AUDIT AND GOVERNANCE COMMITTEE AGENDA

HARTLEPOOL BOROUGH COUNCIL

27 June 2013

at 9.30am

in Committee Room B,
Civic Centre, Hartlepool

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE

Councillors Ainslie, S Akers-Belcher, Brash, Fisher, Loynes, Robinson and Shields

Co-opted Members; Mr Norman Rollo and Ms Clare Wilson.
Local Police Representative: Chief Inspector Steve Jermy.

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

   3.1 To confirm the Minutes of the Meetings held on 30 May and 31 May 2013.

   3.2 To receive the minutes of the meeting of the Health Scrutiny Forum held on 18 April 2013.

   3.3 To receive the minutes of the meeting of the Scrutiny Coordinating Committee held on 3 May 2013.

4. **AUDIT ITEMS**

   4.1 Manor Residents Association and Who Cares North East Reports – *Chief Finance Officer and Head of Audit Governance*

5. **STATUTORY SCRUTINY ITEMS**

5.1 Safer Hartlepool Partnership Performance:-

(i) Covering Report – *Scrutiny Manager*
(ii) Presentation by Director of Regeneration and Neighbourhoods

5.2 Selection of potential topics for inclusion in the 2013/14 statutory scrutiny work programme – *Scrutiny Manager*

5.3 Suggested topics for inclusion in the 2013/14 Work programme for the Tees Valley Health Joint Scrutiny Committee – *Scrutiny Manager*

5.4 Appointment to Regional Health Scrutiny Committee – *Scrutiny Manager*

5.5 Establishment of Joint Health Scrutiny Committee – *Scrutiny Manager*

6. **MINUTES FROM THE RECENT MEETING OF THE HEALTH AND WELLBEING BOARD**

No Items.

7. **MINUTES FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

7.1 Minutes of the meeting held on 15 April 2013

8. **MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP**

No Items.

9. **REGIONAL HEALTH SCRUTINY UPDATE**

No items.

10. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

FOR INFORMATION

Date of next meeting – 25 July 2013 at 9.30am in the Civic Centre, Hartlepool. (Audit themed meeting)

AUDIT AND GOVERNANCE COMMITTEE
DECISION RECORD
30 May 2013

The meeting commenced at 9.30 am in the Civic Centre, Hartlepool

Present:

Councillor: Keith Fisher (In the Chair)

Councillors: Jim Ainslie, Stephen Akers-Belcher, Jonathan Brash, Brenda Loynes, Jean Robinson and Linda Shields.

Also present:
Councillor Rob Cook

Officers: Chris Little, Chief Finance Officer
Peter Devlin, Chief Solicitor
Noel Adamson, Head of Audit and Governance
Joan Stevens, Scrutiny Manager
Elaine Hind, Scrutiny Support Officer
Angela Armstrong, Principal Democratic Services Officer

1. Apologies for Absence

None.

2. Declarations of Interest

None.

3. Minutes

None.

A Member questioned whether the minutes from the previous system of governance which included the functions of this Committee would be submitted for confirmation. The Chief Solicitor indicated he would investigate this issue and report back to the next meeting of the Committee.

4. Audit and Governance Committee Work Programme
(Head of Audit and Governance)

Purpose of report

To inform Members of the Audit and Governance Committee of the planned work they will receive over the course of the 2013/14 Municipal Year.

Issue(s) for consideration

The report provided a schedule of reports to be presented to the Audit and Governance Committee during 2013/14 as part of its Work Programme. The Head of Audit and Governance informed Members that the External Auditor would attend future meetings and would expect the Committee to effectively challenge any reports that were submitted for consideration.

A Member questioned whether the Committee had the function to scrutinise the Council's Public Health function as well as external health bodies. The Chief Solicitor commented that the Committee had a statutory function to scrutinise health functions and the Scrutiny Manager confirmed that this included the scrutiny of the Council's Public Health function. In addition, Members were informed that the Chair of the Audit and Governance Committee had been appointed as an observer on the Health and Wellbeing Board. The Scrutiny Manager indicated that the meeting of the Audit and Governance Committee scheduled for 27 June 2013 would consider the work programme for health scrutiny related matters.

Decision

The timing and contents of the reports for future meetings of the Audit and Governance Committee were noted.

5. Financial Statement Training (*Chief Finance Officer*)

Purpose of report

To inform Members of the Audit and Governance Committee of the requirements to review and approve the Council's Financial Statements for 2012/13 and provide direction in this task.

Issue(s) for consideration

Members were informed that the Chartered Institute of Public Finance (CIPFA) recommended that it was good practice for the accounts to be

presented to Members before the end of July prior to being audited and this was endorsed by the Department for Communities and Local Government (DCLG). The statement of accounts would include clear information about the Council's finances to enable Members to give full consideration to the accounts. The Chief Finance Officer indicated that the information presented in the Financial Statements was based on the financial management information presented to Members during the year and presented this information in a different format to comply with external financial reporting requirements. The draft 2012/13 Statement of Accounts will be reported to the Committee in July, which will enable Members to raise any questions during the period of the external audit review. The final audited Statement of Accounts will be reported to the Committee in September, together with the External Auditors annual report.

Decision

The contents of the report and the need to review the Council's Statement of Accounts at its July meeting were noted.

6. Standards (*Chief Solicitor and Monitoring Officer*)

Purpose of report

The Audit and Governance Committee have delegated functions dealing with the promotion and maintenance of high ethical standards as outlined within the Council's Constitution and the report provided an overview of those functions as previously assigned to the Council's Standards Committee. Further, the Committee was requested to agree amendments to various documents (as appended herewith) which made reference to the former 'Standards Committee' and which information should be available to the public in dealing with complaints alleging Members misconduct.

Issue(s) for consideration

The report outlined the Council's duty to promote and maintain high standards of conduct by Members and co-opted members of the Authority. Members were reminded that Council had adopted a revised Code of Conduct which incorporated revised descriptions to the 'Nolan' principles. The Chief Solicitor informed Members of the requirement for 'arrangements' to be put in place to deal with allegations that a Member may not have complied with the Council's Code of Conduct. It was noted that 'independent persons' would be invited to the Audit and Governance Committee when Standards issues were to be considered and potentially for the consideration of Audit issues. The appointment of the independent persons to the Audit and Governance Committee would be considered at the meeting of Council on 6 June 2013.

Attached by way of appendices were revised documentation to be utilised when considering complaints, which reflected the Council's present governance arrangements.

A Member questioned whether Members had a duty to inform the Police if they suspected something involving another Member was untoward. The Chief Solicitor confirmed that whilst this issue was not provided for legislatively, Members should feel compelled to refer such matters to the Police. In addition, the Member sought clarification on the investigation process undertaken when a complaint had been received and the involvement of the subject Member. The Chief Solicitor indicated that the process now referred all complaints to one of the appointed independent persons appointed to the Audit and Governance Committee. The facility for the subject Member to approach the independent person was now included. It was noted that the majority of complaints would be resolved in a timely manner and within 20 working days, however matters requiring fuller investigation may take up to 6 months to resolve. The importance of dealing with all complaints in a timely and effective matter was reiterated.

A Member sought clarification on the issue of pre-determination. The Chief Solicitor drew the Committee's attention to paragraph 2.6 of the report which covered the issue of pre-determination, prejudice and bias as well as Council Procedure Rule 23 within Part 4 of the Council's Constitution.

Decision

(i) The contents of the report were noted.
(ii) The revised documents attached by way of appendix, incorporate reference to the Council's Audit and Governance Committee as opposed to Standards Committee in compliance with legislative changes and the Council's new governance arrangements.

The meeting concluded at 10.14 am

CHAIR

AUDIT AND GOVERNANCE COMMITTEE
DECISION RECORD
31 May 2013

The meeting commenced at 3.00 pm in the Civic Centre, Hartlepool

Present:

Councillor: Keith Fisher (In the Chair)

Councillors: Ainslie, Stephen Akers-Belcher, Brash, Loynes, Robinson and Shields

Also Present: Councillor Cook

Julie Gillon, Chief Operating Officer/Deputy Chief Executive, North Tees and Hartlepool Foundation Trust
Paul Garvin, Chairman, North Tees and Hartlepool NHS Foundation Trust
Dr Posmyk, Chair, Hartlepool and Stockton on Tees Clinical Commissioning Group
Jean Macleod, Consultant Physician
Dr Farooq Brohi, Lead Clinician
P Bhaskar,, G Greaves, S Piggott, K Dixon, C Young, North Tees and Hartlepool NHS Foundation Trust
Ali Wilson, Chief Officer, Hartlepool and Stockton on Tees Clinical Commissioning Group
Mary Bewley, Head of Commissioning and Engagement Support

Officers: Peter Devlin, Chief Solicitor
Andrew Atkin, Assistant Chief Executive
Denise Ogden, Director of Regeneration and Neighbourhoods
Alastair Rae, Public Relations Manager
Joan Stevens, Scrutiny Manager
Denise Wimpenny, Principal Democratic Services Officer

7. Purpose/Format of Meeting

Prior to commencement of the meeting, the Chair outlined the purpose and format of the meeting indicating that the meeting had been called to consider the reconfiguration of emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust as a single item agenda and there was no provision on the agenda for debate on the

proposed new hospital.

The Chair reported that the meeting would be conducted in two parts as follows:-

(i) To hear uninterrupted submissions from the Health Authority representatives and to allow a full question and answer session.
(ii) To debate the issues in the absence of the Health representatives.

8. Apologies for Absence

None

9. Declarations of Interest

None at this point in the meeting. However a declaration was declared later in the meeting – Minute 12 refers.

10. Minutes

None

11. Audit Items

None

12. Statutory Scrutiny Items – Reconfiguration of Emergency Medical and Critical Care Services at North Tees and Hartlepool NHS Foundation Trust Covering Report/Presentation (*Scrutiny Support Officer/Representatives from Hartlepool and Stockton on Tees Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust*)

Purpose of report

The purpose of this report is to inform Members that representatives from Hartlepool and Stockton-on-Tees Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust will be in attendance at today's meeting to discuss with Members the reconfiguration proposals for Emergency Medical and Critical Care Services at North Tees and Hartlepool NHS Foundation Trust.

Issue(s) for consideration

The Scrutiny Manager indicated that representatives from North Tees and Hartlepool and Stockton on Tees Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust had been invited to the meeting to provide information on the National Clinical Advisory Team (NCAT) report and recommendations, following their visit to the Trust, a copy of which was attached at Appendix A and to discuss the reconfiguration proposals for Emergency Medical and Critical Care Services at North Tees and Hartlepool NHS Foundation Trust. The CCG had launched a public consultation document, a copy of which was appended to the report, to ask for views of the proposals and concerns about how the impact of the changes could be managed and implemented. The Scrutiny Manager referred to regulations which required that where proposals impacted on 'two or more local authorities' consultation must take place through a joint overview and scrutiny committee.

The Chair welcomed representatives from the Foundation Trust and CCG to the meeting.

The representations went on to deliver a detailed and comprehensive presentation made jointly by Ali Wilson, Chief Officer, Hartlepool and Stockton on Tees Clinical Commissioning Group, Julie Gillon, Chief Operating Officer/Deputy Chief Executive, North Tees and Hartlepool Foundation Trust, Dr Posmyk, Chair of Hartlepool and Stockton on Tees Clinical Commissioning Group, Jean Macleod, Consultant Physician and Mary Bewley, Head of Commissioning and Engagement Support on the current position in relation to the National Clinical Advisory Team (NCAT) Review and public consultation and focussed on the following:-

- Background to the NCAT Review

<u>Clinical Case for Change</u>

- Small critical care services at University Hospital of Hartlepool is unsustainable
- Acute medical unit only provides a limited service due to limited specialist support on site
- Acute medical care cannot be provided without critical care
- Difficult to recruit and retain required medical staff to support both sites
- Nursing Staff are concerned about levels of care they can provide
- Critical Care Emerging Guidelines
- Critical Care Redesign
- Standards informing medicine case for service changes

<u>Medicine Redesign</u>

- Changes already made to improve and sustain quality
- Changes required for the future

<u>Options Considered</u>

- Critical Care

- Medicine
- Surgery and Orthopaedics
- Rheumatology and Chemotherapy

Proposal resulting from options appraisal

- University Hospital of North Tees
- University Hospital of Hartlepool

- Services provided in Hartlepool Hospital post proposed change
- Overview of NCAT Review
- Views of Key Stakeholders
- Patient and Public concerns
- Summary of Findings/Recommendations of NCAT report
- Implications of Proposals
- Key risks identified
- Transport
- Transport – Patient Options
- Transport – Patient Stories
- Next Steps
- Scope of Consultation

Following conclusion of the presentation, representatives responded to a number of questions raised by Members which included the following:-

- A Member questioned whether the representatives considered the executive management of the Trust to be competent given the indication in the presentation that clinicians had reported concerns in relation to safety of services and sought clarification as to how the Trust had allowed services to reach an unsafe level. The CCG representative indicated that concerns had been raised regarding the future sustainability and quality of services and, in the event of any significant concerns that services were unsafe, they would be changed immediately.

- With regard to difficulties recruiting and retaining medical staff to support both sites, further concerns were reiterated as to why such issues were not identified in the long term strategy to enable services to remain sustainable. Representatives provided background information in relation to the need for change, provided assurances that current service provision was sustainable in a safe manner and reassured Members that a quality surveillance group regularly monitored any changes in outcomes.

- Representatives responded to a number of issues/queries/concerns raised by Members in relation to the proposals including recruitment arrangements, the links between the NCAT report and consultation process, consultation arrangements, the lack of investment in Hartlepool hospital as well as the risks associated with an increase in travel times for patients travelling to North Tees as opposed to

Hartlepool.

- In response to concerns that the public consultation document did not facilitate patient choice, the Committee was advised that whilst it was not considered appropriate to include any options that NCAT did not consider to be a viable option, a number of open questions had been utilised to assist this process.

- Given that previous reports had suggested that North Tees site did not have sufficient capacity to deal with changes in services a query was raised as to why an option to choose to have such services in Hartlepool was not included in the consultation. The Chief Operating Officer, North Tees and Hartlepool NHS Foundation Trust indicated that the reasons this option was not a feasible choice would be explained to the public as part of the consultation process.

- The Committee discussed at length the potential reasons for the outcomes contained within the NCAT report, the lack of choice in terms of where services would be moved, the level of services being removed from Hartlepool, the lack of clarity and capacity planning as well as the absence of adequate strategic planning. In response, Members were advised that the Trust had robustly assessed transfer arrangements, pathways, discharge arrangements together with options for resilience. The impact of the changes in intensive care and new clinical standards were also outlined.

- Considerable concerns were raised in relation to the findings of NCAT review that the critical care service at Hartlepool was inadequate and the reasons why issues of this type had not been considered as part of future planning arrangements was questioned. Whilst the Chair of the Foundation Trust acknowledged that the strategic planning was the responsibility of himself and the Board, Members were advised that it had been anticipated some time ago that this problem may arise. It was the Board's intention to retain services in Hartlepool for as long as possible and the Trust were confident that the service could be safely provided until such time as the new hospital was built. However, given the delays in the original timescales for a new hospital, the situation was no longer sustainable hence the NCAT review and the need for reconfiguration of services.

