. The strategy will achieve this by delivering on five key outcomes:
 - a. A focus on Durham

- b. Better technology
 - c. Better Engagement
 - d. Better People
 - e. Better Processes
8. Each of the outcomes is set out in a narrative and has attached the related actions from the ICT Service Plan as well as useful links to background documentation.
9. Whilst the strategy will cover the three year period from April 2015 to March 2018, it will be refreshed each year on a three year rolling programme basis with actions from the updated annual ICT Service Plan.

Recommendations

10. Cabinet is requested to agree the ICT Strategy 2015 - 2018.

Contact: Phil Jackman Tel: 07775 025096

Appendix 1: Implications

Finance

Financial implications will be included in individual projects. MTFP savings objectives are included in the Strategy.

Staffing

Staffing structures will continuously reflect our strategic direction

Risk

This report is to mitigate the risk of significant ICT systems failure

Equality and Diversity / Public Sector Equality Duty

None

Accommodation

The Office Accommodation Programme (2) forms part of the strategy

Crime and disorder

None

Human rights

None

Consultation

Consultation on the strategy has been undertaken with Members, Heads of Services, Directors, officers, customers, partners and ICT Services.

Procurement

None

Disability Issues

None

Legal Implications

None

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ICT Strategy

April 2015 to March 2018

Foreword

The Council, along with other public sector organisations is going through an unprecedented and rapid period of transformation. Our customers expect us to deliver more and more services through digital means and increasingly in collaboration with partner organisations.

This strategy describes the ever-increasing role that technology will play in driving change and supporting the Council to deliver its services. Our aim is to make it as easy as possible for service users to interact with the Council and its partners through innovative service delivery and better use of its technological and information assets.

The vision for the future of the County is an '[Altogether Better Durham](#)'. We are working to achieve this vision through the County Durham Partnership's [Sustainable Community Strategy](#). Information and Communications Technology (ICT) has a fundamental role in the achievement of the five priority themes of work:

- [Altogether wealthier](#) focusing on creating a vibrant economy and putting regeneration and economic development at the heart of all our plans;
- [Altogether better for children and young people](#) enabling children and young people to develop and achieve their aspirations, and to maximise their potential in line with Every Child Matters;
- [Altogether healthier](#) improving health and wellbeing;
- [Altogether safer](#) creating a safer and more cohesive county;
- [Altogether greener](#) ensuring an attractive, 'liveable' local environment and contributing to tackling global environmental challenges.
- An additional Altogether Better Council theme ensures that corporate improvements are achieved against the five priority themes.

Durham County Council has considerable experience in delivering technological improvement. We are building on this expertise by continuing to embrace technology to develop creative and innovative ways of improving service delivery. To achieve this we will invest in ICT in a value for money way that will continue to make a positive difference to the lives of everyone who lives in, works in or visits County Durham.



Councillor Jane Brown,
Cabinet Member Corporate Resources



Don McLure,
Corporate Director Resources

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Executive Summary - Why we need an ICT Strategy

Durham County Council is a complex organisation with millions of transactions across hundreds of different services. Its relationship with its customers, clients and members of the public is changing rapidly.

Information and Communication Technology (ICT) plays an ever increasing role in people's lives at work, at home and in the way that services are accessed and delivered. Our customers expect us to deliver more and more services through digital means and increasingly in collaboration with partner organisations.

This, along with the period of economic downturn has led to a rapid transformation affecting all public sector organisations.

This strategy describes how technology will be used to support the Council to deliver its Altogether Better Durham themes and make it as easy as possible for service users to interact with the Council and its partners through innovative service delivery and better use of its technological and information assets.

What are the issues that we are trying to address?

Durham County Council's ICT Services has considerable experience in delivering technological improvement and will continue to use this experience to deliver better life chances and improved services for the people of Durham against a backdrop of:

- A greater and increasing demand from our customers for faster service delivery across longer opening hours and from many locations in line with the [Customer First Strategy](#).
- A need to support our staff and elected members to enable them to do their jobs and fulfil their roles better.
- The Government's [Digital by Default](#) and [Welfare Reform](#) agendas.
- An almost daily introduction in the market of new technologies and a growth in new ways of communication such as social media, digital television and video on demand that heighten user expectations.
- Recognition that not everyone has access to technology and that a digital divide has the potential to exacerbate existing social inequalities.
- An expectation that technologies used outside of work can be used at work and a blurring of the relationship between home and work life.
- A move to greater self-service.
- The need to demonstrate greater efficiency to meet the Council's medium term financial plan (MTFP) and provide Council services using more effective technology for less.

A digital transformation

The use of digital technologies is growing and affecting all walks of life. Within the next few years such technologies will be integral to nearly all services that consumers use.

Access to the Internet is becoming increasingly important. The Council continues to invest in improving access to both fixed line and mobile access through the Digital Durham programme.

To meet this demand the Council is making a fundamental shift in its approach to digital from a passive or reactive approach to a much more leading edge approach by.

- Meeting the needs of the already web enabled customers who demand online services 24/7 and are accustomed to working in this way
- Designing services to be digital by design, that is online first and while alternatives will be available, design services for the majority and provide systems to work with the minority
- Improving the management of digital data
- Reducing total cost (and paper use) through the use of technological solutions

The digital approach will be as much about those who are not digitally literate as those who are, it is through the digital approach that we will ensure that those without online access will be assured of access to Council Services

The increased use of digital will affect the Council in five related areas:

- Becoming a 'digital organisation' will allow the Council to deliver its services in more consistent ways, from many more locations, at higher quality and at lower unit cost. It will allow us to transform working practices and become able to respond to emerging needs and expectations of our customers, partners and neighbours. To achieve this, we will introduce initiatives that maximise channel shift to digital transactions, improve engagement via digital methods and promote agile working.
- Becoming a 'digital place' through improved broadband and mobile communications coverage will improve interaction with and between service users. The Digital Durham and Mobile Infrastructure Programmes support this activity.
- Creating a 'digital economy' where businesses can grow on the back of the digital infrastructure and a skilled workforce. To achieve this will require a combined approach from partners across the private, public and learning sectors.
- Having 'digital communities' that support the development of the digital skills of individuals to allow them to access the opportunities that digital technologies will provide.

- Continuing to use technology to create ‘digital wellbeing’ as part of the Council’s wider support to promote the health and wellbeing of our communities and families. This will include assistance in supporting safe online participation.

County Durham vision

The vision for the future of County Durham is an [Altogether Better Durham](#).

ICT Services has a cross-cutting role in supporting and facilitating the Council in achieving all of its objectives.

The Council has five values which support our vision and underpin our corporate priorities. These values demonstrate how staff contribute to the success of the organisation, and what is required for us to deliver high-class services to our residents. The values are:

- **Customer Focus** - Putting our customers at the heart of everything we do, treating internal and external customers the same.
- **Respect** - Delivering on promises and being open and honest. Treating everyone fairly. Reducing bureaucracy and simplifying how we do things.
- **Sharing** - Working together to improve how we provide services to customers and work with our partners. Helping each other through change.
- **Learning** - Encouraging questions and listening to our customers. Being innovative, learning to be different and improving.
- **Ambition** - Wanting to be the best and working together to achieve this. Making improvements through being efficient and delivering value for money.

This ICT Strategy describes our ambition to help deliver the vision, as well as the technological direction of the Council in a way that supports the needs of all of our customers. It reflects the authority’s overall strategic objectives and core values and links closely with other strategies and the Council Plan’s themes.

During the three years this ICT Strategy runs (up to 31 March 2018), we will continue to experience a lot of change both in the technology itself but more importantly in its use.

The financial climate will remain very challenging and so focus on improving efficiencies and getting the most out of the Council’s investment will still be of the greatest importance.

In addition the next three years will see significant changes in the way the Council uses technology and we will:

- Work with service providers and residents to digitalise as many of our services as possible making it much easier to do business with the Council online.

- Mobilise those services that need to work away from the office either due to the type of services that they deliver or to meet customer expectations.
- Open the Council's data where appropriate and applicable to improve decision making and generate the opportunity to create new service offerings.
- Improve the digital skills of all users in order that they are able to make the most of the existing and emerging technologies.

ICT Services will support the Council to achieve its Altogether Better themes by continuing to deliver in the following five outcome areas:

- A focus on Durham
- Better Technology
- Better Engagement
- Better People
- Better Processes

The strategy is aimed at anyone who is interested in the technological direction of the Council, including residents, elected members, partners, politicians, suppliers, visitors and employees.

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Progress during the previous ICT Strategy

By the end of the previous ICT Strategy the Council had been in existence in its current form for six years. Following Local Government Review (LGR) in which the former seven District Councils and the County Council came together to form a new single organisation, there was a period of significant change and consolidation. Our main focus has been to bring together the various systems, processes and cultures that the new Council inherited in 2009.

This work has now been completed and we have developed a 'Maintain, Fix, Change, Supply and Inform' model to understand our ICT business. We have made considerable progress.

Maintain

Maintenance programmes are in place across the whole of the ICT estate and an Asset Register created. We have moved all of our desktops from an estate with all variants of Windows between 98 and XP to an estate of Windows 7 and Office 2010. No desktop device is now older than four years. We have moved to a single anti-virus, a single patching tool, a standard build and a single domain. A remote management and monitoring product is now in use with the school estate, which provides for expanded remote support and maintenance of the school equipment.

Technology is in use that allows any user to have secure access to the systems they require from any location as long as they can get a broadband connection and have a corporate device. We achieved compliance with the Public Service Network and Payment Card Industry security standards. Our core network has been fully updated to a modern Multi-Protocol Label Switching (MPLS) network. Business Continuity Planning has been improved. The server environments are now highly resilient and tested across two sites, using another Local Authority's data centre.

Fix

Our main focus on fix work is through the Service Desk where live issues are reported and monitored. The volume of outstanding issues at any given time has remained steady at the equivalent of one and a half days demand. Work is ongoing to manage work queues: 26% of issues are older than a month; 88% are aged less than three months; 31% of calls relate to technology that has failed; with the balance relating to issues that require an update.

Telephone response times remain good with the number of calls answered within a minute at 85%. The number of issues resolved within the service level agreement is at 94%

Change

A prioritisation process is in place to ensure that ICT Services' resource is optimised and applied only to those change projects which are of the greatest importance to the Council and its customers. The process has been refined further to give greater consideration to the Council's key, or Core Systems

covering finance, human resources, assets and customer. The number of applications in use at the Council has been rationalised from approximately 1300 to less than 700. Over 100 projects were delivered in the last year alone including the decommissioning of five major sites, improving wireless access, a new telephony system giving voice and video, the introduction of mail fulfilment technologies and the replacement of all printers with Multi-Functional Devices and on demand printing.

Supply

A significant portion of ICT Services' business is in supporting around 800 external organisations across the North East region. This includes other public sector organisations, schools, and Community and Voluntary bodies, supplying them with a wide range of goods and services. Managed services are supplied to several secondary schools, and maintenance engineer services are provided to the vast majority of the primary school estate. Network services are provided to many locations including for County Durham and Darlington Fire and Rescue Service and Durham Constabulary. We have developed a service catalogue to make it easier for our customers to understand the breadth of products and services that are available. New services have, and will continue to be developed to ensure that we are able to offer the right services to our customers in the ever changing ICT market.

Inform

A Business Development team is now employed to foster relationships between ICT Services and its customers and to identify any opportunity to grow our service offering. A number of mechanisms have been introduced, based around an engagement plan, which includes: newsletters; online learning; on-site workshops with the services; planned business development visits and six-monthly conferences to external and internal customers. These mechanisms complement the day-to-day engagement between our staff and customers.

Financial position

The above changes and improvements have been made against a background of very tight financial constraint. Since 2011/12 ICT Services has made a saving of £2.86 million. A further £1.57 million is to be made during the upcoming strategy period ending 31 March 2018. The total savings over this period is the equivalent of 42.8% of the services' net budget. Savings have been realised by a mixture of savings in supplies and services as well as a reduction in the number of employees. ICT also plays a major role in helping the delivery services achieve their own savings objectives.

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Major change programmes and expected timeline

We are planning some major changes during the life of this strategy aimed at making better use of the technological, financial and people resources that are available to the Council.

Descriptions are given in the narrative and tables within each outcome further on in the document, and details are available in the Council Plan, supporting Service Plans and the associated Guide to Services.

There are several major areas of focus which are worth highlighting however, as they will help shape the Council over the coming years. They are included in the narrative within this document. At a high level they are:

- Accommodation programme including:
 - A drive towards greater use of digital technologies
 - Skills improvement
- Customer relationship management
- Greater use of data assets
- Improved connectivity across County Durham
- Regional collaboration

Accommodation programme (2015 – 2019)

The Council is seeking to increase organisational performance through the rationalisation of its property estate and the development of their future workplace strategy. This will include a comprehensive review of the existing workplace estate, the transformation of the way staff work, improvements in the systems and policies that support them and the re-imagining of the places and spaces in which they work.

This will help to improve staff performance against fewer costs, support cultural change, increase flexibility and creativity, enhance job satisfaction, staff retention and recruitment, and ultimately to deliver better services to the community.

The Council is seeking to determine the workplace and property needs of officers and members who currently occupy around forty separate office buildings (including the existing County Hall building at Aykley Heads) and to develop a robust business case for the Council's future property strategy. A key driver for the Council is the transition from the outdated accommodation within County Hall into new accommodation that can support new ways of working and help to implement the Council's corporate strategy.

ICT will play an important role in realising the required outcomes. More modern and agile ways of working require the support of readily available and easy to use technologies. The development of these is included in the relevant service plans. Projects that use digital technologies to drive out low value added processes will get significant attention and are also included.

In addition a range of interventions will be used to work with Council employees to help raise skill levels in order to maximise the use of the new technologies and improve the overall efficiency of the Council.

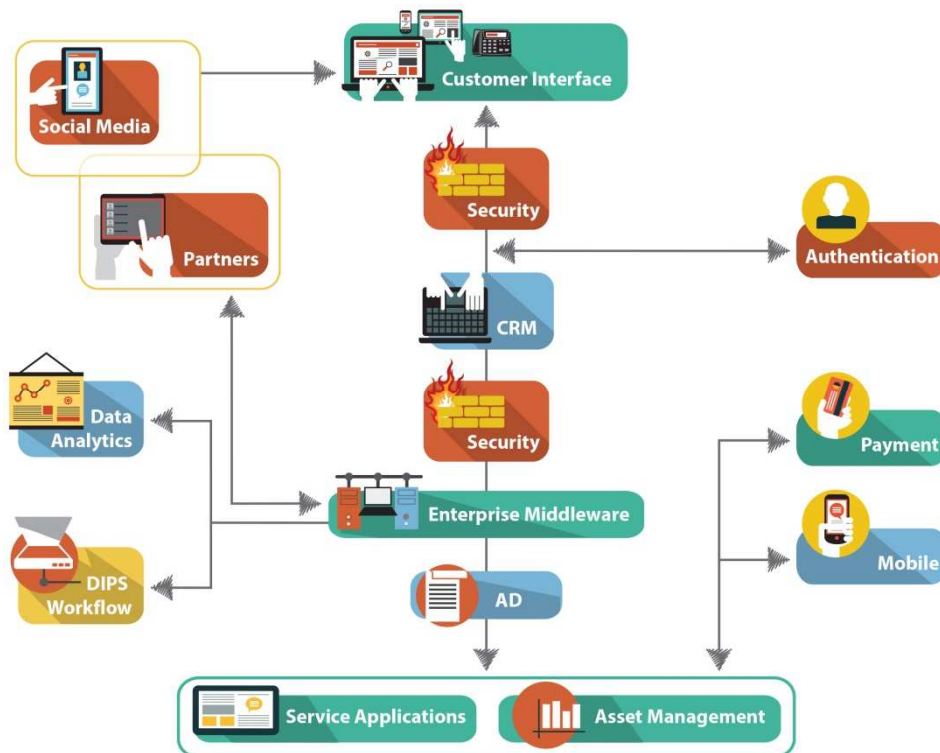
Customer relationship management (2015 – 2018)

The [Customer First Strategy](#) recognises the changing role that technology will play in meeting customer expectations. The Council is reviewing its customer relationship management (CRM) software which will play a significant role in raising service levels and improving efficiency.

The CRM will provide a single route in and out for our customers. [Enterprise middleware](#) will be employed to manage the relationships between our customers, our partners and the service delivery and asset management applications.

A consistent approach to customer authentication, payments and mobile application delivery will be applied across the Council with each service using the same underlying platform.

The enterprise middleware will improve the way that applications are connected and will also enable improved data analysis and data management.



The advantages of this approach include:

- A single systems approach to our customers as opposed to a separate route for each service application
- Improved data flows
- Improved data quality
- Improved data analysis and data management leading to improved decision making.
- Reduced interdependency between applications
- A reduction in the number of applications
- Increased use of core applications
- Availability of necessary tools not available currently.
- Improved ability to turn technology on and off (plug and play)
- The delivery of key tools not currently available
- Assisting the Council in more rapid decision making over its technology.

Greater use of data assets (2015 – 2018)

The Council provides hundreds of services to thousands of residents, visitors and businesses across the county and wider region. All of these services rely upon Information and Communications Technology to support their delivery. The applications that underpin the service delivery produce huge quantities of data which is predominantly held for the needs of that specific service.

Within these data sets we believe that there are opportunities for service improvement in four areas:

- Retrospective analysis and key performance indicator (KPI) reporting – Traditionally data are used to analyse performance by measuring outputs against pre-conceived targets and measures. Better data analysis would provide more accurate reporting.
- Reverse understanding – Current performance reporting relies upon an agreed measurement methodology yet this may ignore other more important measures that exist within the recorded data.
- Internal service development – The data will hold information that could lead to new or improved service delivery from the Council.
- External service development - The data will hold information that could lead to the creation of new or improved services that can be developed commercially.
- The data could be used by partner organisations to develop and improve their services for the benefit of the residents and businesses of Durham and the wider region.

This programme will work to realise the opportunities within our data. A demonstration of what is possible, using anonymised Council data and/or additional data from external sources, will be developed in the first instance.

Improved connectivity across County Durham (Current – 2016)

Digital Durham is a programme of activities to improve the availability of next generation broadband access and services to all residents and businesses in County Durham.

Working in partnership with nine other local authorities across the region, the Council has entered into a contract to deliver fibre based broadband to areas which have not been previously commercially viable.

Phase 1 of the programme is well underway with over a third of the structures built and properties passed. Additional phases are under consideration.

Activities designed to improve awareness and stimulate demand have been introduced and take up is growing ahead of expectations.

Work is also underway with providers and as part of the Government's Mobile Infrastructure Programme to improve access to mobile phone signals especially in more rural areas of the County.

Regional collaboration (Current – 2018)

The concept of developing 'shared service' models for local authority service delivery is growing, with the aim of making cashable efficiency savings whilst at the same time providing at least the same level of service for those organisations partaking in the shared services arrangements.

Efficiency saving opportunities may be made by reducing overheads such as by rationalising estate buildings, removing duplication of activity and systems, management and support cost savings from economies of scale.

Shared services can build operational capacity and capability across those organisations partaking in the shared services arrangements which can thereby extend sustainability of service provision in times of austerity.

Since 2014 the ICT Services of Durham and Northumberland County Councils have been working on a number of joint projects as part of a wider desire to work more collaboratively across the region. The Council also provides services to other public bodies.

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Supporting the Council to achieve its Altogether Better themes

This strategy is not just about the Council's organisation; indeed the real beneficiaries are the residents and businesses of the county.

This strategic aim is to ensure that everything that we do in ICT Services is to improve the wellbeing of the people who live in, work in, learn in or visit the County, either directly or by underpinning the delivery of services to them. To achieve this we must:

Provide reliable and robust systems that underpin the key services that our customers and employees rely upon, including systems which:

- Provide communication systems such as telephony, web and email.
- Provide revenue collection and benefits payment support.
- Provide information and personalisation services to vulnerable adults.
- Provide information and safeguarding services to children and young people.
- Systems that support Council services such as Planning and Refuse collection.

Provide reliable and robust systems that underpin the Council's support and compliance activities, such as:

- Financial management
- Human Resource management
- Place management
- Environmental Health monitoring
- Support efficient effective and working with children, young people and adults who have social care needs.
- Provide information systems to support safeguarding services.
- Enable children, young people and adults to achieve their maximum learning and development potential.
- Enable effective and sharing information partner organisations.
- Improving contact with our customers

Provide reliable and robust processes and policies that underpin the key systems and services that our customers rely upon through:

- Business Continuity Planning.
- Performance management and key performance indicators (KPIs).
- Bringing all support, maintenance, and set up activities into a single ICT Services.
- Bringing the management and budget for all hardware, operating systems and software licences under the control of ICT Services.
- Addressing business improvement in all parts of the service through our Optimisation activities.

Help residents to get more out of technology:

- Make connections available to every home, business and community across the County to superfast broadband through the [Digital Durham](#) programme.
- Make technology available and accessible to the public in Council venues, such as libraries.
- Improve mobile access by implementing the Mobile Infrastructure programme.
- Ongoing better engagement with residents.
- Provide low-cost technology using the Council's recycled PCs through the Digital Skills for Durham (DS4D) programme.
- Work with our partners and the learning, community and voluntary sectors to develop ICT skills.
- Assist our residents to use technology in line with the Government's [Digital by Default](#) and [Welfare Reform](#) agendas.
- Work with internal services to make more services available electronically and increase the appetite for change among the users.
- Improve access to the Council's data and use it to improve the understanding of users' needs and to target services better.

Support the regeneration of County Durham by:

- Implementing the Digital Durham programme.
- Implementing the Mobile Infrastructure programme.
- Developing systems that provide supply chain support to businesses in the County.
- Work closely with colleagues to develop regeneration initiatives.
- Continue to provide support to the Council's business centres, such as NETPark.
- Helping small businesses with start-up technology support.
- Working with the learning community, including schools, further education colleges and the universities to improve educational standards and attainment.
- Playing a greater regional ICT role as members of [Dynamo](#), North East ICT Managers (NEICT) and Society of ICT Managers (SOCITM).
- Supporting the aims and objectives of the North East Combined Authority.
- Developing an apprentice hub

Invest in the right technologies to:

- Make sure that the Council continues to develop as an organisation.
- Bring technological foresight and expertise to the Council and its partners.
- Make greater use of the technologies we have by consolidation of applications into, where appropriate, our core applications.
- Support current and prior version of operating and desktop systems only, with strong version control.
- Support the Council's accommodation programme.

Develop capable people by:

- Continuing the improvements in management within the Senior Leadership and Management teams.
- Investing in customer services training through the [Institute of Customer Services](#) and the Customer First Strategy.
- Investing in the necessary training to support the Council's required skill sets and technologies.
- Investing in the future through ICT apprentice schemes.
- Developing an apprentice hub.
- Working with users, including officers and members to develop better ICT skills.
- Consolidate and make better use of the Council's data.

Continue to develop a modern and forward thinking ICT Service by:

- Having a proactive approach to information management, security, Freedom of Information and Data Protection.
- Improving communications using a variety of media including social networking.
- Developing the understanding of our ICT business using the Fix, Maintain, Change, Supply and Inform model.
- Maintaining a focus on cost reduction and value for money.

What difference will this make?

The Council will continue to become more proficient in using appropriate ICT and will embrace its use to develop new and more efficient and effective services. Our technology will continue to be used as a mechanism to provide equal opportunities and improve the wellbeing of the residents of the County.

We will work to improve access to and the use of technology across the county, particularly in those digitally disenfranchised groups.

ICT will be used as both a physical and social medium to drive service improvement. It will become a part of everyday life for more people in the County, developing a workforce that understands and is comfortable with technology.

Durham County Council believes that digital technology will play a lead role in the future economy of the county and region and aims to become a leader in delivering information and services using ICT.

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Our architecture

It is not possible to know for sure what the future will hold yet we can be certain that there will be continuing pressure to reduce costs, increase efficiency and that these pressures will inevitably lead to a change in the way technology is used by the Council.

The Council's investment in technology is expected to have a five year life span. This can mean that it is difficult to invest in technology which is proportionate today but which will continue to be capable of meeting the Council's requirement going forward. Technology choices which seem reasonable today may become a disadvantage in future, which can result in the Council failing to fully realise the value of its investment.

Furthermore, to gain the best advantage from large-scale systems it is often necessary to compel their use, which can become a constraint on working practices, and ultimately counterproductive.

Such uncertainty brought about by the rapid changes in the technology market has caused us to consider more frequent reviews of our overall approach. What used to be a three year cycle is now annual and this may not be responsive enough in future. Work has already started to review and develop further the work described below.

Fundamentally, the role of ICT Services is to facilitate the Council in delivering its strategic aims. ICT Services works with service users to translate their business requirement into a suitable technology choice, then procure, implement and support that technology. The technology should not mandate working practices, or define the business processes, rather it should enable the Council to realise the benefits of its business decisions.

The ICT Strategy will avoid attempting to define large-scale architectures, which risk becoming restrictive or obsolete before their natural end of life. Rather the strategy will be to build a flexible, modular architecture which will enable the technology to adapt to changes in the Council's requirement.

To achieve this, the focus will be on developing a set of standardised building blocks. Each building block will be a module that represents one of the component pieces of technology necessary to create a fully working system. Each new system will be provisioned as a collection of modules, and by adding, modifying, or removing modules, the system can adapt and change. This will allow ICT Services to deliver tailored systems which meet the specific requirements of the Council, while still having the standardisation and consistency which allows the service to be delivered in a cost-effective and efficient manner.

This flexibility should allow technology resources to be apportioned and allocated on demand, enabling an infrastructure which can change in shape and size as needed. This will give the Council the opportunity to become more agile, more cost-effective, and to reduce the time taken to implement change.

Virtualisation is the key to this flexibility. Virtualisation separates workloads from the hardware it runs on. This allows for resources to be shared, and allocated at a granular level. At present, much of the back-end technology within the datacentre that supports the Council is virtualised, for example servers, storage and the core network. However, a more pervasive adoption of virtualisation is needed to fully realise the value of this approach.

Extending the concepts of virtualisation beyond the datacentre also extends the benefits of flexibility and adaptability. At present, most employees within the Council work from a fixed location, in part because the technology currently available effectively ties them to a specific device. Currently the solution to this is to provide staff with a portable device.

A better solution is to use a virtualisation approach to break the link between the user and the device. The device becomes generic rather than bespoke, and customisation is associated with the user rather than the hardware. This then allows staff to work from any device, or multiple devices, or from home, and still receive a consistent service. To this end, desktop, application, and telephony virtualisation will be deployed as an integral part of the infrastructure, enabling the Council to work flexibly. This infrastructure will also reduce costs and increase efficiency within ICT Services by reducing the burden for supporting individual bespoke devices.

This approach also promotes partnership working, as the same underlying technologies can be used to provide a controlled and tailored interface to internal systems, helping third-parties to access and share data with the Council.

The modular, virtualised approach also opens up opportunities to share infrastructure and provide ICT services to other organisations. Multi-tenant capabilities are inherent within the infrastructure, and it therefore becomes considerably simpler to share costs with other organisations and potentially derive income. At present, the Councils core network is shared with other Local Authorities, Police, Fire, and NHS organisations.

The Council must continue to be mindful of its obligations in regards to information security. The Council must comply with legislation such as the Data Protection Act, and must also comply with externally imposed security standards such as the [Public Services Network](#) Code of Connection (CoCo) and [Payment Card Industry security standards](#) (PCI).

Appropriate security is built in to the architecture. This will be multi-layered, and will be designed to provide defence in depth. Technologies which protect the Council from the effects of cyber-attack and help to prevent data loss are deployed and these must be coupled with policy and user education to form a complete picture. This approach also supports the Council's approach to Business Continuity.

While the technology components necessary already exist, and in many cases are already in use, building this architecture is not without challenges. Issues with software licensing models can preclude the sort of fluid concurrent model that would best suit a virtualised infrastructure. The infrastructure is in itself flexible in this regard. It will continue to be possible to operate separate stand-alone systems and dedicated hardware. This gives the Council the maximum possible scope for technology choice.

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Outcome 1 – Focus on Durham

Improving the economic position and financial wellbeing of the County and the region is the first of the Council's *Altogether* objectives. ICT Services will continue to be key in supporting service delivery, by improving connectivity, by supporting learning opportunities to improve digital skills and by helping to create an environment in which new businesses can start up and thrive.

We are developing and implementing processes and procedures that help maintain growth, employment and are in line with the Council's values. These include the development of an apprentice hub, support to help young people into the ICT industry and involvement in regional bodies that are focused on developing the North East as a centre of excellence for technology.

The [Digital Durham](#) programme is working in partnership with nine other local authorities to deliver access to superfast broadband (at speeds of over 24Mbps) to every business, home and community in the County but this is not just about infrastructure. We are working, along with our partners, to improve the [gross value added](#) (GVA) of the region, working with businesses to understand the opportunities and threats that improved connectivity will bring and working with people to develop the skills needed to operate in a technical age.

These skills are becoming increasingly important for our residents against the background of the Government's [Digital by Default](#) and [Welfare Reform](#) agendas where more and more services will only be available through the Internet.

These efforts are supported by the Digital Skills for Durham programme (DS4D) which refurbishes Council desktop equipment to provide low cost technology for community use.

We are also working with the mobile telephony providers and the Government's [Mobile Infrastructure Project](#) (MIP) to improve mobile coverage across the County including 3G and 4G coverage.

Energy reduction and asset maximisation is a focus of ICT Services in order to improve the impact upon the environment. New technologies are in use which: allow more people to work in their localities, leading to improved sustainability, less travel and reduced congestion; reduce energy consumption, such as evaporative cooling for the server environment, cold-air containment and [energy management systems](#). Energy usage is considered when purchasing new equipment when refresh opportunities allow.

Where appropriate we will make use of server virtualisation, a process where many computer environments can run on a single physical machine. This will maximise the use of our technical estate, reduce overall power consumption and improve the life span of equipment.

Planned projects:

Project	Expected outcome	By when
Collaboration with neighbouring LAs	Work with other local authorities to deliver ICT services in collaboration through a joint organisation.	Mar-17
Big data	Use the Council's data to develop new opportunities for service provision, improve reporting and decision making.	Mar-16
Mobile phone coverage	Work with commercial providers to improve mobile phone coverage in the county in conjunction with the Government's Mobile Infrastructure Project.	Sep-16
Digital Durham	Deliver the programme to provide superfast broadband to all businesses, homes and communities in the County.	Sep-16

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Outcome 2 – Better Technology

The Council needs modern applications to support service delivery to our customers and employees. This must be supported by robust and well-maintained technology platforms across a variety of delivery methods and user devices including smart phones, tablets, personal computers and televisions.

A refresh programme is in place to ensure that all technologies are maintained within an appropriate life-cycle.

We are consolidating applications through our Core Business System methodology into an appropriate number of prime systems for each of the major areas of our business, with the ability to interface and share data effectively. These are finance, people, customer, planning and social care. A process of Prioritisation is in place to align development requirements with the Council's key objectives.

The remainder of applications may or may not be hosted by Durham County Council but accessed through the Internet cloud, using software as a service (SaaS).

Our process for addressing new software requirements is to: question whether an application is needed; consider existing applications; procure a package solution. Only after considering these options will we proceed with any in-house development. When packages are procured we will endeavour to remain as close to the original product as is practical, using effective business cases for any further development work.

Applications are underpinned with consistent and supportable technologies, which are maintained across our server environments. ICT Services' architecture enables some of the complexity to be removed from the interfaces between these numerous and varied systems.

