



Special Cabinet

Date **Wednesday 30 October 2013**
Time **1.00 pm (Please note time)**
Venue **Committee Room 2, County Hall, Durham**

Cabinet Business

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. Declarations of interest

Key Decision:

2. Council Housing - Stock Transfer - Next Steps - Report of Corporate Director, Regeneration and Economic Development [Key Decision: R&ED/22/13] (Pages 1 - 22)

Ordinary Decisions:

3. Endorsement of the County Durham Tobacco Control Action Plan - Report of Corporate Director, Children and Adults Services (Pages 23 - 46)
4. Durham County Council Public Health Pledge - Report of Corporate Director, Children and Adults Services (Pages 47 - 50)
5. Revisions to the Council's Financial Assistance Policy 2011-2014 and Empty Homes Cluster Programme April 2012 to April 2014 - Report of Corporate Director, Regeneration and Economic Development (Pages 51 - 60)
6. Safeguarding Adults Board Annual Report - Report of Corporate Director, Children and Adults Services (Pages 61 - 96)
7. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration.
8. 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)

9. Land Transactions in Resolution of Local Government Ombudsman Recommendations following Investigation - Report of Corporate Director, Regeneration and Economic Development (Pages 97 - 138)
10. Freemans Reach, Durham - Joint Report of Corporate Director, Regeneration and Economic Development and Corporate Director, Resources (Pages 139 - 142)
11. 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
22 October 2013

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 Howvells, O Johnson, M Nicholls, M Plews, B Stephens and E Tomlinson

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Cabinet

30 October 2013



Council Housing – Stock Transfer – Next Steps

Key Decision R&ED/22/13

**Report of Corporate Management Team
Ian Thompson, Corporate Director Regeneration and Economic Development
Councillor Eddie Tomlinson, Cabinet Portfolio Holder for Housing and Rural Issues**

Purpose of the Report

1. To update Cabinet on the work completed since its decision to develop a proposal to transfer the council's homes to a group structure of its existing housing management organisations.
2. To make Cabinet aware of the benefits to the county if its housing stock is transferred to a new housing provider and the financial impact on the council's General Fund.
3. To seek Cabinet's agreement to the submission of an application to the Homes and Communities Agency (HCA) to transfer the council's housing stock and to propose the establishment of shadow governance arrangements to support the transfer process.

Background

4. The council has landlord responsibility for 18,600 homes across County Durham. The council currently uses a variety of housing management arrangements to deliver housing services to tenants. Arrangements include two Arm's Length Management Organisations – ALMOs (Dale & Valley Homes and East Durham Homes) and one in-house council housing service (Durham City Homes).
5. In December 2012 the council took the decision to develop a proposal to transfer its homes to a group structure of its existing housing management organisations. The decision was based on the findings of a comprehensive appraisal of all of the options available to the authority for the future financing, ownership and management of its homes.
6. This report provides an update on progress achieved since the decision was made last year and covers the following areas:

- Context to Pursuing Stock Transfer
- Benefits of Housing Stock Transfer
- Financial Implications for the Council
- Transfer Proposal Submission
- Shadow governance arrangements

Context to Pursuing Stock Transfer

7. The stock option appraisal is an action in the council's Housing Strategy and is now complete. The appraisal examined the long term investment needs of the council's homes, neighbourhoods and services alongside a number of other social and economic factors including levels of deprivation in council owned neighbourhoods.
8. The appraisal process also took into account council investment in the improvement of homes and neighbourhoods and compared it with that of other local Registered Providers (RPs). Analysis found that there is evidence of a deepening disparity in the social housing offer available in County Durham that is impacting on quality of life for council tenants and creating a deprivation and equality gap between communities across the county.
9. There are clear differences between council owned neighbourhoods and those owned by other RPs in the area largely because other RPs are not bound by the same tight financial restrictions as the council and are able to access more resources to invest in the improvement of homes and neighbourhoods. Other RPs also provide a greater selection of non-statutory services that have contributed to the regeneration and strengthening of communities over a sustained period which has also improved the quality of life for tenants and perceptions of neighbourhoods as places to live.
10. In comparison, the council has fairly limited resources to invest, particularly in neighbourhood regeneration. For the past ten years investment has concentrated almost exclusively on improving homes to meet a reasonable 'Decent Homes Standard'. This has meant that investment has not been made in the renewal and modernisation of neighbourhoods and other related assets.
11. This approach to investment and management of homes and neighbourhoods has started to impact on demand for council housing and means that some neighbourhoods are not sustainable in the medium term. Consultation with tenants on the future of council housing in County Durham found that their aspirations for the type of home they live in and the look and feel of their local neighbourhood are climbing.

12. The implementation of welfare reform is also changing demand for types of home and there is a growing need for smaller more affordable accommodation in neighbourhoods that are fit for modern living. Other social landlords in the county (especially in the private sector) are more able than the council to meet these demands and offer a greater choice in smaller accommodation in modern neighbourhoods that meet tenants' needs, demands and aspirations.
13. The option appraisal found that there is a clear need for the council to ensure that social housing and surrounding neighbourhoods are of a consistently high quality across the county and support thriving communities.
14. The council has a real opportunity address the developing 'two speed' social housing offer by considering the future ownership and financing of its own homes. If the council does not, it is likely that the deprivation and equality gap will widen over the medium term and this will have major social and economic consequences for communities.
15. In April 2012 the Government introduced a system of self-financing that allows the council to retain its rental income in exchange for a one off debt allocation to settle existing HRA subsidy arrangements. Durham's debt allocation was £240m. The Government also capped the council's ability to borrow at £245m to satisfy their aim of controlling public sector borrowing. Up to £18m of borrowing headroom became available to the council following the introduction of self-financing. However all of the headroom is planned to be used by the end of 2014/15.
16. The council completed a comprehensive review of the condition of its homes in 2012 as part of the stock option appraisal process. The survey was necessary to calculate the levels of investment the council's homes will need over the next thirty years, compared to the levels of income the council can expect to receive over the same period. The survey found that in terms of total costs at current prices the council will need to invest up to £800m in its homes and related assets over the next thirty years. Over £350m of this investment will need to take place over the first ten years if the council is to safeguard the investment it has already made in homes and support the sustainability of its neighbourhoods.
17. Financial analysis of the Housing Revenue Account (HRA) business plan found that the council has a cumulative shortfall (including inflation) of over £60m in the first ten years of the business plan. The deficit is exacerbated by the council's inability to borrow above the debt cap to supplement its spending and meet investment needs.
18. The stock option appraisal considered the condition of the stock and its investment needs, the projected levels of income and the debt cap outlined in paragraph 15 alongside the council's local social and economic context. It was concluded that should the council continue to be landlord and own homes, then over the next ten years:

- There will not be sufficient funding to deliver the full range of works identified by the stock condition survey at the time they are required. Investment in homes, neighbourhoods and services will be reduced and delayed. This is likely to make the HRA business plan more volatile in the medium to long term.
 - Further efficiencies will be required to balance the HRA business plan over thirty years, to maximise revenue contributions to capital investment and reduce the investment gap.
 - The incidence of void properties is likely to increase, with more tenants expected to leave their homes for smaller more affordable accommodation in modern, sustainable neighbourhoods.
 - The two speed housing offer will not be adequately addressed if the council remains landlord, as there will be less resource for investment in neighbourhoods and value added services to assist in mitigating the effects of the Government's welfare reform agenda.
 - There is little financial capacity for the delivery of new build homes, which in turn will reduce the economic stimulus that the council can offer and the choice of homes available to tenants.
19. The council has attempted to ameliorate the effects of shortfalls in resources and the limitation on its ability to borrow to improve the financial position of the business plan by lobbying the Government to raise the debt cap. The council has also prioritised investment into sustainable housing stock by achieving £3m of efficiency savings and securing savings from procurement exercises. Despite these actions, the central issue continues to be the council's limited resources and the operation of the debt cap is incompatible with the investment needs of homes and neighbourhoods in the medium term. Therefore there continues to be compelling evidence to support the council's decision to develop a proposal to transfer ownership of its homes to an RP or group of RPs that are not subject to the same financial restrictions as the council.
20. The stock option appraisal also included extensive consultation and partnership working with key stakeholder groups (including tenants, staff, Councillors, Board members and other local partners). The council's financial position was made known to stakeholders and options for the future financing, ownership and management of the council's homes were proposed, discussed, tested and evaluated by stakeholders.
21. Consultation found that stakeholders' preferred option was the transfer of all of the housing stock to a group structure of the council's existing housing management organisations. Stakeholders suggested that this option would:
- Enable the new landlords to invest in homes and neighbourhoods when it is required, which is of paramount importance.
 - Allow the new group of RPs to work together to maximise the amount of investment that could be made.

- Deliver a solution that means that all homes, across the county benefit.
- Join the social housing offer up and make it more consistent with other RPs in the county.
- Preserve existing housing management organisations and protect their important place at the heart of local communities.
- Achieve stakeholder support for the transfer proposal and demonstrate to stakeholders that their views have been listened to.
- Provide an opportunity for future growth – by offering a structure that could include other RPs at a later date should they wish to.

Benefits of Housing Stock Transfer

22. Housing transfer is the voluntary transfer of ownership of all or some of the council's tenanted and leasehold homes to a 'not for profit' RP. The transfer takes place on the basis that the new RP (or group of RPs) makes a payment for the value of the housing stock. This payment (or receipt) is then used to reduce the council's housing debt (£240m in Durham County Council's case).
23. When the stock is transferred all the related housing debt will need to be repaid and if the value of the stock is insufficient for full repayment, the Government will be required to assist. This is a process known as 'overhanging debt write off'.
24. The Government expects councils to try to maximise the value of their stock to reduce the level of overhanging debt required to make the transfer viable. The Government expect to see evidence of this in a local authority's application to transfer its housing stock. The Government also expect to see evidence of the economic benefits that stock transfer and the write off of housing debt will have for the Government, the county and local communities. The application will be considered and evaluated by the HCA, Department for Communities and Local Government (DCLG) and HM Treasury.
25. The council is in the process of developing its application for stock transfer on the basis of economic development, regeneration and new build that might not be achieved should the council continue to own the housing stock. The council is also considering the potential economic benefits that the write off of the council's housing debt could achieve and estimates the following economic benefits could potentially accrue from stock transfer in County Durham:
 - Enable the construction of over 1,000 new social and affordable homes in the county.
 - Create over 2,000 new jobs and training opportunities.
 - Release over £112m of investment in the county's economy.
 - Join social housing services up across the county and save money.

- Put more decision making power into the hands of local people, allowing them to shape the housing services they receive.
- Reduce deprivation in some of the council's most challenging neighbourhoods and narrow the equalities gap between our communities.
- Generate over £55m of salary based earnings in the context of the local economy. Earnings that will be predominantly spent in County Durham, the north east and the rest of the UK.
- Potentially save over £7m in Job Seekers Allowance (JSA) payments.
- Generate an additional net income gain to the county's economy of over £65m of which over £20m would be supply chain related.
- Increase the amount of affordable and social rented housing in the county which will help to reduce the housing benefit bill over time as it will increase the availability of cheaper, more suitable properties for rent. The construction of new homes may also boost savings to the welfare bill because tenants will be able to move from more expensive private lettings or out of temporary accommodation for the homeless.
- Benefit local small to medium enterprises and micro businesses by ensuring that as much as 80% of sub-contracting work goes to local companies.

Financial Implications on the Council

26. Transfer of the housing stock will have financial implications for the council's General Fund as detailed below.

Loss of Revenue Income for Central Support

27. The major financial impact would be the loss of income through recharges to the General Fund. On Vesting Day on 1 April 2009, the Council inherited revenue recharges from the General Fund to the HRA from former districts of almost £6m per year. Initially it was felt that this level of recharge was unsustainable. Since then the recharge has been reduced with the 2013/14 recharge from the General Fund to the HRA being £2.5m.
28. The recharges of around £2.5m of central support costs from the HRA to the General Fund cover the provision of key support services including:
- Finance
 - ICT
 - Assets
 - HR
 - Legal Services
 - Corporate and Democratic Core

29. It is unlikely that many of the council's staff providing support services to the HRA will qualify for Transfer of Undertakings and Protection of Employment (TUPE) and will transfer to the new group of RPs. This is because the majority of support staff do not dedicate 50% or more of their time to providing services to the council's housing management organisations. On that basis there will be limited scope to mitigate loss of the central support recharge. Indicative work suggests that up to £0.2m in costs could be reduced which would result in a cost pressure to the General Fund of £2.3m, that will need to be met from corresponding savings from other budgets.

Unfunded Pension Costs

30. There are presently unfunded pensions costs of £0.402m charged to the HRA for staff previously retired (relating to cost of benefits such as added years etc.) but cannot be transferred to the new RSL and will pass on to the General Fund post transfer.

Loss of Council Tax Income on Void Properties

31. The introduction of the Local Council Tax Support Scheme from April 2013 made changes to the treatment of discounts and exemptions to empty properties and second homes. For the Council's own social housing properties the changes meant that any empty or void properties would be subject to council tax which generates £0.3m annually to the Council's Collection Fund, albeit at a cost to the HRA. However, RP's that are charitable bodies are exempted for the first six months for any void properties. The new RP(s) will likely adopt charitable status and therefore be eligible for exemption which would result in a loss of £0.3m to the Collection Fund.

Service Level Agreements

32. The council also has a number of service level agreements in place with its housing management organisations for the provision of specific services e.g. customer services, grounds maintenance and care connect.
33. The Service Level Agreements (SLAs) the council has in place with its housing management organisations equate to over £5.7m. The table below provides detail of the value of the SLAs by Service Groupings:

SLA	SLAs 2013/14 £	Of which: DCH Repairs and Maintenance £	Of which: Other £
Neighbourhoods	5,200,972	3,882,328	1,318,644
RED	146,684	-	146,684
Resources	417,600	-	417,600
TOTAL	5,765,256	3,882,328	1,889,928

34. Service level agreements are deemed to be a cash limit issue for service groupings to manage and therefore are not considered an additional cost to mitigate for the Council. Once the RP's are in place however they will be free to determine whether they wish to continue with the SLAs which could impact upon the income streams of Neighbourhoods, RED and Resources.
35. The one exception is Repairs and Maintenance for Durham City Homes which generates a surplus of £0.6m which supports the Neighbourhood Services base budget. The DCLG would expect this function to transfer to the new RP due to the VAT savings it would generate and employees would transfer to the new RP under TUPE. If this function did not transfer, then DCLG will query the additional debt write-off required as a result of the additional VAT payable by the new RP and would not fund fully fund the debt write off required. If this function were to transfer to the new RP there would be a £0.6m cost to the council.
36. In summary, the projected cost to the Council's General Fund will be as follows:

	£m
Loss of Central Support Recharge	2.257
Unfunded Pension Cost	0.402
Loss of Council Tax on Voids	0.300
SLAs - Surplus on Repairs and Maintenance	0.600
Total immediate Cost to Council	3.559

37. In addition as detailed above other SLAs could also be lost as the new RP is likely to seek to competitively tender for works as existing contracts come close to expiring.
38. Detailed work will be required involving Human Resources to assess TUPE implications in connection with any change in housing management arrangements arising from the council's proposal to transfer ownership of its homes.
39. If approval is given to progress with the stock transfer application process, the £3.559m cost to the General Fund will need to be introduced as a budget pressure within the MTFP(4) Model in 2015/16 thus increasing the savings target shortfall in that year.
40. The council will be expected to close its HRA upon transfer. It is important to note that upon the closure of the HRA any balance would accrue to the council's General Fund. HRA balances to be accrued to the General Fund are currently estimated to be £7m.

Draft Housing Stock Transfer Manual and Other Financial Implications

41. DCLG issued its draft Housing Transfer Manual on 22 July 2013 which sets out the process and criteria for processing LSVT applications. It should be noted that DCLG have clearly stipulated in the revised manual that proposed transfers must take place before March 2015. The risk of funding being unavailable in the event of a delayed completion of transfer falls to the Council and not to Government.
42. In summary the key issues impacting on the financial position of the Council are as follows:

Transfer Value

43. DCLG has stated that it will need to be satisfied that the transfer value has been maximised to minimise their debt write off requirement. The application process requires the Council to complete a 'cost benefit analysis' and a 'reconciliation' of differences in the Transfer Value with the Self Financing Valuation of £240m. This work is currently in hand.
44. It is important that the Council determines an affordable valuation of its homes (based on its stock condition survey) for the new group of RPs and sets this out in its application to transfer homes. The valuation will be tested by the HCA, DCLG and HM Treasury who are likely to challenge the valuation to minimise the amount of overhanging debt write off the Government will need to offer the council. The valuation should be clearly set out in the application to minimise the negotiation period and avoid delays that risk the achievement of the 31 March 2015 deadline.

Premiums and Discounts on Early Redemption of Debt

45. The Government has confirmed that where there is debt write off associated with the paying off of Public Works Loan Debt (PWLB) owed by the council, they will meet the cost of early debt redemption premiums. This is providing that estimates have been submitted as part of the transfer application and that DCLG is updated if these estimates change. DCLG has also confirmed that early redemption premiums only apply to PWLB loans and not to 'market' loans; all of the council's loans are with the PWLB. Furthermore, Government has also confirmed that where Councils have separated their loan portfolio into two separate pools (one for the General Fund and one for HRA) which the council has done, they will apply the premiums to the HRA loan portfolio only. The Council has identified the cost of early redemption premiums in conjunction with its Treasury Consultants and will fully comply with this requirement.

Set Up Costs

46. Traditionally, set-up costs associated with a housing stock transfer have been off-set against the capital receipt for the sale of the stock to the new Registered Provider and effectively included as a cost in the transfer valuation. The updated transfer manual states that this will not be allowed in this round of transfers and that set-up costs will need to be met by both

the Council and the RP. It is important to therefore closely monitor and control set up costs, particularly for the Council as these will not be reimbursed by DCLG. The costs of conducting the stock option 'appraisal' process up to the end of 2012/13 amounted to £0.9m which includes the cost of updating stock condition surveys that would need to have been conducted in any case. The cost of implementing the preferred option of stock transfer is estimated to be £1m up to the ballot stage, and a further £0.7m will be required post ballot to finalise the terms of the transfer. These costs will continue to be met from the HRA from a combination of revenue savings and reserves.

47. As 2014/15 will be the final year that the three providers will operate in their existing form, it is important that financial governance arrangements be amended to ensure the Council plays a greater role in approving and setting budgets from this point on including the use of reserves held by each of the three providers.

VAT Shelter

48. The transfer manual mentions that it would be expected that a VAT shelter arrangement would be put in place to minimise the cost of VAT. The manual also states that proceeds from a VAT shelter arrangement should be reflected in the landlord business plan. Although it is acknowledged that the proportion will vary from case to case, DCLG would want to see it maximised. The Council will propose to take a share of the VAT Shelter to defray the costs it will incur as a result of transfer.
49. If the proposal to share the VAT Shelter is not accepted by the Government the council will be unable to defray the cost it incurs from transfer. A lack of resource to defray the cost of the transfer coupled with projected losses to the General Fund and the pressures the council faces in making substantial efficiencies from 2015 onwards would mean that the cost of pursuing the transfer is prohibitive. The council would then need to implement its alternative plan for the future of its homes. Any income from VAT shelter would be capital rather than revenue.

Preserved Right to Buy

50. The transfer manual states that a commitment should be included that the new landlord will use all right to buy receipts for new affordable housing. At the point of transfer the new landlord would be required to enter into an agreement with DCLG to use all such receipts for new affordable housing. Alternatively, the receipts could be passed to another registered provider to use for new affordable housing or surrender the receipts to the Homes and Communities Agency. Again, this revised position has implications for the perceived financial benefits to the Council of stock transfer. Under previous stock transfers it was normal for a proportion of Right to Buy receipts after transfer to be retained by the local authority and utilised to support the capital programme.

