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CABINET AGENDA

Tuesday, 7 February 2017 at 10.00 am in the Blaydon Room - Civic Centre

From the Acting Chief Executive, Mike Barker

Item	Business
1	**Apologies for absence**
2	**Minutes** (Pages 3 - 14) Cabinet is asked to approve the minutes of the last meeting held on 24 January 2017.
	Key Decision
3	**Tenders for the Supply of Goods and Services** (Pages 15 - 20) Report of the Strategic Director, Corporate Services and Governance
	Recommendation to Council
4	**External Auditor Appointments Beyond 1 April 2018** (Pages 21 - 28) Report of the Strategic Director, Corporate Resources
	Non Key Decisions
5	**Response to Consultation** (Pages 29 - 42) Report of the Acting Chief Executive
6	**Sexual Health Strategy** (Pages 43 - 66) Report of the Director of Public Health
7	**Proposal for Increase to Hackney Carriage Fare Maxima** (Pages 67 - 74) Report of the Strategic Director, Communities and Environment
8	**Nomination of Local Authority School Governors and Re-appointment of an Academy Governor** (Pages 75 - 78) Report of the Interim Strategic Director, Care, Wellbeing and Learning

Contact: Kevin Ingledew Email: keviningledew@gateshead.gov.uk, Tel: 0191 4332142,
Date: Monday, 30 January 2017

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

CABINET MEETING

Tuesday, 24 January 2017

PRESENT: Councillor M Gannon

Councillors: C Donovan, M Brain, A Douglas, M Foy, L Green, G Haley, J McElroy, M McNestry and L Twist

C152 MINUTES

The minutes of the last meeting held on 13 December 2016 were approved as a correct record and signed by the Chair.

C153 TENDERS FOR THE SUPPLY OF GOODS AND SERVICES

Consideration has been given to tenders received for the supply of goods and services.

RESOLVED - (i) That the tender from Cycling Generation Ltd be accepted for the Contract for the Delivery of Active Travel Promotion in Schools for a 16 month period commencing 1 April 2017 with the option to extend for a further 2 x 12 month periods.

(ii) That the tenders from Handicare Accessibility Limited, Lynch Healthcare Limited and ThyssenKrupp Access Limited be accepted for the Contract for the Supply, Installation, Servicing, Repair, Maintenance, Removal, Temporary Storage and Re-siting of Stair Lifts, Tracked Ceiling Hoists, Platform Lifts, Fixed Adjustable Height Equipment and Patient Handling Equipment for a 24 month period commencing 1 March 2017 with the option to extend for a further 2 x 12 month periods.

(iii) That the tender from Tell Us North CIC be accepted for the Contract for the Provision of Healthwatch Gateshead for a 24 month period commencing 1 April 2017 with the option to extend for a further 3 x 12 month periods.

(iv) That the tenders from European Electronique Limited be accepted for the Contract for a Storage Area Network (SAN) for a 36 month period commencing 1 February 2017 with the option to extend for a further 2 x 12 month periods.

(v) That the tender from Dawsons Rentals Sweepers be

accepted for the contract for the Hire of Road Sweepers for a 60 month period commencing 1 April 2017.

(vi) That the tender from Rixonway Kitchens be accepted for the contract for the Supply of Kitchens for a 24 month period commencing 1 January 2017 with the option to extend for a further 2 x 12 month periods.

The above decisions have been made because comprehensive evaluations of the tenders received have been undertaken and the recommended tenders are the most economically advantageous tenders submitted.

C154 PUBLIC HEALTH SERVICES REGIONAL TOBACCO CONTROL AND ALCOHOL DE-NORMALISATION PROGRAMME

Consideration has been given to the Deed of Agreement between the North East Local Authorities', relating to the commissioning of Public Health Services Regional Tobacco Control and Alcohol De-Normalisation Programme.

RESOLVED - That the process followed and the Deed of Agreement with the successful organization "Fresh" and "Balance" (Durham and Darlington NHS Trust) to deliver the Public Health Services Regional Tobacco Control and Alcohol De-Normalisation Programme be endorsed.

The above decision has been made because this commitment ensures an on-going regional focus on tobacco control and alcohol which gives support for commissioners and sharing of best practice as well as regional marketing to support local arrangements.

C155 HOUSING REVENUE ACCOUNT AND HOUSING CAPITAL PROGRAMME

Consideration has been given to recommending the Council to approve:

- the Housing Revenue Account (HRA) budget for 2017/18, including proposed savings;
- the proposed rent changes from 1 April 2017, in line with Government's policy on rent setting;
- the detailed proposals for fees and charges; and
- the proposed Housing Capital Programme for the next five years (2017/18 to 2021/22).

RESOLVED - That the Council be recommended to approve:

(i) The Housing Revenue Account as set out in Appendix 2, including The Gateshead Housing Company management fee, the repairs and management budget and savings as detailed in Appendix 3 to the report.

(ii) The weekly rent reduction of 1% from 1 April 2017.

(iii) The fees and charges schedule as detailed in Appendix 4 to the report.

(iv) The Housing Capital Programme for the five years 2017/18 to 2021/22 as set out in Appendix 5 to the report.

The above decisions have been made for the following reasons:

(A) To set a Housing Revenue Account for 2017/18 that is not in debit as required under the Local Government and Housing Act 1989 (Part VI).

(B) To realise the Council's policies and objectives in relation to Housing Strategy in order to maintain and enhance Council Housing provision in Gateshead.

C156 COUNCIL HOUSING REPAIRS POLICY

Consideration has been given to recommending the Council to approve changes to the repairs policy for council housing stock which is delivered by The Gateshead Housing Company on behalf of the Council.

RESOLVED - That the Council be recommended to approve changes to the repairs policy and standards of service delivery as set out in Appendix 2 to the report.

The above decision has been made for the following reason:

(A) To ensure that the repairs policy is up to date and includes service developments which have been implemented through recent contractual arrangements.

(B) To ensure the service maintains customer focus and strives to achieve value for money.

C157 INTRODUCTION OF FIXED PENALTY NOTICES FOR FLYTIPPING AND REVIEW OF CURRENT FIXED PENALTY CHARGES.

Consideration has been given to recommending the Council to approve the introduction of Fixed Penalty Notices for flytipping and revised environmental fixed penalty charges.

The alternative options to those being recommended, but which were discounted, included not introducing Fixed Penalty Notices for fly tipping, not revising existing Fixed Penalty Charges or introducing different charges.

RESOLVED - That the Council be recommended to approve:

(i) The introduction of a new Fixed Penalty Notice in respect of flytipping as set out in Table 1 of the report.

(ii) Revisions to the existing Fixed Penalty Notice tariffs as set out in Table 2 to the report.

The above decisions have been made to support the protection of the environment in Gateshead through the use of an effective enforcement toolkit, whose penalties reflect the seriousness with which residents view the issues and more closely reflects the true costs to the Council of enforcement work.

C158 GATESHEAD FLOOD RISK MANAGEMENT STRATEGY

Consideration has been given to recommending the Council to approve the Gateshead Flood Risk Management Strategy.

RESOLVED - That the Council be recommended to approve the Gateshead Flood Risk Management Strategy.

The above decision has been made for the following reasons:

(A) To ensure the Council is compliant with its duties as the Lead Local Flood Authority as outlined in the Flood & Water Management Act 2010.

(B) To ensure the Council takes a proactive and sustainable approach to managing flood risk.

C159 CORPORATE COMMISSIONING AND PROCUREMENT STRATEGY

Consideration has been given to recommending the Council to approve the Corporate Commissioning and Procurement Strategy.

RESOLVED - (i) That the Council be recommended to approve the Corporate Commissioning and Procurement Strategy set out in appendix 2 to the report and its implementation across the Council.

(ii) That a comprehensive training programme be developed and rolled out to all officers engaged in commissioning and procurement activity.

The above decisions have been made for the following reasons:

(A) To ensure a corporate and consistent approach to commissioning and procurement activity.

(B) To ensure that officers are provided with the skills and knowledge they require to undertake commissioning and procurement activities in accordance with the Strategy.

C160 IMPLEMENTATION OF PROCUREMENT PROTOCOLS

Consideration has been given to recommending the Council to approve the adoption of procurement protocols for all services, works and construction related activity undertaken by the Council and to the inclusion of these in the Council's Constitution.

RESOLVED - That the Council be recommended to approve:

(i) The adoption and implementation of the Protocols across the Council as set out in Appendix 3 to the report.

(ii) An amendment to the Constitution to provide for the Protocols as set out in Appendix 2 to the report.

The above decision has been made to ensure that all contractors are fully assessed in a consistent way prior to their engagement.

C161 CALENDAR OF MEETINGS 2017/18

Consideration has been given to recommending the Council to approve the calendar of meetings for 2017/18.

RESOLVED - That the Council be recommended to:

(i) Approve the calendar of meetings 2017/18.

(ii) Agree that, as far as possible, meetings should not be held during school holidays.

(iii) Authorise the Strategic Director, Corporate Services and Governance, following consultation with the Leader of the Council, to make any necessary amendments to the calendar of meetings.

The above decisions have been made to assist in the preparation of the Cabinet's schedule of decisions and to allow councillors and officers to plan commitments in their diaries.

C162 CAPITAL PROGRAMME AND PRUDENTIAL INDICATORS 2016/17 - THIRD QUARTER REVIEW

Consideration has been given to the latest position on the 2016/17 Capital Programme and Prudential Indicators at the end of the third quarter to 31 December 2016.

RESOLVED - That the Council be recommended to:

(i) Approve that all variations to the 2016/17 Capital Programme as detailed in appendix 2 to the report be

agreed as the revised programme.

(ii) Approve the financing of the revised programme.

(iii) Note the capital expenditure and capital financing requirement indicators have been revised in line with the revised budget and that none of the approved Prudential Indicators set for 2016/17 have been breached.

The above decisions have been made for the following reasons:

(A) To ensure the optimum use of the Council's capital resources in 2016/17.

(B) To accommodate changes to the Council's in-year capital expenditure plans.

(C) To monitor performance within the approved Prudential Limits.

C163 REVENUE BUDGET MONITORING 2016/17

Consideration has been given to the latest monitoring position on the 2016/17 revenue budget at the end of the third quarter to 31 December 2016.

RESOLVED - That the Council's revenue expenditure position at 31 December 2016, as set out in Appendix 1 to the report be noted.

The above decision has been made to contribute to the sound financial management of the Council and medium term financial sustainability.

C164 PROVISIONAL LOCAL GOVERNMENT FUNDING SETTLEMENT 2017/18 AND FUNDING GAP

Consideration has been given to the position on the provisional Local Government Finance Settlement and the impact of this on the Council's funding gap for 2017/18 and to endorsing the Council's response to the settlement consultation.

RESOLVED - (i) That the contents of the report, including the review of the Council's funding gap and the implications for the Council's budget context for 2017/18 be noted.

(ii) That the response to the Government consultation on the provisional Local Government Finance Settlement as set out in Appendix 2 to the report, which has been submitted within the prescribed deadline be endorsed.

The above decision has been made for the following reasons:

(A) To contribute to the good financial management practice of the Council.

(B) To ensure a sustainable budget for the medium to long term.

C165 COUNCIL TAX BASE AND BUSINESS RATES FORECAST 2017/18

Consideration has been given to the council tax base for 2017/18 for the Parish of Lamesley and the whole of the Borough of Gateshead and to the proposed Business Rate forecast for 2017/18.

RESOLVED - (i) That pursuant to the report and in accordance with the Local Authorities (Calculation of Council Tax Base) Regulations 1992, as amended by Local Authorities (Calculation of Council Tax Base) (Amendment) (England) Regulations 2012 the amount calculated by Gateshead Council as its council tax base for the year 2017/18 shall be 50,933.2.

(ii) That pursuant to the report and in accordance with the Local Authorities (Calculation of Council Tax Base) Regulations 1992, as amended by Local Authorities (Calculation of Council Tax Base) (Amendment) (England) Regulations 2012 the amount calculated as being the Parish Council of Lamesley's council tax base for the year 2017/18 shall be 1,186.8.

(iii) That the business rates forecast for 2017/18 is £40.666 million.

The above decisions have been made for the following reasons:

(A) To assist the Council in its financial planning and budget setting.

(B) To set a council tax base and a business rates forecast for 2017/18 in accordance with statutory requirements.

C166 COUNCIL PLAN - SIX MONTH ASSESSMENT OF PERFORMANCE AND DELIVERY 2016/17

Consideration has been given to the Council Plan six month assessment of performance and delivery report for 2016/17.

RESOLVED - (i) That the recommendations of all the Council's Overview and Scrutiny Committees in relation to the 2016/17 six month performance report as set out in Appendix 3 to the report be approved.

(ii) That the Council has met its performance objectives and is addressing the outcomes in delivering the Council Plan 2015-2020.

The above decisions have been made to ensure performance supports the delivery and achievements of the Council Plan 2015-2020.

C167 NECA COMMISSION REPORT 'HEALTH AND WEALTH: CLOSING THE GAP IN THE NORTH EAST'

Consideration has been given to the recommendations of the NECA Commission Report 'Health and Wealth: closing the gap in the North East', which was presented to the NECA Leadership Board on 11 October 2017.

RESOLVED - (i) That the recommendations of the NECA Commission report be endorsed in principle.

