

AUDIT AND GOVERNANCE COMMITTEE AGENDA



4th November 2025

at 4pm

**in Council Chamber
Civic Centre, Hartlepool**

AUDIT AND GOVERNANCE COMMITTEE:

Councillors Boddy, Cook, Darby, Hall, Holbrook, Jorgeson, Male, Moore (C), Reeve and Roy.

Standards Co-opted Independent Members: - Mr Martin Slimings and David Whitmore

Standards Co-opted Parish Council Representatives: Parish Councillor Kane Forrester (Wynyard) and Parish Councillor Patricia Andrews (Headland)

Local Police Representative

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
 - 3.1 To receive the minutes from 23rd September 2025.
- 4. AUDIT ITEMS**
 - 4.1 None
- 5. STANDARDS ITEMS**
 - 5.1 None
- 6. STATUTORY SCRUTINY ITEMS**

Crime and Disorder Issues

 - 6.1 None

CIVIC CENTRE EVACUATION AND ASSEMBLY PROCEDURE

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

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

Health Scrutiny Issues

- 6.2 Hartlepool NHS Complaints Advocacy Governance Report – *Northeast North Cumbria Director - People First*
- 6.3 Veteran access to primary healthcare services – Initial Evidence – *Democratic Services and Statutory Scrutiny Manager*

7. OTHER ITEMS FOR DECISION

- 7.1 Regulation of Investigatory Powers Act 2000 (RIPA) – Quarter 1 Update - *Director of Legal, Governance and Human Resources*

8. MINUTES FROM RECENT MEETINGS FOR RECIEPT BY THE COMMITTEE

- 8.1 Health and Wellbeing Board – 17 March 2025 and 21st July 2025
- 8.2 Finance and Policy Committee relating to Public Health issues – None
- 8.3 Tees Valley Health Scrutiny Joint Committee – None
- 8.4 Safer Hartlepool Partnership – None
- 8.5 Tees Valley Area Integrated Care Partnership – None
- 8.6 Regional Health Scrutiny – None
- 8.7 Durham, Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee - None

9. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

For information: - forthcoming meeting dates: -

Tuesday 9th December 2025, 5pm (please note the change of date)

Tuesday 27th January 2026, 4pm

Tuesday 17th March 2026, 5pm



AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

23 SEPTEMBER 2025

The meeting commenced at 4pm in the Committee Room B, Civic Centre, Hartlepool.

Present:

Councillor: Shane Moore (In the Chair)

Councillors: Boddy, Darby, Hall, Jorgeson, Male and Roy.

Also Present: Councillor Wallace

Standards Co-opted Members: David Whitmore – Independent Member

Officers: James Magog, Director of Finance, IT and Digital
Noel Adamson, Head of Audit and Governance
Craig Blundred, Director of Public Health
Sylvia Pinkney, Assistant Director (Regulatory Services)
Gemma Ptak, Assistant Director, Preventative and Community Based Services
Nasir Alkobir, Forvis/Mazars
Joan Stevens, Democratic Services and Statutory Scrutiny Manager
Gemma Jones, Scrutiny and Legal Support Officer

23. Apologies for Absence

Cllrs Darby, Holbrook
Karen Hawkins, Martin Slimings, Superintendent Helen Wilson

24. Declarations of Interest

None.

25. Minutes

Minutes from 24th June 2025 – agreed
Minutes from 15th July 2025 - agreed

26. Treasury Management Strategy Q1 Update 2025/26 - *Director of Finance IT and Digital.*

The Director of Finance, IT and Digital presented to the committee the first quarter update of the 2025/26 Treasury Management Activity. Reference was made to section 4.10 of the report that contained interest and PWLB borrowing rate forecasts up to June 2028. It was discussed that short term borrowing may be considered if borrowing rates were to remain high.

The Treasury Management Strategy was approved by Council on the 20th February 2025 and the investment and borrowing position was summarised within the report. All investments complied with the Annual Investment Strategy and were outlined in section 5.4 of the report.

A Member raised a query regarding revenue. It was discussed by the Director of Finance, IT and Digital that reserves had been used to temporarily fund the capital position in order to delay borrowing further, in the hope that interest rates will decrease in the future.

Recommended

- i) That Members note the Treasury Management 1st quarter position detailed in section 5 of the report.

27. Audit Strategy Memorandum - *Representatives from Forvis/Mazars*

A representative from Forvis/Mazars was in attendance to present the Audit Strategy Memorandum. Key areas of the report were outlined including the engagement and responsibilities summary and the audit scope, approach and timeline. This external audit has an expected completion date of January 2026.

Significant risks and other key judgement areas were highlighted as well as the planned response to the risk. These included: -

- Management override of controls
- Net defined benefit asset / liability valuation
- Valuation of land, buildings, housing and investment property
- Accounting for leases under IFRS 16

The framework for value for money was also highlighted in the report, with Members attention being drawn to the budget deficit for 2024/25 and that this largely related to an overspend on children's social care. Whilst the audit 2023/24 did not identify any evidence to indicate a significant weakness in the arrangements, it was recommended that the council needed to take action in future years to address these cost pressures. Audit fees and other services were explained within the report.

In the discussion that followed, a Member asked if the council had any financial connections to the Tees Valley Combined Authority (TVCA) . The Director for Finance, IT and Digital confirmed that the council had no financial liability with the TVCA and were independent from them.

Recommended

- i) That Members note the audit strategy memorandum.

28. Internal Audit Plan 2025/26 Update – *Head of Audit and Governance*

Members of the Committee were provided with an update in relation to the progress made to date in completing the internal audit plan for 2025/26. This included the 'limited assurance' audits for Business Continuity and the Borough/Town Hall. This report also outlined the issues identified with these audit items. Assistant Directors for the relevant service area were in attendance to provide Members with the progress made to date in implementing actions for these audit items.

In the discussion that followed a Member queried issues surrounding Gladstone software. The Assistant Director for Preventative and Community Based Services explained that all issues had been rectified, this was confirmed by the Head of Audit and Governance.

It was confirmed to Members that the condition of the Borough Hall building had deteriorated, resulting in an area of closure to the public. This had caused further disruption, work was taking place with colleagues regarding investment in this area.

Further information was provided with regards to staffing, with 2 vacant posts now being filled. Significant improvements had been made to the processes surrounding cashing up and banking and work was taking place on the booking system. Staff were fully trained on the new processes. It was acknowledged that further work was still needed on a review of stock control and the resolving of issues with the till system. Members were informed that a scoping exercise was taking place with reference to external contractors but no decisions had been made. Different internal systems working together had also been a challenge.

The Chairman acknowledged that lots of progress had been made but asked for the time frame of when these items would no longer be deemed 'limited assurance'. The Assistant Director confirmed that work would continue with the audit team but there were some broader corporate challenges to resolve. These items would be audited again as soon as reasonably possible.

The Head of Audit and Governance confirmed that there had been lots of progress and improvement, a further audit would take place later this financial year. The Assistant Director acknowledged that some of the issues came down to capacity and funding and appreciated that there had to be prioritisation of spending.

The Chairman acknowledged there was limited capacity and competing priorities but asked at what point this issue would be resolved. The Director for Finance, IT and Digital confirmed there were a number of individual projects that needed to be addressed and that some of these had been a challenge for a number of years.

Returning to the issue of the till system the Chairman asked why there had been a delay in resolving this issue. The Director of Finance, IT and Digital confirmed that projects such as this needed to be prioritised.

A Member queried the difference in issues between the Town Hall and Borough Hall. The Assistant Director gave further information on a number of challenges including departmental budgets, different IT systems working together, capacity and resources. Consideration must also be given to the cost of implementing new systems and that wider conversations would be needed with CICT and procurement. The cost of such work was not known at this time.

The Assistant Director (Regulatory Services) provided an update with regards to the Business Continuity audit item. It was advised that the Business Continuity Policy had been redrafted and was due to go to the Executive Leadership Team for sign off. It was anticipated that, after the next audit, this item would no longer be deemed 'limited assurance'.