We will continue to:

- Rationalise the number of applications and backend databases.
- Rationalise the number of development environments and programming languages
- Develop in-house applications using the Microsoft Development Framework (.NET & SharePoint).
- Develop and support applications on Oracle and SQL Server.

The Council is focused on business continuity planning and maintains two separate data centres to mitigate against a catastrophic disaster at any one of our sites. This is being done in co-operation with Northumberland County Council and Sunderland City Council. In addition to this, all information stored electronically will continue to be backed up regularly and removed to a third site and stored in a fire and flood proof environment.

Planned projects:

Project	Expected outcome	By when
Centralised Document scanning and workflow	Unitise the varying document management systems, currently 8, and apply these to all incoming documentation.	Mar-16
Data and servers Archiving system	Introduce an archiving system to allow access to all legacy data and servers where the business case allows.	Mar-16
PSN	Retain Public Services Network security standards compliance which is a mandatory requirement for the Council to operate. Including Mobile Device Management; Network Access Control; Review of file shares.	Annual
Public Internet access	Improve access to the Internet for the public in Council buildings in a secure and robust way	Mar-16
Virtual Desktop Infrastructure pilot	Consider the replacement of existing desktop technology, to deliver more efficient and reliable desktop technologies, reducing deployment and support costs.	Mar-15
BCP	Continued development of ICT service availability for critical systems. This includes: Improvements to electrical systems at Tanfield DC; Installation of additional equipment and communications link at our space in Sunderland's Data Centre at Doxford Park; Configuration of systems to provide automatic failover where possible; Data duplication and transaction logging; Testing of system resilience	Dec-15
Schools Services Security Review	To provide better security of service provision to schools, a higher level of security analysis and risk mitigation work will be undertaken. This will include penetration testing, development of software patching systems, monitoring and reporting.	Dec-15
Power Upgrade at Tanfield DC	The Tanfield Data Centre mains power feed will be upgraded and revised to allow regular testing and maintenance to be carried out without adversely affecting provision of ICT services.	Oct-15
Information	In line with various audit	Mar-16

Security Management System	recommendations and to meet a good level of assurance with DCC Risk Management standards, a system will be developed to maintain records relating to information security and associated policies.	
Desktop replacement	Desktop replacement; Upgrade to the latest version of Windows 8	Mar-16
Architecture	Implement agreed corporate ICT architecture including middleware in line with corporate CRM project.	Mar-18
Libraries	Replacement of the library infrastructure and replacement of the public PC's with Windows 7 devices	Jan-16

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Outcome 3 – Better Engagement

Continuing communication and engagement with customers, partners and colleagues is the only way to keep ICT in sight. Communications and Engagement plans are in place for ICT Services for both internal and external audiences.

A mixture of methods is used to communicate including training, engagement days, trade shows, newsletters, key performance and trend analysis data, presentations and social media. Engagement is done through the ICT Core Group, which includes key people from all service groupings, targeted events with delivery services and business development meetings with customers. ICT managers and project leaders will continue to have regular discussions on performance with customers to seek their views and understand what we do well and where we could improve.

Targeted communications and marketing are in place to support the markets in which we operate or see as new opportunities, using materials such as catalogues, marketing shows and service level agreements.

Our business development approach has produced a customer segmentation plan and a targeted engagement plan across all markets which has led to a better understanding of our customers' business aims and how ICT Services can support these, as well as identifying opportunities for growth within existing and emerging markets.

To create a more flexible and responsive organisation we are continuing the development of a service component delivery model to make it easier for customers to understand what we are able to offer.

We are improving the Prioritisation process to allow greater responsiveness to changes in demand from customers and are looking to provide ready-made products rather than bespoke products wherever practical. This process allows us to focus on what is important for the Council as a whole and to get the right balance between service demand and technological innovation.

ICT Services is governed by the Strategic ICT Group which is chaired by the Corporate Director Resources and meets monthly and has representation from each of the Service Groupings at Strategic Officer level.

Planned projects:

Projects	Expected outcome	By when
Core systems and Prioritisation process	Focus on the Council's core system development and consolidation in line with the Prioritisation process	Annual
Office Accommodation	Support the Council's Office accommodation programme through the	Mar-18

Programme	development of required technologies and improvement of underlying ICT skills across the Council.	
Central schools element	The central element of the BSF solution is in need of updating. A review and analysis of the central solution and an assessment of the customer requirements.	Aug-15
Events calendar	Develop an events calendar to improved ICT skills and identify opportunities for greater use of technology throughout the organisation and its customers.	Aug-15
Big Data	Use the Council's data to develop new opportunities for service provision, improve reporting and decision making.	Mar-16

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Outcome 4 – Better People

The Council's technology is delivered by people for the benefit of people and we are striving to ensure that everyone has the capability to make use of the technology and the capacity to deliver and absorb it.

Annual skills assessments are carried out as part of the personal development plan process (PDP) and a programme of essential training is developed to invest in the required skill sets and technologies which have been identified.

Other skills gaps identified through the Optimisation methodology and Prioritisation process are added to the programme covering all users, including officers and members, as well as the residents of Durham using the Digital Skills for Durham programme.

Investment will continue to be made in management development for the Senior Leadership Team and Management Team. ICT Services has embarked upon customer training to support the Council's Customer First Strategy, working with the [Institute of Customer Services](#). A mentoring programme has been developed which will be cascaded throughout the service.

Succession planning is in place and is regularly a key discussion item at Senior Management Team level and an arrangement has been made with various providers to implement an [apprenticeship scheme](#) specifically for ICT Services. This scheme will be enhanced further to provide an apprentice hub for the public and community and voluntary sectors.

Planned projects:

Projects	Expected outcome	By when
Collaboration with neighbouring LAs	Work with other local authorities to deliver ICT services in collaboration through a joint organisation.	Mar-17
Facilitate greater agile working	Improve the Council's ability to work from multiple locations including home by providing the correct equipment and facilities, as part of the Accommodation Programme	Mar-17
Unitise remaining parts of ICT outside of ICT Services.	Work with Service groupings to identify remaining ICT work currently being performed outside of ICT services and unitise into ICT Services.	Mar-16
Training	Deliver a training programme that covers both 'hard' technical and 'soft' people	Annual

	skills, including a mentoring programme.	
Apprentice hub	Create an apprentice hub for the public and community and voluntary sectors to increase the number of apprentices.	Mar-16
Big Data	Use the Council's data to develop new opportunities for service provision, improve reporting and decision making.	Mar-16

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Outcome 5 – Better Processes

ICT Services has an operational and quality model based upon its five key functions: Maintain; Fix; Change; Supply and Inform. All of our activities to support our customers, employees and members fall into one of these areas:

- Regular maintenance of equipment or its replacement through the refresh cycle;
- Fixing equipment or software that is not working;
- Developing new applications or introducing change through existing or new technology;
- Supplying goods and services;
- Keeping our customers informed of issues and new opportunities.

We have developed an Optimisation methodology designed to improve service delivery through an improved understanding of customer demand and work flow. Constant assessment of the day-to-day workload is carried out and is focussed both on the hard side of the business, such as up-time, call closure rates and implementation times and also the softer sides of the business, such as the contentment of the customer and ease of use.

Work on analysing ICT Services is fundamental to indicate to our customers and internal management team how well, or not, ICT Services is performing. Analysis of our activities (support versus development), best value (use of money against required volumes and quality), skills (staff knowledge and experience) and current technologies (hardware, software and operating systems) is vital to baseline our service. An updated series of performance indicators is published.

Our focus is to continue building on what we have achieved by creating an organisation that is ready to adapt to rapid change in circumstances, requirements and market conditions. To maintain and sustain this we are working to make our processes and procedures simple to understand, communicate and use.

Throughout our work there is a clear focus on cost reduction and value for money and a commitment to deliver our own responsibilities, as well as those of our customers, within the Council's medium term financial plan (MTFP).

The Council complies with security and quality standards including the [Public Services Network](#) Code of Connection (CoCo), [Payment Card Industry security standards](#) (PCI), the International Standards Organisation quality standard (ISO 9001) and the International Standards Organisation information security management system standard (ISO 27001).

It is committed to upholding the principles of the [Data Protection Act](#) which protects data personal to individuals from being misused, as well as the [Freedom of Information Act](#), which ensures openness and transparency in government.

ICT Services is using its existing business and technology skill sets to provide services through a trading organisation that meet the needs of the public and voluntary sectors in the region but which is also capable of addressing private sector areas where market failure can be demonstrated. We are working with neighbouring Local Authorities to cross sell and buy services where this is cost effective and adds value.

Planned projects:

Projects	Expected outcome	By when
Maintain required security standards (ISO 9001, CoCo, PCI, ColCo etc) Security standards 27001	Security across Council technology that is compliant with government standards and maintains a safe environment that allows employees and members to work effectively.	Annual
MTFP savings	Deliver the required Medium Term Financial Plan savings.	Mar-18
Develop further the single ITBM service desk system	Following the successful merger of the corporate and schools' service desk systems into one instance, we will develop the single system to add extra functions such as incident, software, asset management and the ability to self-serve.	Sep-15
Support services next phases	Develop in conjunction with all Service Groupings an approach to Business Support Services across the whole Council	Mar-16
Digital Approach	Develop a programme of opportunities to improve service delivery across the Council using digital technologies in conjunction with the delivery services. This will include the improvement in work flow of authorisation and administrative processes.	Mar-16

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Cabinet

15 April 2015

County Durham Partnership Update



Report of Corporate Management Team

Lorraine O'Donnell, Assistant Chief Executive

Councillor Simon Henig, Leader of the Council

Councillor Brian Stephens, Cabinet Portfolio Holder for Neighbourhoods and Local Partnerships

Purpose of the Report

1. To update Durham County Council's Cabinet on issues being addressed by the County Durham Partnership (CDP) including key issues from the Board, the five thematic partnerships and all area action partnerships (AAPs). The report also includes updates on other key initiatives being carried out in partnership across the county.

Summary

2. The County Durham Partnership continues to focus on supporting people most in need. Changes to the welfare system have affected thousands of people within the county with further impacts still expected. The AAPs in particular have focused on the area of welfare reform with successful projects shared across localities. The AAPs share best practice and learning across boundaries and also how they work with partners in the voluntary and private sector to support local people.
3. Focus on the economy has also continued as a key area of work across all parts of the partnership with a reminder of some of the key successful projects focused on increasing individuals' employability and skills forming a significant part of this report. The variety of projects show that the local nature of the AAPs can be matched with the strategic aims of the partnership to deliver positive outcomes for people, which also links to the welfare reform agenda. The County Durham Apprenticeship Scheme, for example, is featured and shows how a broad strategic initiative can be delivered successfully at a local level.
4. In working with, and empowering, local people through those programmes mentioned above, and others, they will be in a stronger position to become involved in their local communities in the future and particularly to engage with the Durham Ask. Partnership working supports this and sets in place networks and mechanisms to support social and community enterprises in a variety of ways. The Ask continues to be a focus for the council with expressions of interest being received and business cases developed.
5. Listening to the views of local people is central to the work of the CDP. In recent weeks there have been a series of regional consultation events focused on the

North East Combined Authority and its devolution proposals. These have been co-ordinated by Durham and have attracted significant interest with Durham's event attracting over 100 people made up of business and voluntary sector representatives, town and parish councillors and clerks and local residents. The outcome of these events will be reported when available.

6. The CDP brings together all of these issues at its forum meetings, the most recent of which was hosted in February by the Fire and Rescue Service. All 14 AAPs have now taken the opportunity to share best practice and inform others of the work carried out in their areas including some specific projects as well as broader updates on priorities therefore the forum format is now slightly different. The February meeting was centred on the fire service and on how it has adapted its ways of working to ensure it can continue to meet demand. Five AAPs also presented on how their work complements and enhances that of the Fire Service through a variety of ways including funding projects for equipment and home safety checks to more reactive work following major incidents such as the flooding in Chester le Street and shop fires in Stanley. The workshop discussions at the meeting generated some positive ideas on how to take forward further partnership working.

Welfare Reform and Support for Local People

7. The County Durham Partnership continues to work collectively to address the issue of Welfare Reform, both strategically and in local communities with AAPs central to this. Working with local social housing provider **livin**, **Great Aycliffe and Middridge Partnership (GAMP)** has recently supported the development of a free, confidential, impartial, independent, quality marked and accredited debt advice service for residents. SYD (Sort Your Debt) has commissioned FISCUS to deliver the service to residents who need independent advice and support with: money MOTs and budgeting advice; benefits, tax credit and pension credit advice; starting your own business, tax credits and grants; better-off into work or self-employment calculations and debt repayment plans, IVAs, debt relief orders and bankruptcy.
8. Since the launch of the project in January 2015 over 20 GAMP residents have received support on a range of issues with financial savings of almost £4,000 made and a total debt advised on of over £40,000.
9. **GAMP** and **East Durham Rural Corridor AAPs**, working in partnership with the Pioneering Care Partnership, have developed a free service to assist residents into employment. The project is aimed at individuals of working age who require support to navigate the present Welfare Reforms, in particular those residents who have poor access to formal learning opportunities and who are digitally excluded.
10. It will provide employability pit stops (in community venue surgeries) across the Great Aycliffe and Middridge and East Durham Rural localities to deliver support to clients around a range of themes including: personal development and employability skills (support and development of a targeted CV to promote independent job search and raise personal aspirations); completion of job application forms - an awareness of personal skills and abilities to enable realistic targeting of attainable employment pathways; support to access additional funding opportunities and promoting increased financial capability.
11. Also in the East of the county, and as highlighted in previous reports, **East Durham AAP's** Welfare Champions and Debt First Aid projects have proven to be successful in supporting individuals and families and undertaken over 2000

interventions to date. Linked to this is the Access to Food Capital Grants project which came out of the AAP's research into access to food which identified children and the elderly as those most at risk. This is supported anecdotally through the need to include a food budget within holiday activity grants which is as a result of a number of children (usually on free school meals) not receiving meals at home. This grant will encourage the development of holiday based provision targeting children and families and replace worn equipment.

12. The **Derwent Valley Partnership (DVP)** and **Mid Durham AAPs** are also working with their Registered Social Landlord partner, Derwentside Homes, and other local agencies through their social enterprise SHED (Social Housing Enterprise Durham) to supply and collect goods for re-use which can then be distributed to the local community, at a low cost charge which will help sustain the project. An additional service that will be offered will be the clearing of Derwentside Homes' void properties; removing goods which can be re-used and diverted from landfill. The project will also offer warehousing training from the base in Number 1 Industrial Estate which will give individuals valuable vocational experience in manufacturing.
13. Unemployed people would be recruited to the project which will offer work experience, qualifications and confidence to succeed and find sustainable employment. The project is about supporting people back into employment and giving these individuals a sense of direction by offering future career opportunities. In addition to this the project will also be carrying out maintenance jobs in the local community through SHED.
14. As well as working with housing partners on welfare reform, AAPs work closely with the voluntary and community sector on this issue. **Spennymoor AAP** is supporting the Citizens Advice County Durham Community Access Kiosks project. Its aim is to give information and access to Citizens Advice Services, through the provision of information kiosks and training of local reach out volunteers in each community who are able to provide information and signposting to the local bureau. The information kiosks will be placed in local village halls and community centres, and will be supported by a Citizens Advice Services volunteer development officer who will empower members of the local community to support their fellow residents as they deal with issues they may have with the Universal Credit and Welfare Reform programmes. The programme has only recently started and due to one of the Community Centres withdrawing from the programme and delays in broadband installation, they are still in the development stage of the project.
15. **Durham AAP** is also working with Citizens Advice via a joint working initiative between MIND and Durham Churches as a pilot approach to dealing with the reasons why people attend Foodbanks and also piloting some outreach work in the Sherburn ward dealing with the issues raised by welfare reform for local people.
16. The **3Towns AAP** led advice project in Willington targets residents with Welfare Benefit Issues and those who are experiencing poverty. Weekly advice sessions are held in Willington Community Action Centre, so far achieving over £76,015 in financial gains for its clients. The Signpost Advice and Information project supports the continuation of a free confidential advice service in Crook (three mornings a week).
17. Between January and December 2014, 3399 clients accessed the service in person and a further 1520 received advice and information by telephone. Of which:
 - a. 2139 were disabled and 597 were of pensionable age;

- b. 1272 people received advice on benefits and help completing a range of forms resulting in an additional £900,175 being claimed by those entitled;
- c. 236 families were helped with housing matters;
- d. Five cases of domestic violent were referred to specialist partners, 87 legal cases were passed to solicitors 198 people were helped with utility bill issues. And a further 208 people were helped with consumer matters;
- e. 407 clients were referred for food parcels / emergency utility payments in times of dire financial need when awaiting benefits to be put into place and 48 have benefitted from the local furniture scheme.

18. These examples show the variety of initiatives across the county that are supporting local people and the continuing need for support. This will continue as long as it is identified by local people.

Joint working with the Voluntary Sector, Local Councils and Armed Forces

- 19. The CDP networks are key to ensuring that support is widespread and initiatives are delivered where they are needed. Through joint working with the VCS, town and parish councils and AAPs, projects are enhanced and more sustainable. There are two strategic working groups that continue to meet bi monthly to jointly address key issues.
- 20. The **Local Councils Working Group** is focusing on delivering the Delivering Differently project which attracted £90,000 from Communities and Local Government following a successful joint bid late last year. Durham County Council and the County Durham Association of Local Councils (CDALC) are working together to identify three pilot town and parish council areas to look at more joint working in the future, particularly focused on clean and green neighbourhood services. Another part of this work will be identifying, through work carried out by the Institute for Local Governance, the most appropriate and cost effective ways of working with town and parish councils and how to expand these in the future.
- 21. The **Voluntary and Community Sector Working Group** is focused on developing the offer for volunteering and social enterprise across the county and a presentation at a recent meeting looked at what was needed for social enterprises to thrive. This agenda will drive forward the Durham Ask and support groups coming forward to take on services and facilities to be able to take these on and develop sustainable enterprises.
- 22. The AAPs work closely with the voluntary and community sector in supporting local communities with recent attention focused on community buildings and asset transfer. **Durham AAP** has supported the newly formed Sherburn Community Association with issues such as the opening of bank accounts, business planning as well as supporting their application for Lottery funding. Also in their area, Pitlington Community Centre has now agreed their asset transfer and is looking to make refurbishments to their heating system which the AAP will look to help them with through accessing further funding.
- 23. The **Derwent Valley AAP (DVP)**, in partnership with the County Durham Food Partnership and Durham Community Action, is taking forward one of the priorities from the Sustainable Local Food Strategy which is to facilitate and support more community growing opportunities throughout the county.

24. With a contribution from the Tudor Trust of £60,000, the DVP funding (£6,120) will enable communities in Derwent Valley to take part in the Community Growing Project aimed at increasing community access to good food and improving health, self-esteem, community resilience (both economic and environmental) and education/unemployment. The project aims to support local communities to develop a scheme that utilises the skills, assets, experiences and interests of each community. This supports the Health and Wellbeing strategy, particularly the positive impacts on obesity, healthy eating, exercise levels and mental health, the project will also contribute towards children and young people making healthy choices, decreasing health inequalities and early deaths and improving mental health and wellbeing of the population.
25. **BASH AAP** has made links at a national level and will facilitate a further visit from the Scotto Charitable Trust by recommending projects for funding. This is an excellent, unique opportunity for the AAP to provide additional support and revenue to groups in the area. As a result of this unique and ongoing relationship and the support of the BASH AAP an additional £270,000 has been invested into the area by the Scotto Charitable Trust.
26. The Partnership continues to support the **armed forces** in a range of ways including in accessing national funding. Four successful grant applications from local Cadet Forces to the Armed Forces Community Covenant Grant Scheme were reported to the **Armed Forces Forum** held on 12 March. The total funding awarded in County Durham from this Grant Scheme for 2014/15 is £106,000. The Forum also heard about the findings from a research project on information sharing for ex-service personnel (veterans) and considered the future possibilities for creating hubs to improve co-ordination and awareness of services to support veterans and their families. The Forum itself provides an excellent opportunity for partners to exchange ideas to improve outcomes for veterans in the County.

AAP Priorities 2015/16

27. AAPs have chosen their priorities for the forthcoming year through their forum meetings. The majority of AAPs have decided to keep the priorities from last year although there have been some slight amendments. A number of them have incorporated health and wellbeing into their work, either through existing priorities or having it as a specific focus. This reflects work between the thematic partnerships and the AAPs and the proactive way that all parts of the partnership address key issues.
28. Teesdale Action Partnership and Weardale AAP have changed their priorities the most whilst, for the first time in recent years, not all of the AAPs have prioritised employment, jobs and training directly. Durham AAP, Teesdale Action Partnership and East Durham Rural Corridor AAP have not specifically identified the economy as a priority although it is acknowledged that much of the work carried out across the partnership and by AAPs specifically has some economic impact. This shows the diversity and the local nature of the priority setting process.

AAPs and Employability

29. The County Durham Partnership identifies Altogether Wealthier as its top priority and this is also reflected in the work of the Area Action Partnerships. Over the last few years the AAPs have attracted significant funding into the county to support a wide range of initiatives in local communities.

30. The support given by AAPs can be categorised into specific areas: apprenticeships and support to young people as well as awareness of future job opportunities; support and training to upskill people to enable them to re-enter and access the job market, some with links to welfare reform and support to businesses to grow and develop and employ additional people with the correct skills. Many of the AAPs have been involved in all of the areas whilst others have focussed on one element.
31. The countywide Apprenticeship Programme, as reported to the **County Durham Economic Partnership**, has achieved 835 apprenticeship starts across a variety of sectors to date, with the most popular being Business Administration 159 (19.1%), Engineering 119 (14.3%), Electrical 47 (5.6%), Joinery 39 (4.7%) and Hospitality & Catering 35 (4.2%).
32. The current programme starters intake stands at 470 (56.3%) for 16 to 18 year-olds and 588 (70.4%) 16 to 19 year-olds so good progress is being made in focussing on the younger age range, which was identified as a priority in the Apprenticeship Action Plan by the Council and partners. With regards to businesses creating the apprenticeship opportunities, 555 (66.8%) have fewer than 20 employees and 717 (86.3%) have fewer than 50 employees, which emphasises the importance of focussing on the smallest growing businesses. In the run up to Apprenticeship Week (9 to 13 March 2015) a number of press releases were issued, including case studies highlighting the success of the programme from a diverse range of employers.
33. The employability project in the **3 Towns AAP** area covers all aspects of the work mentioned above and is currently in its fourth year and continues to be successful. Two of the main outcomes from the project are to:
- a. Increase engagement with unemployed residents in the 3 Towns area and increase the flow of residents not in employment through the stages of the Regional Employability Framework. This is achieved through promotion and awareness raising and through the engagement element of the project at a grass root level liaising with a wide range of local organisations. There have been 292 people engaged with to date, referrals are also made via local organisations such as Dale and Valley Homes and the South Durham Enterprise Agency. Following engagement the clients received support to progress towards employment through the stages of the REF. In the first nine months of this year 125 new referrals have been made into the project. 124 residents have received 1:1 mentoring support including CV preparation, training, confidence building, communication skills and interview techniques.
 - b. To increase the number of unemployed residents in 3 Towns into sustainable employment and conversely a reduction in the number of residents not in employment. 39 residents have moved into employment (31%), 3 apprentices, 11 into self-employment and 25 into employment. Exceeding the total target for the whole year.
34. 3 Towns AAP has recently agreed their funding allocation for the forthcoming year with five new employability projects selected for funding and that meet the following themes developed through the task and finish group process:
- a. Projects which support people into employment / projects which offer employability support

- b. Projects which develop people's employability skills by gaining qualifications and experience through volunteering at local groups and clubs.
 - c. Projects which encourage employers to take on apprentices and support the businesses during the process.
 - d. Projects which support those affected by Welfare Reform
 - e. Projects which offer an early introduction to the world of work for Young People at school and make or strengthen links between employers and schools, in addition to statutory provision.
35. The **BASH AAP's** Employability Skills and Discretionary Fund provides two funds to older people looking to re-enter the jobs market. An employability skills fund to respond to specific training needs and a discretionary fund to remove barriers which prevent clients from accessing training. The Employability Project tailored one to one employability support and mentoring with a particular focus on the over 50s in order to gain sustainable employment. This also works with local employers. This is an extension of an existing project and will provide a part time mentoring officer. The Raising Employment and Career Aspirations in Schools project will also provide impartial careers advice and guidance, in particular to raise aspirations of young people aged 8 – 13 as well as unemployed adults.
36. The County Durham Apprenticeship Programme has seen significant success across the county with many AAPs involved. **Stanley AAP** is working with the Employability Team at the County Council on a Stanley Apprenticeship Programme. £10,000 of Area Budget funding has been allocated to the project with a further £15,000 coming from the National Apprenticeship Service.
37. The aim of the project is to tackle the high levels of youth unemployment currently being experienced by incentivising businesses to create additional apprentice opportunities that otherwise would not have existed. The programme will aim to create ten apprenticeship opportunities for unemployed 16-24 year olds who are residents of the Stanley AAP area to support them to identify and access these apprenticeship opportunities. The project will work with private sector SMEs who have never recruited an apprentice before or have not recruited an apprentice in the last year thereby increasing the business base of those companies who recruit apprentices (only 24% in 2011/12) and provide more opportunities for young people. This will be achieved by working with SMEs with less than 250 staff to create ten new apprenticeship opportunities in the Stanley AAP area.
38. The Stanley Apprenticeship Programme will create apprenticeship opportunities that last a minimum of 12 months with the incentive being paid at the end of month three to improve sustainability of the apprenticeship opportunity. The scheme has already supported 45 employers to create 49 apprenticeship opportunities with 42 young people (85.7%) still on programme. Retention data show that 31 young people (63.3%) have been on the programme for six months against total programme average of 66.7%.
39. Many AAPs, including **Teesdale (TAP)**, have focused on enabling people to re-enter the jobs market by looking at gaps in provision in terms of training and experience for certain types of jobs. One area identified within that particular area was the need for local people to be trained as youth workers with recently advertised posts remaining unfilled for some time. Working with Teesdale Community Resources and Teesdale YMCA a project has been developed that will

see eight local people trained as youth workers (level 2 qualification) as well as two existing youth workers being trained to deliver the youth work training in the future.

40. TAP has also been successful in the past year in working with and supporting businesses through business units at Middleton in Teesdale Mart. Upper Teesdale Agricultural Support Service (UTASS) and Durham Dales Enterprise CIC have worked to ensure that the units were built and filled with local businesses. TAP is supporting the next steps ensuring that development work can continue which will create a sustainable model of working for future years.
41. The **Derwent Valley Partnership (DVP)** has also looked at matching the needs of businesses with the skills of local people with their Employment and Education Task Group. It identified a need for a comprehensive study of the area's existing skills levels and the outcomes of the study will be used to create an informed skills and employability action plan for the area. So far, baseline data has been generated and employer interviews have begun aimed at consulting with businesses regarding issues such as recruitment, training and links with local schools and training establishments.
42. Alongside this work, a questionnaire will be circulated to 100 businesses locally over the coming week to gauge their views and requirements. It is envisaged that the collated results of the data collection and questionnaire will be available by the end of April enabling the development of the action plan to commence.
43. Also addressing specific areas of employment and training, **Stanley AAP** has supported Derwentside Trust to fund 12 people to secure a Security Industry Authority (SIA) license and 60 people to gain their Construction Skills Certificate Scheme (CSCS) card. Anybody who is unemployed, aged 19+ and resides in the Stanley AAP area can access the training, either for the SIA or the CSCS. The Trust is working closely with other agencies to receive referrals for the courses and also accept people directly contacting Derwentside Trust to access the courses. Referrals can come from any organisation that supports people within the Stanley AAP area.
44. The AAP has funded the delivery of a Retail Improvement Project in Stanley Town Centre. The first phase of the project benefitted seven shops who received Shop Front Improvement Grants. The shops undertook a major facelift and received; joinery repairs, painting to doors, woodwork, and masonry, with five of the shops also receiving new signage. They also received retail advice about their shop and window display layout to help maximise their retail offer and improve their footfall. The second phase has seen five shops in the Town benefit from the Shop Front Improvement Scheme; two of the shops have received decoration works to their frontage and the remaining three shops are currently waiting for their new signs to be fitted.
45. During the final currently live phase of the project the project deliverers have been working with a further four shops. They have all received decoration works to their shop front and all but one of the shops have received the necessary Advertisement consent for their new shop signs to be fitted and this will happen soon. Following the completion of the final phase of the project Shopkeepers and local shoppers will be consulted on the reaction to the shop fronts and any increase in sales or profits as a result.
46. **4Together AAP** also awarded £15,000 to support local business through their Targeted Building Improvement Grant Scheme, part of a total of £80,000 project

which offered grants to business owners or tenants in Ferryhill Town Centre for external works, to help improve the commercial vitality of the town centre and create and sustain a sense of pride amongst the local population. The project offered grants to owners or tenants in Ferryhill Town Centre businesses to a maximum of 50% of costs, up to £5,000, for external works. The project covered Ferryhill Town Centre, in the first instance and was widened out slightly as the scheme progressed.

47. Employment and Job Prospects became a priority for **Mid Durham AAP** in 2013 focusing upon the altogether wealthier objectives of 'Sustainable Neighbourhoods', 'competitive and successful people' and 'Business, creation, development and growth'.
48. The large majority of businesses in Mid Durham are predominantly small and it was highlighted that support to sustain and develop business was key to the area. A task group worked on a positive piece of joint work with CDC Enterprise and initially **Chester le Street AAP** and now **Derwent Valley AAP** to set up a cross AAP boundary Business Support Advisor. To date this has seen over 150 businesses advised; 22 new jobs created and 23 safeguarded. The most recently support programme (2014) is being delivered by the Durham County Council Employability Team who is working closely with partners to identify residents who need support in getting back into employment. To date the scheme has worked with 11 residents and managed to secure employment for two of them.
49. On the capital side, the AAP has been referred a major employment and training initiative through the County Durham Economic Partnership. The North East Civic Trust has been to the AAP Board and put forward a £6.2m proposal to refurbish the Home Farm in the grounds of Ushaw College and develop a heritage skills centre in partnership with Durham University. The AAP will be hoping to support them with regard to the heritage lottery phase one bid and with community and partner engagement.
50. More recently, **East Durham AAP** area budget and the East Durham Elected Members' neighbourhood budget have supported the creation or continuation of a number of employment opportunities. Examples include: two Community Officers; six apprenticeships, specifically aimed at not for profit organisations; Community Centre Manager's post created; continuation of two Community Centre Managers' post; Community Health and Fitness Officer; creation of two Horticultural Apprentices; support for the development of a social enterprise centre with a community building (providing business start-ups for three social enterprises involving 30 members of the community) and three posts created attached to area budget projects; Welfare Champion Co-ordinator, Community Job Club Co-ordinator and Centre of Excellence Dementia Co-ordinator.
51. In total over the last three years of focus on employment, job prospects and training the **4 Together Partnership** has invested £129,989 worth of Area Budget into employment related projects which has seen projects worth £316,400 being delivered aimed at raising opportunities for local residents in the world of work.
52. One particular project supported by **4Together AAP** and **Spennymoor AAP** is the County Durham Furniture Help Scheme Employability Training project which was delivered on an eight week training and work experience scheme supporting 40-60 target clients, providing a placement in a business environment which fully prepares them for the world of work. It aimed to break down barriers to employment by

promoting individual aspirations and advancement as well as supporting learning activity. 20 clients progressed into employment, and eight into further learning or training at an Area Budget contribution of £18,905 towards a £28,905 project

53. There were three elements to the scheme: employability programme; work experience and training. Individuals receive a completed CV and record of achievement including information such as details of projects worked on, certificates from external trainers, in-house training and a matrix of skills and training gained are kept with ongoing support provided to clients who gained employment.
54. Following successful engagement with Apprenticeship Programme for the **Chester-le-Street** area, the AAP has started a specific piece of work looking at enhancing transport links and access to jobs and training opportunities. Local evidence suggests that often people can obtain an apprenticeships or job role but due to travel difficulties they may not be able to access this if they don't have means of independent travel. The AAP have therefore supported an initiative to promote the availability of 'LiftShare' locally to try to grow the pool of people who are signed up to this national initiative. Liftshare acts as a car sharing service and is aiming to get 500 new registered users of this scheme across the Chester-le-Street area to support car sharing to major employment sites. Local adverts have been placed in the AAP produced Chester-le-Live brochure which goes to 24,000 households and targeted work has been done with local employers to encourage them to get their staff to sign up to Liftshare.
55. In addition to this the AAP is currently developing a 'Wheels to Work' Project that involves the short term loan of scooters to people who have secured a job offer, but where transport is a barrier to accepting them. It is currently looking at learning from best practice of a scheme operating with Armed Forces Service personnel in Northallerton and also a scheme in Newcastle.