- In response to further concerns raised in relation to the lack of choice in terms of where services should be located, the CCG representative indicated that, where possible, services could be provided in accordance with the preferences of the public provided this was within the constraints of clinical safety and finances available.

- A member of the public re-emphasised concerns raised at previous meetings regarding the level of services being removed from Hartlepool and the potential outcomes as a result. The decision making powers and agenda of the current Chief Executive of the Trust

in terms of the future of the hospital was also questioned.

- The Committee raised concerns that the NCAT consultation process was inadequate and unfair highlighting that the former Health Scrutiny Forum Chair had been excluded from engagement.

- Reference was made to the Chairman of the Trust's earlier comments regarding the emerging problem of intensive care and clarification was sought as to whether there were any other emerging problems the Committee should be aware of. Representatives referred to the ageing population and impact on social care as well as the importance of adherence to relevant guidance and quality standards.

- The Chair requested a direct accurate comparison of staffing levels, ward numbers, bed numbers and the service range provision at the current Holdforth Road site as a comparator with that of 2003.

The Chair thanked the representatives for their attendance.

The Health representatives left the meeting whereupon the Chair indicated that following a brief adjournment the Committee would reconvene to debate the issues raised and agree a formal response to the consultation.

Following a brief adjournment, the Committee reconvened and debated the evidence provided during which the following comments were raised:-

At this point in the meeting Councillor Brash declared a personal interest in this item of business.

The Chair reminded Members that Hartlepool Borough Council as a whole were still party to a unanimous vote of no confidence in the Foundation Trust as a result of a decision taken by full Council and that this particular Committee were still party to a separate resolution which opposed the movement of any further services from Hartlepool Hospital.

(i) The Committee were keen to support the concerns of local people in the town and did not support any further transfer of services from the University Hospital of Hartlepool.

(ii) Members raised concerns that the reasons for the recommendation in the report to transfer acute medical services and critical care services to North Tees was as a result of lack of long term strategic planning by the Trust.

(iii) Members were disappointed that the Trust representatives had failed to answer Members questions satisfactorily and had not complied with the statutory scrutiny consultative requirements.

(iv) Whilst Members were keen to work with neighbouring authorities, to establish a Joint Overview and Scrutiny Committee to comment

upon the consultation, it was suggested that the membership and representation should be carefully considered to allow Hartlepool a fair representation on the Committee.

(v) The Committee were of the view that Members of the public should be encouraged to participate in the consultation process.

(vi) Members suggested that the statutory scrutiny powers of this Committee be utilised to approach the Secretary of State to investigate the consultation and strategic leadership of the Trust, the appropriate timescales for which to be determined.

(vii) The Leader of the Council referred Members to a copy of a letter from Iain Wright, MP for Hartlepool, together with a statement produced by the Leader of the Council outlining a suggested way forward, copies of which were tabled at the meeting.

The Leader of the Council summarised the statement indicating that following the completion of the consultation exercise the Health and Wellbeing Board and the Council as a whole should consider the working relationship with the Foundation Trust. In addition it was suggested that opportunities to engage with others to achieve better clinical outcomes be explored as well as the need to examine quality surveillance groups and promote the choice agenda. It was also suggested that the Council explore the composition of the Health and Wellbeing Board to assist when formulating future commissioning intentions and that all possible options be considered, including pooling resources with an alternative hospital trust to ensure aspirations for locally delivered services were accessible by all.

The Committee supported the leader's recommendation and, in view of this, it was suggested that the Leader and the Chair of this Committee should discuss this issue in more detail following the meeting to progress the proposals.

Decision

(i) That the comments of the Committee and proposals submitted by the Leader of the Council be utilised to formulate a response to the consultation.
(ii) That a meeting be held between the Leader of the Council and the Chair of this Committee to progress the proposals.

The meeting concluded at 5.55 pm.

CHAIR

HEALTH SCRUTINY FORUM

MINUTES

18 April 2013

The meeting commenced at 9.00 a.m. in the Civic Centre, Hartlepool.

Present:

Councillor Stephen Akers-Belcher (In the Chair)

Councillors: Keith Fisher, Ged Hall and Geoff Lilley.

Also Present: In accordance with Council Procedure Rule 4.2;
Councillor Brenda Loynes as substitute for Councillor Ray Wells.

Liz Fletcher, Ruby Marshall and Steve Thomas – Healthwatch
Dr Posmyk - Chair of the Stockton and Hartlepool CCG
Nicola Jones - Senior Commissioning Manager, North of England Commissioning Support
Katie McLeod - Commissioning Manager, North of England Commissioning Support

Officers: Louise Wallace, Director of Public Health
Laura Stones, Scrutiny Support
David Cosgrove, Democratic Services Team

157. Apologies for Absence

Councillors James, Wilcox and Wells.

158. Declarations of Interest by Members

None.

159. Minutes of the meeting held on 7 March 2013

Confirmed.

The Chair informed Members that a press release was to be issued on women's life expectancy in Hartlepool as discussed at the previous meeting as part of the process of raising the profile of the issue.

160. Responses from the Council, the Executive or Committees of the Council to Final Reports of this Forum

No items.

161. Consideration of request for scrutiny reviews referred via Scrutiny Co-ordinating Committee

No items.

162. Consideration of progress reports/budget and policy framework documents

No items.

163. Outpatient Services and National Clinical Advisory Team Visit – Verbal Update (*Author*)

The Chair tabled at the meeting a letter he had received from the Chief Officer of Hartlepool and Stockton Clinical Commissioning Group (CCG) and Chief Operating Officer/Deputy Chief Executive of North Tees and Hartlepool NHS Foundation Trust in relation to the transfer of outpatient services from the Hartlepool Hospital site to the OneLife Centre on Park Road.

The Chair indicated that he was disappointed that the views expressed by the Forum had not been taken into account by the CCG and Trust. The Chair hoped that the issue would be pursued by the new Audit and Governance Committee. Members supported the Chair's comments and reiterated their views on their opposition to the transfer of any services from the Hospital site. The representatives of Healthwatch commented that they had concerns at the availability of parking at the OneLife Centre and also the building's capacity to support any additional clinics. They also indicated that they had concerns at how the views of patients were being obtained by the Trust and CCG. If feedback was being gained through staff, such as nurses, then this would not be representative as people often felt uncomfortable complaining to the staff they were seeing during their visit to the centre.

The Chair supported the concerns around parking and public access and considered that, in hindsight, the location of the OneLife Centre was poor. Members echoed the Chair's views and also expressed concern at the disabled access to the building and the distance from bus stops on York Road for those with limited mobility.

Members reiterated their previous views that they did not wish to see any further services transferred from the hospital site. Members indicated that

they had stated that they did not wish to see Accident and Emergency services transfer from the Hartlepool Hospital site until the new hospital had been built but this had been wholly ignored.

The Chair indicated that he considered that a response to the letter should be sent and he would send such a letter after the meeting expressing Members concerns.

The Chair of the CCG commented that he took on board the Forum's unhappiness with the letter and indicated that the CCG did wish to listen to the views and concerns of the community it served. In relation to the services at the OneLife Centre and the access issues raised, the Chair o fthe CCG indicated that any formal complaints should be referred into the CCG so they could investigate them and take any appropriate action.

The Chair of the CCG indicated that the CCG did take on board the concerns in relation to transport and the costs incurred for transport costs by those on low incomes. The Chair of the CCG indicated that they were working with the Council's Transport Working Group on the transport issues.

The Chair indicated that he would reflect the concerns expressed by the Forum in the letter to be formulated with the Vice-Chair.

In relation to the visit of the National Clinical Advisory Team (NCAT), the Chair indicated that he had been unable to attend the meeting but had requested a telephone call with the Chair of NCAT to raise the concerns of the Forum but this had not happened so the Chair proposed to write to the Chair of NCAT setting out Members concerns. The Healthwatch representatives indicated that they had attended the meeting with NCAT and considered that some of the comments made during the visit gave the impression that a decision had already been taken and that the visit was only for people to raise concerns against it. The Healthwatch members indicated that they had left the meeting somewhat disillusioned by the process.

Members indicated their concerns that even in the events when their and the public's views were to be considered; they were simply ignored. Members considered that some health bodies almost appeared to be untouchable. Members indicated that they would continue to raise the views of the forum and the public at such events. There were Members from other authorities at the event who, of course, had their own views on the proposed changes. Stockton Members obviously supported the proposals and Members indicated that it would be helpful in the future to coordinate with Members from East Durham to put a unified case forward.

The Vice-Chair indicated that there had been a discussion on the new hospital at Wynyard at the Tees Valley Health Joint Committee earlier in the week. It appeared that there was unlikely to be a start on site this year and any construction phase was likely to take four years. Members expressed concerns at the retention of services at Hartlepool during that period and also if the new hospital plan failed to reach fruition. While the Trust

continued to indicate that there was no plan B to the new hospital option, Members strongly believed that Plan B revolved around North Tees Hospital without Hartlepool Hospital.

Members also voiced concern that the issue of the plan for the new hospital site had been discussed regionally before being presented to this forum. The Chair indicated that he would write to the trust requesting that the new Audit and Governance Committee be informed of the detailed plan.

Recommended

1. That the letter from Chief Officer of Hartlepool and Stockton Clinical Commissioning Group (CCG) and Chief Operating Officer/Deputy Chief Executive of North Tees and Hartlepool NHS Foundation Trust be noted and that the Chair and Vice Chair be authorised to send an appropriate response.

2. That the Chair write to the North Tees and Hartlepool NHS Foundation Trust requesting that the new Audit and Governance Committee be informed of the detailed plans for the new hospital proposal that had been presented to the regional Health Scrutiny Joint Committee.

164. Consultant to Consultant Referrals (*Scrutiny Support Officer*)

The Chair of the Stockton and Hartlepool CCG indicated that the issue of consultant to consultant referrals had been an issue discussed several times by the Forum in the past. The CCG Chair reported that a new process had been put in place to allow consultants to expedite referrals to another consultant if they considered that the referral needed to be undertaken quickly. It was accepted that this process may override the normal process of patient choice. There had been concern in the discussions around the development of the new process that some referrals may take place for conditions that may normally have been within the remit of the patient's GP so there would be a process of referring back to the GP as well to ensure all responsible for a patients care were informed.

Members indicated that the concerns around consultant to consultant referrals had arisen due to the financial 'benefit' that a Trust may receive by keeping a patient within their domain rather than allowing patient choice which may result in the patient going to a hospital and consultant in a different Trust area. The CCG Chair indicated that there would be such a benefit. Referral back to the GP ensured that the family doctor was aware of the situation and may advise the patient otherwise. Urgent referrals, however, would happen within a Trust to ensure that a patient was dealt with as quickly as possible as the condition may require.

Healthwatch representatives indicated that the concerns raised with them related to end of life situations. There were concerns that there could be delays in the provision of a package of care for such patients. The CCG Chair indicated that consultant to consultant referrals in such situations would be carried out quickly. The Healthwatch representatives indicated that some work had been undertaken with Intrahealth through a

questionnaire, the results of which had been shared with GPs in the town. The end of life process was a traumatic one for families and the feedback from them highlighted a perceived lack of coordination. No responses had come forward from any GPs, and the Healthwatch representatives asked that the CCG Chair take the comments forward.

Recommended

That the report and discussions be noted.

165. Extending Patient Choice through Any Qualified Provider (AQP) (*Contracting and Business Manager, North of England Commissioning Support Team*)

The representatives of North of England Commissioning Support provided the Forum with an update on extending patient choice through any qualified provider (AQP). In 2011, the Government committed to increasing choice and personalisation in NHS-funded services by extending patient choice of Any Qualified Provider for appropriate services. Extending patient choice of provider was intended to empower patients and carers, improve outcomes and experience, enable service innovation and free up clinicians to drive change and improve practice.

Informed by national engagement activity, the Department of Health identified a list of potential services for priority implementation and asked the then Primary Care Trusts to identify three community or mental health services in which to implement patient choice of Any Qualified Provider in 2012/13.

The three areas chosen by NHS Tees (now NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group and NHS South Tees Clinical Commissioning Group) for implementation of AQP were:

- Adult Hearing Services
- Primary Care Psychological Therapies (adults);
- Lymphoedema Services

All three services lines intended to be procured under the AQP framework were successfully completed within the designated timescale. Details of the providers now qualified to deliver the relevant services was set out in the report.

Members commented that there appeared to be a concentration on community mental health services through this process. The North of England Commissioning Support representatives indicated that consultation had been undertaken nationally on identifying the best routes so that the same pathways of service could be provided. The CCG Chair commented that GPs understood that the providers were working to the same standard specification so that the patient could simply choose what they felt was appropriate for them.

Recommended

That the report be noted.

166. Progress report on Service Enhancements at the University Hospital of Hartlepool (*Author*)

Enclosed with the agenda papers was a report from the North Tees and Hartlepool Foundation Trust updating Members on service enhancements undertaken in University Hospital Hartlepool. Members welcomed the report and indicated that they would wish to see more of these updates provided to Members in the future.

The representatives of Healthwatch commented that they had been receiving concerns from patients of Community Renaissance and indicated that it would be useful for some formal feedback to be obtained.

Recommended

That the report be noted.

167. Issues identified from the Forward Plan

The Scrutiny Support Officer submitted a report outlining the key decisions contained within the Executive's Forward Plan (April 2013 – July 2013) relating to the Health Scrutiny Forum for Members information.

Recommended

That the report be noted.

168. Minutes of the recent meeting of the Shadow Health and Wellbeing Board

The minutes of the meeting of the Shadow Health and Wellbeing Board held on 13 January, 2013 were submitted for the Forum's information.

169. Minutes From Recent Meetings of Tees Valley Health Scrutiny Joint Committee

The minutes of the meeting of the Tees valley Health Scrutiny Joint Committee held on 11 March, 2013 were submitted for the Forum's information.

170. Regional Health Scrutiny Update

No items.

171. Chair's Comments

The Chair indicated that this was the final meeting of the Health Scrutiny Forum before the Council moved into the new governance arrangements in

May. The duty in relation to local health scrutiny would transfer to the new Audit and Governance Committee. The Chair indicated that he would be the Vice-Chair of the new Committee and would work with the Members appointed to the new Committee to ensure that none of the focus on health issues was lost in the new arrangements.

The Chair thanked the Vice-Chair and Members of the Forum for their support and contributions to the work of the Scrutiny Forum over the years of his chairmanship. The Chair also thanked all the officers and representatives of the various health bodies that had attended the forum and particularly wished the Members of Healthwatch well in their new role.

Members thanked the Chair for his commitment to the role and the way he had conducted himself in promoting the role of the forum and holding health providers to account to the people of Hartlepool. Members commented that they would have wished for the Chair to continue in the role though this was not possible due to the Council decision that the Chair would be a Member not from the majority group. The Chair thanked Members for the comments and indicated that he was convinced that whoever chaired the new body would carry forward the excellent work of the Members of this forum.

The meeting concluded at 10.25am

CHAIR

SCRUTINY CO-ORDINATING COMMITTEE

MINUTES

3 MAY 2013

The meeting commenced at 2.00 pm in the Civic Centre, Hartlepool

Present:

Councillor Marjorie James (In the Chair)

Councillors: Jim Ainslie, Christopher Akers-Belcher, Stephen Akers-Belcher, Paul Beck, Rob Cook, Ged Hall, Carl Richardson, Linda Shields, and Sylvia Tempest

Also Present: Councillor Paul Thompson, Finance and Corporate Services Portfolio Holder

Young Peoples Representatives; Ashleigh Bostock, Helen Lamb, Sean Wray and Shay Pallier.