(ii) That the Chief Executive be authorised to approve the Council's formal response to the NECA Commission Report following consultation with the Leader, Deputy Leader, Cabinet Member for Health and Wellbeing and the Chair of the Health and Wellbeing Board.

The above decisions have been made for the following reasons:

(A) Investment in prevention is central to addressing key health and wellbeing challenges and health inequalities within Gateshead.

(B) The recommended shift towards prevention and early intervention is consistent with the Council's own approach to improve the health and wellbeing of local people.

(C) The Commission identifies important links between people's health and wellbeing and the economic productivity and prosperity of local areas.

C168 FUTURE PROGRAMME FOR THE SELECTIVE LICENSING OF PRIVATE LANDLORDS

Consideration has been given to the introduction of selective licensing of private rented accommodation in further areas of the Borough and a proposed phased programme of implementation.

RESOLVED - That the proposed phased approach and implementation of a programme for selective licensing, be approved subject to necessary consultation as follows:

(i) Redesignation of a smaller selective licensing area within the existing Central Bensham licensing scheme as set out

in Appendix 1, Figure 1.

(ii) Prioritisation within the Bensham South, The Avenues and Bensham Central lower super output areas for a phased introduction of further selective licensing over the next three years as set out in Appendix 1, Figure 2.

(iii) Continuation of the existing landlord licensing scheme in Swalwell until April 2018.

(iv) A focussed approach to anti-social behaviour problems affecting Birtley, Chopwell North and Swalwell.

The above decisions have been made for the following reasons:

(A) To respond to ineffective property and tenancy management by some landlords.

(B) There are particularly high concentrations of private rented properties in the areas.

(C) The areas are demonstrating indicators of low housing demand compared to the rest of Gateshead.

(D) To pilot a new approach to addressing anti-social behaviour in targeted geographical areas with the highest incidence.

(E) To underpin the Council's and National Government's drive towards improving conditions in the private rented sector, and supports the Councils original campaign to licence private landlords.

(F) The schemes would complement other initiatives and interventions in place to address low housing demand and anti-social behaviour within the proposed areas.

(G) To complement the implementation of the Bensham and Saltwell Neighbourhood Action Plan.

C169 REVIEW OF THE POLICY AND CONDITIONS RELATING TO PRIVATE HIRE OPERATOR LICENCES

Consideration has been given to undertaking a public consultation on draft revised private hire operator policy and conditions.

RESOLVED - That consultation on the draft private hire policy as set out in Appendix 3 and as summarised in Appendix 2 to the report be approved.

The above decision has been made to ensure adequate consultation with all interested parties.

C170 CORPORATE COMPLAINTS AND COMPLIMENTS PROCEDURE - ANNUAL REPORT 2015/2016

Consideration has been given to the Corporate Complaints and Compliments Procedure Annual Report 2015/16.

RESOLVED - (i) That the Corporate Complaints and Compliments procedure Annual Report for 2015/16 as detailed in the appendices to the report be approved.

(ii) That the report be referred to the Corporate Resources Overview and Scrutiny Committee for consideration.

The above decisions have been made to have an effective and timely complaints and compliments procedure.

C171 PETITIONS SCHEDULE

Consideration has been given to the latest update on petitions submitted to the Council and the action taken on them.

RESOLVED - That the petitions received and the action taken on them be noted.

The above decision has been made to inform the Cabinet of the progress of petitions.

C172 EXCLUSION OF THE PRESS AND PUBLIC

That the press and public be excluded from the meeting during consideration of the remaining business in accordance with paragraph 3 of Schedule 12A to the Local Government Act 1972.

C173 BATTERY STORAGE FOR DISTRICT ENERGY SCHEME

Consideration has been given to funding and installing a further 2MW battery storage system for the Gateshead District Energy Scheme at Park Road Depot and to awarding the installation and management contract to British Gas.

RESOLVED - (i) That the Council be recommended to approve the addition of the £1.65m budget to the Council's capital programme.

(ii) That the award of the contract to British Gas/Warm Up North as the preferred delivery contractor be approved.

(iii) That the Strategic Director, Communities and Environment be authorised to negotiate the details of the

contract following consultation with the Strategic Directors, Corporate Services & Governance and Corporate Resources.

The above decisions have been made for the following reasons:

(A) To continue to generate additional income streams for the Council.

(B) To continue to develop new trading and commercialisation opportunities which could be deployed elsewhere in the borough, or traded outside of the borough.

Copies of all reports and appendices referred to in these minutes are available online and in the minute file. Please note access restrictions apply for exempt business as defined by the Access to Information Act.

The decisions referred to in these minutes will come into force and be implemented after the expiry of 3 working days after the publication date of the minutes identified below unless the matters are 'called in'.

Publication date: 26 January 2017

Chair……..

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Gateshead Council

REPORT TO CABINET
7 February 2017

TITLE OF REPORT: **Tenders for the Supply of Goods and Services**

REPORT OF: **Mike Barker, Strategic Director, Corporate Services and Governance**

Purpose of the Report

1. The purpose of this report is to ask Cabinet to consider the tenders received for:

   i) Contract for the Provision of Corporate Physiotherapy Services.

   ii) Contract for the Provision of Independent Mental Health Advocacy (IMHA), Independent Mental Capacity Advocacy (IMCA) and Independent (Care Act) Advocacy Services

2. The background to these contracts is contained in the attached appendices.

Proposal

3. Cabinet is asked to agree and note the recommendations below.

Recommendations

4. It is recommended Cabinet agree:

   i) the tender from Treatment Solutions, Whitley Bay be accepted for the contract for the Provision of Corporate Physiotherapy Services for a 24 month period commencing 1 March 2017 with the option to extend for a further 2 x 12 month periods.

   ii) the tender from Newcastle Council for Voluntary Service (NCVS) for the contract for the Provision of Independent Mental Health Advocacy (IMHA), Independent Mental Capacity Advocacy (IMCA) and Independent (Care Act) Advocacy Services for a 24 month period commencing 1st April 2017 with the option to extend for a further 2 x 12 month periods.

   For the following reason:

   A comprehensive evaluation of the tenders received has been undertaken. The recommended tenders are the most economically advantageous tenders submitted.

CONTACT: Andrea Tickner extension: 5995

APPENDIX 1

Policy Context

1. The contract for the provision of Corporate Physiotherapy Services has been organised in accordance with the Council's Consolidated Procurement Policy.

Background

2. The contract is being arrange on behalf of Health & Safety, Human Resources and Litigation and Parking Services, Communities and Environment. The contract is for a 24 month period commencing 1st March 2017 with the option to extend for a further 2 x 12 month periods.

3. The contract is to provide the Council with a physiotherapy service of assessment, advice and treatment for council employees who present musculoskeletal problems. The contract will also provide desk top screening and independent mobility assessments for Blue Badge assessments.

4. The estimated annual value of the contract is £50,000. Tenders were received from the following companies:

   Innovate Healthcare, Stockport
   Joyce Savage Ltd, Sunderland
   Newcastle Sports Injury Clinic, Newcastle upon Tyne
   Physiotherapy Matters Ltd, Newcastle upon Tyne
   Sano Physiotherapy Ltd, Pudsey
   Treatments Solutions, Whitley Bay

5. A comprehensive evaluation of the tenders has been undertaken against the following criteria:

   - Mandatory requirements: Grounds for Exclusion, Modern Slavery Act 2015, Insurance, Health and Safety, Environmental Management, Compliance with Equality Legislation and Technical and Professional Ability.
   - Approach to Delivery: Overall Approach, Understanding of Independent Mobility Assessment Guidance, Workplace Analysis, After-Treatment Service and Audit Referrals.
   - Training: Internal Training Provision.
   - Statistical & management Information: Statistical Reports and Figures, and Management Information.
   - Data Protection: Evidence of Data Protection Systems.
   - References
   - Price

Consultation

6. There has been no external consultation

Alternative Options

7. The anticipated value of this contract exceeded the threshold requiring competitive tenders to be invited in accordance with the EU Public Procurement Directives; therefore there are no alternative options.

Implications of Recommended Option

8. Resources:

a) Financial Implications –. The Strategic Director, Corporate Resources, confirms that there are no additional financial implications arising from this report.

b) Human Resources Implications – Nil

c) Property Implications - Nil

9. Risk Management Implication – Nil

10. Equality and Diversity Implications – The recommended tenderer meets the legal obligations of the Equality Act 2010.

11. Crime and Disorder Implications – Nil

12. Health Implications - Nil

13. Sustainability Implications – Nil

14. Human Rights Implications - Nil

15. Area and Ward Implications -Nil

Background Information

16. The documents that have been relied on in the preparation of the report include:

The received tenders.

APPENDIX 2

Policy Context

1. The contract for the provision of Independent Mental Health Advocacy (IMHA), Independent Mental Capacity Advocacy (IMCA) and Independent (Care Act) Advocacy Services has been organised in accordance with the Council's Consolidated Procurement Policy.

Background

2. The contract is being arranged on behalf of Care Wellbeing and Learning. The contract is for a 24 month period commencing 1st April 2017 with the option to extend for a further 2 x 12 month periods.

3. The purpose of this contract is to provide a high quality statutory advocacy provision for Service Users. The Service will provide a combination of instructed and non-instructed advocacy. The Service will provide a holistic approach to working with Service Users and methods of communication may be in non-standard ways, for example, working with people who have no spoken language

4. The estimated annual value of the contract is £159,912. Tenders were received from the following companies:

   Newcastle Council for Voluntary Services (NCVS), Newcastle upon Tyne
   People First Independent Advocacy, Workington
   Your Voice Counts, Gateshead

5. A comprehensive evaluation of the tenders has been undertaken against the following criteria:

   - Mandatory requirements: Grounds for Exclusion, Modern Slavery Act 2015, Insurance, Compliance with Equality Legislation, Environmental Management, Health and Safety, Adult Safeguarding and Children's Safeguarding, Previous Experience.
   - Contract approach including Disclosure and Barring Service; Use of Sub-Contractors; Safeguarding Training; Knowledge of Mental Health Act 2007, Mental Capacity Act 2005 and the Care Act 2014; Qualifications of Advocates; Managing Staff Capacity to meet fluctuating demand; Consideration of Service User wishes, feelings, values and beliefs; Managing Conflict of interest; Involving Service Users in decision making; Ensuring Service Users are treated with Dignity and respect; Building relationships and rapport with Service Users; Ensuring continuity of service; Measuring Social Value of the service.
   - Price

Consultation

6. There has been no external consultation

Alternative Options

7. The anticipated value of this contract exceeded the threshold requiring competitive tenders to be invited in accordance with the EU Public Procurement Directives; therefore there are no alternative options.

Implications of Recommended Option

8. Resources:

a) Financial Implications –. The Strategic Director, Corporate Resources, confirms that provision exists with the Council's overall budget for the delivery of this service.

b) Human Resources Implications – Nil

c) Property Implications - Nil

9. Risk Management Implication – Nil

10. Equality and Diversity Implications – The recommended tenderer meets the legal obligations of the Equality Act 2010.

11. Crime and Disorder Implications – Nil

12. Health Implications - Nil

13. Sustainability Implications – Nil

14. Human Rights Implications - Nil

15. Area and Ward Implications -Nil

Background Information

16. The documents that have been relied on in the preparation of the report include:

The received tenders.

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Gateshead Council

REPORT TO CABINET
7 February 2017

Title of report: **External Auditor Appointments Beyond 1 April 2018**

Report of: **Darren Collins – Strategic Director, Corporate Resources**

Purpose of the Report

1. Cabinet is asked to recommend that Council approve the proposed arrangement for appointing an external auditor for the financial year beginning on 1 April 2018.

Background

2. The Council's contract with its existing external auditor, Mazars comes to an end on 31 March 2018, at which point the Council will move to a local appointment of an external auditor.

3. There are a number of routes by which this can be achieved, each with different implications. The broad options for the local appointment of external auditors are:

    a. Make a stand alone appointment by setting up an Independent Auditor Appointment Panel;
    b. Joining with other councils to set up a Joint Independent Auditor Appointment Panel / local joint procurement arrangements; or
    c. Opting-in to a sector led body that will negotiate contracts and make the appointment on behalf of councils, removing the need to set up an Independent Auditor Panel.

4. The Council's Audit and Standards Committee considered this issue on 30 January 2017. The Committee supported the proposed approach recommended within this Cabinet report. The minute of the Committee meeting is attached as Appendix 2 to this report.

Proposals

5. The report identifies the options available to the Council to appoint an external auditor for the financial year commencing on 1 April 2018, with a proposed option to opt-in to a sector led body that will negotiate contracts and make the appointment on behalf of councils, removing the need to set up an Independent Auditor Panel.

Recommendation

6. Cabinet is asked to recommend to Council the proposal to opt-in to a national sector led body that will undertake the appointment of an external auditor on behalf of the Council.

For the following reasons:

(i) To ensure the Council can make the necessary arrangements for the appointment of external auditors for the financial year beginning on 1 April 2018 in compliance with the requirements of the Local Audit and Accountability Act 2014: and

(ii) The optimum arrangement for the achievement of value for money and deliverability.