Recommended

- i) That Members note the contents of the report

29. Work Programme 2025/26 - *Democratic Services and Statutory Scrutiny Manager*

The Democratic Services and Statutory Scrutiny Manager presented the scrutiny work programme and scoping of investigation report. The purpose of the report was to reaffirm the process for the determination of the overview and scrutiny work programme. Consideration was also given regarding the suggested topics for inclusion on the statutory work programme for the 2025/26 municipal year.

It was highlighted that Members had suggested two potential topics of investigation during a working group on the 21st August 2025 and they were –

1. Suicide prevention – to ensure that services in Hartlepool are robust and deliver effective outcomes.
2. Veteran access to primary care services (GP'S) – to consider how GP's surgeries support veterans to access primary care services and the implementation of the veteran friendly GP accreditation scheme.

The Scrutiny and Legal Support Officer provided information to the Committee in relation to the most recent data regarding suicide rates in the Tees Valley. The development of the Tees Suicide Prevention Plan 2024-29 was also discussed including the plan's 8 key areas for action. It was noted that the plan was in its first year of implementation.

The Democratic Services and Statutory Scrutiny Manager provided an overview of the Armed Forces covenant duty and the extension of this to the provision of health services. It was noted that Hartlepool has a veteran population of approximately 3900. The veteran friendly GP practice scheme was also discussed with the

Council's Armed Forces Veterans champion in attendance to provide information on a survey that had recently been circulated to veterans.

A number of issues were raised by Members including:-

- Concerns regarding the experience of homelessness amongst some veterans.
- The importance of health care providers recognising veterans and offering appropriate support.
- The importance of ensuring veterans do not face disadvantage in accessing health services as a result of serving in the armed forces.
- Queries over the number of patients that were not correctly registered as veterans with their GP and if surgeries were capturing this data.
- The rates of suicide were very concerning in the Tees Valley and this should be a priority for this committee.

A Member queried if the Committee could choose both topics for investigation in 2025/26, however the Democratic Services and Statutory Scrutiny Manager confirmed it was unlikely the Committee would have capacity to carry out both investigations. The Chairman emphasised that there was merit in both topics and that they were both of significant importance. However, given that the Tees Suicide Prevention Plan 2024-29 was in its first year of implementation, it would perhaps be more appropriate for Members to be provided with an update in relation to the plan towards the end of this municipal year. This would then inform Members decision as to whether this topic should be selected for the next municipal year. The Chairman commented that the preference would be to select veteran access to primary care services as the topic of investigation for this municipal year. The Committee agreed with this.

It was noted that a number of individuals and partner organisations would be contacted to provide evidence on this issue.

Recommended

- (i) That the Committee consider the focus of the work programme for 2025/26.
- (ii) That representatives be invited to the Committee to provide an update on the progress of the Tees Suicide Prevention Plan 2024-29.

30. Hartlepool Pharmaceutical Needs Assessment (PNA) 2025– Director of Public Health

The Director of Public Health presented to the Committee the PNA Review consultation. The purpose of the report was to inform Members of the progress made towards the statutory publication of a new PNA (2025). The views of the Committee were also being sought in relation to the updated draft PNA as part of the formal consultation period.

It was explained that the revised PNA considered that there were no gaps in the provision of pharmacy services. The Director of Public Health explained that there was a requirement to provide regular statutory updates on this matter. A Member raised a query in relation to the development of new housing estates and if this had

been considered. The Director of Public Health confirmed that new housing developments were taken into account.

Recommended

- (i) That the Committee considers the draft revised PNA as part of the formal consultation process and;
- (ii) Identifies any views or comments that it wishes to be incorporated into its consultation response to be considered by the Health and Wellbeing Board on the 29th September 2025.

31. Retail Crime – Final Report – Scrutiny and Legal Support Officer

The Scrutiny and Legal Support Officer presented the retail crime final report. The report provided statistics on retail crime in the Hartlepool area along with comparative data. The report also focussed on the impact of retail crime on retailers, staff and residents, the drivers behind retail crime and examined existing approaches to tackling retail crime. The conclusions and recommendations were outlined on page 3 and 4 of the report.

Members commented on the perception of police response to retail crime and noted that this seemed to differ between individuals. Some positive work by the Police was also noted. A query was raised in relation to section 10.3 regarding the funding for drug treatment referrals for offenders. The Scrutiny and Legal Support Officer advised this query would be taken up with Cleveland Police and fed back to the Director of Public Health.

The Democratic Services and Statutory Scrutiny Manager advised an action plan, based on the recommendations, would be taken to the Safer Hartlepool Partnership and Neighbourhood Services Committee.

Recommended

- i) That the Committee considers approval of the report for submission to the Neighbourhood Services Committee and Safer Hartlepool Partnership; and
- ii) Identify any additional views or comments it would like to be brought to the attention of the Neighbourhood Services Committee and Safer Hartlepool Partnership.

32. Minutes from recent meetings for receipt by the Committee

Noted

33. Any other business which the Chairman considers urgent

Cllr Moore was appointed as a member of the Durham, Darlington and Teesside. Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee.

The meeting concluded at 5.25pm.

CHAIRMAN

AUDIT AND GOVERNANCE COMMITTEE

4 November 2025



Report of: Democratic Services and Statutory Scrutiny Manager

Subject: HARTLEPOOL NHS COMPLAINTS ADVOCACY
GOVERNANCE REPORT – DIRECTOR, PEOPLE
FIRST

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
where people are enabled to live healthy, independent and prosperous lives.
where people will be safe and protected from harm.

2. PURPOSE OF REPORT

- 2.1 To inform Members that the Northeast and North Cumbria Director from the People First Independent Advocacy Service will be in attendance at today's meeting to provide the Committee with an update in relation to the level and type of complaints from Hartlepool residents being dealt with by the service.

3. BACKGROUND INFORMATION

- 3.1 Since March 2018, the Audit and Governance Committee has received annual updates on the provision of free, confidential and independent advocacy support to people wishing to raise complaints about their NHS funded treatment or care.
- 3.2 The information provided is useful to the Committee in identifying any trends in terms of issues facing residents, or particular service areas of concern, that the Committee might wish to look at more closely as part of its work programme.
- 3.3 The People First Independent Advocacy Service is now responsible for the provision of this service and will at today's meeting present to the Committee an update on its activities, including the level and types of complaints dealt with from the perspective of Hartlepool residents. Comparative data will also be provided.
- 3.4 The People First Independent Advocacy Service report is attached at **Appendix A**.

4. RECOMMENDATIONS

- 4.1 That the Audit and Governance Committee:

- i) Note the update and seek clarification on any issues, where required; and
- ii) Utilise the information provided to assist in the development of its Work Programme for 2025/26.

BACKGROUND PAPERS

No background papers were used in the preparation of this report.

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Hartlepool NHS Complaints Advocacy Governance Report

1st October 2024 – 30th September 2025



People First

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Executive Summary

People First Advocacy delivers the **Independent NHS Complaints Advocacy Service** across **Teesside**, commissioned by the **Tees Valley Combined Authority**. The service provides vital support to residents of **Hartlepool, Middlesbrough, and Redcar & Cleveland**, empowering individuals to raise and resolve concerns about any aspect of **NHS-funded care or treatment** received anywhere in the UK.

Advocates offer **free, independent, and confidential assistance**, helping people to navigate the often-complex NHS complaints process. The service ensures that individuals' experiences and perspectives are heard and respected, while also contributing to **systemic learning and service improvement** within the wider health system.

Through tailored one-to-one support, advocates enable people to understand their rights, communicate effectively with NHS bodies, and achieve fair resolutions to their concerns.

During this reporting period, People First Advocacy has maintained a steady level of activity across Teesside, continuing to meet contractual obligations and deliver strong performance outcomes.