Other Financial Implications

51. The revised transfer manual has highlighted a number of areas that will be treated differently to previous stock transfers. These may have significant financial implications for the Council
52. Based on the draft Housing Transfer Manual there a risk that no financial benefit will accrue to the Council to compensate for the £3.6m cost to the General Fund. It is important that the Council recognises this and is prepared to accept the potential impact, as this will need to be demonstrated to DCLG as part of the transfer application.
53. It is important for the Council to have an agreed negotiating position in relation to stock transfer. There can be little doubt that stock transfer will provide the new RP with greater flexibilities than the current arrangements which will result in better outcomes for tenants. However, stock transfer will come at a cost to the General Fund and it is recommended that the Council submit an application that requests a share of the VAT Shelter.

Cost of Stock Transfer

54. Further HRA and some General Fund resources will be required to implement the preferred proposal, particularly in relation to a stock transfer. At this stage it is estimated that £1m will be required to take a stock transfer application to the ballot stage. This will be funded from a combination of reserves and revenue savings. These costs may include the following:
 - Consultants and other advisers
 - Tenant advisers
 - The ballot or opinion survey
 - Consultation and communication
 - Accommodation
 - Board appointments and training
 - Staff training
 - IT
55. The draft Housing Manual (July 2013) states that the transfer landlord and the council should agree between them a basis for sharing set up costs. Each organisation will bear the full cost of its share of the set up costs. As such set up costs will not be included in the valuation of the housing stock and the draft Manual is clear that the Government will not increase its contribution to overhanging debt write off in respect of any set up costs offset by the council against the capital receipt from the transfer landlord. The council will therefore need to seek to minimise set up costs.

Transfer Proposal Submission

56. The council has undertaken formal discussions with the HCA and Communities and Local Government (CLG) on its proposal to transfer its

- homes since January 2013. The HCA and CLG have stipulated that the council is unable to proceed with its proposal to transfer ownership of its homes, until a revised Housing Transfer Manual is published. The Manual will provide a set of guidelines for councils to follow when preparing an application to transfer homes and details the criteria that the HCA and CLG will apply when assessing applications to transfer stock.
57. The draft Housing Transfer Manual was published for consultation on the 22 July 2013. Consultation on the draft Manual ended on the 2 September 2013 and the CLG and the HCA propose to publish the final Housing Transfer Manual by the end of October 2013. Once the Manual is published, authorities interested in transferring ownership of their homes will be able to submit an application for transfer to the HCA and the DCLG for formal consideration.
58. The draft Housing Transfer Manual states that its guidelines apply only to transfers in the period up to March 2015. The HCA and CLG are explicit that any applications made to transfer homes and seek support for overhanging debt write off on the basis of the final Housing Transfer Manual must be made on the basis that the transfer process will be complete by 31 March 2015.
59. The final Housing Transfer Manual is not expected to provide a deadline for the submission of applications to transfer homes. Councils may apply to transfer their homes at any time following the publication of the final Housing Transfer Manual, through the submission of an application to the HCA/DCLG. However any council submitting an application for transfer that requires overhanging debt write off must make its application on the understanding that it will only access overhanging debt write off if it completes the transfer process by 31 March 2015.
60. The draft Housing Transfer Manual sets out a clear format for the application for councils to observe that asks a series of key questions including:
- The strategic case for transfer: The drivers for change with strong emphasis on macro benefits.
 - The economic case for transfer: Monetising the benefits shown in the strategic case.
 - The commercial case for transfer: Private finance for the transfer, asset management plans and landlord selection.
 - The financial case for transfer: The specific costs of the new transfer.
 - The management case for transfer: The timely delivery of the transfer project.
61. The Housing Transfer Manual also sets out a timetable for transfer that includes the following steps:

Transfer Timetable

Activity	Timescale
Preliminary discussions with HCA/CLG leading to submission of a transfer application	
HCA/CLG considers application and where content makes recommendation for approval to CLG	4 weeks
CLG and HM Treasury consider transfer application and where content approves	7 weeks (12 weeks if more than £50m sought)
HCA notify council that Government is content and council may proceed to formal consultation subject to offer document being agreed	1 week
Council statutory consultation (stages 1 and 2)	9 weeks
Engagement with social housing regulator (for registration)	20 – 35 weeks
Four week sign off checklist	4 weeks
Transfer completes	March 2015

62. The transfer deadline and proposed timescales set out in the draft Housing Transfer Manual represent a significant challenge to completion of Durham County Council's transfer process by 31 March 2015. Historically transfer processes have run over a two year period to allow for full consultation to take place and registration of the new landlord (or landlords) to be achieved.
63. The steps set out in the revised Housing Transfer Manual indicate that if the council decides to proceed with its transfer proposal it will be required to run the full transfer process including formal consultation, a ballot, securing funding for the new landlords, registration and the completion of the legalities of the transfer process within a year.
64. Durham County Council's stock transfer proposal represents one of the largest and most complicated stock transfers in recent history. It will require formal consultation with over 22,000 tenants, the establishment of up to four individual companies and their registration as landlords with the HCA. The council has raised concerns about the proposed timescales with the HCA and CLG, who have accepted that timescales are challenging, but they are achievable if the council submits an application as soon after the publication of the final Housing Transfer Manual as possible; and undertakes some transfer work at risk. This includes informal consultation with tenants and other stakeholders and the establishment of shadow governance arrangements for the new group of landlords.
65. In August and September 2013 Durham County Council worked in partnership with Dale & Valley Homes, Durham City Homes and East

Durham Homes to undertake informal consultation with its tenants on the future of its homes.

66. A series of events were held in Crook, Durham City and Peterlee and around 290 tenants attended the events.
67. The informal events were intended to:
 - Make tenants aware of the council's developing proposal to transfer ownership of its homes to Dale & Valley Homes, Durham City Homes and East Durham Homes and the council's alternative plan for the future of its homes.
 - Explain to tenants the reasons behind the council's decision to develop a transfer proposal.
 - Determine what interests and worries tenants the most about the proposal
 - Develop an understanding of tenants' priorities for the future
 - Identify the information tenants feel they need to be able to make an informed decision on the transfer proposal at a legally binding ballot in 2014
68. The events were supported by Durham County Council, Dale & Valley Homes, Durham City Homes and East Durham Homes. They were facilitated by an Open Communities (Independent Tenant Adviser) to ensure that tenants received an independent, impartial presentation on the future of their home.
69. Attendees were asked to complete evaluation forms at the end of each event to indicate whether:
 - They felt they got what they wanted from the event they attended.
 - They would attend another, similar event.
 - They thought the event they attended gave them a greater understanding of the council's stock transfer proposal.
 - They would support the council's stock transfer proposal.
70. The evaluation results show that not all attendees provided feedback on the events with 154 attendees (across all events) completing an evaluation feedback form (53% response rate).
71. Not all attendees answered all of the questions, with the lowest number of responses to the question "would you support the council's transfer proposal?" (35% response rate).
72. Overall 90% of respondents across all events said they got what they wanted from the event. 95% of respondents said they would attend similar

events; 90% of respondents said the events had given them a greater understanding of the council's stock transfer proposal; and 88% of respondents said they would support the council's stock transfer proposal.

73. The council will need at least twelve months to complete formal consultation and ballot work and the transfer of ownership of its homes to the new group. Therefore, if the council decides to proceed with its application to the HCA and DCLG to transfer its homes it is imperative that it submits its application by the end of October 2013/early November 2013.
74. Submission of the application by the end of October/early November 2013 will allow the HCA, DCLG and HM Treasury up to sixteen weeks to consider the application and come back to the council with a response by mid March 2014. If the council's application to transfer is approved it can then move to formal consultation with tenants with a view to completing the transfer by 31 March 2015 (if the proposal is agreed by a majority of tenants who vote at a ballot).
75. The HCA and DCLG have recognised the scale of the challenge facing the council in terms of achieving transfer timescales and they have recommended that throughout the development of the transfer proposal the council maintains an alternative plan for the landlord function, along with a viable long term business plan.
76. The council has already selected the establishment of a single ALMO as its alternative option should it be unable to transfer ownership of its homes. An alternative project plan for the establishment of the single ALMO has been developed and is running in tandem with the council's stock transfer plans. All work is twin tracked to ensure efficiency and value for money.
77. The draft Housing Transfer Manual also makes it clear that the risk of delayed completion of the transfer (i.e. after 31 March 2015) falls to the council and not to the Government.

Establishing Shadow Governance Arrangements

78. If the council decides to proceed with submitting an application to transfer its homes it will also need to consider the need to complete the registration of the new group of organisations with the Homes and Communities Agency (HCA) as landlords or Registered Providers (RPs) before the 31 March 2015.
79. The Secretary of State's final consent to transfer will not be given until all of the new landlords are registered with the social housing regulator, being the HCA. In order to achieve registration, the governance arrangements for the Boards of each of the landlords in the new group structure must satisfy the HCA's requirements. This includes the Board of the parent organisation which will have ultimate strategic control of the activities of the group.

80. If the council's transfer proposal is approved by the Government and agreed by tenants at a ballot, ownership of its homes would be transferred to Dale & Valley Homes, Durham City Homes and East Durham Homes. They would become subsidiary organisations in a group, but would retain their own local Board to preserve local accountability structures and to ensure they remain organisationally discrete.
81. The subsidiary organisations would be responsible to a strategic umbrella organisation, referred to as the group parent Board and organisation, which would be responsible for determining overall strategy, direction and control of the group's affairs.
82. The structure of the proposed governance arrangements and the typical responsibilities of each of the Boards are set out at figure 1.

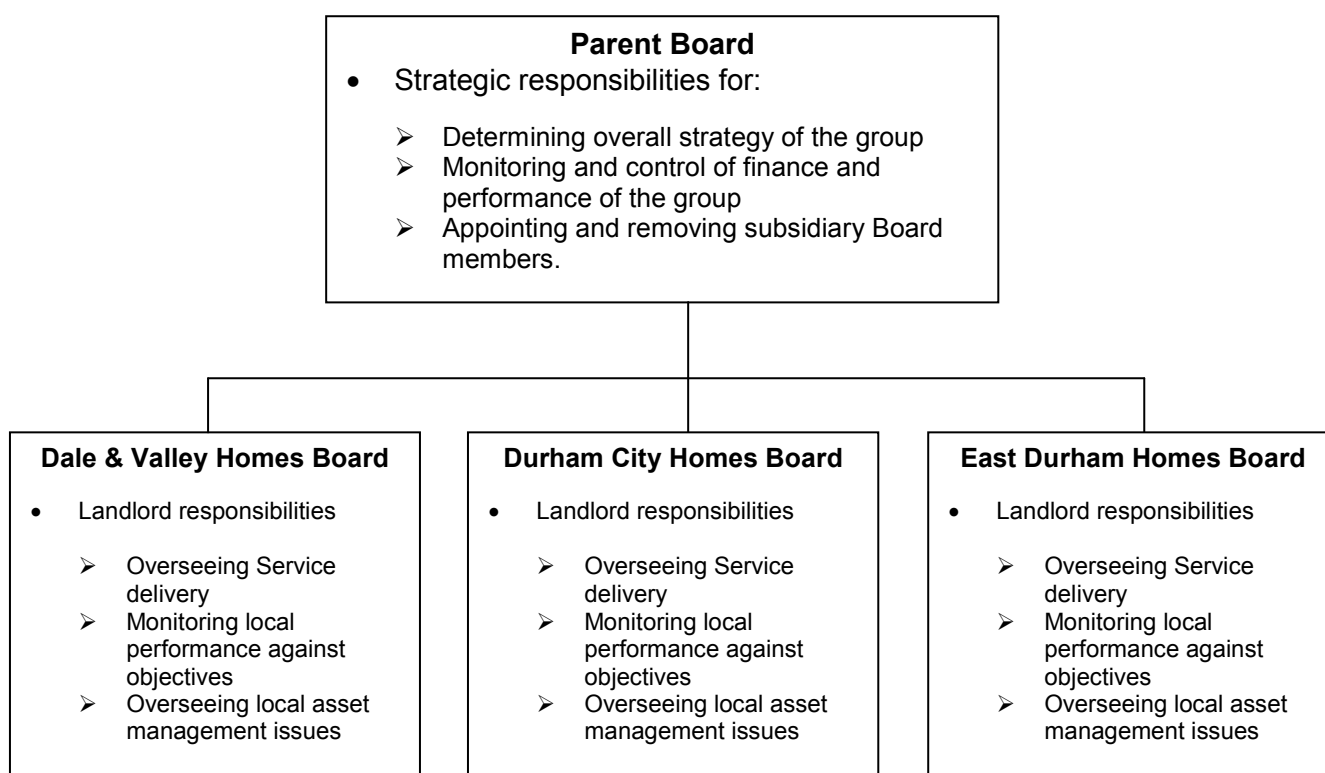


Figure 1 Structure and Responsibilities

83. The formal relationship between the parent organisation and Dale & Valley Homes, Durham City Homes and East Durham Homes would be underpinned by an intra-group agreement, service level and procedural agreements and Board and committee terms of reference and delegated powers. In accordance with the council's aim to join social housing up in County Durham, the intra group agreement would be flexible enough to permit other RP subsidiaries to join the group at a later date if desired.
84. All Boards must be registered in accordance with the guidelines set out in the HCA's "Guidance on Applying for Registration as a Provider of Social Housing". The HCA will expect Boards to be competent as social housing

providers and will also expect to see a strong, strategic parent Board leading the group.

85. Informal consultation with the HCA suggests that the governance arrangements already in place for Dale & Valley Homes and East Durham Homes are broadly appropriate for the achievement of registration. Durham City Homes' governance arrangements will need some support to make the transition from a non-executive Board to a formally constituted Board if they are to achieve registration by March 2015.
86. If the council aims to meet the challenging transfer deadline of 31 March 2015 it is crucial that the establishment of the shadow parent Board is started as the council submits its application to transfer its homes to the HCA.
87. Consultation has been completed with stakeholders on the appropriate composition of the shadow parent Board and the skills necessary to manage a large, complicated group of landlords.
88. Stakeholders suggest that the shadow parent Board should be made up of thirteen members including four independent members of the community (this will include a chairperson); three tenants (one from each of the council's housing management areas); three local authority nominees; and the Chairs of Dale & Valley Homes, Durham City Homes and East Durham Homes. The proposed composition of the shadow parent Board is also suitable as a Board for the single ALMO should the council decide to implement its alternative plan for the future of its homes.
89. The shadow Board should be appointed on the basis of their skills, experience and competencies which will be assessed during a rigorous recruitment process that focuses on skills and involves the council, Dale & Valley Homes, Durham City Homes and East Durham Homes and tenants.

Conclusion

90. In December 2012 the council's Cabinet selected the transfer of its homes to a group structure of its existing housing management organisations. The decision was based on a comprehensive appraisal of options for the future financing, ownership and management of the council's homes.
91. The council's transfer proposals mean that ownership of the council's homes will transfer to Dale & Valley Homes, Durham City Homes and East Durham Homes, who will become landlords in their own right within a group that will include a strategic parent organisation.
92. The council selected transfer as its preferred option because it could achieve a number of benefits including:
 - Enabling the new landlords to invest in homes and neighbourhoods when it is required preventing the deferral and delay of works.

- Allowing the new group of RPs to work together to maximise the amount of investment that could be made.
 - Delivering a solution that means that all homes, across the county benefit.
 - Joining social housing services up across the county, making them more consistent with other RPs.
 - Preserving existing housing management organisations, which have demonstrated their excellence over the past few years and protect their important place at the heart of local communities.
 - Achieving stakeholder support for the transfer proposal and demonstrate to stakeholders that their views have been listened to.
 - Provide an opportunity for future growth – by offering a structure that could include other RPs at a later date should they wish to.
 - Generating economic growth through the construction of new homes.
93. There are risks to the successful completion of the transfer in terms of Ministerial consent; availability of private finance, tenant support for the proposal and challenging timescales. The process is likely to cost in excess of £1m to ballot stage and the draft Housing Transfer Manual is currently unclear in terms of the council's ability to defray any other costs it may incur as a result of stock transfer.
94. There is an expected cost to the council's General Fund of £3.6m which will represent a budget pressure within the Medium Term Financial Plan in 2015/16. The council should consider projected costs to the General Fund within the context of potential economic benefits for the county arising from stock transfer. It is also important to note that upon the closure of the HRA (which is expected following transfer) any reserves would accrue to the council's General Fund.
95. The Secretary of State is unlikely to grant consent to transfer unless a transfer application has been approved in advance of the council proceeding to full consultation with tenants. If the council's application is approved the Government will expect full consultation and a ballot of all tenants and transfer homes to be completed by the 31 March 2015. If the process is not complete the council will not be able to access the overhanging debt write off it requires.
96. The council will require the Government to write off a substantial amount of its housing debt. The council will be expected to maximise the value of its housing stock to reduce the level of overhanging debt required to make the transfer viable. The Government expect to see evidence of this in the council's application to transfer its homes.
97. The council can only submit its application to transfer its homes once the final Housing Transfer Manual is published. However, indicative timescales proposed by the Government for the submission of applications and their evaluation suggest that the council will need to submit its application by the end of October 2013/early November 2013 if the application is to be evaluated and agreed by mid March 2014. This

will allow the council a little over a year to complete formal consultation and a ballot of all tenants and complete the transfer its homes by 31 March 2015.

98. If the council's transfer proposal is approved by a majority of tenants who vote in a ballot the council will then need to ensure that all landlords in the group are registered with the HCA by the 31 March 2015. Again, if the council is to meet challenging timescales for completion of the transfer it should start to establish shadow Board and governance arrangements as soon as possible.

Recommendations

98. It is recommended that Cabinet:
- (i) Consider the potential social and economic benefits of stock transfer and implications for the council's General Fund.
 - (ii) Note the loss of £3.6m of income to the General Fund and the impact upon the MTFP in 2015/16, should the council's housing stock be transferred.
 - (iii) Note the position on treatment of VAT shelter arrangements and agree the negotiation stance whereby the council should insist on receiving a share of the VAT shelter income.
 - (iv) Agree the strengthening of financial governance arrangements with respect to the three housing providers in the run up to implementation of a change in housing management arrangements.
 - (v) Agree to delegate the preparation of an application to transfer the council's homes to the Corporate Director of Regeneration and Economic Development in consultation with the Portfolio Holder for Housing.
 - (vi) Agree the establishment of a shadow parent Board and associated governance arrangements.
 - (vii) Agree to recommend to Council to revise the council's Housing Strategy to reflect the decision to transfer homes to a group structure of its existing housing management organisations.

Background Papers

- Cabinet Reports for 12 December 2012 and 14 December 2011.

Contact: Marie Roe, Housing Directions Manager Tel: 03000 261864

Appendix 1: Implications

Finance -

Durham County Council was allocated a debt settlement of £240m by the government to implement a system of self-financing for council housing. Since April 2012 the council has been able to use its own income from rents to invest in improving and maintaining its homes.

A transfer of the housing stock will enable borrowing above the debt cap to maximise investment in homes, neighbourhoods and service. Retention of the housing stock will not address the shortfall in capital resources, improvement works will be delayed and deferred and the authority will be unable to invest substantially in value added services and the delivery of new build and regeneration.