Officers: Andrew Atkin, Assistant Chief Executive
Joan Chapman, Corporate ICT Manager
Denise Ogden, Director of Regeneration and Neighbourhoods
Paul Robson, Integrated Transport Manager
Joan Stevens, Scrutiny Manager
Laura Stones and Elaine Hind, Scrutiny Support Officers
David Cosgrove, Democratic Services Team

212. Apologies for Absence

Councillors Fisher, Brenda Loynes, Robbie Payne, Ray Wells and Angie Wilcox.

213. Declarations of interest by Members

None.

214. Confirmation of the minutes of the meetings held on 22 March 2013

Confirmed.

215. Responses from the Council, the Executive or Committees of the Council to Reports of the Scrutiny Co-ordinating Committee

No items.

216. Consideration of request for scrutiny reviews from Council, Executive Members and Non Executive Members

No items.

217. Forward Plan

No items.

218. Consideration of progress reports/budget and policy framework documents

No items.

219. Consideration of financial monitoring/corporate reports

No items.

220. ICT Re-Procurement Process - Update *(Assistant Chief Executive)*

The Assistant Chief Executive updated the Committee on the process for the re-procurement of the Council's ICT services, including the timeframe of delivery and potential savings to be achieved. The detailed report set out the work that had been undertaken during the various phases of the procurement process. The Assistant Chief Executive highlighted the benefits provided by the external advisors appointed within the procurement process in terms of legal and technical ICT support for the authority.

The Assistant Chief Executive reported that three bidders had proceeded through to the detailed dialogue stage and were aware of the financial envelope that the council was working within and the expectation that further savings would be expected to be delivered through the term of the contract.

The Chair questioned how the savings would be delivered by the eventual contractor. The Assistant Chief Executive stated that officers had been very clear with the bidders that commitments would be contractual in terms of the numbers of jobs delivered locally and the number of apprenticeships offered.

Commitments to these would be scored higher through the assessment process of the final bids. The Assistant Chief Executive indicated that he was confident that the final contract would deliver the same or greater savings than those originally proposed when the contract was tendered upon in 2012.

Recommended

That the report be noted.

221. Final Report into 'Closure of Youth Centres and Children's Centres' *(Young People's Representatives on the Children's Services Scrutiny Forum)*

The Young Peoples representatives present at the meeting gave Members a presentation outlining their investigation into the closure of youth and children's centres and suggesting a series of recommendations arising from their conclusions. The detailed recommendations were –

- The impact of closure of buildings on the community is taken into consideration before any decisions are made
- The use of all other buildings such as schools, leisure centres, museums etc. are considered for their ability to offer multi-use community space.
- The total costs of running and staffing centres is compared to the cost of renting space.
- Income generation for existing buildings is considered.
- Transport links if buildings are reduced are taken in to account
- School use capacity is explored if buildings are closed
- Existing buildings (children's centres and youth centres) are used and or adapted to meet both service users' needs.

It was highlighted that the Children's Services Scrutiny Forum had also recommended that a review is undertaken of the way the 'youth offer' is communicated in Hartlepool, to enable young people to easily identify and attend the clubs, activities and services that are available.

Members commented that the feedback from the Viewpoint consultation was disappointing though it was highlighted that viewpoint was directed at an older generation. Work was still ongoing in gaining feedback from voluntary organisations. Members suggested that as well as improved publicity for the website, social media should be used to a greater extent. The Director of Regeneration and Neighbourhoods indicated that some of the issues raised in the investigation would need to link into the council's asset management strategy.

The Integrated Transport Manager reported that the Integrated Transport Unit was undertaking a survey of secondary school children in relation to late evening transport which would be reported to Members. The Chair indicated that it would be appropriate for the issues to be fed into the

Children's Services Committee.

Recommended

That the following recommendations be approved and referred to the Children's Services Policy Committee for consideration:-

i) The impact of closure of buildings on the community is taken into consideration before any decisions are made.

ii) The use of all other buildings such as schools, leisure centres, museums etc. are considered for their ability to offer multi-use community space (as seen in the Seaton Carew example).

iii) The total costs of running and staffing centres is compared to the cost of renting space.

iv) Income generation for existing buildings is considered.

v) Transport links if buildings are reduced are taken in to account.

vi) School use capacity is explored if buildings are closed.

vii) Existing buildings (children's centres and youth centres) are used and or adapted to meet both service users needs.

viii) That a review is undertaken of the way the 'youth offer' is communicated in Hartlepool, to enable young people to easily identify and attend the clubs, activities and services that are available.

222. Joint Strategic Needs Assessment - Overview and Scrutiny Investigation *(Chairs of Overview and Scrutiny)*

The Scrutiny Manager indicated that the report drew together and presented the findings of the various scrutiny investigations into the selected topics from the Joint Strategic Needs Assessment (JSNA). Appendices to the main report set out the findings of the individual overview and scrutiny committees' investigations. The Chair thanked Members for their input into the various investigations and indicated that the over-arching report would be forwarded to the Finance and Policy Committee.

Recommended

That the comments contained within Section 4 of the report and the content, outcomes and recommendations contained within the reports attached at Appendices A to G, be approved for presentation to the Finance and Policy Committee.

223. Adult and Community Services Scrutiny Forum – Progress Report *(Chair of the Adult and Community Services Scrutiny Forum)*

The Chair of the Adult and Community Services Scrutiny Forum submitted a report outlining the progress made to date by the Adult and Community Services Scrutiny Forum, since the last report to this Committee. The Chair of the scrutiny forum highlighted that there had been a number of representations against the service cuts that had formed part of the 2013/14 budget. The forum had sought to bring service users and organisations along with the council as it addressed the budget constraints the authority as a whole was facing and this would continue through the work of the Adult Services Committee.

Recommended

That the progress report of the Adult and Community Services Scrutiny Forum be noted.

224. Children's Services Scrutiny Forum –Progress Report *(Chair of the Children's Services Scrutiny Forum)*

The Chair of the Children's Services Scrutiny Forum submitted a report outlining the progress made to date by the Children's Services Scrutiny Forum, since the last report to this Committee.

Recommended

That the progress report of the Children's Services Scrutiny Forum be noted.

225. Health Scrutiny Forum –Progress Report *(Chair of the Health Scrutiny Forum)*

The Chair of the Health Scrutiny Forum submitted a report outlining the progress made to date by the Health Scrutiny Forum, since the last report to this Committee.

Recommended

That the progress report of the Health Scrutiny Forum be noted.

226. Neighbourhood Services Scrutiny Forum –Progress Report *(Chair of the Neighbourhood Services Scrutiny Forum)*

The Chair of the Neighbourhood Services Scrutiny Forum submitted a report outlining the progress made to date by the Neighbourhood Services Scrutiny Forum, since the last report to this Committee.

Recommended

That the progress report of the Neighbourhood Services Scrutiny Forum be noted.

227. Regeneration and Planning Services Scrutiny Forum –Progress Report *(Chair of the Regeneration and Planning Services Scrutiny Forum)*

The Chair of the Regeneration and Planning Services Scrutiny Forum submitted a report outlining the progress made to date by the Regeneration and Planning Services Scrutiny Forum, since the last report to this Committee.

Recommended

That the progress report of the Regeneration and Planning Services Scrutiny Forum be noted.

228. Scrutiny Co-ordinating Committee –Progress Report *(Chair of the Scrutiny Co-ordinating Committee)*

The Chair of the Scrutiny Co-ordinating Committee submitted a report outlining the progress made to date by the Scrutiny Co-ordinating Committee, since the last report to this Committee.

Recommended

That the progress report of the Scrutiny Co-ordinating Committee be noted.

229. Transport Working Group - Final Report *(Chair of the Transport Working Group)*

The Chair of the Transport Working Group submitted a report outlining the views and recommendations of the Transport Working Group following its investigations/discussion on –

i) The Transport JSNA Theme - Views were formulated and included in to the Overview and Scrutiny - Joint Strategic Needs Assessment (considered earlier in the agenda);

ii) School Transport and Denominational Transport (savings programme item) - Views were formulated and reported to Cabinet and Council as part of the MTFS process;

iii) Transport Issues:

- Potential options for the provision of bus services in Hartlepool;
- Transport for young people; and
- Health transport.

The Integrated Transport Manager highlighted the collaboration work that the Integrated Transport Unit (ITU) had undertaken with partners including the health service providers. A number of schemes had been identified including a shuttle bus for staff and patients to the new hospital site.

The survey with young people on evening travel, as reported earlier in the meeting was also reported. Home to school transport services were also being reviewed and the policy in relation to school transport was being reviewed to bring it into line with guidance and legislation and also the increase in personal budgets.

The working group had also met with all the main service providers to discuss their future provision in the town. Discussion on the issue of 20mph zones in the town had also been undertaken and consultation had commenced with the parish councils.

Members referred to the extension of some evening services that had been achieved through discussion with the bus companies and Councillor Ainslie's role in gaining extended evening services to the Headland was praised by Members.

In relation to the 20mph zones, the Chair suggested that in line with ward councillor suggestions, the Headland should be identified as a pilot zone for the 20mph restrictions. The Director of Regeneration and Neighbourhoods indicated that the most appropriate and potentially quicker route would be for the Neighbourhoods Services Committee to consider the issue rather than the proposal solely coming forward through the Headland Neighbourhood Plan as had been suggested.

In relation to transport services to the new hospital site the Chair of the Health Scrutiny Forum highlighted his concerns in relation to agreements with the Trust on transport and considered that greater commitment from them was required. There were also considerable traffic issues around the site of the proposed hospital at Wynyard.

The Integrated Transport Unit Manager indicated that the Trust were working well with the Council and the ITU was providing consultant services to them on transport issues. The issues around sustainability of the services around the new hospital site were uppermost in officers' minds during these discussions. Discussions also included patient groups.

The Chair also highlighted the continuing discussions between Middlesbrough and Stockton in relation to the potential for a light rail system for the Tees Valley. The Chair considered that those discussions needed to consider whether a station was provided to serve the new hospital. Such a link would also promote the extension of the service to Hartlepool. The Integrated Transport Unit Manager commented that many of the transport issues around the new hospital site were out of date and needed to be moved forward. The Director of Regeneration and neighbourhoods also commented that the current planning permission for the hospital expired later in the year. Since its approval there had been further planning approvals which would significantly change the traffic profile in that area and these would need to be readdressed.

In relation to general bus services Members expressed some concerns at the attitude of some providers when they said use them or lose them in relation to extended services. Members objected to the language and also considered that the bus operators should have at least given the council some ides of what level of usage would be considered viable for the services. The Integrated Transport Unit Manager indicated that the companies did provide the ITU with some passenger data but much depended on their internal commercial decisions.

Recommended

That the report be noted and the recommendations be referred to the Neighbourhood Services Committee.

230. Draft Overview and Scrutiny Annual Report for 2012/13 *(Scrutiny Manager)*

The draft Annual Report of Overview and Scrutiny for 2012/13 was submitted for the Committee's approval. The report would be submitted to full Council in June.

Recommended

That the draft Annual Report of Overview and Scrutiny for 2012/13 be approved for submission to Council.

231. Call-In Requests

No items.

232. Chair's Closing Comments

The Chair noted that this was the last meeting of the Committee before the new governance arrangements were introduced. The Chair thanked Members and officers for their support over the years she had been Chair of the Committee. The Chair also thanked the Scrutiny manager and her team for their dedicated support to her and the scrutiny function.

The meeting concluded at 10.55 a.m.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

27 June 2013

Report of: Chief Finance Officer and Head of Audit Governance

Subject: MANOR RESIDENTS ASSOCIATION AND WHO CARES NORTH EAST REPORTS

1. PURPOSE OF REPORT

1.1 To inform members of the Audit and Governance Committee of the outcome of the audit reviews carried out at Manor Residents Association (MRA) and Who Cares North East (WCNE).

2. BACKGROUND

2.1 The Head of Audit and Governance was instructed by the Chief Finance Officer to carry out a review of the arrangements that MRA and WCNE have in place to manage and expend funding it receives from HBC.

2.2 As Members are aware Internal Audit is an independent appraisal function that reviews the Council's activities, both financial and non-financial. Internal Audit provides a service to the whole Council in order to provide assurance on the arrangements for risk management, internal control and corporate governance, and to provide advice to support achievement of best practice.

2.3 The Internal Audit reviews of MRA and WCNE have been undertaken by the Head of Audit and Governance and this work has been overseen by the Chief Finance Officer.

3. AUDIT FINDINGS

3.1 Details of all completed internal audit reports are presented to the Audit and Governance Committee on a quarterly basis and the next report is scheduled to be submitted in July. The quarterly reports provide details of risks identified and actions proposed to mitigate risk.

3.2 In view of the level of public interest in these reviews it was considered appropriate to report these details at the earliest opportunity after the final reports were agreed. It was also determined that rather than simply report details of the risks identified and actions proposed to mitigate risk to provide

the Committee with a full copy of both reports, which are attached as Appendix A and Appendix B.

3.3 I would advise the Committee that both organisations have co-operated fully during the Audit reviews and have responded to all questions raised by the Head of Audit and Governance. However, some information took longer to provide which delayed completion of the Audit. The Audit recommendations have all been accepted by both organisations and have either been implemented, or are in the process of being implemented and a verbal update will be provided at your meeting.

3.4 The Audit reports set out clear recommendations which need to be addressed and key issues are summarised in the following paragraphs. Once implemented it is important that these recommendations are sustained and followed on a consistent basis. Therefore, to ensure this is achieved the Head of Audit and Governance will revisit both organisations within the next two months to ensure the continued satisfactory operation of all recommendations.

3.5 The Audit Reviews did not specifically review the operational delivery of the services funded from the funding provided by the Council, as this is outside the scope of the financial audit review. However, it is appropriate to advise the Committee that these operational aspects are overseen by both the Corporate Management Team and individual Departmental Management Teams and no concerns have been identified regarding service delivery.

3.6 Manor Residents Association Report

3.7 The Internal Audit report has concluded that **'no assurance'** can be placed on the procedures that are in place to manage funds HBC provide to MRA. This is the lowest level of assurance that can be given and is due to the fact that adequate administration arrangements are not in place for MRA to manage and monitor income and expenditure.

3.8 The reports highlight a number of recommendations to address these issues and the action plan confirms that these issues have been agreed.

3.9 **Who Care North East Report**

3.10 The Internal Audit report has concluded that '**limited assurance'** can be placed on the procedures that are in place to manage funds HBC provide to WCNE. This is the medium level of assurance that can be given and is due to the fact that adequate administration arrangements are not in place for WCNE to manage payroll expenditure.

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3.11 The reports highlight a number of recommendations to address these issues and the action plan confirms that these issues have been agreed.

4. LEGAL CONSIDERATIONS

4.1 The Council has a statutory responsibility to ensure public funds are spent in accordance with statute.

5. RECOMMENDATIONS

5.1 It is recommended that Members
i) note the contents of the attached internal audit reviews;
ii) Note that the Audit and Governance Committee will be kept up to date on the implementation of all recommendations made.

6. REASONS FOR RECOMMENDATIONS

6.1 To ensure members of the Audit and Governance Committee are aware of the outcome of internal audit reviews and are kept up to date regarding the implementation of recommendations made.