New Referrals: 27

Ongoing Cases: 23

Most Common Issues: Treatment in hospital, GP treatment, and mental health care

Total Hours Delivered: Within contracted block hours overall, with a minor increase observed in Quarter 2 due to the complexity of several active cases

Financial Spend: £13,775.01

Primary Referral Sources: Predominantly self-referrals family members, and NHS professionals

The service continues to operate within agreed financial parameters, demonstrating effective resource management and flexibility in responding to fluctuating case demands. The slight increase in hours during Quarter 2 reflects the additional time required for more complex or multi-agency cases, ensuring individuals receive comprehensive advocacy support.

Trends and Observations

1. Mental Health Complaints – Continued prevalence in community and inpatient mental health cases.
2. Communication Failures – Persistent issues around unclear communication between NHS departments.
3. Hospital Treatment – Ongoing themes around diagnosis accuracy, continuity of care, and discharge planning.
4. Local Visibility – Referrals from North Tees & Hartlepool NHS Foundation Trust have increased after awareness-raising.

Executive Summary

Trends and Observations

1. Mental Health Complaints

Mental health remains one of the most frequent areas of concern, particularly relating to **community and inpatient services**. Common themes include communication breakdowns between care teams, access to appropriate treatment, and experiences during crisis interventions. This trend highlights the ongoing need for accessible, trauma-informed advocacy for individuals navigating mental health pathways.

2. Communication Failures

A recurring issue across multiple complaint types is **unclear or inconsistent communication** between NHS departments. Service users often report confusion over care plans, lack of updates regarding treatment, or delays in receiving responses to their concerns. These issues underline the continued importance of clear, coordinated communication across health services to support patient confidence and safety.

3. Hospital Treatment

Complaints relating to hospital care remain a key theme. The most common concerns include **diagnosis accuracy, continuity of care, delays in treatment, and discharge planning**. Advocates continue to support clients in addressing these complex issues, ensuring that learning outcomes are communicated back to the relevant NHS providers.

4. Local Visibility and Partnership Working

Referrals from **North Tees & Hartlepool NHS Foundation Trust** have increased notably following recent **awareness-raising activities**. Engagement with local NHS partners, Healthwatch, and community organisations has strengthened service visibility, enabling more people to access independent advocacy when they need it most. This increase demonstrates the positive impact of sustained outreach and partnership work across the region.



Finances & Hours

Finance hours & Delivery

The table compares hours worked and associated costs across four quarters (QT1–QT4) for the current year, with three separate monthly data points contributing to each quarterly total.

- **Consistency:** Hartlepool has maintained consistent cost levels (£3,382.98 in three of four quarters), indicating stable financial management and predictable expenditure.
- **Efficiency:** Despite the increased hours in Q2 (115.25), the cost increase was minimal (+£243.09), suggesting efficient resource use or fixed cost structures.
- **Outlier:** Q2 stands out as the only quarter with a significant rise in hours. This may reflect a temporary project, seasonal demand, or resourcing need.
- **Overall Trend:** Across the year, Hartlepool has stayed within contracted hours on average, with only one quarter exceeding normal levels.

Finances								
	Month 1 (Hrs)	(£)	Month 2 (Hrs)	(£)	Month 3 (Hrs)	(£)	Total (Hrs)	Total (£)
Q1	19	£1127.66	12	£1127.66	22	£1127.66	53	£3383.00
Q2	33	£1127.66	42.25	£1127.66	40	£1370.75	115.25	£3625.87
Q3	27	£1127.66	12	£1127.66	22	£1127.66	61	£3383.00
Q4	22	£1127.66	18	£1127.66	28	£1127.66	68	£3383.00

Challenges

Complexity vs. Volume – Fewer cases but more complex.

Awareness Gaps – Some NHS professionals are still unaware of the advocacy offer.

Late Engagement – People often reach advocacy late in the process, reducing early intervention opportunities.

Forward Plan & Priorities

1. Increase early-stage referrals through improved GP and Trust engagement.
2. Strengthen collaboration with Healthwatch and NEAS.
3. Deliver local advocacy awareness sessions at North Tees & Hartlepool NHS sites.
4. Enhance data collection and reporting.
5. Share lived experience insights to strengthen complaints process improvement.



The NHS Advocacy Hub

NHS Advocacy Hub

The information below provides details on the number of new, ongoing, and closed referrals between 1 October 2024 and 30th September 2025. As shown, there was an increase in referrals during Quarter 4 of the contract period, which can be attributed to enhanced awareness-raising activities. The most common referral source was from the person.

The data also indicates the stage of each complaint, specifying whether it was at Stage 1 – Local Resolution or Stage 2 – Ombudsman. Some individuals are not shown at each stage, as they were provided with information, advice, and guidance to manage their own complaints where possible.

Reporting period	Number of new referrals in the QTR	Number of active referrals support	Number of closed referrals
Q1	4	17	5
Q2	6	21	4
Q3	5	20	4
Q4	12	30	3
TOTAL	27	88	17

Referrals by stage				
	Q1	Q2	Q3	Q4
Stage 1	11	13	16	16
Stage 2	4	7	5	6
TOTAL	15	20	21	22

NHS Advocacy Hub

Referral source	Q1	Q2	Q3	Q4	Total
Family Member	0	1	1	0	2
Healthwatch	1	0	0	0	1
NHS	0	1	1	1	3
Self-Referral	3	3	3	11	20
Statutory Advocacy Service	0	1	0	0	1
Total	4	6	5	12	27

Question	Response
Why are referrals low compared to population size?	Referrals are cyclical and linked to awareness. Ongoing engagement with Trust staff is increasing visibility.
What are the most common complaints?	Hospital and mental health treatment remain the main areas of concern, particularly communication issues.
How is equality of access ensured?	Through targeted outreach, accessible marketing materials, and partnership with community and disability networks.
How are outcomes measured?	Via resolution success, feedback forms, and evidence of NHS service learning or procedural changes.
What lessons are shared with NHS Trusts?	Themes like communication, discharge clarity, and empathy are regularly reported.

The below table gives an overview of the issues we supported people to raise complaints around for the year.

Reported issues rose from 42 in Q1 to 52 in Q2 and Q3, before dipping slightly to 47 in Q4.

Key points:

- Hospital treatment concerns has almost doubled from Q1 (6) to Q2 (11) and remained high.
- GP treatment stayed consistently high through Q2–Q3 (10 each) but eased in Q4 (6).
- Mental health care issues fell steadily from 10 in Q1 to 6 in Q4.
- Failure to diagnose dropped early and then levelled off at 4 per quarter.
- Medication, inpatient care, and complaints handling stayed stable throughout.
- Surgery, urgent care, and misdiagnosis saw small but steady increases by Q4.
- Hospital discharge remained low with only one issue in Q1.