Transfer of the housing stock will have financial implications for the council. It will cost in the region of £3.6m and will require this to be included as a budget pressure in the MTFP Model in 2015/16. Stock transfer will result in the closing down of the HRA. Over the medium term, a number of service level agreements between the council and the three housing providers could be affected.

Staffing -

Staff are a key stakeholder in the transfer of the council's homes. This includes staff working for the council and for its two housing service providers, Dale & Valley Homes and East Durham Homes.

Further detailed work will be undertaken on the impact of stock transfer on service areas (including the Repairs and Maintenance Direct Labour Organisation) and the approach it should take to TUPE and implications for the council's workforce.

Risk -

Risks include:

- The council's proposal to transfer the housing stock is rejected by the Government on the basis of value for money.
- The council's proposal to transfer the housing stock is rejected by customers at a ballot and costs of the abortive transfer fall onto the revenue account
- The council continues to face a deficit in its capital resources and is unable to invest substantially in homes, neighbourhoods and services in the long term. The effect of the two speed social housing offer becomes more pronounced and the council is unable to achieve its ambitions for an "Altogether Better Durham".

The council can undertake a series of actions to mitigate against these risks and reduce their likelihood. These actions include:

- Observe the guidelines set out in the existing Housing Transfer Manual and continue to work with DCLG and the HCA when submitting an application for stock transfer.
- Develop and implement a comprehensive communication and consultation strategy for stock transfer that explains the role of the council; the transfer option, offers and implications for all stakeholders.

Equality and Diversity -

The transfer process will provide all individuals and organisations with an interest in the future of the council's housing stock with the best opportunities to contribute to the transfer proposal, if they wish to do so. This has been accomplished through the implementation of a communication and consultation strategy and a tenant empowerment statement.

According to the Equality Impact Assessment undertaken on the transfer the option will impact on protected characteristics. Impacts in terms of stock transfer are positive, as accessing additional funding will improve housing, neighbourhoods and services and will stimulate the local economy. This may be particularly beneficial for women who have an increased demand for social housing and disabled and older people who require homes to meet specific housing needs. Younger people and people raising a family will also benefit from an improved social housing offer resulting from stock transfer. Transfer may also enable access to additional funding to strengthen and improve tenancy support services to mitigate the affects of welfare reform. Retention of the housing stock is likely to have a negative impact as the council will be unable to access additional resources to support capital spending in the first ten years of its business plan and investment needs will be deferred. Further efficiencies in management structures and services will result in the two speed economy becoming more embedded, with council tenants experiencing a different social housing and service offer to tenants living in a home owned by other local RPs. Restrictions on ability to afford the construction of new homes and remodel existing homes will impact on women, young people, disabled people and older people. The preservation of the ALMO model may have some positive impacts for local accountability and tenant involvement.

Accommodation -

None

Crime and Disorder -

A reduction in crime and disorder is reflected in the transfer objectives. This ensures that the transfer and its associated information considers the reduction of ASB and the designing out of crime in homes and neighbourhoods.

Human Rights -

None

Consultation -

The transfer proposal will be fully informed by consultation with tenants, staff, councillors, board members and other key partners. The council has developed

a detailed Communication and Consultation Strategy, Tenant Empowerment Statement and has delivered an extensive consultation programme for each stakeholder group. The council will be expected to complete formal consultation with tenants on the transfer proposal in 2014 that will end in a ballot. If a majority of tenants who vote in the ballot vote yes to the proposal it will proceed to transfer.

Procurement -

Specialist advisers and an independent tenant advisor have been procured to support the formulation of the transfer proposal and the delivery of the project.

Disability Discrimination Act -

None

Legal Implications -

The council currently has legally binding 'Management Agreements' with Dale & Valley Homes and East Durham Homes for the provision of housing services to its customers. If the council completes the transfer of its homes the management agreements will end. Legal consultants experienced in the field of stock transfer have been engaged by the council to provide advice and support.

Cabinet

30 October 2013

**Endorsement of the County Durham
Tobacco Control Action Plan**



Report of Corporate Management Team

Anna Lynch, Director of Public Health, County Durham

Rachael Shimmin, Corporate Director Children and Adults Services

Lucy Hovvels, Portfolio Holder for Safer and Healthier Communities

Purpose of the Report

1. The purpose of the report is:
 - To present the County Durham Tobacco Control Alliance Action Plan to Cabinet
 - Seek Cabinet approval of the plan.

Background

2. In 2011 the government published the White paper 'Healthy Lives, Healthy People: A Tobacco Control Plan for England'. This is a five year plan which, under the leadership of local authorities, the Department of Health expects to see the development of partnerships in tobacco control with relevant organisations. In implementing comprehensive tobacco control in their communities, local authorities are encouraged to maximise local involvement by building tobacco control alliances.
3. While the public health outcomes framework will provide the key source of information about progress on reducing tobacco use, the government has set three national ambitions to focus tobacco control work across the whole system:
 - Reduce smoking prevalence among adults in England: To reduce (aged 18 or over) smoking prevalence in England to 18.5 % or less by the end of 2015, meaning around 210,000 fewer smokers a year
 - Reduce smoking prevalence among young people in England: To reduce rates of regular smoking among 15 year olds in England to 12% or less by end of 2015
 - Reduce smoking during pregnancy in England: To reduce rates of smoking throughout pregnancy to 11% or less by the end of 2015
4. The aim of tobacco control is to make smoking less desirable, accessible and affordable. Locally this means improving health and reducing health inequalities by reducing the number of smokers (preventing the uptake of smoking and assisting those who want to quit).
5. Delivering evidence based tobacco control requires long term strategic commitment to ensure the mechanisms are in place to drive the agenda forward. The vehicle to deliver this relies on the commitment of a range of partners understanding and

supporting the evidence, and coming together in the form of a local tobacco control alliance.

6. Reducing smoking prevalence and reducing the use of tobacco will help to:
 - Cut costs to local public services
 - Protect children from harm
 - Boost the disposable income of the poorest people
 - Reduce health inequalities
 - Drive real improvement across key measures of population health
7. There needs to be a long term commitment to reduce the overall prevalence of smoking across County Durham. This means a commitment to improving health and reducing health inequalities by focusing on the death, disability and disease caused by smoking.
8. The Tobacco Control Alliance partners of County Durham have an ambition that by 2030 smoking prevalence in County Durham is reduced to 5%, and amongst routine and manual groups reduce smoking prevalence to 10%. This ambition is driven by a vision to make children the future focus for protection and the statement below is the commitment to this:-

“The tobacco-free generation is a vision well worth striving for – that a child born now in any part of County Durham will reach adulthood breathing smokefree air, being free from tobacco addiction and living in a community where to smoke is unusual. We owe it to our children to make this happen”

(Adapted with kind permission from ASH Scotland - 2013)
9. The Smokefree Tobacco Control Alliance for County Durham brings together partners from across the county to work together to implement action locally. It will use the ASH (2012) Clear Thinking, Excellence in local tobacco control as a driver.
10. The alliance is jointly chaired by Councillor Audrey Laing, Support Member for Councillor Lucy Hovvels (Safer & Healthier Communities) Durham County Council and Anna Lynch, Director of Public Health, County Durham. The alliance must deliver on all key strands:-
 - Developing infrastructure, skills and capacity at local level and influencing national action
 - Reducing exposure to second hand smoke
 - Helping Smokers to quit
 - Media communications and social marketing
 - Reducing the availability of tobacco products and reducing supply of tobacco
 - Reducing the promotion of tobacco
 - Tobacco Regulation
 - Research, Monitoring and evaluation

This alliance plan covers activity for year one, 2013/14, of a five year medium term plan that supports a long term plan to 2030.

11. The plan was provisionally signed off by the Health Improvement Partnership on 11th July.

Partners signed up to the alliance:-

Durham County Council
County Durham and Darlington NHS Foundation Trust
North Durham CCG
Durham Dales, Easington and Sedgefield CCG
Tees Esk and Wear Valleys NHS Foundation Trust
County Durham Health Networks
County Durham Area Action Partnerships (AAP)
County Durham and Darlington Fire and Rescue Services
County Durham FE Colleges
Fresh

Recommendations

Cabinet is requested to:

- approve the County Durham Tobacco Control Alliance Plan.

Background Papers

Joint Health and Well Being Strategy

Contact: Dianne Woodall, PH Portfolio Lead

Email: Dianne.woodall@durham.gov.uk

Tel: 03000 267671

Appendix 1: Implications

Finance

Budgets are currently in place to deliver on actions from the plan over the next two years. However longer term commitment is needed to sustain delivery of some actions

Staffing

No implications

Risk

Smoking accounts for 20% of new cases of cancer (23%M and 16%F). Tobacco causes nearly 1 in 5 deaths in England annually. For each death, 20 more suffer tobacco-related illnesses. Local authorities have a duty to promote the health of their population and comprehensive tobacco programmes (local alliances action plans) deliver the framework for this. Failure to deliver a comprehensive tobacco programme will impact on the Joint Health and Well-being Strategy 2013 – 2017 where tobacco control actions/targets are embedded within.

Equality and Diversity / Public Sector Equality Duty

No implications

Accommodation

No implications

Crime and Disorder

No implications

Human Rights

No implications

Consultation

No implications

Procurement

No implications

Disability Issues

No implications

Legal Implications

No implications



Making Smoking History in County Durham

Smoke Free County Durham Tobacco Control Action Plan

The Vision

“The tobacco-free generation is a vision well worth striving for – that a child born now in any part of County Durham will reach adulthood breathing smokefree air, being free from tobacco addiction and living in a community where to smoke is unusual.

We owe it to our children to make this happen

(Adapted with kind permission from ASH Scotland - 2013)

2013/14

Year one of a five year plan 2013 – 2017

Tobacco Control - The Challenge

An ambition to reduce smoking prevalence in County Durham to 5% by 2030

Smoking is the biggest preventable cause of death globally, killing half of all smokers prematurely. In the 20th century, the tobacco epidemic killed 100 million people worldwide. During the 21st century, it could kill one billion. Smoking causes 50 different conditions and costs the NHS £2.7 billion to treat every year. Tobacco is a leading cause of health inequalities and is responsible for half the difference in life expectancy between rich and poor.

The tobacco control movement seeks to address the death, disability and disease caused by smoking and can be seen a global response to the greatest public health threat the world has ever faced.

To counteract the tobacco epidemic, the tobacco control movement needs to recruit advocates who can engage politicians, opinion leaders and the public in the smoking debate. The main aims of tobacco control activities include reducing exposure to secondhand smoke, the use of proven treatments of tobacco addiction, promoting effective health campaigns, banning tobacco marketing and promotion, increasing tobacco taxation and tackling illicit trade in tobacco products.

Tobacco is unique. It is the only product that kills when it is used entirely as intended. Tobacco is not abused. It is marketed by the tobacco industry to be smoked and inhaled. In doing this, it kills half of its consumers.

(Tobacco Control Advocacy toolkit – A guide to Planning Advocacy activity to tackle tobacco 2010)

In 2011 the government published the White paper 'Healthy Lives, healthy People: A Tobacco Control Plan for England'. A five year plan which under the leadership of local authorities, the government want to encourage the development of partnerships in tobacco control where anyone who can make a contribution is encouraged to get involved. In implementing comprehensive tobacco control in their communities, they encourage local authorities to maximise local involvement by building tobacco control alliances that include civil society.

While the Public Health Outcomes Framework will provide the key source of information about progress on reducing tobacco use, the government is setting three national ambitions to focus tobacco control work across the whole system:

- *Reduce smoking prevalence among adults in England: To reduce (aged 18 or over) smoking prevalence in England to 18.5 % or less by the end of 2015, meaning around 210,000 fewer smokers a year*
- *Reduce smoking prevalence among young people in England: To reduce rates of regular smoking among 15 year olds in England to 12% or less by end of 2015*
- *Reduce smoking during pregnancy in England: To reduce rates of smoking throughout pregnancy to 11% or less by the end of 2015*

These national ambitions will not translate into centrally driven targets for local authorities. Rather, they represent an assessment of what could be delivered as a result of the national actions described in the plan, together with local areas implementing evidence-based best practice for comprehensive tobacco control. Local areas will decide on their own priorities and ways of improving health in their communities, in line with the evidence base and local circumstances.

(HM Government 2011 Healthy Lives, Healthy People: A Tobacco control Plan for England)

Smoking and young people

Smoking among young people is associated with a range of factors, operating at the individual, social, community and societal levels which increase children's and young people's risk of becoming smokers. In particular, smoking uptake is linked to disadvantaged social, educational and economic trajectories. Young people are most at risk of becoming smokers if they grow up in families and communities where smoking is the norm and where they have access to cigarettes. Children whose parents and/or siblings smoke are more likely to become smokers.

Exposure to Secondhand smoke

Disadvantaged children, young people and adults are also likely to be exposed to higher levels of second-hand smoke (SHS) than those from more privileged backgrounds. This is due to lower levels of smoking restrictions in the home. More action is needed to protect these vulnerable groups from SHS exposure where they live, and in cars. Action is needed to prevent smoking uptake in children, to help vulnerable adults to quit and to protect children and adults from SHS.

Smoking Prevalence in County Durham

Smoking prevalence in county Durham aged 18+ years is 20.9% (Integrated Household Survey 2011/12). Amongst Routine and Manual Groups this rises to 26%. (See table 1. Tobacco Control Profiles).

Smoking and impact on County Durham

How much is smoking costing County Durham?

The total annual cost of smoking in County Durham is **£27,934,868** , which can be broken down as:

NHS Costs: £21,062,653

Costs to businesses (productivity losses): £6,558,163

Passive smoking costs: £303,744 (adults: £215,838; children: £87,906)

How does this relate to NHS events (e.g. number of hospital admissions?)

The £21,062,653 in annual NHS costs are the result of:

£94,267 GP consultations;

£26,433 practice nurse consultations;

£18,089 outpatient visits;

£4,970 hospital admissions; and

£52,414 prescriptions.

The Local Tobacco Control Profiles for England provides a snapshot of the extent of tobacco use, tobacco related harm, and measures being taken to reduce this harm at a local level. These profiles have been designed to help local government and health services to assess the effect of tobacco use on their local populations. They will inform commissioning and planning decisions to tackle tobacco use and improve the health of local communities.

The tool allows local authorities to compare against other local authorities in the region and benchmark against the England average. The table below compares County Durham with the England average. The red circles show where County Durham is worse than the England average.

Table 1. Tobacco Control Profiles for England County-Durham results

Indicator	Co Durham		Region		England		England Range
	Count	Value	Value	Value	Value	Worst	
Smoking attributable mortality	3378	275.1	272.8	210.6	371.8		
Smoking attributable deaths from heart disease	422	38.5	37.0	30.3	58.4		
Smoking attributable deaths from stroke	138	11.9	11.7	9.8	19.2		
Deaths from lung cancer	1253	52.5	54.6	37.7	69.1		
Deaths from chronic obstructive pulmonary disease	1018	37.8	35.4	25.8	51.1		
Oral cancer registrations	-	-	-	-	-	-	-
Smoking attributable hospital admissions	6748	1897	2064	1420	2512		
Cost per capita of smoking attributable hospital admissions	13442833	44.8	49.1	37.0	62.9		
Smoking prevalence – routine & manual	-	26.0%	29.1%	30.3%	41.0%		
Smoking Prevalence (IHS)	-	20.9%	21.2%	20.0%	29.3%		
Smoking status at time of delivery	1216	21.3%	20.7%	13.2%	29.7%		
Lung cancer registrations	1436	61.5	64.5	45.8	88.4		

Public Health England (2013) Local Tobacco Control Profiles for England

The values relate to per 100,000 of population.

The County Durham Joint Strategic Needs Assessment (JSNA) contains health profiles which relate to smoking and health and therefore supports the evidence of the need to address tobacco as a high priority for County Durham.

Reducing smoking prevalence in county Durham

The aim of tobacco control is to make smoking less desirable, accessible and affordable. Locally this means improving health and reducing health inequalities by reducing the number of smokers (preventing the uptake of smoking and assisting those who want to quit).

Delivering evidence based tobacco control requires long term strategic commitment to ensure the mechanisms are in place to drive the agenda forward. The vehicle to deliver this then relies on the commitment of a range of partners understanding and supporting the evidence and coming together in the form of a local tobacco control alliance.

Reducing smoking prevalence and reducing the use of tobacco will help County Durham to:

- Cut costs to local public services
- Protect children from harm
- Boost the disposable income of the poorest people
- Cut health inequalities
- Drive real improvement across key measures of population health

To reduce smoking prevalence in County Durham, there needs to be a long term commitment to achieve a vision of *Making Smoking History*. Making Smoking History in County Durham means a commitment to improve health, reduce health inequalities by reducing the death, disability and disease caused by smoking.

The Tobacco Control Alliance partners of County Durham have an ambition that by 2030 smoking prevalence in County Durham is reduced to 5%, and amongst Routine and Manual Groups reduce smoking prevalence to 10%. This ambition is driven by a vision to make children the future focus for protection and the statement below is the commitment to this:-

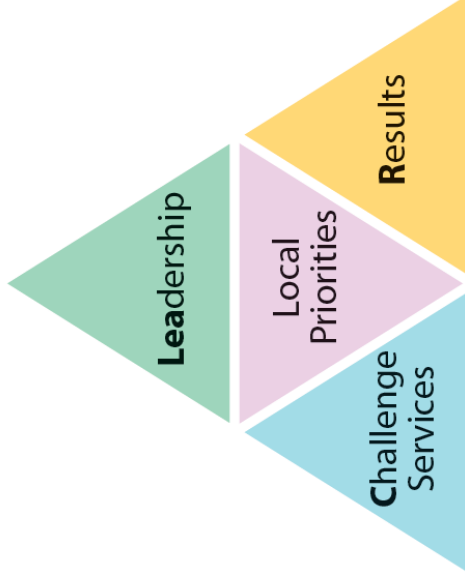
“The tobacco-free generation is a vision well worth striving for – that a child born now in any part of County Durham will reach adulthood breathing smokefree air, being free from tobacco addiction and living in a community where to smoke is unusual. We owe it to our children to make this happen”

(Adapted with kind permission from ASH Scotland - 2013)

This tobacco action plan therefore supports this vision over a five year interim plan 2013 – 2017 that aspires to reducing smoking prevalence each year by 1%. The County Durham Tobacco Control Action Plan supports two of the County Durham Strategies

- Sustainable Communities Strategies
- Joint Health and Well-being Strategy
- Children & Young People & Families Plan

Effective tobacco control requires three domains; **Challenge** tobacco control services; **Local leadership** and **Results** demonstrated by outcomes.



Taken from ASH (2012) **CLear** Thinking Excellence in local tobacco control

The Smokefree Tobacco Control Alliance for County Durham brings together partners from across the county to work together to implement action locally. It will use the Clear Thinking approach as a driver. The alliance is joint chaired by Councillor Audrey Laing, Support Member for Councillor Lucy Hovvels (Safer & Healthier Communities) Durham County Council and Anna Lynch Director of Public Health County Durham.

The alliance must deliver on all key strands.

1. Developing infrastructure, skills and capacity at local level and influencing national action.

2. Reducing exposure to second hand smoke
3. Helping Smokers to quit
4. Media communications and social marketing
5. Reducing the availability of tobacco products and reducing supply of tobacco
6. Reducing the promotion of tobacco
7. Tobacco Regulation
8. Research, Monitoring and evaluation

This alliance plan covers activity for year one 2013/14, of a five year medium term plan that supports a long term plan to 2030 to reduce smoking prevalence to 5%.