Altogether wealthier

56. The **County Durham Economic Partnership (CDEP)** at its Board meeting in February focused on Access to Finance and more specifically: ATOM (Bank), making investment happen in County Durham and Access to Finance North East including JEREMIE 2. Some of the key issues, challenges and areas of discussion included:
 - a. Atom will be the UK's first mobile bank. It is a new and different type of bank. It has been "designed for digital" and in particular for smartphone and tablet, an area in which there has been explosive growth. Atom Bank moved into Northumbrian House in Nov 2014. There are currently approximately 120 people (including contractors) employed by Atom. Although many of the permanent posts have been recruited from existing companies, Atom are expecting total employee numbers to rise in the next 7-10 years to 510. It is hoped many of these will come through local recruitment.
 - b. Edward Twiddy, Operations Director discussed the locational and skilled labour advantages of locating within Durham. The main next steps are in preparation for the launch of the bank which will include complying with national banking regulations and market testing of products and services. The bank is planned to launch in Autumn 2015.

57. Simon Goon, Business Durham Managing Director, provided an overview of JEREMIE 2. This is an investment fund that will provide much needed investment and a loan fund for north east businesses. The fund is currently in design and being modelled, with an anticipated project launch on the 1 January 2016. The board discussed the make-up of the fund, how it can benefit local businesses, appointment and/or procurement process for the new programme with EU and DCLG, preferred methods of management/delivery and joint working with the NELEP and Tees Valley LEP.
58. The next CDEP Board will look at the development of the County Durham Plan and Merchant Park II development at Aycliffe Business Park.
59. The detailed Operational Programmes for ERDF and ESF for England are still under negotiation with the Commission, working through the detail of each priority, agreeing the activities to cover as well as the results, outputs and financial targets. The outcome of these negotiations may have further implications for County Durham depending on the detail that is included in the Operational Programme. A decision is expected in spring with project calls and delivery not expected until the summer.
60. Partners are continuing to meet to discuss other key strategies:
 - a. The review, refresh and development of a new Business and Enterprise Strategy is underway. A partner led project group is meeting to develop key priority areas for the strategy. There will be clear linkages to the newly adopted County Durham Skills Strategy. The draft strategy is scheduled for completion by autumn 2015.
 - b. Work is ongoing to refresh the Housing Strategy to consider key changes and issues that have arisen since the development of the last strategy. The refreshed Strategy includes 'Building Altogether Better Housing Markets', 'Building Altogether Better Housing Standards' and 'Altogether Better at Housing People' themes. A phased approach to the refresh has been undertaken, with key issues being researched and evidenced to inform partner discussion. A draft refreshed Housing Strategy will be completed in April 2015, however discussions are underway in relation to the development of the County Durham Plan.

Altogether better for children and young people

61. The **Children and Families Partnership** has led a robust consultation process with key stakeholders, including children and young people to refresh the Children, Young People and Families Plan for 2015-18 to ensure it remains fit for purpose, continues to meet the needs of children and young people and is aligned to the Sustainable Community Strategy and Council Plan.
62. From the consultation, some gaps were identified and additional strategic actions have been added under the relevant strategic objectives. These include working with partners to implement the County Durham Youth Offending Service Youth Justice Plan 2015/17 and reduce first time entrants to the youth justice system; supporting the reduction of teenage pregnancies by delivering interventions such as more accessible sexual health and contraception services, use of an outreach youth bus to engage with young people in teenage pregnancy 'hot spots' and commissioning a new service which supports improvements in sex and relationship education in secondary schools; and continuing to improve the mental health and

emotional wellbeing of children and young people, ensuring interventions and services are effective and available to those who need it, including a review of the school nursing service.

63. The Stronger Families Programme is part of the 'Think Family' approach which sees Durham County Council and key partner agencies working together to ensure parents and children get the right support at the earliest opportunity. The Stronger Families programme (known nationally as Troubled Families) is required to 'turn around' 1,320 families by 31 May 2015. As at the end of February 2014, the programme had identified / worked with 1,695 families and was successful in 'turning around' the lives of 1,185 families, equating to 89.8% of the target for May 2015. Due to the successful implementation and delivery of Phase 1 of the Stronger Families programme, the Department of Communities and Local Government invited County Durham to be one of the 50 Early Starters for Phase 2 of the national Troubled Families Programme, and to take part in the design and development of Phase 2, ready for national implementation in April 2015.
64. Phase 2 will have a greater focus on localised results, and will be delivered over a five year time period. The target number of families for phase 2 of the programme is approximately 4,330 which means the criteria has been broadened to include 'children with needs'. The expanded criteria provide opportunities to target a greater number of families than in Phase 1.
65. The Children and Families Partnership is working in collaboration with The Bridge Project, part of the Family Action service in County Durham. As part of this collaboration, The Children and Families Partnership have agreed to sign up to the County Durham Young Carers Charter and an action plan is being developed to detail the work being undertaken to achieve this which includes recognising young carers in the work we do, identifying a member of staff to lead the support for young carers and developing a dedicated young carers policy for the Children and Families Partnership.
66. Supporting children and young people has been a main focus across AAPs since 2009. **Great Aycliffe & Middridge Partnership (GAMP)** and the Pioneering Care Partnership (PCP) have recently launched a Small Grants Fund for Children and Young People to provide grants to groups organising projects/activities within the GAMP area that improve the lifestyle, wellbeing and social inclusion of young people.
67. The Small Grants Fund for Children & Young People aims to support local voluntary and community groups/organisations working with children and young people in the Great Aycliffe and Middridge Partnership (GAMP) area, and in doing so improve the lives of local young people. Priority is given to those applications that are able to demonstrate one or more of the following benefits: Sustained increase in physical activity for 6 months; Improved knowledge and skills around managing own health; Self-reported increase in overall health and wellbeing; Increase in confidence and self-esteem; Increase in social interaction and Increase in levels of trained volunteers in local communities.
68. Applicants can apply for grants between £500 and £1,000. To date, 15 groups within the GAMP area have received a grant, projects range from; junior team development programmes at Sedgfield Water Polo Club and Aycliffe Spartans Baseball Team, holiday trips for disadvantaged young people and family cooking

courses at Walworth School. The total value of applications approved stands at £38,707.61, including match funding.

69. Working with young people has also been the focus of the work of the **Derwent Valley AAP (DVP)**. They are working with Consett Academy and contributing £5,178 towards the delivery an activity programme for able, gifted and talented students aged between 11-18 years. A range of activities, computer programmes and visits designed to stretch and challenge the most able students and give them experiences above and beyond that which can be achieved in lessons, will be offered as part of the programme.
70. There will be four elements to the programme which are:
 - a. 'Happy Puzzle Day' - an activity day using large 3D puzzles to help engage students in solving mathematical problems which will support student transition from Key Stage 2 and extend and challenge the Key Stage 3 students.
 - b. 'Jaguar Challenge' - a computer programme challenge that uses software to simulate setting up a race car. Students then encounter a range of mathematical problems that they need to solve in an effort to win races.
 - c. 'Technology Challenge Day' – students will undertake practical activities that increase their awareness of the application of science with points being awarded for planning, team work and the finished product. This challenge will include robotics, E-FIT software and a vehicle challenge.
 - d. 'Spectroscopy Visit' – a visit to Newcastle university Chemistry department to experience the latest technology and gain a deeper understanding of its application in everyday life.
71. Two additional opportunities will also be offered as part of this project including professional dance training involving 25-30 students from years 7 to 10 (linking to gym and P.E sessions) and an Arts Award to inspire young people to grow their arts and leadership talents. The programme will give students a range of experiences and challenges that would not ordinarily be available to them and will lead to improved motivation, results and uptake of higher education.
72. The AAP is also funding a one day event for students from across the North Durham area to increase their awareness of the local opportunities that may await them if they choose to continue their learning in the areas of science, technology, engineering and/or maths (STEM). The format of the event will involve at least one keynote speaker, an exhibition of local employers and education providers including Derwentside College and the Universities, and some interactive workshop style activities. Young people will be given the opportunity to meet inspiring role models, understand real world applications of STEM subjects and experience hands-on STEM activities that motivate, inspire and bring learning and local career opportunities to life.
73. The aims of the project are to inform and inspire young people already thinking about careers in or following courses leading to careers in STEM subjects. A particular focus will be on the local opportunities available in STEM careers which they may have no idea exist. Several local employers with STEM related businesses are struggling to recruit locally for individuals with the required qualifications; this event will also serve to provide a forum for local employers and

education providers to interact and hopefully form some lasting relationships so that these issues can be addressed in the future. The anticipated outcomes include increased awareness among students of STEM careers and particularly local opportunities in STEM. Participating students will be surveyed on this before and after the event to measure its success in achieving this outcome.

Altogether healthier

74. The Health and Social Care Act 2012 transferred the responsibility for developing and updating the Pharmaceutical Needs Assessment from Primary Care Trusts to **Health and Wellbeing Boards**. Following a statutory consultation phase, the Pharmaceutical Needs Assessment was agreed and published in March 2015. The key conclusion is that there are sufficient numbers of pharmacies across County Durham, but there is scope to further develop advanced, enhanced and locally commissioned services from the existing service providers in order to further support the work in the Joint Health and Wellbeing Strategy.
75. Following consultation with over 400 local people including service users, carers, young people, scrutiny committees, partners and Area Action Partnerships, the Health and Wellbeing Board agreed the Joint Health and Wellbeing Strategy 2015-2018 in March 2015. The review of the Strategy has also been informed by national and local policy development, the Joint Strategic Needs Assessment 2014 and the Annual Report of the Director of Public Health County Durham.
76. A number of gaps were identified during the consultation process, which led to additional Strategic Actions being added under the relevant Strategic Objectives. These include implementing local awareness-raising campaigns to support the Smokefree Families Initiative, by targeting specific age groups on the health issues related to second hand smoke and by encouraging smokefree play areas across the county; working in partnership to identify those who are, or who are at potential risk of becoming socially isolated to support people at a local level and to build resilience and support in their communities; and establishing a wide and large scale intervention approach across agencies to support an increase in physical activity.
77. Young people also provided information about health and wellbeing issues which are important to them, including: a need for more young carers information; delivery of sex education by relevant dedicated people (not necessarily teachers) who can engage young people and a need to talk about prevention around self-harm and giving young people the choice of who and how they talk to about this.
78. A report on the JHWS will be presented to Cabinet at this meeting.
79. A Cardiovascular Disease (CVD) Prevention Strategic Framework has been developed for County Durham, which brings together the key themes set out in other strategies and action plans, including the Joint Health and Wellbeing Strategy. The strategic framework addresses the key risk factors for CVD, which is a major health problem and is the second largest cause of death in the UK. The prevention of CVD is a public health priority within the overall approach to reducing early deaths and health inequalities. The strategic framework is supported by an action plan that will be monitored through the relevant working groups which oversee specific plans, including: Tobacco alliance; Healthy Weight Alliance; Physical Activity Strategic Group and the Sustainable Food Partnership. The strategic framework was endorsed by the Health and Wellbeing Board.

80. The key message of the strategic framework is that the strategic objective in the Joint Health and Wellbeing Strategy for the reduction of early deaths from CVD, while reducing health inequalities can only be achieved through an integrated approach combining population wide changes in lifestyle and targeted interventions aimed at those who are at a higher risk of CVD. Examples of action to be taken to reduce the risk of CVD by improving people's diet (reducing fat and salt intake), increasing physical activity and reducing smoking include: Improving safety and develop the environment conducive to physical activity; improving the quality of food in schools and care homes and developing community food growing schemes.
81. The Wellbeing for Life service has gone live with the tender awarded to a consortium comprising the following five providers: County Durham and Darlington NHS Foundation Trust, Health Improvement Service; Durham Community Action; Pioneering Care Partnership; Durham County Council, Culture and Leisure; Leisureworks. The Wellbeing for Life approach provides support to people to live well by helping to address the factors influencing health, and to increase their ability to become independent and resilient to maintain their own good health and that of those around them, taking a whole person and community approach to improving health.
82. A one year interim CAMHS strategy has been developed whilst more detailed work is undertaken to develop a three-year Children and Young People's Mental Health, Emotional Wellbeing and Resilience Plan, commencing in 2016. Development of the interim strategy has been informed by national policy, the Joint Strategic Needs Assessment and draws on previous reviews and feedback from children and young people. It aligns to the Joint Health and Wellbeing Strategy, specifically in regard to improving the mental and physical wellbeing of the population.
83. Priority actions identified in the strategy include:
- a. Consulting and engaging with children and young people, their families/carers and other key stakeholders (including education) to develop a 3-year children and young people's mental health, emotional wellbeing and resilience plan, to ensure the needs of the local population are being met
 - b. Ensuring information and education is available for children, young people and their parents/carers on substance misuse and supporting children and young people to take part in positive activities which are appropriate for their age and reducing risk-taking behaviours
 - c. Ensuring support/signposting is available in schools for people suffering from mental health issues
 - d. Reviewing psychological support for children and young people with a disability or long-term condition e.g. diabetes, obesity and chronic fatigue
 - e. Developing open access and drop in clinics for CAMHS
 - f. Exploring better use of technology within CAMHS, e.g. use of Skype software to connect to children and young people and texting appointment reminders etc.
 - g. Piloting a CAMHS crisis liaison /deliberate self-harm service; providing greater support out of hours to children in crisis and in danger of self-harm

h. Supporting National campaigns to challenge mental health stigma and discrimination

84. 'Parklife' operates across the **3 Towns Partnership** and **Bishop and Shildon AAP** area and is one of many health related AAP projects. It aims to get more people doing sport, by improving access to local sporting opportunities to enable wider and more positive engagement and lead to improved health and wellbeing. The projects aim to get more people doing sport more often, with an emphasis on engaging those who currently do no sport or physical activity based around 3 parks- Glenholme Park in Crook, Hackworth park in Shildon and Town Recreation Ground in Bishop Auckland, 3660 individual new participants have taken part since the project started in June 2014 across all three areas.
85. Since the launch of the Winter Timetable, 79 people have taken up the opportunity in the 3 Towns area and 164 in the Bishop and Shildon areas. Indoor activities have included Football, Tennis, family games, and netball. 16 families have been attending family game sessions on a weekly basis from three Primary schools in Crook.
86. **Shildon Health Express** was delighted to receive a visit from the Right Honourable Lord Phillip Hunt of Kings Heath, Shadow Minister of State for Health. This gave the Health Express a national platform to showcase the fantastic work done to date. In addition a Shildon Health Express Forum Event was held which helped agencies come together to share information, network and feed into an asset mapping exercise for the area.
87. **Durham AAP** recently formed a Durham City Health Network which is increasing in numbers with the recent joining of the British Heart Foundation and the British Stroke Association. The group is currently engaged in looking at the best methods for monitoring various types of mental health projects.
88. The **Weardale Area Partnership** board agreed to fund the employment and training of two apprentices and a sports activator. The model used by the Sports Activators is that of "doorstep multi-sport clubs" which will leave a legacy of sporting opportunities in Weardale. The sporting activities are taking place in both schools and community settings. The two apprentices from Weardale deliver a variety of activities identified with the young people they work with, the process of developing "clubs" are based on the apprentices (under supervision) working within a geographic setting.
89. This model provides the apprentices with an opportunity to deliver a range of different sports and they become qualified instructors, with the experience of being able to actually deliver a programme of sport. The two people have successfully attained life guard qualifications, and a Level 2 in coaching and multi-skills, also table tennis, street tennis, badminton, boxing along with Basketball level 1, and they have identified a need for level 2 fitness instructors course and Level 1 in youth work.
90. An extensive Easter programme of activities was developed to maximise schools grounds and equipment and community centres especially in the more rurally isolated areas for example Rookhope, St Johns Chapel and Wearhead. Throughout the summer months they will be supporting the youth centres, clubs and groups throughout the Dale and particularly the Weardale Open Air Swimming pool.

Altogether safer

91. An emerging issue identified in the **Safe Durham Partnership** Strategic Assessment is the threat from cyber-crime. Analysis has shown that the highest reported category in Durham Constabulary force area was fraud accounting for 35% of total cyber-crimes and these include dating scams, goods and services not received. This was followed by violence against the person offences, typically harassment committed by ex-partners who had breached orders, accounting for 20%. Cyber-crimes of a sexual nature accounted for 15% and these included self-generated images and inciting child to engage in sexual conversation. The Safe Durham Partnership is currently reviewing the implications of cyber-crime for the Partnership, and a baseline audit / health check will be undertaken by the Police with partner organisations.
92. Events surrounding the Islamic State of Iraq and the Levant (the region incorporating Jordan, Israel, Palestine, Lebanon, Cyprus and part of southern Turkey) have led to the UK Government raising the UK Threat Level to Severe. The terrorist organisation is also referred to as IS (Islamic State) and ISIS (Islamic State of Iraq and Syria). In response to the growing threat the Government presented the Counter Terrorism and Security Bill to Parliament in its first reading on 26 November 2014. The Bill received Royal Assent on 12 February 2015.
93. The Act places a general duty on each specified authority who must, in the exercise of its functions, have due regard to the need to prevent people from being drawn into terrorism. Specified Authorities are: Local Authorities; Police; Prisons; Probation; Education, Further Education and Higher Education; NHS Trusts/Foundation Trusts and Clinical Commissioning Groups. Each specified authority will be expected to demonstrate an awareness and understanding of the risk of radicalisation in their area, institution or body. No area will be deemed as risk free.
94. Further information can be found within the Bill itself.
95. The aim of the 'Checkpoint' service is to extend the existing integrated offender management principles to a wider, lower level adult cohort by transforming the way offenders are dealt with through police custody suites and divert them from prosecution. Currently, cautions, arrests, attendance at court etc. do not provide the adult offender with access to support functions to address their offending behaviour. Most are leaving police custody with little or no consideration of the causes of their offending or its management. Many adult offenders when arrested could be at crisis point, feeling unable to find a way out, as they are often without coping mechanisms or support networks. It is our intention that the client would be supported by 'navigators' who will work with them to complete the contract, received access to support services, develop resilience and behaviour change.
96. Checkpoint can provide a credible alternative by identifying and supporting the critical pathways of need with the result that low and medium level adult offenders are diverted away from the Criminal Justice System, (or exit the Criminal Justice System at an earlier stage), while also addressing the underlying cause of their offending behaviour. A bid to the Police Innovation Fund bid was submitted to the Home Office in January 2015 to support the Checkpoint initiative. We are still awaiting the outcome of this bid. At present Durham Constabulary is developing / reshaping their ITC systems in conjunction with Cambridge University to introduce a system to identify appropriate crime types, offenders and a control sample to pilot

the project. The Checkpoint project will continue to be developed throughout 2015 and it is hoped that a trial of the project will start during April 2015.

97. Members of the Safe Durham Partnership Board have been consulting with the 14 Area Action Partnerships and members of the Safer and Stronger Communities Overview and Scrutiny Committee on the refresh of the Partnership Plan 2015-18. Feedback from the AAPs has been positive and in particular, some key issues have been highlighted as important by the AAPs in relation to their local concerns about community safety issues: Perceptions of crime and anti-social behaviour not reflecting the actual levels of recorded crimes and incidents or the significant reductions across the County; Road safety issues; Alcohol misuse and substance misuse, including concern about the use of 'legal highs'; Early intervention with young people and families; Domestic abuse and sexual violence; Hate crime; Cyber-crime and Shoplifting and whether there are links to welfare reform and austerity measures in relation to the increase in recorded offences.
98. The Partnership Plan will be implemented from April 2015, with a supporting delivery plan of high level actions, to be monitored by the Safe Durham Partnership.

Altogether greener

99. The **Environment Partnership** has been actively discussing and tackling a whole host of environment issues which affect individual residents and communities across County Durham. The Partnership works on a multi-agency approach to combat and plan strategies for issues such as flooding, energy, waste and recycling and the built & natural environment.
100. Recently the Environment Partnership has held a series of discussions which feed into the development of the Joint Health and Well-being Strategy as it is a proven fact that a positive environment and local surroundings play into individuals' overall health. The Partnership representatives via the Local Nature Partnership (LNP) and sub-groups are investigating how the natural environment can create more daily movement in people. The Government suggests that LNPs:
 - a. Contribute to shaping the priorities in 'joint health and wellbeing strategies' (JHWS).
 - b. Incorporate the value of the natural environment to people's health and wellbeing in 'joint strategic needs assessments' (JNSA).
 - c. Contribute to local delivery of Public Health Outcomes Frameworks.
101. The Environment Board discussed Durham County Council's Scrutiny report on flooding and how by using the local knowledge we have across the Partnership we can assist in helping our communities deal with the effects of extreme weather. It is acknowledged that extreme weather is causing more issues and devastation locally and therefore the Environment Partnership is keen in supporting this area of work across the County in order to protect and look after the environment.
102. The Partnership continues to carry out, support and promote environmental projects across County Durham including:
 - a. Big Spring Clean – The Environment Partnership has helped launch this annual initiative held during March and April. In County Durham residents, community groups and schools are being encouraged to get involved in the Big Spring Clean campaign as it returns to the county for the fifth time. Last

year 1,700 volunteers spend 3,000 hours collecting 1,200 bags of rubbish!
To get involved or carry out a community clean up email
litterfreedurham@durham.gov.uk or call 03000 261 000.

- b. 'Operation Stop It' – A partnership approach to target waste criminals and stop waste being dumped illegally in County Durham. For the first time in its 26 year history, Crimestoppers is partnering the campaign, which is also backed by Durham Constabulary and the Environment Agency. Fly-tipping incidents can be reported online at www.durham.gov.uk/flytipping or by calling 03000 261 000. Householders are reminded to check their waste carrier is licensed with the Environment Agency before handing over their waste. To find or check a registered waste carrier email: www.gov.uk/find-registered-waste-carrier or call 03708 506 506.
- c. The Partnership is also supporting plans to promote further work link to Heritage Open Days across the County. This is a national event held in annually in September which attracts over 9,000 visitors to County Durham. In 2014, 69 venues were open free to the public in order to celebrate the County's architectural and cultural sites. Venues included Escomb Saxon Church, East Durham Heritage & Lifeboat Centre, DLI Memorial, Old Durham Gardens, Auckland Castle & Park, Binchester Roman Fort, Soho Engine Shed-Locomotion and Raby Park & Gardens.

103. The Environment Partnership is actively making plans to support this year's World Environment Day – 5th June 2015. Each subgroup will support this event and host a series of community clean ups and litter picking events cross County Durham. Further details will be advertised via the Partnership's newsletter and website in advance of this date.

104. The Board continues to allocate 'Caring for Your Environment Awards' in order to give recognition to individuals, community groups and projects which carry out environmental improvement works in their local area. This award is issued throughout the year and gives recognition to those within our local communities who carry out positive environmental improvements. Nominations for a 'Caring for Your Environment Award' can be emailed to the Environment Partnership - environmentpartnership@durham.gov.uk

Summary

105. The CDP continues to support local people through a proactive approach to key issues affecting them. Thematic Partnerships and Area Action Partnerships are working together to address these and to implement specific programmes to support local communities. This underpins the Durham Ask and will enable communities to become more involved in the future and ensure the sustainability of services and facilities.

Recommendations and reasons

106. It is recommended that Cabinet note the report.

Contact: Clare Marshall, Principal Partnerships and Local Councils Officer
Tel: 03000 263591

Appendix 1: Implications

Finance - Area and Neighbourhood budgets are utilised and delivered through the 14 AAPs and ensure the Council (and AAPs) receive improved information on the outputs achieved through use of locality budgets.

Staffing - None

Risk - None

Equality and Diversity / Public Sector Equality Duty - The actions set out in this report aim to ensure equality and diversity issues are embedded within the working practice of AAPs.

Accommodation - None

Crime and Disorder - Altogether safer is the responsibility of the Safe Durham Partnership.

Human Rights - None

Consultation - The County Durham Partnership framework is a key community engagement and consultation function of the Council and its partners. The recommendations in the report are based on extensive consultation with AAP partners and the establishment of a Sound Board to progress the recommendations and will continue this consultative approach.

Procurement - None

Disability Issues - None

Legal Implications – None

Cabinet – 15 April 2015



Children & Young People's Overview and Scrutiny Review of Self Harm by Young People

Report of Lorraine O'Donnell, Assistant Chief Executive

Purpose

1. The purpose of this report is to present the findings, conclusions and recommendations of the Children and Young People's Overview and Scrutiny Committee working group review report on Self Harm by Young People attached at appendix 2.

Background

2. The Children and Young People's Overview and Scrutiny Committee added Self-harm by Young People to its work programme following its refresh at their meeting in June 2014. Following their concern about the number of young people in County Durham who self-harm, especially those who do not come into contact with services. The committee wanted to raise awareness and understanding of self-harm among young people and adults.
3. The terms of reference for the review were agreed by the Committee at its meeting held on 25th September 2014. The objective of the review is to raise awareness of self-harm by young people to young people and adults involved in their lives and to investigate how early intervention and support can be increased following five key lines of inquiry.
 - What policies and practices does Durham County Council have in place to help, support, prevent and intervene early where looked after children and young people self-harm?
 - How reliable/accurate performance data is and what does it tell us about self-harm in this area compared to regional and national data.
 - What services are available in the community for young people with anxieties or mental health problems to talk to people and how accessible are these services?
 - How are schools addressing students' issues that may lead them to self-harm? What prevention and early intervention methods do they use?
 - How can awareness of self-harm be increased among young people, parents and carers and what are the signs to look out for?

4. The committee set up a working group of 14 members and gathered evidence over six meetings from key parties including:
 - Public Health
 - Children & Adult Services
 - North of England Commissioning Support Unit
 - DDES CCG
 - North Durham CCG
 - Child & Adolescent Mental Health Services
 - School Nurses
 - Investing in Children
 - Disc Lesbian, Gay, Bisexual and Transgender Young People's Group
 - Representative from Framwellgate School Durham
 - Representative from Educational Psychologists Team
 - Representatives from Sunderland pact Support Group
 - Representative from Mental Health North East
 - Youth Leader and Young People from Bowburn Youth Club.

5. The review makes seven recommendations which can be found on page 17-18 of the attached report. They relate to:
 - internet safety;
 - development of information pages for parents/carers;
 - update and refresh of school policies on emotional health and wellbeing; and a reminder to governors of services that can be bought in which address emotional health and wellbeing;
 - consideration of how to engage with parents and carers to advise on the importance of good mental health and the warning signs.
 - consideration to a single multi-agency pathway and registry of self-harm;
 - consideration to the role youth workers/leaders can play in providing emotional and wellbeing support to young people in schools; and
 - Consideration to providing basic mental health and emotional wellbeing awareness training to all staff who regularly come into contact with young people.

Service Response

6. Children and Adult Services (CAS) and Public Health (PH) offer a joint response to this scrutiny, and welcome the report. Self harm by young people is a problem that is under-reported and which indicates a lack of emotional wellbeing that can foreshadow more serious issues.

7. The committee notes that emotional health and wellbeing, resilience and Child and Adolescent Mental Health strategies are under development. It is anticipated that these strategies will set out the actions to be taken by the Council and partners to ensure that services for young people and parents are in place, and are accessible.

8. The Health and Wellbeing Board and the Children, Young People and Families Partnership will receive these strategies and ensure that implementation and service commissioning matches strategic intentions.
9. Both CAS and PH welcome the emphasis given throughout the report to the voice of children and young people and the voice of parents. It is clear, that in the area of self harm, data are highly problematic and the clearest picture of the issue is often provided by those who experience it. Young people and parents are also best placed to advice on service access, to ensure that actions taken in response to the report are effective. All partnerships should note and mirror this approach.
10. CAS and PH recognise that internet safety is increasingly a key issue for young people. Schools regularly report that many of the disciplinary problems they now address result from mis-use of social media, particularly in relation to bullying. We have seen in the last year how easy it is for young people to form “association groups” around negative issues such as suicide and self harm, and how emotions following tragic events can be whipped up at the touch of a button. Although it is impossible to control social media, CAS and PH support efforts to limit its use in Council buildings and schools.
11. The scrutiny committee has highlighted an important issue in the lack of clear advice and guidance for young people and their parents. We support the committee in efforts to streamline this and provide simple routes to effective information.
12. Clearly schools have a critical role to play in this issue, and CAS and PH will support and recommendations for schools to update emotional health and wellbeing policies, to include information on what services and support is available.
13. CAS and PH note the recommendation relating to the use of youth workers, school nurses and health visitors in preventing young people engaging in self harm and supporting them when they do. Current approaches such as Team Around the School and Team around the Family can already provide this support, and an expansion of these approaches would be welcomed.
14. Similarly, the recommendation on training for all staff who come into contact with children and young people is welcomed.
15. Recommendation E could be misinterpreted, as terms such as “single point of contact” and “registry of self harm services” have a very specific meaning in some services. CAS and PH would support the creation of a single portal for all services for self harm and development of clear information. We anticipate that the strategies under development will lead to commissioning plans for appropriate services and we do not believe that a new single point of contact is required if that means a person or a portal. There is already a single point of contact for all concerns about children, called First Contact, which will signpost to appropriate services. This role would undoubtedly be strengthened by

creation of a clear register of self harm services however. First Contact is part of the existing pathway for protection of children, which attempts to identify concerns early and offer help before problems escalate. It is important that this single approach is not undermined by creation of a parallel approach to self harm or other forms of mental health. All agencies must be encouraged to use this pathway.

16. In summary, CAS and PH welcome the report as an important contribution to improving the emotional health and wellbeing of children and young people in County Durham, and will engage, with other relevant partners, in implementing the actions.

Recommendation

17. Cabinet is asked to note the recommendations in the report attached (appendix 2, pages 17-18) and to formulate a response within the six month period identified in the report for systematic review of the recommendations.
18. That the report is shared with the Health and Wellbeing Board and the Children and Families Partnership.

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Appendix 1: Implications

Finance - None

Staffing - None

Risk - None

Equality and Diversity / Public Sector Equality Duty – The review report takes into consideration Equality and Diversity; an Equality Impact Assessment has been carried out.

Accommodation - None

Crime and Disorder – The review report received information on the impact of alcohol on young people's offending.

Human Rights – None

Consultation – None

Procurement - None

Disability Issues – The report addresses the mental health and emotional wellbeing of young people

Legal Implications – None

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Children and Young
People's Overview
and Scrutiny Review
Self-Harm amongst
Young People

Please ask us if you would like this document summarised in another language or format.