CONTACT: Craig Oakes, ext. 3711

Appendix 1

Policy Context

1. The proposals in this report are consistent with the Council's vision and medium term priorities as set out in Vision 2030 and the Council Plan and in particular they ensure that effective use is made of the Council's resources to ensure a sustainable financial position.

Background

2. The Local Audit and Accountability Act 2014 brought to a close the Audit Commission and established transitional arrangements for the appointment of external auditors and the setting of audit fees for all local government and NHS bodies in England. On 5 October 2015 the Secretary of State for Communities and Local Government determined that the transitional arrangements for local government bodies would be extended by one year and would also include the audit of the Accounts for 2017/18.

3. The Council's contract with its existing external auditor, Mazars is currently managed by Public Sector Audit Appointments Limited (PSAA), the transitional body set up by the Local Government Association (LGA).

4. PSAA is an independent, not-for-profit-company limited by guarantee and established by the LGA. It is wholly owned by the Improvement and Development Agency for local government (IDeA), which in turn is wholly owned by the LGA. It already carries out a number of functions in relation to auditor appointments under powers delegated by the Secretary of State for Communities and Local Government. However these powers are time-limited and will cease when current contracts with audit firms expire with the completion of the 2017/18 audits for local government bodies.

5. When the current transitional arrangements come to an end on 31 March 2018 the Council will move to a local appointment of the external auditor. There are a number of routes by which this can be achieved, each with varying risks and opportunities. Current fees are based on discounted rates offered by the firms in return for substantial market share across NHS and Local Government bodies.

6. The scope of the audit will still be specified nationally by the National Audit Office which all firms appointed to carry out the Council's external audit must follow. Not all accounting firms will be eligible to compete for the work, they will need to demonstrate that they have the required skills and experience to be registered with a Registered Supervising Body approved by the Financial Reporting Council. The registration process has not yet commenced and so the number of firms is not known but it is reasonable to expect that the list of eligible firms may include the top 10 or 12 firms in the Country, including our current auditor. It is unlikely that small independent firms will meet the eligibility criteria.

Options

7. The broad options for the local appointment of external auditors are:

- Make a stand alone appointment by setting up an Independent Auditor Appointment Panel;
- Joining with other councils to set up a Joint Independent Auditor Appointment Panel / local joint procurement arrangements; or
- Opting-in to a sector led body that will negotiate contracts and make the appointment on behalf of councils, removing the need to set up an Independent Auditor Panel.

Option 1 Make a Stand Alone Appointment

8. In order to make a stand alone appointment the Council will need to set up an Auditor Panel. This could be a sub-committee of the current Audit and Standards Committee. The members of the Panel must be wholly or a majority independent members as defined by the Local Audit and Accountability Act 2014. Independent members for this purpose are independent appointees, this excludes current and former elected members (or officers) and their close family and friends. This means that elected members would not have a majority input to assessing bids and choosing which audit firm to award a contract for the Council's external audit.

9. The advantages / benefits of setting up an Auditor Panel are that it would allow the Council to take advantage of the new local appointment regime and have local input into that decision.

10. The disadvantages / risks of setting up an Auditor Panel are:

- The Council will not benefit from reduced fees that are available through increased purchasing power and economies of scale provided by joint or national procurement contracts;
- The Council will have to bear the complexity, administrative costs and risks associated with establishing and servicing the Audit Panel and appointing the majority independent panel members and independent panel chair as per the Regulations

Option 2 – Joining with other councils to set up a Joint Independent Auditor Appointment Panel / local joint procurement arrangements

11. The Act enables the Council to join with other authorities to establish a joint Auditor Panel. As with Option1, this will need to be constituted of wholly or a majority of independent appointees (members). Further legal advice would be required on the exact constitution of such a panel having regard to the obligations of each Council under the Act and the Council would need to liaise with other local authorities to assess the appetite for such an arrangement.

12. The advantages / benefits of a joint arrangement with other local authorities are:

- The costs of setting up the Panel and running the procurement exercise will be shared across a number of authorities; and
- There is greater purchasing power providing potential for negotiating some economies of scale by being able to offer a larger combined contract value to the firms.

13. The disadvantages / risks of a joint arrangement are:

- The decision making body will be further removed from local input, with potentially no input from elected members where a wholly independent Auditor Panel is used, depending on the constitution agreed with the other bodies involved. It should be noted that the procurement process is largely however a technical exercise;
- The choice of auditor could be complicated where individual Councils have independence issues. An independence issue occurs where the auditor has recently or is currently carrying out work such as consultancy or advisory work for a Council. Where this is the case, some auditors may be prevented from being appointed by the terms of their professional standards. There is a risk that if the joint auditor panel chose a firm that is conflicted for this Council then the Council may still need to make a separate appointment with all the attendant costs and loss of economies of scale possible through joint procurement; and
- Initial discussions have indicated that there is not an appetite across the Region or Sub Region for a joint arrangement.

Option 3 - Opting-in to a sector led body that will negotiate contracts and make the appointment on behalf of councils, removing the need to set up an Independent Auditor Panel

14. The DCLG has recently named PSAA as the body authorised to make future audit appointments on behalf of principal local authorities in England. The sector led body will have the ability to negotiate contracts with the firms nationally, maximising the opportunities for the most economic and efficient approach to procurement of external audit on behalf of the whole sector. It is reported that nearly 270 councils have already expressed an interest in joining the national scheme.

15. If the Council is to become an opted-in authority then the closing date to give our formal acceptance of the invitation to PSAA is 9 March 2017.

16. The benefits / advantages of opting-in according to PSAA are as follows:

- PSAA will ensure the appointment of a suitably qualified and registered auditor and expects to be able to manage the appointments to allow for appropriate groupings and clusters of audits where bodies work together;
- PSAA will monitor contract delivery and ensure compliance with contractual, audit quality and independence requirements;
- Any auditor conflicts at individual authorities would be managed by PSAA who would have a number of contracted firms to call upon;
- It is reasonable to expect that large-scale contracts procured through PSAA will bring economies of scale and attract keener prices from the market than a smaller scale competition;
- The overall procurement costs would be lower than individual smaller scale procurement;
- The overhead costs for managing the contracts will be minimised through a smaller number of large contracts across the Sector;

- There will be no need for the Council to establish alternative appointment processes locally, including the requirement to set up and manage an independent Auditor Panel;
- It will satisfy the requirement for an independent auditor appointment through a collective approach; and
- It will ensure a sustainable market for all future audit provision in the Sector.

17. The disadvantages / risks of opting-in according to PSAA are:

- Individual elected members will have less opportunity for direct involvement in the appointment process other than through LGA and / or stakeholder representative groups, although this is no different to historic arrangements and as set out earlier in the report even with other options this opportunity is limited; and
- In order for PSAA to be viable and placed in the strongest possible negotiating position Councils will need to indicate their intention to opt-in before final contract prices are known.

Consultation

18. The Council's Audit and Standards Committee has been consulted on this report and was supportive of the proposed option.

Alternative Options

19. The alternative options are set out in the report.

Implications of recommended options

20. **Resources:**

a) Financial Implications - The Strategic Director, Corporate Resources confirms that the financial implications are set out in this report. There are no additional financial implications associated with the report itself.

b) Human Resources Implications - There are no human resources implications arising from this report.

c) Property Implications – There are no property implications arising from this report.

21. **Risk Management Implications**

External Audit activity provides the Council and residents with an independent opinion on the Council's financial statements and performance.

22. **Equality and Diversity Implications**

There are no equality and diversity implications arising from this report.

23. **Crime and Disorder Implications**

There are no crime and disorder implications arising from this report.

24. **Health Implications**

There are no health implications arising from this report.

25. **Sustainability Implications**

There are no sustainability implications arising from this report.

26. **Human Rights Implications**

There are no human rights implications arising from this report.

27. **Area and Ward Implications**

There are no direct area and ward implications arising from this report.

28. **Background Information**

The following document has been used in the preparation of this report:

- Local Audit and Accountability Act 2014

Appendix 2

Minute from Audit and Standards Committee Meeting Monday, 30 January 2017

ASC 35 External Auditor Appointments Beyond 1 April 2018

The Committee received a report informing of the optional arrangements for the appointment of external auditors for the financial year beginning on 1 April 2018.

The advantages and disadvantages for each of the three options were outlined.

The Committee reviewed the options and commented that Option 3, opting in to a sector led body that will negotiate contracts and make the appointment on behalf of Councils (thus removing the need to setup an Independent Auditor Panel) was the preferred option.

RESOLVED: That the Committee's preference for Option 3, as detailed in the report, be reported to the Cabinet at its meeting on 7 February 2017.

Gateshead Council

REPORT TO CABINET
7 February 2017

TITLE OF REPORT: **Response to Consultation**

REPORT OF: **Mike Barker, Acting Chief Executive**

Purpose of the Report

1. To endorse a response to the following consultation:

   - Funding Support for Supported Housing – Department for Communities & Local Government and Department of Works & Pensions.

Background

2. The background to the consultation and the response are set out in appendices 1 and 2.

Proposal

3. To endorse the response set out in appendix 2.

Recommendation

4. It is recommended that Cabinet endorses the consultation response set out in appendix 2.

   For the following reason:

   To enable the Council to contribute a response to the consultation.

CONTACT: Kevin Ingledew extension: 2142

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APPENDIX 1

Funding for Supported Housing Consultation

Policy Context

1. The proposals support the Council's Vision for Gateshead 2030. In particular the proposed consultation response supports the outcome under Live Well Gateshead, where those who need help can get it easily with agencies working together.

Background

2. Cabinet is requested to consider a response on proposals to the DCLG and DWP regarding the Funding for Supported Housing Consultation 2016 as set out in the attached annex . This consultation seeks views on arrangements for funding the additional housing costs associated with providing supported housing in England, and on funding for emergency and short term placements across the country. The proposals would introduce a new funding model and funding stream for Supported Housing across the country.

3. Currently supported housing is funded through the Housing Benefit element of Universal Credit which pays for the core rent and any eligible service charges (i.e. cost of repairs, renewing communal furnishing, and fittings and some intensive housing management costs). Supported Housing Schemes are also funded directly from commissioning through grant funding.

4. The government is seeking to reform the existing funding streams for two reasons

(a) Roll out of Universal Credit – Universal Credit presents challenges to those in supported housing as it is paid a month in arrears. Universal Credit doesn't have the local knowledge to determine individual entitlement for supported housing costs.

(b) A local focus on outcomes, oversight and cost control – The current system for funding the housing costs of supported housing is not well designed to ensure effective oversight of quality or control of spending to ensure value for money.

5. The New Funding Model for Supported Housing will be broken down as follows

(a) Core rent and service charges will be funded through Housing Benefit/Universal Credit up to the level of the applicable Local Housing Allowance Rate

(b) Devolved funding to local authorities to provide additional " top up" funding to providers to fund the gap between the Local Housing Allowance and the additional costs required to fund supported housing (formerly funded by either Housing Benefit or grant funded by Commissioning)

(c) Existing grant funding will continue to be available from commissioning for those projects that have been specifically commissioned.

Consultation

6. The Cabinet Members for Housing have been consulted.

Alternative Options

7. Cabinet has the option not to comment on the consultation exercise

Implications of Recommended Option

8. Resources:

a) Financial Implications –

The Strategic Director, Corporate Resources confirms there are no financial implications involved in replying to the consultation document.

b) Human Resources Implications –

There are no staffing implications arising from this report, although there may be implications if the new funding stream is introduced.

c) Property Implications –

There are no property implications

9. Risk Management Implication – Nil

10. Equality and Diversity Implications – Nil

11. Crime and Disorder Implications – Nil

12. Health Implications – Nil

13. Sustainability Implications – Nil

14. Human Rights Implications – Nil

15. Area and Ward Implications - Nil

Appendix 2

FUNDING FOR SUPPORTED HOUSING CONSULTATION

RESPONSE FROM GATESHEAD COUNCIL AND THE GATESHEAD HOUSING COMPANY

Gateshead Council and the Gateshead Housing Company welcome the opportunity to be consulted on the *Funding for Supported Housing Consultation November 2016.* Responses to individual questions are detailed below but a summary of key points and issues that the consultation raises are provided as part of the initial response.

- The existing uncertainty around the future funding of supported housing is already having a visible impact in the borough of Gateshead with planned projects for Learning Disability Schemes being delayed and a re- direction of provision towards complex support needs. There are also further concerns raised from providers regarding the future of the services they provide (See Appendix 1).

- A clear definition of supported housing is required to accompany the implementation of this proposed new model of funding. The guidance refers to a definition that includes Sheltered Housing, but with different levels of support and care provided within Sheltered Schemes it remains uncertain as to which schemes will be funded under this remit.

- Any new model of funding needs to give long term certainty to support the development of new schemes and to give comfort to our vulnerable customers.

- It is not clear how the current Housing Benefit costs quoted as part of the expenditure of supported housing provision have been arrived at. If this figure of expenditure is used to calculate the future allocation of funding for supported housing this won't meet the costs of existing and future demand for Supported Housing. The figure for funding needs to be properly assessed if we are to continue to provide the services you are looking for.

- Using the Local Housing Allowance as a component of funding will have unintended consequences creating a regional discrepancy particularly with Sheltered Schemes in areas with higher levels of LHA where tenants will not require as much "top up fund". The existing LHA calucation was never intended to reflect these consulted changes

- The modest saving that this funding model achieves will be offset through the transfer of costs to Care and Health Services with an increase in demand for crisis services following the reduction of early intervention community based support services.