Partners signed up to the alliance:-

Durham County Council
 County Durham and Darlington NHS Foundation Trust
 North Durham CCG
 Durham Dales, Easington and Sedgfield CCG
 Tees Esk and Wear Valleys NHS Foundation Trust
 County Durham Health Networks
 County Durham Area Action Partnerships (AAP)
 County Durham and Darlington Fire and Rescue
 County Durham FE Colleges
 Fresh

Reduce Smoking Prevalence – County Durham Baseline 20.9% (Integrated Household Survey 2011/12)
Routine and Manual Groups – County Durham Baseline 26% (integrated Household Survey 2011/12)

Strategy	Theme / programme area	Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performance RAG			Update Reports Quarter One
Healthy Lives, Healthy People: A Tobacco Control Plan for England 2011 – 15. County Durham Joint Health and Well-being Strategy. Co Durham Sustainable Communities Strategy. Children and Safer Communities Strategy	Developing infrastructure, skills and capacity at local level and influencing national action.	A sustainable 5 year interim TC alliance plan for County Durham with engagement and representation from key partners. The plan will support the National Tobacco Plan (NTP) and align to Governments three national ambitions Reduce smoking prevalence among adults 18 year + Reduce smoking prevalence among young people (15 year olds) Reduce smoking during pregnancy Support the longer term ambition to reduce smoking prevalence to 5% by 2030 Hold four Alliance meetings per year		Draft plan submitted to Health Improvement Partnership (HIP) in July Action Plan developed and signed off by the new Health Improvement partnership (HIP) Action Plan presented to H&WB Board Integrated Household Survey Alliance meeting minutes	Dianne Woodall DCC Dianne Woodall DCC Anna Lynch Dianne Woodall DCC				

		identified key advocates to be trained e.g.			number of key advocates trained			
		Input to local strategic and decision makers forums	July 2013 Jan 2014	Six monthly report/attend HIP group. Presentations to CCGs	Dianne Woodall DCC			
		Engage/involve AAPs and Health Networks when community based tobacco control activity is undertaken and when TC action is required	Quarterly	HN/AAPs input on the tobacco control agenda/action plan?	PH portfolio leads linked to AAP Health Network chairs			
		Alliance partner organisations commit to share Intelligence to support wider tobacco control e.g. Tab houses Proxy sales Non compliance with SF law Non compliance with local policies	Quarterly	Reporting noted And actions taken	All partners			
		Implement Making Smoking History programme in FE colleges	March 2014	No. of colleges implementing programme	Dianne Woodall DCC			
	Reducing exposure to secondhand smoke (SHS) To reduce exposure to SHS for children, vulnerable adults and workers	Establish a baseline of the impact of the Smoke Free Families Initiative (to include training sessions) in two targeted communities in County Durham. Work in partnership with local community groups and agencies to run an	June 2013 Sept 2013 Dec 2013 March 2014	Measure knowledge of risks before and after campaign Number and type (if any) of changes in smoking behaviour following the	Ruth Bennett CDDFT			

		awareness campaign on the risks of second hand smoke to children and young people			campaign.		
	De-normalise smoking by increasing public support for SF areas	Support/lobby for legislation for SF cars carrying children MP support and Elected Members	As and when required			Dianne Woodall	
	“	Implement local policy for SF childrens play areas	2015			Oliver Sherratt DCC	
	“	Improve compliance with Smokefree hospital grounds	June 2013 Sept 2013 December 2013 March 2014		Policy review and reports against compliance	Claire Matthews CDDFT	
	“	Deliver a programme of intelligence led and targeted interventions to ensure compliance with smoke free legislation in premises and vehicles (including taxis).			No. of awareness campaigns, visits and enforcement actions.	Joanne Waller DCC Michael Yeadon /John Benson DCC	
		Improve compliance with smokefree policy on DCC grounds	March 2014 Policy review 2014		Compliance improvement	Kim Jobson DCC	
		Smoke Free Families incorporated into Durham Housing Associations. Identify policies that will support SFF project. Identify 20 staff who require training	Sept 2013		Number of staff trained in SFF	Simon Bartlett DCC	
		Gather intelligence from a variety of sources relating to the existence	none		No. of targeted interventions	Joanne Waller DCC	

		of shisha and water pipe cafes and undertake targeted interventions to ensure compliance with relevant legislation.				Owen Cleugh / Chris Cooper DCC		
	Supporting smokers to stop	Achieve 5066 quitters	Q1 (Sept 13) Q2 (Dec 13) Q3 (March 14) Q4 (June 14)	Quitters Q1 =1215 Q2 =1063 Q3 = 914 Q4 =1874	Dianne Woodall DCC			
		'Stop before the Op' campaign with GPs	September 2013 December 2013 March 2014	Action plan to implement campaign	Darcy Brown CDDFT			
		Review smoking support within Mental Health settings. Pilot one area of TEWV inpatient area	March 2014	Systems in place to support inpatients	Iain Miller CDDFT Jacqui Dyson TEWV			
		Reduce number of women smoking in pregnancy Baseline for CD 2006/7=24% 2012/13 YTD= 19.9%	Sept 2013 (Q1 data 2012/13) Dec 2013 (Q2 data 2012/13) March 2014 (Q3 data 2012/13)	Smoking at time of delivery data Target for 2013/14=20.9%	Anne Holt CDDFT			
		Commission Support for young people within substance misuse settings	March 2014	Pilot project with 4Real service	Dianne Woodall DCC			
		Monitor referrals from partners organisations via brief intervention (BI) training	June 2013 Sept 2013 Dec 2013 March 2013	Number of BI delivered Number of referrals	Iain Miller CDDFT			
	Media, communications, social marketing	Develop a MARCOMS plan to support local, regional and national	June 2013 September 2013 December 2013	No. of Campaigns supported:-	Chris Woodcock Karen Stewart DCC			

		Smoking in the movies. Develop actions to raise awareness e.g. paid smoking ads prior to films depicting smoking in Co Durham cinemas	2013 - 2017	TBC	Dianne Woodall DCC		
		Awareness of Childhood Initiation and tobacco industry recruiting young people		Tobacco control delivered to Local councillors etc	Anna Lynch		
	Reducing availability and supply of tobacco products-licit and illicit and addressing the supply to children	Deliver an intelligence led and targeted enforcement programme to reduce availability and supply of tobacco products to children	Annual enforcement programme March 2014 -	% failure in test purchasing. No of complaints No of enforcement actions	Joanne Waller DCC Owen Cleugh / Chris Cooper		
		Establish links to LMAPs, PACT groups and AAPs to promote data sharing and gather community intelligence concerning illicit, counterfeit, bootlegged and smuggled tobacco products and Deliver staff and community awareness raising through LMAPS, AAP.s and Housing Associations in order to provide the opportunity for increased reporting.	Sept 2013 Dec 2013 March 2014	4 awareness raising messages delivered – one in each Q.	Grahame McArdle DCC		
		Working In partnership and using local, regional and intelligence sources to plan and deliver special operations and	Annual enforcement programme March 2014	No of enforcement actions and quantity of tobacco	DCC / Durham Constabulary / HMRC		

		targeted interventions tackling illicit, counterfeit, bootlegged and smuggled tobacco products. Ensure representation on regional Steering Group concerning Illicit Tobacco	Dates		products seized.	Owen Cleugh / Chris Cooper		
		Actions to Support Tobacco Regulation Ensure partner involvement in lobbying activity when required in response to tobacco regulation issues <ul style="list-style-type: none"> • Standardised packaging • Consultation on E-cigarettes • Support for licensing of tobacco sales • Tobacco Taxation 	March 2014		Feedback to the Alliance	Chris Cooper DCC Owen Cleugh DCC		
	Tobacco Regulation					Dianne Woodall DCC		
	Reduce tobacco promotion	Ensure partner involvement in lobbying activity when required in response to tobacco promotion issues	March 2014 March 2015 March 2016 March 2017			Dianne Woodall DCC		
		Exposure of the Tobacco Industry tactics, how they promote to young people Use local networks/media/ training opportunities			No. of training sessions offer	All Partners		

		Prevent the tobacco industry targeting young people Ensure compliance with tobacco promotions in pubs and clubs	June 2013 March 2014	Include tobacco control measures as part of Best Bar None (BBN) Review Reporting of any non compliance	Carol Feenan DCC Town Centre manager and BBN manager		
	Research, Monitoring and evaluation	Ensure County Durham tobacco Alliance is delivering effectively.	June 2013 Sept 2013 Dec 2013 March 2014	Quarterly reports to Tobacco Control Partnership	Dianne Woodall DCC		
		Health Equity Audit on the Stop Smoking Service	Sept 2013	Audit report produced and circulated	Michael Fleming DCC		
		Develop links with the Community Action Team (CAT) and deliver a community based tobacco control initiative involving a range of partners including statutory, voluntary and community groups	Two year rolling CAT programme covering 11 LMap areas, subject to further review in 2015 Project Initiation Document (PID) and key outcomes TBC in line with Tobacco Alliance Action Plan Feedback / Performance reviewed at end of each 8-10 week area initiative.	No Interventions undertaken Media / Awareness campaigns Enforcement actions / seizures Community intelligence incident reports Smoking cessation service uptake Level of retailer compliance	Dianne Woodall / Joanne Waller DCC Various Partner organisations		
		Track smoking prevalence	March 2014	Integrated Household Survey	Dianne Woodall DCC		

Cabinet

30 October 2013

Durham County Council Public Health
Pledge



Anna Lynch, Director of Public Health, County Durham
Rachael Shimmin, Corporate Director Children and Adults Services
Lucy Hovvells, Portfolio Holder for Safer and Healthier Communities

Purpose of the Report

1. This report presents the Durham County Council Public Health Pledge to Cabinet for approval.

Background

2. Following the Health & Social Care Act 2012, Durham County Council has a new statutory duty to improve the health and wellbeing of the population of County Durham.
3. To demonstrate the commitment of the Council to this new duty the Leader and Portfolio Holder for Safer and Healthier Communities wish to launch a Durham County Council Public Health Pledge (attached at Appendix 2). The wording of this has been agreed in earlier discussions with both the Leader and the Portfolio Holder.

Recommendations

4. Cabinet is requested to:
 - a. Approve the Durham County Council Public Health Pledge
 - b. Recommend the adoption of the pledge by full Council.

Background Papers

Contact: Anna Lynch, Director of Public Health, County Durham

Email: anna.lynch@durham.gov.uk

Tel: 03000 268146

Appendix 1: Implications

Finance

No implications

Staffing

No implications

Risk

No implications

Equality and Diversity / Public Sector Equality Duty

No implications

Accommodation

No implications

Crime and Disorder

No implications

Human Rights

No implications

Consultation

No implications

Procurement

No implications

Disability Issues

No implications

Legal Implications

No implications

DURHAM COUNTY COUNCIL PUBLIC HEALTH PLEDGE

Our Ambition for County Durham

Durham County Council is committed to working with residents across the County to work with them where possible to take ownership of issues that impact on their health and wellbeing. We believe it is simply not acceptable that residents in some of our communities die more than 8 years earlier than residents in other parts of the County. Our ambition is that County Durham residents enjoy good health and wellbeing, equal or better than the average across England.

How will we do this?

The Council is already committed to the Area Action Partnership model of shared planning and community participation and we will build on this in relation to the public health responsibilities that transferred to the Council on 1st April 2013. We will work with these geographical communities and well as our communities of interest and identity, valuing their diversity, building on their strengths and assets and on issues they feel will have the greatest impact on their health and wellbeing. Our way of working will be a co- production between the Council and our communities.

Working Differently

It has long been acknowledged that, factors known as the wider or social determinants of health such as education, income, housing, workplaces, employment etc. have a great impact on the health and wellbeing of our communities. The new public health team will work with members and officers in the Council to ensure that all opportunities to improve health and wellbeing and to reduce health inequalities are taken.

Evidence- based practice

We will ensure that action taken to improve health and wellbeing and to reduce health inequalities is supported by research and best practice and that at the same time we encourage innovative approaches in our communities. We will provide up to date information about the health of our communities and information on ways that health can be improved locally.

Partnership working to improve health and wellbeing

We will work with a range of partner organisations locally, regionally and nationally to galvanise action to improve the health and wellbeing of County Durham residents. This will include the new and existing NHS organisations, local authorities in the North East, our voluntary and community partners, the universities and of course Public Health England, the new national public health organisation that will be supporting and providing professional advice and information to the Council as we work collaboratively to improve health outcomes for our communities.

Strategies to improve health and wellbeing

We will ensure that Council strategies explore opportunities to improve the health and wellbeing of our residents. The County Durham Joint Health and Wellbeing Strategy is our first strategy with a clear vision that makes clear the role of the Council and our partners in working together to improve the health and wellbeing of residents. The current financial challenges for the Council mean that wherever possible, health and wellbeing must demonstrate added value for both the Council, partners and also for our residents. We do believe that everyone has a role to play- health and wellbeing is everybody's business, including individuals and communities as well as the private and voluntary sectors.

Protecting the health of our residents

We will work with experts in Public Health England to ensure that the health of County Durham residents is protected from harm from infectious and communicable diseases. We will ensure that effective immunisations and screening programmes are available to our communities and work with partners to encourage uptake of these highly effective public health programmes.

Who will lead this work?

The Director of Public Health for County Durham and the public health team transferred to the Council on the 1st April 2013 from the NHS. This specialist public health team will ensure the Council develops a clearer understanding of its role in improving health and wellbeing and the actions that can be taken across the organisation to achieve this. The Council will ensure effective use of the public health grant and we will commission services that improve the health and wellbeing of residents. Where it makes sense we will work with our partners across the North East to achieve better health outcomes and be advocates for the health and wellbeing of our residents at every opportunity.

Signed..... Date.....
Leader of the Council

Signed..... Date.....
Portfolio Holder for Safer and Healthier Communities

Cabinet

30 October 2013

Revisions to the Council's Financial Assistance Policy 2011-2014 and Empty Homes Cluster Programme April 2012 to April 2014



Report of Corporate Management Team

Ian Thompson, Corporate Director Regeneration and Economic Development

Councillor Eddie Tomlinson, Cabinet Portfolio Holder for Housing and Rural Issues

Purpose of the Report

- 1 To inform Cabinet of revised arrangements for the delivery of the Department of Communities and Local Government (CLG) and Council capital programme funded Empty Homes Cluster Programme made under paragraph 12 of table C of the Council's constitution (taking urgent action).
- 2 To inform Cabinet of necessary amendments to the Council's Financial Assistance Policy 2011-2014 in order to deliver on the Empty Homes Cluster Programme made under paragraph 12 of table C of the Council's constitution (taking urgent action).

Background

- 3 Cabinet approved proposals for the Empty Homes Cluster Programme on 5 June 2013. The proposal entailed the Council purchasing private sector empty properties in defined "cluster" areas and investing in these and bringing them back into use with partner Registered Providers.
- 4 In 2012 the Council were awarded £2.12m of funding by CLG to be match funded through the Council's capital programme (£1,123,200 in each of 2013/14 and 2014/15) to bring 120 empty properties back into use by March 2014 in the following defined areas:
 - a. Easington Colliery (40 units)
 - b. South West Durham notably Eldon Lane, Coundon Grange, Coundon, Dean Bank and Chilton (55 units), and
 - c. Craghead/South Moor, Stanley (25 units).

- 5 The bid was underpinned by the assessment that it would cost an average of £36,000 to purchase a vacant property. This purchase would be made using equal amounts of CLG and Council capital funds. Additionally it was estimated that an average of £15,000 would be required to bring the property up to Decent Homes Standard. It was envisaged that this funding would be provided by the partner Registered Providers.
- 6 The proposal was for the Council to own the properties and to lease them to Registered Providers for a period of 12 years. Properties would be maintained and managed by the Registered Providers and rented out at an affordable rent of approximately £90 per week. The Council would receive a proportion of the income that could then be recycled into bringing further empty homes back into use.
- 7 To implement the approved approach an expression of interest process was undertaken in May 2013 which targeted all active Registered Providers operating in the County. No expressions of interest were received. Feedback was sought from Registered Providers to see if it would be possible to amend proposals to make them more attractive to Registered Provider partners. Again no expressions of interest were received. Officers are confident that this option has been fully exhausted.
- 8 The Homes and Communities Agency (HCA) oversee the programme on behalf of CLG. A meeting was held with HCA to discuss an alternative way forward. HCA specified that the target of 120 empty homes brought back into use cannot be altered downwards; no additional funding is available and the target areas must remain those detailed in 4 above. HCA also specified that there is no option that we give the funding back to them and that we must have all the funding committed by April 2014. On the other hand, HCA were open to alternative proposals about the approach we adopt to achieve this end and encouraged us to link with Gateshead and Newcastle (two other authorities in receipt of HCA Empty Homes Cluster Programme funding) to consider the approach they had adopted.
- 9 Gateshead Council are offering the owners of empty homes a non means tested grant of £6,000 to improve properties and bring them back into use. The cost of the works required is assessed and the difference between the cost and the grant is counted as match funding by the property owner. Gateshead has brought over 25 properties back into use under the scheme, already exceeding its targets for the two year scheme.
- 10 Newcastle City Council is offering a £2,000 grant coupled with a non means tested interest free repayment loan of up to £15,000. The Council are using Five Lamps (the loan administrator for the North East Regional Loans Scheme, contracted since April 2010) to administer the loans. The Council have brought around 30 homes back into use to date and have another 30 homes in the pipeline.

- 11 The most deliverable option for the Empty Homes Cluster Programme is to work with private landlords and home owners to bring empty homes back into use using grants and loans. Given the delays we have experienced in commencing this essential programme urgent action is required to take the programme forward. HCA have indicated that they expect to see our programme start in October 2013. It is in light of this urgent need that the Council's constitution has been utilised to take "urgent action" in consultation with the Leader of the Council and relevant portfolio holders to get the programme underway and provisions have been made to inform Cabinet of the programme changes at the earliest opportunity.
- 12 In order to deliver the Empty Homes Cluster scheme under these new arrangements amendments have been required to the Council's FAP which have also needed to be affected using the "urgent action" provision in the constitution. The amendments to the FAP also assist more generally with achieving the objectives of its Private Sector Housing Strategy. The following amendments have been made to the Council's FAP:
- a. To introduce a non means tested interest free repayment loan of up to a maximum of £15,000 for a fixed term up to a maximum of 5 years in the designated Empty Homes Cluster Programme areas. (It should be noted that the FAP will offer scope for the maximum loan to be increased to £35,000 and the repayment period to be extended to 15 years to cater for future eventualities should new needs be identified) To offer a grant of up to £5,000 to enable empty properties in Empty Homes Cluster Programme areas to be brought back into use. (It should be noted that the FAP will offer scope for this grant to be increased to £8,000 to provide additional flexibility should the need arise).
- 13 It is proposed that approximately 70% of the total funding available in each of the two years (£3,056,480) is earmarked for grants and loans with the Housing Regeneration Project Managers for each of the cluster areas being left with a pot of money to be able to address other issues deemed to be contributing to low demand. This is because issues of low demand are not only linked to property standards but often to the wider environment and it is critical that local stakeholders have ownership of the cluster area regeneration initiatives and have the means to collectively decide key actions that will generate local housing demand on an area by area basis. Activities might include improving green spaces, creating additional car parking spaces, or dealing with fly tipping and accumulations of rubbish in gardens and yards.
- 14 The majority of funding will be used to issue loans and will therefore be recycled. Strict grant and loan conditions will be drawn up to ensure that homeowners complete required refurbishment works and bring their properties into occupation. The loans will be secured by placing a land charge on the properties. Five Lamps will administer the loans on our behalf. They have an excellent track record and of the loans they have

administered on our behalf since 2010 not a single household has defaulted on loan repayments. Five Lamps contract is due to end in March next year but the North East Loans Partnership has determined to extend the contract for another year.