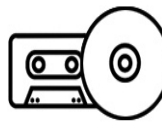
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বাংলা (Bengali) हिन्दी (Hindi) Deutsch (German)
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Overview & Scrutiny

03000 268143



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Chair's Foreword



There are increasing pressures put upon our young people today, whether it is exam pressure, parental expectations, body image, social media or relationship issues. This is why we all should be aware of how to notice any changes in behaviour of the young people in our lives and make sure they are able to confide in someone who they trust.

The review received information on how reliable and accurate performance information is; how looked after children are supported; services available to young people in the community; how schools address self-harm and how can awareness of self-harm be increased among young people, parents and carers.

I would like to thank all those who have contributed to this review, fellow Councillors and Co-optees from Children and Young People's Overview and Scrutiny Committee, especially Councillor Christine Potts the Vice Chair for her support. I would also like to extend thanks to officers from Children and Adult Services, Public Health, North of England Commissioning Support Unit, North Durham and DDES CCGs, Framwellgate School Durham, DISC LGBT Group, Sunderland Pact Group, Mental Health North East, DJ Evans Boys Club Bowburn, Investing in Children and of course the many young people from County Durham who have help us in this review.

Councillor Jan Blakey

**Chair Children and Young People's
Overview and Scrutiny Committee**

Background & Methodology

Introduction

1. The Children and Young People's Overview and Scrutiny Committee decided to carry out the review following concern about the number of young people in County Durham who self-harm, especially those who do not come into contact with services. Nationally available data showed that hospitalised admissions due to intentional self-harm in County Durham were higher than average. The committee wanted to raise awareness and understanding of self-harm among young people and adults.
2. Young people who self-harm go to great lengths to conceal their scars and bruises from friends, carers, parents and teachers. They try to keep their actions secret, being aware of the stigma of self-harm but the burden of guilt weighs heavy and impacts on their relationships with family and friends and can make them feel worse.
3. Self-harm is not a core problem but is a sign and symptom of underlying emotional difficulties and is used as a way of coping. Young people who have self-harmed have said that by performing acts of self-harm they feel as if they are in control. They cannot control what is happening around them but they can control what they do to themselves. Emotional wellbeing is a significant factor in a person's health which impacts on their ability to work. In a young person this would affect their educational attainment would in turn reduce their aspirations and opportunities.

Purpose

4. The purpose of this review is to raise awareness and understanding of self-harm by young people and in doing so highlight to young people, parents and carers where support can be found.

Terms of Reference

5. The terms of reference for the review were agreed by the Committee at its meeting held on 25th September 2014. The objective of the review is to raise awareness of self-harm by young people to young people and adults involved in their lives and to investigate how early intervention and support can be increased following five key lines of inquiry.
 - What policies and practices does Durham County Council have in place to help, support, prevent and intervene early where looked after children and young people self-harm?
 - How reliable/accurate performance data is and what does it tell us about self-harm in this area compared to regional and national data.
 - What services are available in the community for young people with anxieties or mental health problems to talk to people and how accessible are these services?
 - How are schools addressing students' issues that may lead them to self-harm? What prevention and early intervention methods do they use?

- How can awareness of self-harm be increased among young people, parents and carers and what are the signs to look out for?
6. The committee set up a working group of 14 members who gathered evidence over six meetings from key parties including:
- Public Health
 - Children & Adult Services
 - North of England Commissioning Support Unit
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 - North Durham CCG
 - Child & Adolescent Mental Health Services (CAMHS)
 - School Nurses
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 - DISC Lesbian, Gay, Bisexual and Transgender Young People's Group
 - Representative from Framwellgate School Durham
 - Representative from Educational Psychologists Team
 - Representatives from Sunderland pact Support Group
 - Representative from Mental Health North East
 - Youth Leader and Young People from Bowburn Youth Club.

Information to Support the Review

National Policy & Research

7. The working group considered the national policy and key research documents listed below to be key drivers of good mental health.
- No Health Without Mental Health 2011
 - NICE Guidance 116, 133 and QS34
 - Health and Social Care Act, 2012
 - Children and Families Act 2014
 - Closing the Gap on Mental Health 2014
 - Public Health Outcomes Framework 2011
 - Chief Medical Officers' Annual Report 2013
 - 0-25 Special Educational Needs and Disabilities Code of Practice
 - Managing Self Harm by Young People 2014
8. The key national policy driver is 'No Health without Mental Health' (2011) which is the Governments' Mental Health Strategy and indicates that self-harming by young people is not uncommon. However only a fraction of cases are seen in hospital settings, therefore all those in contact with young people should be aware of how and when to refer someone for further assessment and support.
9. The National Institute for Clinical Excellence (NICE) published in June 2013 a new quality standard to improve the quality of care and support for young people who self-harm. This guidance covers the management of self-harm and the provision of long term support for children and young people over the age of eight.
10. NICE guidance indicates that self-injury is more common than self-poisoning as an act of self-harm, although people who self-poison are more likely to

seek professional medical help. An individual case of self-harm might be an attempt at taking one's own life although acts of self-harm are not always connected to attempted suicide. Self-harm is viewed as a way of coping with overwhelming feelings or situations and can be a way of preventing suicide. This can be difficult for people to understand including people who work in the medical profession.

11. It has been reported that in some medical settings clinicians are not as compassionate when dealing with young people who have self-harmed. NICE have produced guidance CG133 and a quality standard (QS34) to address these issues.
12. Closing the Gap: Priorities for essential change in mental health (2014) identifies that changes will be made in the way front line services respond to self-harm in emergency room settings and sets out how GPs should respond when self-harm is disclosed. Furthermore the document details how the introduction of a new indicator that specifically addresses self-harm in the Public Health Outcomes Framework can help us understand the prevalence of self-harm and also how Emergency Departments are responding.
13. The Public Health Outcomes Framework (2013) includes a definition of a new indicator on self-harm which makes clear the priority given to the prevention and management of self-harm across local authority and NHS services. As well as reflecting attendances at emergency departments for self-harm, the indicator will also capture how many attendances received by psychological assessment.
14. The Annual Report of the Chief Medical Officer 2013, indicates that mental health problems in children and young people are common and specifically references the increase of self-harm particularly in adolescence and those with a mental disorder.
15. The Children and Families Act 2014 sets out to reform and improve services for vulnerable children and their families. The Act includes transformation of the system for children and young people with special educational needs and disabilities. These reforms include improving co-operation between all the services that support children and their families, particularly requiring local authorities and health authorities to work together.
16. Managing Self-harm by Young People (2014) by the Royal College of Psychiatrists explains that the patterns of self-harm in children and young people have grown with the increase of digital communications. The report discusses the vast array of social media sites and cites anonymity is often associated with bullying however they allow young people to explore difficult issues such as self-image concerns, anxiety and relationship worries.

Local Policy

17. From a local policy context the working group considered the following:
 - Council Plan 2014-2017
 - Sustainable Community Strategy 2014-2030

- Children, Young People & Families Plan 2014-2017
 - Joint Health & Wellbeing Strategy 2014-2017
 - Joint Health and Wellbeing Board Annual Report 2013
 - Public Mental Health Strategy
 - CAMHS Interim Strategy
18. The Council Plan sets out what the Council aims to achieve for the population of County Durham over the next three years. The 'Altogether Better for Children and Young People' priority theme has three policy objectives and the one that relates to this review is 'that children and young people make healthy choices and have the best start in life.' This objective indicates that good emotional health and wellbeing is crucial in the development of resilient healthy children and young people.
19. This objective is shared in the Children, Young People's and Families Plan and the Health and wellbeing Strategy which are key documents that set out partnership arrangements for the Children and Families Partnership and the Joint Health and Wellbeing Board. Within the objective the Children, Young People's and Families Plan has an outcome that children and young people become more resilient and specifically mentions the need for partners to work together to reduce the incidence of self-harm. The Joint Health and Wellbeing Strategy address the need to reduce the incidents of self-harm by young people and to improve the mental health and physical wellbeing of the population.
20. The Public Health Mental Health Strategy has a vision that individuals, families and communities within County Durham are supported to achieve their optimum mental wellbeing. There are five objectives under the heading prevention of mental ill health, objective three addresses the need to reduce the suicide and self-harm rate for County Durham. The strategy indicates that Self-harm is an expression of personal distress. It can result from a wide range of psychiatric, psychological, social and physical problems and self-harm can be a risk factor for subsequent suicide.
21. A Child and Adolescents Mental Health Services (CAMHS) Joint Interim Mental Health Strategy has been developed by local Clinical Commissioning Groups and Durham County Council as an interim measure whilst a more detailed piece of work is being undertaken to develop a three year Children and Young People Mental Health, Emotional Wellbeing and Resilience Plan commencing in 2015. This interim strategy supports local delivery of the national No Health without Mental Health Strategy.
22. Work is continuing on developing a Mental Health, Emotional Wellbeing and Resilience Plan for County Durham. This encompassing plan will supersede the interim CAMHS Strategy and support the local delivery of the national No Health without Mental Health Outcomes Strategy. It will ensure that the needs of the local population are being met.

Evidence

What is Self-Harm?

23. The broad definition of self-harm is when a person harms or injures themselves. Young Minds publication 'Worried about self-harm?' indicates that self-harm is a way of dealing with very difficult feelings that build up.
24. Evidence from Public Health indicates that young people who self-harm go to great lengths to hide their scars and bruises from parents, carers and friends. They try to keep their actions secret but the awareness of the stigma of self-harm and the burden of guilt impacts upon their relationships with their family and friends which makes them feel worse and perpetuates the self-harming.
25. Self-harming actions might include:-
- Cutting or scratching;
 - Burning;
 - Hitting or banging arms, legs or head;
 - Putting objects under the skin;
 - Deliberately taking overdoses of drugs, alcohol and other substances;
 - Taking risks with the intention of causing self-harm;
 - Self-strangulation.
26. Self-harm is usually a symptom of an underlying emotional problem which young people find difficult to cope with. The NSPCC publication *Your Guide to Keeping Your Child Safe* indicates there are links between self-harm and depression and often a young person who is being bullied, under too much pressure to do well at school, being emotionally abused, grieving, or having relationship problems with family or friends will self-harm. Often the physical pain of self-harm distracts from the emotional pain that is behind it. The document goes on to say that for some young people self-harming makes them feel as if they have some control of their life or that they feel they should be punished for something they have done. *Managing Self-harm in Young People 2014* suggests that poor support and care breakdown may also be factors of self-harm and states that prolonged lack of communication promotes progression of self-harm into a vicious downward spiral.¹
27. A report by Young Minds in partnership with the Cello Group suggests that more and more children and young people are using self-harm as a mechanism to cope with the pressures of life. Self-harm is often dismissed as merely attention seeking behaviour but it's a sign that young people are feeling terrible internal pain and are not coping². With the correct support, access to services and change in circumstances most young people will overcome the need to self-harm but this is also very dependent on the individual and there will be some who continue to suffer mental health and anxiety problems into adulthood.

¹ Managing self-harm by young people, Royal College of Psychiatrists, 2014

² Talking Self Harm by Young Minds & Cello Group, 2012

28. A report published following a national inquiry in 2006 suggests that while there is no evidence to support that self-harm is addictive there is evidence to support that chemicals in the brain are released when a person is injured which acts like an opioid analgesic which makes the person calm. However the body may begin to expect a higher level of these chemicals that would require a greater level of harm to be inflicted to achieve the same effect.³

Performance Information

Key Findings

- Data is limited in County Durham which is the same regionally and nationally.
- Performance data relates to a very small number of young people who self-harm .

29. Definitive data on self-harm is difficult to obtain and statistics are unreliable as many incidents of self-harm are not reported, carried out in private and medical help is not usually sought. Reported data tells us how many young people were admitted to hospital as a result of self-harm but this relates mostly to self-poisoning incidents, (e.g., overdose) and as not all young people who self-harm end up in hospital there is no way of knowing how many young people actually self-harm.

30. Within the performance management information presented to Children and Young People’s Overview and Scrutiny Committee there is a tracker indicator in relation to the number of young people aged 10 to 24 years who were admitted to hospital as a result of self-harm (the figure relates to a rate per 100,000 per population aged 10 to 24 years.) This performance tracker indicator has recently changed from 0-18 years to 10-24 years and the Council’s Public Health team have requested that information is captured for both age ranges to enable them to consider the data across all children and young people. The information shown in the table below indicates hospital admissions as a result of self-harm data for young people aged 10 – 24 years pooled years; this data refers to episodes of admissions and not persons.

Hospital admissions as a result of self-harm 2007/08-2009/10	Hospital admissions as a result of self-harm 2008/09 – 2010/11	Hospital admissions as a result of self-harm 2009/10 – 2011/12	Hospital admissions as a result of self-harm 2010/11 – 2012/13
560.2	586.3	561.8	504.8

Source: Public Health England: National Child and Maternal Health Intelligence Network as accessed 1/12/14

31. Public Health England provide a snap shot of child health for County Durham, this information that was produced in March 2014, in relation to young people’s mental health the report indicates that: In comparison with the 2007/08-2009/10 period, the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is lower in the 2010/11-2012/13 period. The admission rate in the 2010/11-2012/13 period is higher

³ Truth Hurts – Report of the National Inquiry into Self Harm among Young People,2006

than the England average. Nationally, levels of self-harm are higher among young women than young men.

32. Nationally, prevalence of self-harm is lower than in County Durham, Public Health England Community Mental Health Profiles indicate that for 2012/13 emergency admissions for self-harm per 100,000 was 191.0 for England while figures for clinical commissioning groups in County Durham was much higher – Durham Dales CCG – 315.9 per 100,000 and North Durham CCG – 217.4 per 100,000.
33. Evidence from Public Health Portfolio Lead stated that unplanned attendances for self-harm are recorded through Hospital Episode Statistics (HES) activity in accident and emergency departments, minor injuries clinics, walk-in centres and other locations. In 2011/12 self-harm accounted for 0.7% (119,000) of all recorded attendances across England. This data also indicates that around 60% of reported episodes were among women in the age group 15-24 years as shown in figure 1 below.

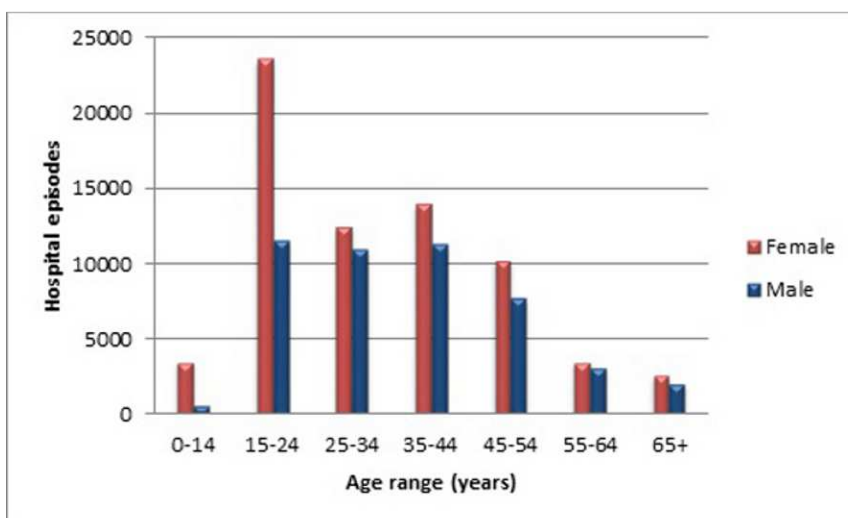


Figure1: First finished consultant episodes (FFCE) for self-harm by gender and age group 2011/12

34. HES data capture cases of intentional self-harm that result in a hospital admission. Therefore, this excludes people who intentionally self-harm and are treated in an emergency department but are not admitted.
35. Data on self-harm in County Durham is limited which is similar to the national and regional pictures. Hospital admission data only deals with a very small proportion of cases as most young people who self-harm will not come into any health services.
36. Emergency admissions rates for self-harm (all ages) for CCGs (2012-13) show North Durham CCG with the lowest self-harm rate across Durham, Darlington and Tees Area (figure 2).

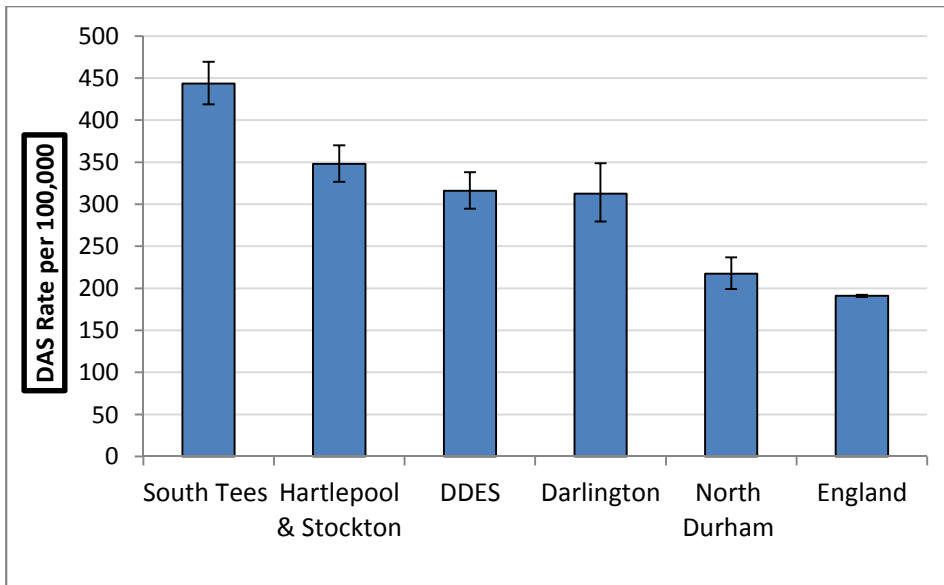


Figure 2: Directly age standardised rate per 100,000 with 95% confidence intervals emergency admissions self-harm 2012-13.⁴

37. The number of first finished consultant episodes (FFCE's) in County Durham for under 18 years are relatively low (227). Small variations in the number of FFCEs will affect relatively larger changes in crude rates. Self-harm crude admission rate per 100,000 for under 18 years in County Durham are higher than the North East, and have also shown variation over time. Rates have fallen since 2008 - 2009 (figure 3).

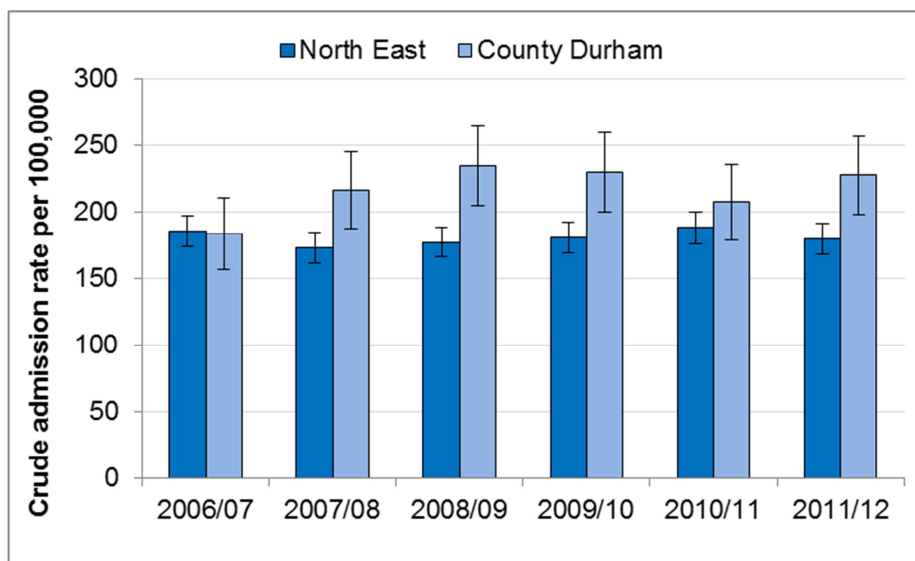


Figure 3: Self harm crude

admissions rate per 100,000, aged under 18 years County Durham and North East, 2006-07 to 2011-12.

Looked after Children and other vulnerable groups Key Findings

- Durham County Council and partners have strategies, plans and policies which address mental health and emotional wellbeing.

⁴ PHE. Community Mental Health Profile. Accessed July 30th 2014.

- Looked after children in County Durham have good access to a wide range of mental health and emotional wellbeing services.
- Being in a vulnerable group does not mean the young person will self-harm but vulnerable groups are more likely to self-harm
- Young people suggest that many adults over react to self-harm and involve as many services as possible.
- Many adults are afraid of broaching the subject of self-harm in case this instigates the start of a problem.
- Young people look for support online before speaking to trusted adults but some online sites are not helpful and allow abusive comments.

38. Evidence indicates that vulnerable groups such as young people in residential settings, lesbian, gay, bisexual and transgender (LGBT) young people, young Asian women and young people with learning disabilities are more likely to self-harm.⁵ In addition to this young women are four times more likely to self-harm than young men. Young LGBT people are four times more likely to suffer major depression related illness and three times more likely to suffer from generalised anxiety related disorder.⁶
39. Evidence from Child and Adolescent Mental Health Services indicated in terms of prevention, it was known that self-harm was not linked to suicide and therefore the challenge which was faced was to deliver the right service at the right time. Some incidents were 'one-offs', yet some would be the beginning of a cycle and therefore the correct pathway varied from person to person. 140 journeys through the service had been tracked and followed and from the information, it was obvious that some young people felt that the initial response to their incident was excessive.
40. Young people find it difficult to confide and share information in regard to self-harm due to the stigma associated with it and often look to the internet for support. However they should be warned about the potential dangers of online sites and be given information about trusted sites. Parents and carers find it difficult to control the sites young people access as most young people have access to the internet through their mobile phones.
41. Young people indicated that they found it difficult to communicate with some mental health workers and suggested that mental health users should be able to communicate in a way which is comfortable to them such as text messaging or via email. The young people indicated they did not always feel comfortable with face to face interviews with professionals especially when they were in business dress.
42. The third sector organisation Stonewall indicates that a lack of visibility of lesbian, gay and bisexual people in mental health services and poor measurement of access and outcomes for lesbian, gay and bisexual people has an impact on the mental health and experience of gay young people. The high incidence of attempted suicide, self-harm and homophobic bullying in

⁵ The Truth about Self-Harm, Mental Health Foundation, 2008

⁶ Why Schools are so important to Children's Mental Health, 2010 Accessed via www.youthspace.me 27/11/14

gay young people means mental health services must actively work to improve the health of lesbian, gay and bisexual people.

43. Young people from DISC LGBT group indicate that in their experience as soon as self-harm is mentioned there was an overreaction to involve parents, safeguarding or social services. The young people suggested that thought should be given before involving their parents as they may not want to involve their parents because self-harm could be a way of coping with parental problems. They suggested that in their opinion it would be better for an appropriate adult (teacher, youth worker, etc.) to build up a trusting relationship where the young person feels safe to explore what is to be done. Young people stressed the importance of truthfulness about confidentiality and that adults should not make promises if they cannot keep them.
44. The young people highlighted concerns over online safety and explained that they often go online to look for help and support but these sites are open for anyone to comment and some of the comments are upsetting and could incite more self-harm. It was suggested that more control is needed about good and bad sites to warn others about potential abusive or risky online sites.
45. Evidence indicates that there is no specific reporting method for self-harm in looked after children; however a joint therapeutic service called Full Circle deal with young people with mental health issues. The service consists of social workers, therapists and nurses who risk assess vulnerable young people and plan the best way of treatment.
46. A key point that was made by Looked after Children services, Educational Psychologists service and reiterated by the representative from Framwellgate School was that many adults are afraid of broaching the subject of self-harm for fear of inciting it in some way, but it is important that self-harm is addressed in a calm and sensitive and non-judgemental manner with compassion.

Services available in communities that address self-harm

Key findings

- There are lots of services that provide support to young people with mental health and emotional wellbeing problems but there is no single multi-agency pathway or a registry of self-harm.
- Lots of services are commissioned to support young people who self-harm but most of these services are targeted or specialist services that requires referral.
- CAMHS Primary Mental Health Workers work in schools, GP surgeries and the wider children's workforce to provide prevention and early intervention services.
- A single point of contact for mental health services would ensure that all incidents are logged and picked up by the appropriate service in a timely manner.
- From 2015 health visiting and school nursing services will become part of Public Health function of the Council.
- Currently all schools receive relatively the same service from School Nursing Service but different schools have different needs and

therefore the service should be tailored to fit the needs within the school.

47. Self-harm is indiscriminate and can affect anyone which makes commissioning services challenging. Evidence from North of England Commissioning Unit (NECU) suggests that self-harm is difficult to target as there is not a consistent method for gathering data due to the secretive nature of self-harm.
48. Information provided to the working group from North Durham and Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Groups (CCGs) indicates that mental health is a priority in their clear and credible plans and a crisis and self-harm service had recently been commissioned.
49. Commissioners provided the working group with a list of services to support young people who self-harm however most of these services are targeted and specialist services where young people would need a referral. A registry of self-harm would provide a measure of the numbers affected by self-harm which could be used to bench mark against other local authorities and regions.
50. Tees, Esk and Wear Valley NHS Foundation Trust provide Child and Adolescent Mental Health Service (CAMHS) advised that at tier 2 (targeted), Primary Mental Health Workers (PMHW) work in schools and GP surgeries; pilot schemes were also being run in South Durham youth centres to determine how to develop the service for young people. CAMHS work with the wider children's workforce and provide short term interventions, prevention and early intervention; they work with families and cover a range of community bases to provide these interventions. CAMHS have open access which allows anyone to contact them. Tier 3 CAMHS offer a specialist service where additional support is needed from a multi-disciplinary team. Pathways are centred on the young person and interventions are either individual or family centred dependent on circumstances.
51. The CAMHS Crisis and Liaison project is funded by North Durham and DDES CCGs until December 2015 and is fully operational across County Durham. It is open seven days a week from 8am until 10pm and from January 2015 it will be trialling a 24/7 approach. The project offers mental health assessment within the home, A&E, police custody and community settings. CAMHS remain involved with the young people until the acute episode is resolved and ensure that they are linked into ongoing multiagency care if appropriate (72 hour model) The service is embedded in accident and emergency with A&E teams contacting them as and when required and response time is within the hour. This helps the young person get back into the home environment as quickly as possible. Support is also given to the parents/carers for as long as required.
52. One of the difficulties of providing a multi-agency support network in relation to information sharing was often technology where different systems were used which may not link together. Some services were not certain of which pathway to direct a patient when dealing with less serious incidents where preventative support would benefit the individual. A single point of contact for

services offering mental health services would ensure that all incidents are logged and picked up by the appropriate service in a timely manner.

53. In relation to transitions CAMHS work with young people to develop a transitional plan when moving from CAMHS to Adult Mental Health Services (AMHS). However, young people indicated that the transition from in-patient care to outpatient care could be just as traumatic for them as moving from CAMHS to AMHS and could be overlooked.
54. From 2015 health visiting and school nursing services will become part of Public Health function of the council. This could be an opportunity to ensure that established support from Health Visitors continues into primary school. It was also suggested that in cases where parental issues were impacting on a young person's emotional and mental wellbeing adult services should become involved.
55. Evidence indicates that the school nursing service provides a universal service to schools and is accessible to pupils from the ages of 5 to 19 years. Each nurse is allocated a secondary school and a number of primary feeder schools they provide health and wellbeing drop-in session within each secondary school. In some hot spot areas they offer drop in sessions for parents in primary schools. Drop in sessions are a good opportunity to pick up on and encourage access to health support around emotional health, but due to capacity sessions are not as regular, however if a school has concerns school nurses can be contacted and will arrange to attend urgently as required.
56. The school nurses are also used as advocates in supporting young people in telling their parents/carers how they are feeling and often signposting young people to other appropriate services. The service is available term time only but it was accepted that the services should be available throughout the year. Currently all schools received relatively the same service but different schools had different needs and therefore the service should be tailored to the needs within the school.

How are schools address self-harm

Key Findings

- Each school's response to self-harm is different
- Best practice suggests a whole school approach to good mental health and emotional wellbeing.
- Not all schools have the capacity or resources to offer the same package of emotional wellbeing to students.
- Young people need to be aware of e-safety
- Governing bodies should be encouraged to refresh and update their policies and procedures on emotional wellbeing
- Internet safety is a major concern and should be addressed at all levels in school, in the community and at home.

57. Framwellgate School Durham, which is an Excel Academy Partnership Trust, provided information on how they address and manage self-harm in school with students, parents and carers. The school provides good practice in

pastoral care for its students. Tutor groups are small with a mix of students in age and ability which is tried and tested over many years in the school. Students have the facility to anonymously email staff if they have emotional wellbeing problems.

58. The school has a dedicated non-teaching pastoral team who provide support to students, parents, carers and teaching staff in order to address issues which are causing barriers to learning including self-harm. In addition the school offers a range of services to both students and their families some of which include:

- Achievement Centre – the centre provides support and access to services which help students overcome difficulties they may have with engaging with learning. Students accessing Achievement Centre services may have medical, emotional or social needs. Staff help students develop strategies to overcome their difficulties through individualised learning plans and a wide range of support programmes.
- Counselling Service
- Internet Safety & Awareness Training
- Equality and Diversity Workshops
- Restorative Conferences
- Mental Health Workshops

59. It should be noted that most schools offer a range of services to address emotional wellbeing which come under their safeguarding procedures. All schools receive the same amount of funding and they prioritise their spending in relation to the needs of their students. Schools can buy in services to meet their requirements and the Council's Public Health team provide mental health support services free of charge to schools, these include programmes such as Relax Kids, Mindfulness and If U Care, Share.

60. Governor Support Services provides information on services that are available for schools and governing bodies to purchase. The working group suggested that a full list of available services should be circulated to all local authority maintained school governing bodies for their information

61. Durham County Council offers schools through the Educational Development Service a range of assistance which can include:

- Curriculum and Professional Development (CPD) for school staff around emotional and mental health of young people
- Advice on the involvement of services
- Advice for referrals and schools to contact other agencies
- Advice to schools on relevant and appropriate curriculum content to cover such issues in PHSE sessions
- Development of an area on the Durham Learning Gateway for staff around risk taking behaviours which will include self-harm, as well as e-safety; alcohol; sex and relationship education.

Unfortunately, there is no evidence to indicate how often these services are accessed.

62. Evidence received from the Educational Psychologist team indicate the proactive work which is undertaken with schools especially secondary behavioural, emotional and social difficulties special schools carrying out therapeutic work. This may be offered as part of the school's learning agreement but can differ from school to school. The educational psychologist team offer a variety of training, therapeutic support and interventions to schools on a traded basis – which is open to all schools in the county. School counsellors work with their schools, with individuals and small groups offering weekly therapeutic input. The service supports students and staff and hopes to build capacity in schools and resilience in pupils to progress their emotional development and cope with difficult situations when they arise. It is important for schools to recognise and act upon changes in student's behaviour to look at what this is saying and try to get at the root cause of any problem the student may be facing.
63. It was suggested that schools have guidance on how to manage students' emotional wellbeing including mental health but for many schools guidance needs updating and refreshing.
64. Evidence from the Student Support Manager at Framwellgate School Durham suggests that it was important to work with students who are experiencing emotional and behavioural problems in a slow and steady manner to build the student's confidence and trust but to address issues such as confidentiality at the start of the process.
65. Evidence from young people suggests that youth leaders/workers could work in schools to provide emotional health and wellbeing support which could include support to students on risky behaviours. However, it would be wrong to assume that all young people could be reached in this way via youth workers. The young people advised that in their experience youth leaders and workers have given them tremendous support on many issues including relationship worries and anxieties, parental issues and worries about school. The young people trust the youth workers/leaders implicitly.
66. Social media and the internet is a great concern and plays a major factor in young people's lives as they have 24/7 access to internet sites via many devices. It is important that young people are made aware of internet safety from both points of view – victim and perpetrator. Young people accessing online support need to know that the site they are accessing is safe and the advice on the site is correct. Perpetrators need to be aware that they cannot hide behind a cloak of anonymity as technology is getting better all the time and IP addresses can be accessed. Members of the working group were extremely concerned about e-safety and suggested that internet access in council run buildings should be restricted to block access to some sites.
67. The working group carried out an exercise to see which self-harm sites could be accessed via desk top personal computers (PCs) in County Hall and other council premises. Safe internet sites that provided information on how to self-harm safely could be accessed via County Hall server. However other sites such as Youtube, chat rooms and Tumblr could not be accessed via PCs in County Hall but could be accessed from library PCs. The working group was

concerned that young people using libraries could access these sites and suggested that all public access PCs in council run buildings should have restrictions on access to certain sites.