7. BACKGROUND PAPERS

7.1 Internal Audit Reports;
Accounts and Audit Regulations (2011);
Public Sector Internal Audit Standards (2013).

8. CONTACT OFFICER

8.1 Chris Little
Chief Finance Officer
Civic Centre
Victoria Road
Hartlepool
TS24 8AY
Tel: 01429 523003
Email: Chris.Little@Hartlepool.gov.uk

Internal Audit Report
Manor Residents Association Review

Report Issued:
19.06.13

Distribution:

Dave Stubbs – Chief Executive
Chris Little – Chief Finance Officer
Peter Devlin – Chief Solicitor
Maurice Brown – Chair, Manor Residents Association
Angie Wilcox – Manager, Manor Residents Association

Internal Audit is an independent appraisal function that reviews the Council's activities, both financial and non-financial. Internal Audit provides a service to the whole Council in order to provide assurance on the arrangements for risk management, internal control and corporate governance, and to provide advice to support achievement of best practice.

All audit work has been carried out in accordance with the CIPFA Code of Practice for Internal Audit in Local Government in the UK, as reflected in the Internal Audit Manual.

The auditors involved in the work have no links to the subject matter of this audit or relationships with the clients that could compromise the impartiality or objectivity of the work undertaken.

The work of Internal Audit is managed by the Head of Audit and Governance who reports to the Chief Finance Officer, Chris Little who has overseen this specific audit review.

Audit Team:

Noel Adamson
Head of Audit and Governance

Tel: 01429 523173
Email: Noel.Adamson@Hartlepool.gov.uk

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Internal Audit

Objectives, Scope and Risks of the Audit

1 Objectives

1.1 To give an opinion on the adequacy of the the arrangements that Manor Residents Association (MRA) have in place to manage and expend funding it receives from HBC.

2 Scope

2.1 The review covers all funding MRA recevied from HBC in 2012/13 to date. The Head of Audit and Governance interviewed those employees of both MRA and HBC responsible for the management of funding and delivery of services. By analysing the processes in place and records held and interviewing the employees involved, the Head of Audit and Governance will seek to gain reasonable assurance that the arrangements in place are suitably robust.

3 Risks

3.1 The following risks have been identified:

- Hartlepool Borough Council is subject to potential financial loss, adverse publicity and reputational damage in the event of HBC funds being managed and / or expended inappropriately.

4 Executive Summary

4.1 On the 6.02.13, the Head of Audit and Governance was instructed by the Chief Finance Officer to carry out a review of the arrangements that MRA have in place to manage and expend funding it receives from HBC.

4.2 In order to give an opinion on this matter it was agreed that the Head of Audit and Governance would review the procedures in place to manage the funding at MRA, who agreed to the review being carried out. The review was finalised before publicity regarding payments made to a former employee of MRA were reported in the local press. The audit did not review individual contracts of employment as this was beyond the scope of the review which was designed to ensure compliance with PAYE regulations and to provide evidence to support grant payments made by HBC. The auditor did ascertain that MRA would be providing evidence to the Court in relation to the issue reported in the press.

Internal Audit

4.3 Funding Received by MRA from HBC

Analysis of payments made in 2012/13 highlighted that HBC has paid MRA £52,121.99 over the period 1.04.12 – 21.01.13. MRA has received funding from other sources of approximately £391,000, giving a total income of approximately £443,000 over that period.

4.4 The amounts of income received from HBC were checked to MRA bank accounts to ensure that they had been received. All amounts have been verified. However, it became apparent that not all amounts were in the bank account as expected. This was due to the fact that £40,000 of HBC income was paid into a second account MRA operates. The MRA Manager was not aware of the income in this second account.

The annual accounts of MRA, as presented to the board, also only include cash at bank figures identified in the main bank account and did not include the £45,000 held in the separate bank account, of which £40,000 related to grants from HBC. This ommission means the accounts were not an accurate and valid record of MRA financial position.

4.5 Balances on both MRA bank accounts are positive, (£135,000 and £45,000 at the time of the audit). No regular reconciliation of bank accounts are carried out.

4.6 Expenditure

The main area of expenditure for MRA is payroll. Payroll records for the year 2012/13 were reviewed. Approximately £187,000 has been expended on wages to date in 2012/13. MRA utilise HMRC's basic payroll package to calculate wages. The table below identifies the weaknesses in existing arrangements:

Finding	Issue
No copies of payslips are kept.	MRA needs to be able to demonstrate what has been paid to who and when.
All staff tax codes for deducting tax are the same.	MRA need to ensure they receive correct information about tax codes to ensure the correct deductions are made from employees pay.
Hardship advances are operated for employees.	MRA needs to ensure tax implications of advances are correctly dealt with.
Under and over payment	MRA need to ensure they accurately deduct

of tax letters are regularly recevied from HMRC.	correct amounts from employees and pay these amounts promptly to HMRC.
It is not known what end of year records are retained by MRA.	MRA needs to comply with legislation in terms of records produced and retained at year end.
No attachment of earnings orders due were paid to HBC.	MRA needs to comply with legislation to ensure all attachment of earnings orders are deducted from employees and promptly paid to HBC.
MRA paid October 2012 salaries for Who Cares North East by cheque, owing to the unavailability of Who Care North East authorised cheque signatories.	MRA ensure that payments of this nature are avoided wherever possible. Where this is unavoidable such payments must be: 1. properly recorded; 2. agreed at Board Level before being made; and 3. repaid as soon practical.

4.7 All expenditure incurred on both bank accounts was checked back to source documents. No inappropriate expenditure was highlighted although it was noted that a number of invoices were paid as reminders or final demands, and in some cases invoices were not present. These invoices totalled £11,526.95, which is a further indication of inadequate financial records.

4.8 In terms of other expenditure viewed on the bank accounts, the following queries were raised in respect of £2,166.32 expended at a local petrol station; £2,715.06 expended on a Fuel Card and £2,201.36 expended on taxis. The fuel costs related to MRA mini bus and Who Cares North East handy man vehicles. The taxi fees were for transporting service users including children, who would not otherwise use the service.

4.9 It was noted that a number of payments had been made by MRA on behalf of Who Cares North East, including petty cash and petrol costs, the explanantion being that an a reconciliation would be carried out at the year end for MRA to recoup these costs. At the time the audit review was complete the year end reconciliaion for 2012/13 was not avialable.

4.10 It was also noted that a direct debit to Integrated Office Systems of £877.65 bounced in December 2012, the explanation being external fraud

on the main MRA bank account had led the bank to freeze all transactions in that period.

5 Budgetary Control

5.1 MRA do not have in place a system that enables them to manage or monitor the funding they receive and expenditure incurred, on a scheme by scheme basis.

6 Conclusion

6.1 A comprehensive review of the procedures in place to manage funds at MRA was carried out. **No assurance** can be placed on the procedures that are in place to manage funds HBC provide to MRA. This is the lowest level of assurance that can be given and is due to the fact that adequate administration arrangements are not in place for MRA to manage and monitor income and expenditure.

6.2 The audit review identified a range of significant areas which need adressing with immediate effect, as detailed in the Action Plan detailed in paragraph 7 and summarised below. The satisfactory implementation of recommendations within a 2 month timeframe will be reviewed by Internal Audit. HBC reserve the right to withdraw all funding if adequate measures are not implemented to address the significant issues raised.

- MRA needs to implement a comprehensive payroll software package to record all relevant records needed for the proper payment of employees.

- MRA needs to reconcile and monitor its own bank accounts on a weekly basis to ensure all monies are properly accounted for and to avoid the situation of unidentified monies being held in a separate bank account.

- MRA needs to monitor its budgets on a scheme by scheme basis on a monthly basis, allowing it to better manage the funds at its disposal and report this to the Board.

7 Action Plan

7.1 Where control weaknesses occur Internal Audit makes recommendations in an action plan. Internal Audit prioritises recommendations as either; high priority, medium priority and low priority. The priority rating relates to

the risk of non implementation not the priority of implementing the recommendation itself.

1. Finding
Arrangements for adminstrating payroll are weak as evidenced by failure to retain copies of payslips, all staff tax codes were the same, under and over payment of tax letters from are received from HMRC. There was no evidence provided of what end of year records are retained by MRA.

Recommendation
MRA implement a comprehensive payroll package incorporating all records and returns that need to be retained to comply with all relevant legislation.

Risk of Non Implementation		Risk Level H/M/L	
Incorrect payments may be made to employees and / or HMRC leading to claims against MRA.		High	
Management Response	**Responsible Officer(s)**	**Agreed Y/N**	**Date For Completion**
The association have taken on board the comments from the audit carried out by HBC, and have now implemented the SAGE package for payroll, copies of all payslips will be retained, the new system of Real Time will ensure that underpayments to HMRC do not occur again.	Angie Wilcox	Y	Actioned

2. Finding
No attachment of earnings orders due were paid to HBC.

Recommendation
All attachment of earnings orders are brought up to date.

Risk of Non Implementation		Risk Level H/M/L	
Incorrect deductions/payments may be made leading to claims against MRA		High	
Management Response	**Responsible Officer(s)**	**Agreed Y/N**	**Date For Completion**
This is now resolved and all monies due to HBC have been paid.	Angie Wilcox	Y	Actioned

3. Finding
MRA financial statements include cash at bank and in hand excluded cash held outside the main bank account.

Recommendation:

MRA financial accounts are reviewed to ensure all income is included and the accounts represent a true and fair value of the business. MRA review the use of its current accountant.

Risk of Non Implementation	**Risk Level H/M/L**
MRA takes financial decisions based on incomplete information. MRA reports incomplete/incorrect financial information to its Board and funders.	High

Management Response	**Responsible Officer(s)**	**Agreed Y/N**	**Date For Completion**
The club and association account has been closed, and all funds transferred to the main business account. The association have also appointed a new accountant.	Carol Jeffries/Angie Wilcox	Y	Actioned

Internal Audit

4. Finding
MRA were unaware of funding being paid into a secondary bank account.

There are 2 recommendations in relation to bank accounts:
1) Weekly bank account reconciliations are carried out.
2) The necessity for operating two bank accounts is reviewed.

Risk of Non Implementation		Risk Level H/M/L	
MRA takes financial decisions based on incomplete information. MRA reports incomplete/incorrect financial information.		High	
Management Response	**Responsible Officer(s)**	**Agreed Y/N**	**Date For Completion**
The association now carries out weekly bank recs, the club and association bank account has been closed and all funds transferred to the main business account.	Angie Wilcox/Carol Jeffries	Y	Ongoing

5. Finding
MRA do not have in place a system that enables them to manage the funding they receive on a scheme by scheme basis.

There are 2 Recommendations in relation to budgetary control:
1) MRA implements a budgetary control system that enables income and expenditure to be monitored on a scheme by scheme basis and reports this to the Board on a regular basis.
2) MRA ensures copies of all invoices are retained and paid within agreed timescales.

Risk of Non Implementation		Risk Level H/M/L	
MRA unaware of spend of individual grant leading to potential over/underspend and clawback. MRA subject to potential claims for non payment of bills.		High	
Management Response	**Responsible Officer(s)**	**Agreed Y/N**	**Date For Completion**
Project budgets/spreadsheets now in place, which will ensure that no over/under spend occurs. This information will be reported to the Board every quarter. All invoices will be paid on time and kept on file.	Angie Wilcox	Y	Setting up project budget sheets, all be completed by the end of June 2013.

Internal Audit


Internal Audit

Internal Audit Report
Who Cares North East Review

Report Issued:
19.06.13

Distribution:

Dave Stubbs – Chief Executive
Chris Little – Chief Finance Officer
Peter Devlin – Chief Solicitor
Kevin Cranney – Chair, Who Cares North East
Ray Harriman – Manager, Who Cares North East

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The auditors involved in the work have no links to the subject matter of this audit or relationships with the clients that could compromise the impartiality or objectivity of the work undertaken.

Audit Team:

Noel Adamson
Head of Audit and Governance

Tel: 01429 523173
Email: Noel.Adamson@Hartlepool.gov.uk

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Internal Audit

Objectives, Scope and Risks of the Audit

1 Objectives

1.1 To give an opinion on the adequacy of the the arrangements that Who Cares North East (WCNE) have in place to manage and expend funding it receives from HBC.

2 Scope

2.1 The review covers all funding WCNE received from HBC in 2012/13 to date. The Head of Audit and Governance will interview those employees of both WCNE and HBC responsible for the management of funding and delivery of services. By analysing the processes in place and records held and interviewing the employees involved, the Head of Audit and Governance will seek to gain reasonable assurance that the arrangements in place are suitably robust.

3 Risks

3.1 The following risks have been identified:

- Hartlepool Borough Council is subject to potential financial loss, adverse publicity and reputational damage in the event of HBC funds being managed and / or expended inappropriately.

4 Executive Summary

4.1 On the 6.02.13, the Head of Audit and Governance was instructed by the Chief Finance Officer to carry out a review of the arrangements that WCNE have in place to manage and expend funding it receives from HBC.

4.2 In order to give an opinion on this matter it was agreed that the Head of Audit and Governance would review the procedures in place to manage the funding at WCNE, who agreed to the review being carried out.

4.3 Funding Received by WCNE from HBC

Analysis of payments made in 2012/13 highlighted that HBC has paid WCNE £324,287.30 over the period 01.04.12 – 06.02.13. Of the funding HBC paid, £170,000 is received from the Clinical Commissioning Group. WCNE has also received funding from other sources of approximately £15,000 giving a total income of approximately £339,000 over that period.

4.4 The amounts of income received from HBC were checked to WCNE bank accounts to ensure that they had been received. All amounts have been verified. At the time of the audit, no accounts have been produced for WCNE.

4.5 Balances on WCNE bank account are positive. (£96,000 at the time of the audit). Reconciliations of income and expenditure are carried out regularly, however, it would be beneficial to simplify this process and reconcile income and expediture directly to the bank account.

4.6 Expenditure

The main area of expenditure for WCNE is payroll. WCNE share a payroll system with Manor Residents Association and records for the year 2012/13 were reviewed. Approximately £178,000 has been expended on wages to date in 2012/13. HMRC's basic payroll package is used to calculate wages. The table below identifies the main issues:

Finding	**Issue**
No copies of payslips are kept.	WCNE needs to be able to demonstrate what has been paid to who and when.
All staff tax codes for deducting tax are the same.	WCNE need to ensure they receive correct information about tax codes to ensure the correct deductions are made from employees pay.
Hardship advances are operated for employees.	WNCE needs to ensure tax implications of advances are correctly dealt with.
Under and over payment of tax letters are regularly received from HMRC.	WCNE need to ensure they accurately deduct correct amounts from employees and pay these amounts promptly to HMRC.
It is not know what end of year records are retained by WCNE.	WCNE needs to comply with legislation in terms of records produced and retained at year end.
No attachment of earnings orders due were paid to HBC.	WCNE needs to ensure all attachment of earnings orders are deducted from employees and promptly paid to HBC.

WCNE October 2012 salaries were paid by Manor Residents Association by cheque.	WCNE ensure that payments of this nature are properly recorded and agreed at Board level before being made.

4.7 All expenditure incurred was checked back to source documents. No inappropriate expenditure was highlighted although it was noted that a number of invoices were paid as reminders, and in some cases invoices were not present.

