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THANET HEALTH AND WELLBEING BOARD

9 MARCH 2017

A meeting of the Thanet Health and Wellbeing Board will be held at **10.00 am on Thursday, 9 March 2017** in the Council Chamber, Council Offices, Cecil Street, Margate, Kent.

Membership:

Dr Tony Martin (Chairman): Hazel Carpenter, Councillor L Fairbrass, Councillor Gibbens, Clive Hart, Madeline Homer, Mark Lobban, Sharon McLaughlin, Colin Thompson and Councillor Wells

A G E N D A

Item No

1. **APOLOGIES FOR ABSENCE**
2. **DECLARATION OF INTERESTS**
3. **MINUTES OF THE PREVIOUS MEETING** (Pages 3 - 6)
To approve the minutes of the meeting held on 12 January 2017.
4. **MATERNAL SMOKING CESSATION UPDATE** (Pages 7 - 12)
5. **EAST KENT DELIVERY BOARD UPDATE**
6. **INTEGRATING CHILDREN'S COMMISSIONING** (Pages 13 - 16)

Declaration of Interests Form

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THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 12 January 2017 at 10.00 am in the Council Chamber, Council Offices, Cecil Street, Margate, Kent.

Present: Dr Tony Martin (Chairman); Councillors L Fairbrass (Thanet District Council), Councillor Gibbens (Kent County Council), Clive Hart (Thanet Clinical Commissioning Group), Madeline Homer (Thanet District Council), Mark Lobban (Kent County Council) and Colin Thompson (Kent County Council)

In Attendance: Maria Howdon

7. APOLOGIES FOR ABSENCE

Apologies were received from the following Board members:

Hazel Carpenter;
Sharon McLaughlin;
Councillor Wells.

8. DECLARATION OF INTERESTS

There were no declarations of interest made at the meeting.

9. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 10 November 2016 were agreed as a correct record.

10. THE KENT DRUG AND ALCOHOL STRATEGY

Colin Thompson, Public Health Specialist, KCC introduced the item for discussion.

The key points for noting are that:

- A public consultation on the strategy is currently underway, having been launched on 09 January 2017 and would end on 19 February 2017;
- The finalised strategy will be presented to the KCC Adult Health & Social Care Cabinet Committee by end of February, before sign-off by Councillor Gibbens and implementation in April, 2017;
- This proposals is built on the previous KCC Alcohol Strategy and the Kent Police Drugs and Alcohol Strategy;
- Governance arrangements for this strategy will be through the Joint Commissioning Group for Drugs and Alcohol that meets bi-monthly;
- Any views raised the Group will be fed into the Kent Drugs and Alcohol Partnership, which meets twice per year;
- Reports will then be taken to the county wide Health and Wellbeing Board and the county wide Crime Partnership Board;
- The strategy is built around 5 key themes, which are:
 - Resilience
 - Identification
 - Early help and harm reduction
 - Recovery
 - Supply

Members of the Board made the following comments:

- It was important to cross link issues that affect vulnerable people. For example individuals with mental health problems may also experience housing problems;
- This meant that access to improved housing should be an integral part of health promotion services;
- Agencies should provide appropriate advice and referrals;
- It was important to for the strategy to be translated to local engagement by various agencies;
- Issuing of off licences should be scaled down in the future in order to reduce domestic violence linked to alcohol misuse;
- It was hoped that the new strategy would raise health risk awareness of issues that affect older people in the community;
- Mental health is an issue that needs tackling in Thanet using dual diagnosis;

In response Colin Thompson said that:

- There is an Inequalities Group, which is a sub group of the Thanet CCG. They will monitor the implementation of the Kent Drug and Alcohol Strategy focusing on a Plan that will be developed specifically for Thanet area;
- Dual diagnosis was working well as an approach to addressing mental health problems in the county;

The Chairman suggested the need for the authorities to come up with high impact measures to address some of the health problems being experienced by communities. This could include setting the minimum prices for alcohol. One Board member suggested that such views could be forwarded to the LGA who then could lobby government. Madeline Homer offered to take the lead on that issue because Thanet District Council was already engaging the LGA on other policy matters. The Board agreed the suggestion.