- 15 Even in the unlikely event that owners and landlords all opt for the maximum £15,000 loan in addition to the £5,000 grant 152 properties will be brought back into use versus 120 properties under the old proposal. Furthermore the funding retained for related regeneration activity in the cluster areas will have a further positive impact on housing demand. Whilst the recycling element of the programme is very important, the overriding concern is that the programme is successful is increasing housing demand (reducing levels of empty homes) in the identified cluster areas. Officers feel confident that the new arrangements maximise chances of delivering successful programmes in each of the cluster areas.
- 16 There are several other benefits that the revised arrangements have over the original proposals notably:
- a. Under the old scheme properties were brought back into use for social rent meaning that the rented sector would be the dominant sector in the cluster areas. Under the new arrangements incentives can be provided to encourage owner occupation and provide a more sustainable tenure mix;
 - b. Government is placing great emphasis on building partnerships with the private rented sector and in doing so raising standards. There are a number of large scale private landlords that are keen to work with us in the cluster areas;
 - c. Funding will be recycled more quickly under the new arrangements;
 - d. The new arrangements are easier and more cost effective to administer (using Five Lamps to administer loans as opposed to property purchase and lease) ; and
 - e. Greater leverage of funding from the private sector will be realised under the new arrangements.
- 17 The changes to the delivery of the Empty Homes Cluster Programme and resultant required changes to the FAP accord with a wider review that has been undertaken of the effectiveness of the Council's FAP that is included as Appendix 2 to this report.

Recommendations and reasons

- 18 That Cabinet notes amendments to the delivery arrangements for the Empty Homes Cluster Programme that involve administering a combination of grants and loans to owners of empty homes in defined "cluster" areas.

- 19 That Cabinet endorses necessary amendments to the Council's Financial Assistance Policy in order to deliver the Empty Homes Cluster Programme and more widely on the key objectives of the Council's Private Sector Housing Strategy.

Background Papers

- 20 Empty Homes Cluster Programme Cabinet Report - 5 June 2013

Contact: Richard Roddam Tel: 265258

Appendix 1: Implications

Finance -

The CLG monies cannot be paid back, but the Council risks considerable reputational damage if it fails to deliver the programme. There may also be a negative impact on future funding bids to the CLG.

Staffing -

The programme will be delivered by existing staff teams notably the area-based housing regeneration teams and the Housing Improvement Team (HIT)

Risk -

The CLG programme funds need to be spent within the prescribed timescale. Should this be delivered the Council risks incurring reputational damage that may affect our ability to bid successfully for future CLG funding programmes.

Equality and Diversity / Public Sector Equality Duty -

None.

Accommodation –

None.

Crime and Disorder -

Reduction of crime and anti-social behaviour in “cluster areas” due to a decrease in the number of vacant properties blighting areas.

Human Rights -

None.

Consultation –

Cluster programmes will be delivered in consultation with local stakeholders.

Procurement -

None, utilising an existing contract with Five Lamps to administer loans.

Disability Issues –

None.

Legal Implications –

Proposals involve placing land charges on properties but this is something we have done since 2010 when we began issuing loans. Five Lamps will deal with any default on loans payments as they have done since 2010. There is a small chance that some of the funding not placed in the grants and loans pot may be used to acquire and repair a property. The Housing Regeneration team have in-depth experience of this activity in relation to existing regeneration proposals. The Local Government Act 1972: General Disposal Consent (England) 2003 removes the need for a local authority to seek specific consent from the Deputy Prime Minister and First Secretary of State, for any disposal of land which the authority considers 'will help it to secure the promotion or improvement of the

economic, social or environmental well-being of its area', where the difference between the unrestricted value of the interest to be disposed of and the consideration accepted (the undervalue) is two million pounds or less. The proposal within this report addresses the needs for social housing within the area. The provision of such housing to meet current lack of suitable accommodation across the county is aligned to the Council's sustainable communities strategy.

Appendix 2: Review of the Council's Financial Assistance Policy

The newly forming Durham County Council approved its first FAP on 5 February 2009. The three key objectives of the policy were:

- a. To improve and maintain healthy living conditions within private sector housing, specifically helping homeowners on limited incomes to repair, improve or adapt their properties and so facilitate independent living;
- b. To contribute to the regeneration of areas suffering from market vulnerability, and to tackle poor housing conditions in areas where these may contribute to neighbourhood decline; and
- c. To encourage owners to undertake works that will make their homes more energy efficient and to reduce the numbers of people affected by fuel poverty.

The Council's 2009 FAP was devised to be in line with an emerging North East Regional FAP and Regional Loans Partnership being developed by the then North East Housing Board. The key aim of the thirteen North East Council's in the Partnership was, wherever possible, to move from a grants to a loans regime. The loans scheme became operational in 2010. All thirteen North East local authorities participate in the scheme. Five Lamps were contracted by the partnership in April 2010 to administer loans products on behalf of the authorities following an open tender process.

The scheme provided for three loan products as follows:

- a. Capital and interest repayment loan;
- b. Equity loan, and
- c. Interest free loan (repaid only when ownership of the property changes).

From the start of the scheme in April 2010 to March 2011 the Council processed 57 loans but none of these were in housing regeneration areas or resulted in empty homes being brought back into use.

The Council's Private Sector Housing Strategy 2011 – 2015 was approved by Cabinet in September 2011. It has five stated key priorities of:

- a. Area based regeneration;
- b. Meeting the needs of vulnerable people / improving and adapting properties;
- c. Improving management practices and stock condition in the private rented sector;
- d. Bringing empty homes back into use, and

e. Making properties more energy efficient.

The Council's Strategy is to focus on geographical areas with the worst concentrations of housing problems including high numbers of empty properties and a high proportion of housing in the private rented sector. In addition, there is also a focus on meeting the needs of vulnerable people across the whole of the county through the provision of an advice, repairs and adaptations service supported by the provision of grants and loans.

Within the County these areas with the worst concentrations of housing problems are typically former coalfield areas. Given that just over 50% of the total housing stock in County Durham is classified as former coalfield housing this represents a major challenge for the Council.

In July 2011 the first periodic review of the Council's FAP was undertaken in light of the Council's emerging Private Sector Housing Strategy and poor performance in bringing empty homes back into use in housing regeneration areas.

In accordance with legal advice at that time changes to the 2009 FAP were adopted by the Corporate Director of RED and the portfolio holder for Economic Regeneration using delegated powers. Amendments did not include any changes to the existing loan types, eligibility or conditions but loans were made available to owners of privately rented properties within defined housing regeneration areas and a clause was inserted into the FAP that "the landlord must satisfy the council that robust management practices and procedures are in place and are maintained until the loan is repaid".

In spite of the revisions to the FAP in 2011 performance in bringing empty homes in housing regeneration areas via a loans regime has continued to be very poor. Whilst a total of 63 loans were given in 2011/12 and 46 in 2012/13 less than ten of these loans have been issued to households in priority regeneration areas or to the owners of empty homes, despite there being key performance indicators in place to monitor performance in these areas. Progress in 2013/14 has been slow with only two loans approved between April and July. Indeed the FAP has not been a successful mechanism in meeting four of the five objectives of the Council's Housing Strategy with the only exception being "meeting the needs of vulnerable people / improving and adapting properties".

Therefore in July 2013 another periodic review of the FAP was undertaken by the Housing Regeneration team. As with the 2011 review the focus was again to ensure that the FAP was adequately aligned with the Council's Private Sector Housing Strategy 2011 – 2015 in order to ensure that the Council is targeting its resources where it has deemed they are most needed. Based on a review of past performance and progress in other authorities it was deemed necessary to introduce new grants and loans products in order to deliver on all five objectives of the Strategy.

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Cabinet

30 October 2013



Safeguarding Adults Board Annual Report

**Report of Corporate Management Team
Report of Rachael Shimmin, Corporate Director, Children & Adults
Services,
Councillor Morris Nicholls, Portfolio Holder for Adult Services**

SUBJECT OF REPORT

1. To present the County Durham Safeguarding Adults Board Annual Report for 2012/13.

PURPOSE OF REPORT

2. The report is to provide information about the current position of the County Durham Safeguarding Adults Board (SAB) achievements in 2012/13 and plans for 2013/14.

BACKGROUND

Safeguarding in its current context

3. Ongoing financial challenges facing Public Sector organisations have impacted on the operating environment for both Durham County Council and its partner agencies. Despite this it is encouraging to note that membership and commitment to the SAB has not diminished and in line with current moves to transform services and the way we work, its work continues to move forward and achieve positive outcomes for vulnerable service users.
4. The Care Bill, due to be implemented in 2015, places SAB's on a statutory footing. This will give the Board a clear basis in law for the first time and will strengthen the existing arrangements that have been in place in County Durham for several years. The Bill requires the police and NHS to remain as members and for a safeguarding plan and annual report of that plan to be published. It will also strengthen the local authority's position in making enquiries when responding to concerns about abuse and neglect as it will require organisations to share information and to contribute to Safeguarding Adults Reviews to learn lessons in the most serious cases.
5. Safeguarding referrals have stabilised following an 88% rise the previous year in line with national trends. The introduction of the new alert classification has meant that a sizeable number of referrals that do not require the procedures to be invoked are now addressed in a more direct manner by care co-ordination and social work as part of routine case work. The annual safeguarding audit

has again revealed a continued steady improvement in recording and decision making practices.

ACHIEVEMENTS DURING THE YEAR 2012 / 13

6. The Board has continued to drive practice improvements throughout the year. There has been a major reformatting of the Policy and Procedures with a view to making them more 'user friendly' and easier to navigate.
7. The new Risk Threshold Tool has been embedded into practice. Links have been forged with the Prison Service with a view to introducing more formal safeguarding processes for prison establishments and there has been considerable engagement with the two Clinical Commissioning Groups in County Durham.
8. The Safeguarding Adults Board has built on the success of the two previous regional radio campaigns by running a County Durham based campaign over a ten week period. Social Care Direct has since found reference being made to the campaign when members of the public are making referrals.
9. A volunteer has been recruited to assist in awareness events and to obtain views about safeguarding adults processes from service users and carers. The Communication and Engagement Sub Group has also been successful in securing representation from the People's Parliament to bring a service user perspective to the group.
10. The merger of the Communications & Engagement and Training Sub Groups functions has enabled more efficient use of participants' time and has eliminated duplication that was evident between the two groups previously.
11. For the second year running the attendance at SAB training events has been in excess of 5,000 participants and there has been greater engagement from NHS organisations in its delivery.
12. We have continued to monitor key milestones in the safeguarding process, maintaining percentage targets for initial strategies and investigations. In addition to this there has been a focus on repeat referrals with a view to identifying root causes and improving safeguarding responses.
13. Significant improvements have been made in obtaining user/carer feedback. Two pilot surveys have been introduced, one in collaboration with the Adult Care exit survey and the other as a stand-alone survey asking specific questions regarding the safeguarding process. Both have produced some positive results. Both surveys will be subject to continuous improvement and refinement and outcomes will be reviewed by the Board on a 6 monthly basis.

KEY ACTIONS FOR 2013 / 2014

14. There are a number of initiatives that the Safeguarding Adults Board will take forward in the coming year. Following a major reformatting of the policy and procedures, there will be consultation with key partners prior to publication to ensure that they are fit for purpose. We also plan to develop a tripartite agreement with Local Authority, Police and the Crown Prosecutions Service to provide a witness support, preparation and profiling protocol. There will be

work undertaken to improve the use of the NHS Safeguard Incident Reporting and Management System (SIRMS) as well as monitoring of local progress and actions in relation to Winterbourne View and mid Staffordshire NHS Trust reviews. Preparation for the implementation of the Care Bill will also commence.

15. There will be a continued focus on the promotion of adult safeguarding in the community and the development of awareness sessions for the Clinical Commissioning Group (CCG) Governing Bodies to identify corporate responsibilities in relation to adult and children's safeguarding. Collaboration is also planned with local universities to ensure student nurses have experience of working with the CCG safeguarding team and the development of a training package to support the introduction of witness support, preparation and profiling for vulnerable witnesses.

PERSPECTIVES OF THE KEY PARTNERS

16. The key partners on the Safeguarding Adults Board have continued to develop their systems and practices to ensure that they fulfil their obligation and demonstrate their commitment to safeguarding adults.

CONCLUSION

17. As the profile of safeguarding adults has risen, so has the demand. The Safeguarding Adults Board has continued to provide a comprehensive service to the people of County Durham in a challenging financial climate that has impacted on all of the partner agencies. The improvements that we have made to the service this year will continue into next year with a greater focus on prevention and early intervention.

RECOMMENDATIONS

18. It is recommended that Cabinet:
 - a) Receive the annual report and note the ongoing developments achieved in this important area of work.

Contact: Lesley Jeavons, Head of Adult Care, Children and Adults Service
Tel: 03000 267356

Appendix 1: Implications

Finance - Ongoing pressure on public service finance will challenge all agencies to consider how best to respond to the safeguarding agenda.

Staffing - The Safeguarding Lead Officer team is now in place and there is continuous evaluation taking place as to how they are coping with the high volume of referrals. The introduction of a new 'Risk Threshold' tool has seen a number of low level referrals reclassified as alerts which has seen a number of reports diverted away for the lead officer team to more standard care coordination and care management.

Risk – Ongoing funding contributions are required from multi agency partners to ensure safeguarding interventions continue to be effective.

Equality and Diversity / Public Sector Equality Duty - Adult safeguarding is intrinsically linked and this is covered in the SAB policy and procedures

Accommodation – No pertinent issues

Crime and Disorder - Adult safeguarding is intrinsically linked and this is covered in the SAB policy and procedures.

Human Rights – Adult safeguarding is intrinsically linked and this is covered in the SAB policy and procedures.

Consultation - Report available for all partner agencies and members of the public.

Procurement – No pertinent issues.

Disability Issues – The needs of disabled people are reflected within the SAB policy and procedures.

Legal Implications – The draft Care and Support Bill (July 2013) identifies new operational requirements for Safeguarding Adults Boards.



County Durham
SAFEGUARDING ADULTS
INTER-AGENCY PARTNERSHIP

Annual Report **2012/13**

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**Foreword from Lesley Jeavons, Chair,
County Durham Safeguarding Adults Board**

Welcome to the fifth annual multi agency safeguarding report.

Once again as I reflect upon our activities as a partnership over the last 12 months I am pleased to note that despite diminishing resources and increased demand across public services, we have continued to achieve our performance targets and development milestones, so evidencing that safeguarding remains a priority for us all.

One of my recent observations of the Board is that it has grown in confidence and maturity with a high level of commitment that is evident from Board representatives on behalf of their organisations. This has been further strengthened by the presence of senior NHS representatives from both of the newly formed clinical commissioning groups and NHS England's - Local Area Team. This reinforces the key role that the NHS plays in preventing and responding to abuse and also places the Board in a strong position to respond to Government policy and guidance.

The financial climate that exists both nationally and locally will continue to present a challenge to the partnership as demand for service from the public increases and pressures on partner agencies combine. I have no doubt that the County Durham Safeguarding Adults Board will continue to strive to improve safeguarding arrangements against this difficult background.

We know that more substantial change is needed to secure the sustainability of the health and social care system over time in the context of increasing demand for care and the growing complexity of needs.

The Government's White Paper *Caring for our future: reforming care and support* (July 2012), set out a long-term programme to reform care and support. At the centre of the White Paper was a vision for a modern system that promotes people's well-being by enabling them to prevent and postpone the need for care and support, and puts them in control of their lives so that they can pursue opportunities including education and employment, to realise their potential. The forthcoming Care Bill, placed before Parliament in May 2013 is a crucial step in delivering that vision. The implementation of the Bill will have far reaching consequences for all agencies that support and care for vulnerable adults, particularly in relation to care standards and the first ever statutory framework for adult safeguarding.

This will require us to focus much more on prevention and early intervention in the context of safeguarding. As a multi-agency partnership we will need assurance of the following:-

- That people are informed of their rights to be free from abuse and supported to exercise these rights, including access to advocacy.
- There exists a well trained workforce operating in a culture of zero tolerance of abuse.
- That good universal services, such as community safety services are available.
- Needs and positive risk assessment processes are evident that inform people's choices.
- Services are available that prioritise both safeguarding and independence.
- A range of options for support are available to keep people safe from abuse.
- The profile of safeguarding encourages public awareness of the issue.

As always, I am reassured that the partnership will continue to work hard to deliver these changes and to make safeguarding systems as responsive and effective as they can be.

Finally I would like to thank the many professionals and volunteers who work across a wide section of organisations who, on a daily basis, make a positive contribution to the safeguarding of vulnerable adults in County Durham. I am confident that safeguarding arrangements in County Durham continue to move in the right direction whilst not underestimating the size and complexity of the challenges ahead.

A handwritten signature in black ink, appearing to read 'L. Jeavons'.

Lesley Jeavons
Head of Adult Care
Chair of County Durham Safeguarding Adults Board

Introduction

This annual report covers the key achievements and developments that have taken place during 2012/13

There are well established multi-agency safeguarding arrangements in County Durham that were developed in response to the 'No Secrets' guidance in 2000 and the Association of Directors of Adult Social Services ADASS National Framework of Standards.

There is a commitment from Durham County Council as the lead agency and its partner organisations to protect adults at risk from abuse and neglect, whether it is in their own home, in the community or whilst in receipt of services such as in care homes or hospitals.

The Safeguarding Adults Board (SAB) governs how safeguarding is delivered. It's work is based on the annual Business Plan and it is supported in that role by three sub groups that focus on specific areas of business, namely, Policy and Practice, Performance and Quality, Communications, Engagement and Training.

Main Aims of the Board

The main aims of the Board are:-

- To safeguard and promote the welfare of adults at risk in County Durham through inter-agency collaboration.
- To co-ordinate the safeguarding activity undertaken by each organisation represented on the Board.
- To ensure the effectiveness of what is delivered by each organisation for that purpose.
- To promote public confidence in safeguarding systems and ensuring human rights are balanced with protecting the public from harm.
- To understand the nature of adult abuse and foster strategies that reduces incidence and effect.
- To give strategic direction to partner agencies and organisations across County Durham in relation to safeguarding activity.

(Taken from the SAB Terms of Reference)

Strategic Overview of Safeguarding Adults

The Safeguarding Adults Board has continued to make improvements throughout the year. There has been a major reformatting of the Policy and Procedures with a view to making it more 'user friendly' and easier to navigate.

The new Risk Threshold Tool has been embedded into practice. Links have been forged with the Prison Service with a view to introducing more formal safeguarding processes for Prison establishments and there has been a great deal of effort in engaging with the two CCGs for the area.

The Safeguarding Adults Board has built on the success of the two previous regional radio campaigns by running a County Durham based campaign over a ten week period. We are now finding that reference is being made to the campaign when people are making referrals to Social Care Direct.

We now have our first volunteer who will assist in awareness events and obtain survey information from service users and carers. The Communication and Engagement Sub Group has also been successful in securing representation from the People's Parliament, which will bring some much needed insight to the Sub Group regarding service users' perspectives.

The Communications & Engagement and Training Sub Groups have merged functions to become the newly formed Communications & Engagement/Training Sub Group.

For the second year running the attendance at SAB training events has been in excess of 5,000 participants and there has been greater engagement from all organisations in its delivery.

We have continued to monitor key milestones in the safeguarding process maintaining percentage targets for initial strategies and investigations. In addition to this there has been a focus on 'Repeat Referrals' with a view to identifying root cause and improving safeguarding responses.