Raising awareness of self-harm

Key Findings

- All adults who come into contact with young people should have mental health and emotional wellbeing training.
- Parents and schools need to have a mutual level of communication in relation to their children's mental health and emotional wellbeing.
- It is important to listen to what young people are saying and not trivialise or minimise what they are saying
- Young people prefer to talk to other young people
- Self-harm needs to be talked about to dispel myths and break stigma

68. Sunderland Pact is a parental support group for parents whose children have self-harmed. The group was started in March 2014 following a training course to educate parents about self-harm provided by Northumberland and Tyne and Wear NHS Foundation Trust at Monkwearmouth Hospital. After this five week, one hour course parents were left with no other means of support but felt that the group had helped them and they wanted the support to continue therefore they decided to set up their own support group.

69. The group is totally independent of NHS or CAMHS funding, the meeting room is provided by a supermarket free of charge. Members were interested to learn if there were similar sessions for parents in County Durham. There are currently no self-harm education sessions in County Durham but Tees, Esk and Wear Valley NHS Foundation Trust CAMHS has advised that they hope to have a very similar group up and running for parents and carers known to their services in the new year. Groups will be run in the three community team locality areas and from this they hope to establish drop in support groups in each locality. CAMHS has advised that they intend to continue the training sessions as long as there is a need to do so.

70. Parents advised that in their opinion it was important for teachers to receive training to spot emotional problems in young people to ensure issues were dealt with before they escalated out of control. It was suggested that this type of training should occur during their teacher training so they are fully equipped to deal with such issues when in post. They also felt strongly that parents should know the warning signs to enable them to help their children.

71. Evidence from a young person who had self-harmed and was now working with Mental Health North East to help other young people and suggested that when young people are seeking support they would often prefer to speak to people of their own age who had some experience of similar problems and anxieties.

72. Evidence from parents indicates that in their situations there had been long periods in-between referral times and suggested that the referral process should be more fluid. However it should be noted that these parents were

from out of the area and evidence from CAMHS indicates that referral times are coming down.

73. Parents suggested that self-harm needs to be spoken about both in and out of school which will help young people deal with their emotions and for adults to understand not to trivialise or minimise how young people are feeling during the stressful times of their lives. By talking about self-harm will help to dispel any taboos and myths about this subject, this was also suggested by residential staff and student support manager who had provided evidence to the group.
74. Information provided from young people indicates that support is often sought from youth workers who gave advice rather than telling the young person what they should do. The young people respect, trust and value youth workers and suggested that youth workers could be brought into schools to help to provide support and assistance to young people with emotional health and wellbeing problems. Young people made a further suggestion was that some sort of cognitive behaviour therapy be used to help young people devise coping strategies.

Conclusions

75. Definitive data on self-harm for County Durham is limited which is similar to both the regional and national position. The data only reflects the numbers of young people who attend hospital, however there are many more young people who self-harm but do not seek any kind of medical assistance and are not included within the data. Commissioners expressed frustration at the inconsistent methods of gathering data in relation to self-harm which makes it difficult when designing services. However a registry of self-harm would provide a greater indication of the number of young people self-harming and could be used as a benchmarking tool with other local authorities.
76. Although looked after children and young people were identified as a vulnerable group who may self-harm looked after children and young people in County Durham do have access to a very wide range of services from foster carers to psychiatrists. However it does not necessarily follow that because a young person falls into a vulnerable group they will self-harm, exposure to risks or being considered vulnerable does not mean that a young person will self-harm it could make them more resilient to pressures put upon them.
77. There is a fine balance between addressing self-harm and overreacting to a risk taking behaviour. Some incidents of self-harm are considered to be 'one-offs' but for some it could be the beginning of a cycle and therefore the correct pathway is varied from person to person. Young people suggested that there are times when adults over react by involving as many services as possible which they find more stressful.
78. The importance of good mental health and emotional wellbeing is considered in many Council and Partnership strategies and plans as identified in paragraphs 17 to 21. Work is also continuing in the preparation of a Young

79. There are many services commissioned to provide help and support to young people who self-harm. Yet these are targeted and specialist services that require a referral to access them, although some may be accessed through self-referral. Universally, young people have access to school nurses, GPs, teaching staff and youth workers. Young people the working group visited indicated that from this selection of professionals it is youth leaders/workers they would prefer to talk to and suggested that perhaps they could work in schools liaising with young people about emotional health and wellbeing.
80. The internet hosts a range of sites which provide good and bad information. Parents and carers should have a conversation with their child to inform them of the dangers of the internet. As a local authority we also have a duty of care for those young people accessing information via personal computers in council buildings.
81. Schools have many constraints on their time and must cater for the needs of all their students. Best practice suggests a whole school approach in relation to mental health and emotional wellbeing of students.
82. All schools receive relatively the same amount of funding and it is up to each school to prioritise how it spends its budget. Some schools have a greater focus on pastoral care of its students which could be attributed to having more students with emotional wellbeing needs. All schools provide safeguarding provision to its students which include counselling services, access to CAMHS, School Nurses and Educational Welfare and Psychology Services.
83. Internet safety for children and young people is a key concern for parents, carers and teachers alike. It is important that young people understand and are aware of the dangers when surfing the internet especially when seeking help and support for their anxieties and worries.
84. Parents need to be aware of the warning signs which may suggest their child is experiencing mental health or emotional wellbeing issues, including the signs to look out for should they suspect their child is self-harming.
85. Young people have indicated they value the relationship they have with youth workers/leaders and feel more comfortable speaking to youth leaders/workers when asking for advice in relation to risk taking behaviours including self-harm. The young people who took part in the review also suggested that they would prefer to talk to other young people rather than discussing problems with older adults.

Recommendations

86. Consideration of the review's findings has led the working Group to make the following recommendations which the Children and Young People's Overview and Scrutiny Committee will receive a systematic update at least six months following consideration of the report by Cabinet.

- A. That in relation to internet safety, Cabinet place restrictions to limit internet access on personal computers in Council run buildings including libraries to ensure that sites which glorify self-harm and relevant social chat sites are prohibited access. In addition that Cabinet write to the Mental Health Minister to ask for search engine sites to recognise their moral social duty to filter search results.
- B. That the Cabinet give consideration to developing specific pages for parents/carers giving information on preventing self-harm and how to support their children. Also that the pages are designed by or with direct involvement of young people who have knowledge of self-harm and emotional health and wellbeing such as help4teens.co.uk.
- C. That the Cabinet highlight to school governing bodies:
 - i. The necessity to refresh and update all emotional health and wellbeing policies on a regular basis specifically those that relate to self-harm.
 - ii. The range of emotional health and wellbeing services that can be bought in to support children and young people especially those provided for free by Public Health.
- D. That Cabinet request the Corporate Director of Children and Adult Services, the Director of Public Health, the Local Safeguarding Children Board, the Joint Health and Wellbeing Board and the Children and Families Partnership give consideration as to how to engage with parents of children to advise on the importance of good mental health and the warning signs to look out for in relation to risk taking behaviours.
- E. That through discussions at the Health and Wellbeing Board, appropriate commissioners and providers give consideration to the establishment of a single point of contact for services that offer mental health service and support which would ensure that all incidents are logged and picked up by the appropriate service in a timely manner and in doing so create a single multi-agency pathway and registry of self-harm.
- F. That Cabinet give consideration to how youth services leaders/workers, school nurses and health visitors can have a role in schools in relation to emotional health and wellbeing support to young people.
- G. That Cabinet give consideration to providing all adults (School Staff, Children's Home Staff, Youth Services Staff) who come into contact with young people on a regular basis receive basic mental health and emotional wellbeing awareness training

Cabinet

15th April 2015

Annual Enforcement Programme Children and Young Persons (Protection from Tobacco) Act 1991 and Anti-Social Behaviour Act 2003



Report of Corporate Management Team

Terry Collins, Corporate Director, Neighbourhood Services

Anna Lynch, Director of Public Health

Councillor Brian Stephens, Cabinet Portfolio Holder for Neighbourhoods and Local Partnerships

Councillor Lucy Hovvels, Cabinet Portfolio Holder for Safer and Healthier Communities

Purpose of the Report

- 1 This report reviews enforcement activities under the Children and Young Persons (Protection from Tobacco) Act 1991, the Anti-social Behaviour Act 2003 and the Licensing Act 2003 for the period April 2014 to March 2015 and seeks approval of a new enforcement programme for 2015/16.

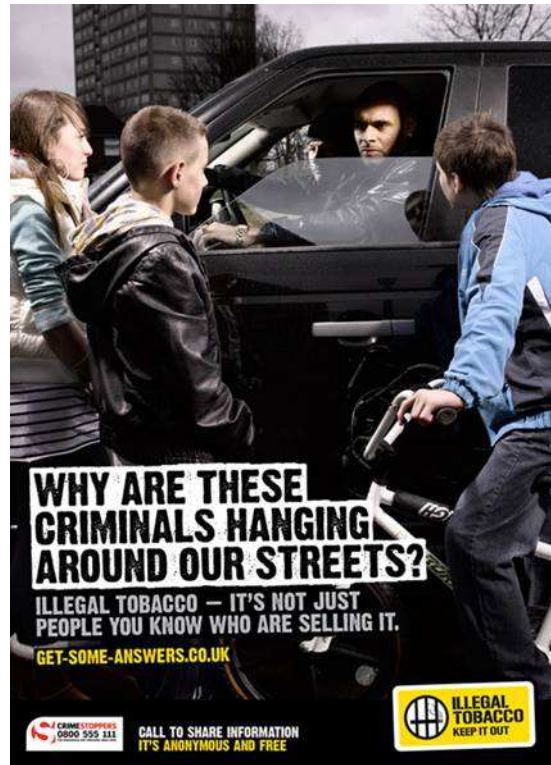
Background

- 2 The Council has a statutory duty to consider, at least once a year, the extent to which the Authority should carry out a programme of enforcement under the Children and Young Persons (Protection from Tobacco) Act 1991 and the Anti-social Behaviour Act 2003. These acts deal with the enforcement of underage sales of tobacco and aerosol paint containers respectively.
- 3 The Council has statutory responsibility for enforcement of the following age restricted products:-
 - Tobacco (Children and Young Persons (Protection from Tobacco) Act 1991)
 - Spray paint containers (Anti-social Behaviour Act 2003)
 - Alcohol (Licensing Act 2003)
 - Videos and DVD's (Video Recordings Act 2010)
 - Cigarette lighter refills (Cigarette Lighter Refill (Safety) Regulations 1999 and Consumer Protection Act 1987)
 - Fireworks (The Pyrotechnic Articles (Safety) Regulations 2010 and Fireworks Act 2003)
- 4 The Authority has also elected to enforce the age restricted sales of:-
 - Solvents and glue (Solvents Intoxicating Substances (Supply) Act 1985)
 - Knives (The Criminal Justice Act 1988, as amended by the Offensive Weapons Act 1996)
 - Access to gaming establishments (Gambling Act 2005)
 - Access to sunbed premises (Sunbeds (Regulation) Act 2010)

5 The availability of illicit alcohol and tobacco has also involved the use of other legislation such as the Trade Marks Act 1994 to tackle counterfeit products as well as the Consumer Protection Act 1987 to tackle incorrectly labelled products. In addition, a wealth of legislation has been introduced to reduce the marketing and promotion of tobacco in an attempt to reduce the number of young people starting to smoke and help established smokers to quit.

6 The enforcement controls on age related products and the supply of illicit alcohol and tobacco contributes to many cross cutting themes. In striving to improve the well-being of individuals and communities, restricting the supply and availability of alcohol and tobacco to children is one of the most important issues in tackling health and inequalities.

7 We have established an intelligence led partnership approach to tackling under age sales and illicit alcohol and tobacco. In particular, we have worked with a variety of enforcement agencies to address problems involving anti-social behaviour and wider criminality which has been associated with the illegal supply of these products.



Illicit Tobacco Poster

8 Whilst the Council has had some previous success in the delivery of tobacco interventions, over the last year we have been able to build upon this success through the establishment of a dedicated tobacco control team following the receipt of additional public health funding. The opportunity to fully utilise the expertise within the team has led to some significant operations which have had an immediate impact on the supply of illicit tobacco across the County.

9 The co-location of the police Alcohol Harm Reduction Unit (AHRU) continues to show benefits in terms of sharing of intelligence, joint operations and the prioritisation of targets that are involved in wider criminality. The supply of counterfeit tobacco is classed as a 'lifestyle offence' under the Proceeds of Crime Act and this has enabled both ourselves and the police to pursue more punitive actions such as the confiscation of assets to further deter the proliferation of illicit sales of tobacco.

10 Cases are becoming increasingly more complex as we attempt to tackle those further up the supply chain. As such we must ensure that our staff continue to develop their skills and knowledge of legal process to ensure that perpetrators are successfully convicted. To this end staff training is ongoing and procedures

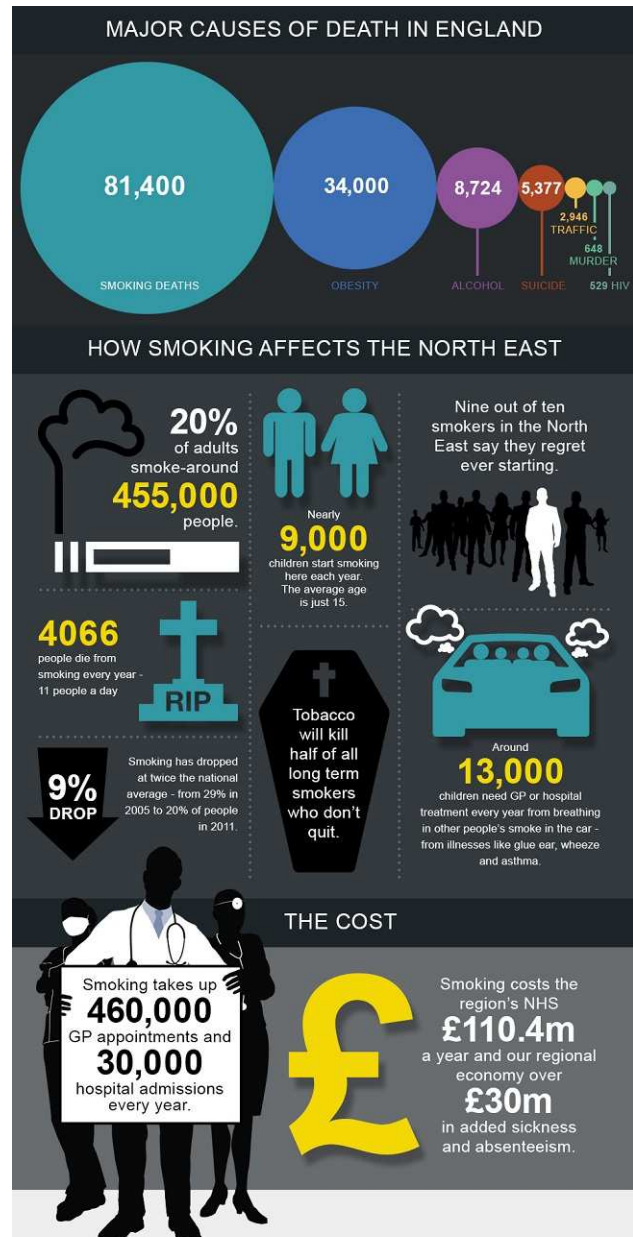
for the gathering and processing of evidence are continuously being revised and improved.

11 Whilst smoking prevalence has dropped by more than 5% since 2009/10 in County Durham, 20.9% of adults in County Durham are estimated to smoke regularly and this rises to 26.0% among people employed in routine and manual occupations.¹ Nearly one in five (18%) of all deaths among adults over 35 are estimated to be as a result of smoking from diseases such as lung cancer, bronchitis, emphysema and heart disease.

12 At current smoking levels, there will be approximately 826 deaths in County Durham each year in adults aged 35 and over which are directly attributable to smoking.² This equates to 275.1 deaths for every 100,000 people living in County Durham.³ This is similar to the North East average of 272.8, but substantially higher than the England average of 210.6.

13 Smoking in the young still remains a problem. In England in 2011 over a quarter of school pupils (25%), had tried smoking at least once and 5% were regular smokers (smoking at least one cigarette a week.² The role of illicit tobacco in tempting children to start smoking is further emphasised by a 2013 survey in which it was found that just under a third (30%) of young smokers bought illicit tobacco and almost a third had been offered illicit tobacco in the street (more than twice as likely as their adult counterparts).⁴

14 Local health data published by Public Health England allows mapping of the prevalence of young people aged 16-17 who are regular smokers (see below)



Reproduced courtesy of FRESH North East

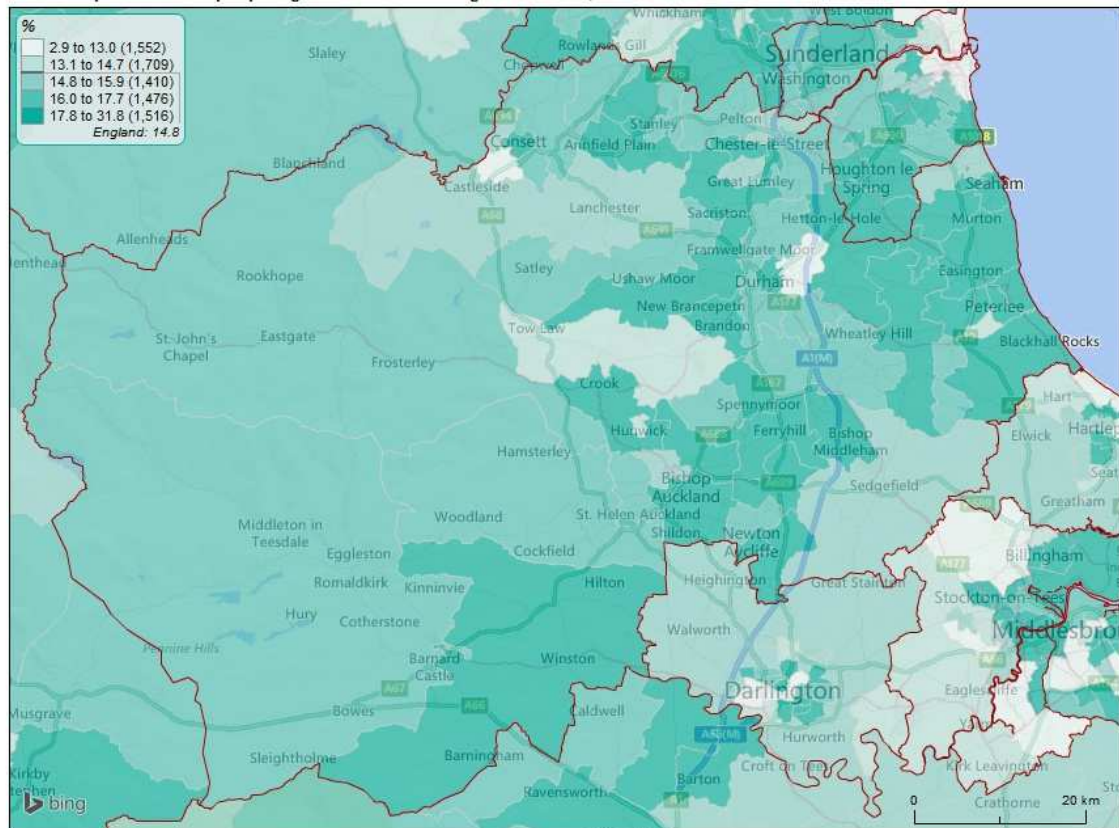
¹ Integrated Household Survey - all adult prevalence data (April 2011 – March 2012)

² NHS Information Centre, Statistics on Smoking in England, 2012

³ London Health Observatory Local Tobacco Profiles

⁴ NEMS North East Illicit Tobacco Survey, 2013

Modelled prevalence of people aged 16-17 who are regular smokers, 2009-2012



©PHE - © Crown copyright and database rights 2014, Ordnance Survey 100016969 - ONS © Crown Copyright 2014 - Ward (2013 boundaries) — Upper Tier Local Authority

It is no coincidence that the intelligence received relates to hotspots of illicit tobacco supply and correlates very highly with areas where underage smoking is most prevalent. This is also backed up by the findings surrounding supply to young people from the 2013 tobacco survey.

- 15 Reducing the availability of alcohol to children continues to be a priority for the service along with its associated 'proxy' provision and anti-social behaviour issues. In this regard we have joined Durham Constabulary, Community Alcohol Partnerships (CAPs) and local alcohol retailers to implement Operation ARIES (Alcohol Related Intervention Enforcement Support) across County Durham.
- 16 Operation ARIES aims to reduce underage sales of alcohol and anti-social behaviour and also raises awareness of the health and risk issues associated with underage drinking. It follows on from successful pilot schemes in Crook, Peterlee and Stanley for which we delivered retailer training on age related products and undertook test purchasing and compliance testing to ensure systems were in place for prevention of underage sales.
- 17 Tasking of enforcement actions are carried out using the National Trading Standards Intelligence Operating Model (IOM) framework which helps build an intelligence picture locally regionally and nationally.
- 18 The implementation of the Tobacco Products Directive (2014/40/EU) will see the introduction of more legislative controls surrounding the sale of tobacco and

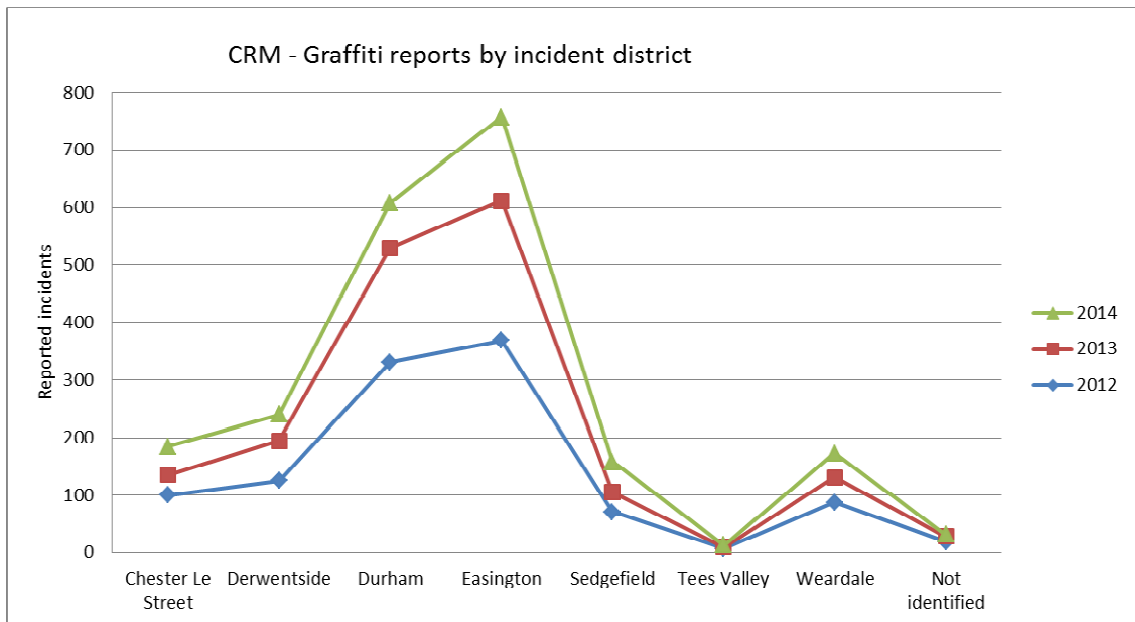
cigarette substitutes such as e-cigarettes. In addition the current government are planning proposals to introduce plain, non-branded packaging for cigarettes and other smoking products. All such measures will likely an extra enforcement duty on local authorities.

Review of 2014/15 activities

- 19 The complaints and intelligence recorded by the Service concerning illegal sales of age restricted products and illegal tobacco for the last two years are tabled below:-

Product	Complaints to service April 2014 to Jan 2015	Complaints to service April 2013 to Jan 2014
Illicit tobacco	74	57
Underage Age Sales Alcohol	47	34
Underage Age Sales Retail Tobacco/E-cigs	12	5
Underage Age Sales Fireworks	1	2
Underage Age Sales Sunbed access	1	2
Underage Age Sales Butane	1	0
Underage Age Sales DVD's/Computer games	1	0
Underage Age Sales Spray paints	0	9
Underage Age Sales Gambling access	0	0
Underage Age Sales Knives	0	0
Underage Age Sales Petroleum	0	0
Underage Age Sales Solvents	0	0
Totals	137	109

- 20 This shows that improved intelligence gathering networks are working with a 26% overall increase in recorded intelligence and complaints. Illicit tobacco and under age sales of alcohol account for over 88% of all referrals and for this reason the vast majority of work this year has centred on these areas.
- 21 The only other significant area of concern is under age sales of tobacco and electronic cigarettes. Complaints ranged from straightforward sales to children from retail premises to proxy sales and sales to children from 'tab' (private) houses. Although sales of electronic cigarettes to minors are not yet a criminal offence there are concerns that despite pack warnings stating the product is not to be sold to under 18's some retailers may supply to children.
- 22 Compared to last year there has been a significant drop in complaints and intelligence relating to the sale to children of spray paints and any associated graffiti arising from spray paint misuse. Figures obtained from the County Council's Customer Relationship Management (CRM) system show a marked decline in the nuisance caused by graffiti over the last three years (see below). Due to the lack of intelligence no test purchasing for spray paints was carried out last year.



23 In accordance with the code of practice on age related products⁵, test purchasing activity is solely prompted by complaints and intelligence. For that reason our efforts have overwhelmingly concentrated on testing for the underage supply of alcohol.

Product	Total attempts		Number of Sales		Percentage		Action Taken 2014/15
	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	
Alcohol*	26	82	12	17	46%	21%	12 fixed penalty notices 7 premises reviewed
Tobacco	1	11	1	0	100%	0%	Retailer training

* All alcohol test purchasing is carried out jointly with the police Alcohol Harm Reduction Unit

24 Fewer test purchases were undertaken last year yet the failure rate is higher. Whilst this may be interpreted that retailers are taking less care than in previous years to prevent sales, the reality is that the quality and quantity of our intelligence gathering has enabled us to target resources at tackling those premises where we already have evidence that the law is being flouted. In line with good enforcement practice this confirms that we are targeting higher risk premises therefore reducing the inspection burden on compliant traders.

25 Fixed penalty notices were issued to all persons who sold alcohol to children. In addition, all premises that failed test purchases were, in the first instance, offered free retailer training for their staff. All premises that fail test purchases are subject to a revisit to check that they are brought back into compliance. Any premises that failed two alcohol test purchases within a year were immediately taken to review. In all 7 applications for review were taken against premises with all resulting in more stringent conditions being imposed on their licences. In addition, one premise had its alcohol licence suspended for 6 weeks.

⁵ Age Restricted Products and Services: A Code of Practice for Regulatory Delivery published by Better Regulation Delivery Office

26 Whilst complaints concerning tobacco being sold to children from established retailers are low, the intelligence received and gathered in relation to illicit tobacco shows that sales to children from houses are far more likely.

27 In addition to our traditional test purchasing approach, we continue to carry out compliance checks of 'Challenge 25' schemes operating in active alcohol partnership areas under the ARIES programme. This involves undertaking test purchases with an 18 year old volunteer, who whilst over the legal age to purchase would still have triggered a challenge for identification under the Challenge 25 scheme. The results show that many premises failed to challenge the purchaser appropriately and whilst no criminal offence was committed it is clear that many retailers are failing to properly challenge those under 25.

	Total attempts	Number of Sales	Percentage	Action Taken
Alcohol 'Challenge 25' audits	12	8	67%	Training course offered to all failures followed by follow up test purchase

Those who sold without challenge were sent a letter explaining the outcome and invited to attend our training course. The information will also be used as intelligence to justify a full test purchase using an underage volunteer.

28 We continue to receive intelligence surrounding sales of age related products via social networks such as Facebook. This is a particular problem around Bonfire night when several unregistered sellers of fireworks appear. Warning letters often suffice to put off most sellers but persistent sellers still face a challenge in terms of enforcement. This year we tried to tackle the problem by warning people through a press release of the dangers involved with buying fireworks from these sites especially when illegal fireworks such as bangers are being sold. High visibility inspections and visits were made in hotspot areas.

29 The one area which makes the biggest impact in terms of tobacco control and health inequalities is enforcement against illicit tobacco suppliers. Since April 2014 we have achieved the following results:-

- Finalist in Working Together Great Staff Great Stuff Awards for our work on illicit tobacco
- Raids on 12 suspected illicit tobacco or 'tab' houses
- Illicit tobacco seized from 6 retail premises
- 24 people investigated for selling illicit tobacco
- Seizure of 39,499 illegal cigarettes
- Seizure of 809 pouches or 40.45kg of illegal hand rolled tobacco
- Participation in Operation Henry, involving the use of sniffer dogs to find concealed tobacco products. In the North East the project led to



Illicit Tobacco seizure

the discovery of large quantities of illicit tobacco products, including 80 kg of HRT in one seizure and nearly 66,000 seized cigarettes in total.

- Several convictions and formal cautions resulting in penalties including fines, a confiscation order of more than £47,000 and two 6 week tagging orders.
- Enterprise Act formal undertakings signed to desist from supplying illicit tobacco.
- Partnership working with 3 housing associations on the criminality behind illicit tobacco which could result in evictions.

30 We continue to run 'Do you Pass' age related product retailer training courses and a further 147 staff have been trained this year. It is believed that no-one who has attended this course has gone on to make illegal sales in the future. This remains a very effective preventative and alternative strategy for dealing with first time offences.

31 In the last year we have seen more intelligence in relation to counterfeit alcohol. This has resulted in several seizures including one haul of 330 bottles of counterfeit Kommissar vodka from 2 licenced premises. Further investigations are continuing.



32 We have had 10 positive press releases surrounding our work on age restricted products, mostly surrounding our success combating illicit tobacco.

Forthcoming legislation

33 Tobacco control measures are currently very high on the parliamentary agenda. The UK has until 29th April 2016 to prepare for the implementation of the EU Tobacco Products Directive. In particular, the Directive introduces:

- Mandatory pictorial health warnings covering 65% of both sides at the top of every cigarette pack
- The option for member states to introduce further controls through the introduction of standardised packaging (The UK Government has already taken powers to do this under the Children and Families Bill).
- A ban on "characterising flavours" in cigarettes, such as fruit or chocolate, from 2016, with menthol banned from 2022.
- A regulatory framework for electronic cigarettes.
- Strong "tracking and tracing" provisions for tobacco products to help fight illicit trade.