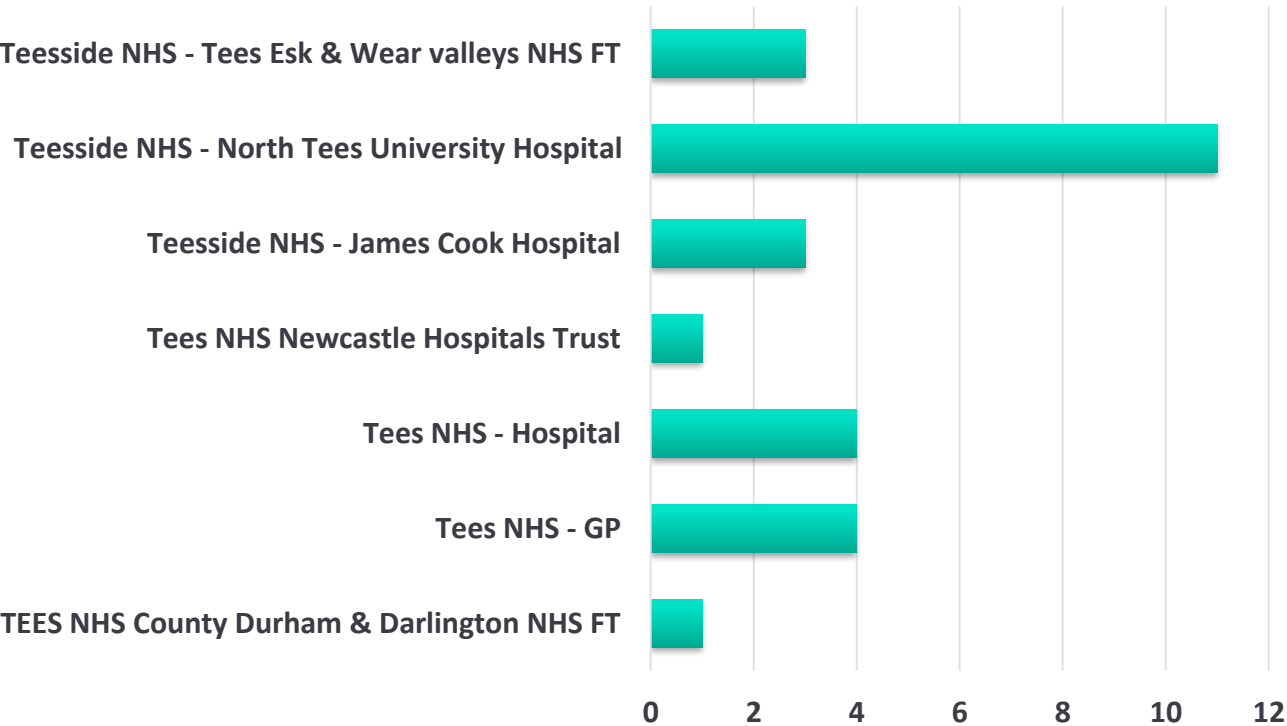
In summary:

Hospital, Mental Health & GP treatment remain the main areas of concern, though there are signs of improvement in mental health and diagnosis issues. Overall, issue volumes were broadly steady, ending the year slightly lower than the mid-year peak.

Issues	Q1	Q2	Q3	Q4	Total
Treatment in Hospital	6	11	11	11	39
Treatment by GP	7	10	10	6	33
Medication Issues	3	3	3	2	11
Inpatient Care	3	3	3	3	12
Complaints Handling	3	3	3	3	12
Failure to Diagnose	6	4	4	4	18
Hospital Discharge	1	0	0	0	1
Mental Health Care	10	9	9	6	34
Surgery Issues	0	3	3	4	10
Urgent Care	3	3	3	4	13
Misdiagnosis	0	3	3	4	10
Total	42	52	52	47	

The information below is based on data from **1st October 2024 to 30th September 2025**. The most common establishment complaints are coming from **North Tees University Trust**.

Complaints by location



Impact – Case Example

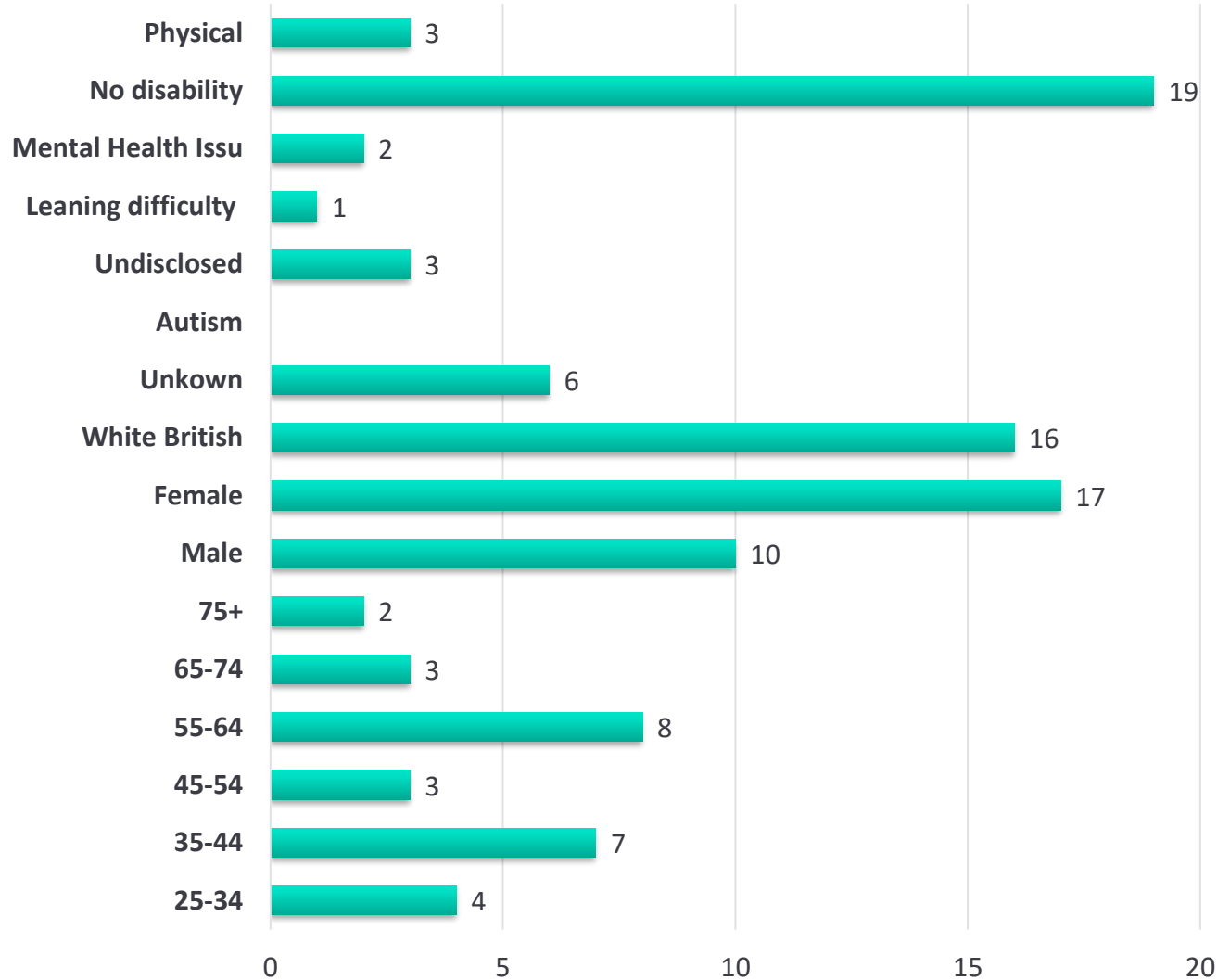
A Hartlepool resident raised concerns about inadequate follow-up after a GP-led hospital referral. The advocate supported the person to draft a clear complaint letter, liaised with the NHS complaints team, and prepared them for Local Resolution meetings. The Trust acknowledged communication failings, issued an apology, and implemented learning actions.

Diversity breakdown

.Diversity and Demographics

The graph shows that the highest number of referrals in Hartlepool were from White British individuals aged 55–64. The majority of people accessing our service are White British females aged 45–64, with a notable increase in individuals identifying with mental health conditions.

Ongoing work continues to improve engagement with underrepresented groups, particularly people with learning disabilities and sensory impairments



An elderly man with glasses and a patterned sweater is smiling while standing in a doorway. He is wearing a black apron. The doorway is set into a brick wall. On the floor outside the door is a blue shopping bag with a white rope handle and a silver-lidded container. The bag has the text 'BEAUTE' and a small logo on it. A semi-transparent grey banner is overlaid across the middle of the image, containing the text 'Case Studies'.

Case Studies

Case Study

What was the person's situation before being supported by an advocate from People First?

The patient had been under the care of the mental health team for many years, due to her bi-polar diagnosis. The advice from MH was to get in touch if any help was ever needed.

Mid-January 2025, following the passing of her son, the patient's mental health started to deteriorate, and she stopped taking her medication. Our customer contacted MH for some help and support and was told that they would carry out an assessment of the patient. MH said that she was 'simply grieving'. Our customer asked what to do if things got worse and she was advised that she should ring the crisis team.