Significant improvements have been made in obtaining user/carer feedback. Two pilot surveys have been introduced, one in collaboration with a local authority exit survey and the other as a stand-alone survey asking specific questions regarding the safeguarding process, both have produced some positive results. Both surveys will be subject to continuous improvement and refinement.

Regional Perspective

The SAB has continued with its commitment to support regional improvement through the sharing of good practice as part of its work with the Regional ADASS network group.

The group has reformed with new terms of reference and has devised a work plan focusing on six main areas.

These are;

Partnership & accountability, user engagement and participation, prevention interface with community safety, performance data, quality and learning lessons from Winterbourne View.

Safeguarding Adults in County Durham

In order to fully appreciate the on-going priority that is given to safeguarding adults consideration should be given to the context of economic challenges faced by public sector organisations. Durham County Council Adult Services are facing a £60 million reduction in funding over the period 2011 to 2015, and this has resulted in services needing to undergo major transitional change. Staffing levels in Durham Constabulary have dropped by 300 posts recently and with further cuts in government grants it is expected that staffing levels will drop further. Despite the difficult operating environment faced by public services partners of the SAB have maintained their dedicated safeguarding adults personnel. The NHS has seen the introduction of Clinical Commissioning Groups, which has resulted in major changes in the way that services are delivered. The above are just some of the challenges that partner agencies are facing whilst still providing services that are fit for purpose and continue to meet public demand.

Safeguarding Operations

Safeguarding referrals have stabilised (see Table 1) following an 88% rise the previous year in line with national trends. The introduction of the new alert classification has meant that a sizeable number of those referrals that do not require a safeguarding response and are now addressed in a more direct manner by care co-ordination and social work as part of routine case work. The annual safeguarding audit has again revealed a continued steady improvement in recording practices.

The Safeguarding Lead Officer team (SLO) has taken on the additional responsibility of referrals for all hospitals including mental health units and learning disabilities establishments.

Deprivation of Liberty Safeguards (DOLS)

The Deprivation of Liberty Safeguards (DOLS) came into force in April 2009. Since then Durham County Council has received year on year an increasing number of applications from care homes. Initially there were 83 applications, and this has risen to 166 in the year 2012-13.

Since 1st April 2013 the duties in respect of DOLS which were formerly the PCT's were transferred to Local Authorities who are now responsible for completing DOLS assessments and issuing authorisations in hospitals as well as care homes. In County Durham interim arrangements were in place from October 2012 to support this transition. We are working with County Durham & Darlington Foundation Trust's (CDDFT's) Mental Capacity Act and DOLS lead to ensure compliance with the Mental Capacity Act within County Durham.

There are currently 19 qualified best interest assessors (BIAs) to carry out these assessments who have completed the necessary training and refresher training.

Transformational Change

Durham County Council Adult Care services have recognised the need to reflect on operational activity in light of the changing landscape of demand and resource management

in public services. As a consequence the service is embarking upon a major cultural change project. This will involve;

- working with partner agencies to focus on the preventative agenda.
- supporting the development of voluntary and community sector resources to support people who have social care needs.
- promoting use of community resources rather than formal social care provision
- supporting carers and informal care networks.
- making better use of rehabilitation, reablement and recovery models to prevent long-term dependence on formal services.

In the future, adult services' resources will be targeted at those most in need once the above options have been explored.

A planned programme of transformational change is underway with Adult Services staff to change working culture, and a co-ordinated marketing plan is being rolled out to include members of the public, partners and other key stakeholders.

Clinical Commissioning Groups

Clinical Commissioning Groups (CCGs), led by local GPs and other health professionals, have assumed NHS management responsibilities from Primary Care Trusts for the planning and purchasing (commissioning) of local health services for local populations. The creation of clinical commissioning groups is one of the changes to the NHS in the Health and Social Care Bill 2012. It gives local GPs greater opportunity to use their knowledge about services and patients to make changes and to develop services that meet patient need.

There are two Clinical Commissioning Groups that operate in County Durham, which assumed responsibility for the commissioning of health services from 1st April 2013; the North Durham CCG, which has responsibility for Derwentside, Durham and Chester-le-Street, and which is comprised of thirty one GP practices; and the Durham Dales, Easington and Sedgefield (DDES) CCG, which is made up of forty one member GP practices. They have responsibility for maintaining and improving local health services for a population of approximately 530,000 people and have a combined budget of some £720 million. Both CCGs have set priorities for the coming year and have formed strong links with the Health and Wellbeing Board and the County Council. As part of their annual planning for 2013/14 they will consult with Durham County Council to review and identify areas of joint commissioning that support and align to the final health and wellbeing strategy. The CCGs have formed strong links with the Safeguarding Adults Board and have reciprocal Board representation.

The Safeguarding Adults Board and Sub Group Objectives

The Safeguarding Adults Board has the following key objectives:

- To establish and maintain an effective, accountable county-wide Safeguarding Adults Board.
- To establish robust governance and accountability arrangements.
- To make strategic decisions concerning the development of key processes and systems.
- To create a sub group structure to support the Board's activity and agree resources and sub groups.
- To agree business planning and reporting mechanisms.

The Board is comprised of senior representatives from the following Agencies:

- Durham County Council, Children & Adults Services
- Clinical Commissioning Groups
- NHS England
- Tees, Esk & Wear Valleys NHS Foundation Trust
- County Durham & Darlington NHS Foundation Trust
- Durham Constabulary
- Prison Service
- National Probation Service
- Care Quality Commission
- Age UK County Durham
- Victim Support

The four Sub Groups of the Safeguarding Adults Board meet four times per year. They carry out much of the development work on behalf of the Board and during the past year have achieved the following key objectives;

- **Policy and Practice** – Established a Safeguarding Operations framework for Clinical Commissioning Groups.
- **Performance & Quality** – Maintained performance compliance levels of referral to strategy timescales and the completion of investigation timescales.
- **Communications & Engagement** – Updated safeguarding communications materials in respect of feedback received from service users and carer.
- **Training** – Created an infrastructure to support accredited training.

Reporting and Interface Arrangements

The Board has interface arrangements with a number of organisational management teams across the council and partner agencies. There are also connections to a number of multi-agency partnership groups such as the Local Safeguarding Children Board and the Safe Durham Partnership.

For a diagram of the multi-agency interface arrangements see Appendix 1.

Working with the Local Safeguarding Children Board (LSCB)

Strong links continue to be maintained between SAB and the LSCB with the chair of the SAB being a member of the LSCB and the Head of Children's Care services sitting on the SAB. The appointment of a Corporate Director of Children and Adults Services, who also attends both Boards, has further strengthened these links. Training opportunities are well established for both safeguarding boards and in 2012 training leads began exploring areas of joint interest with a view to developing a more co-ordinated approach to training delivery.

Links to the Vulnerability Thematic Group

The Chair of the Safeguarding Adults Board continues to chair the Vulnerability Group, the thematic sub group of the Safe Durham Partnership. The purpose of the group is to improve public confidence, improve the safety of vulnerable people and reduce incidents of the most serious harm.

Links to Domestic Abuse

Domestic abuse continues to be a significant issue in County Durham and structural arrangements are in place to deal with this issue through the Safe Durham Partnership. This partnership consists of the County Council, Police, Fire and Rescue, Probation and NHS who all work together to tackle crime, disorder and other anti-social behaviour. As well as ensuring support is available to both victims and perpetrators; the Partnership also has statutory responsibility for carrying out Domestic Homicide Reviews.

Key Milestones Achieved: April 2012 – March 2013

The following key milestones have been achieved by the Board's thematic sub groups:

Performance and Quality

- October 2012 Continuous monitoring of the impact of implementing revised threshold through the quarterly analysis of referrals and alerts to ensure that concerns are dealt with in the most appropriate way.
- December 2012 The Local Adult Social Care Survey was adapted from April 2012 to benchmark the views of victims against those of general service users.
- Safeguarding survey piloted and agreed for assuring customer satisfaction in relation to the safeguarding investigation process.
- March 2013 Performance compliance levels in respect of referral to strategy timescales (90%) and completion of investigation timescales (75% compliance) received quarterly scrutiny and were maintained above compliance levels.
- A reduction of incidents of repeat safeguarding adults referrals has been achieved by monitoring victim data and adopting early intervention principles.
- Quarterly reviews of performance volume, trends and compliance for scrutiny and discussion carried out at each performance subgroup meeting.

Policy and Practice

- July 2012 Interface agreements reached with the Probation Service.
- The Prison Service engaged with the SAB to look at practical ways for the prison service to introduce stand-alone safeguarding processes within each of their establishments.
- August 2012 A Safeguarding Operations framework for CCGs produced and endorsed by the CCG.
- September 2012 A review of the remit of the dedicated Lead Officer team and their criteria for intervention undertaken resulting in the remit of the team being extended to include those in hospital and those receiving continuous health care funding.
- October 2012 Revised threshold tool introduced in April 2012 was fully evaluated and rolled out across all agencies.
- A medication audit on all contracted domiciliary care providers was conducted resulting in an action plan that has been embedded into the contract monitoring process.
- March 2013 Established strategic links between SAB and CCGs.

Communications and Engagement

- September 2012 Safeguarding communications materials were updated as a result of feedback received from service users and carers.
- November 2012 A number of briefing sessions were undertaken to promote safeguarding in the CCGs and GP surgeries.
- December 2012 Safeguarding Practice Officers engaged with care homes to raise awareness of financial abuse and have issued reminders regarding their obligations to act promptly when fees not paid.

Engagement

- August 2012 Engagement took place with carers' services to increase awareness in relation to harm reduction.
- December 2012 Collaborative work with People's Parliament and older persons' groups regarding the scrutiny of safeguarding literature. Representation achieved from the People's Parliament at sub group meetings.
- December 2012 Community Safety representation established on the subgroup.

Training

- July 2012 Infrastructure established to support accredited training. Formal arrangements with partner agencies put in place and the Local Authority Learning and Development section to agree to assist with delivery and administration of the modules.
- October 2012 Local Authority staff targeted by the Learning and Development department with a view to completing levels 1 and 2 safeguarding training in a 3 year time span.
- December 2012 Safeguarding workbook made available on the New College Durham Network to all students and lecturers. Workbooks made available to other colleges in the region.
- March 2013 Promotional materials developed and approved to promote safeguarding training for CCGs at development days.
- March 2013 Accredited training made available to regional LAs at both undergraduate and degree level (levels 4 & 6) and training information shared with the North East Regional ADASS group.

Key Actions: April 2013 - March 2014

The following is a summary of the key actions planned for the partnership in 2013/14. These actions reflect the core business of the Safeguarding Adults Board's thematic sub groups. The Board provides governance in overseeing the progress of the sub groups and in making key decisions and providing strategic direction. Our Business Plan describes these actions in more detail. A copy of the Business Plan 2013/14 can be made available on request by contacting the Safeguarding and Practice Development Manager. Please see contact details at the back of this document.

Policy and Practice

- Ensure compliance of Governance arrangements following the implementation of the Care & Support Bill.
- Develop a tripartite agreement with Local Authority, police and the Crown Prosecutions Service to provide a witness support, preparation and profiling protocol.
- Conduct a review of all CCG policies relating to adult safeguarding and ensure that they are embedded into practice.
- Further develop the use of the NHS Safeguard Incident Reporting and Management System (SIRMS) and establish a clear interface with local multi-agency adult safeguarding procedures.
- Ensure all NHS provider contracts have robust safeguarding and safe recruitment clauses.
- Implement the key lessons learned from Winterbourne View and mid Staffordshire NHS Trust reviews.
- Work with the Prison Service to develop adults' safeguarding procedures for Prison establishments in County Durham.
- Complete a health check on safeguarding in County Durham based on 'ADASS advice and guidance (March 2013)' report.
- Undertake medication audit on all Supported Living providers in conjunction with the CCG Safeguarding Unit and the Council Commissioning Service.
- Carry out consultation and perform a final review of the draft policy and procedures prior to publication on the internet.
- Examine lessons learned identified by safeguarding investigations with a view to reviewing and developing standards accordingly.

Performance and Quality

- Review and modify the SAB performance framework in response to new operational reporting requirements.
- Ensure compliance in respect of performance targets for referral to strategy timescales, completion of investigation timescales and repeat safeguarding adults referrals.
- Further develop bi annual confidential user survey regarding their safeguarding experiences.
- Explore the possibility of sharing and developing performance information on a regional basis.
- CCGs to develop a Performance Management Framework for commissioned service providers.

- Monitor the use of the intermediary scheme.
- Fully establish the newly created SAB annual performance data set across Statutory Partners.
- Ensure adult safeguarding processes are embedded across the health economy during quality monitoring visits.
- Undertake a review of CDDFT incident reports to compare against low level of reporting of Safeguarding concerns to Social Care Direct.

Communications & Engagement

- Update safeguarding communications materials in respect of the feedback received from service user and carer consultation
- Promote Adult Safeguarding in the community.
- Review and update safeguarding communications materials in April each year.
- Further promote adult safeguarding in Clinical Commissioning Groups and GP practices.

Training

- Further develop promotional materials to promote Adult Safeguarding training for the CCGs.
- Work with LSCB to promote awareness of sexual abuse and exploitation.
- Work with local universities to ensure student nurses have experience of working with the CCG safeguarding team.
- Develop awareness sessions for the CCG Governing Body to identify corporate responsibilities in relation to adult and children's safeguarding.
- Develop a training package to support the introduction of witness support, preparation and profiling for vulnerable witnesses.
- Develop greater involvement from partner agencies in the core delivery of training.

Perspectives of Key Partners

The perspective of Durham County Council is reflected throughout this document as the lead agency. The following represents a brief summary of the developments that have taken place within the other key safeguarding adults partnership organisations.

Durham Constabulary

Durham Constabulary continues to be one of the few in the country that has a dedicated Adult Abuse Investigation Team staffed by detectives who carry out investigation into all offences committed against vulnerable adults by persons in a position of trust. The officers within the team work closely with Integrated Team Managers, dedicated Lead Officers and other partners to investigate allegations of abuse and have built up considerable expertise in adult protection.

The force focus for the coming year in respect of vulnerable adults is for all officers and staff to have a raised awareness and understanding of mental ill health. This work is on-going with the local Mental Health Trust (TEWV) and by the end of 2013 every officer will have completed an award winning on-line mental health training package.

In addition, TEWV and Adult Services have joined the Multi-Agency Team (Central Referral Unit) based at Headquarters which considers every referral from front line uniform staff regarding vulnerable persons. This ensures a holistic approach by the agencies based on sharing information to identify the best response.

Tees, Esk & Wear Valleys NHS Foundation Trust

Tees Esk and Wear Valleys NHS Foundation Trust remains committed to the Safeguarding Adults Board and sub group arrangements and throughout 2012/2013 has continued to support the Board in achieving its key business planning priorities.

Safeguarding Adults is identified as one of the Trust's strategic objectives and the Trust's Safeguarding Adults Steering Group meets quarterly to ensure that systems and processes are in place to safeguard and promote the welfare of all adults within our service. This contributes to the achievement of the Trust objectives of safety and quality of our services and supports the implementation of multi-agency safeguarding adults arrangements. The group is chaired by the Nursing & Governance Director responsible for safeguarding and reports to the Trust Quality Assurance Group.

Key priority areas for 2012/2013 have included the development of safeguarding audit tools to provide assurances of compliance in relation to safeguarding policy and procedures; the development of internal intermediate level training to support the multi-agency arrangements to ensure staff have the appropriate safeguarding knowledge and skills to support multi-agency procedures. All staff now have their safeguarding responsibilities clearly identified within their job descriptions.

County Durham and Darlington NHS Foundation Trust

The NHS is accountable to patients for their safety and wellbeing through delivering high-quality care. This duty is underpinned by the NHS constitution that all providers of the NHS services are legally obliged to take account of.

County Durham and Darlington NHS Foundation Trust (CDDFT) continue to be fully committed to the Safeguarding Adults Partnership. The Associate Director of Nursing (Patient Experience and Safeguarding) is a member of the Safeguarding Adult Board and the Safeguarding Adult Lead deputises. The Safeguarding Adults Lead is also an active member of the Partnership Board's sub group arrangements.

During 2012/13 the Trust's internal Safeguarding group has continued to meet bi-monthly and is chaired by the Associate Director of Nursing (Patient Experience and Safeguarding); members include representation from all care groups, safeguarding adults lead, safeguarding children's lead, looked after children team, training, named and designated professionals. The group oversees safeguarding activity within the Trust, shares information, monitors action plans in response to serious case reviews, domestic homicide reviews, inspections and audit, the group also reviews safeguarding policies, processes and procedures. Terms of Reference and minutes of the meetings are received by the Quality and Healthcare Governance Committee which is a sub-committee of the Trust Board.

Since April 2012 all staff receive safeguarding adults awareness raising as part of their mandatory training. At 31st March 2013 90.84% of staff employed by the Trust has received some form of safeguarding adults training. The Trust continues to support the delivery of multi-agency safeguarding adults training and the Trust's dedicated Safeguarding Adults Trainer has recently facilitated level 2 training sessions.

The final report of the public enquiry into the care provided by Mid Staffordshire NHS Foundation Trust was published on the 6th of February 2013. The Inquiry Chairman, Robert Francis QC, concluded that patients were routinely neglected by a Trust that was preoccupied with cost cutting, targets and processes and which lost sight of its fundamental responsibility to provide safe care to its patients. CDDFT have held a series of listening events across the Trust to discuss the recommendations set out within the Francis Report. The Trust is developing the next stage of its strategic direction, with a focus on quality, with more feedback and 'listening events' planned. The Executive Directors of Nursing and Medicine have developed a Clinical Quality Strategy which is at the consultation phase with staff. This will form the foundation of the Trusts intentions relating to safety, experience and effectiveness. Strong proposals for more feedback from patients and their friends and families have been made by Francis and the Trust is rolling out the Friends and Family Test to all service areas. The Trust has also introduced a Quality Impact Assessment process for all clinical cost reduction proposals.

NHS County Durham and Darlington

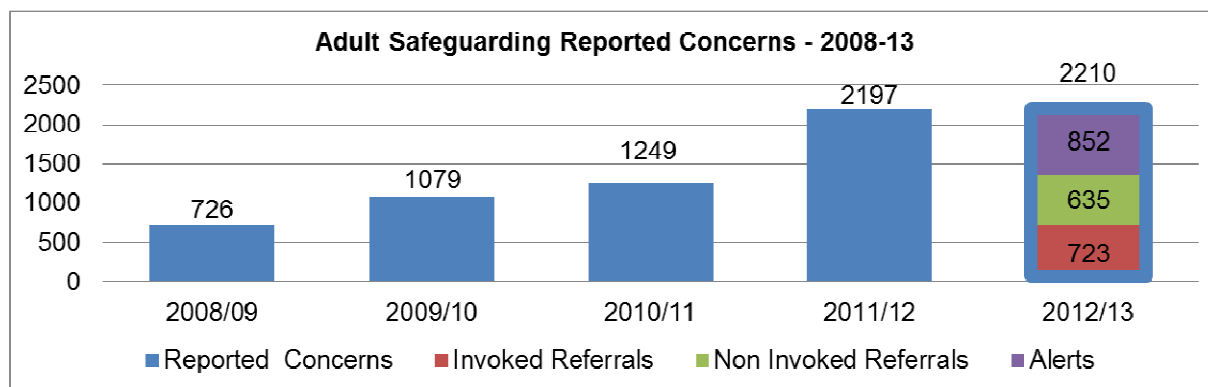
As commissioners, NHS County Durham and Darlington (NHS CDD) have oversight of the local health economy. NHS CDD seek assurances that providers of NHS care contribute to the safeguarding adults agenda and that they keep vulnerable adults safe. The key achievements in relation to multi-agency working are in the support to Primary Care on national and local issues which include; Implementation of 'Deciding Right', Support to Primary and Secondary Care for Deprivation of Liberty Safeguards (DOLS) and support to Serious Case Reviews.