Overall it has been very difficult to respond to the consultation without a more detailed context of the governments thinking in this policy area. We have concerns as to whether or not this funding model will deliver the outcomes needed by these very vulnerable people.

Fair access to funding, the detailed design of the ring fence and whether other protections are needed for particular client groups to ensure appropriate access to funding, including for those without existing statutory duties

Q1. The local top up will be devolved to local authorities. Who should hold the funding; and , in two tier areas, ***should the upper tier authority hold the funding?***

A1. Where there is a unitary authority, where the funding sits within that authority could be decided at a local level.

Q2. *How should the funding model be designed to maximise the opportunities for local agencies to collaborate, encourage planning and commissioning across service boundaries and ensure that different* ***local commissioning bodies can have fair access to funding?***

A2. In addition please refer to the points raised on the first page

Whilst current commissioning arrangements do aim to reflect value for money, best practise and partnership working, they are currently restricted by budgets which a fixed grant could exasperate further. Supported Housing Services need to reflect quality of service, value for money and innovation that meets the needs of clients who require them.

The funding model should be demand led rather than a fixed grant in order to more effectively meet future demand and ensure fair access to funding. A fixed grant will create inequity as funding may be unable to meet the local need of vulnerable clients and innovation will be stifled to meet that local need if fixed funding is in place.

Account also needs to be taken of the Local Housing Allowance in LA areas when assessing costs

We would question whether sheltered housing should be dealt with separately to supported housing in terms of how the revenue funding is assessed and paid. Should it be part of the same framework given the nature of this client group which tends to be long term support?

We would welcome clearer definitions around supported and sheltered housing to ensure we can provide a consistent fair approach to funding.

Q3. *How can we ensure that* **local allocation** *of funding by local authorities matches local need for supported housing across all client groups?*

A3. In addition please refer to the points raised on the first page

The local allocation of funding can only meet local need through flexible funding. With the projected need for Supported Housing set to increase with increased complexity of need, there are concerns over the flexibility of this funding and its ability to meet local need.

The funding also needs to take into account hidden demand for services and the role of early intervention floating support services that play a significant role in preventing support needs from escalating, leading to further complexities and higher costs on other public services. A fixed grant fund will not enable the flexibility to consider other forms of early intervention support and support provision could more likely reflect expensive crisis intervention. Local areas need to encourage innovation to respond to local concerns which again fixed term funding will not enable us to achieve.

If the allocation of funding is calculated against existing Housing Benefit Payments as a measure of funding required by each area, this will result in significant under funding for Supported Housing Services at a time of increased demand if there are no means to make this a flexible sum. Fixed grant funding based on Housing Benefit expenditure and not on actual demand for services will not meet the future need for supported housing.

Regional differences are significant and need to be taken into account for resource allocation. In Gateshead for example 25% (49,790 people) of the population live in the 20% most deprived areas in England. There are eight wards containing areas within the 10% most deprived in England. At 64%, Felling ward is estimated to have the highest proportion of its population living in the 10% most deprived areas in England.

Furthermore around 52,679 people (1 in 4) in Gateshead have one or more long term conditions. Over 8,000 of these have three or more long term conditions. The gap in the employment rate between those with a Long Term Condition and the overall employment rate is around 11% in Gateshead compared to an England average gap of around 8.5%. In addition, the planned emergency admission in Gateshead is around 1200 per 100,000 population compared to an England average of 807.

The national allocation of funding needs to respond to the different challenges faced by different regions. There is some concern that at a time of significant reductions and pressures on local authority budgets as to how this funding will be affected without similar reductions. It's important that there is some long term commitment in the levels of funding and how this will reflect changing demands for the service. This also links with question 8 as to how we can provide some certainty for providers in terms of minimising any risk to long term funding. There needs to be flexibility to grow. We would welcome some clarity on how account will be taken of changing and future supported housing services in the calculation of the funding.

Q4. Do you think ***other funding protections for vulnerable groups****, beyond the ring-fence, are needed to provide fair access to funding for all client groups, including those without existing statutory duties (including for example the case for any new statutory duties or any sort of statutory provision)?*

A4. In addition please refer to the points raised on the first page.

This won't be required if funding is adequate but there is currently no certainty regarding the amount to be allocated and there is no indication in the consultation document of resource

allocation levels. Where a new statutory duty arises there should be a mechanism to either enable a top up funding process or provision of a new burdens grant to ensure the new duties can be adequately discharged.

If early intervention support provision can be funded through this model, this will prevent vulnerable groups from triggering statutory thresholds, thereby minimising the risk of providing higher cost support services.

Short term floating support to those who need it can help sustain tenancies and enable clients to continue to live independently. This can lead to savings to our statutory and non-statutory services such as health.

There also needs to be some recognition that clients very often have complex and multiple needs which are not always captured by statutory duties. There needs to be a framework that will recognise this.

Clarifying expectations for local roles and responsibilities, including what planning, commissioning and partnership arrangements might be necessary locally.

Q5. What expectations should there be for local roles and responsibilities? What planning, commissioning and partnership and monitoring arrangements might be necessary, both nationally and locally?

A5. In addition please refer to the points raised on the first page.

Currently supported housing previously funded via the Supporting People Programme, which includes non-statutory provision, is subject to a comprehensive review. These services will be re-modelled in 2017 to better reflect local need and provide a consistent approach to support provision and re-settlement. Strategic planning forms part of the commissioning cycle and the re-modelling of supported housing will be achieved by working within a co-production framework with key partners including current providers and service users. Commissioning of the new services will commence in early 2017 with a projected contract start date in October. It is envisaged that partnership arrangements will be in place in respect of organisations that tender for the new contract. Robust partnerships and collaborations will be particularly important if the new service is re-modelled within a gateway structure. Monitoring arrangements will be built into the specification for the new supported housing contract and will include both qualitative and quantitative data outputs along with a requirement to measure social value.

Future planning, commissioning, partnership and monitoring arrangements will be subject to the robust systems already in place. Co-production is the key to sustainable and cost effective commissioning and it will be necessary to ensure that active collaboration with key partners, including service users, is the fulcrum of the new arrangements.

Q6. For local authority respondents, what administrative impact and specific tasks might this new role involve for your local authority?

A6. In addition please refer to the points raised on the first page.

There is insufficient information to be able to form a judgement on this issue. However it may be that there could be a significant administrative burden and costs placed on the local authority. It may be that new software would need to be sourced and acquired at significant cost. In addition to this, new administrative burdens and software brings with it additional staffing resources which would require additional budgets as new additional staff will need to be recruited.

The above would also require additional management resources to manage these functions and activities would need to be monitored and audited again requiring additional resources and budgeting.

There would be a significant administrative burden and costs placed on the local authority. New software would need to be sourced and acquired at significant cost. Additional staffing resources would be required to manage additional budgets along with assessment and review of claims. Clearly none of this can be planned and progressed until there are specific details and guidance on the new funding regime

There would also be additional management resources required to manage these functions and activities would need to be monitored and audited again requiring additional resources and budgeting.

We would welcome any administrative system to be kept as simple as possible, to ensure that it is clear for service users (bearing in mind the vulnerability of these client groups) but also is not costly to manage; processes need to be Value For Money to avoid admin costs outweighing the actual service charge.

If resources are re-directed towards administration of funding this will further reduce the funding available for schemes for vulnerable people.

Confirming what further arrangements there should be to provide oversight and assurance for Government and taxpayers around ensuring value for money and quality outcomes focussed services.

Q7. *We welcome your views on what features the new model should include to provide greater oversight and assurance to tax payers that supported housing services are providing value for money, are of good quality and are delivering outcomes for individual tenants?*

A7. In terms of greater oversight and assurance, the new model for funding supported housing should include the following features:

Key Performance Service Delivery Indicators that measure quantifiable outcomes and include realistic targets;

Key Performance Care Delivery Indicators that measure quantifiable outcomes for individual, or sample selection of, residents and include realistic targets;

A measure of social value and the impact of services beyond the contractual framework, e.g. through the adoption of SROI or a similar measurement tool;

A Quality Assurance framework that is outcome focussed and is concerned with measuring the impact of services on individuals through direct face to face contact;

Adopting the principles of co-production to ensure that service users are working with Quality Assurance Officers to measure performance;

Encourage “open days” so that tax payers can visit schemes to meet residents and be assured of good practice;

Using local or internal media to promote good practice and share anonymised case studies.

Exploring the appropriate balance between local flexibility and provider certainty, including what other assurance can be provided beyond the ring –fence, for developers and investors to ensure a pipeline of new supply

Q8. We are interested in your views on how to strike a balance between local flexibility and provider/develop certainty and simplicity. What features should the funding model have to provide greater certainty to providers and in particular, developers of new supply?

A8. In addition please refer to the points raised on the first page.

For any future funding model to work there will need to be for transparency around commissioning that providers understand. Commissioning will need to have effective marketing arrangements in place sharing information regionally about what services are required to meet local need. This is not unlike current arrangements.

There will need to be clear information about what the market rent covers with safeguards in place for providers, possibly by allocating grant funding directly to the providers.

We need to be able to deliver a long term commitment for funding to allow providers to plan and deliver essential services to vulnerable clients. Without this there is a risk that new services won’t be developed and existing ones will become unstable if there is no certainty around funding. Again the balance will depend on proper funding being available

Q9. Should there be a national statement of expectations or national commissioning framework within which local areas tailor their funding? How should this work with existing commissioning arrangements, for example across health and social care, and how would we ensure it was followed?

A9. In addition please refer to the points raised on the first page.

A national clear definition of supported housing, and national guidance on the types of additional management costs that are likely to fall under the remit of the grant, would be useful to form a national framework so that providers knew what this funding stream would cover and the outcomes expected. Any national definition will then form the basis of local provision and innovation within that.

This could also include a national commitment to how statutory services will work together in partnership to achieve local and national priorities within and across localities and build on what is in place now. Furthermore key national strategies across health and social care should recognise and acknowledge the role of Supported Housing in meeting national key objectives.

Q10. The Government wants a smooth transition to the new funding arrangement on 1 April 2019. What transitional arrangements might be helpful in supporting the transition to the new regime?

A10. In addition please refer to the points raised on the first page.

Providers, Tenants and Local Authorities need assurance as soon as possible about any transitional arrangements so they can budget appropriately. The transition time of a year is not sufficient particularly if schemes are to continue and develop; development is already being affected and delayed by the lack of certainty.

Assurance around lead in times need to be provided to enable schemes established within the transitional timescales an assurance that funding will be continue to be available once the new model is in place with a full equality impact assessment in place when considering the transitional arrangements for existing schemes, protecting those already in such schemes from any loss of funding.

As there is no understanding of the level of funding to be provided, there needs to be sufficient time built into the process for a challenge to the funding assumptions and for Local Authorities to then have sufficient time to design and implement from there.

It would be helpful if transitional arrangements could be put in place for new claimants only so that we can assess the actual impact on LA services but this would also reduce the immediate impact of assessing all tenants.

Consider a different LHA cap for supported and sheltered housing compared to general needs which is more reflective of costs. This would allow LA's to focus on higher cost schemes as opposed to those of lower general costs.

Transitional arrangements of funding should also be considered for tenants of supported housing schemes when they obtain employment. The funding arrangements for Supported Housing through Housing Benefit places a disincentive for particular tenants to obtain employment and move towards independence as the salary income doesn't necessarily

replace the reduction or withdrawal of Housing Benefit. This is a fundamental problem in Supported Housing.

Q11. Do you have any other views about how the local top-up model can be designed to ensure it works for tenants, commissioners, providers and developers?

A11. In addition please refer to the points raised on the first page.

We understand how this new model of funding could bring opportunity, but only where there is a sufficient level of funding both now and in the future. However funding for vulnerable people should not be made complex. Complex funding streams bring increased costs for commissioners and additional risks for tenants and support providers, lack of understanding and potential unmet need.

This proposed new funding model will introduce increased costs with increased administration, staffing and management costs. Increasing the number of different funding streams for supported housing will increase bureaucracy and introduce the potential for increased uncertainty with a more complex funding system in place. This contradicts some of the key principles that this new model of funding is trying to implement. The funding process needs to be simple and transparent. Furthermore the impact on clients could be the risk of increasing vulnerabilities and the potential for clients to end up in debt, homeless or worst case evicted, which all result in worsening their circumstances and undermine support put in place.

The term being used “top up” indicates a payment system per tenant as opposed to block grant funding. Although it isn’t clear how the funding will be distributed, the terminology needs to reflect the method of funding allocation proposed.

Furthermore whilst we welcome the fact that the LHA shared room rate has been relaxed there is still some concern around the 1% rent reduction for supported accommodation which does impact on any future creative around the financial models for new developments

Current funding arrangements are effective, sound, good quality and offer value for money. We are developing schemes that meet local need. Any additional funding would always be welcome but we strive to ensure cost efficiencies in these times of austerity.

We would also welcome information on how this new proposed model of funding will effect the personalisation agenda.

Developing options for workable funding model(s) for short term accommodation including hostels and refuges

Q12. We welcome your views on how emergency and short term accommodation should be defined and how funding should be provided outside Universal Credit. How should funding be provided for tenants in these situations?