Things did get progressively worse, and the patient started threatening to harm herself and others. She also stopped eating and drinking and would not listen to other members of the family.

Our customer contacted the crisis team, as advised, and was told that someone would come out to see the patient, which they did along with a translator. Our customer was then told that Parkside Team would now take over and that an appointment would be made for her to be seen, but this never happened.

A few days later the patient came at our customer with a knife. The crisis team and the police were called. When the police arrived, they were able to intervene and stop any possible attack. An ambulance was called, and subsequently the patient was sectioned and taken to Roseberry Park Hospital, where she continued to be unwell. During this period her physical health also deteriorated.

Our customer could not understand why the Parkside Team were not doing anything to help, to avoid any further decline in the patient's mental health. This period did not just affect the patient, but our customer now has PTSD and have been unable to work since this started.

What did we do to support the person@

The advocate supported the customer throughout the NHS complaints process; this involved drafting a letter of complaint for the customer to send to the Mental Health Trust and discussing the response from the Trust with the customer once the Trust had concluded their investigation.

What was the outcome?

The Trust apologised for the experience and acknowledged that the service should have been better, the complaint was discussed with the clinician as part of management supervision. They have been asked to reflect on the events that had taken place and have been asked to identify actions that can be taken to prevent a reoccurrence.

Why was advocacy support so effective?

Our customer informed the advocate that she needed guidance and support throughout the NHS complaints process, having the support of an advocate when making the complaint ensured that she got her voice heard and was able to obtain an explanation from the Trust and gain some reassurance that the correct treatment would follow and that this would not happen again.

Progress & Activity

1. Training: Advocates successfully completed PREVENT training, which enables Advocates to recognise the red flags of radicalisation in learners and how to notice, check and share concerns.

2. Oliver McGowan - learning disability session, Tier 2: Advocates attended this session, which was developed as a result of “Right to be Heard”, the government’s response to the consultation on mandatory training on learning disability and autism for health and social care staff. This session enabled Advocates to:

- Understand the lives and experiences of people with a learning disability and recognise their strengths and contributions.
- Explore factors which impact on the quality of care and support of people with a learning disability.
- Understand the key findings from the Learning from Lives and Deaths reviews (LeDeR).
- Know what reasonable adjustments are and how to make them.

3. Peer support and keeping us connected: Advocates continue to be involved in this in-house working group to ensure that all advocates have the opportunity to stay connected with other advocates and access the correct support when needed. This has led to advocates feeling empowered and equipped with the information they need to support our ever-changing landscape in the service we provide.

- Ombudsman Training – Strengthened understanding of escalation and evidence standards.
- Collaboration with Healthwatch and NEAS to promote early advocacy access.
- Continued representation at Patient and Carer Experience Committee (PCEC).
- Improved data analysis to identify recurring themes by provider and department.

Conclusion

The NHS Complaints Advocacy Service in Hartlepool continues to provide consistent, effective, and compassionate support to residents. Demand remains steady, outcomes are strong, and feedback highlights the vital role of independent advocacy in promoting fairness and transparency across NHS complaint processes.



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AUDIT AND GOVERNANCE COMMITTEE

4 NOVEMBER 2025



Report of: Democratic Services and Statutory Scrutiny Manager

Subject: **VETERAN ACCESS TO PRIMARY CARE HEALTH SERVICES (GP'S) - SCOPING REPORT**

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
- where people live healthier, safe and independent lives. (People)
- with a Council that is ambitious, fit for purpose and reflects the diversity of its community. (Organisation)

2. PURPOSE OF REPORT

- 2.1 To introduce baseline evidence as part of the initial stages of the Committee's investigation into veteran access to primary care health services.

3. BACKGROUND INFORMATION

- 3.1 The Audit and Governance Committee at its meeting on the 23rd September 2025 concluded the process for identification of its 2025/26 work programme.
- 3.2 The Committee explored two potential topics for investigation, from across its scrutiny remit (including health and crime and disorder issues) and, with due regard to ensuring the most effective use of time and resources, agreed to focus on one in-depth investigation during 2025/26.
- 3.3 It was agreed that an investigation of 'veteran access to primary care health services' would be undertaken.
- 3.4 Veteran access to primary care health services had also been an issue of specific concern raised by the Armed Forces Champion and the MP for Hartlepool.

4. AIMS AND TERMS OF REFERENCE FOR THE INVESTIGATION

- 4.1 The proposed aim and terms of reference for the investigation are:-

- (a) 'Explore how veterans are signposted and supported to primary care services by GP's, including the operation of the Veteran Friendly Accreditation Scheme'.
- (b) The **Terms of Reference** for the investigation would be:-
- i) To gain an overarching understanding of:
 - the requirements of the Armed Forces Covenant in relation to access to services, including health related services.
 - what veteran specific health services are available and how veterans are signposted to these services.
 - the views and experiences of veterans in the accessing of healthcare provision, and signposting to support, via GP's.
 - why it may be challenging for veterans to access healthcare services.
 - the availability of local veteran health data, including levels of GP registration. How is it collected / managed / used in the development and delivery of health services? How does Hartlepool data compare to neighbouring local authorities.
 - the impact of the extension of the Covenant Duty and what, if any, challenges there could be in terms of the provision of health services for Hartlepool's serving forces / veteran community (health partners and Local Authority health services).
 - ii) To examine the Veteran Friendly GP accreditation scheme (VFAS) as a scheme to support veteran access to health care and its effectiveness for residents of Hartlepool. In particular:
 - what are the overall aims / requirements / benefits of the VFAS scheme and how is its implementation monitored?
 - what is the level of accreditation in Hartlepool, how is it implemented by Hartlepool GP Practices?
 - how effective is the operation of the scheme in Hartlepool from a veteran and GP perspective? How could it be improved?
 - how are GP's supported to fulfil the requirements of their accreditation and what challenges do they face in delivery of the scheme? What funding packages / support are available.
 - How are veterans supported to access health services by GP practices in Hartlepool.
 - iii) Consider examples of best practice in the provision of healthcare for veterans and identify how veterans and GP practices can be supported to improve access to this.

5. INVESTIGATION TIMELINE

5.1 The proposed **timeline** for the investigation is as follows:-

4th November 2025	<ul style="list-style-type: none"> – To receive evidence from the NENC ICB regarding veteran access to health care services. – To understand the barriers and challenges veterans may face when accessing health care services. - To be provided with an overview of the Veteran Friendly GP Accreditation scheme.
November / December 2025 / January 2026	Engagement: <ul style="list-style-type: none"> - GP Survey - Focused veterans survey
A&G meeting December 2025	<ul style="list-style-type: none"> - Present engagement findings (GP Survey) - Feed in views and experiences of veterans in accessing healthcare provision. - Seek the views / input of the Armed Forces Veteran Champion and the MP for Hartlepool. - To inform how data is gathered regarding patients that are registered as veterans. - To inform of veteran specific support services.
Working Group (date tbc)	Working Group with partners to discuss the issue, veterans and their experiences and what could / should be done to respond to it.
A&G meeting 27th January 2026	Explore what can be done to support – <ul style="list-style-type: none"> - veterans to access healthcare services (Communication, etc). - GP's in the delivery of the Veteran Friendly Accreditation Scheme (e.g. funding, training etc)
A&G meeting 17th March 2026	<ul style="list-style-type: none"> - Approval of Final report by the Audit and Governance Committee

6. PRESENTATION OF EVIDENCE

- 6.1 As part of the evidence gathering session, a representative from the North East and North Cumbria Integrated Care Board will be in attendance to discuss veteran access to healthcare services.
- 6.2 The barriers and challenges faced by veterans when accessing healthcare will also be discussed.
- 6.3 An overview will be provided of the Veteran Friendly GP accreditation scheme, further information about this scheme can be found at **appendix A**. GP practices in Hartlepool that are signed up the scheme are listed at **appendix B**.