4.8 In terms of other expenditure viewed on the bank accounts, Manor Residents Association pay bills including petty cash and petrol costs on behalf of both organisations. A reconciliation is carried out at year end to recoup amounts owed. It is important that this reconciliation is carried out promptly and provided to the auditor when completed.

5 Budgetary Control

5.1 WCNE carry out detailed cash flow and budgetary analysis with a summary of this information reported to the Board. It would benefit the Board to receive this information split over the separate service elements along with a summary of totals.

6 Conclusion

6.1 A comprehensive review of the procedures in place to manage funds at WCNE was carried out. **Limited assurance** can be placed on the procedures that are in place to manage funds HBC provide to WCNE. This is the medium level of assurance that can be given and is due to the fact that adequate administration arrangements are not in place for WCNE to manage payroll expenditure.

6.2 The audit review identified areas which need adressing with immediate effect, as detailed in the Action Plan detailed in paragraph 7 and summarised below. The satisfactory implementation of recommendations within a 2 month timeframe will be reviewed by Internal Audit. HBC reserve the right to withdraw all funding if adequate measures are not implemented to address the significant issues raised.

- WCNE needs to implement a comprehensive payroll software package to record all relevant records needed for the proper payment of employees.

- WCNE needs to reconcile and monitor its own bank accounts on a weekly basis.

- WCNE would benefit from reporting segemental budget and financial monitoring information on a regular and timely basis to the Board.

7 Action Plan

7.1 Where control weaknesses occur Internal Audit makes recommendations in an action plan. Internal Audit prioritises recommendations as either; high priority, medium priority and low priority. The priority rating relates to the risk of non implementation not the priority of implementing the recommendation itself.

1. Finding
Arrangements for adminstrating payroll are weak as evidenced by failure to retain copies of payslips, all staff tax codes were the same, under and over payment of tax letters from are received from HMRC. It is not know what end of year records are retained by WCNE.

Recommendation
WCNE implement a comprehensive payroll package incorporating all records and returns that need to be retained.

Risk of Non Implementation		Risk Level H/M/L	
Incorrect payments may be made to employees and / or HMRC leading to claims against WCNE.		High	
Management Response	**Responsible Officer(s)**	**Agreed Y/N**	**Date For Completion**
WCNE have now implemented the SAGE package for payroll, copies of all payslips will be retained, the new system of Real Time will ensure that underpayments to HMRC do not occur again.	Ray Harriman	Y	Actioned

2. Finding
No attachment of earnings orders due were paid to HBC.

Recommendation
All attachment of earnings orders are brought up to date.

Risk of Non Implementation		Risk Level H/M/L	
Incorrect deductions/payments may be made leading to claims against WCNE.		High	
Management Response	**Responsible Officer(s)**	**Agreed Y/N**	**Date For Completion**
This is now resolved.	Ray Harriman	Y	Actioned

3. Finding
WCNE bank account is not regularly reconciled specifically to income and expenditure. Financial Statements are yet to be prepared.

Recommendation:
1) Weekly bank account reconciliations are carried out.
2) WCNE appoints an experienced and reputable accountant to prepare its financial statements.

Risk of Non Implementation		Risk Level H/M/L	
WCNE is unware of financial discrepancies. WCNE reports incomplete financial information to its Board and funders.		High	
Management Response	**Responsible Officer(s)**	**Agreed Y/N**	**Date For Completion**
Egglestones have been appointed as the accountant.	Ray Harriman	Y	Actioned

Internal Audit

4. Finding
WCNE do not report segmental budgetary and financial information to the Board on a regular and timely basis. Copies of all invoices paid could not be located.

There are 2 Recommendations in relation to budgetary control:
1) WCNE report segmental budget and financial monitoring information on a regular and timely basis to the Board.
2) WCNE ensures copies of all invoices are retained and paid within agreed timescales.

Risk of Non Implementation	Risk Level H/M/L
Detailed breakdowns of budgetary information not reported to the Board. WCNE subject to potential claims for non payment of bills.	High

Management Response	Responsible Officer(s)	Agreed Y/N	Date For Completion
Budgetary information will be reported to the Board every quarter. All invoices will be paid on time and kept on file.	Ray Harriman	Y	September 2013

Internal Audit

AUDIT AND GOVERNANCE COMMITTEE

27 June 2013

Report of: Scrutiny Manager

Subject: SAFER HARTLEPOOL PARTNERSHIP PERFORMANCE - REPORT AND PRESENTATION

1. PURPOSE OF REPORT

1.1 To inform Members that the Director of Regeneration and Neighbourhoods has been invited to attend this meeting to provide information in relation to the performance of the Safer Hartlepool Partnership.

2. BACKGROUND INFORMATION

2.1 Within the Council's Constitution, responsibility for the authority's statutory scrutiny of crime and disorder is delegated to the Audit and Governance Committee. One of the key areas of responsibility in fulfilling this role is the scrutiny of the performance of the Safer Hartlepool Partnership.

2.3 To assist the members of the Audit and Governance Committee with the scrutiny of the performance of Safer Hartlepool Partnership, the Director of Regeneration and Neighbourhoods is in attendance at today's meeting, to provide a report on the performance of the Safe Hartlepool Partnership covering the period 2012 – 2013 **(Appendix A)**. Members will also be provided with a presentation detailing the key points contained within the report.

3. RECOMMENDATIONS

3.1 It is recommended the Members of the Audit and Governance Committee consider the information provided in relation to the performance of the Safer Hartlepool Partnership and:-

(i) seek clarification on any relevant issues where required; and

(ii) formulate any comments and observations to be reported back to the Safer Hartlepool Partnership.

4. REASONS FOR RECOMMENDATIONS

4.1 To assist Members of Audit and Governance in the discharge it's role to scrutinise the performance of the Safer Hartlepool Partnership.

BACKGROUND PAPERS

The following backgrounds papers were used in the preparation of this report:-

Hartlepool Borough Council's Constitution

Contact Officer:- Joan Stevens – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

Safer Hartlepool Partnership
Performance Report
2012-2013

SAFER HARTLEPOOL PARTNERSHIP PERFORMANCE INDICATORS 2012-2013

Reduce crime and repeat victimisation

Indicator Name	Baseline (2011/12)	Local Directional Target (2012/13)	End of Year Performance 2012/13	Actual Difference	% Difference	Target Status
All recorded crime	7,189	Reduce	6,492	- 697	- 9.7%	✓
Domestic Burglaries	363	Reduce	297	- 66	- 18.2%	✓
Vehicle Crime	454	Reduce	375	- 79	- 17.4%	✓
Shoplifting	766	Reduce	774	8	1.0%	▲
Valuable Metal Theft	526	Reduce	207	- 319	- 60.6%	✓
Local Violence	1,157	Reduce	1,111	- 46	- 3.9%	✓
Repeat Incidents of Domestic Violence - MARAC	26%	Reduce	22%	- 7	24.1%	✓

Create confident, cohesive and safe communities

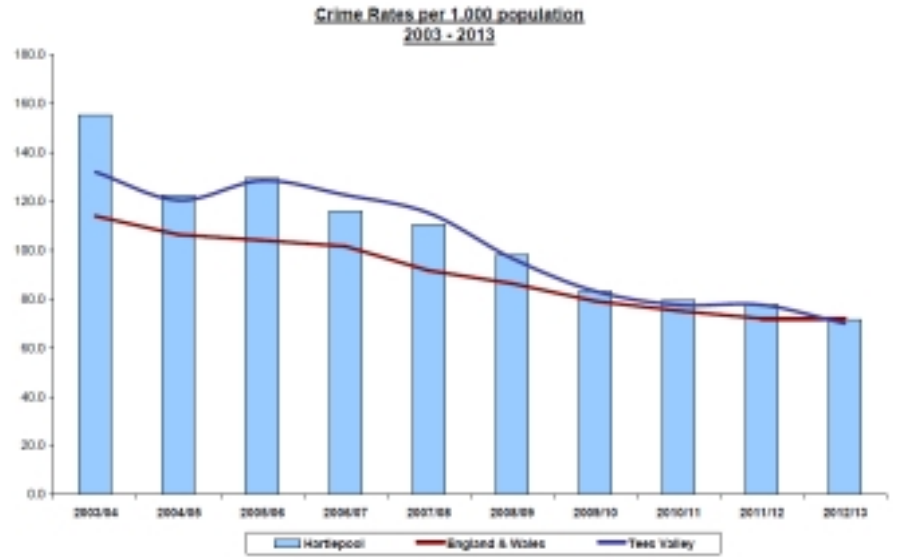
Indicator Name	Baseline (2011/12)	Local Directional Target (2012/13)	End of Year Performance 2012/13	Actual Difference	% Difference	Target Status
Perceptions of Anti-social Behaviour	Viewpoint 32 May '10 25%	Reduce in comparison to baseline year	Local Household Survey planned 2013	-	-	-
Perceptions of drunk or rowdy behaviour as a problem	Viewpoint 32 May '10 25%	Maintain baseline year perception levels	Local Household Survey planned 2013	-	-	-
Anti-social Behaviour Incidents reported to the Police	8779	Reduce	6813	- 1966	- 22.4%	✓
Deliberate fires	378	Reduce	212	- 166	- 43.9%	✓
Criminal damage to dwellings	568	Reduce	491	77	13.6%	✓
Hate Incidents	98	Increase	101	3	3%	✓

Reduce the harm caused by drugs and alcohol

Indicator Name	Baseline (2011/12)	Local Directional Target (2012/13)	End of Year Performance 2012/13	Actual Difference	% Difference	Target Status
Number of drug users recorded as being in effective treatment.	813	Increase	801* (Provisional Data)	-12	1.4%	▲
Perceptions of people using or dealing drugs in the community.	Viewpoint 32 May '10 33%	Reduce	Local Household Survey planned 2013	-	-	-
Reduction in the rate of alcohol related harm hospital admissions[3]	2, 985	Reduce	1467 (Apr – Sept 12)	Awaiting data from Public Health England		✓
Number of young people found in possession of alcohol	396	Reduce	222	174	43.9%	✓

Reduce offending and re-offending

Indicator Name	Baseline (2011/12)	Local Directional Target (2012/13)	End of Year Performance 2012/13	Actual Difference	% Difference	Target Status
Re-offending rate of young offenders	1.31 (92 offenders)	Reduce	1.13 (44 offenders)	0.18 (-48 offenders)	- 13.7% (-52.1 offenders)	✓
First time entrants to the Youth Justice System	68	Reduce	60	- 8	- 11.7%	✓
Re-offending rate of Prolific and Priority Offenders (PPO's)'	3.2 (141 Convictions)	Reduce	1.7 (73 Convictions)	- 1.5 (-68 Convictions)	- 46.8% (- 48.2% Convictions)	✓

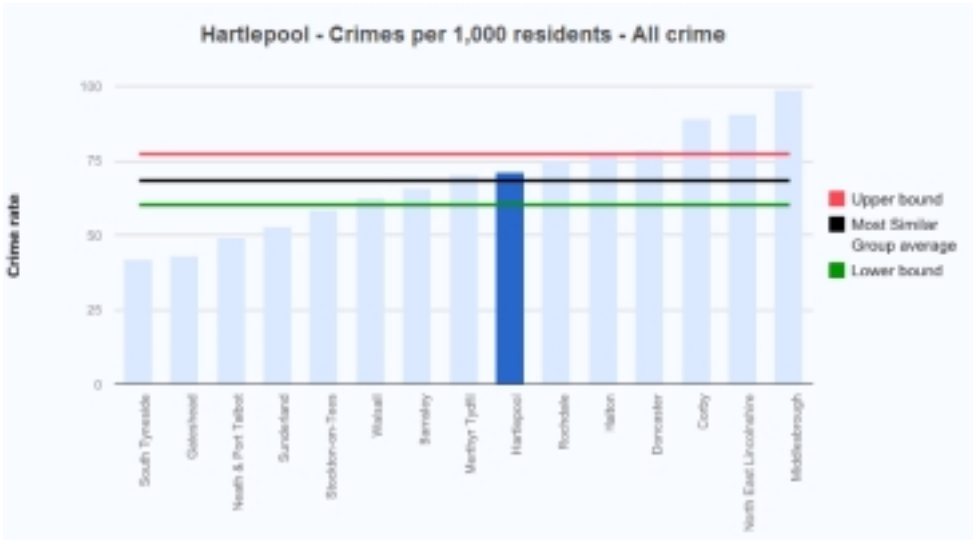
Recorded crime in Hartlepool 2012-13	
	

Publicly Reported Crime (Victim Based Crime)				
Crime Category/Type	**2012-13**	**2011-12**	**Change**	**% Change**
Violence against the person	**1256**	**1314**	**-58**	**-4.4%**
Violence with injury	738	820	-82	-10.0%
Violence without injury	518	494	24	4.9%
Sexual Offences	**76**	**98**	**-22**	**-22.4%**
Rape	39	35	4	11.4%
Other Sexual Offences	37	63	-26	-41.3%
Acquisitive Crime	**2948**	**3299**	**-351**	**-10.6%**
Domestic Burglary	297	363	-66	-18.2%
Other Burglary	381	320	61	19.1%
Robbery – Personal	26	30	-4	-13.3%
Robbery - Business	10	3	7	233.3%
Vehicle Crime (Inc Inter.)	410	495	-85	-17.2%
Shoplifting	774	766	8	1.0%
Other Acquisitive	1050	1322	-272	-20.6%
Criminal Damage & Arson	**1381**	**1575**	**-194**	**-12.3%**
Total	**5661**	**6286**	**-625**	**-9.9%**

Police Generated Offences (Non -Victim Based Crime)				
Crime Category/Type	**2012-13**	**2011-12**	**Change**	**% Change**
Public Disorder	**212**	**230**	**-18**	**-7.8%**
Drug Offences	**425**	**454**	**-29**	**-6.4%**
Trafficking of drugs	89	108	-19	-17.6%
Possession/Use of drugs	336	346	-10	-2.9%
Crime Prevented/Disrupted	**102**	**143**	**-41**	**-28.7%**
Other State based/Non Victim	**33**	**21**	**12**	**57.1%**
Total Police Generated Offences	**772**	**848**	**-76**	**-9.0%**