A12. In addition please refer to the points raised on the first page.

We would seek clarity on whether or not funding for emergency and short term accommodation is a separate funding stream or part of the larger proposed funding model.

Using the definition linked to Universal Credit would ensure consistency, for example emergency accommodation does not always have support attached to the accommodation provided, and it can't be assumed that emergency accommodation is always supported accommodation.

Funding should be provided directly to those organisations providing short term support to ensure they receive the funding directly particularly when they have a high turnover of tenants.

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Gateshead Council

REPORT TO CABINET

7 February 2017

TITLE OF REPORT: **Sexual Health Strategy**

REPORT OF: **Alice Wiseman, Director of Public Health**

Purpose of the Report

1. Cabinet is asked to approve the attached Sexual Health Strategy for Gateshead.

Background

2. Sexual health is an important element of our overall health. It contributes to our quality of life, our self-esteem and our relationships. It has direct and indirect consequences for our physical and mental health, and it can impact on our life chances through our ability to pursue education and employment. Sexual health services encompass both sexual and reproductive health – i.e. the prevention and treatment of sexually transmitted infections, contraceptive services, and education and awareness with regard to both these broad areas

3. Sexual health services are one of the mandated public health services that Local Authorities commission, but certain services are commissioned by Clinical Commissioning Groups and NHS England. A clear set of priorities for sexual health will help us in determining how best to allocate resources to services across the partners and to focus and co-ordinate our efforts to improve sexual health in Gateshead.

4. The strategy has been developed through the Gateshead Sexual Health Partnership which brings together commissioners and providers of sexual health services in Gateshead. It was endorsed by the Health and Wellbeing Board at its meeting on 2 December 2016.

Proposal

5. The strategy sets out our aims for sexual health, which are to:
   a. Deliver a range of sexual health service provision, to achieve better health outcomes, and ensure patient care is seamless by working across providers and commissioners;
   b. Improve sexual health & wellbeing for Gateshead's residents across the life-course;
   c. Continue to tackle stigma, discrimination and prejudice associated with sexual health matters;

d. Reduce inequalities and improve sexual health outcomes;
e. Build an honest and open culture where everyone is able to make informed and responsible choices about relationships and sex;
f. Recognise that sexual ill health can affect all parts of society; and
g. Reduce poor sexual health outcomes from infection and unwanted conceptions.

6. The strategy provides an overview of the commissioning and provision of sexual health services, the local need for services (covering both reproductive health and sexually transmitted infections), and the challenges we face.

7. The strategy will be underpinned by broad work on
- Better prevention;
- Better services;
- Better commissioning.

We will also focus on sexual health across the life-course approach, for:
- Children and young people;
- Adults up to age 50;
- Vulnerable/priority groups (men who have sex with men, people from black and minority ethnic communities, people living with HIV, the homeless, and people with learning disabilities); and
- Older adults.

8. The full strategy is attached at Appendix 2.

Recommendations

9. It is recommended that Cabinet:

i. Approves the proposed strategy and
ii. Asks the Health and Wellbeing Board to monitor progress on its implementation

For the following reasons

i. To determine a clear set of priorities for sexual health in Gateshead across the partners and
ii. To focus and co-ordinate our efforts to improve sexual health.

Contact: Lynn Wilson extension: 2580

APPENDIX 1

Policy Context

1. The strategy supports the shared ambition of Vision 2030 “Local people realising their full potential, enjoying the best quality of life in a healthy, equal, safe, prosperous and sustainable Gateshead” and the Council Plan policy direction of promoting early help and prevention, as sexual health is an important element of a healthy population and healthy lifestyles for individuals.

Background

2. The background to the report is set out in full in the strategy itself. This summarises local needs in respect of sexual health, including data on conceptions and sexually transmitted infections. It describes the existing pattern of services and the split of responsibility for commissioning sexual health services across the Council, CCG and NHS England. It also summarises national policy.

Consultation

3. The strategy was prepared with the support of the Gateshead Sexual Health Partnership that includes local providers and the Newcastle Gateshead CCG. Cabinet Members for Adult Social Care, Children & Young People and Health & Wellbeing have been consulted, and the strategy has been endorsed by the Health and Wellbeing Board.

Alternative Options

4. The Council could decide not to establish a sexual health strategy, but this would represent an opportunity missed, given the importance of sexual health and the need to ensure that partners work together to improve sexual health.

Implications of Recommended Options

5. **Resources**

   a) **Financial Implications** – The Strategic Director, Corporate Resources confirms that there are no financial implications arising directly from this report. The strategy will inform future decisions on spending on sexual health services by the Council, which will be reported to Cabinet as necessary at the time.

   b) **Human Resources Implications –** There are no implications, as the Council does not directly provide sexual health services.

   c) **Property Implications -** There are no implications arising from this report.

6. **Risk Management Implications** – nil.

7. **Equality and Diversity Implications** – an equality impact assessment has been prepared. The strategy should have positive or neutral implications for all groups with protected characteristics.

8. **Crime and Disorder Implications** – the strategy recognises that women in the criminal justice system, those at risk of sexual violence and those suffering domestic abuse are known to be at risk of exclusion from sexual health services. The strategy aims to address this.

9. **Health Implications** – the strategy sets out proposals to improve sexual health in Gateshead, through better prevention, better services and better commissioning. It sets out actions across the life course – for young people, adults aged up to 50, vulnerable and priority groups and older adults.

10. **Sustainability Implications** – reducing unwanted conceptions and reducing the incidence of sexually transmitted infections should prevent the negative social and economic implications of these events on those affected.

11. **Human Rights Implications –** Nil

12. **Area and Ward Implications –** All Wards

Background Information

13. The Gateshead Sexual Health Strategy (see Appendix 2)

14. Equalities Impact Assessment

APPENDIX 2

Gateshead Sexual Health Strategy

1. Introduction

Sexual health is an important element of our overall health. It contributes to our quality of life, our self-esteem and our relationships, it has direct and indirect consequences for our physical and mental health, and it can impact on our life chances through our ability to pursue education and employment.

Sexual Health Services are one of the mandated public health services that Local Authorities must commission. The Local Authority has a duty to ensure the provision of "open access sexual health services in its area … [including] advice on, and reasonable access to, a broad range of contraceptive substances and appliances … advice on preventing unintended pregnancy; … preventing the spread of sexually transmitted infections; … treating, testing and caring for people with such infections; and … notifying sexual contacts of people with such infections"[1]. Elements of sexual health services are also commissioned by CCGs and NHS England (see below).

In Gateshead, the Local Authority allocates approximately £2m from its Public Health Grant to sexual health services, but this Grant is being withdrawn by 2018, and Local Authority funding overall is being reduced, so the overall budget for sexual health services is very likely to fall. A clear set of priorities for sexual health will help us in determining how best to allocate those resources to services.

2. National drivers on sexual health

Sexual health is an important and wide-ranging area of public health. Having the correct sexual health interventions and services can have a positive effect on population health and wellbeing as well as individuals at risk.

The Government set out its ambitions for improving sexual health over an individual's life course in its publication - A Framework for Sexual Health Improvement in England (2013) ('the Framework'). The Framework identifies the differing needs of men and women and of different groups in society. It highlights that nationally there are many challenges still to be addressed:

- Up to 50% of pregnancies are unplanned
- Rates of infectious syphilis are at their highest since the 1950s
- Gonorrhoea is becoming more difficult to treat
- Almost half of adults newly diagnosed with HIV were diagnosed after the point at which they should have started treatment
- In 2010, England was in the bottom third of 43 countries in the World Health Organisation's European Region and North America for condom use among sexually active young people

[1] The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 – see paragraph 6

The Public Health Outcomes Framework (2012) contains three specific indicators for sexual health:

- Under 18 conceptions
- Chlamydia diagnoses in the 15-24 age group
- Late diagnosis of HIV

In December 2015 Public Health England (PHE) published a strategic action plan for health promotion for sexual and reproductive health and HIV. This plan identified the following as health promotion activities:

- Reduce onward HIV transmission, acquisition and avoidable deaths
- Reduce rates of sexually transmitted infections
- Reduce unplanned pregnancies
- Reduce rate of under 16 and under 18 conceptions

The priorities in the Framework for Sexual Health Improvement underpin PHE's strategic action plan for sexual and reproductive health and HIV.

3. Definition

The World Health Organisation (WHO) defines sexual health as "a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence."

This definition will be adopted in Gateshead.

4. Aim:

The Gateshead Sexual Health Strategy has been prepared to help the Gateshead Sexual Health Partnership articulate its aims for sexual health in Gateshead, and to set out how these aims can be achieved. Our ambition is to improve the sexual health and wellbeing of everyone in Gateshead.

We will aim to:

- Deliver a range of sexual health service provision, to achieve better health outcomes, and ensuring patient care is seamless by working across providers and commissioners;
- Improve sexual health & wellbeing for Gateshead's residents across the life-course;
- Continue to tackle stigma, discrimination and prejudice associated with sexual health matters;
- Reduce inequalities and improve sexual health outcomes;
- Build an honest and open culture where everyone is able to make informed and responsible choices about relationships and sex;
- Recognise that sexual ill health can affect all parts of society; and
- Reduce poor sexual health outcomes from infection and unwanted conceptions.

5. Current services and commissioning arrangements

Provision

- GPs provide contraception services (potentially including insertion and removal of long-acting and reversible contraception – LARCs), some treatment of STIs, testing/screening for infections and cervical cancer, referrals to secondary care, general advice.
- Pharmacies provide emergency hormonal contraception ('morning after' pill) and should offer access to free condoms (via C-card) and dual screening kits, co-ordinated by the Integrated Sexual Health Service (ISHS).
- Integrated Sexual Health Service: provided by South Tyneside NHS Foundation Trust (STFT), this delivers a one stop approach – addressing sexual and reproductive health needs, so includes both genito-urinary medicine (GUM) and contraceptive services. The staffing model is multi-disciplinary including a Consultant and an Associate Specialist, registered nurses/health advisors, healthcare assistants, outreach workers and administrative staff. The ISHS has a main base (its hub) at Trinity Health Centre in central Gateshead, providing levels 1,2 & 3 services (see Appendix A) plus "spoke" services (providing level 1 & 2 services) at clinics in Blaydon, Dunston, Wrekenton and Low Fell. Dedicated services for young people are available at some sites. The service also provides outreach services to priority groups who may be vulnerable and reluctant to visit clinics. The contract runs to the end of March 18, with the option to extend for a further year.

  Figure 1: Integrated Sexual Health Model

- Additionally, residents may choose to access services outside of the area. Local authorities are mandated to ensure comprehensive, open access, confidential sexual health services are available to all people who are present regardless of area of

residence. The greatest flow of Gateshead residents out of area is to the New Croft Centre in Newcastle. There are also specialist services in Newcastle for people with HIV (NHS England does not commission HIV specialist services within Gateshead).

Commissioning responsibilities

- Gateshead Council commissions the ISHS, as well as contraceptive and sexual health services from GPs and emergency hormonal contraception from pharmacies.
- Newcastle Gateshead CCG commissions terminations of pregnancy and contraception for gynaecological reasons (Mirena Coil for Menorrhagia).
- NHS England commissions routine primary care services that may include the testing and treatment of STIs, and referral to relevant specialist services, as well as specialist services including HIV treatment.

(See Appendix B for further detail)

6. Sexual Health Needs in Gateshead

Overview

Sexual health needs vary according to factors such as age, gender, sexuality and ethnicity, and some groups are particularly at risk of poor sexual health. It is crucial that individuals are able to live their lives free from prejudice and discrimination. However, while individuals' needs may vary, there are certain core needs that are common to everyone. There is ample evidence that sexual health outcomes can be improved by:

- accurate, high-quality and timely information that helps people to make informed decisions about relationships, sex and sexual health;
- preventative interventions that build personal resilience and self-esteem, and promote healthy choices;
- rapid access to confidential, open-access, integrated sexual health services in a range of settings, accessible at convenient times;
- early, accurate and effective diagnosis and treatment of sexually transmitted infection (STIs), including HIV, combined with the notification of contacts who may be at risk; and
- joined-up provision that enables seamless patient journeys across a range of sexual health and other services – this will include community gynaecology, antenatal and HIV treatment and care services in primary, secondary and community settings;
- providing services to vulnerable groups who are particularly at risk of poor sexual health including children in care and Care Leavers.

Reducing the burden of HIV and STIs requires a sustained public health response based around early detection, successful treatment and partner notification, alongside promotion of safer sexual and health-care seeking behaviour.

Every effort should be made to eliminate local barriers to pregnancy diagnosis and where requested abortion referral, STI testing and contraception provision (which should be made available free and confidentially at easily accessible services). Alongside the effective clinical response, promoting safer sexual behaviour among individuals –

including use of the most effective contraceptives, condom use and regular testing – remains crucial.

Sexually transmitted infections in Gateshead

In 2014 (the most recent year for which full data is available) 1534 new STIs were diagnosed in residents of Gateshead, a rate of 767.0 per 100,000 residents (compared to 797.2 per 100,000 in England). More than half (56%) of these new STIs were in young people aged 15-24 years (compared to 46% in England).

The following data relate to 2015 and to Gateshead unless otherwise stated.