7. RECOMMENDATIONS

- 7.1 That the Committee considers the proposed aims, terms of reference and timeline of investigation as detailed in section 4 and 5 of this report and;
- 7.2 Receives the information provided, as part of the first stage of the investigation.

Contact Officer: - Joan Stevens
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BACKGROUND PAPERS

Audit and Governance Committee agenda / minutes from 23rd September 2025.

Appendix A

Veteran Friendly GP Accreditation scheme

The Veteran-Friendly GP accreditation scheme aims to improve medical care for veterans, meaning they have a better understanding of military specific health issues and can provide tailored care. All practices in Hartlepool have this accreditation, a full list can be found at **appendix B**. The scheme¹ is run by the Royal College of General Practitioners (RCGP) in collaboration with NHS England.

How to become accredited

GP practices are required to complete the [sign-up form](#) to become a Veteran Friendly accredited practice takes just 20 minutes and the information pack can be consumed in less than two hours, with supplementary learning shared in a short newsletter on a quarterly basis. The form can be completed by anyone in the practice team, whether their role is clinical or non-clinical, with practice managers often taking the lead.

Role of the clinical lead

The role of the clinical lead is to:

- be the point of contact for practice staff on veteran matters
- be the point of contact for the RCGP project team to disseminate new information to your practice team, such as the contents of the quarterly newsletter
- educate and inform your practice team about the programme and how they can contribute to providing personalised care to veterans in your care
- safeguard the sustainability of accreditation by handing over the clinical lead role to a colleague should you leave your practice and provide the RCGP with your successor's contact details.

Expectations of the practice

- endeavour to know which patients registered at your practice are veterans and apply the 'military veteran' SNOMED code to their notes
- commit to keeping staff up to date with NHS veteran-specific referral pathways and resources and understanding the health needs of veterans. The RCGP will help with this.

While a clinical lead must be named in the form, the learning and support can be shared across the wider practice team - with social prescribing link workers ideally placed to play a key role in running this initiative. Clinical leads don't need to be veterans either - in fact most aren't - showing you don't need military experience to make a life-changing difference for this vulnerable patient group.

Once you have signed up and read the short accreditation pack:

1. Share the key information from the accreditation pack with colleagues

¹ [Royal College of General Practitioners](#)

2. Ask patients registering with the surgery if they have ever served in the British Armed Forces and record their answer in their patient record. They recommend writing the term 'Military Veteran' (due to a number of different codes available)
3. Stay up-to-date with best practice via the Veteran Friendly Accreditation newsletter, which provides easy access to the latest information and learning

The result will be better care for patients and their families and a multitude of benefits to practices.

Once a practice has become accredited, there is no need to renew accreditation. They ask that the clinical lead maintains their knowledge via our newsletters and any new training released.

In the event the veteran clinical leaves the practice, the accreditation is still valid if their responsibilities have been handed over to a new clinical lead and that person has completed the accreditation training. A new veteran clinical lead should contact the RCGP with the new name and direct email address, to receive an accreditation welcome pack with details of their training.

Appendix B**GP Practices in Hartlepool registered with the Veteran Friendly GP scheme**

Bankhouse Surgery, Park Road
Chadwick Practice, Park Road
Gladstone House Surgery, Victoria Road
Hart Medical Practice, Surgery Lane
Hartfields Medical Centre, Hartfields Manor
Headland Medical Practice, Groves Street
Havelock Grange Practice, Park Road
McKenzie Group Practice, Kendal Road
Seaton Surgery, Station Lane
Throston Medical Centre, Wilshire Way
Victoria Road Medical Practice, Victoria Road
West Quay Medical Practice, Victoria Road
West View Millenium Surgery, West View Road
Wynyard Road Medical Centre, Wynyard Road

AUDIT AND GOVERNANCE COMMITTEE

4 November 2025



Report of: Director of Legal, Governance and Human Resources

Subject: REGULATION OF INVESTIGATORY POWERS ACT 2000 (RIPA) – QUARTER 1 UPDATE

1. PURPOSE OF REPORT

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

2. BACKGROUND

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

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

- 2.3 As from 1 November 2012 Local Authorities may only use their powers under the Regulation of Investigatory Powers Act 2000 to prevent or detect criminal offences punishable by a minimum term of 6 months in prison (or if related to underage sale of alcohol and tobacco – not relevant to this Council). The amendment to the 2000 Act came into force on 1 November 2012.
- 2.4 Examples of where authorisations could be sought are serious criminal damage, dangerous waste dumping and serious or serial benefit fraud. The

surveillance must also be necessary and proportionate. The 2012 changes mean that authorisations cannot be granted for directed surveillance for e.g. littering, dog control, fly posting.

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

3. RIPA AUTHORISATIONS

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

Communications Data	Nil
CHIS	Nil
Directed Surveillance	Three

4. RECOMMENDATION

- 4.1 That the quarterly report be noted.

5. REASONS FOR RECOMMENDATIONS

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

6. CONTACT OFFICERS

- 6.1 Hayley Martin
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HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

17 March 2025

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

Present:

Councillor Harrison , Leader of Council (In the Chair)

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors Boddy, Darby and Roy

Representative of North East and North Cumbria Integrated Care Board – Katie McLeod as substitute for Karen Hawkins

Director of Public Health, Hartlepool Borough Council – Craig Blundred

Executive Director of Children's and Joint Commissioning Services, Hartlepool Borough Council – Sally Robinson

Executive Director of Adults and Community Based Services, Hartlepool Borough Council - Jill Harrison

Representative of Healthwatch – Steve Thomas

Other Members:

Managing Director, Hartlepool Borough Council – Denise McGuckin

Representative of Tees, Esk and Wear Valley NHS Trust – Jamie Todd

Representatives of Hartlepool Voluntary and Community Sector – Carl Jorgeson

Representative of Headteachers – Sonia Black

Representative of North Tees and Hartlepool NHS Trust – Linda Hunter

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council – Councillor Jorgeson

Also Present:-

Philippa Walters, Pharmacy Lead

Julie Simons, Hartlepower Community Trust

Louise George and Calvin George, Hartlepool Sport

Nicola Haggan and Amanda Britten, Alice House Hospice

Officers: Ashley Musgrave, Danielle O'Rourke, Public Health Team

Claire Robinson, Public Health Principal

Joan Stevens, Statutory Scrutiny Manager

Denise Wimpenny, Democratic Services Team

20. Apologies for Absence

Representative of Tees Esk and Wear Valley NHS Trust - Brent Kilmurray
Representative of North East and North Cumbria Integrated Care Board -
– Karen Hawkins
Representatives of Healthwatch – Christopher Akers-Belcher and Margaret Wrenn
Representative of Hartlepool Voluntary and Community Sector – Christine Fewster
Representative of GP Federation – Fiona Adamson
Head Teacher Representative – Sonia Black

21. Declarations of interest by Members

None

22. Minutes of the Meeting held on 9 September 2024

Confirmed

23. Minutes of the Meeting of the Children's Strategic Partnership held on 27 September 2023

Received

24. Minutes of the Meeting of the Tees Valley Area ICP held on 9 August 2024

Received

25. Hartlepool and Stockton-On-Tees Safeguarding Children Partnership Annual Report 2023-24 *(Executive Director, Children's and Joint Commissioning Services)*

The Executive Director, Children's and Joint Commissioning Services updated the Board on the work undertaken by the Hartlepool and Stockton-On-Tees Safeguarding Children Partnership during the year 2023-24. The report summarised the key successes and achievements of the Safeguarding Children Partnership throughout 2023-24 including updates on qualitative and quantitative data, information for the reporting period and outlined the specific areas being taken forward in the coming year.

In the discussion that followed Board Members debated issues arising from the annual report. In response a query raised, clarification was provided in relation to child protection data across the two areas and the predominant reasons were also outlined. Details of consultation arrangements with young people were provided which included consultation and engagement events

and involvement activity with school councils across the secondary and primary sectors.