Members noted the report.

11. **SUICIDE PREVENTION**

Mr Thompson introduced the item for discussion.

It was noted that:

- The approach by the campaign to target displaced individuals was appropriate as they were more vulnerable to depression and suicide;
- The campaign is making some progress and was getting some positive feedback;
- It was difficult to predict the trend. However the intervention by the KCC was dependent on making near accurate prediction of data (which can be variable due the small nature of the population of the some of the areas that were affected by suicides) and hence the challenge to intervene appropriately;
- There is a further campaign being arranged for this year on 'Release the Pressure;'
- Man are more common to be involved in suicide;

Members made the following observations:

- It looks like most of the problems highlighting as being the cause of suicides are work related.
- Having a proper job that gives someone a stable future would help reduce the risk of suicides that are work related/lack of work and give an individual (especially the young ones) a sense of purpose in life;
- Posters with awareness messages should be put in in more places than GP surgeries. The options could include supermarkets and schools
- Early intervention to support individuals who may be experiences such problems that make them vulnerable to suicide.

In response to one of the comments, Colin Thompson agreed to feedback to colleagues working on the campaigns to consider more options on where to place the posters.

The report was noted.

12. EAST KENT DELIVERY BOARD UPDATE

Ailsa Ogilvie, Chief Operating Officer, Thanet CCG introduced the item for discussion and gave an update on the NHS Strategic Transformation Plan (STP) and East Kent Delivery Board.

It was noted that:

- There were some challenges facing the NHS;
 - These include an aging population;
 - Long term health conditions;
 - Significant funding gap of @ £28 Billion;
- At the national level the response to these challenges is the 5 year Forward View and the establishment of the STP;
- The focus is on:
 - Prevention;
 - Reaching people earlier;
 - Supporting people to self-manage;
 - Options for service re-design;
 - Focus to close the funding gap;
 - Focus on how we change the ways of working (for example in Thanet) in order to achieve greater results with less.
- Emphasis is on collaboration between agencies (including commissioning groups);
- Ambition is to narrow health inequalities;
- Establishing strong local care to support new hospital models;
- The STP has gone to an initial public consultation that started in November 2016;
- All work streams within the STP and EK Delivery Board are active including;
- Mobilisation workshops have been scheduled;
- Public engagement events with patient groups in Thanet are being planned for the out of hospital work stream;
- Kent and Medway patient reference groups will be set up.

Maria Howdon, Head of Membership Development (NHS Thanet CCG) also led the second half of the presentation and made the provided the following practical updates:

- Funding of work streams have been confirmed;
- There is support for transformational process for the next 3 years;
- Supporting practices on the ground to deliver the transformation;
- Training for Receptionists, Medical Assistants to take on more administrative roles and free up medical practitioners;
- Developing Innovative ways for staff recruitment and retention;
- Awarded the Estate and Technology Transformation fund bid of £622,000, Improving digital infrastructure to improve mobile working using GPs clinical system and linking GP practices in the area;
- Invest to improve access to primary care services;
- Funding for Clinical Pharmacist roles in practices: to support practices employ these professionals;
- Nurse Associate Schemes – upskilling health assistants and create opportunities so that they can take on other duties and roles;
- Develop and place other workforce options, like Physician Associates, Medical Assistants, Care Navigators and paramedic trainees within practices;

- Support the Primary Care Homes Practitioners (specialised role for GPs and Nurses) role;
- Premises Infrastructure development – this will cover Margate area (including conducting some feasibility studies at the Westwood Cross because of the housing development that has taken place in that area).