The most commonly diagnosed STI is chlamydia, with 227 cases per 100,000 people. Chlamydia is most prevalent amongst young people, with two thirds of cases across the north east occurring amongst those aged 16-24. Although there has been a fall in the number of cases in the most recent figures, the rate of diagnosis had previously changed little since 2007. There is broadly an even gender balance in chlamydia cases, but men who have sex with men (MSM) account for almost 10% of the male cases. The diagnosis rate amongst 16-24 year olds in Gateshead is 1761 per 100,000, compared to a national target rate of 2,300 (a key Public Health Outcomes Framework – PHOF – indicator), and a national rate of 1861 (both per 100,000). This rate is a measure of control activity rather than the level of the disease in the community.

The diagnosis rate of gonorrhoea is worse than the regional but better than the England average, with 69.7 diagnoses per 100,000, compared to 57.8 across the North East and 72.5 nationally. Almost two thirds of gonorrhoea cases were amongst men, although the proportion of cases amongst women has risen, indicating a rise in heterosexual transmission. Infections with gonorrhoea are more likely than chlamydia to result in symptoms and it is used as a marker for rates of unsafe sexual activity: the number of cases may be a measure of access to STI treatment, and has increased significantly – by more than 125% – since 2010 in Gateshead.

There were 10.5 cases of syphilis per 100,000 people in Gateshead, most of which are amongst men. This compares with a North East rate of 5.9 and a national rate of 9.5 per 100,000. The local rate has not changed significantly since 2010.

The diagnosis rate of genital warts in Gateshead is also worse than the North East average, with 137 first cases per 100,000, but the rate has not changed significantly since 2012. Genital warts are the second most commonly diagnosed STI in the UK and are caused by infection with specific subtypes of human papillomavirus (HPV); recurrent infections are common, with patients returning for treatment. Between 2014 and 2015 across the North East there was a drop in infection rates amongst women aged under 20, which is likely to be linked to the introduction of the HPV immunisation programme in 2008. Note that the HPV vaccination uptake coverage in Gateshead is 93.5%, compared to the England average of 86.7% and regional average of 91.3%.

There were 65 cases of herpes per 100,000 people in Gateshead. This has risen since 2012, but not significantly. More than 50% of cases recur, and the herpes simplex virus

cannot be cured: treatment can however reduce the frequency and severity of symptoms.

There were fewer than 10 new HIV diagnoses in Gateshead in 2015, and each year across the North East there are approximately 5 new cases per 100,000 people (this is approximately half the national rate). In Gateshead it is estimated there are approximately 190 people living with HIV. Diagnosis late in the course of disease has a substantial impact on long-term outcomes, and in Gateshead between 2012 and 2014, an estimated 27% of HIV diagnoses were made at a late stage, compared to 42% in England. The demographics of people newly diagnosed with HIV have changed considerably in the North East in recent years: the proportion of cases diagnosed in MSM has increased, following a long period where heterosexual transmission was more common; in addition, an increasing proportion – now over 50% – of patients newly diagnosed with HIV identify as 'white British'.

Overall, in 2014 a lower percentage of all tests carried out (excluding chlamydia in under 25yr olds) were actually diagnosed as positive: this is a lower positivity rate than the England average.

In 2014, 7% of North East residents diagnosed with a new STI in a GUM clinic were MSM, but they accounted for 67% of syphilis infections, and 23% of gonorrhoea. For Gateshead men, where sexual orientation was known 19.4% of new STIs (GUM clinics only) were among MSM. In Gateshead in 2015, 91% of male syphilis cases and 49% of male cases of gonorrhea were MSM.

Across the north east, black ethnic groups are disproportionately affected by STIs: in 2014, those who identified as 'black Caribbean' have an incidence of STIs that is 230% higher than those who identify as 'white'.

In the five year period from 2010 to 2014, an estimated 8.7% of women and 8.3% of men presenting with a new STI at a Gateshead GUM clinic were re-infected with a new STI within twelve months.

Where data are available (for chlamydia, gonorrhoea and syphilis), they show that across the North East as a whole STI incidence rates are highest in the most deprived areas.

Reproductive health in Gateshead

In 2014 there were 2753 conceptions to women in Gateshead, a rate of 72.0 per 1,000 women aged 15-44. This is higher than the North East rate (70.5) but lower than the England rate (78.0).

Amongst under-18's, the conception rate was 34.7 per 1,000 women aged 15-17, compared to 30.2 per 1,000 across the North East and 22.8 per 1,000 in England as a whole. Approximately 41.2% of all teenage conceptions led to abortion, compared to 40.1% across the North East and more than half (51.1%) in England overall. The local under-18 birth rate was 11.4 per 1,000, compared to 10.4 per 1,000 across the North

East and 6.7 in England. Teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.

In 2015, the total abortion rate in Gateshead was 15.1 per 1,000 women aged 15-44, which is higher than the regional rate of 14.1 but lower than the national rate of 16.7. Amongst women aged under 25, the abortion rate is lower, at 12.4 per 1,000, but 24.3% of women in this age group having an abortion have had one before – this is similar to the proportion across the North East as a whole (24.0%) but lower than England overall (26.5%). High levels of previous abortions are an indicator of lack of access to good quality contraception services and advice as well as problems with individual use of contraceptive method.

In 2014 the total rate of long acting reversible contraception (LARC) prescribed, excluding injections, per 1,000 women aged 15-44 was 51.5 for Gateshead, 49.1 for North East and 50.2 in England. In primary care the rate was 27.4 for Gateshead, 26.7 for North East and 32.3 in England. The rate of LARCs prescribed in sexual and reproductive health (SRH) services per 1,000 women years was 24.1 for Gateshead, 22.4 for North East and 17.8 for England. Amongst women using the specialist sexual health services, 59.2% chose user-dependent methods, such as condoms or the pill, that rely on daily compliance. LARC methods, such as contraceptive injections, implants, the intra-uterine system (IUS) or the intrauterine device (IUD), are highly effective as they do not rely on daily compliance and are more cost effective than condoms and the pill. However, it should be noted that although injections are easily given and do not require the resources and training that other LARC methods require, they have a higher failure rate than the other LARC methods.

7. Challenges

Based on the needs, activity, and feedback from stakeholders the main challenges we need to address are:

- *Low awareness of sexual health matters:*
  There is a perception amongst professionals working in the field that service users have a low level of awareness of sexual health matters, although we have limited local data on this[2]. This includes understanding what and how sexual health issues affect individuals; how to maintain good sexual health; what services are available and, importantly, when and how to access them. There is no population-based activity to promote and educate on sexual wellbeing. PHSE is no longer a part of the

[2] In the Gateshead Health Related Behaviour Survey (2012), 43% of Yr 12-15 pupils said they either had 'never heard of' chlamydia or 'knew nothing about it' and 17% of pupils said that they knew that there was a special contraception and advice centre available locally for young people.

schools' curriculum, although some work is being done across the NE region to review provision of sex and relationships education.

- *Poor sexual health and risk-taking*
  "Poor sexual health is not evenly distributed across society. It is linked closely to deprivation and is associated with particular disadvantaged groups within the population"[3]. A national survey has found that people tend to have more sexual partners than 25 years ago, and that pregnancy is a conscious choice in only approximately 55% of pregnancies[4]. Unplanned pregnancy is associated with poorer outcomes for both mother and child. Although the needs section above shows on many measures Gateshead is performing close to the national or regional averages, there are nevertheless high rates of U18 conceptions, approximately 1 in 5 conceptions ends in abortion and STIs are common (particularly amongst young people aged under 25, MSM and in more deprived areas).
- *Lack of early identification and intervention in STIs, and high rates of transmission*
  Locally around 8.5% of people diagnosed with a new STI at a GUM clinic during the five year period from 2010 to 2014 were re-infected with a further new STI within twelve months. In Gateshead, between 2012 and 2014, 26.7% (95% CI 12.3-45.9) of HIV diagnoses were made at a late stage of infection.
- *Limited collaboration between commissioners and amongst providers*
  The multiplicity of commissioners and providers of sexual health services make collaboration more complex, but essential – for example to ensure seamlessness between services. There are however legal frameworks governing interactions, for example to protect patient confidentiality.
- *Need to develop workforce*
  There is a need to ensure all staff have an appropriate level of knowledge and skill in respect of sexual health for their role. This applies to clinical and non-clinical staff working in general practices and pharmacies, the integrated sexual health service and in other services where staff may touch on sexual health matters (for example in A&E, midwifery and local authority children's and adults social care teams) – every contact counts. Training needs to be tailored for different roles.
- *Access to services*
  This includes issues of location, appointments systems, choice, the website and travel into neighbouring areas. Some concerns have been expressed about access and waiting times, given the balance between appointments and drop-in sessions, timing of some sessions, etc. The website provides a good base to promote access.

8. Objectives

- To develop individuals' awareness, across the life course, of what sexual and reproductive health issues affect them and of how to maintain good sexual health;

[3] Lancet Editorial: Sex, health, and society: ensuring an integrated response. Lancet 2013; 382: 1787
[4] Wellings K et al. The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). Lancet 2013; 382: 1807–16

- To ensure Gateshead has a full range of sexual and reproductive health services, accessible to all, in line with national policy and guidance that meets the need of the local population;
- To reduce levels of unplanned conceptions and ensure services support and facilitate women's reproductive choices;
- To ensure that people with sexually transmitted infections are identified early and receive appropriate treatment and support, leading to reduced transmission, and reduced risk to individuals and communities;
- To develop a skilled workforce across primary care and specialist services; and
- To ensure there is a joined-up approach to commissioning and provision of sexual health services for the residents of Gateshead.

7. The Strategy

Our strategy will be underpinned by broad work on
- Better prevention
- Better services
- Better commissioning.

We will also focus on sexual health across the life-course approach, for
- Children and young people
- Adults up to age 50
- Vulnerable/priority groups (MSM, BME, HIV, homeless, people with learning disabilities) and
- Older adults.

A. Better prevention

Why is this important?
- People of all ages need to be able to make informed decisions about their sexual relationships, understand the sexual health risks they face and know how to protect themselves from unwanted conceptions and STIs, including awareness of how to access services;
- The level of conceptions, abortions, previous abortions and incidence of STIs has been outlined above;
- Early identification and treatment of STIs is likely to reduce the risk of onward transmission, leading to reduced incidence.

What are we already doing?
- The ISHS has lead responsibility locally for communications and campaigns;
- Working with other organisations regionally to maximise local impact of national campaigns;
- A regional group co-ordinates local campaigns and communication activities;
- The ISHS maintains a website that provides information on services and wider sexual health matters;

- Dual-screening young people (aged 15-24) for chlamydia and gonorrhoea, both in clinics and via self-testing kits;
- Providing free condoms via the C-card scheme. A regional group helps co-ordinate schemes across the North East;
- Uptake of HPV immunisation locally is high.

Areas for action

- Increase proportion of women using LARC rather than user-dependent methods of contraception, particularly via GP practices;
- Raise uptake of dual-screening tests for young people;
- Review C-card programme to increase availability and uptake, including considering use of further outlets;
- Develop programme of campaigns and increase on-line and social media presence to raise awareness of sexual health, including risks and the signs and symptoms of infection, in the local population;
- Raise awareness of sexual health, including risks and the signs and symptoms of infection, amongst staff across agencies to promote early intervention for treatment.

B. Better Services

Why is this important?

- A comprehensive sexual health service is essential to meet the needs of the local population. This should include "Level 1" services such as risk assessment, contraceptive information, pregnancy testing, screening and immunisation; "Level 2" services including testing for and treating sexually transmitted infections and provision of LARC; and "Level 3" services including outreach and specialised treatment. Not all services can be provided locally within Gateshead;
- A comprehensive service has to be accessible: this includes location and timing of services, publicity and how people are treated when they attend;
- For many women the GP is their first port of call for sexual health matters, and 80% of school age children have visited their GP in the previous 12 months. Provision of sexual health services enables GPs to retain useful skills, eg in counselling;
- Services can only do so much. If we want people to maintain their own good sexual health then we need to provide them with the tools to achieve this.

What are we already doing?

- The ISHS in Gateshead (see above) provides GUM and reproductive services on an open access basis, through the hub and spoke model;
- The ISHS's website http://www.gatesheadsexualhealth.co.uk/ includes information on all services available, including C-card, dual screening, clinic times, etc;
- There is expertise in the ISHS which can support service delivery and training of others;
- Working with colleagues in the region to establish a regional framework for LARC training;
- GPs provide contraceptive advice and other services as part of their routine primary care, and a number of them are additionally commissioned to provide LARC;

- A number of pharmacies provide emergency hormonal contraception;
- The ISHS delivers training open to all staff with an interest in sexual health, including GPs and practice nurses, youth workers, and safeguarding teams;
- A regional research group shares good practice and innovation in sexual health services.

Areas to consider for action

- The configuration of local services needs to be kept under constant review to reflect identified need, patterns of access, levels of use, emerging challenges, the resources available, etc. This includes the geographic delivery through the hub and spoke model, clinic availability and appointments systems. This will require collating and monitoring service data and improving the quality of data;
- Development of the relationship between the ISHS, GP practices and pharmacies as a network of services supported by the ISHS;
- Establish contraceptive pathways with abortion providers to ensure timely access to contraception pre- or post-abortion;
- The ISHS website needs to be reviewed and developed further – for example to allow on-line booking of appointments and on-line services etc.;
- Need to develop a formal training programme on an on-going basis, to ensure staff within the ISHS, others directly delivering sexual health services such as GPs, practice nurses and Pharmacists, as well as others with a key role in improving sexual health, including youth workers, teachers, social care staff, midwives and health visitors, have access to relevant training;
- Using innovative practice and outreach to engage with vulnerable and hard to reach groups.