- 34 The Trading Standards Institute (TSI) and Action on Smoking and Health (ASH) have produced a helpful timetable featuring information on all changes to tobacco regulations in 2015/16, which is reproduced below:-

Regulations	Act	Date changes come into effect
Point of sale display ban of tobacco in small stores not subject to Sunday Trading Laws.	Health Act 2009	6th April 2015
Proxy purchasing of tobacco and nicotine products (such as electronic cigarettes)	Children and Families Act 2014	2015 (date TBC)
Age of sale for nicotine products (such as electronic cigarettes)	Children and Families Act 2014	2015 (date TBC)
Standardised packaging	Children and Families Act 2014	20th May 2016 (provisional)
Smoking in cars with children	Children and Families Act 2014	2015 (date TBC)
Revisions under the European Union Tobacco Products Directive.	The European Union Tobacco Products Directive	From 20th May 2016

- 35 With regards to tobacco displays, legislation requiring all shops, pubs, clubs and duty free outlets to remove their tobacco point of sale displays comes into force on 6th April 2015. Previously this only applied to larger retail premises. The end to tobacco displays has been brought in by the Government to protect young people who may be the target of tobacco promotion. Evidence suggests that children are more likely to smoke if they are exposed to tobacco displays in shops. Seeing these can also be hard for people trying to quit smoking as well. The Service has published a guide to retailers on the Council website explaining how to comply with this ban and a press release raising awareness on the issue was released in February.



Tobacco displays will be banned from April 6th 2015

Enforcement Programme for 2015/2016

- 36 We will continue with an intelligence led approach towards regulation of age related products. In doing so we will continue to adhere to the Code of Practice for Regulatory Delivery for Age Restricted Products and Services and use the National Trading Standards Intelligence Operating Model to prioritise, scope and task enforcement actions. We will make use of the full range of options open to us including advice, surveys, test purchasing and compliance testing as appropriate and gather and share intelligence to support a multi-agency and problem solving approach to enforcement.
- 37 We will continue to develop our links with partner agencies to widen our sources of intelligence in relation to the illegal supply of age related products and raise awareness of the wider health and criminality issues associated with the supply of illicit alcohol and tobacco. We will continue to support partnership approaches to tackling health and anti-social behaviour issues arising from the misuse of alcohol and tobacco through support and engagement with projects such as ARIES.
- 38 We will continue to target illicit tobacco as a priority for enforcement with its links to health deprivation and other criminal activity. The appointment of three temporary Tobacco Control Officers has enabled us to make a step change in enforcement in this area which has already had a significant impact on the level of crime in this area. With many targets also of concern to the police for other criminal activity such as money laundering the impact of multi-agency enforcement is reaching far beyond the initial focus on illicit tobacco. To this end the benefits of this approach to the community of this work is greatly enhanced.
- 39 We will continue to offer our 'Do You Pass' Retailer training as an alternative enforcement intervention for first time offenders and as an integral part of the ARIES alcohol partnership delivery. In addition to continue to develop the Durham County Council website as a source of information and guidance for businesses in relation to legislative controls on age related products particularly when faced with the introduction of new legislation.
- 40 With regard to other areas of age related legislation such as butane, fireworks, knives, access to sunbeds and use of gaming machines etc. we will continue to gather intelligence and evidence of illegal activity and respond with advice or enforcement as appropriate.
- 41 We will continue to develop effective working partnerships with the Police, HMRC, FRESH, Balance and the Health Services to attempt to tackle both the criminal and wider health issues surrounding the illegal supply of age related products. We will also continue to work with FRESH and other partners to highlight the impact of the supply of illicit tobacco on the health of our communities through a range of communications and associated publicity.



- 42 We will continue to make use of 'exceptional circumstances' to justify situations where our test purchase volunteers will be allowed to give false information about their age where there is evidence that sellers are asking the age of the volunteer without asking for ID.
- 43 The service will continue to contribute to the overall strategic development of alcohol and tobacco control locally, regionally and nationally.
- 44 We will continue to use directed surveillance under the Regulation of Investigatory Powers Act 2000 with regard to illegal sales from private houses and the newly growing area of sales via social networking sites such as Facebook where appropriate.
- 45 For more serious investigations involving lifestyle offences relating to the supply of illicit tobacco and alcohol the service we will use Durham Constabulary's financial investigation team authorised under the Proceeds of Crime Act 2002 in order to seize and confiscate assets increasing the deterrent factor for this type of crime.
- 46 In summary, the enforcement programme for 2015/2016 consists of those activities set out below:
- (a) An intelligence led approach to under age sales enforcement and tobacco control based on the National Trading Standards Intelligence Operating Model and will follow the principles outlined in the Age Restricted Products Code of Practice.
 - (b) Investigation of all consumer and trader complaints.
 - (c) Continuation of our joint working with the Police Alcohol Harm Reduction Unit and other agencies to adopt a holistic approach to solving problems associated with the accessibility and misuse of age related products. To include education, surveillance and test purchasing as well as other alternative enforcement strategies as appropriate.
 - (d) Continuation of our 'Do You Pass' retailer training including its use as an alternative to fixed penalty notices and other formal action.
 - (e) Continuation of our work in partnership with the police, HMRC and other agencies to tackle the problem of proxy sales and sales from private premises to children, particularly in relation to alcohol and tobacco.
 - (f) Continuation with a policy of reviewing licensed premises when appropriate.
 - (g) Continuation of our work strategically both corporately and with partner agencies to tackle health inequalities and antisocial behaviour associated with the misuse and illegal supply of age restricted products, in particular alcohol and tobacco.
 - (h) Enforcement of any new legislation for which we may be statutorily responsible that may arise from the implementation of the EU Tobacco Directive, The Health Act 2009 or Children and Families Act 2014.

Conclusion

- 47 The agreement of the proposed Enforcement Programme for 2015/2016 will ensure that the Council continues to address the problem of underage sales and access to age restricted products by those under age as well as the wider health and criminal issues surrounding these products.

Recommendations and Reasons

- 48 That the Enforcement Programme for 2015/2016 is adopted by Cabinet.

Background Papers

- The Local better Regulation Office (LBRO) Age Restricted Products and Services Code of Practice

Contact: Joanne Waller Tel: 03000 260924

Appendix 1: Implications

Finance

None

Staffing

The proposed enforcement programme has been based around exiting levels of staffing resources

Risk

There are significant reputational risks to the authority in failure to tackle the availability of age restricted products to those underage. In not combating underage sales it could lead to a rise in accessibility of products that can contribute negatively to the users health and wellbeing as well as contributing to a potential rise in crime and disorder and anti-social behaviour in the County

Equality and Diversity / Public Sector Equality Duty

An Equality and diversity impact assessment screening has been completed and no adverse equality and diversity implications have been identified. This will have a positive impact on all young people and children.

Accommodation

None

Crime and Disorder

Will help to discourage sales of age-restricted products to young people in the community and consequently influence their behaviour. The outcome of the enforcement and educational aspects to the program will seek to reduce accessibility of age restricted products and punish those who do supply. Failure to tackle the supply of age restricted products can lead to an increase in anti-social behaviour, crime and the fear of crime.

Human Rights

None

Consultation

A consumer survey conducted in 2005, rated this area of work as a high priority.

Procurement

None

Disability Issues

None

Legal Implications

The council has a statutory duty to enforce the provisions of legislation controlling the supply of age restricted products. The County Council has also chosen to adopt other pieces of legislation that govern the supply and availability of other (i.e. knives) areas. These are long standing obligations and commitments.

Cabinet

15 April 2015



**Environment, Health & Consumer
Protection Service- Enforcement Policy**

**Report of Corporate Management Team
Terry Collins, Corporate Director for Neighbourhood Services
Councillor Brian Stephens, Cabinet Portfolio Holder for
Neighbourhoods and Local Partnerships**

Purpose of the report

1. To seek agreement of a service specific enforcement policy that outlines the enforcement principles to be followed by authorised officers within Environment, Health and Consumer Protection Service (EHCP) when dealing with matters of regulatory non-compliance.

Background

2. ***The Legislative and Regulatory Reform Act 2006*** requires local authorities to have regard to the 'Principles of Good Regulation' when exercising specified regulatory functions, which are defined as those carried out by environmental health, trading standards and licensing services.

Accordingly we are expected to exercise our regulatory activities in a way which is:

- (i) ***Proportionate*** – reflecting the level of risk to the public and enforcement action taken will relate to the seriousness of the offence,
 - (ii) ***Accountable*** – open to public scrutiny, with clear and accessible policies, and fair and efficient complaints procedures,
 - (iii) ***Consistent*** – advice to those we regulate will be robust and reliable and we will respect advice provided by others.
 - (iv) ***Transparent*** – ensuring that those we regulate are able to understand what is expected of them and what they can anticipate in return.
 - (v) ***Targeted*** – focus our resources on higher risk enterprises and activities, reflecting local need and national priorities.
3. In February 2009, Council approved a Corporate Enforcement Policy to help promote efficient and effective approaches to regulatory inspection and enforcement, and improve regulatory outcomes, without imposing unnecessary burdens on individuals and businesses.

4. The introduction of a Corporate Enforcement Policy set out the standards and guidance that is applied by the Council when acting in its role as regulator and enforcement agency across the range of its relevant legal powers and duties.
5. Anyone undertaking an enforcement role of behalf of the Council in any capacity, must have regard to the Council's Corporate Enforcement Policy together with any additional requirements laid down by codes of conduct, legislation or other statutory provisions.
6. A letter from the Better Regulation Delivery Office was sent to all Local Authority Chief Executives in March 2014 outlining the Government's expectations in respect of the introduction of **The Regulators' Code**, which was introduced under the provisions of the Legislative and Regulatory Reform Act 2006, and came into force on 6th April 2014.
7. **The Regulators' Code** provides a flexible, principles based framework for regulatory delivery that supports, and enables regulators, to design their service, and enforcement policies in a manner that best suits the needs of businesses and other regulated entities.
8. The Code applies to specified local authority regulatory functions including Environmental Health, Trading Standards and Licensing services. From the effective date the Council has a statutory duty to have regard to the Regulator's Code when developing policies, and operational procedures, that guide their regulatory activities.

Material Considerations

9. The requirement for regulators to publish service standards includes the provision of clear and transparent information on their **enforcement policy**, explaining how they will respond to issues of non-compliance. A draft enforcement policy for EHCP services in dealing with non-compliance is attached in Appendix 2.
10. The scope of the policy will only apply to EHCP services only and all officers will have regard to this policy, and any relevant policy or procedure made under it, when making enforcement decisions.
11. Any departure from this policy must be exceptional, capable of justification and be fully considered by the manager or head of service before a final decision is taken. This proviso shall not apply where a risk to safety or health is likely to occur due to a delay in any decision being made e.g. safeguarding, sexual exploitation and in cases of serious and /or organised crime investigations.
12. Before introducing or amending policies, practices or service standards, regulators should also consider the impact on business and consult with business representatives using appropriate mechanisms.
13. A public consultation exercise has been undertaken seeking comments and feedback on the final format and content of the policy prior to ratification by Council.

14. Information about the enforcement principles, the policy and consultation were published on the Council's website, with signposts to an online survey for responses.
15. As well as utilising a full range of communications mechanisms open to the council, postcards were designed and produced to signpost businesses to the online survey and representatives of EHCP carried out presentations to provide context on the proposed policy. All communications implemented aimed to raise awareness of the consultation and encourage participation.
16. 17 responses were received via the online survey and a summary of the results relating to the proposed policy are detailed in Appendix 3.
17. Upon consideration of the feedback from the public consultation exercise there are no material changes to the proposed enforcement policy as attached in Appendix 2.

Recommendations and Reasons

18. Cabinet consider and agree the final draft enforcement policy for EHCP services and recommend to Cabinet for adoption by the Council.

Background Papers:

- Department for Business, Innovation & Skills - Regulators Code- April 2014
- The Legislative and Regulatory Reform Act 2006
- The Legislative and Regulatory Reform (Regulatory Functions) Order 2007

Contact: Joanne Waller Tel: 03000 260924

Appendix 1: Implications

Finance: None

Staffing: None

Risk: Adherence to the proposed enforcement policy for EHCP services will minimise the prospects of legal challenge in respect of enforcement decisions taken by authorised officers in the exercising of their regulatory duties.

Equality and Diversity / Public Sector Equality Duty

An Equality and diversity impact assessment screening has been completed and no adverse equality and diversity implications have been identified.

Accommodation

None

Crime and Disorder

Human Rights

None

Consultation: Public consultation was completed in January 2015 and feedback has been taken into consideration.

Procurement

None

Disability Issues

None

Legal Implications: The Regulators' Code aims to improve the way regulation is delivered at the front line. It sets out a clear framework for transparent and accountable regulatory delivery and establishes clear principles for how local authorities should interact with those they are regulating. The Code is underpinned by the statutory principles of good regulation, which provide that regulatory activities should be carried out in a way which is transparent, accountable, proportionate and consistent and should be targeted only at cases in which action is needed.

Appendix 2- EHCP Enforcement Policy (draft)

Environment, Health and Consumer Protection Service Enforcement Policy

Introduction

1. This document is the enforcement policy for Durham County Councils Environment, Health and Consumer Protection Service. It sets out the key principles under which officers will seek to achieve compliance with the legislation enforced by these services.
2. It has been prepared having regard to [Section 21 of the Legislative and Regulatory Reform Act 2006](#) and to the [Regulators' Code](#) produced by the Better Regulation Delivery Office (BRDO).
3. The overall vision of the Environment, Health and Consumer Protection (EHCP) Service is to '*Protect and Improve the Health, Safety, Economic Wellbeing and Environment of the Community We Serve*'. We recognise that effective and well-targeted regulation is essential in achieving our vision.
4. In carrying out their duties officers will adhere to the principles of good enforcement set out in this document and in the [Regulators' Code](#) produced by the BRDO.

Scope

5. This policy is intended to apply only to regulatory activity carried out by the EHCP service.
6. Additional team specific policy and procedure documents issued under this policy will clearly set out the criteria to be met before enforcement action is taken.

Principles of enforcement

7. We will work to ensure compliance with the law by:
 - Targeting resources and regulatory activities during the service planning process only at cases which need it.
 - Helping and encouraging businesses and individuals to understand their responsibilities by providing the necessary advice and guidance to allow them to comply with the law, and
 - Responding proportionately and fairly to breaches of the law.

Planning regulatory activity and targeting resources

8. The EHCP service is committed to helping businesses grow. We will consider the impact that our regulatory activities may have on businesses and members of the public. We will only adopt a particular approach if the effectiveness and benefits of action taken justify the costs. In doing so will endeavour to help businesses achieve compliance without unnecessary expense.
9. We will allocate our resources where they will be most effective by assessing the risks associated with non-compliance with the law. In determining risk we will consider a range of factors that include:
 - The potential impact on residents, employees, consumers and business in failing to meet legal requirements.
 - The likelihood of non-compliance taking into account matters such as past history, the systems the business has in place, management competence and willingness to comply.
 - The age, gender and vulnerability of victims.
 - Any deliberate breaches or blatant disregard of the law
10. Planned inspections and other visits will be undertaken after consideration of the risk the business poses if it fails to comply. Reactive visits will be carried out upon request by a business, or where a service request, intelligence or information received suggests that an inspection or visit is appropriate.
11. Where practicable we will co-ordinate inspections or visits with other regulators to minimise the burden on recipients of our services. Random unplanned inspection or unannounced visits will only be undertaken where required by legislation or guidance.
12. Exceptionally, a small amount of random inspection may also be undertaken to test our risk assessments or the effectiveness of any action we have taken.
13. We will only ask for information that is necessary after considering the cost and benefit to obtaining the information. Where possible we will share this information with our partners (taking account of data protection) to prevent the need for providing the information more than once.
14. The service recognise our safeguarding responsibilities and will work with partners to tackle the more serious offending which cause significant community concerns. We are committed to tackling those involved in organised crime and will take the most serious action available if it is identified that offenders are part of an organised crime group or are targetting the most vulnerable members of our society in terms of both physical and mental abuse

Providing advice and guidance

15. We recognise that prevention is better than cure and will actively work with business and residents to provide advice on, and assist with, compliance with the law. In doing this we will ensure that:

- Advice on how to comply with the law is made available and communicated promptly upon request.
- The information we provide will be clear, concise and accessible
- Where practicable information will be provided in an appropriate language.
- Advice provided in writing where necessary.
- We will clearly distinguish between what is a legal requirement and what is guidance aimed at improvements above minimum legal standards.

Responding proportionately to breaches of the law

16. We recognise that most businesses and individuals wish to comply with the law, however firm action will be taken against those who flout the law or act irresponsibly.

17. We will carry out all of our enforcement duties, including taking formal enforcement action, in a fair, equitable and consistent manner. Whilst officers exercise judgement in individual cases, we will have arrangements in place to promote consistency including liaison with other agencies and authorities.

18. We recognise that prevention is better than cure, but where it becomes necessary to take formal enforcement action against a business, or member of the public, we will do so. There is a wide range of tools available to us as an enforcement agency. The actions we may take include:

- No action
- Informal Action and Advice
- Fixed Penalty Notices
- Penalty Charge Notices
- Formal Notice
- Forfeiture Proceedings
- Seizure of goods/equipment
- Injunctive Actions and other Civil Sanctions
- Refusal/Suspension/Revocation of a licence or permit
- Simple Caution
- Prosecution
- Proceeds of Crime Applications.

19. Where formal enforcement action is necessary, we will consider the most appropriate course of action from the range of sanctions and penalties available with the intention of:-

- Aiming to change the behaviour of the offender
- Aiming to eliminate any financial gain or benefit from non-compliance
- Being responsive and considering what is appropriate for the particular offender and issue involved, including punishment and the public stigma that may be associated with a criminal conviction.
- Being proportionate to the nature of the offence, and the potential to cause harm or harm caused
- Aiming to restore the harm caused by non-compliance
- Aiming to deter future non-compliance.

20. If the formal enforcement action being considered is a prosecution we will also consider a number of additional factors in line with the [Code for Crown Prosecutors](#) and any other nationally recognised guidance. These factors may include the following:

- The seriousness of the alleged offence
- The history of the party concerned
- The willingness of the business or the individual to prevent a recurrence of the problem and co-operate with officers
- Whether it is in the public interest to prosecute
- Whether any other action (including other means of formal enforcement action) would be more appropriate or effective

21. These factors are not exhaustive and are not listed in order of significance. The rating of the various factors will vary with each situation under consideration.

Application of our enforcement policy

22. All officers will have regard to this policy, and any relevant policy or procedure made under it, when making enforcement decisions.

23. Any departure from this policy must be exceptional, capable of justification and be fully considered by the manager or head of service before a final decision is taken. This proviso shall not apply where a risk of injury or to health is likely to occur due to a delay in any decision being made.

24. In cases of emergency or where any exceptional conditions prevail, the Head of Environment Health and Consumer Protection or Head of Legal Services may suspend any part of this policy where necessary to achieve effective running of the service and/ or where there is a risk of injury or to health of employees or any members of the public

Accountability

25. We will be accountable for the efficiency and effectiveness of our activities, while remaining independent in the decisions we take. In particular:

- We shall provide businesses and individuals with effective mechanisms for consultation and opportunities for feedback on our service.
- Where enforcement action is taken we will inform you of any relevant appeals procedure.
- Officers will be courteous, fair and efficient at all times, and will identify themselves by name and, where appropriate, identity card.
- Any complaints about the way you have been treated will follow Durham County Council's corporate complaints procedure, which is easily accessible to all service users, and explains how to make a complaint and the timescales involved. A copy of the complaints procedure can be obtained by calling 03000 261016 or via our website at www.durham.gov.uk

26. We will implement monitoring procedures to review compliance with this policy

27. We will publish our service standards, and report details of our performance against them, including feedback from those we regulate.

Review

28. This document will be subject to review as and when required. Improvements will be made if there are any changes in legislation or in local needs.

29. If you have any comments please contact the Head of Environment, Health and Consumer Protection by calling 03000 261016 or by writing to EHCP, PO Box 617, Durham, DH1 9HZ or email to ehcp@durham.gov.uk

**Environment, Health and Consumer Protection (EHCP) Enforcement Policy
Consultation Results - January 2015**

- 7 respondents (70% of those who answered the question) agreed or strongly agreed that the approach to enforcement by the EHCP service is appropriate.
- 6 respondents (75% of those who answered the question) agreed or strongly agreed that the principles outlined in the proposed policy will lead to proportionate and fair decision making by EHCP officers.
- 6 respondents (75% of those who answered the question) had no experience of enforcement action by the EHCP service.
- 5 respondents (62.5% of those who answered the question) agreed or strongly agreed that they know enough about the statutory requirements that their business must comply with, without the need for intervention from the EHCP service.
- 47.1% responded to the survey as a business with 41.2% responding as an individual. 11.7% of respondents did not specify.
- Of those that specified, 60% of respondents were male and 40% of respondents were female.

Cabinet

15th April 2015



**Review of the Council’s Hackney
Carriage and Private Hire
Licensing Policy**

**Report of Corporate Management Team
Terry Collins, Corporate Director of Neighbourhood Services
Cllr Brian Stephens, Portfolio Holder for Neighbourhoods and Local
Partnerships**

Purpose of the Report

1. To seek Cabinet approval for Licensing Services to begin formal public consultation on proposed revisions to the existing Durham County Council Hackney Carriage and Private Hire Licensing Policy, more commonly referred to as the “taxi policy”. The consultation on the existing policy is an integral part of the overall policy review process, leading to the adoption of a revised policy by Council. The existing policy is attached as Appendix 2.

Background

2. **The Policy Review** - The existing Hackney Carriage and Private Hire Licensing Policy was adopted by the Council in May 2011. The Policy states that the Council will review it every three years and will also make such revisions to the policy, as it considers appropriate and publish it accordingly.
3. Policy related matters have been identified that need to be reviewed. The proposed revisions and other items for consideration concerning both licensed vehicles and drivers associated with the following:
 - Possible vehicle age restrictions and engine emission standards
 - The use of vehicle top signs and other licensed vehicle identifications
 - Conditions relating to limousines
 - The suspension of licensed vehicles
 - Numeracy and literacy testing for new drivers
 - Potential for introduction of new, more stringent safeguarding and child protection measures
4. Potential changes to the policy document for consideration are shown in the table of changes in Appendix 3.

Consultation

5. Licensing Services propose to consult on the existing Hackney Carriage and Private Hire Licensing Policy for a period of not less than 12 weeks. The amended policy together with the potential changes being proposed would be subject to a broad consultation involving the taxi trade, trade representatives, taxi service users and all relevant authorities and organisations.
6. The consultation will be widely advertised in the local and regional press and also available on the Council's website.

Responses

7. At the end of the consultation period, responses will be collated and presented in a report to the General Licensing and Registration Committee.
8. Proposed amendments to the policy resulting from the consultation and review process will be presented in the future report along with a recommendation that Committee agrees to the proposed revisions and in turn, recommends adoption of the revised policy by Council.

Recommendations and Reasons

9. That Cabinet considers this consultation proposal to enable a full and proper review and revision to the current 'taxi' policy.
10. That Cabinet supports the review process, leading to the production of a revised draft version of the 'taxi' policy to be reported to the Licensing Committee with a view to its eventual adoption by full Council.

Background Papers:

- Local Government (Miscellaneous Provisions) Act 1976
- Town Police Clauses Act 1847
- Department for Transport Best Practice Guidance

Contact: Joanne Waller

Tel:

03000 260924

Appendix 1: Implications

Finance – There will be a financial implication on the income from the Private Hire Operator fees as the duration of the licence will be extended from 1 year to 3 years.

Staffing – None

Risk - None

Equality and Diversity / Public Sector Equality Duty - The Hackney Carriage and Private Hire Licensing Policy has gone through a full Equality and Diversity Impact Assessment.

Accommodation - None

Crime and Disorder - None

Sustainability - None

Human Rights – None

Consultation – A full public consultation process will be undertaken in respect of the review of this policy.

Procurement - None

Disability Issues – None

Legal Implications – Possible challenges to any ongoing legal actions taken under 1976 Act

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DURHAM COUNTY COUNCIL

HACKNEY CARRIAGE AND PRIVATE HIRE LICENSING POLICY

Adopted May 2011

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1.0 Introduction

- 1.1 The County of Durham is located in the heart of the North East of England. From its western boundary high in the Pennine Hills, to the limestone cliffs of its North Sea coastline, County Durham features a rich diversity in lifestyle and culture including a historic University, a World Heritage Site, Beamish and Bowes Museums, Durham City, Lumley and Lambton Castles, designated areas of Outstanding Natural Beauty, and historic villages and market towns. Approximately 4 million visitors are attracted to the County each year.
- 1.2 The County currently has a resident population of around 493,500 with more than half of the residents living in villages of less than 10,000 people. Many of the County's 12 main towns and 240 other small towns and villages are associated with its proud coal mining heritage.
- 1.3 The purpose of this policy is to explain how the Council undertakes its functions with respect to hackney carriage and private hire licensing.
- 1.4 The Council, in adopting the licensing policy, recognises both the needs of residents for safe, healthy convenient and effective taxi transport and the importance of this provision to the local economy and vibrancy of the County.
- 1.5 This policy has been produced in accordance with the powers conferred by the Town Police Clauses Act 1847, the Local Government (Miscellaneous Provisions) Act 1976 and the Transport Act 1985, as amended, which places on the Council the duty to carry out its licensing functions in respect of hackney carriage and private hire licensing.
- 1.6 The development, review, application and implementation will be the responsibility of the Environment, Health and Consumer Protection Service.
- 1.7 The General Licensing and Registration Committee may make decisions that change the content of this policy. The changes may have immediate effect, or may come into effect on a given date.
- 1.8 The County will be zoned up until 31st August 2011 but from 1st September 2011 the zones will be removed and will become one zone.

2.0 Hackney Carriage and Private Hire Licensing

- 2.1 Durham County Council is responsible for the licensing of hackney carriage and private hire vehicles, drivers and operators.
- 2.2 A hackney carriage vehicle is a public transport vehicle with no more than 8 passenger seats, which is licensed to 'ply for hire'. This means they can

stand at ranks or be hailed / flagged down in the street by members of the public.

- 2.3 A private hire vehicle must also have no more than 8 passenger seats however, they must be 'pre booked' in advance through an operator and may not ply for hire.
- 2.4 Hackney carriage and private hire vehicles have a specific role to play in an integrated transport system. They are able to provide services in situations where other forms of public transport are not available in rural areas and for those with mobility difficulties.
- 2.5 The aim of licensing the hackney carriage and private hire vehicle trades is to protect and safeguard the public and to ensure that the public have reasonable access to Hackney Carriage and Private Hire services.
- 2.6 The Council recognises it is important that hackney carriage and private hire licensing powers are used appropriately to ensure that licensed vehicles of the Council are safe, comfortable, properly insured and available where and when required.

3.0 Transitional Arrangements for Vehicle Emission Conditions

- 3.1 For those vehicles which currently meet Euro 2 technology will be required to meet Euro 3 and Euro 4 emission standards when the vehicle comes up for renewal on or after 1st April 2014.
- 3.2 For those vehicles which currently meet Euro 3 technology will have until the lifetime of the vehicle to meet the condition regarding Euro 4 and 5 emission standards.

4.0 Scope

- 4.1 This policy shall apply throughout the administrative area of Durham County Council from the date of adoption. This policy overrides and supersedes any existing policy in relation to hackney carriage and private hire licensing in respect of applications, renewals, transfers and other areas connected to the following licences:
 - Private Hire Vehicle
 - Hackney Carriage Vehicle
 - Private Hire Operator
 - Hackney Carriage Driver
 - Private Hire Driver
 - Combined Hackney Carriage and Private Hire Driver
- 4.2 In developing this policy the Council has taken account of the Licensing Objectives listed below, relevant legislation and Government guidance

including the best practice guidance issued by the Department for Transport and Office of Fair Trading.

4.3 The Council has taken into account the views of the following when preparing this policy:

- Current licence holders
- Elected Members of the Council
- Durham Constabulary
- Local businesses and their representatives
- Residents and their representative bodies
- Local transport providers
- Disability Groups
- Planning Authority
- Service users

A full list of those consulted in preparing this Policy is available from the Licensing Section.

5.0 Licensing Objectives

5.1 The Council will adopt and carry out its hackney carriage and private hire licensing functions with a view to protecting the public by promoting the following objectives:

- To ensure that safe, comfortable, reliable and accessible hackney carriage and private hire vehicles are available for all who require them
- To ensure that all licensed drivers and private hire operators are fit and proper persons
- To provide clarity for licensees with respect to the Council's requirements and the decision making process
- To promote a professional and respected hackney carriage and private hire trade

5.2 These objectives will be taken into account by the Council when making decisions.

6.0 Methods

6.1 The methods used by this Council to promote the licensing objectives of this policy will include:

- Setting the standards for the licensing of drivers, vehicles and operators

- The licensing and routine inspections of vehicles, with appropriate follow up action
- Routine inspection of insurance policies, with appropriate follow up action
- The assessment of applicants to ensure they are 'fit and proper' persons and thereby entitled to hold a licence. This will include consideration of the persons medical suitability, criminal record (if any), driving standards and knowledge of the relevant law and locations in County Durham
- Investigation of complaints with appropriate follow up action
- Liaison with the Police and other agencies regarding issues of mutual concern in relation to offences or the conduct of licensees
- Taking enforcement and / or disciplinary action including prosecution proceedings, verbal and written warnings, written cautions, notices, suspension or revocation of licences for breaches of legislation or conditions

When considering applications and taking enforcement action the Council as the Licensing Authority will have regard to Durham County Council's Enforcement Policy.

7.0 Partnership Working

7.1 The Council will seek to work in partnership with the following agencies, groups and individuals to promote the licensing objectives:

- Local Hackney Carriage and Private Hire Trade
- Countywide and Area Taxi Working Groups
- Durham Constabulary
- Internal Council Departments
- Disability Groups
- Any other appropriate formation which may contribute to the promotion of the objectives

8.0 Equality

8.1 To achieve the above standard the Council will endeavour to comply with the duties and obligations under the following legislation:

- Sex Discrimination Act 1975
- Race Relations Act 1976 / 2000
- Disability Discrimination Act 1995 / 2005
- Human Rights Act 1998

9.0 Duties and obligations under Disability Discrimination Act 1995 (DDA)

- 9.1 Those who provide transport services by way of hackney carriage and private hire vehicles are now deemed to be providers of services to the public for the purposes of Part 3 DDA 1995.
- 9.2 A statutory Code of Practice: Provision and Use of Transport Vehicles - Supplement to Part 3 Code of Practice has been issued which provides guidance on specific issues (but should be read in conjunction with the Code of Practice for Part 3 of the Act: Rights of Access to Goods, Facilities, Services and Premises). Licensees should read this code and ensure they operate in accordance with it. As they are statutory codes, approved by Parliament they are admissible under the Act and Courts must take them into account where relevant.
- 9.3 Following the guidance in the Code may help transport providers avoid adverse court judgements – it includes examples of good practice – but it is not a complete or authoritative statement of the law and is not a substitute for taking appropriate advice. Ultimately the Courts will provide authoritative interpretation of the Code.
- 9.4 The Equality and Human Rights Commission web site also has a document available entitled "Avoiding Disability Discrimination in Transport: A Practical Guide for Taxi and Private Hire Services". Licensees are advised to read this guidance.
- 9.5 Where a disabled person believes they have been discriminated against contrary to Part 3 they can bring a claim against the transport provider in the County Court. The claimant may seek a declaration that they have been discriminated against, damages for injury to feelings, damages for financial loss, interest on damages, and/or an order that the service provider stops discriminating against them.
- 9.6 It is a condition of a vehicle licence that wheelchair accessible vehicles have the appropriate equipment so as to be able to transport passengers in wheelchairs at all times. (The licence for a vehicle may be suspended until such time as the Council considers the vehicle is fit for purpose).
- 9.7 Licensed drivers are under a duty to carry a passenger's guide, hearing and other prescribed assistance dog in their vehicles without additional charge. Drivers who have a medical condition that is aggravated by exposure to dogs may apply for an exemption from the duty on medical grounds. A medical certificate must be provided at the drivers expense, from the drivers own GP stating the details of their medical condition. A register will be kept of those drivers exempted.