In summing up debate Board members said that the updates given at the meeting were good news. The public consultation to be conducted in mid-summer will give an opportunity for pre-consultation engagement. Thanet patients will be happy for decisions to be made at a local level. It was worth noting that more emphasis on self-care is important. Members felt very encouraged by these developments in particular the participation of patients at the earliest stages of the planning process. This approach adopts some of the aspects of the Esther Project thinking.

The Board further noted that the new models of working were very encouraging as highlighted by the Christmas bank holiday arrangement where patients could go to any surgery in the area (not necessarily where they are registered) and get help as those surgeries had access to patient data. This was a good intervention, encouraging and a demonstration that the new models were working. A new commissioning approach which would bring in one place the whole of remit of commissioning care and this would enable CCG to make necessary changes when needed.

Members agreed that Ms Ogilvie brings to the next meeting a report on the £75,000 funding for Thanet on 'Non smoking during maternity.'

The Board noted the report.

Meeting concluded: 11.15 am



Thanet Clinical Commissioning Group

Report to:	Thanet Health and Wellbeing Board	Agenda item:	
Date of Meeting:	9 th March 2017		
Title of Report:	Update on Maternal Smoking Cessation Funding		
Author:	Claire Haywood Commissioning Support Manager (Maternity and Acute Paediatrics)		
Board Sponsor:	Ailsa Ogilvie		
Status:	Information		
Annexes	Annex 1 - Maternal Smoking Cessation Update		

1.	Purpose of Paper
Update on the Maternal Smoking Cessation funding awarded to Thanet CCG.	

2.	Introduction/Background
Update on the £75,000 to support maternal smoking cessation in Thanet. The paper gives background, an outline of current status, evidence and details plans to invest the funding in training, a leaflet resource, a choice of home visits from a Stop Smoking Advisor and CO monitors/calibration equipment to enhance the current Babyclear programme in EKHUFT.	

3.	Recommendation
Update only	

4.	Summary of Issues
See possible risks below.	

5.	Risks
<p>Delayed mobilisation due to recruitment issues.</p> <p>Delay due to mandatory/specific training of new stop smoking advisor.</p> <p>Midwifery workforce release into training sessions/staff sickness impeding attendance.</p>	

6.	Annexes
Annex 1 - Maternal Smoking Cessation Update	

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Thanet Health and Wellbeing Board

Maternal Smoking Cessation Update

Background

Smoking in pregnancy is associated with a wide range of problems, including complications during labour, increased risk of stillbirth, miscarriage, premature birth, low birth weight and sudden unexpected death in infancy (**Royal College of Physicians 1992**). It increases the risk of infant mortality by 40% (**Department of Health 2007**). Children exposed to tobacco smoke in the womb are more likely to experience wheezy illnesses in childhood. In addition, infants of parents who smoke are more likely to suffer from serious respiratory infections (such as bronchitis and pneumonia), symptoms of asthma and problems of the ear, nose and throat (including glue ear). Exposure to smoke in the womb is also associated with psychological problems in childhood such as attention and hyperactivity problems and disruptive and negative behaviour (**Button et al 2007**). In addition, it has been suggested that smoking during pregnancy may have a detrimental effect on the child's educational performance (**Batstra et al 2003**).

In 2010 the total annual cost to the NHS of smoking during pregnancy was estimated to range between £8.1 and £64 million for treating the resulting problems for mothers and between £12 million and £23 million for treating infants (aged 0-12 months). (**Godfrey et al 2010**)

Helping pregnant women who smoke to quit involves communicating in a sensitive, client centred manner, particularly as some pregnant women find it difficult to say that they smoke. (**NICE PH26**)

Thanet

The CCG Improvement and Assessment Framework (IAF) provides a perspective on the effectiveness of local commissioning of Maternity services enabling CCGs, Local Health Systems and Communities to carry out a self-assessment of their progress and therefore assisting improvement. One aspect measured by the CCG IAF was in relation to Maternal Smoking. Thanet currently stands at 21%. Therefore, NHSE offered Thanet CCG additional financial support in order to allow us to go further in our efforts to reduce smoking in pregnant women. This funding is for £75,000 and can be used for a range of support which demonstrates effectiveness, including the following:

- Carbon monoxide monitors and consumables
- Training for midwives (both in using the equipment and in engaging with women, ensuring that they get the communication right)
- Leadership, project management and administration
- Training for stop smoking services to make the most of referrals

Pathway - Current Status

National Guidance recommends the use of CO monitoring at antenatal visits to identify smokers and opt out referral to smoking cessation support (NICE). In East Kent, Public Health (KCC) have funded a year secondment for a Specialist Midwife in smoking cessation. This post will be in place until September 2017. Work to date:

1. The training to use CO monitors is already in place, but midwifery compliance with testing and referral to Stop Smoking Services in Thanet has been poor. This is now increasing with the support of the specialist midwife:

No. CO Monitored (from total % booked)	Thanet South	Thanet North
December 2016	45.9%	36.5%
January 2017	61%	52%
Referral to Stop Smoking Services		
December 2016	45.5%	33%
January 2016	62.5%	68%

2. Training in place for acute based staff, including those working in NICU and SCBU. A policy is being written for NICU and SCBU.
3. Introduction of Nicotine replacement on the ward.
4. CO monitors have been recorded and calibrated. Consumables in place.
5. Monthly audit and reporting taking place.
6. Health Visitors and Family Nurse Partnership are to be offered training.

Further Challenges:

1. **Universal Testing** - CO Testing and referral to Stop Smoking Services in Thanet needs to continue to increase and be strengthened.
2. **Strengthen the Message and Contact** - Once referred, women are hard to contact (73% unable to contact in January 2017 – East Kent) or actively decline the service. Only a small proportion of women accept the service with a smaller proportion going onto quit.
3. **Cultural/Perception** - Low birth weight is seen as an advantage as it would lead to an easier labour and delivery, women perceive the stress associated with attempting to quit as equal to the risks associated with smoking.

Evidence

- Evidence that the introduction of a system-wide intervention to promote smoking cessation during pregnancy increased referrals to the smoking cessation service by 2.5 times and the proportion of women quitting by delivery by nearly twofold. **(BMJ 2017)**.
- Women want to hear the hard hitting message from their Midwife as this is the professional that they trust the most with their care during pregnancy. However, Midwives are reluctant to give a hard hitting message as they are concerned about 'compromising' their relationship with the women.

- Midwives need to believe that the referral to Stop Smoking Services will make a difference otherwise they are less likely to complete referral.
- Pregnant women expect their Midwife to talk about the fact they are smokers. If their smoking is not mentioned during appointments, women feel that it is not a major concern.
- Universal monitoring is essential. For Babyclear to work, CO monitoring should be seen as normal as having blood pressure taken.
- Mothers who are advised to give up smoking during pregnancy rather than cut down are more likely to succeed. Less than 1% of women who are advised to 'cut down' actually try to quit (**Public Health Maternity Needs Assessment 2017**).
- Higher intensity interventions do not necessarily demonstrate a stronger effect. It is important to put the focus on the quality of intervention and ensuring the provision of support is convenient for women and does not over burden them (**Chamberlain et al 2013**).
- A pregnant woman's success in stopping smoking is likely to be influenced by the smoking status of her partner as well as those around her. There is moderate evidence to show that smoking cessation interventions during pregnancy could improve smoking cessation in partners (**Hemsing et al 2012**).

A Two Step Approach for Thanet

1. Training and Resources for Midwives

• Objectives

- Strengthen the skills and confidence of the Midwifery workforce in Thanet to have challenging conversations with pregnant women concerning the hard hitting facts about smoking in pregnancy. In turn, increasing referrals and commitment to the Stop Smoking Service. This training will complement the existing Babyclear training offered by the Specialist Midwife.
- Offer sustainable change within the workforce in order to drive progress forwards with reduction in smoking during pregnancy after the additional NHSE monies have been used, thereby creating a legacy.
- To produce a leaflet with hard hitting information and images which can support conversations concerning quitting at any point during the pregnancy journey.