Fraud & Forgery	59	55	4	7.3%

TOTAL RECORDED CRIME IN HARTLEPOOL	**6492**	**7189**	**-697**	**-9.7%**



Performance in comparison to Local Peers 2012-13

Publicly Reported Crime (Victim Based Crime) 2012-13

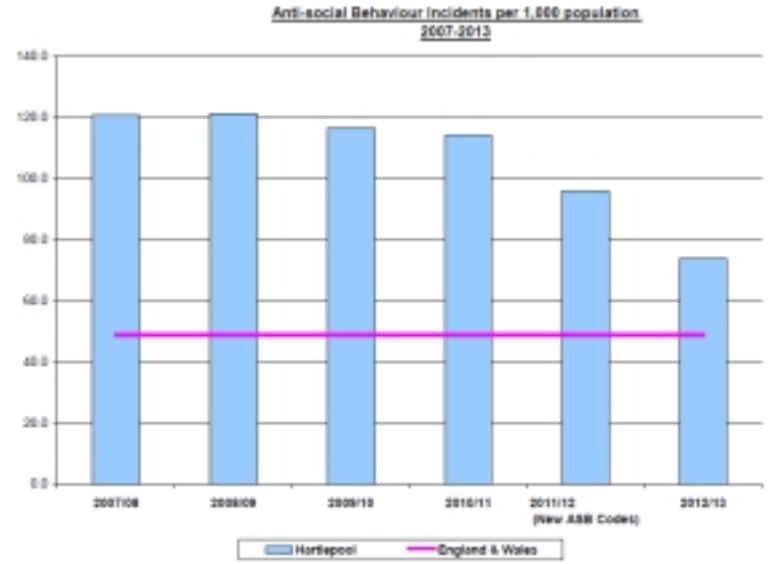
Crime Category/Type	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop
Violence against the person	**1256**	**13.8**	**1151**	**8.6**	**2367**	**17.4**	**1828**	**9.7**	**6602**	**12.0**
Violence with injury	738	8.1	726	5.4	1378	10.1	1079	5.7	3921	7.1
Violence without injury	518	5.7	425	3.2	989	7.3	749	4.0	2681	4.9
Sexual Offences	**76**	**0.8**	**92**	**0.7**	**175**	**1.3**	**213**	**1.1**	**556**	**1.0**
Rape	39	0.4	27	0.2	51	0.4	58	0.3	175	0.3
Other Sexual Offences	37	0.4	65	0.5	124	0.9	155	0.8	381	0.7
Acquisitive Crime	**2948**	**32.4**	**3946**	**29.5**	**7381**	**54.2**	**5812**	**30.9**	**20087**	**36.6**
Domestic Burglary	297	7.3	361	6.1	950	16.6	529	6.7	2137	9.0
Other Burglary	381	4.2	625	4.7	724	5.3	744	4.0	2474	4.5
Robbery – Personal	26	0.3	25	0.2	130	1.0	64	0.3	245	0.4
Robbery - Business	10	0.1	7	0.1	10	0.1	9	0.0	36	0.1
Vehicle Crime (Inc Inter.)	410	4.5	663	5.0	1370	10.1	805	4.3	3248	5.9
Shoplifting	774	8.5	876	6.5	1910	14.0	1441	7.7	5001	9.1
Other Acquisitive	1050	11.5	1389	10.4	2287	16.8	2220	11.8	6946	12.6
Criminal Damage & Arson	**1381**	**15.2**	**1955**	**14.6**	**2318**	**17.0**	**2245**	**11.9**	**7899**	**14.4**
Total	**5661**	**62.1**	**7144**	**53.3**	**12241**	**89.9**	**10098**	**53.7**	**35144**	**64.0**

Police Generated Offences (Non -Victim Based Crime)

Crime Category/Type	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop
Public Disorder	212	2.3	233	1.7	531	3.9	343	1.8	1319	2.4
Drug Offences	425	4.7	347	2.6	825	6.1	508	2.7	2105	3.8
Trafficking of drugs	89	1.0	69	0.5	116	0.9	92	0.5	366	0.7
Possession/Use of drugs	336	3.7	278	2.1	709	5.2	416	2.2	1739	3.2
Crime Prevented/Disrupted	102	1.1	98	0.7	171	1.3	119	0.6	490	0.9
Other State based/Non Victim	33	0.4	26	0.2	62	0.5	47	0.3	168	0.3
Total Police Generated Offences	**772**	**8.5**	**704**	**5.3**	**1589**	**11.7**	**1017**	**5.4**	**4082**	**7.4**
Fraud & Forgery	59	0.6	53	0.4	85	0.6	100	0.5	297	0.5
TOTAL RECORDED CRIME	**6492**	**71.3**	**7901**	**59.0**	**13915**	**102.2**	**11215**	**59.7**	**39523**	**72.0**

Anti-Social Behaviour in Hartlepool 2012-13

Anti-social Behaviour in Hartlepool				
Incident Category	2012-13	2011-12	Change	% Change
AS21 - Personal	2258	2901	-643	-22.2%
AS22 - Nuisance	4340	5505	-1165	-21.2%
AS23 - Environmental	215	373	-158	-42.4%
Total	**6813**	**8779**	**-1966**	**-22.4%**

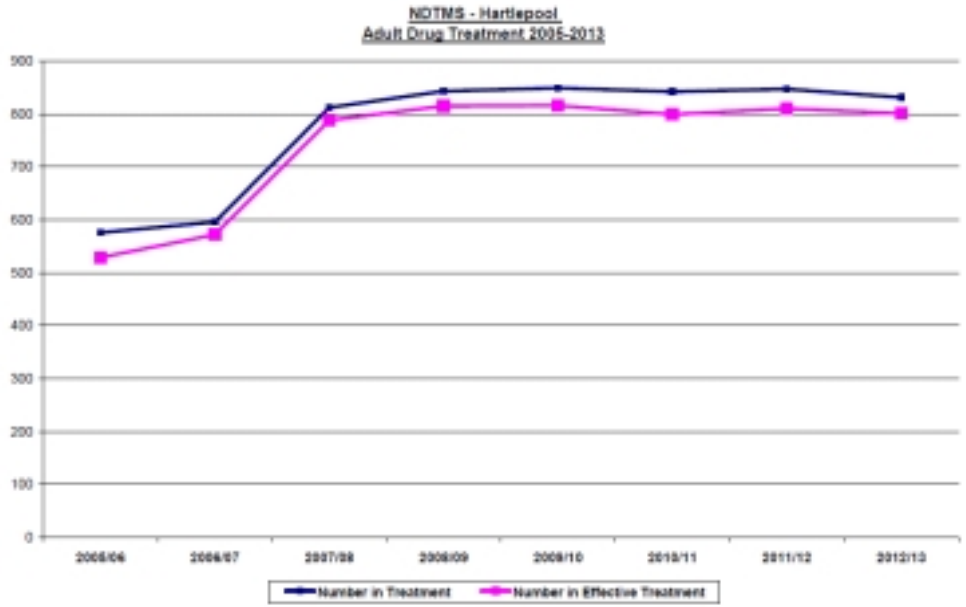
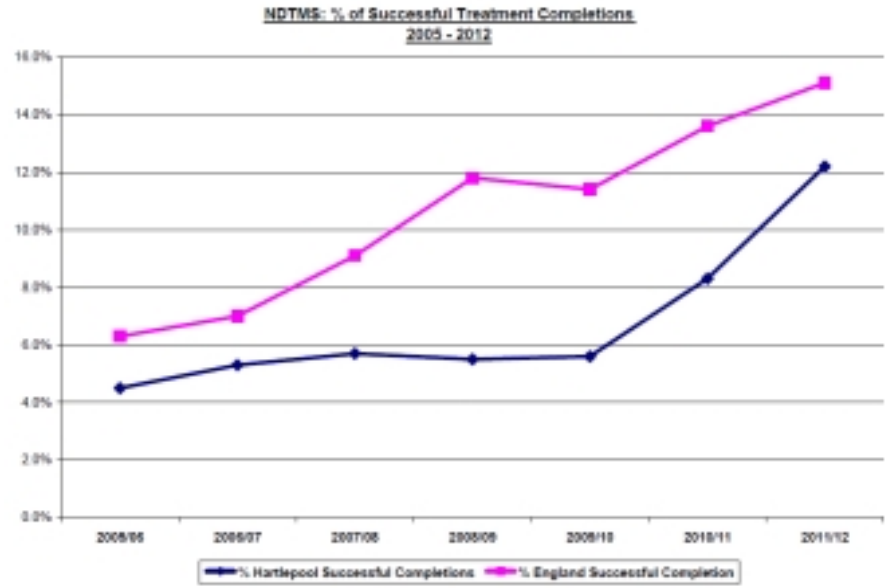


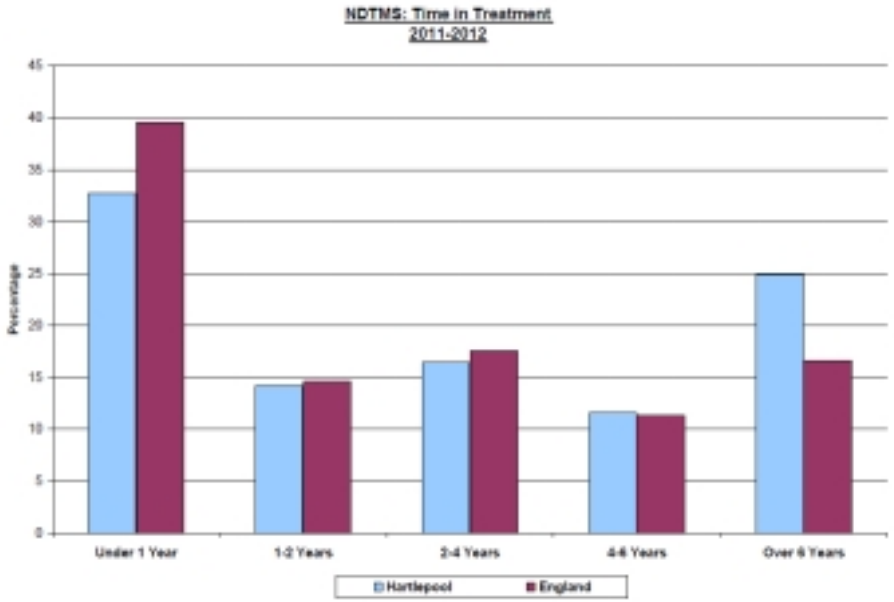
Performance in comparison to Local Peers 2012-13

Incident Category	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop
AS21 - Personal	2258	24.8	2876	21.5	3839	28.1	4017	21.4	13086	23.8
AS22 - Nuisance	4340	47.6	5720	42.7	7435	54.4	7776	41.4	25457	46.4
AS23 - Environmental	215	2.4	324	2.4	366	2.7	329	1.8	1243	2.3
Total	**6813**	**74.8**	**8920**	**66.6**	**11640**	**85.1**	**12122**	**64.5**	**39786**	**72.5**

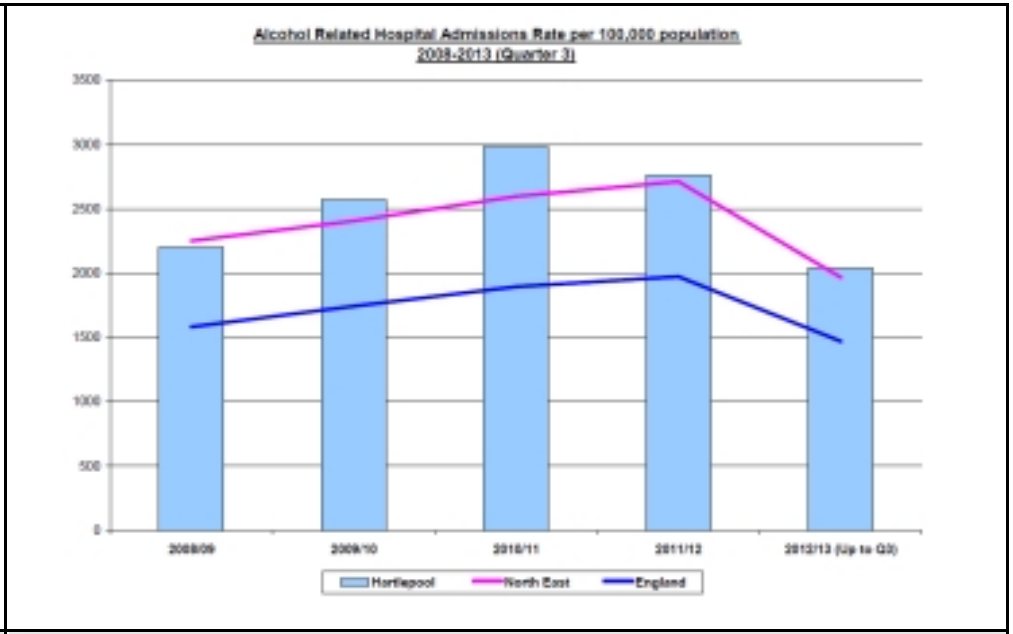
Local Public Confidence & Perceptions 2012-13

Local Confidence & Perceptions 2012/13	Hartlepool	Redcar	Middlesbrough	Stockton	Cleveland
% of people who agree that the Police and council are dealing with the crime and anti-social behaviour issues that matter in their area	78.7%	76.2%	75.3%	74.3%	75.8%
% of people who's quality of life is affected by fear of crime and anti-social behaviour	15.0%	14.8%	17.2%	10.2%	13.8%
% of people who perceive high levels of anti-social behaviour in their local area	3.2%	3.0%	5.2%	3.5%	3.7%
% of people who perceive high levels of drunk or rowdy behaviour in public places in their local area	12.0%	9.5%	15.2%	8.2%	10.8%
% of people who perceive high levels of drug use or dealing in their local area	12.8%	11.1%	15.3%	9.3%	11.8%

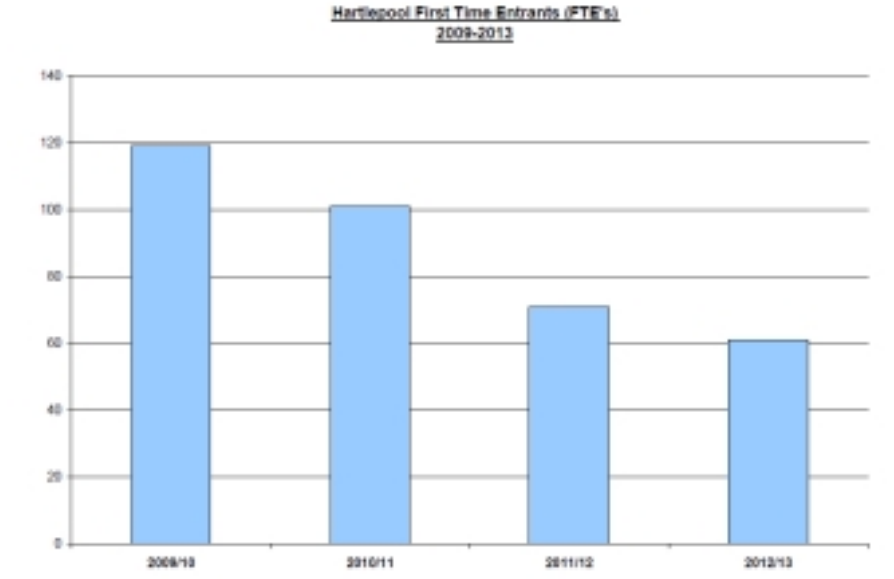
Adult Drug Treatment 2005 – 2013* (Provisional Data 2012/13)	**% of Successful Drug Treatment Completions 2005-2012**
	
Time in Drug Treatment 2011-12	**Alcohol Related Hospital Admissions 2008-2013 (Quarter 3)**