The NHS has been represented and has provided practical support on high profile cases, which include the concerns arising from the abuse at Winterbourne View and the transfer of care from Southern Cross to other providers. Support has been provided on a range of medicines management matters to Adult Care and individual establishments with practical advice being offered at multi-agency executive strategy meetings. The service also liaises with primary, secondary and strategic health authorities to ensure that any actions and/or notices are implemented within primary and community services.

The Safeguarding Operating Framework that is currently being developed will describe the new arrangements for managing safeguarding in light of changes within CCGs.

Safeguarding Activity in County Durham

Table 1



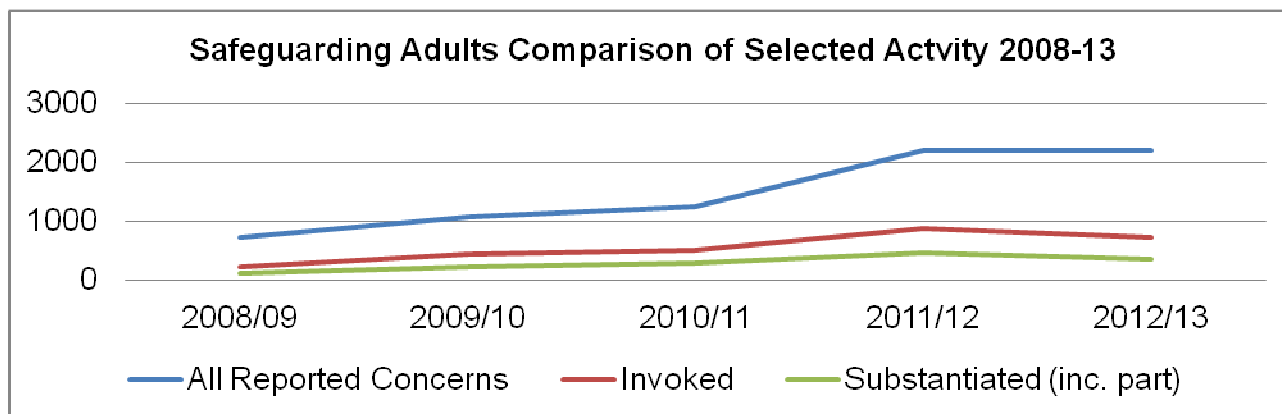
	2008/09	2009/10	2010/11	2011/12	2012/13
Reported Concerns	726	1079	1249	2197	2210

Table 1 demonstrates that there has been a steady increase in the reporting of safeguarding concerns between 2008/9 and 2011/12.

Much of this can be attributed to an increase in awareness in the voluntary and independent sectors. This has been influenced by a comprehensive training package being provided by the County Durham Safeguarding Adults Board and a number of high profile cases such as Winterbourne View and the Mid-Staffordshire NHS Foundation Trust inquiry. The referral rate appears to have stabilised during 2012/13 and it is hoped that this will be more representative of safeguarding activity.

In April 2012 a new Alert Threshold enabled organisations to identify lower level concerns which can be addressed by a single agency response such as care co-ordination. This does not require a multi-agency response and avoids the need to invoke safeguarding procedures. This may account, in part, for the reduction in the rate of referrals.

Table 2 (Reported Concerns Activity - All, Invoked and Substantiated)



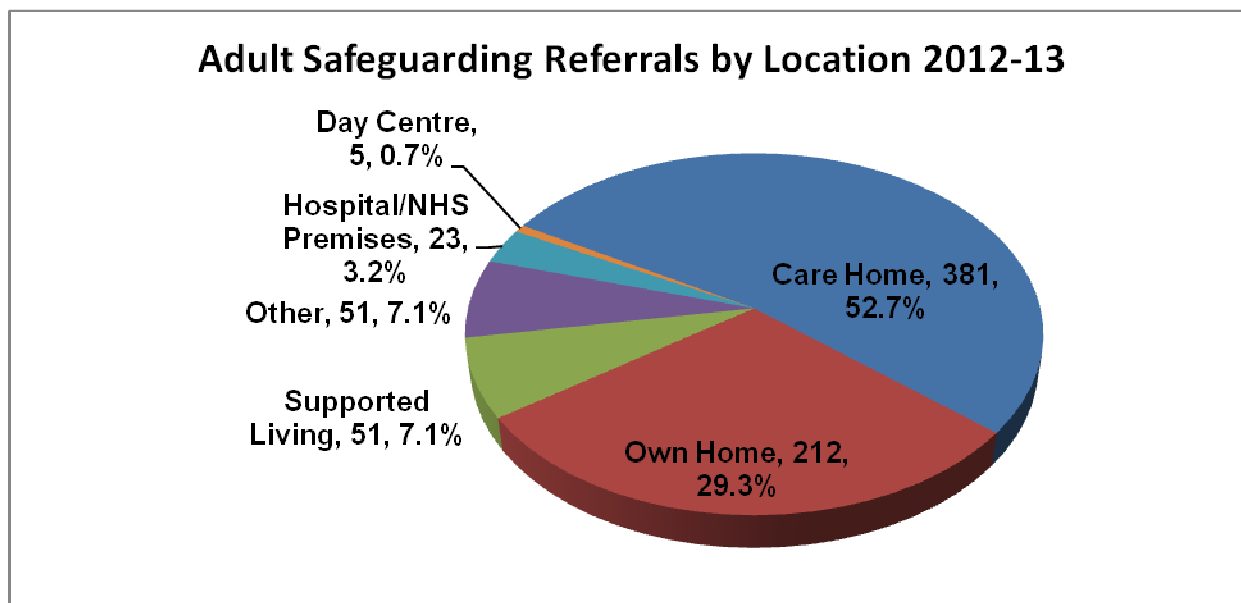
	All Reported Concerns	Invoked	Substantiated (inc. part)	% Invoked	% Invoked Substantiated
2008/09	726	227	125	31%	55%
2009/10	1079	441	215	41%	49%
2010/11	1250	502	283	40%	56%
2011/12	2197	879	461	40%	52%
2012/13	2210	723	361	33%	50%

The percentage of referrals in which safeguarding procedures are invoked (those that require multi-disciplinary investigations) has dropped by 7% to 33% and of those some 50% were substantiated, which is comparable with previous years.

Of the 67% not invoked some follow-up action was typically pursued by social workers, care co-ordinators and care providers.

Of all invoked cases 80% resulted in follow up action for the victim including; reassessment, increased monitoring, applications to the court of protection and referral to advocacy or counselling and 78% of alleged perpetrators required further intervention, including disciplinary action, criminal prosecution, action by CQC or counselling or training.

Table 3 (Location of Abuse – Where procedures were invoked)

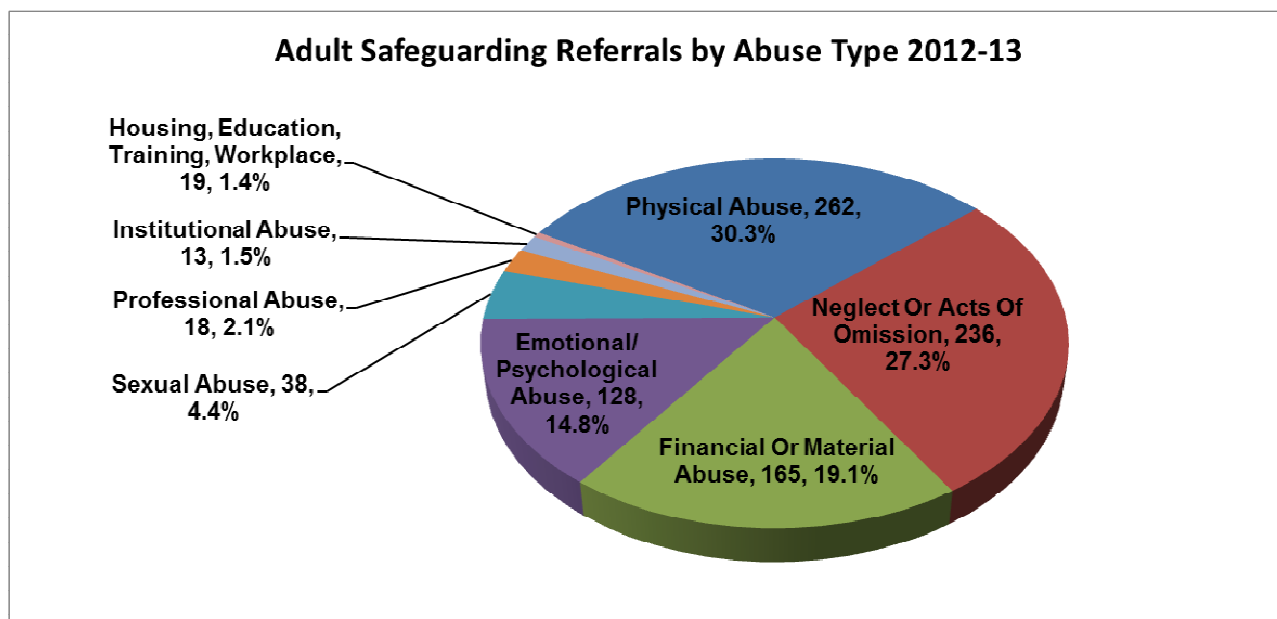


Location	2008-9		2009-10		2010-11		2011-12		2012-13	
	Num	%	Num	%	Num	%	Num	%	Num	%
Care Home	100	43.9%	189	46.3%	253	50.4%	488	55.5%	381	52.7%
Own Home	69	30.3%	118	28.9%	155	30.9%	212	24.1%	212	29.3%
Supported Living	14	6.1%	20	4.9%	18	3.6%	90	10.2%	51	7.1%
Other	32	13.2%	54	13.2%	53	10.4%	52	5.5%	51	7.1%
Hospital/NHS Premises	9	3.9%	17	4.2%	21	4.2%	26	3.0%	23	3.2%
Day Centre	4	1.8%	10	2.5%	2	0.4%	11	1.3%	5	0.7%
Total	228		408		502		879		723	

The higher level of referrals from care homes and supported living services reflects the efforts made by Durham County Council to raise awareness and standards linked to reporting safeguarding incidents. Consequently the majority of safeguarding referrals continue to pertain to care homes and typically are referred by personnel working in the care services themselves. This is a positive trend and it is on the increase as indicated by table 3 above.

Notwithstanding those efforts the Safeguarding Adults Board has been involved in a number of awareness campaigns in order to improve public awareness of abuse and how to respond once it has been identified.

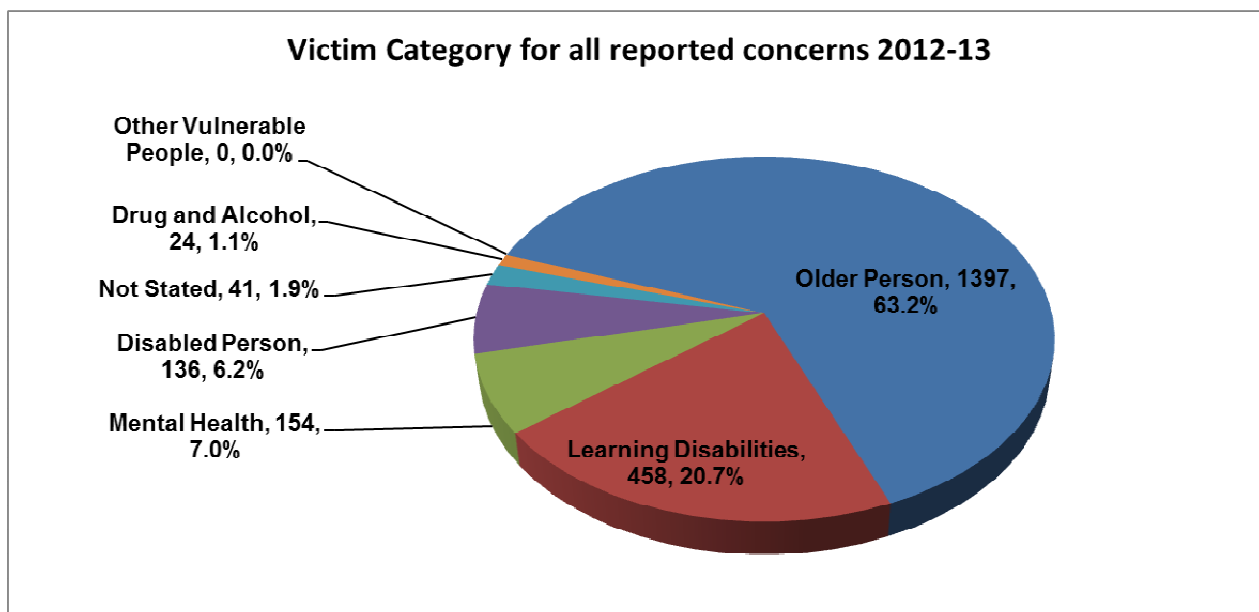
Table 4 (Type of Abuse - Where procedures were invoked)



Type of Abuse	2008-9		2009-10		2010-11		2011-12		2012-13	
	Num	%	Num	%	Num	%	Num	%	Num	%
Discriminatory Abuse	1	0.4%	3	0.6%	8	1.3%	10	0.9%	4	0.5%
Emotional/ Psychological Abuse	24	9.9%	64	13.0%	78	12.5%	132	11.6%	128	14.8%
Financial Or Material Abuse	47	19.3%	105	21.3%	145	23.3%	198	17.4%	165	19.1%
Institutional Abuse	30	12.3%	47	9.5%	46	7.4%	46	4.0%	13	1.5%
Neglect Or Acts Of Omission	44	18.1%	93	18.8%	140	22.5%	288	25.2%	236	27.3%
Physical Abuse	70	28.8%	136	27.5%	135	21.7%	320	28.0%	262	30.3%
Professional Abuse	0	0.0%	8	1.6%	18	2.9%	61	5.3%	18	2.1%
Sexual Abuse	27	11.1%	38	7.7%	52	8.4%	86	7.5%	38	4.4%
N.B. There may be more than one abuse type per invoked referral.										

Financial/ material abuse continues to be the most commonly reported form of abuse. This is closely followed by neglect or acts of omission, then physical abuse and emotional/ psychological abuse. Not only does this reflect the pattern of the previous four years in Durham, it also reflects the order of prevalence shown in both national and regional data published in 2012.

Table 5 (Victim Category - of all reported concerns)

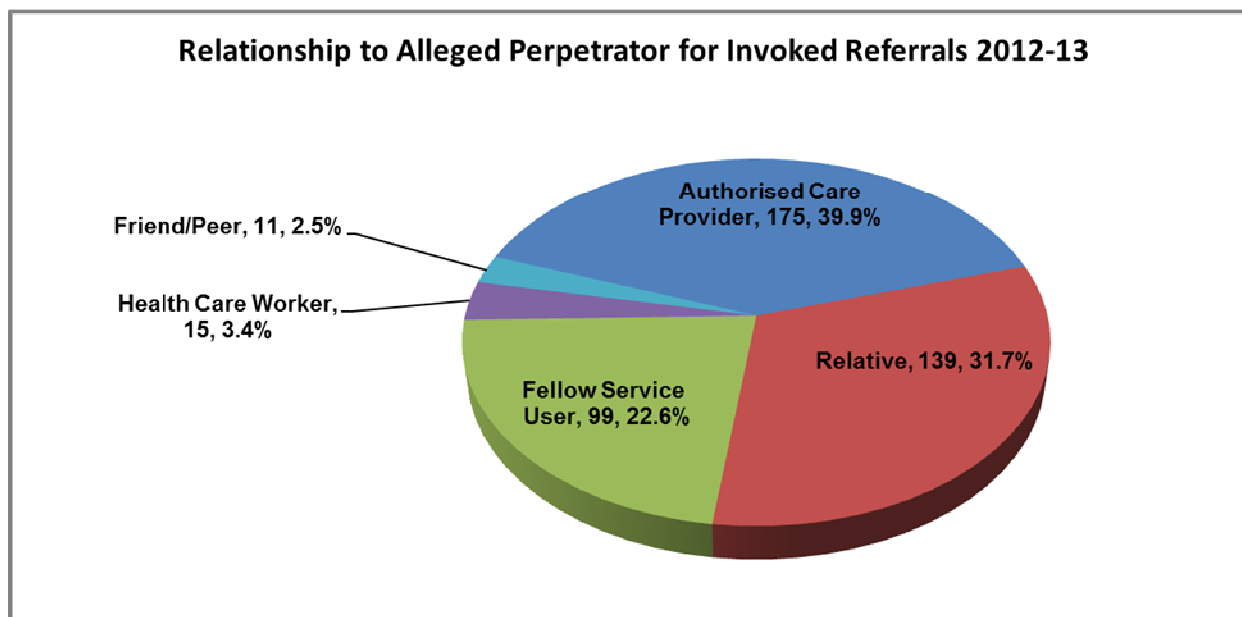


Party Category	2008-9		2009-10		2010-11		2011-12		2012-13	
	Num	%	Num	%	Num	%	Num	%	Num	%
Older Person	455	62.7%	675	62.6%	792	63.4%	1342	61.1%	1397	63.2%
Learning Disabilities	169	23.3%	267	24.7%	275	22.0%	542	24.7%	458	20.7%
Mental Health	29	4.0%	32	3.0%	79	6.3%	136	6.2%	154	7.0%
Disabled Person	70	9.6%	99	9.2%	100	8.0%	143	6.5%	136	6.2%
Not Stated (Alerts)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	41	1.9%
Drug and Alcohol	3	0.4%	6	0.6%	3	0.2%	34	1.5%	24	1.1%
Grand Total	726		1079		1249		2197		2210	

There has been no marked percentage change in the types of alleged victims when compared to previous years. Older persons remain the largest category of referral; however this is to be expected as they represent the largest social care client group.

The only marked variance from the previous year is in Learning Disabilities where there is a 4% drop in referrals which translates into 84 fewer referrals; however this is not seen as significant.