• Action

- Build on the parts of the Babyclear programme already in place (use of CO monitoring at booking). Use an accredited Babyclear trainer to deliver training around Challenging Conversations to entire midwifery workforce in Thanet.
- The course will be repeated and staggered to allow for the release of Midwives. The capacity of the course is for 20 attendees. Any additional places will be offered to Health Visitors, Family Nurse Partnership and other appropriate professionals.
- This training will remain in the workforce following the secondment post finishing in September 2017.
- Maternity Commissioner to speak directly to Midwives in Thanet concerning the focus on reducing smoking in pregnancy, it's importance and how it is a shared objective.
- The leaflet will be produced by the Communications Team at EKHUFT and therefore they will be able to update and reproduce the leaflet again in the future.

2. Home Visits for Stop Smoking Advisor Sessions

• Objectives

- To increase the take up of the Stop Smoking Service by offering women a choice of a home visit for the quit programme.
- Increase the possibility of further quits by accessing support at home as partners/carers may be present. Working towards a smoke free home when the baby is born.
- To reduce smoking at delivery from 21% (CCG IAF) to 17% over the year.

• Action

- Enhance the existing Stop Smoking Service within KCHFT to provide home visits. Ambition to fund 1 full time Stop Smoking Advisor for Thanet pregnant Mothers for 9 months.
- The Stop Smoking Advisor would be dedicated to seeing pregnant women only, would pick up the referrals from Midwives, follow them up, make contact and provide the Stop Smoking intervention 1-1 in the home environment.
- May be capacity for the Stop Smoking advisor to offer additional interventions such as drop in clinics within the hospital environment.
- Links made with Public Health, the commissioner of the KCHFT Stop Smoking Service. Public Health are keen to look at the success of home visit model and are interested to incorporate it into their contracting giving this approach sustainability.

3. Additional Resources – CO Monitors

• Objective

- To increase the resource of CO monitors to ensure that each health practitioner has easy access to CO monitor equipment for universal testing.

• Action

- Purchase CO monitors and calibration equipment to support the Babyclear training completed by the Specialist Midwife.

This approach will be mirrored in South Kent Coast CCG. A short report will be delivered to NHSE in April 2017 to be followed by a centrally commissioned evaluation later in 2017.

BMJ Ref: <http://tobaccocontrol.bmj.com/content/early/2017/02/10/tobaccocontrol-2016-053476>

Claire Haywood

Commissioning Manager for Maternity and Acute Paediatrics

(East Kent Children's Commissioning Support Team)

16th February 2017

From: Jane O'Rourke Head of East Kent Children's Commissioning Support
NHS Thanet Clinical Commissioning Group

Karen Sharp Head of Public Health Commissioning and Health of
Children's Strategic Commissioning

To: Thanet Health and Wellbeing Board

Subject: Children's Integrated Commissioning

Date: 9th March 2017

Summary: This report provides an overview and update on a Children's Integrated Commissioning Project in North Kent. It outlines some of the work and outcomes to date to inform a discussion as to whether Thanet would benefit from a similar but localised approach.

1. Introduction

1.1 In 2015 Dartford, Gravesham and Swanley (DGS) and Swale Clinical Commissioning Groups (CCG's) embarked on a collaborative project with Kent County Council (KCC) Children's Strategic Commissioning Team to understand how an integrated commissioning support function could operate across both KCC and CCGs. The aim of the project was to identify opportunities to improve the effectiveness of all commissioning activities.

1.2 The two core components of the project were identified as:

- Work stream 1 - Identification and implementation of joint commissioning priorities and opportunities specifically for children with disabilities.
- Work stream 2 - Review of models of joint commissioning and options for a future CCG/Local Authority joint commissioning function.