Decision

The contents of the HSSCP Annual Report were noted.

26. Teeswide Safeguarding Adults Board Annual Report 2023/24 *(Executive Director of Adults and Community Based Services and Independent Chair of Teeswide Safeguarding Adults Board)*

Members were referred to the Teeswide Safeguarding Adults Board (SAB) Annual Report for 2023-24 appended to the report. It was noted that it was required under the Care Act 2014 that each SAB published an annual report setting out what had been done during that year to achieve its objective and implement its strategy, the findings of any safeguarding adults reviews and what had been done to implement findings of any reviews.

Decision

The Board noted and endorsed the Teeswide Safeguarding Adults Board Annual Report 2023-24.

27. Tobacco Control Strategy *(Director of Public Health)*

Board Members were referred to the updated Tobacco Control Strategy Action Plan for Hartlepool, attached at Appendix 1, which provided an update on progress to date on actions against priorities and also updated the Board on the new Specialist Smoking Service for Hartlepool.

The Board was provided with a summary of key deliverables between April and November 2024 against the Tobacco Control Action Plan, appended to the report. The action plan set out under each theme the detail of how each priority area would be delivered, who would deliver, the timescales and outcome framework arrangements.

Board members expressed support of the strategy and debated issues arising from the report. Members welcomed the redevelopment of the stop smoking service in Hartlepool, the benefits of which were outlined. Clarification was provided in response to concerns raised regarding the increasing access and prevalence of vaping particularly in young people and the challenges around managing this issue. The Public Health Principal advised of the ongoing work and plans in place with schools in relation to changing behaviours around vaping. Representatives from the Hartlepool Community and Voluntary Sector and Hartlepool Sport commented on the benefits of sharing messages around the dangers of smoking and vaping in sports and community facilities and it was suggested that this be progressed following the meeting with a member of the public health team.

Concerns were also raised in relation to the illegal sale of tobacco products. The Managing Director referred to the successes of the Council's Environmental Health Team and ongoing work with the police in terms of tackling this issue.

Decision

The Board noted progress against the Tobacco Control Action Plan.

That messages around the dangers of smoking and vaping be shared in sports and community facilities.

28. Director of Public Health (DPH) Annual Report *(Director of Public Health)*

Elected Members were referred to the requirement for the Director of Public Health to write an Annual Report on the health status of the town, and the Local Authority duty to publish it, as specified in the Health and Social Care Act 2012. The 2024 Annual Report looked at how to address the key early years to give children the best start in life. There was strong evidence that the first 1001 days of a child's life from conception to age 2 were critical in providing the foundations needed to build a healthy life in the future. The report highlighted some of the key areas where this support was provided and provided an overview of a number of activities. Following the success of utilising an electronic format and videos in recent years, the report was again accessed via a link included in the report with a copy of the Director's report also appended to the report. The Director of Public Health presented a video to the meeting from the Annual Report.

Members welcomed the approach and debated issues arising from the Annual report including the benefits of utilising videos to present information, school readiness, the challenges for schools given the increasing numbers of children and families with complex and additional needs, concerns in relation to child poverty and the factors which had an impact on the health wellbeing and outcomes of children. In response to a query raised, the Chair was pleased to report that breastfeeding take-up in Hartlepool had increased in the last 12 months. Clarification was provided in relation to how the Board could access supporting health data including breast feeding information via the Joint Strategic Needs Assessment.

Emphasis was placed on the need for more collaborative working with the voluntary sector in terms of supporting families to ensure every child in Hartlepool was given the best start in life.

In response to a number of further queries raised, clarification was provided in relation to the budget position around the future of family hubs and the challenges around responding to the increasing number of safeguarding

referrals. A number of queries were raised in relation to interpretation of the school readiness data and a breakdown of school readiness data was requested by school following the meeting.

Decision

That the 2024 Director of Public Health annual report be approved.

That a breakdown of school readiness data by school be provided following the meeting.

29. Joint Local Health and Wellbeing Strategy 2025-2030 (Director of Public Health)

Type of decision

Non-key

Purpose of report

To present the Health and Wellbeing Board (HWBB) Strategy refresh for approval (Appendix 1).

Issue(s) for consideration

The Director of Public Health presented the Joint Health and Wellbeing Strategy refresh for Members' approval. The strategy, attached at Appendix 1, outlined the key priority areas for the next five years:-

- **Starting Well** – All Children and young people living in Hartlepool have the best start in life.
- **Live well** - People live and work in connected, prosperous and sustainable communities.
- **Age well** - People live healthier and more independent lives, for longer

The strategy would inform the development of a detailed action plan and outcome framework which would be monitored and reviewed through the Health and Wellbeing Board.

In the discussion that followed officers responded to issues raised arising from the report in relation to the positives around a GP early dementia diagnosis and monitoring arrangements in terms of reablement care.

Decision

That the Health and Wellbeing Board Strategy be agreed and be utilised to support the joint development of the 2025/26 action plan.

30. Pharmaceutical Needs Assessment (PNA) 2022 – Maintenance Report *(Director of Public Health)*

The report updated the Board on the process for statutory maintenance of the Pharmaceutical Needs Assessment 2022, to receive notification of applications, decisions or other notice of changes to pharmaceutical services in Hartlepool from the ICB NENC or Primary Care Support England (PCSE) since the date of the last Health and Wellbeing Board Maintenance Report (9 September 2024). In relation to the requirement to seek approval for publication of any Supplementary Statement to the PNA 2022 required as a consequence of those reported changes to pharmaceutical services, the Board was advised that no new Supplementary Statements had been issued under delegated authority since the last meeting of the Board in July 2024.

Members were advised of the process towards statutory publication of a new PNA by 30 September 2025.

In response to concerns raised regarding the high levels of poor literacy in the town, details of the proposed communication and engagement arrangements were provided which would include face to face communication co-ordinated by Healthwatch and it was noted that information would be made available in different formats in community hubs. The need for Board Members to advocate on behalf of individuals where necessary was highlighted.

Decision

The Board noted:-

1. That no supplementary statements to the Hartlepool PNA 2022 had been issued since the last report in July 2024 and no further changes to pharmaceutical services in Hartlepool had been notified.
2. Progress towards the publication of a new PNA by September 2025.

31. Voluntary and Community Sector Reports *(Director of Public Health)*

Voluntary and Community Sector representatives, who were in attendance at the meeting presented the following reports to Board Members as being of interest to the Board, copies of which had been circulated with the agenda documentation in advance of the meeting:-

- The Haven, Service and Information (Appendix A)
- Urban Sport and Urban Play Summer Activity Report (Appendix B)
- Pumpkins in the Park 2024 (Appendix C)

Following presentation of the reports, Members commended the work of the groups and welcomed the health and wellbeing benefits as a result.

Decision

That the contents of the reports be noted.

The meeting concluded at 11.35 am.

CHAIR

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

21 July 2025

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

Present:

Councillor Brenda Harrison, Leader of the Council (In the Chair)

Prescribed Members:

Elected Members, Hartlepool Borough Council - Councillors Rob Darby, Sue Little and Aaron Roy

Director of Public Health, Hartlepool Borough Council – Craig Blundred

Interim Executive Director of Children's and Joint Commissioning Services, Hartlepool Borough Council – John McIlwraith

Executive Director of Adult and Community Based Services, Hartlepool Borough Council - Jill Harrison

Representative of Healthwatch - Margaret Wrenn

Other Members:

Managing Director, Hartlepool Borough Council – Denise McGuckin

Interim Joint Executive Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council – Sylvia Pinkney

Representative of Hartlepool Voluntary and Community Sector – Christine Fewster

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council – Councillor Michael Jorgeson

Also present: as substitutes in accordance with Council Procedure Rule 4.2:

Martin Short for Karen Hawkins (Representative of NHS North East and North Cumbria Integrated Care Board)

Steve Thomas for Christopher Akers-Belcher (Representative of Healthwatch)

Also in attendance:-

Kathryn Brennan, Marketing and Communications Manager, Health Innovation North East and North Cumbria

Nicola Haggan, Alice House Hospice

Carl Jorgeson, Hartlepool Voluntary and Community Sector

Philippa Walters, Pharmacy Lead

Officers:

Catherine Guy, Public Health Registrar

Leigh Keeble, Head of Service Transformation

Gemma Jones, Scrutiny and Legal Support Officer

Jo Stubbs, Principal Democratic Services and Legal Support Officer

1. Apologies for Absence

Apologies were submitted by Karen Hawkins (Representative of NHS North East and North Cumbria Integrated Care Board), Christopher Akers-Belcher (Representative of Healthwatch), Fiona Adamson (Representative of GP Federation) and Sonya Black (Representative of Headteachers).