C. Better commissioning

Why is this important?

- The Local Authority has a duty to "*provide, or … secure the provision of, open access sexual health services in its area*". This should be based on an understanding of the sexual health needs of the local population;
- This means that everyone in a local authority area must be able to access services, irrespective of age, gender or sexual orientation, and without referral through a professional such as a GP;
- There are multiple providers and multiple commissioners of sexual health services, so we need to ensure there are no gaps between providers, and to minimise any duplication whilst preserving choice;
- Patients move between different providers at different times for different interventions, or along a single pathway.

What are we already doing?

- A sexual health needs assessment was carried out in 2014 and is summarised and updated above;
- Gateshead Council commissions the ISHS (see section 3) as well as commissioning some sexual health services via GPs and Pharmacies (see above);

- Gateshead has initiated commissioning of HIV home sampling service as part of a national campaign to improve access and increase testing;
- Gateshead residents can also access services in other areas, for example where they work. There is a high level of use of services in Newcastle;
- The performance of the local service is monitored to help us to judge whether we are achieving our goals, target activity on emerging problems, etc.;
- Gateshead Council is reviewing how we pay for the integrated service: at present the contraceptive service is under a block contract, whilst the GUM elements are paid via a tariff;
- There is a regional project underway to explore the potential for greater collaboration between commissioners across the North East;
- Gateshead Council convenes a sexual health partnership which aims to promote good sexual health and wellbeing.

Areas for action

- The Council will change the way it procures services from GPs and Pharmacies to make this less bureaucratic and increase coverage;
- The Council will work with STFT to ensure the service provided represents the best value for money, taking account of the outcome from the development work on the integrated tariff and the resources available to the Council;
- The Council will ensure the KPI's used in the contract with the provider reflect the most important issues for sexual health services and the delivery of this strategy;
- The Council will consider whether to extend the contract with STFT into the 4th year. It will review current provision and explore future commissioning options and delivery models; and
- Review remit and membership of SHP.

D. Young people

Why is this important

- It is at this stage in life that most people start to form relationships and become sexually active, yet many young people do not receive sex and relationships education until after they or some of their peers have begun sexual activity;
- Young people remain one of the populations most at risk of poor sexual health. Young people therefore need to understand how and where to access services, and what services can do;
- Young people aged under 25 experience the highest STI rates, including chlamydia and gonorrhoea;
- Although the rate of teenage conceptions in Gateshead has fallen by almost 40% since 1998, it is the 11th highest in England, at 34.7 per 1,000. This is a key PHOF indicator: teenage pregnancy is associated with poorer outcomes for both young parents and their children;
- Young people, including children in need, can be at risk of exploitation;
- It is important to support young people who are looked after as part of the Council's Corporate Parenting responsibilities.

What are we already doing?

- SRE provision is a statutory requirement for pupils in secondary education in maintained schools, but not for independent schools, free schools or academies. However, content, status and quality of SRE is only subject to policy guidance. In Gateshead there are ten high schools (including Emmanuel College) but only two are maintained;
- A regional review of SRE is underway, led by Public Health England;
- The ISHS provides 3 sessions exclusively for young people, on Tuesday at Dunston, Thursday at Wrekenton, and Friday at Low Fell, although young people can also access any of the general clinic sessions;
- The ISHS is the responsible lead for the C card scheme that enable young people to obtain free condoms via a number of outlets across Gateshead;
- Supporting the development of the regional C Card App to increase awareness of C Card outlets;
- Dual screening young people for Chlamydia and Gonorrhoea is available via any of the ISHS clinics;
- The ISHS website has a specific section for young people;
- The Council now has responsibility for the commissioning the healthy child programme for children and young people aged 0-19.

Areas to consider for action

- Increase knowledge and awareness among all groups in the local population of sexual health and local sexual health services including:
  - all methods of contraception and where to access them;
  - the different STIs, associated potential consequences and what to do if you have symptoms;
  - how to reduce the risk of transmission;
  - building emotional resilience to increase the ability to make informed decisions about sexual relationships.

  Develop programme of campaigns targeted at young people, increase on-line and social media presence to raise awareness of sexual health;
- Establish links with schools and colleges as a means to increase knowledge and awareness amongst young people, as well as exploring potential for on-site delivery;
- Establish links with services supporting children in need to ensure sexual health services are accessible to them;
- Increase uptake of LARC through awareness campaigns and specialist training programmes;
- SHP to consider recommendations from regional SRE work, with Children's Services and local schools;
- Need to consider how to ensure the best fit between the healthy child programme and the ISHS, including early intervention and prevention through the 0-19 pathway;
- Consider how can we support parents to help them access information and guidance on how to talk to their children about relationships and sex;
- The ISHS is the responsible lead for the C card scheme that should enable young people to obtain condoms via a number of outlets across Gateshead;
- Raise uptake of dual-screening tests for Chlamydia and Gonorrhoea for young people, by increasing outlets and availability, including provision of home sampling kits;

- Consider use of “You’re welcome” branding.

E. Adults up to age 50

Why is this important

- Sexual activity is an important part of intimate relationships for most people;
- People need access to a choice of contraceptive methods to help them manage their fertility, and support and advice to help them in making those choices;
- A substantial proportion of STIs occur amongst this age group.

What are we already doing?

- The ISHS provides ready access to advice, contraception and testing and treatment for STIs;
- Many people in this age group use their GPs for access to contraception.

Areas to consider for action

- Increase knowledge and awareness among all groups in the local population of sexual health and local sexual health services including:
  - all methods of contraception and where to access them
  - the different STIs, associated potential consequences and what to do if you have symptoms
  - how to reduce the risk of transmission
  - building emotional resilience to increase the ability to make informed decisions about sexual relationships
- Increase uptake of LARC through awareness campaigns and specialist training programmes.

F. Priority and vulnerable groups

Why is this important

- There are groups within the population who are known to be at risk of exclusion from routine sexual health services. These include teenagers, Looked After Young People and Care Leavers, young people on the edge of care, the homeless and rootless, asylum seekers and refugees, those with mental health problems, women involved in the criminal justice system and victims of sexual violence, and those suffering from domestic abuse or from alcohol and drug problems;
- Universal approaches to sexual health improvement may not be relevant to these groups and others who are at high risk of STIs, for example MSM and those from black African and Caribbean backgrounds);
- Services have a statutory duty to make reasonable adjustments to accommodate the needs of groups with protected characteristics, such as people with learning disabilities;

- Local evidence[5] suggests most sex workers engage in so called 'survival' sex work; they present with multiple, complex problems including addiction, homelessness, mental ill health and offending. They are generally known to a wide range of services, though 'bounce around' statutory provision without engaging, representing a high cost with limited positive outcomes.

What are we already doing?

- The ISHS provides ready access to advice, contraception and testing and treatment for STIs, and seeks to target MSM through its website, etc;
- The ISHS is expected to prepare an annual equality impact assessment of its provision;
- All ISHS and practice staff are trained in and should work in accordance with safeguarding processes;
- Providing HIV home sampling tests (remotely requested via web) which are intended for vulnerable / high risk groups e.g MSM and those of African origins;
- STFT is undertaking an Equality Impact Assessment of the integrated service.

Areas to consider for action

- Increase knowledge and awareness among all groups in the local population of
  - all methods of contraception and where to access them
  - the different STIs and associated potential consequences
  - how to reduce the risk of transmission
  - building emotional resilience to increase the ability to make informed decisions about sexual relationships;
- There is a lack of information on the health needs of these groups and a lack of tailored sexual health promotion programmes or outreach services to engage with them. Measures could include developing links with other statutory services, such as Looked After Services, community and voluntary organisations (such as Evolve), and working with these to identify opportunities for outreach delivery or providing domiciliary appointments for certain groups;
- To consider and respond to the findings from the equality impact assessment of the service;
- Increase uptake of LARC for those at risk of exclusion, through awareness campaigns and specialist training programmes;
- To develop an understanding of the specific needs and barriers to service engagement for individuals vulnerable to sexual exploitation, with particular focus on those moving through the 'age of transition' and are most at risk of disengaging from services;
- To develop a plan to identify and support individuals with additional needs and high risk taking behaviour:
  - this should be informed by an equality impact assessment carried out by the ISHS
  - to understand the risks of STIs and how to protect themselves
  - to understand how alcohol and drug use impacts on decisions about sex, including negotiating safer sex

[5] PEER: Exploring the lives of sex workers in Tyne and Wear http://www.nr-foundation.org.uk/downloads/PEER_finalreport_full_v1_2.pdf

- to make "reasonable adjustments" in order to meet the individual needs of people with protected characteristics, e.g. those with learning disabilities;
- To ensure sexual health services are knowledgeable and appropriately trained in child sexual exploitation, trafficked and modern slavery of young people and young adults in the community;
- We will need to consider the local implications of any national decision on funding for HIV pre-exposure prophylaxis.

G. Older adults

Why is this important

- Although the need for sexual health services may reduce as people get older, their needs should not be overlooked;
- Older adults may be newly single following bereavement or relationship break-up, the need for sexual health services may be new to them, and they may have lower levels of awareness of those services and of risks;
- National data shows an increase in STI's amongst the over 50's population, although in the North East the absolute numbers of older people who receive diagnoses of STIs are small.

What are we already doing?

- The ISHS provides ready access to advice, contraception and testing and treatment for STIs;
- Many people in this age group use their GPs for access to contraception.

Areas to consider for action

- Increase knowledge and awareness among all groups in the local population of
  - all methods of contraception and where to access them;
  - the different STIs and associated potential consequences;
  - how to reduce the risk of transmission;
  - where to get access to prompt, confidential STI testing, treatment, information and support;
- Potential delivery of HIV treatment and care co-commissioned with NHSE.

8. Next Steps

Once this strategy is agreed, an action plan will be developed, setting out key milestones and lead responsibilities. The implementation will be monitored by the Sexual Health Partnership, supported by a revised performance framework focussed on the key public health outcomes, which will be part of the Council's overall performance reporting.

August 2016

Resources

- Better prevention, better services, better commissioning: the national strategy for sexual health and HIV. (Department of Health, July 2001)
- A Framework for Sexual Health Improvement in England (Department of Health, 15 March 2013)
- Commissioning Sexual Health Services and Interventions: Best Practice For Local Authorities (Department of Health, 21 March 2013)
- Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV (Public Health England, revised March 2015) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf
- NICE guideline PH3: Sexually transmitted infections and under-18 conceptions: prevention (National Institute for Clinical Excellence, February 2007)
- NICE guideline CG30: Long-acting reversible contraception (National Institute for Health and Care Excellence, October 2005 updated September 2014)
- NICE guideline PH51: Contraceptive services for under 25s (National Institute for Health and Care Excellence, March 2014)
- NICE Local Government Briefing LGB17: Contraceptive services (National Institute for Health and Care Excellence, March 2014)
- Improving outcomes and supporting transparency. Part 1A: A public health outcomes framework for England, 2013-2016 (Public Health England, November 2013)
- Gateshead Local Authority HIV, sexual and reproductive health epidemiology report (LASER): 2014 (Public Health England)
- Public Health England Fingertips Profile http://fingertips.phe.org.uk/profile/sexualhealth/data#page/1/gid/8000058/pat/6/par/E12000001/ati/101/are/E08000037
- North East Annual Sexually Transmitted Infections Report. Surveillance report. Data for 2015 (Public Health England Centre North East, Field Epidemiology Services. August 2016)
- The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 . (HM Government. Queen's Printer of Acts of Parliament, 2013).
- Standards for the management of sexually transmitted infections (STIs). (British Association for Sexual Health and HIV, 2010) http://www.bashh.org/documents/2513.pdf .
- An overview of Local Authority commissioned services for the prevention of sexually transmitted infection in the North East (draft report) (Simon Howard, Public Health England, 2016)
- Local sexual health strategies from: University Hospitals Birmingham (Umbrella), Hertfordshire County Council, London Borough of Ealing, London Borough of Wandsworth, Leicestershire County Council, Knowsley Council, St Helens Council, Durham County Council
- The Sex Education Forum: http://www.sexeducationforum.org.uk/home.aspx
- PEER: Exploring the lives of sex workers in Tyne and Wear http://www.nr-foundation.org.uk/downloads/PEER_finalreport_full_v1_2.pdf

Appendix A

Levels of sexual health services

Level 1:

- Sexual history and risk assessment
- STI testing for women
- HIV testing and counselling
- Pregnancy testing and referral
- Contraceptive information and advice
- Assessment and referral of men with STI symptoms
- Cervical cytology screening and referral
- Hepatitis B immunisation

Level 2:

- Intrauterine device insertion (IUD)
- Testing and treating sexually transmitted infections
- vasectomy
- Contraceptive implant insertion
- Partner notification
- invasive sexually transmitted infection testing for men

Level 3:

Level 3 clinical teams will take responsibility for sexual health services needs assessment, for supporting provider quality, for clinical governance requirements at all levels, and for providing specialist services which could include:

- outreach for sexually transmitted infection prevention
- outreach contraception services
- specialised infections management, including co-ordination of partner notification
- highly specialised contraception
- specialised HIV treatment and care

Source: Better prevention, better services, better commissioning: the national strategy for sexual health and HIV. (Department of Health, July 2001)

Appendix B

Commissioning responsibilities

Sexual Health Commissioning Responsibilities from April 2013

Local Authorities will	Clinical Commissioning	NHS Commissioning
comprehensive sexual health services, including: • Contraception,including LESs (implants) and NESs (intrauterine contraception) including all prescribing costs – but excluding contraception provided as an additional service under the GP contract • STI testing and treatment, chlamydia testing as part of the National Chlamydia Screening Programme and HIV testing • sexual health aspects of psychosexual counselling • Any sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, services in schools, colleges and pharmacies	most abortion services (but there will be a further consultation about the best commissioning arrangements in the longer term) sterilisation vasectomy non-sexual health elements of psychosexual health services gynaecology, including any use of contraception for non-contraceptive purposes.	contraception provided as an additional service under the GP contract HIV treatment and care, including post-exposure prophylaxis after sexual exposure promotion of opportunistic testing and treatment for STIs, and patient requested testing by GPs sexual health elements of prison health services Sexual Assault Referral Centres cervical screening specialist fetal medicine

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Gateshead Council

REPORT TO CABINET
7 February 2017

TITLE OF REPORT: **Proposal for Increase to Hackney Carriage Fare Maxima**

REPORT OF: **Paul Dowling, Strategic Director, Communities and Environment**

Purpose of the Report

1. Cabinet is asked to consider the request by Laurence Byers, Director, Streetcars Taxis Ltd for an increase in the maximum fares that can be charged for hackney carriage journeys in the Borough.