1.3 The aim of the programme was to explore whether by working together to align and integrate the services which we deliver collectively it would result in improved service provision and outcomes for children. It was also designed to explore if this is a more efficient approach, by integrating teams that could share resources, risks, time and money therefore work more efficiently.

This paper provides an outline of the work to see if it is of interest to develop in Thanet.

2. Progress to date

2.1 The project in North Kent has made good progress in both strands of work. Most importantly the project has already started to deliver real benefits

resulting in improved service delivery and outcomes for children and young people. For example, through the work in relation to Speech and Language and Occupational Therapies we are seeing significantly reduced waiting times for these services across both CCG areas. This has also delivered an estimated cost avoidance of £196,000 this financial year. Other successes are outlined in the table below;

Project Title	Service Quality Improvement	Project Description
Short Breaks Holiday Clubs	✓	Day Short Break Clubs for profoundly disabled children provided by KCC as a result of the closure of Preston Skreens.
Specialist Nursing Function review	✓	A review across Education, Public Health, Social Care and the CCGs has been undertaken to inform changes/amendments and new specifications for elements of the nursing service. This is an ongoing review to improve the service provision.
Multi Agency Specialist Hub (MASH) review	✓	A review of the function and utilisation of the MASH building has been undertaken to identify where improvements to current services can be made, and to look at ways to optimise the available space in the building. Financial savings are forecast for later this financial year.
Portage Review	✓	A review of the Portage Specification is being undertaken to ensure that KCC and CCG outcomes for children are being met in the most efficient and effective way possible. Service quality improvement and financial savings could be seen this financial year.
Speech and Language Therapy (SaLT) and Occupational Therapy (OT) Traded Service	✓	SaLT and OT in North Kent is provided by MCH. The 'Traded Model' means that if a child's primary need is educational, then education are responsible for commissioning the service, and if the child's primary need is Health, then the CCGs are responsible to commission the service. Previously the CCGs were undertaking the commissioning of the service for all children regardless of primary need. For further details please see the SaLT and OT Case Study in appendix D.

2.2 In relation to the wider commissioning activity, the arrangements in a number of areas around the country have been reviewed to inform the structure that has developed.

2.3 The North Kent CCG team and KCC Children's Strategic Commissioning teams are now working in a much more aligned way. This new way of working, as part of a virtual integrated team, has allowed a more fluid approach to resourcing and recognising that in many forums representation can be joint, as long as routed back into both organisations' appropriate governance structures. This has reduced the amount of commissioning officer time needed for each organisation. Benefits of an aligned, as opposed to integrated, team include a less formal initial structural arrangement. This also means that the team/project is able to develop over time, with an iterative approach to final provision/ delivery. This also leaves the opportunity for a more fully integrated approach to develop in the future.

- 2.4 The approach is being shared with other CCGs and wider partners to see if there is interest in adopting a similar but localised approach to Integrated Children's Commissioning. As part of the work a full diagnostics of the current services which are commissioned for children and young people could be undertaken to identify any gaps or overlaps in service provision. Consequently, supporting 3-5 year plans can be developed across the next few years to work with partners to commission services together more effectively based on local priorities.

3. Conclusions

- 3.1 The North Kent Health Integration Project began in 2015, and has since delivered a number of benefits. Working in an integrated way has resulted in better communication, sharing of knowledge and the building of relationships. In working together, we have been able to deliver real benefits to children and young people.
- 3.2 Opportunities are being identified through the use of the three to five year plan which has been developed to support this project. There is the opportunity to develop similar arrangements with other parts of the county as long as it is responsive to local arrangements.

4. Action

4.1 Thanet HWB are asked to take note of the implications of this Integrated Commissioning Project for Children's services.

Report Author

Joanna Fathers

Contact details

Report Author: Joanna Fathers, Commissioning Officer
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THANET DISTRICT COUNCIL DECLARATION OF INTEREST FORM

Do I have a Disclosable Pecuniary Interest and if so what action should I take?

Your Disclosable Pecuniary Interests (DPI) are those interests that are, or should be, listed on your Register of Interest Form.