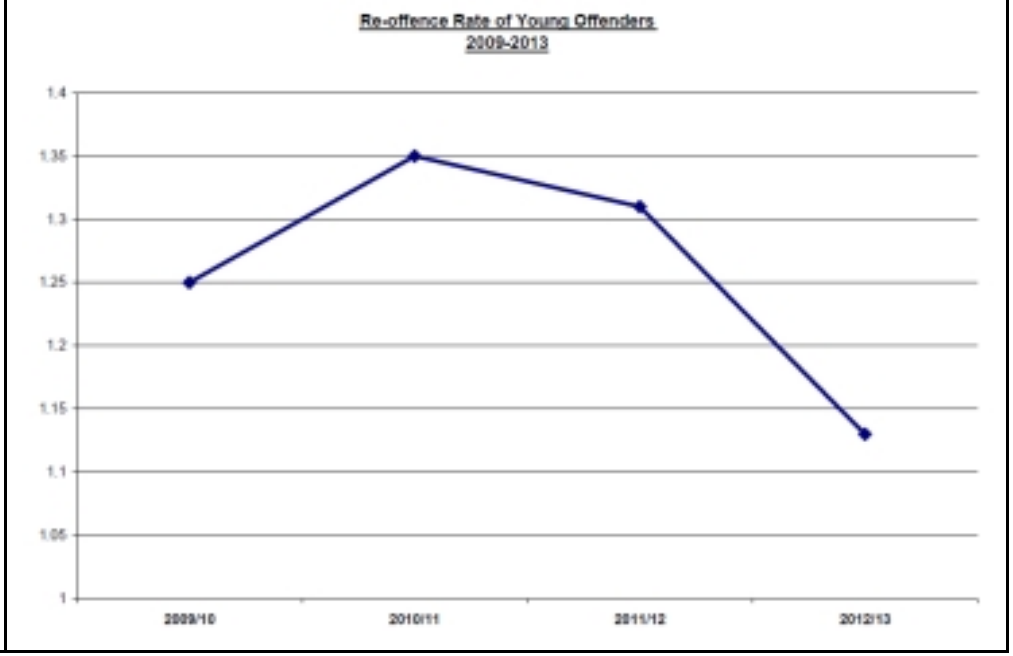


First-Time Entrants to the Criminal Justice System



Re-offence Rate of Young Offenders 2009-2013

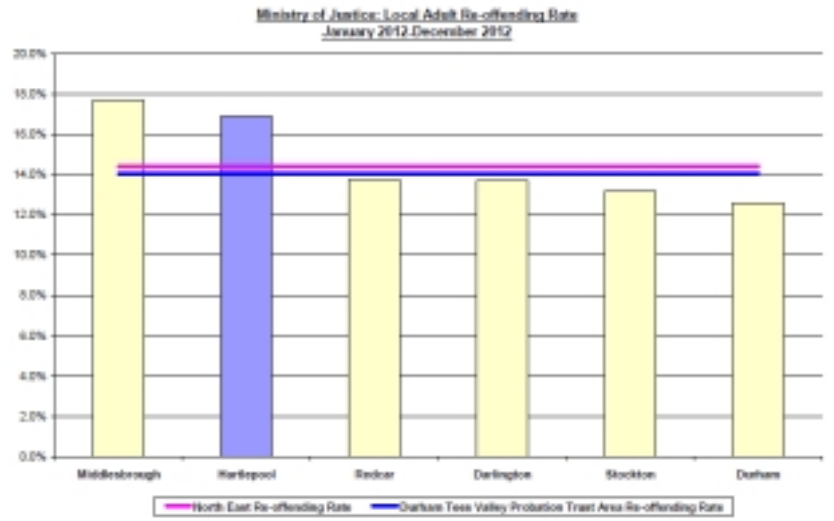




Re-offending Rate of PPO's & HCC's

Accumulative	Baseline	Apr-Jun 12	Jul - Sept 12	Oct 12 - Dec 12	Jan - Mar 13	Outcome 2012/13
Prolific and Priority Offenders (44 Offenders)	141 Convictions 0.4	19 Convictions 0.4	33 Convictions 0.8	55 Convictions 1.3	73 Convictions 1.7	Offending has reduced by 48% in comparison to the baseline
High Crime Causers (33 Offenders)	256 Convictions 7.8	69 Convictions 2.1	110 Convictions 3.3	152 Convictions 4.6	203 Convictions 6.2	Offending has reduced by 21% in comparison to the baseline

Local Adult Re-offending Rate 2012



Safer Hartlepool Partnership

27th June 2013

Safer Hartlepool Partnership

Crime & Disorder Act 1998

Responsible Authorities

Responsibilities & Functions

Three year strategy – 2011-2014

Durham Tees Valley Probation Trust
Doing more to keep you safe

HARTLEPOOL BOROUGH COUNCIL

CLEVELAND POLICE
Putting People First

POLICE AND CRIME COMMISSIONER FOR CLEVELAND

CLEVELAND FIRE BRIGADE
Protecting local communities

Safe in Tees Valley

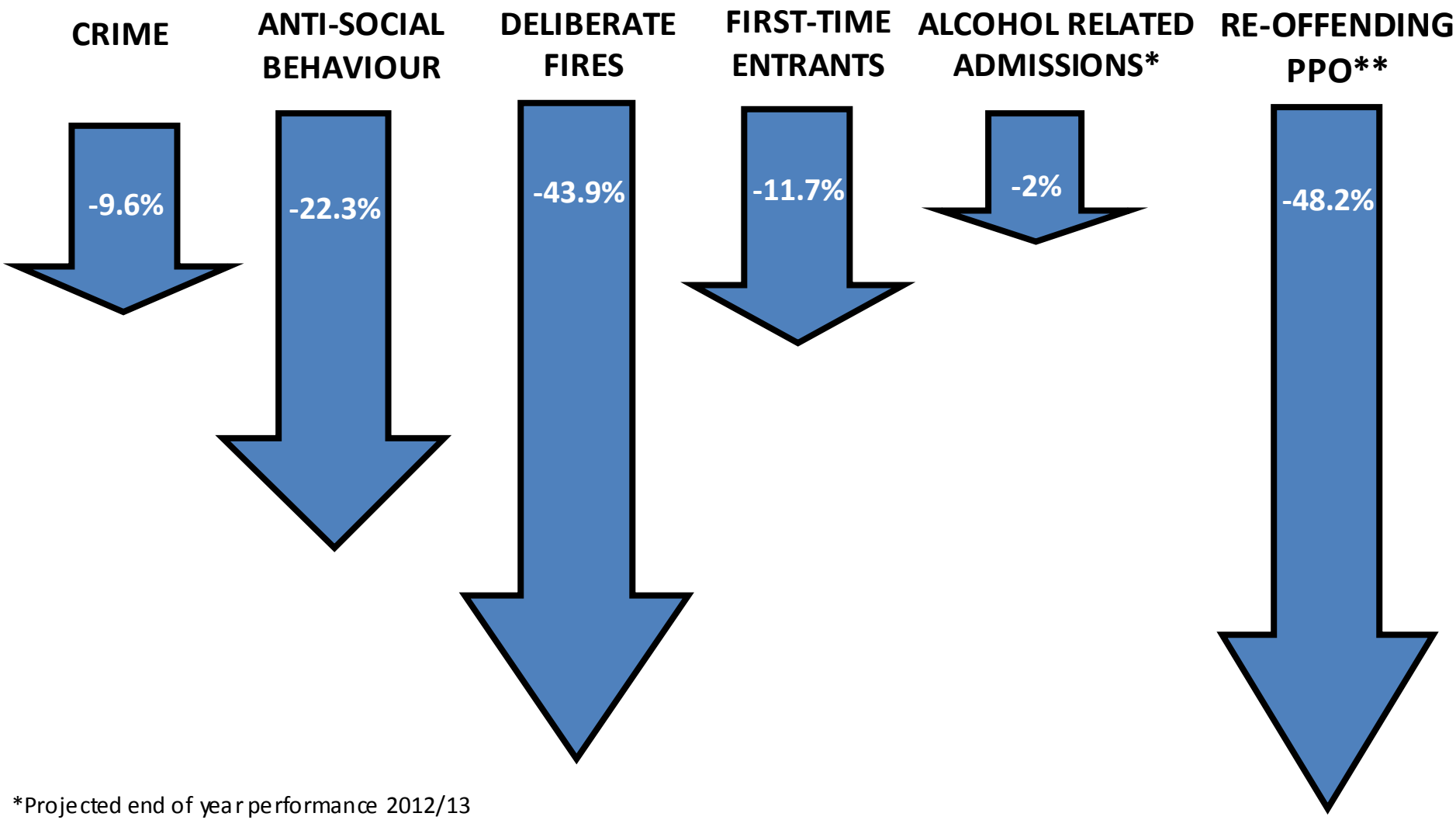
housingHartlepool
Part of the Vela Group

NHS
Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Our Vision

"To create confident cohesive and healthy communities by working together to reduce crime, anti-social behaviour, substance misuse and reoffending in Hartlepool"

SHP Performance 2012/13



*Projected end of year performance 2012/13

**Preliminary forecasts for 2012/13

Local Peer Comparison

2012/13 Rates (per 1,000 pop)	H'POOL	S'TON	M'BRO	R & C	CLEVELAND	NATIONAL
Crime	**70.3**	**57.9**	**100.7**	**58.1**	**46.7**	**66.0**
Anti-social Behaviour	**73.9**	**62.9**	**84.3**	**65.6**	**70.8**	**41.0**
Deliberate Fires	**2.2**	**2.5**	**4.5**	**3.7**	**3.2**	**2.2**
Alcohol Related Admissions - 2011/12 (per 100,000 pop)	**2,763**	**2,462**	**3,557**	**2,848**	**2,712** (NE Region)	**1,974**
Local Adult Re-offending Jan-Dec 12	**16.8%**	**13.1%**	**17.6%**	**13.7%**	**14.0%** (NE Region)	**-**

Confidence & Perceptions Comparison

Local Confidence & Perceptions 2012/13	H'POOL	S'TON	M'BRO	R & C	CLEVELAND
% of people who agree that the Police and council are dealing with the crime and anti-social behaviour issues that matter in their area	78.7%	74.3%	75.3%	76.2%	75.8%
% of people who's quality of life is affected by fear of crime and anti-social behaviour	15.0%	10.2%	17.2%	14.8%	13.8%
% of people who perceive high levels of anti-social behaviour in their local area	3.2%	3.5%	5.2%	3.0%	3.7%
% of people who perceive high levels of drunk or rowdy behaviour in public places in their local area	12.0%	8.2%	15.2%	9.5%	10.8%
% of people who perceive high levels of drug use or dealing in their local area	12.8%	9.3%	15.3%	11.1%	11.8%

SHP Objectives & Priorities

Strategic Objectives 2011-14	Annual Priorities 2013/14
Reduce crime and repeat victimisation	Acquisitive crime - domestic burglary and theft Domestic violence and abuse Support Victims and reduce the risk of victimisation
Reducing the harm caused by drug and alcohol misuse	Address substance misuse through a combination of prevention, control and treatment services
Creating confident, cohesive and safe communities	Protect and support vulnerable victims and communities including victims of hate crime Improve public reassurance and fear of crime by actively communicating, engaging and working with local communities Continue to address anti-social behaviour at a neighbourhood level through effective multi-agency working
Reducing offending and re-offending	Tackle offending and re-offending behaviour through a combination of prevention, diversion and enforcement activity underpinned by a strong multi-agency approach

AUDIT AND GOVERNANCE COMMITTEE

27 June 2013

Report of: Scrutiny Manager

Subject: SELECTION OF POTENTIAL TOPICS FOR INCLUSION IN THE 2013/14 STATUTORY SCRUTINY WORK PROGRAMME

1. PURPOSE OF REPORT

1.1 To:-

i) Provide an overview of the role and functions of the Audit and Governance Committee in fulfilling its statutory scrutiny responsibilities and the process for the determination of the Overview and Scrutiny Work Programme for the 2013/14 Municipal Year; and

ii) Seek consideration of potential topics for inclusion into the Statutory Scrutiny Work Programme for the 2013/14 Municipal Year.

2. BACKGROUND INFORMATION

2.1 Within the Council's Constitution, responsibility for the authority's statutory scrutiny functions is delegated to the Audit and Governance Committee. These statutory scrutiny functions relate to the areas of health and crime and disorder.

Statutory Health Scrutiny

2.2 In fulfilling the requirements of the Health and Social Care Act 2012, the Council has a statutory responsibility to review and scrutinise matters relating to the planning, provision and operation of health services at both local and regional levels. In doing this, local authorities not only look at themselves (i.e. in relation to public health), but also at all health service providers and any other factors that affect people's health.

2.3 The Audit and Governance Committee will review / scrutinise and make reports with recommendations to the Council (and / or Finance and Policy Committee where appropriate), a 'responsible person' (that being relevant NHS body or health service provider) and other relevant agencies about possible improvements in service in the following areas:-

(i) health issues identified by, or of concern to, the local population;

(ii) proposed substantial development or variation in the provision of health services in the local authority area (except where a decision has been taken as a result of a risk to safety or welfare of patients or staff);

(iii) the impact of interventions on the health of local inhabitants;

(iv) an overview of delivery against key national and local targets, particularly those which improve the public's health;

(v) the development of integrated strategies for health improvement; and

(vi) The accessibility of services that impact on the health of local people to all parts of the local community.

Additional Responsibilities:

- Recommend to Council that a referral be made to the Secretary of State where there are concerns over insufficient consultation on major changes to services.

- Participates in, and develops, the Tees Valley Joint Health Scrutiny Committee and other joint arrangements with neighbouring authorities.

2.4 Health Scrutiny Regulations enable the Committee to request the attendance of 'a responsible person' to answer questions. The responsible person is under a duty to comply with these requests.

A responsible person - NHS body or relevant health service provider.

NHS bodies – NHS Foundation Trusts, Clinical Commissioning Groups, NHS England, all NHS Trusts including acute or hospital trusts, mental health and learning disability trusts, ambulance trusts and care trusts.

Relevant service providers - Private, independent or third sector providers delivering services under contract to the NHS or to the local authority.

Statutory Crime and Disorder Scrutiny

2.5 In fulfilling the requirements of the Police and Justice Act 2006, the Council has a statutory responsibility to establish a Crime and Disorder Scrutiny Committee with the power to review or scrutinise decisions made or other action taken by the Safer Hartlepool Partnership. This function is fulfilled through the Audit and Governance Committee, which has responsibility for:-

(i) Scrutiny of the work of the partners (insofar as their activities relate to the partnership itself);

(ii) The review or scrutiny of decisions made or other action taken in connection with the discharge, by responsible authorities, of their crime

and disorder functions (in this context responsible authorities means the Council, the Police, the Fire Authority and the Health Bodies) and make reports or recommendations to the Council or the appropriate Policy Committee with regard to the discharge of those functions. Key areas for review or scrutiny being:

- Policy development – including in-depth reviews;
- Contribution to the development of strategies;
- Holding to account at formal hearings; and
- Performance management.

(iii) Making reports and recommendations to the Council or to the appropriate Policy Committee on any local crime and disorder matter (as defined by section 19 of the Police and Justice Act 2006) which has been referred to it by a Member of the Council as a Councillor Call for Action.

3. STATUTORY SCRUTINY WORK PROGRAMME 2013/14

3.1 Overview and Scrutiny has in previous years identified, implemented and completed an annual work programme as a means of fulfilling its responsibilities. As part of this process and in recognition of the benefits of focusing resources and committee time, whilst also allowing time to respond to other issues, work programmes generally focused on one primary investigation.

3.2 On this basis, as part of the Council's new governance arrangements, members of the Audit and Governance Committee are asked to consider the development of a Work Programme for the 2013/14 Municipal Year in relation to Crime and Disorder and Health, together with a timeframe for each review.