9.8 Persons who breach Disability Discrimination duties may be guilty of a criminal offence.

9.9 Further information is available from the Equality and Human Rights Commission at www.equalityhumanrights.com.

10.0 Conditions

10.1 The Council can impose such conditions as it deems necessary in relation to the grant or a renewal of any licence except a hackney carriage driver's licence.

10.2 Standard conditions relating to licences are included in the appendices. In addition the Council may impose additional conditions where considered necessary or appropriate in all circumstances.

11.0 Enforcement

11.1 Enforcement of licensing matters will be undertaken by the Council.

12.0 Other Regulatory Regimes

12.1 Other statutory requirements may apply to the provision of any regulated activities provided by a licensed vehicle or at premises, and the responsibility for compliance rests with the licence holder and / or proprietor.

13.0 Decision making

13.1 The powers of the Council will be exercised in accordance with the Council's Constitution.

13.2 The Council will make all decisions in relation to licensing matters on their own merits.

13.3 The Council will provide reasons for all decisions that it makes.

14.0 Complaints Procedure

14.1 Durham County Council recognises the high standards of the hackney carriage and private hire trade and expects all licence holders to maintain these standards at all times. However, it is recognised that there may be occasions when members of the public or the trade may make complaints.

14.2 Complaints will be dealt with in accordance with the Council's Complaints procedures.

- 14.3 Durham County Council recognises that some complaints can be frivolous, vexatious and repetitious. Such complaints may not be pursued.
- 14.4 Members of the trade will be expected to assist officers when carrying out their investigations.
- 14.5 Following completion of the investigation all parties will normally receive written confirmation of any action taken.
- 14.6 If any party is not satisfied with the outcome of the investigation the Council has a Corporate Complaints Procedure.

15.0 Vehicles

- 15.1 The Council has discretion over the types of vehicle that it can licence as Hackney Carriage and Private Hire vehicles. Applicants are reminded that passengers have wide ranging needs and the Council will take account of the needs of passengers when considering any application.
- 15.2 The Council encourages the trade to put forward vehicles of their own choice that can be shown to meet basic criteria. In that way emerging designs for vehicles can be taken into account.
- 15.3 All vehicles shall have an appropriate 'type approval' which is either:
- European Whole Vehicle Type approval
 - British National Type approval; or
 - British Single Vehicle Approval (SVA)

This paragraph may not apply to special vehicles as identified in Appendix 4.

- 15.4 Any application for a new vehicle licence will only be considered if it complies with the policy and conditions set out by the Council in Appendix 3 and Appendix 4 of this policy.
- 15.5 With effect from 1st April 2011, the introduction of a colour requirement in respect of vehicles submitted for licensing as a hackney carriage or private hire as follows:
- (i) Hackney carriage vehicles shall be white.
 - (ii) Private hire vehicles shall be any colour other than white or a colour that could be mistaken for white, for example cream or ivory.
 - (iii) That the colour requirement for hackney carriage and private hire vehicles shall apply from the 1st April 2011 to all new applications for a vehicle licence. It shall not apply on the renewal of an existing vehicle licence but only when that vehicle is replaced. Nor shall the

colour policy apply to a vehicle licensed or provided for a maximum period of two months on a temporary basis to substitute for an owner's existing licensed vehicle that cannot be used as a result of an accident or breakdown.

- (iv) this policy will apply to all licensed vehicles including purpose built vehicles and minibuses, but will not apply to any special vehicles as defined within the policy which will be exempt from any colour requirement.
- 15.6 Vehicles licensed by the former District / Borough Councils within County Durham prior to 1 April 2009, will be subject to the transitional arrangements highlighted in paragraph 3.0 above and also conditions set out in Appendix 3 and 4 of this policy.
- 15.7 All vehicles shall undergo an inspection by the Council's appointed testing station(s) prior to being licensed and six months or as required thereafter.
- 15.8 For vehicles more than 10 years old from date of registration, the Council may require the vehicle to be tested up to 3 times in every 12 month period.
- 15.9 Holders of vehicle licences who have vehicles which regularly fail the Council's vehicle inspection may be referred to the Licensing Sub Committee. Under these circumstances the vehicle licence may be suspended or revoked.

16.0 Vehicle Insurance

- 16.1 All vehicles must have a current valid policy of insurance at all times appropriate to the vehicle. This insurance policy must be in place before a licence can be granted.
- 16.2 Hackney carriage vehicles must be insured under public hire. Private hire vehicles must be insured under private hire.
- 16.3 Proof of continuous vehicle insurance must be produced by the vehicle proprietor. Insurance should also be produced upon request by an authorised officer of the Council.
- 16.4 Vehicle licences may be suspended if valid insurance is not produced.

17.0 Drivers

- 17.1 Following the receipt of a complete application the Council will issue a driver's licence to an applicant provided he or she has held a full driving licence for at least 12 months and is considered to be a fit and proper person.

17.2 In determining whether a driver is fit and proper the Council will consider, amongst other things: the applicant's relevant skills, knowledge, experience, qualification, medical fitness, criminal record and previous history as a licence holder in accordance with Appendix 1 and Appendix 2.

18.0 Private Hire Operators

18.1 The Council will issue a private hire operator licence to an applicant provided the applicant is a fit and proper person.

18.2 In determining whether an applicant is a fit and proper person the Council will consider the applicant's criminal record and previous history as a licence holder in accordance with Appendix 2 and Appendix 5.

18.3 Upon the grant of an operator's licence the Council will specify the address from which the operator may operate. The premises must be within County Durham.

19.0 Licence Fees

19.1 The Council will set fees for licences at a level that will recover the costs recoverable under statute incurred by the Council for issue, administration, control and supervision of that type of licence.

20.0 Hackney Carriage Fares Policy

20.1 When setting hackney carriage fares the Council will have regard to:

- The needs of the travelling public with reference to what it is reasonable to expect people to pay
- The need of the travelling public to understand how much they will be expected to pay
- The need to give the trade sufficient incentive to provide a service at the times when it is demanded

20.2 Once a request has been approved by the Council, any other request would not normally be considered after a period of 12 months.

21.0 Review

21.1 The policy will be reviewed every three years. In addition, the Council will make such revisions to the policy as it considers appropriate and publish it accordingly.

Drivers

An application for a driver licence must be made on the specified form.

Drivers' licences will be issued subject to proof of eligibility.

A licence will be valid for a period of one year subject to continuing suitability. It may be renewed following approval of a valid renewal application.

1.1 Eligibility

The Council will establish whether an applicant is a fit and proper person to hold a driver licence by requiring the applicant to meet the criteria set out below.

(i) Qualification

The applicant will be required to provide proof that they hold a full UK drivers licence or equivalent for a period of not less than 12 months prior to the application being submitted.

(ii) Driving Proficiency Test

The applicant will be required to provide evidence that they have passed the DSA Hackney Carriage and Private Hire Assessment Test.

(iii) Driver Knowledge and Locality Tests

The applicant will be required to pass the Council's knowledge and locality test.

(iv) Accessible Vehicle Training

For those applicants who will be operating a wheelchair accessible vehicle they must complete a course organised by the Council. This course will be delivered by trainers approved by the Council and will train drivers on the correct procedures of clamping and restraining a wheelchair and other relevant aspects of carrying passengers with a disability. The cost of the training will be met by the applicant. The training would have to be undertaken by new applicants prior to being licensed.

Existing driver's who operate wheelchair accessible vehicles and have not undergone the training, must undertake the training upon the renewal application of a driver's licence.

(v) Medical Fitness

Applicants for the grant of driver licence are required to provide evidence, in the form of a prescribed certificate available from the Council, signed by a medical practitioner with access to the applicant's medical records, stating that the applicant satisfies the requirements of the DVLA Group II medical standards of fitness to drive. All costs associated with obtaining the medical certificate are to be met by the applicant.

(vi) Suitability

The Council will need to be satisfied that the applicant is a suitable person to hold a driver licence. This will be determined by the applicant obtaining a Criminal Records Bureau (CRB) disclosure and Driver Vehicle Licensing Agency (DVLA) check and the Council conducting such other checks as it deems appropriate.

Applicants from outside the United Kingdom must obtain a certificate of good conduct from the relevant Embassy. The Council requires all such applicants who have resided in the country for less than five years to obtain a CRB or equivalent and a Certificate of Good Conduct from their relevant Embassy or Consulate, at the applicant's expense, authenticated, translated and sealed by the Embassy or Consulate.

Additional information will be considered as appropriate.

1.2 Continuing Suitability / Renewal Process

The ongoing suitability of a licence holder will be monitored. In addition the following specific checks will be carried out upon renewal:

- Annual DVLA check
- Three-yearly CRB disclosure
- Periodic medical examination
- Conduct and compliance

The outcome of these checks will allow the Council to determine whether a licence holder continues to be a fit and proper person.

Renewal applicants will receive a reminder letter in advance of the expiry of the licence and must telephone the Licensing office to arrange a suitable appointment to submit a complete renewal application.

Applicants are encouraged to contact the Licensing Section 10 working days prior to the expiry to avoid any delays.

1.3 Standard Conditions of a Private Hire Driver Licence

The licensed driver shall:

- (i) Notify the Council as soon as possible, and also confirm in writing within seven days, of any alteration to their circumstances or material particulars including but not limited to:
 - a) Change of address.
 - b) Change of office from which he / she operates.
 - c) Being charged with / convicted of or investigated in connection with any criminal offence.
 - d) Accepting a fixed penalty notice or caution, or receiving an ASBO.
 - e) Injury or illness sustained that may affect their driving ability.
 - f) The licence holder shall further inform the Council of any motoring fixed penalty endorsements received, in writing within 7 days of receiving the endorsement.
 - g) The licence holder shall inform the Council of any road traffic incident in which they are involved as a driver.
- (ii) Provide a copy of their full DVLA driving licence or equivalent upon reasonable request.
- (iii) Produce a valid medical certificate:
 - a) Upon initial application
 - b) Upon reasonable request
 - c) On their 45th birthday
 - d) Every fifth year after the 45th birthday
 - e) On their 65th birthday and then annually
- (iv) Behave in a professional manner at all times.
- (v) Maintain their vehicles in a safe and satisfactory condition at all times.
- (vi) Keep their vehicles clean and suitable for hire to the public at all times.
- (vii) Assist, where necessary, passengers into and out of vehicles.
- (viii) Offer passengers reasonable assistance with luggage.

- (ix) To make passengers aware to be cautious when they are entering and alighting to and from the vehicle to ensure they are not put at risk by oncoming traffic
- (x) Take whatever additional action is necessary to avoid creating a disturbance.
- (xi) Behave in a civil and orderly manner and be polite, helpful and respectful to passengers.
- (xii) Aggressive, abusive or otherwise inappropriate behaviour towards Council employees will not be tolerated. Such behaviour may result in a referral to the Council's Licensing Sub Committee.
- (xiii) Not tamper with, or permit any person to tamper with, any taximeter or its fittings.
- (xiv) Wear the driver's badge supplied to him / her in a manner that is plainly visible. An additional copy of the badge shall be displayed prominently within the vehicle.
- (xv) Report the loss of their licensed badge to the Council and the Police immediately.
- (xvi) Ensure the vehicle they are driving complies with the conditions attached to that vehicle's licence.
- (xvii) Ensure they check the vehicle they are driving, in accordance with the recommendations of the Department for Transport.

N.B. Conditions cannot be applied to drivers of Hackney Carriage vehicles. (see *Wathan v Neath Port Talbot County Borough Council*)

Determination of Applications for Driver and Operator Licences

1.1 *Guidelines on the Relevance of Convictions, Cautions or any relevant information including complaints*

Applicants for driver and operator licences are required to disclose all convictions, fixed penalty notices and cautions, including those that would in other circumstances be regarded as spent under the Rehabilitation of Offenders Act 1974.

The disclosure of a criminal record or other information will not automatically prevent an applicant from obtaining a licence, unless the Council considers the conviction renders the applicant unsuitable.

In making its decision the Council will consider the relevance of any offence, the seriousness of the offence, the length of time since the offence occurred and any pattern of offending behaviour or other complaints.

The Council considers all offences to be relevant offences when considering the suitability of a person to hold or retain a licence, but the following will be viewed most seriously (in no particular order):

- Dishonesty
- Violence (including Criminal Damage & Sexual Offences)
- Alcohol Related Offences
- Public Order Offences
- Motoring Offences
- Substance Abuse (which includes the possession or distribution of unlawful substances)
- Obscene Materials (which includes the retention or distribution of unlawful obscene images / materials on computer or the internet)
- Discrimination
- Offences involving Indecency or other offences of a Sexual Nature
- Contravention of Licensing Laws or Conditions
- Disqualification from driving a motor vehicle at any time in the five years prior to applying for a licence (the time to run from the expiry of the disqualification)
- The applicant has been banned by a Governing Body

1.2 ***Application for a Drivers / Operators Licence following a Conviction***

If an applicant has been convicted of a criminal offence within the time period specified below the Council would not normally grant a licence:

Minor traffic offences

One years from the date of the most recent conviction where two or more convictions occur within any one year period.

Minor traffic offences would include:

- **CU80** - Using a mobile phone while driving a motor vehicle
- **MS10** - Leaving a vehicle in a dangerous position
- **MS20** - Unlawful pillion riding
- **MS30** - Play street offences
- **MS40** - Driving with uncorrected defective eyesight or refusing to submit a test
- **MS60** – Offences not covered by other codes
- **MS70** – Driving with uncorrected defective eyesight
- **MS80** – Refusing to submit to an eyesight test
- **MS90** - Failure to give information as to identity of driver etc
- **MW10** - Contravention of Special Road Regulations (excluding speed limits)
- **PC10** – Undefined contravention of pedestrian crossing regulations
- **PC20** - Contravention of pedestrian crossing regulations with moving vehicle
- **PC30** - Contravention of pedestrian crossing regulations with stationary vehicle
- **SP10** – Exceeding goods vehicle speed limits
- **SP20** – Exceeding speed limit for type of vehicle (excluding goods or passenger vehicles)
- **SP30** – Exceeding statutory speed limit on a public road
- **SP40** – Exceeding passenger vehicle speed limit
- **SP50** – Exceeding speed limit on a motorway
- **SP60** – Undefined speed limit offence
- **TS10** - Failing to comply with traffic light signals
- **TS20** - Failing to comply with double white lines
- **TS30** - Failing to comply with a Stop sign
- **TS40** - Failing to comply with direction of a constable or traffic warden
- **TS50** - Failing to comply with traffic sign (excluding Stop sign, traffic lights or double white lines)
- **TS60** - Failing to comply with school crossing patrol sign
- **TS70** - Undefined failure to comply with a traffic direction sign
- Aiding, abetting, counseling or procuring any of the above offences

- Inciting any of the above offences
- Or similar offences or offences which replace the above offences

Major traffic offences

A licence may not normally be granted for a period of 2 years in a case involving a period of disqualification, that period running from the date of conviction rather than expiration of period of disqualification.

Major traffic offences would include:

- **AC10** - Failing to stop after an accident
- **AC20** - Failing to give particulars or to report an accident within 24 hours
- **AC30** – Undefined accident offences
- **BA10** - Driving while disqualified by order of Court
- **BA30** - Attempting to drive while disqualified by order of Court
- **CD10** - Driving without due care and attention
- **CD20** - Driving without reasonable consideration for other road users
- **CD30** - Driving without due care and attention or without reasonable consideration for other road users
- **CD40** – Causing death through careless driving when unfit through drink
- **CD50** - Causing death through careless driving when unfit through drugs
- **CD60** – Causing death by careless driving with alcohol level above the limit
- **CD70** – Causing death by careless driving then failing to supply a specimen for analysis
- **CU10** – Using a vehicle with defective brakes
- **CU20** – Causing or likely to cause danger by reason of use of unsuitable vehicle or using a vehicle with parts or accessories (excluding brakes, steering or tyres) in a dangerous condition
- **CU30** – Using a vehicle with defective tyre(s)
- **CU40** – Using a vehicle with defective steering
- **CU50** – Causing or likely to cause danger by reason of load or passengers
- **DD40** – Dangerous driving
- **DD60** – Manslaughter or culpable homicide while driving a vehicle
- **DD80** – Causing death by dangerous driving
- **DR10** - Driving or attempting to drive with alcohol level above limit
- **DR20** - Driving or attempting to drive while unfit through drink
- **DR30** - Driving or attempting to drive then failing to supply a specimen for analysis
- **DR40** - In charge of a vehicle while alcohol level above limit

- **DR50** - In charge of a vehicle while unfit through drink
- **DR60** - Failure to provide a specimen for analysis in circumstances other than driving or attempting to drive
- **DR70** - Failing to provide specimen for breath test
- **DR80** - Driving or attempting to drive while unfit through drugs
- **DR90** - In charge of a vehicle when unfit through drugs
- **IN10** - Using a vehicle uninsured against third party risks
- **LC20** - Driving otherwise than in accordance with a licence
- **LC30** - Driving after making a false declaration about fitness when applying for a licence
- **LC40** - Driving a vehicle having failed to notify a disability
- **LC50** - Driving after a licence has been revoked or refused on medical grounds
- **MS50** - Motor racing on the highway
- **TT99** – To signify disqualification under totting-up procedure. If the total of penalty points reached 12 or more within 3 years, the driver is liable to be disqualified
- **UT50** - Aggravated taking of a vehicle
- Aiding, abetting, counseling or procuring any of the above offences
- Causing or permitting any of the above offences
- Inciting any of the above offences
- Or similar offences or offences which replace the above offences

Town Police Clauses Act 1847 and Part Two of the Local Government (Miscellaneous Provisions) Act 1976

- Six months where there is one conviction
- Two years where there is more than one conviction
- Five years where a licence has been revoked by any Council

Offences involving drugs

- Three years of the date of conviction

Indecency and sexual offences

- Soliciting: five years
- Any other indecency offence: ten years
- More than one conviction for any indecency offence will mean that no licence will normally be granted

Violence

As hackney carriage and private hire vehicle drivers maintain close contact with the public, where the commission of an offence involving the following, a licence will normally be refused:

- Murder
- Manslaughter
- Manslaughter or culpable homicide while driving
- Or similar offences or offences which replace the above offences

In other cases a period of 3 to 10 years free of conviction for offences involving violence (depending on the nature and seriousness of the offence) will generally be required before an application is likely to be granted.

An application will normally be refused unless at least 3-5 years has elapsed since the applicant was convicted of an offence of:

- Assault occasioning actual bodily harm (s.47 Offences Against the Person Act)
- Racially aggravated common assault (s.29(1)(c) Crime and Disorder Act 1998)
- Common assault
- Affray
- Racially-aggravated s.5 Public Order Act 1986 offence (harassment, alarm or distress) (s.31(1)(c) Crime and Disorder Act 1998)
- Riot
- Obstruction
- Criminal damage
- Violent disorder
- Resisting arrest
- Or similar offences or offences which replace the above offences

An application will normally be refused unless at least 5 to 10 years has elapsed since the applicant was convicted of an offence of:

- Arson
- Malicious wounding or grievous bodily harm (s.20 Offences Against the Person Act 1861) which is racially aggravated (s.29(1)(a) Crime and Disorder Act 1998)
- Actual bodily harm (s.47 Offences Against the Person Act 1861) which is racially aggravated (s.29(1)(b) Crime and Disorder Act 1998)
- Grievous bodily harm with intent (s.18 Offences Against the Person Act)
- Grievous bodily harm (s.20 Offences Against the Person Act)
- Robbery

- Racially-aggravated criminal damage (s.30 Crime and Disorder Act 1998)
- Racially-aggravated s.4 Public Order Act 1986 offence (fear of provocation of violence) (s.31(1)(a) Crime and Disorder Act 1998)
- Racially-aggravated s.4A Public Order Act 1986 offence (intentional harassment, alarm or distress (s.31(1)(b) Crime and Disorder Act 1998)
- Racially-aggravated s.2 Protection from Harassment Act 1997 offence (harassment) (s.32(1)(a) Crime and Disorder Act 1998)
- Racially-aggravated s.2 Protection from Harassment Act 1997 offence (putting people in fear of violence) (s.32(1)(b) Crime and Disorder Act 1998)
- Assault Police
- Possession of offensive weapon
- Possession of firearm
- Or similar offences or offences which replace the above offences

Dishonesty offences

Drivers of hackney carriage and private hire vehicles are expected to be persons of trust. It is comparatively easy for a dishonest driver to defraud the public by demanding more than the appropriate fare and in other ways. Members of the public entrust themselves to the care of drivers both for their own safety and for fair dealing. Passengers may include especially vulnerable people. For these reasons a serious view is taken of any convictions involving dishonesty.

In general if a period of 3-5 years free of conviction cannot be evidenced an application is unlikely to be granted.

In particular, an application will normally be refused unless a period of at least 3 years has elapsed since the applicant was convicted of an offence of:

- Theft
- Burglary
- Fraud
- Benefit fraud (including offences under ss.111A and 112 of the Social Security Administration Act 1992)
- Handling or receiving stolen goods
- Forgery
- Conspiracy to defraud
- Obtaining money or property by deception
- Other deception
- Or similar offences or offences which replace the above offences

After 3 years have elapsed since the date of conviction, regard will be had to the circumstances of the offence and any evidence demonstrating that the person is now a fit and proper person to hold a licence.

1.3 ***Other Relevant Factors***

Applicants are reminded that it is for the Council to determine if they are a fit and proper person on the balance of probability. The Council may take into account any matter that may affect whether an applicant is a fit and proper person, including but not limited to:

- Mental Health Act Order
- Inclusion on any register maintained for the purposes of safeguarding the public
- Known association
- Detoxification
- Other relevant information disclosed
- Any complaints

Where offences are not disclosed on the application form, this may be considered as deception, especially as the warnings given in this regard are very clear and that this could be a reason for a rejection of the application.

Vehicle Licences

An application for a vehicle licence must be made on the specified form. The Council will, providing all requirements are met, issue a licence for a period of twelve months.

Renewal applicants will receive a reminder letter in advance of the expiry of the licence and must telephone the Licensing office to arrange a suitable appointment to submit a complete renewal application.

Applicants are encouraged to contact the Licensing Section 10 working days prior to the expiry to avoid any delays.

The following conditions will apply to all vehicles (Hackney Carriage and Private Hire) licensed by the Council.

1. **Standard Conditions**

- (i) The vehicle shall be right-hand drive and the body must be a fixed head type (hard top).
- (ii) The vehicle will only be licensed to carry the number of passengers able to travel. Seatbelts shall be fitted in accordance with manufacturers recommendations and legal requirements.
- (iii) In the event that the vehicle's seating arrangements are modified after the vehicle is licensed, the number of passengers permitted to be carried for that journey will be amended accordingly, provided that number is less than the vehicle is licensed for. Any modification after licensing which increases the number of passengers able to be carried will require an additional vehicle inspection to be carried out prior to the necessary amendment of the licence.
- (iv) Where the seats are placed facing each other there must be a clear space of 38cm subject to a 2cm tolerance between any part of the front of a seat and any part of any other seat that faces it.
- (v) Occasional (tip-up) seats must be arranged to rise automatically when not in use.
- (vi) Suitable means must be provided to assist persons to rise from all seats.
- (vii) The front seat of a vehicle may be utilised for the use of fare paying passengers, provided the seat has been originally fitted or

subsequently fitted by a suitably qualified person, and that the seatbelt is fitted in accordance with manufacturers recommendations and legal requirements. For example London Cab type vehicles.

- (viii) The number of persons the vehicle is licensed to carry shall be permanently fixed and exhibited at all times on the outside of the vehicle in the form of the vehicle licence plates as issued by the Council.
- (ix) A fully operational internal lighting, heating and ventilation system must be fitted and maintained for the driver and passengers.
- (x) All body parts and trimmings must be fitted and maintained in good working order both internally and externally.
- (xi) Tyres must have a minimum tread depth of 1.6mm and must be kept in good order and at the correct pressures. Journeys must not be commenced using temporary tyres or tyres that have been subject to a temporary repair.
- (xii) Appropriate arrangements must be in place to ensure that, in the event of mechanical failure, the passenger's journey can be completed in a safe and reasonable manner.
- (xiii) Any vehicle to be licensed must have a maximum height from a flat road surface to the first step of no more than 43cm or an automatic or semi automatic step.
- (xiv) Vehicles using automatic or semi-automatic transmission must be fitted with a device to prevent the engine starting with the transmission selector in a DRIVE or REVERSE position.
- (xv) The vehicle must display the licence plates, internal driver I.D. and door crests as required, and supplied by the Council, at all times. The vehicle licence plate must be displayed and securely attached on the outside rear of the vehicle. The door crests shall be fixed to the front nearside and offside doors of the vehicle in a central position. These items remain the property of the Council and must be returned to the Council upon termination or suspension of the vehicle licence.
- (xvi) Advertising may be displayed inside the vehicle and on the rear doors, panels and boot, subject to prior written approval from the Council. It should not obscure the Council signage. Any advertising should not conflict with the Licensing Objectives and should comply with the requirements of the Advertising Standards Agency. Advertising in this context does not include such

information as the name and contact details that relate to the private hire or hackney carriage company or proprietor that owns or operates the vehicle. Such details are to be regarded as self-promotional information. Self promotional information does not lend itself to any other interests outside the owner or operator's private hire or hackney carriage company. If self-promotional information is displayed on the vehicle it must not obscure the Council signage or adversely interfere with the driver's or the passenger's visibility.

- (xvii) The vehicle shall be tested by a designated vehicle examiner prior to being licensed when a Certificate of Compliance shall be obtained.
- (xviii) All vehicles shall undergo an inspection by the Council's appointed testing station(s) prior to being licensed and six months or as required thereafter.
- (xix) For vehicles more than 10 years old from date of registration, the Council may require the vehicle to be tested up to 3 times in every 12 month period.
- (xx) The Certificate of Compliance exempts a licensed vehicle from requiring an MOT test certificate. However, proprietors must be aware if the vehicle licence is surrendered, suspended, revoked or not renewed the vehicle must have an MOT certificate in place.
- (xxi) The licence holder must inform the Council at the earliest opportunity, and in writing within 72 hours, if any licensed vehicle has been involved in an accident or sustained damage.
- (xxii) No fittings, devices or lights may be attached or carried inside or outside the vehicle that could injure or harm any passenger or other person either inside or outside of the vehicle. No lights or other fittings shall be permitted on the vehicle that would obscure any licence plates or obscure the driver's or passengers' view out of the vehicle.
- (xxiii) Vehicle proprietors shall notify the Council in writing within seven days of any change of address.
- (xxiv) Video camera monitoring devices, for the purpose of assisting driver, or passenger safety, shall be permitted. If such devices are fitted within the vehicle, adequate signage must be displayed in the passenger compartment advising passengers that they are being monitored / recorded. It will be the driver / proprietor's responsibility to comply with all aspects of the law regarding such surveillance equipment.

- (xxv) No animals other than those owned by fare paying passengers shall be carried in or on any licensed vehicle whilst the vehicle is so engaged under the terms of its licence.
- (xxvi) Subject to the transitional arrangements highlighted in paragraph 3.1 and 3.2 of the policy all vehicles shall meet the Euro 4 technology standard. Any passenger vehicle manufactured after 1st January 2005 will meet this standard.
- (xxvii) Window tints shall comply with the following:
- a) The front windscreen shall allow 75% of light to be transmitted through
 - b) The front side windows shall allow at least 70% of light to be transmitted through them
 - c) Other windows shall allow at least 70% of light to be transmitted through them. However, the Council recognises that vehicles may be manufactured with glass that is darker than 70% fitted to windows rearward of the driver, especially in estate and people carrier style vehicles. Therefore, because of the large costs and inconvenience associated with changing glass that conforms to both type approval and construction and use regulations, the Council may exercise discretion for those vehicles which have manufactured window tints.
- (xxviii) Only where one of the passengers is a child may the child-locks be activated.
- (xxix) The vehicle must carry a suitable fire extinguisher sited in a readily accessible place known to the driver. The appliance shall have a minimum content of 1 kilogram, conform to BSEN3 1996 and be of the dry powder or foam type, be kept in good condition and be fitted with a gauge which indicates the condition of its contents. Every fire extinguisher to be permanently marked with the vehicle's licence number.
- (xxx) The vehicle must carry first-aid facilities in accordance with the Health & Safety Executive Employment Medical Advisory Service recommendations. This shall be suitable in size for the number of passengers for which the vehicle is licensed. The container shall be permanently marked with the vehicle's licence number and replenished as necessary.

- (xxxix) The vehicle must be able to carry a reasonable amount of baggage (safe from inclement weather). Baggage should be stored securely and not stored in such a way as to hinder access to a door.
- (xxxvii) There must be at least four doors. All doors must be capable of being opened from the inside.
- (xxxviii) The interior of the passenger compartment must be maintained in a clean condition and in good repair.
- (xxxix) The flooring of the passenger compartment must be covered with a non-slip material.
- (xxxv) A vehicle which runs on LPG must have a tank that is either fitted as standard or has been fitted by an LPGA approved installer as recommended by the Liquid Petroleum Gas Association. If a conversion has been undertaken a certificate of compliance by an approved LPGA installer must be produced.
- (xxxvi) Any LPG tank must be fitted with a multi-valve tank. The multi-valve block shall be securely covered and sealed and vented to the atmosphere.
- (xxxvii) A vehicle using LPG must display stickers stating that the vehicle has been fitted with an LPG tank, so that the emergency services are aware of this if the vehicle is involved in an accident.
- (xxxviii) The vehicle should be serviced in accordance with the manufacturers servicing schedule by a competent person.
- (xxxix) If a trailer is to be used a trailer plate, issued by the Council, must be displayed on the trailer.

2. Hackney Carriage Vehicles

In addition to the standard conditions, the following conditions will apply to Hackney Carriage vehicles.

- (i) An illuminated taximeter of an approved type must be fitted in an approved position.
- (ii) The taximeter shall be securely fitted, maintained in full working order, sealed and calibrated within the Council's approved hackney carriage fare scale and shall not be tampered with.
- (iii) A current fare table must be displayed in a position that is clearly visible in the passenger compartment.

- (iv) Display a “taxi” top sign or roof sign of a design approved by the Council that is illuminated when the vehicle is available for hire.
- (v) Display a “for hire” sign in the front passenger side of the windscreen that is illuminated when the vehicle is available for hire.

3. Private Hire Vehicles

In addition to the standard conditions, the following conditions will apply to Private Hire vehicles.

- (i) Any taximeter fitted to a Private Hire vehicle must be of an approved type and must be fitted in an approved position.
- (ii) Any taximeter fitted to a Private Hire vehicle shall be securely fitted, maintained in full working order and shall not be tampered with.
- (iii) Shall not display on the vehicle the words “taxi”, “cab”, “for hire” or anything that may suggest that the vehicle is a Hackney Carriage.
- (iv) An operator consent form must be completed by the vehicle proprietor and operator on grant or renewal of the vehicle licence. An operator consent form must also be completed when there is a change in operator during the life of the licence.