2. Declarations of interest by Members

None

3. Minutes of the Tees Valley Area ICP meeting held on 8th November 2024

Minutes received

4. Maternity Services Update – Presentation – University Hospital of Hartlepool *(Chief Nurse, Director of Midwifery, Managing Director – University Hospital Tees)*

Item deferred to a future meeting

5. Secure Data Environment *(Marketing and Communications Manager, Health Innovation North East and North Cumbria)*

The Marketing and Communications Manager gave a presentation on the Secure Data Environment, a secure data and research analysis platform. This service gives researchers access to NHS data, all of which is anonymised. This is a national policy aimed at transforming access to patient records for research and boosting patient care and economic growth while ensuring data privacy and public trust. The process is nationally mandated and reported and overseen by a Public Evaluation Group. A public communications campaign was already underway involving 44 GP practices across the Tees Valley and while the public had to choose to opt out this was a straightforward process. Members noted that the 4 GP practices were located in the North and requested that GPs in the South be contacted and asked to take part.

Steve Thomas, Healthwatch representative, declared a personal interest in this item as a member of the Public Evaluation Group.

Decision

That the presentation be noted.

6. Joint Hartlepool Dementia Strategy (*Chair of Dementia Friendly, Hartlepool*)

The Chair of Dementia Friendly, Hartlepool, outlined the progress made on developing the Dementia Strategy for Hartlepool. He explained the reasoning behind the development of a dementia strategy, the draft vision, draft priorities and next steps. He also invited members to nominate at least one representative from their organisation who would be able to attend future strategy group meetings and contribute to the action planning phase of the strategy development.

Members praised the comprehensive report and thanked the Chair of Dementia Friendly for his efforts. Dementia is something which affects everyone, directly or indirectly. They noted the request for representatives to attend future strategy group meetings and agreed that names would be brought back to a future meeting.

Decision

That the progress made with the development of the Joint Hartlepool Dementia Strategy be noted

That nominations of representatives from partnership organisations be brought to a future meeting.

7. Carers Strategy (*Hartlepool Carers*)

A representative from Hartlepool Carers detailed the progress made in developing the Carers Strategy. A refreshment of the current Carers Strategy for 2019-2024 the aim is to ensure that carers are recognised, valued and supported in their physically and emotionally demanding roles. The draft priorities and next steps were outlined. A Carers Strategy Group had been formed underpinned by seven focus groups facilitated by Hartlepool Carers. Despite a Carers Charter having been developed for Hartlepool and Stockton Hospitals there was no representative from either Hartlepool or Stockton on the strategy group. The Chair felt this was more about people being unaware of the existence of the strategy group rather than a lack on interest and would be rectified.

Decision

That the progress made with the development of the Carers Strategy be noted

8. Community Blood Pressure Monitoring (*Head of Service*)

(Community Hubs and Wellbeing))

The Executive Director of Adult and Community Based Services gave an update on the Community Blood Pressure Monitoring Pilot within the Council's Community Hubs. In February 2024 NHS England funding of £17 thousand was secured for the delivery of a hypertension project addressing health inequalities by providing access to blood pressure checks. Three devices were made available, 2 of which were located at Community Hub Central and Community Hub South and the other for home loan. The pilot started in September 2024 and 182 checks had been completed between then and February 2025. Of these there had been an almost equal split between healthy and high readings. Further details were given within the report including demographic data, age range and results information and the ways in which the £17 thousand funding was spent. The pilot was due to end in September 2025 with the monitoring devices to be retained by the Council.

Members noted the community advantages of the pilot and queried what it would cost to keep it going past September 2025. The Executive Director of Adult and Community Based Services confirmed that the staffing costs had been approximately £10 thousand which she felt was low when set against the benefits of continuing this project.

Decision

- i) That the mid-point review and initial success of the Community Blood Pressure project be noted
- ii) That it be noted that the project is funded until September 2025 with no resource secure to continue or expand beyond this

9. Housing Health and Care Programme *(Executive Director of Adult and Community Based Services)*

The Executive Director of Adult and Community Based Services updated members on the work of the Housing Health and Care Programme. Led by a number of local organisations the programme aims to improve housing, care and support so people can stay healthy and live independently. A five year roadmap setting out priority areas was appended to the report along with a memorandum of understanding which partners would be asked to sign up to. Hartlepool Borough Council had already signed the memorandum and the Chair would ask other organisations to sign.

Decision

That the work of the Housing Health and Care Programme be noted and partners asked to sign the Memorandum of Understanding.

10. Update on the Year One Actions of Joint Local health

and Wellbeing Strategy *(Director of Public Health)*

That Public Health Registrar gave an update on the Year One actions of the Joint Local Health and Wellbeing Strategy as agreed at the March 2025 Health and Wellbeing Board meeting as follows:

Prevent/reduce obesity through prenatal, antenatal and early years support;
Develop an accessible and integrated approach to health checks
Support childhood immunisations

Progress made since the March meeting was detailed including the development of a Year One action plan and a September system-wide workshop on action to prevent 0-5 years obesity and potential evaluation matters. A copy of the Year One action plan was appended to the report.

Members praised the Strategy as a good example of public health pulling together. The Chair referred to the Council's sport programme for young people throughout the Summer.

Decision

That the Year One Action Plan and the plan for a September system-wide workshop to prevent 0-5 years obesity be noted

11. Pharmaceutical Needs Assessment Maintenance Update / Approval of PNA *(Director of Public Health)*

The report updated members on the process for statutory maintenance of the Pharmaceutical Needs Assessment 2022, to receive notification of applications, decisions or other notice of changes to pharmaceutical services in Hartlepool from the NENC ICB or Primary Care Support England (PCSE) since the date of the last Health and Wellbeing Board Maintenance Report on 17 March 2025. There had been no notifications of actions, applications or decisions made regarding maintenance of the PNA 2022 since the last meeting.

Members were advised of the process towards statutory publication of a new PNA before 29 September 2025.

Decision

That the following be noted:

- i) No supplementary statements to the Hartlepool PNA 2022 had been issued since December 2024
- ii) No changes to pharmaceutical services in Hartlepool had been notified
- iii) The draft PNA for 2022 would be ratified for public consultation commencing 4 July 2025 with the final PNA to be presented to the Board for approval in September 2025.

12. Health and Wellbeing Board Terms of Reference - Refresh *(Director of Public Health)*

Members were asked to approve the refreshed Terms of Reference, a copy of which was appended to the report. The last refresh had taken place in 2021.

Decision

That the updated Terms of Reference for the Health and Wellbeing Board be approved.

13. Board Forward Plan *(Director of Public Health)*

The Director of Public Health outlined the proposed work programme for the Health and Wellbeing Board, which provided a forward plan of items to facilitate report writing and an opportunity to consider any additional items for discussion. Members asked that the maternity services update be brought to the next meeting and requested an update following the announcement regards the future of NHS England. The representative of NHS North East and North Cumbria Integrated Care Board confirmed they intended to bring a report to the September meeting outlining future plans.

Decision

That the proposals on the plan be agreed with the addition of a maternity services update and an update on future plans for the NHS North East and North Cumbria Integrated Care Board to the next meeting.

Meeting concluded at 11:40am

CHAIR