Table 6 (Perpetrator Category)



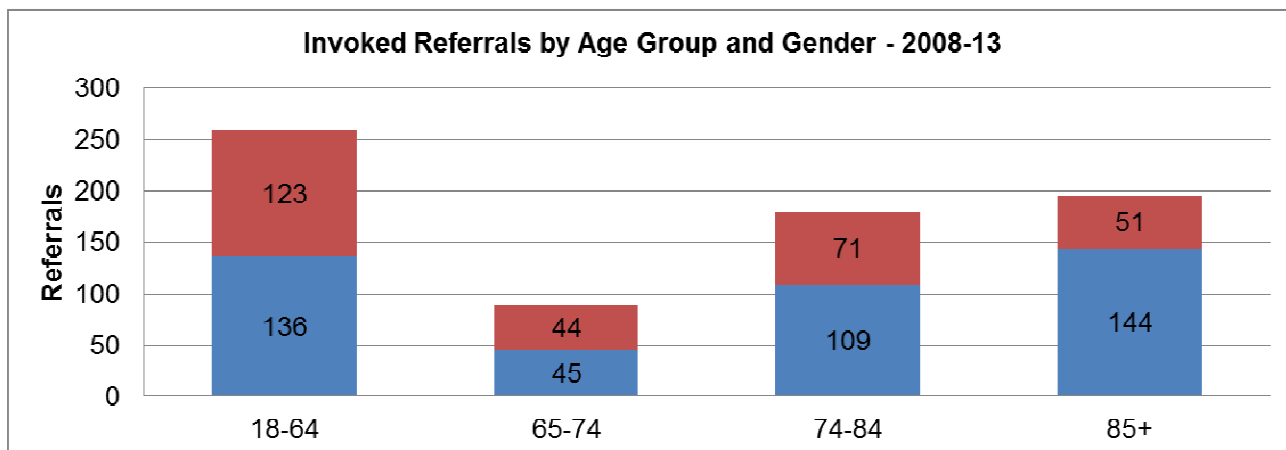
Relationship Type	2008-9		2009-10		2010-11		2011-12		2012-13	
	Num	%	Num	%	Num	%	Num	%	Num	%
Authorised Care Provider	52	44.1%	109	42.7%	152	45.9%	271	46.4%	175	39.9%
Relative	21	17.8%	70	27.5%	93	28.1%	119	20.4%	139	31.7%
Fellow Service User	20	16.9%	33	12.9%	42	12.7%	142	24.3%	99	22.6%
Health Care Worker	11	9.3%	8	3.1%	18	5.4%	10	1.7%	15	3.4%
Friend/Peer	14	11.9%	35	13.7%	26	7.9%	42	7.2%	11	2.5%
Grand Total	118		255		331		584		439	

‘Authorised care provider’ remains the most prevalent relationship type of alleged perpetrator. This is closely followed by ‘Relative’, which has seen an 11.3% increase in 2012/13.

The fact remains that the persons who are in the closest contact with service users are the most likely to have allegations made against them.

‘Authorised Care Provider’ has also seen the largest reduction in allegations. This may be reflective of the on-going development work that is undertaken with care providers in County Durham.

Table 7 (Age and Gender)

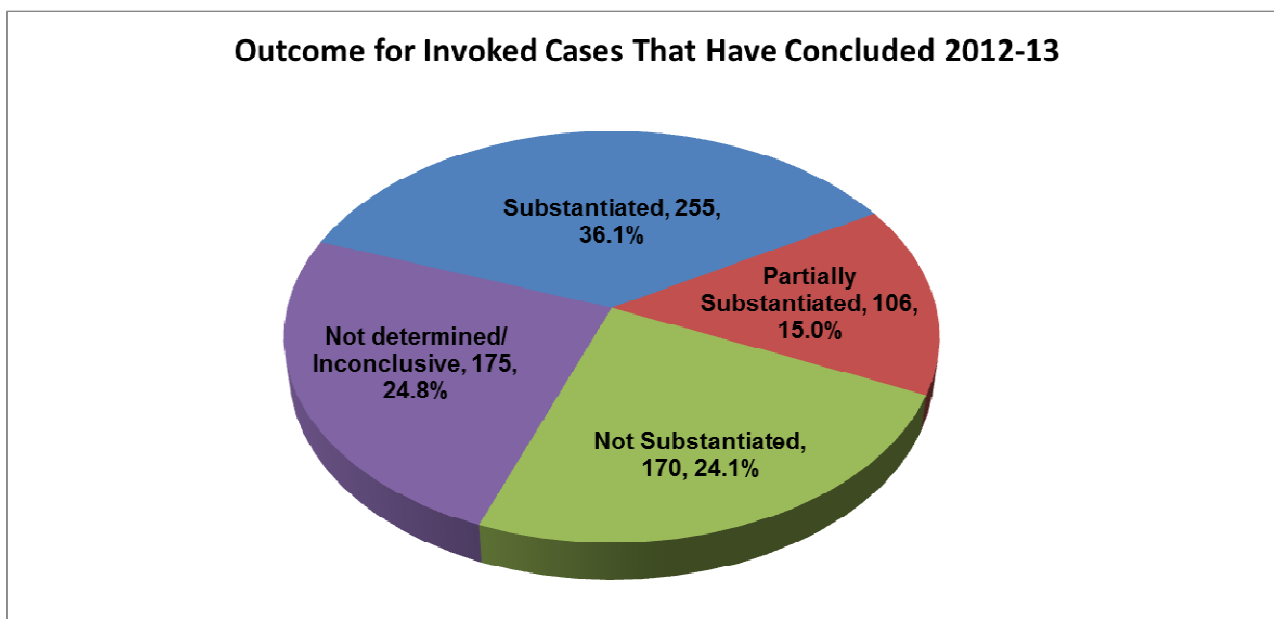


Age Group	2008-09		2009-10		2010-11		2011-12		2012-13	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
18-64	49	49	97	88	107	77	171	196	136	123
65-74	21	10	36	24	32	30	43	41	45	44
75-84	32	25	67	39	67	39	131	71	109	71
85+	33	8	74	16	111	39	176	50	144	51
Total	135	92	274	167	317	185	521	358	434	289

The overall percentage of alleged male and female victims remains similar to previous years, with a 40% and 60% split, respectively. In the age range 18 – 74 the percentage of referrals is evenly split. Although in the age range 18 - 64 there has been an overall reduction of 30%. In part, this relates to the reduction in the number of reported concerns received relating to learning disability service users.

A higher percentage of female clients continue to dominate the 75 – 85+ age group. This is unsurprising as older people have a higher prevalence of dependency and women tend to live longer than men.

Table 8 (Outcomes of Invoked Referrals)

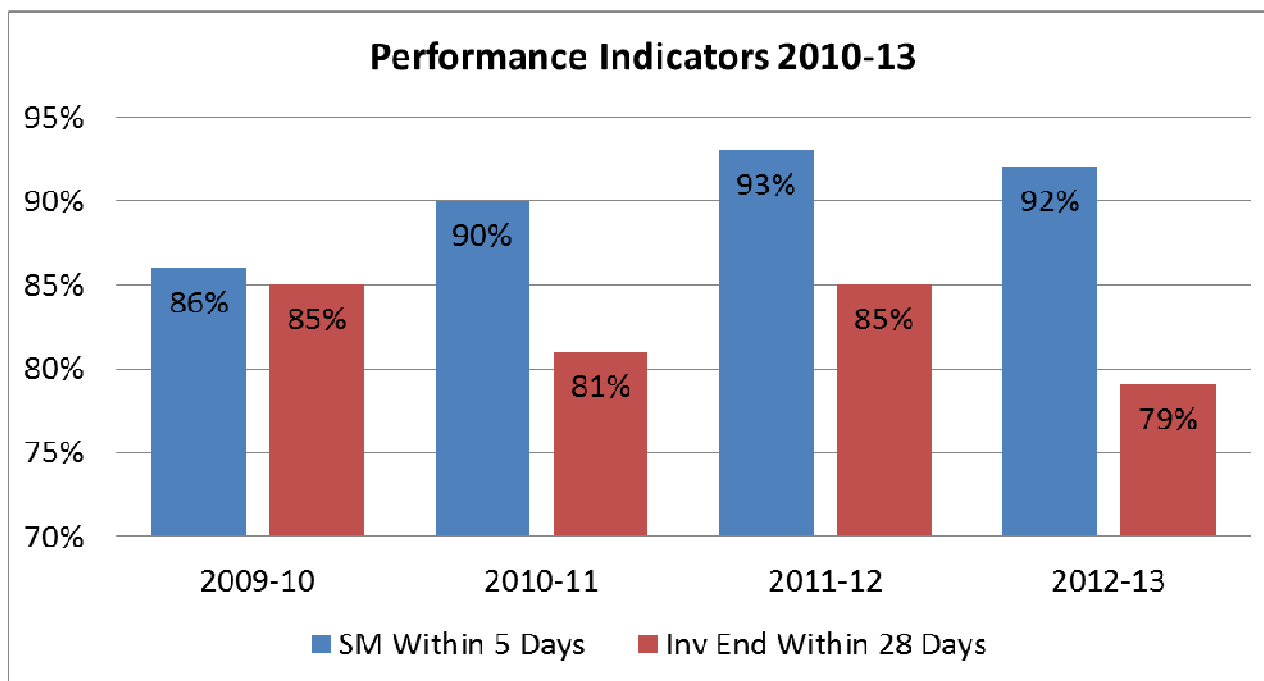


Outcome	2009-10		2010-11		2011-12		2012-13	
	Num	%	Num	%	Num	%	Num	%
Substantiated	184	44.8%	194	38.6%	293	34.3%	255	36.1%
Partially Substantiated	31	7.5%	89	17.7%	168	19.7%	106	15.0%
Not Substantiated	86	20.9%	114	22.7%	237	27.8%	170	24.1%
Not determined/ Inconclusive	110	26.8%	105	20.9%	155	18.2%	175	24.8%
Grand Total	411		502		853		706	

51% of invoked cases were substantiated or partially substantiated, which represents a slight decrease from the previous year. In these cases there are a variety of interventions that can and do take place to protect individuals including on-going professional support, revisions to care/protection plans, advocacy and counselling interventions.

There are many reasons why the remaining cases (49%) are determined as not substantiated or inconclusive, which include malicious/false allegations and insufficient evidence following completion of an investigation. Where it is required, on-going support is provided to those people who need it.

Table 9 (Performance Indicators)

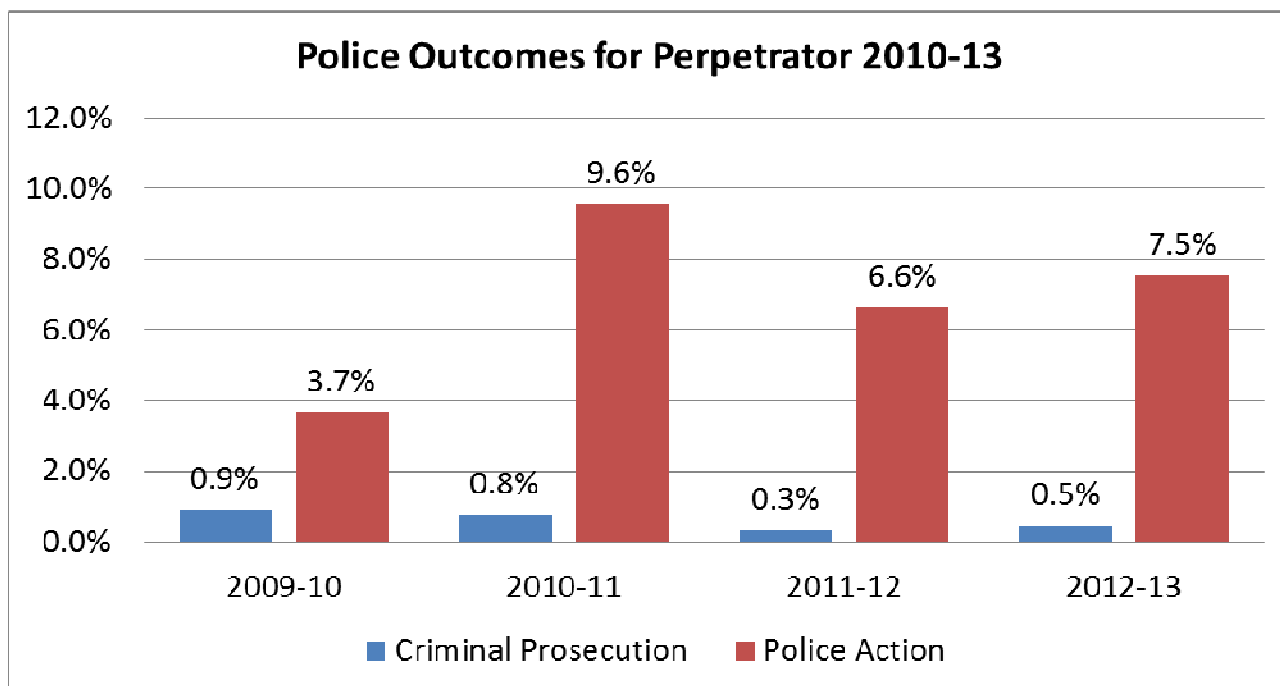


	2009-10	2010-11	2011-12	2012-13
SM Within 5 Days	86%	90%	93%	92%
Inv. End Within 28 Days	85%	81%	85%	79%

The 2012/13 period has seen the 5 day and 28 day safeguarding targets have being met. The number of referrals that progressed to strategy meeting stage within 5 days being above the target of 90% at 92%.

The investigation end target of 75% of investigations being completed within 28 days has been achieved in 79% of cases. Sustaining this response rate represents an exceptionally high standard of response to referrals, particularly when the rate of referral increase over recent years is taken into consideration.

Table 10 (Police Outcomes for Perpetrator)



Outcome for Perpetrator	2009-10		2010-11		2011-12		2012-13	
	Num	%	Num	%	Num	%	Num	%
Criminal Prosecution	1	0.9%	5	0.8%	4	0.3%	4	0.5%
Police Action	4	3.7%	62	9.6%	80	6.6%	65	7.5%
Grand Total	109		647		1206		861	

The number of criminal prosecutions recorded by Lead Officers has remained low over the four years shown. However, police action has been instigated in a higher number of cases and includes police led investigation, interviewing processes and the deployment of other evidence gathering techniques such as surveillance. Unfortunately, successful prosecutions are often problematic due to the vulnerability and associated credibility of victims in the criminal justice system. This is an area of work that requires further development. The SAB is working to introduce a witness support, preparation and profiling programme that should improve the quality of evidence that some vulnerable victims as well as witnesses can give.

Conclusion from the Safeguarding and Practice Development Manager

The Safeguarding Adults Inter-Agency Partnership continues to demonstrate its commitment to the safeguarding agenda despite the very challenging and uncertain financial landscape we find ourselves working in.

Much of the operational work undertaken this year has focused on embedding in practice a revised risk threshold together with the introduction of an alert process for concerns that present with a lower level of risk.

As can be seen in the Safeguarding Activity in Durham for the period, there have been 852 alerts out of a total of 2210 reported concerns. This represents nearly 39% of all reported concerns.

Audit work has been undertaken this year to ensure the right decisions are taken following the receipt of a reported concern and to understand the impact these changes have on personnel who undertake investigations. The outcome of this work showed positive results as it has alleviated workloads by significantly reducing the number of cases requiring formal safeguarding decisions at a management or lead officer level. Additionally, following an audit of 100 alerts, it was evident that 89% did not in fact require more formal referral. In those cases that did, appropriate follow-up was usually undertaken.

In summary, this has resulted in a more efficient and effective service as managers/lead officers have more time to focus on the most serious concerns and allegations.

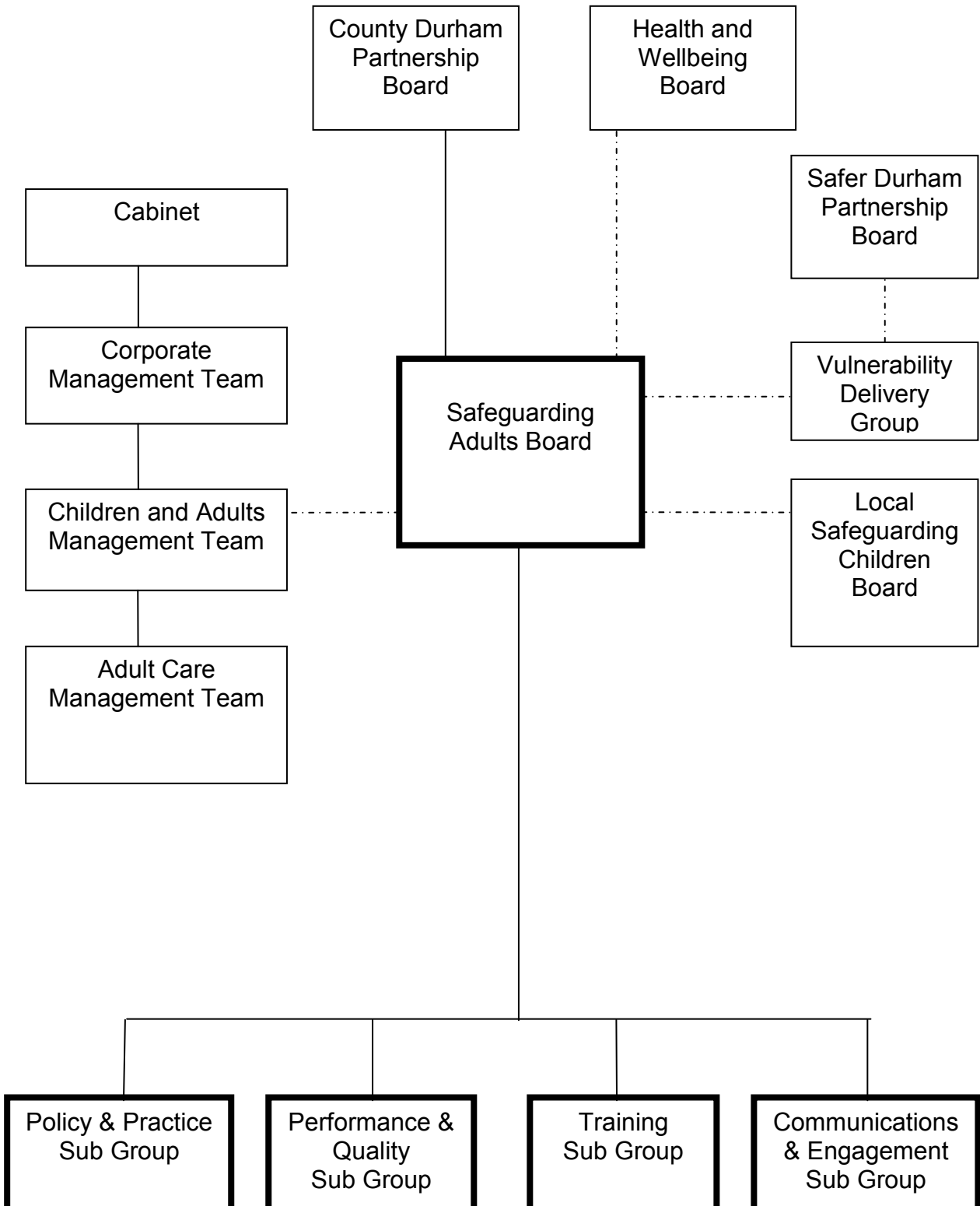
Looking ahead, we will continue to develop our safeguarding practices. This will be supported by a revised set of procedures that are more user friendly and accessible via our website. We will also be actively encouraging individuals who have experienced our safeguarding adults processes to share their experiences so we can learn from them and continue to improve.



Lee Alexander

Reporting and Interface Arrangements

---- Denotes linkage between chair/s members of respective groups.



Abbreviations / Glossary of Terms

ADASS - Association of Directors of Adult Social Services (formerly ADSS)

BIA - Best Interest Assessor

CCG - Clinical Commissioning Group

CDC&S - County Durham Care & Support

CDDFT - County Durham & Darlington NHS Foundation Trust

CQC - Care Quality Commission

CRB - Criminal Records Bureau

CRU - Central Referral Unit (Police)

CYPS - Children and Young People's Service

DOH - Department of Health

DOLS - Deprivation of Liberty Safeguards

NHS - National Health Service

ISA - Independent Safeguarding Authority

LA - Local Authority

LSCB - Local Safeguarding Children Board

MAPPA - Multi-Agency Public Protection Arrangements

MARAC - Multi-Agency Risk Assessment Conference

MCA - Mental Capacity Act

NHS CDD - NHS County Durham & Darlington

PCT - Primary Care Trust

SAB - Safeguarding Adults Board

SLO - Safeguarding Lead Officer

TEWV - Tees, Esk and Wear Valley

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For more information of Safeguarding Adults in Durham:

Go to: www.safeguardingdurhamadults.info

To report a safeguarding alert please contact:

Social Care Direct 0845 850 5010

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