4. Wheelchair Accessible Vehicles

In addition to the standard conditions and those applying to Hackney Carriage and Private Hire vehicles, special conditions apply to wheelchair accessible vehicles as set out in this section. Where the conditions for wheelchair accessible vehicles conflict with the standard conditions, these special conditions will apply.

- (i) The vehicle must have a designated space to accommodate at least one wheelchair user. This space will be included in the total number of persons permitted to be carried.
- (ii) Either the rear or a nearside door must be used for wheelchair access. The door and doorway must be so constructed as to permit an unrestricted opening across the doorway of at least 780mm (30¾”). The minimum angle of the door when opened must be 90 degrees (the minimum angle will not be relevant in the case of a sliding door).
- (iii) The floor to ceiling height where the disabled passenger will sit must be a minimum of 1350mm (54¾”).

- (iv) All wheelchairs must be carried facing forwards or rearwards. Where a wheelchair is carried facing the rear of the vehicle, the wheelchair, in addition to standard restraints must be positioned such that it is reversed against a bulkhead to provide further stability.
- (v) Facilities for the loading of a wheelchair and occupant must be available at all times for use at the nearside or rear passenger doors. This ramp must comply with all DDA recommendations as to design and installation.
- (vi) An adequate locating device must be fitted to ensure that the ramp does not slip or tilt when in use. Provision must be made for the ramp to be stowed and secured safely when not in use. The storage of the ramp when not in use must not impede access or egress of passengers. Ramps must be rigid when in use. There must be a slip resistant surface on the ramp with outer edges coloured.
- (vii) Suitable anchorages must be provided for the wheelchair. Restraints for the wheelchair and occupant must be independent of each other. Belts attached to a wheelchair, in order to assist a person to remain in it whilst travelling, will not be acceptable.
- (viii) Vehicles must be capable of transporting a folded wheelchair as luggage. Anchorages must also be provided for the safe storage of a wheelchair when not in use, whether folded or otherwise, if carried within the passenger compartment.
- (ix) All anchorages and restraints must not cause danger to any passenger.
- (x) The provision of a step for assisted entry is required. The step must be covered with a slip resistant surface.

Special Vehicle Licence Conditions

The Council may licence a motorised special vehicle as a private hire for the carriage of up to eight passengers provided that such a vehicle has been issued with at least a Single Vehicle Approval (SVA) certificate and that the requirements in these specifications can be satisfied. Only an original SVA certificate will be accepted by the Council as proof of the vehicle satisfying the requirements to obtain that approval.

Prior to any licence being issued by the Council, a vehicle compliance pass certificate must be obtained from one of the testing stations appointed by the Council for that purpose. All costs associated with obtaining the relevant approvals or tests must be met by the vehicle proprietor.

When imported into this country the importer must produce a declaration from the testing authority (VOSA) that the vehicle will never carry more than eight passengers.

Renewal applicants will receive a reminder letter in advance of the expiry of the licence and must telephone the Licensing office to arrange a suitable appointment to submit a complete renewal application.

Applicants are encouraged to contact the Licensing Section 10 working days prior to the expiry to avoid any delays.

1. *Standard Conditions for Special Vehicles*

- (i) Occasional (tip-up) seats must be so arranged as to rise automatically when not in use.
- (ii) Forward and rear facing seats must be fitted with a 3-point, inertia reel seatbelt.
- (iii) Suitable means must be provided to assist persons to rise from all seats.
- (iv) The front seat of a vehicle may be utilised for the use of conveying fare paying passengers, provided such seat is fitted by a suitably qualified mechanic.
- (v) Appropriate lighting, heating and ventilation system must be fitted for the driver and passengers.

- (vi) The door to the offside of a vehicle fitted with sliding doors must be capable of being opened only in the case of an emergency, unless that vehicle has an illuminated sign, clearly visible by day and by night, mounted on the rear of the vehicle in such a position so as to be readily seen by following traffic, but not so as to obscure the driver's vision, indicating that the doors are opening. The sign must be automatically linked to the passenger doors in order that when either door handle is activated to open the door, the sign is illuminated. A warning notice must be fixed securely to the inside of the door so as to be easily seen, advising passengers to exercise caution when alighting from the vehicle.
- (vii) All body parts and trimmings must be fitted and maintained in good working order.
- (viii) Tyres must have a minimum tread depth of 1.6mm and must be kept in good order and at the correct pressures. Journeys must not be commenced using temporary tyres or tyres that have been subject to a temporary repair.
- (ix) Appropriate arrangements must be in place to ensure that, in the event of mechanical failure, the passenger's journey can be completed in a safe and reasonable manner.
- (x) Proof of a current valid certificate of insurance for the vehicle must be carried at all times.
- (xi) Any vehicle to be licensed must have a maximum step height of 43cm or an automatic step.
- (xii) Vehicles using automatic or semi-automatic transmission must be fitted with a device to prevent the engine starting with the transmission selector in a DRIVE or REVERSE position.
- (xiii) The vehicle must display the licence plates, internal driver I.D. and door crests as required and supplied by the Council at all times. The licence plates and door crests shall be fixed to the vehicle in a manner approved by the Council. These items remain the property of the Council and must be returned to the Council immediately upon termination or suspension of the vehicle licence.
- (xiv) Advertising may be displayed inside the vehicle and on the rear doors, panels and boot and should not be pornographic, obscene, offensive or of a political nature. It should not obscure the Council signage. Any advertising should not conflict with the Licensing Objectives and should comply with the requirements of the Advertising Standards Agency. Advertising in this context does not include such information as the name and contact details that relate

to the private hire or hackney carriage company or proprietor that owns or operates the vehicle. Such details are to be regarded as self-promotional information. If self-promotional information is displayed on the vehicle it must not obscure the Council signage or adversely interfere with the driver's or the passenger's visibility.

- (xv) The vehicle shall be tested by a designated vehicle examiner prior to being licensed and at least twice during the period of the licence, and at any other time at the request of the Council.
- (xvi) The Council may require the vehicle to undertake a MOT test on an annual basis.
- (xvii) The licence holder must inform the Council immediately and in writing within 72 hours if any licensed vehicle has been involved in an accident or sustained damage.
- (xviii) No fittings, devices or lights may be attached or carried inside or outside the vehicle that could injure or harm any passenger or other person either inside or outside of the vehicle. No lights or other fittings shall be permitted on the vehicle that would obscure any licence plates or obscure the drivers or passengers view out of the vehicle.
- (xix) Vehicle proprietors shall notify the Council in writing within seven days of any change of address.
- (xx) If a roof carrier is to be used for luggage or goods it must be of a type fitted to the guttering or to the roof rails provided by the manufacturer.
- (xxi) If a trailer is to be used a trailer plate, issued by the Council, must be displayed on the trailer.
- (xxii) Video camera monitoring devices, for the purpose of assisting driver, or passenger safety, shall be permitted. If such devices are fitted within the vehicle, adequate signage must be displayed in the passenger compartment advising passengers that they are being monitored / recorded. It will be the driver / proprietor's responsibility to comply with all aspects of the law regarding such surveillance equipment.
- (xxiii) No animals other than those owned by fare paying passengers shall be carried in or on any licensed vehicle whilst the vehicle is so engaged under the terms of its licence.
- (xxiv) Excluding the windscreen and front seat driver and passenger windows (minimum light transmission of 70% is required), tinting of

less than 70% light transmission to other vehicle windows will only be permitted if:

- The vehicle is an executive or novelty hire vehicle, or stretched limousine, operating under an Exemption Notice, and
- The vehicle is not used in any contract or provision for carrying school children or any unaccompanied children under the age of 18 years (the driver may not act as an accompanying adult); and
- Written approval has been granted by the Council.

- (xxv) Only where one of the passengers is a child may the child-locks be activated.
- (xxvi) Motorised vehicles must carry a suitable fire extinguisher sited in a readily accessible place known to the driver. A notice shall be posted in the vehicle within sight of passengers indicating its location. The appliance shall have a minimum content of 1 kilogram, conform to BSEN3 1996 and be of the dry powder or foam type, be kept in good condition and be fitted with a gauge which indicates the condition of its contents.
- (xxvii) The vehicle must carry first-aid facilities in accordance with the Health & Safety Executive Employment Medical Advisory Service recommendations.
- (xxviii) Access to every seat must be unobstructed without the need for seats to be folded or removed.
- (xxix) The interior of the passenger compartment must be maintained in a clean condition and in good repair.
- (xxx) The flooring of the passenger compartment must be covered with a non-slip material.
- (xxxi) Motor vehicles will only be licensed to carry the number of passengers able to travel using a separate 3-point, inertia reel seatbelt.
- (xxxii) A vehicle which runs on LPG must have a tank that is either fitted as standard or has been fitted by an LPGA approved installer as recommended by the Liquid Petroleum Gas Association. If a conversion has been undertaken a certificate of compliance by an approved LPGA installer must be produced.

(xxxiii) Any LPG tank must be fitted with a multi-valve tank and be fitted with a sealed tank box made from aluminium and vented to the atmosphere.

(xxxiv) A vehicle using LPG must display stickers stating that the vehicle has been fitted with an LPG tank, so that the emergency services are aware if this if the vehicle is involved in an accident.

(xxxv) The vehicle must be serviced by a competent person.

2. Conditions for Stretch Vehicles

In addition to the standard conditions for special vehicles, extra conditions apply to stretch vehicles as set out in this section. Where the conditions for stretch vehicles conflict with the standard conditions, these extra conditions will apply.

- (i) The maximum length of the vehicle “stretch” must not exceed 3048mm. Each passenger seating area must be at least 400mm wide with a flat area in front of each seat of 300mm x 300mm.
- (ii) The vehicle must be equipped with a minimum of four road wheels and one full sized spare wheel. The tyres must be of an approved rating as specified by the manufacturer, meet legal requirements and have a minimum tread depth of 2mm.

3. Executive Vehicles - Exemption from Displaying Licence Plates and Door Stickers

Section 75(3) of the Local Government (Miscellaneous Provisions) Act 1976 allows local authorities to specify certain occasions when a licence plate and other livery do not have to be displayed on a private hire vehicle. The Council have decided that where private hire vehicles are used exclusively for chauffeur services or executive hire, it may be appropriate to consider a request not to display a licence plate and other identification livery.

For the purpose of this policy, the Council consider executive hire to be the use of a higher standard and more luxurious vehicle.

The Council will not exercise its discretion in granting the exemption for any vehicle which is to be used on regular private hire bookings. The booking of a high standard vehicle by private individuals for transportation to special events, celebrations or nights out is considered to be regular private hire work.

If the owner of a vehicle wishes to ask the Council to exercise its discretion to exempt the vehicle from displaying a licence plate and other

identification livery they must apply to the Council in writing, providing evidence to support the application.

Applications for exemptions will be determined by the duly authorised officer in consultation with the Chairman or Vice Chairman of the Licensing Committee.

An exemption from displaying a plate and other identification livery is a privilege rather than a right and the benefit of the exemption will be granted at the Council's discretion. The Council has the power to withdraw the exemption if the related conditions are not complied. Council Officers will periodically check booking records to ensure compliance with the policy.

Where such an exemption is granted, the following additional vehicle licence conditions will apply:

- (i) The vehicle will operate only in accordance with contracts entered into for a chauffeur type executive level of service.
- (ii) The chauffeur must wear a suit, shirt and tie.
- (iii) Excluding the windscreen and front seat driver and passenger windows (minimum light transmission of 70% is required), tinting of less than 70% light transmission to other vehicle windows will only be permitted if:
 - a. The vehicle is an executive or novelty hire vehicle, or stretched limousine, and
 - b. The vehicle is not used in any contract or provision for carrying school children or any unaccompanied children under the age of 18 years (the driver may not act as an accompanying adult)
- (iv) No advertising or identification (including company logos) may be displayed on or in the vehicle at any time
- (v) The Council's exemption disc will at all times be displayed on the front windscreen.
- (vi) The private hire vehicle licence plate must be securely fixed in a visible position inside the luggage compartment.
- (vii) The vehicle's Exemption Certificate/Notice must be carried in the vehicle at all times and produced on request to any Police Officer or Authorised Officer of the Council.

4. Licence Conditions for Horse-Drawn Vehicles

In addition to the standard conditions for special vehicles, extra conditions apply to horse-drawn vehicles as set out in this section. Where the conditions for horse-drawn vehicles conflict with the standard conditions, these extra conditions will apply.

- (i) The driver must ensure every part of the harness of the animal or animals drawing the carriage is kept in order, so that the animal or animals are properly and securely attached to the carriage and under control.
- (ii) The driver must not feed or allow any animal harnessed or otherwise attached to a carriage to be fed, except with food contained in a proper bag or other receptacle
- (iii) Proprietors must arrange for animals to be checked at least annually and at the request of the Council by an approved veterinary surgeon. The licensee shall meet any costs involved. Where an animal is found to be unfit its use in the operation of a hackney carriage shall be discontinued until such time as a certificate of fitness signed by the veterinary surgeon is produced to the Council's authorised officer.
- (iv) Proprietors must arrange for testing of the carriage on an annual basis and at the request of the Council.

5. Other Vehicles

Consideration may be given to alternative forms of transport being licensed, however the Council will expect applications to be accompanied by information regarding the safety of the proposed operation, any proposed routes and pick up points, the times and area of operation, details of the vehicle and public liability insurance.

Vehicles must be fitted with seat belts that at all times meet BSI standards and in particular forward and rear facing seats fitted with a separate 3-point, inertia reel seatbelt.

The Council will undertake consultation with anybody it considers appropriate with such an application and may attach such conditions as it thinks reasonable and proportionate. These may include conditions not usually applied to conventional Hackney Carriages or Private Hire vehicles, such as limitations on their hours or area of operation.

Private Hire Operator

An application for an operator's licence must be made on the specified form. The Council will, providing all requirements are met, issue an Operator licence for a period of 12 months subject to ongoing suitability. It may be renewed upon approval of a valid application.

Renewal applicants will receive a reminder letter in advance of the expiry of the licence and must telephone the Licensing office to arrange a suitable appointment to submit a complete renewal application.

Applicants are encouraged to contact the Licensing Section 10 working days prior to the expiry to avoid any delays.

The operator's licence will be subject to the following conditions:

- (i) The Council requires operators to keep legible, hand written or computerised records of each booking. Information must include:
 - a) The date and time of the booking and if different the time and date of the proposed journey.
 - b) The name and address or telephone number of the hirer.
 - c) The agreed time and place of the proposed pick up.
 - d) The destination including address or street name.
 - e) The name of the driver.
 - f) The licence number of the vehicle allocated for the booking.
 - g) Any agreed fare.

- (ii) The operator shall keep legible, hand-written or computerised records of the particulars of all Private Hire vehicles operated by him which shall include:
 - a) Vehicle make, model and colour.
 - b) Vehicle registration mark.
 - c) Number of passenger seats.
 - d) The vehicle licence number.
 - e) The company call-sign for the vehicle.
 - f) The vehicle proprietor's name and address.
 - g) Insurance particulars of all vehicles working on behalf of the operator.
 - h) The date the vehicle was added to the operator's fleet.
 - i) The date the vehicle was withdrawn from the operator's fleet.
 - j) Name and address of the owner.
 - k) Name, address and the licence number of drivers of such vehicles.

- (iii) The operator shall keep legible, hand-written or computerised records of the particulars of all drivers employed or otherwise engaged by him which shall include:

- a) The name and address of the driver and any change of address of a driver during the course of his service with the operator.
 - b) The name, address and company call-sign assigned to the driver.
 - c) The date the driver commences working for the operator.
 - d) The date the driver ceases working for the operator.
- (iv) The operator shall permit an authorised officer of the Council or a Police officer access to records required by their licence at all reasonable times.
 - (v) The operator shall retain from every licensed driver employed or otherwise engaged by him, a copy of that driver's licence, and shall retain it for the period of such employment or engagement. The operator shall record the overall period or periods for which such employment or engagement continues.
 - (vi) The operator shall retain a copy of all vehicle licences in respect of vehicles used in his business.
 - (vii) The operator shall ensure that the vehicle fulfils bookings at the appointed time and place unless delayed or prevented by some justifiable cause.
 - (viii) If provision is made by the operator for the reception of members of the public proposing to hire a vehicle, adequate arrangements shall be made for the seating of customers and it is recommended that toilet facilities within the premises be provided for public use.
 - (ix) The operator shall provide a copy of the public liability insurance to the Licensing Authority where the premises are open to the public.
 - (x) The applicant is required to complete a basic disclosure upon grant of application and every 3 years however, if the applicant is already a licensed driver with Durham County Council the Enhanced Criminal Record Bureau Disclosure will suffice.
 - (xi) Aggressive, abusive or otherwise inappropriate behaviour towards Council employees will not be tolerated. Such behaviour may result in a referral to the Council's Licensing Sub Committee.
 - (xii) Notify the Council as soon as possible, and also confirm in writing within seven days, of any alteration to their circumstances or material particulars including but not limited to:
 - a) Change of address.
 - b) Change of office from which he / she operates.
 - c) Being charged with / convicted of or investigated in connection with any criminal offence.
 - d) Accepting a fixed penalty notice or caution, or receiving an ASBO.

- e) Injury or illness sustained that may affect their driving ability.
- f) The licence holder shall further inform the Council of any motoring fixed penalty endorsements received, in writing within 7 days of receiving the endorsement.
- g) The licence holder shall inform the Council of any road traffic incident in which they are involved as a driver.

Glossary

- (i) “Hackney Carriage Vehicle” means a licensed vehicle that can carry passengers for hire or reward. It can also be hailed by a prospective customer, and wait on the rank to await the approach of passengers.
- (ii) “Private Hire Vehicle” means a licensed vehicle constructed or adapted to seat fewer than nine passengers, other than a Hackney Carriage or public service vehicle, which is provided for hire with the services of a driver for the purpose of carrying passengers.
- (iii) “Private Hire Operator” means a person licensed to make provision for the invitation or acceptance of bookings for a private hire vehicle.
- (iv) “Limousine” means a vehicle which has an engine capacity of 2800 c.c. or more, produced by a manufacturer as a luxury/high end vehicle. It will generally be obvious that a vehicle has been produced for this purpose and it will have a selection of extras that one would expect to be fitted. If doubt/contention exists then the final arbiter shall be the manufacturer. Seating arrangements will consist of forward and/or rear facing seats only.
- (v) “Stretched Limousines” Imported Stretched Limousines are normally checked for compliance with British regulations under the Single Vehicle Approval (SVA) inspection regime, before they are registered. The Authority will request sight of the SVA certificate to ensure that the vehicle was tested by VOSA before being registered and licensed (taxed) by DVLA. The SVA test verifies that the converted vehicle is built to certain safety and environmental standards. Stretched Limousines that clearly have more than eight passenger seats will not be licensed as PHV’s because they are outside the licensing regime for PHV’s.
- (vi) “Integrated Transport System” means complete / total transport is available.
- (vii) “Licensing Committee” means elected Members appointed to consider circumstances and make decisions in accordance with the Council’s constitution.
- (viii) “The Council” means the Authority responsible for the administration and regulation of taxi legislation and regulation.

- (ix) "Transitional Arrangements" mean a specific period of time accommodating the move from individual District / Borough Councils to one single Unitary system.
- (x) "DSA" means Driving Standard Agency.
- (xi) "Livery" means a distinctive pattern or design on a vehicle providing identification, for instance door crests / Council signage.
- (xii) "Enforcement Policies" mean specific details of regulatory non-compliance and the action taken to deal with non-compliance.
- (xiii) "Licensing Authorities Constitution" means the body of fundamental principles or established precedents by which the organisation is governed.
- (xiv) "Stakeholder" means a person with an interest or concern in something.
- (xv) "Driver Proficiency Test" means drivers expert test as laid down by The Driving Standards Agency for taxi drivers.
- (xvi) "CRB" means the Criminal Records Bureau, an executive agency of the Home Office that provides access to criminal record and other relevant information to organisations in England and Wales and who carries out checks forming a disclosure.
- (xvii) "Certificate of Good Conduct" means a certificate of good conduct relating to a Police records check. For example, if an applicant has lived abroad, on their return to the UK, a licensing application may need confirmation that the applicant has no criminal record. This certificate will suffice the requirement.
- (xviii) "DVLA Check" means a standard check with the Driver and Vehicle Licensing Agency revealing penalty points or traffic related convictions.
- (xix) "Department for Transport" means the central government ministry which provides leadership across the Transport Sector to achieve its objectives, working with regional, local and private sector partners to deliver many of the services.
- (xx) "Relevance of Convictions" means convictions that may be taken into consideration when assessing matters.
- (xxi) "Relevant Offences" mean criminal matters of a nature that may be taken into account when applications are being assessed.

- (xxii) "Inertia Reel Seatbelt" means a reel that allows a vehicle seat belt to unwind freely but which locks under force of impact or rapid deceleration.
- (xxiii) "MOT" means the Ministry of Transport Test which is an annual test of older vehicle safety and road worthiness. MOT test certificates are currently issued by the Vehicle and Operator Services Agency (VOSA) an agency within the Department for Transport.
- (xxiv) "LPG" means Liquefied Petroleum Gas.
- (xxv) "Certificate of Compliance" means a certificate confirming that a licensed vehicle has passed the Council's vehicle test.
- (xxvi) "Taximeter" means a mechanical or electronic device installed in taxicabs that calculates passenger fares based on a combination of distance travelled and waiting time.
- (xxvii) "Vehicle Compliance Pass Certificate" means the Council's compliance test confirming the vehicle meets the standards required by the Local Authority.
- (xxviii) "Appointed Testing Station" means an appointed garage where the vehicle tests are carried out.
- (xxix) "Vehicle Exemption Certificate Notice" means a notice granting exception from the liability or obligation imposed on others.
- (xxx) "Authorised Officer" means a person who has the power or right to enforce.
- (xxxi) "Ply for Hire" means when a licensed Hackney Carriage vehicle is moving but not actually hired at that time.
- (xxxii) "The Guidance" means the Department for Transport - Taxi and Private Hire Vehicle Licensing: Best Practice Guidance March 2010.
- (xxxiii) "Licensed Vehicle" means both a Hackney Carriage and Private Hire Vehicle.
- (xxxiv) "DDA" means the Disability Discrimination Act 1995.

Table of Changes

Appendix 3

Ser	Page or Paragraph	Change	Reason	Comments
1	Page 2	Additional headings in Index	Reflects additional Appendices	
2	Para 1.4	Removal of the word Healthy	Considered unnecessary	
3	Para 1.8	Deleted	No longer relevant	
4	Para 3	Deleted in entirety	No longer relevant	
5	Para 4.1	Edited (deletions and re wordings)	Clarity and brevity	
6	Para 4.2	Minor change to reference		
7	Para 6.1	Grammatical change		
8	Para 7.1	Removal of area taxi working group addition of regional licensing groups	Area taxi working groups no longer exist only County wide.	
9	Para 11.1	Reworded		
10	Para 15.1	Reworded and additional policy on “write offs”	To provide clarity and	
11	Para 15.2	Removed	Considered unnecessary	
12	Para 15.3	Reworded	Corrected	
13	Para 15.4	Removed	No longer relevant	
14		Inclusion of Euro Standard Criteria		We are looking at the advantages/disadvantages of ‘age’ or ‘emission’ standards for vehicles.
15		Use of CCTV in HC and PHV		We are looking at the advantages/disadvantages of CCTV as a mandatory

16					vs discretionary 'requirement' in all licensed vehicles.
17	Para 15.5	Inclusion of paragraph relating to advertising New Sub Heading added <u>TESTING</u> with the addition of more descriptive outline of test criteria and processes	Clarity		
18		New Sub Heading added <u>TEMPORARY REPLACEMENT VEHICLES</u> Outlining the process and criteria for licensing temporary vehicles in the advent of accident damage	Clarity		
19		New Sub Heading added <u>SPECIAL VEHICLES</u> this has been transferred from appendix 4 (Vehicle Conditions)	This section has been considered a policy matter rather than a conditions matter		
20		New Sub Heading added <u>EXEMPTIONS</u> this has been transferred from appendix 4 (Vehicle Conditions)	This section has been considered a policy matter rather than a conditions matter		
21		New Sub Heading added <u>STRETCH LIMOUSINES</u> this has been transferred from appendix 4 (Vehicle Conditions)	This section has been considered a policy matter rather than a conditions matter		
22	16.1	Contextual/Grammatical change			
23	16.2	Contextual/Grammatical change			
24	16.3	Additional information added re: suspension for no insurance	Clarity		
25	16.4	Removed (replaced by above)			

26	17.1	Contextual/Grammatical change			
27	17.2	Contextual/Grammatical change and the addition of information re: numeracy and literacy testing.	Clarity and additional criteria (change in policy)	We are looking at the introduction of numeracy and literacy testing for new applicants	
28		Additional paragraph re: determination of applications where prosecutions or appeals are pending	Clarity		
29	18.1	Contextual/Grammatical change			
30	18.3	Removed and replaced with a clearer statement	Clarity		
31	19.2	Additional paragraph added re: refunds	Clarity		
32	20.1	Bullet point removed	Not considered necessary		
33	20.2	Contextual/Grammatical change			
34	21.1	Grammatical change and change from 3 to 5 years for policy review	Clarity and Change in policy		
Appendix 1					
35	1.1.(i)	Grammatical change and additional information added re: production of driving licence and photo card	Clarity		
36	1.1 (ii)	Change in subheading	Correction		
37	1.1 (iii)	addition of information re: numeracy and literacy testing	Change in policy	We are looking at the introduction of numeracy and literacy testing for new applicants	
38	1.1 (iv)	Deadline added re: Accessible Vehicle training	Change in policy	Adding a time limit where none existed – tightening up the policy.	
39	1.1 (v)	Contextual/Grammatical change			

40	1.1 (vi)	Contextual/Grammatical change and change from CRB to BDS	Clarity and Updated information	
41	1.2	Additional criteria and information added	Clarity	
42	1.3 (i) (c)	Addition of "or motoring offence" added to list of instances which must be reported to the Council	Clarity	
43	1.3 (i) (e)	Contextual/Grammatical change		
44	1.3 (i) (f)	Contextual/Grammatical change		
45	1.3 (i) (g)	Removed, now contained within 1.3 (i) (f)	Clarity	
46	1.3. (iii)	Change to production of medical certificate upon request	Clarity	
47	1.3 (iv)	Contextual/Grammatical change		
48	1.3 (v)	Reworded	Clarity	
49	1.3 (vi)	Contextual/Grammatical change		
50	1.3 (vii)	Contextual/Grammatical change		
51	1.3 (ix)	Contextual/Grammatical change		
52	1.3. (x)	Contextual/Grammatical change (to follow)		
53	1.3 (xi)	Re: Driver behaviour: addition of Council employees and warning as to consequences	Clarity	
54	1.3 (xii)	Removed – Incorporated into 1.3 (xi)	Clarity	
55	1.3 (xv)	Contextual/Grammatical change		
56	1.3 (xvi)	Removed	Not considered necessary	
Appendix 2				
57	1.1	Contextual/Grammatical change. Addition of supplementary information regarding disclosure of ongoing investigations or prosecutions, and a reiteration re: the determination of applications in those	Clarity	

		<p>circumstances.</p> <p>Change from five to two years in cases of disqualifications from driving.</p> <p>Addition of offences involving animal cruelty</p>	<p>Change in policy and for clarity</p>	<p>New offences of relevance to be included – tightening up the policy</p>
58	1.2 (Traffic Offences)	<p>Addition of cautions to the main heading.</p> <p>List of "Minor Traffic Offences" - "Removal of offence codes: MS40 & SP60</p> <p>List of "Major Traffic Offences" - Removal of offence codes: CD40, CD50, CD60 CD70, DD80,</p> <p>List of "Major Traffic Offences" - Addition of offence codes: DD10, DD90, DR31, DR61.</p> <p>Inclusion of offences where a licence will not normally be granted: CD40, CD 50, CD60, CD70, CD90 & DD80</p>	<p>Change in policy</p>	
59	1.2 (Violence)	<p>Contextual/Grammatical change</p> <p>And the removal of "Manslaughter or</p>	<p>Covered by changes</p>	

		culpable homicide while driving” from list of offences where a licence will normally be refused. Change from 3 to 5 years on list of offences and addition of “Battery” to that list	above (ser 57) Change in policy	Tightening up policy and removing discretionary approach and adding new relevant offence
60	1.2 (Dishonesty)	Removal of text	Clarity and brevity	
61	1.3	Contextual/Grammatical changes	Clarity	
Appendix 3 Part 1				
62	Intro	Contextual/Grammatical change		
63	(iii)	Reworded	Clarity	
64	(vi) (vii) (Viii)	Removed	Considered unnecessary	
65	(ix)	Removal of “internal lighting” as a requirement	Considered unnecessary	
66	(xi)	Removal of tyre tread depth element	Covered by law	
67	(xii)	Reworded	Clarity	
68	(xiii)	Removed	Considered unnecessary	
69	(xiv)	Removed	Considered unnecessary	
70		New condition added – Re Display of issued HC/PH plate	Change in policy	Stopping drivers from using less permanent means of attachment for plates and decals
71	(xv)	Reworded. Addition of conditions for displaying door badges, internal plate and complaint stickers	Clarity Change in policy	Inclusion of extra mandatory requirements

72	(xvi)	Reworded and split between policy and conditions (see ser 15)	Clarity	
73	(xvii)	Removed	Considered unnecessary	
74	(xviii)	Reworded	Clarity	
75	(xix)	Removed	Considered unnecessary	
76	(xx)	Removed	Considered unnecessary	
77	(xxi)	Contextual/Grammatical change	Clarity	
78	(xxvi)	Removed	No longer relevant	
79	(xxvii)	Edited – Removed element now within new section (see ser 16)	Clarity	
80	(xxviii)	Contextual/Grammatical change	Clarity	
81	(xxix)	Reworded	Clarity	
82	(xxx)	Reworded to prescribe the contents of the first aid kit.	Clarity/Change in policy	
83	(xxxi)	Reworded	Clarity	
84	(xxxv) (xxxvi) (xxxvii)	Removed	Covered by law	
85	(xxviii)	Removed	Considered unnecessary	
86		Additional conditions re: roof carriers, and access to seats	Change in policy	New requirements
Appendix 3 Part 2				
87	Intro	White colour policy	Clarity	
88	(i)	Reworded	Clarity	
89	(ii)	Reworded	Clarity	
90	(iv)	Change to condition re: roof signs. Roof sign must display the word "TAXI"	Change in policy	New requirements
91	(v)	Exception to illuminated "for hire" sign being displayed in the windscreen afforded to purpose built vehicles	Clarity and necessity	

Appendix 3 Part 3		
92	Intro	Re: White colour policy
93	(i)	Reworded
94	(iii)	Change to condition re displaying the words "TAXI", CAB, or "FOR HIRE" on any part of a private hire vehicle.
Appendix 4		
95	Intro	Removed and replaced in policy (see ser 18)
Appendix 4 Part 1		
96	Intro	Included
97	(i)	Removed
98	(iii) (iv) (v) (vi) (vii) (viii) (ix)	Removed
99	(x)	Contextual/Grammatical change
100	(xi) (xii) (xiii) (xiv) (xv) (xvi)	Removed
101	(xvii)	Change from annual to twice yearly
102	(xviii) to (xxxvi)	Removed
Appendix 4 Part 2		
103	TBC	TBC (see ser 20)
Appendix 4 Part 3		
104	Intro	Removed and replaced in policy (see ser 19)
105	(iv)	Removed
Appendix 4 Part 5		
106	Intro	Removed and consolidated with SPECIAL VEHICLES in policy (see ser 18)

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