Background

2. The Council has the power to fix the maximum fares charged for hackney carriage journeys within the Borough, under section 65(1) of the Local Government (Miscellaneous Provisions) Act 1976.

3. Under the Constitution, the Service Director, Development, Transport and Public Protection is authorised to deal with all applications for hackney carriage fares to be increased in accordance with the Council's agreed hackney carriage fare formula which was approved by Cabinet on 27 January 2004.

4. The most recent Hackney Carriage fare increase was granted under these delegated powers in November 2014. The increased fares have been effective from 26 November 2014.

5. The request made by Mr Byers is not in accordance with the Council's agreed hackney carriage fare formula in that it proposes a percentage increase exceeding that which the formula determines at this point in time. Cabinet is therefore asked to consider the request.

Proposal

6. The request from Mr Byers is attached in Appendix 2.

7. The attached tables Appendices 3 and 4 show the current and proposed tariffs together with the tariff derived by applying the formula for comparative purposes. The figure derived from the formula is -1.69% (a reduction of 1.69%) whereas Mr Byers has requested a 15% increase.

9. The justification offered by Mr Byers for the proposed increase is as follows:

"I have just been reading this months Private Hire Monthly magazine and note that based on a 2 mile journey Gateshead Council has the lowest rates of any borough within the region.

Due to the increased living costs and the recent rise in minimum wage I would propose a 15% rise in metered fares, this would make us comparable to Newcastle (£5.80) & Durham (£5.90). Currently Gateshead runs at £5.10 for a 2 mile journey and this increase would take us to £5.86 for the same distance. I would hope this increase would also be incorporated into T2."

10. The issues for consideration are:

- whether the requested rise, or any alternative rise in hackney carriage fares is reasonable
- whether the requested rise should be authorised at this point in time subject to a consultation being undertaken with the hackney carriage trade and more widely to obtain their views on the suggested increase.

Recommendation

11. It is recommended that Cabinet agrees to take the matter to consultation with the Hackney Carriage trade and more widely including a notice in the press and if any objections are received to bring the matter back for a decision to be made as to the merits of any increase and the appropriate amount of that increase.

For the following reasons:

To ensure that any increases in the hackney carriage tariff do reflect the true costs of running and providing a hackney carriage service.

CONTACT: John Bradley Extension: 3905

Policy Context

1. The purpose of the Council's licensing function is to protect public safety. The functions of the Council with respect to hackney carriage licensing contribute towards the Council Plan 2015 - 2020 and in particular the shared outcomes of:

    - Prosperous Gateshead - a thriving economy for all
    - Live Love Gateshead – a sense of pride and ownership by all
    - Live Well Gateshead - a healthy, nurturing and inclusive place for all

    The licensing function also contributes to the fulfilment of the Council's vision for Gateshead, Vision 2030 which is: "*Local people realising their full potential, enjoying the best quality of life in a healthy, equal, safe, prosperous and sustainable Gateshead".*

2. The Local Transport Plan for Tyne and Wear reflects t the importance of the provision of taxis as part of the local transport network.

Background

3. The Council has the power to fix the fares charged for hackney carriage journeys within the Borough, under section 65(1) of the Local Government (Miscellaneous Provisions) Act 1976.

4. Under the Constitution, the Service Director, Development, Transport and Public Protection is authorised to deal with all applications for hackney carriage fares to be increased in accordance with the Council's agreed hackney carriage fare formula which was approved by Cabinet on 27 January 2004.

5. Requests for tariff rises that are not in accordance with the formula or which propose to substantially change the structure of the formula must be considered by Cabinet.

Consultation

6. The Cabinet Members for Environment and Transport have been consulted. There has been no external consultation to date as this will form the next part of the process.

Alternative Options

7. The alternative option to the proposal to be consulted upon is through a statutory process of advertisement and referral back to Cabinet for consideration of any objections.

Implications of Recommended Options

8. **Resources**

   a. **Financial Implications** – The Strategic Director, Corporate Resources, confirms that there are no direct financial implications arising from the recommendations of this report. The cost of the proposed consultation can be accommodated from within existing resources.

   b. **Human Resources Implications** – There are no human resources implications from the recommended options.

   c. **Property implications** – There are no property implications arising directly from this report.

9. **Risk Management Implications** – There are no risk management implications from the recommended options.

10. **Equality and Diversity Implications** – There are no equality and diversity implications from the recommended options.

11. **Crime and Disorder Implications** – There are no crime and disorder implications from the recommended options.

12. **Health implications** - There are no health implications arising from this report

13. **Sustainability Implications** – There are no sustainability implications from the recommended options.

14. **Human Rights Implications** – There are no human rights implications from the recommended options.

15. **Area and Ward Implications** – This report affects all wards equally.

Background Information

These documents that have been considered in preparation of the report:

- Local Government (Miscellaneous Provisions) Act 1976
- Gateshead Council's hackney carriage fare formula (2004)

APPENDIX 2

Request for increase in Hackney Carriage Tariff from Laurence Byers received on 7 October 2016

"I have just been reading this months Private Hire Monthly magazine and note that based on a 2 mile journey Gateshead Council has the lowest rates of any borough within the region.

Due to the increased living costs and the recent rise in minimum wage I would propose a 15% rise in metered fares, this would make us comparable to Newcastle (£5.80) & Durham (£5.90). Currently Gateshead runs at £5.10 for a 2 mile journey and this increase would take us to £5.86 for the same distance. I would hope this increase would also be incorporated into T2."

APPENDIX 3

Comparison of Current Tariff and Proposed Tariff

Distance	Tariff 1			Tariff 2		
	Current	**Proposed (15%)**	**As per Formula (-1.69%)**	**Current**	**Proposed (15%)**	**As per Formula (-1.69%)**
500m (Walker Terrace rank to Gateshead Magistrates Court)	£2.50	£2.90	£2.40	£3.00	£3.50	£2.90
1km (Walker Terrace rank to Sage Gateshead)	£2.90	£3.50	£2.80	£3.60	£4.10	£3.50
2km (Low Fell rank to Wrekenton)	£3.90	£4.50	£3.80	£4.80	£5.50	£4.70
3km (Tesco rank to Carr Hill)	£4.90	£5.50	£4.80	£6.00	£6.90	£5.90
5km (Low Fell rank to The Gate, Newcastle)	£6.70	£7.00	£6.60	£8.20	£9.50	£8.10
10km (Walker Terrace rank to Blaydon)	£11.30	£12.90	£11.20	£14.20	£16.50	£14.10

APPENDIX 4

Distance	Tariff 1			Tariff 2		
	Current	**Proposed (15%)**	**As per Formula (-1.69%)**	**Current**	**Proposed (15%)**	**As per Formula (-1.69%)**
1 mile (Walker Terrace rank to Gateshead Int Stadium)	£3.50	£4.10	£3.40	£4.40	£4.90	£4.30
2 miles (Walker Terrance rank to Queen Elizabeth Hospital)	£5.10	£5.90	£5.00	£6.20	£7.30	£6.10
3 miles (Tesco rank to Gold Medal pub)	£6.50	£7.50	£6.40	£8.20	£9.50	£8.10
4 miles (Low Fell rank to Baja Beach Club)	£8.10	£9.10	£8.00	£10.00	£11.50	£9.90
5 miles (Tesco rank to Ravensworth Arms)	£9.50	£10.90	£9.40	£11.80	£13.90	£11.70
6 miles (Low Fell rank to Chester-le-Street)	£11.10	£12.10	£11.00	£13.60	£16.10	£13.50

Tariff 1: At any time other than when Tariff 2 is in effect
Tariff 2: 23:00 – 07:00 hours Monday to Saturday; all day Sunday and Public and Bank Holidays; 18:00 hours on 24 December to 07:00 hours on 27 December; 18:00 hours on 31 December to 07:00 hours on 2 January

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REPORT TO CABINET
7 February 2017

TITLE OF REPORT: **Nomination of Local Authority School Governors and Re-appointment of an Academy Governor**

REPORT OF: **Sheila Lock, Interim Strategic Director Care, Wellbeing and Learning**

Purpose of the Report

1. Cabinet is asked to:
   - Nominate Local Authority Governors to schools seeking to retain their Local Authority governor in accordance with The School Governance (Constitution) (England) Regulations.
   - Re-appoint a Local Authority governor in accordance with Article 51 (Articles of Association of Academies) to an academy seeking to retain their Local Authority governor.

Background

2. Schools - The School Governance (Constitution) (England) Regulations require all governing bodies to adopt a model for their size and membership. The regulations prescribe which categories of governor must be represented and what the level of representation is for each. The Local Authority's nomination is subject to the approval of the governing body. If approved, the nominee is appointed by the governing body.

3. Academies - Academy Articles of Association (article 51) states the Local Authority may appoint a Local Authority governor to the Academy. The proposed appointee has Disclosure and Barring Service clearance for appointment in an academy.

Proposal

4. It is proposed that Cabinet approves the nominations/reappointment to schools/ academy as shown in appendix 1.

Recommendations

5. It is recommended that Cabinet:

   (i) Approves the two nominations and the reappointment of Local Authority Governors to ensure the School Governing Bodies and Academy have full membership.
   (ii) Notes the Term of office;
   Schools - as determined by the school's Instrument of Government
   Academy - as determined by the academy's Articles of Association.

CONTACT: Leone Buchanan extension: 8534

APPENDIX 1

Policy Context

1. **Schools**
In accordance with The School Governance (Constitution) (England) Regulations, local authorities can nominate any eligible person as a Local Authority governor. Statutory guidance encourages local authorities to appoint high calibre governors with skills appropriate to the school's governance needs, who will uphold the school's ethos, and to nominate candidates irrespective of political affiliation or preferences. A person is disqualified as a Local Authority governor if they are eligible to be a Staff governor at the same school.

Academies
Academy Articles of Association come into force in each individual academy on the date of incorporation under the Companies Act 2006 (amendments to articles may subsequently arise). In accordance with Article 51 the Local Authority may appoint the Local Authority governor.

Consultation

2. The Cabinet Members for Children and Young People has been consulted.

Alternative Options

3. The alternative option would be to make no nomination/appointment to the vacancies, leaving governing bodies under strength and less likely to demonstrate the correct configuration.

Implications of Recommended Option

4. **Resources:**

a) **Financial Implications -** The Strategic Director, Corporate Resources confirms there are no financial implications arising from this report.

b) **Human Resources Implications –** There are no implications arising from this report.

c) **Property Implications –** There are no implications arising from this report.

5. **Risk Management Implication -** None

6. **Equality and Diversity Implications -** None

7. **Crime and Disorder Implications -** None

8. **Health Implications -** None

9. **Sustainability Implications -** None

10. **Human Rights Implications -** None

11. **Area and Ward Implications -** None

12. **Background Information**

The School Governance (Constitution) (England) Regulations.
Individual Academy Articles of Association.

13. **Local Authority Governor Nominations / Academy Appointments**

Schools
In accordance with the School Governance (Constitution) (England) Regulations 2012, the following Local Authority governors are nominated for a period of four years (as stipulated in the individual Instrument of Government) with effect from the date stated below:

School	Nomination	Date from
Glynwood Primary	Cllr Jean Lee	12 April 2017
Parkhead Primary	Cllr Julie Simpson	16 April 2017

Academies
In accordance with individual Academy Articles of Association the following Local Authority governor is nominated for re appointment for a period of four years with effect from the date stated below:

Academy	Appointment	Date from
Joseph Swan	Mr Peter De-Vere	12 February 2017

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