If you are at a meeting and the subject relating to one of your DPIs is to be discussed, in so far as you are aware of the DPI, you **must** declare the existence **and** explain the nature of the DPI during the declarations of interest agenda item, at the commencement of the item under discussion, or when the interest has become apparent

Once you have declared that you have a DPI (unless you have been granted a dispensation by the Standards Committee or the Monitoring Officer, for which you will have applied to the Monitoring Officer prior to the meeting) you **must:-**

1. Not speak or vote on the matter;
2. Withdraw from the meeting room during the consideration of the matter;
3. Not seek to improperly influence the decision on the matter.

Do I have a significant interest and if so what action should I take?

A significant interest is an interest (other than a DPI or an interest in an Authority Function) which:

1. Affects the financial position of yourself and/or an associated person; or Relates to the determination of your application for any approval, consent, licence, permission or registration made by, or on your behalf of, you and/or an associated person;
2. And which, in either case, a member of the public with knowledge of the relevant facts would reasonably regard as being so significant that it is likely to prejudice your judgment of the public interest.

An associated person is defined as:

- A family member or any other person with whom you have a close association, including your spouse, civil partner, or somebody with whom you are living as a husband or wife, or as if you are civil partners; or
- Any person or body who employs or has appointed such persons, any firm in which they are a partner, or any company of which they are directors; or
- Any person or body in whom such persons have a beneficial interest in a class of securities exceeding the nominal value of £25,000;
- Any body of which you are in a position of general control or management and to which you are appointed or nominated by the Authority; or
- any body in respect of which you are in a position of general control or management and which:
 - exercises functions of a public nature; or
 - is directed to charitable purposes; or
 - has as its principal purpose or one of its principal purposes the influence of public opinion or policy (including any political party or trade union)

An Authority Function is defined as: -

- Housing - where you are a tenant of the Council provided that those functions do not relate particularly to your tenancy or lease; or
- Any allowance, payment or indemnity given to members of the Council;
- Any ceremonial honour given to members of the Council
- Setting the Council Tax or a precept under the Local Government Finance Act 1992

If you are at a meeting and you think that you have a significant interest then you **must** declare the existence **and** nature of the significant interest at the commencement of the

matter, or when the interest has become apparent, or the declarations of interest agenda item.

Once you have declared that you have a significant interest (unless you have been granted a dispensation by the Standards Committee or the Monitoring Officer, for which you will have applied to the Monitoring Officer prior to the meeting) you **must**:-

1. Not speak or vote (unless the public have speaking rights, or you are present to make representations, answer questions or to give evidence relating to the business being discussed in which case you can speak only)
2. Withdraw from the meeting during consideration of the matter or immediately after speaking.
3. Not seek to improperly influence the decision.

Gifts, Benefits and Hospitality

Councillors must declare at meetings any gift, benefit or hospitality with an estimated value (or cumulative value if a series of gifts etc.) of £25 or more. You **must**, at the commencement of the meeting or when the interest becomes apparent, disclose the existence and nature of the gift, benefit or hospitality, the identity of the donor and how the business under consideration relates to that person or body. However you can stay in the meeting unless it constitutes a significant interest, in which case it should be declared as outlined above.

What if I am unsure?

If you are in any doubt, Members are strongly advised to seek advice from the Monitoring Officer or the Committee Services Manager well in advance of the meeting.

DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS, SIGNIFICANT INTERESTS AND GIFTS, BENEFITS AND HOSPITALITY

MEETING

DATE..... **AGENDA ITEM**

DISCRETIONARY PECUNIARY INTEREST

SIGNIFICANT INTEREST

GIFTS, BENEFITS AND HOSPITALITY

THE NATURE OF THE INTEREST, GIFT, BENEFITS OR HOSPITALITY:

.....
.....
.....

NAME (PRINT):

SIGNATURE:

Please detach and hand this form to the Democratic Services Officer when you are asked to declare any interests.