3.3 In considering the development of a potential work programme item relating to **health** issues, the Director of Public Health, HealthWatch, Hartlepool and Stockton-on-Tees Clinical Commissioning Group and North Tees sections of this report to enable the Committee to compile its Work Programme (Sections 3.3 to 3.6). However, it should be appreciated that some of the areas detailed below are continually evolving and further details will emerge throughout the year.

3.4 In establishing the Committee's Work Programme, it is suggested that Members time is retained to allow consideration of:

- Emerging issues on an ad hoc basis; and
- Items carried forward from the 2012/13 Municipal Year (details attached at **Appendix A**)**.**

3.5 The topics over the page have been suggested as potential items for consideration by the Committee in relation to Health.

Chronic Obstructive Pulmonary Disease (COPD)

The Hartlepool Joint Strategic Needs Assessment (JSNA) identifies COPD as a key issue. COPD is a chronic disabling disease which causes a gradual decline in lung function, with increasing episodes of chest infections and exacerbations as the condition progresses. It is a general term which includes chronic bronchitis and emphysema. It mainly affects people over the age of 40 and risk increases with age. Smoking is the main cause in the vast majority of cases.

COPD is incurable but treatments help to slow down the decline in the lung function, so early diagnosis and support for effective self-management and self-care can help patients live an active life. About 835,000 people in the UK are currently diagnosed with COPD and an estimated 2.2 million people have the condition but do not know it. COPD is the fourth biggest killer in the UK, the second most common cause of emergency admissions to hospital and one of the most costly in-patient conditions treated by the NHS. In Hartlepool, there is a decreasing trend in the number of deaths from COPD but the number of people with COPD is increasing, placing additional demand on services.

This topic has been suggested because it will help improve services and raise awareness of COPD. The key issues relating to COPD are as follows:-

(a) The estimated prevalence of COPD in Hartlepool is 4.3% but only 2.7% of the population has been diagnosed. This suggests that about 1,250 people with COPD remain undiagnosed.

(b) There is a lack of community awareness of COPD and its risk factors.

(c) There are high numbers with undiagnosed COPD that may lead to increased complications, ill health and health inequalities and inefficiency.

(d) The number of people with COPD is increasing, placing additional demand on services

(e) There are variations in the quality of diagnosis and management of COPD among general practices

(f) The COPD emergency admission rate in Hartlepool is higher than the England average

(g) The capacity and capability of current services to cope with the projected increase in the number of people with COPD, from a recorded prevalence of 2.7% in 2010 to 4.4% in 2020

(h) There is low awareness of lung health and COPD in communities that are at high risk, for example, current and ex-smokers and women

(i) There is inequitable access to high quality spirometry in primary care and community settings

Commissioning and performance of health services in Hartlepool

A key issue for the people of Hartlepool is that the health care they receive is high quality, accessible and in line with national standards. Over recent years a number of health services have migrated from the University Hospital of Hartlepool to North Tees Hospital in Stockton, creating barriers for the residents of Hartlepool and South East Durham wishing to access those services.

It is suggested that a review is undertaken of the qualitative clinical outcomes achieved by the North Tees and Hartlepool NHS Foundation Trust when providing services to the people of Hartlepool. As part of this review the possibility of working with other Hospital Trusts in the region to deliver better, more qualitative clinical services required by the people of Hartlepool in a local setting should be considered.

This topic has been suggested because it will assist the Council in exploring all possible options when formulating future health commissioning intentions.

3.6 In considering potential work programme items for 2013/14 Members may also wish to update the 3 year rolling work programme for this Committee. The establishment of the rolling work programme is considered best practice as outlined in the health scrutiny guidance. This is to enable local partners to be aware in advance of forthcoming priorities of the Audit and Governance Committee.

ROLLING HEALTH SCRUTINY WORK PROGRAMME
Healthy Eating / Obesity
Drug Rehabilitation
Diet, Nutrition and Diabetes

3.7 In considering the development of a potential work programme item relating to **crime and disorder** issues, the Director of Regeneration and Neighbourhoods, Safer Hartlepool Partnership, Police and Crime Panel and Police and Crime Commissioner have been approached for topic discussions. On the basis of discussions and in meeting the requirements of crime and disorder committee legislation, the following items have been identified to be considered by the Audit and Governance Committee in 2013/14.

- Safer Hartlepool Partnership (decisions and performance)
- Police and Crime Commissioner (communication and discussion)

3.8 In setting the Work Programme for 2013/14 consideration also needs to be given to the following Budget and Policy Framework documents, which will be presented to the Committee during the course of the year.

BUDGET AND POLICY FRAMEWORK ITEMS	ESTIMATED TIMETABLE FOR CONSIDERATION
Health and Wellbeing Strategy – Annual Refresh and Action Plan	November 2013
Community Safety Plan	17 April 2014
Youth Justice Strategic Plan	17 April 2014

3.9 The Committee is also advised to be cautious in setting an overly ambitious Work Programme for which it may be unable to deliver. In order to assist Members, **Appendix B** maps the meetings of the Audit and Governance Committee alongside the issues already identified for consideration in Appendix A.

3.10 Having considered the above information together with topics identified by individual Members' for inclusion into the Work Programme, the Committee may wish to discuss various aspects contained within the Council Plan to raise potential areas for consideration. They could range from areas already identified as suitable for development or areas where the specific performance is of concern. For this purpose, **Appendices C and D** detail the relevant Sections of the Council Plan for the Committee's consideration as outlined below:-

Appendix C – Council Plan outcomes relating to Health and Wellbeing
Appendix D – Council Plan outcomes relating to Crime and Disorder

3.11 Once the Committee has identified potential Scrutiny topics, anticipated time frames need to be applied. It is suggested to the Committee that a standard template for applying time allocations should be treated with caution as when scoping a subject a number of complexities may arise, therefore the anticipated duration should be allocated to the subjects on an individual basis.

4. RECOMMENDATIONS

4.1 The Audit and Governance Committee is requested to:

(a) consider the wide range of information detailed within this report to assist in the determination of its 2013/14 Work Programme, utilising the tables provided; and

(b) Consider choosing a maximum of one/ two topics for the coming year, which will allow for flexibility in its work programme for emerging issues and referrals.

5. REASONS FOR RECOMMENDATIONS

5.1 To develop an effective Audit and Governance Work Programme which will to complement the work of other bodies.

BACKGROUND PAPERS

The following backgrounds papers were used in the preparation of this report:-

Hartlepool Borough Council's Constitution

Tees JSNA – http://www.teesjsna.org.uk/national-requirements/

Contact Officer:- Joan Stevens – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

Health Scrutiny

ITEM TO BE CONSIDERED	Details	Estimated Timetable for Consideration by the Forum
North Tees & Hartlepool NHS Foundation Trust Quality Account for 2014/15	Annual reflection on the 2013/14 Quality Account and contribution towards the 2014/15 Quality Account for North Tees and Hartlepool NHS Foundation Trust.	22 August 2013 and 20 February 2014
Wynyard Road – Outcome of Consultation	Previously, the Health Scrutiny Forum considered a service review of Wynyard Road and Whitby Street Service Review. Members asked that the outcome be circulated to Members.	22 August 2013
Tees, Esk and Wear Valley (TEWV) – Progress Update on Service Changes and Rehabilitation Beds at Victoria Road	TEWV discussed their proposals for changes to dementia services in Hartlepool with the Health Scrutiny Forum in 2012. At the request of the Health Scrutiny Forum, TEWV have agreed to present a progress update to the Committee for the Committee to monitor the implementation of the changes.	22 August 2013
North East Ambulance Service (NEAS) – Progress Update on Service Changes	NEAS discussed their proposals for changes to ambulance provision across the North East with the Health Scrutiny Forum in 2012. At the request of the Health Scrutiny Forum, NEAS have agreed to present a progress update to the Committee for the Committee to monitor the implementation of the changes.	28 November 2013
Outpatients Update	At the request of the Health Scrutiny Forum, Hartlepool and Stockton-on-Tees Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust have agreed to present an update to the Committee for the Committee to	28 November 2013

	monitor the implementation of the changes.	
Service Enhancements at the University Hospital of Hartlepool	Members of the Health Scrutiny Forum welcomed a progress report on this topic and indicated that they would wish to see more of these updates provided to Members in the future.	28 November 2013
Patient Reported Outcome Measures – Hip Outcomes	Members of the Health Scrutiny Forum received a presentation from North Tees and Hartlepool NHS Trust in relation to hip replacement surgery and the type of replacement hip utilised in some surgery. Further detailed analysis was being undertaken of all Hip Surgery outcomes and Members asked if the outcome of the analysis could be shared with Members when available.	28 November 2013
Recruitment of Good Quality GPs	A work programme item carried forward from the 2012/13 Municipal Year. Carried forward from last year in order to receive an effective update, as work was currently ongoing nationally and regionally on the primary care strategy.	28 November 2013
Clinical Commissioning Group (CCG) – Clear and Credible Plan	Reviewed on an Annual basis	Either 23 January 2014 or 20 February 2014
Health Inequalities	Annual update on Health Inequalities, specifically focusing on women's life expectancy, as agreed by the Health Scrutiny Forum in 2009.	20 February 2014

Crime and Disorder Items

ITEM TO BE CONSIDERED	Details	Estimated Timetable for Consideration by the Forum
Community Safety Partnership	Details of the performance of the Safer Hartlepool Partnership during 2012-2013 and the Partnership Strategic Assessment will be presented to the Audit and Governance Committee.	2012-2013 SHP Performance Report – 27 June 2013 Strategic Assessment – 23 January 2014
Performance Monitoring Reports	Details of the quarterly performance monitoring reports of the Safer Hartlepool Partnership will be presented to the Audit and Governance Committee on a regular basis.	Q1 – 22 August 2013 Q2 – 28 November 2013 Q3 - 20 February 2014
Police and Crime Commissioner	Information to be received as and when required	TBC

Statutory Scrutiny Issues	**30/5**	**27/6**	**25/7**	**22/8**	**3/10**	**31/10**	**28/11**	**12/12**	**23/1**	**20/2**	**20/3**	**17/4**
Work Programming (June) and recommendation Monitoring												
Work Programme Items and Investigations (as required)												
Crime and Disorder Scrutiny												
Community Safety Partnership (end of yr perf & strategic ass)												
Performance Monitoring Reports												
Police and Crime Commissioner (TBC)												
Community Safety Plan (B&PF)												
Youth Justice Strategic Plan (B&PF) & Substance Misuse Plan												
Health Scrutiny												
Quality Accounts												
Health Inequalities Update												
Clear & Credible Plan (5 year plan) updated annually (TBC)												
Health and Wellbeing Strategy (B&PF) (TBC)												
Health and Wellbeing Strategy – Action Plan (TBC)												
Wynyard Road – Outcome of Consultation (Potential Date)												
NEAS – Update on implementation of changes (Potential Date)												
TEWV - Implementation of changes update (Potential Date)												
TEWV Rehabilitation beds – Victoria Road (Potential Date)												
Outpatients Update												
Service Enhancements at the Hospital – Progress Update												
HIPs – Further information (Potential Date)												
Recruitment of Good Quality GPs (Potential Date)												
Audit Issues												
Quarterly Internal Audit Updates												
Approve the Internal Audit Plan												
Review the Treasury management Strategy												
Review the Councils accounts (May – Member Training)												
External audit reports (as required)												
Standards Issues												
Introduction to Standards and Amendment of Forms												
Standards Training												
Complaint Investigation & DCLG guidance reports (as required)												
Appointment and training of Independent Person(s) (if required)												
Revise and review the Code of Conduct (if required)												

Audit Meeting **Statutory Scrutiny Meeting** **Standards Meeting**

SECTION 1 OUTCOME DETAILS			
Outcome:	9. Improve health by reducing inequalities and improving access to services	**Theme:**	Health and Wellbeing

Lead Dept:	Child and Adult Services	**Other Contributors:**	Regeneration and Neighbourhoods

SECTION 2 ACTIONS		
Action	**Due Date**	**Assignee**
Work with colleagues to improve Public Health through the Health Protection and Improvement elements of the Core Public Health Strategy.	Mar 2014	Sylvia Pinkney

SECTION 3 PERFORMANCE INDICATORS & TARGETS							
Code	**Indicator**	**Assignee**	**Targeted or Monitor**	**Collection Period (eg Financial/academic)**	**2012/13 Target**	**2013/14 Target**	**2014/15 Target**
NI 184	Percentage of food establishments in the area which are broadly compliant with food hygiene law.	Sylvia Pinkney	Targeted	Financial Year	89%	90%	90%

SECTION 1 OUTCOME DETAILS			
Outcome:	10. Give every child the best start in life	**Theme:**	Health and Wellbeing

Lead Dept:	Child and Adult Services	**Other Contributors:**	Regeneration and Neighbourhoods

SECTION 2 ACTIONS		
Action	**Due Date**	**Assignee**
Implement findings of the education catering consultation exercise undertake in primary schools.	Dec 13	Karen Oliver
Undertake consultation in secondary schools to identify improvements and increase the uptake of pupils taking schools meals	Mar 14	Karen Oliver

SECTION 3 PERFORMANCE INDICATORS & TARGETS

Code	Indicator	Assignee	Targeted or Monitor	Collection Period (eg Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target
NI 52a	Percentage uptake of school meals – Primary Schools	Lynne Bell	Targeted	Quarterly	62%	63%	65%
NI 52b	Percentage uptake of school meals – Secondary schools	Lynne Bell	Targeted	Quarterly	54%	54%	55%
NSD P064	Percentage uptake of free school meals - Primary schools	Lynne Bell	Targeted	Quarterly	88%	95%	95%
NSD P065	Percentage uptake of free school meals – Secondary schools	Lynne Bell	Targeted	Quarterly	60%	75%	75%

SECTION 4 RISKS		
Code	**Risk**	**Assignee**
RND R088	Failure to achieve sufficient uptake of school meals	Karen Oliver

SECTION 1 OUTCOME DETAILS			
Outcome:	9. Improve health by reducing inequalities and improving access to services	**Theme:**	Health and Wellbeing

Lead Dept:	Child and Adult Services	**Other Contributors:**	Regeneration and Neighbourhoods

SECTION 2 ACTIONS		
Action	**Due Date**	**Assignee**
Develop a corporate approach to measuring excessive winter deaths	Sep 2013	Louise Wallace
Be an active lead partner in the delivery of the physical activities workstream for Public Health	March 2014	Pat Usher
Ensure implementation of the NHS health check programme	March 2014	Louise Wallace
Implement the early detection and awareness of cancer programme across Hartlepool	March 2014	Louise Wallace
Ensure that the department has procedures in place to meet the requirements of the Equality Act 2010 by co-ordinating activities across the department to contribute to the items included in the Equality & Diversity Action Plan	March 2014	Leigh Keeble
Ensure all eligible people (particularly in high risk groups) take up the opportunity to be vaccinated especially in relation to flu	March 2014	Louise Wallace
Ensure all eligible groups for respective screening programmes are aware and able to access screening	March 2014	Louise Wallace
Ensure implementation of the Health and Wellbeing Strategy	March 2014	Louise Wallace
Review Joint Strategic Needs Assessment (JSNA) through the Health and Wellbeing board	March 2014	Louise Wallace
Influence the commissioning of effective based Stop Smoking and work collaboratively through the Smoke Free alliance to reduce illicit tobacco across the town	March 2014	Louise Wallace
Ensure the development of a comprehensive plan to protect the health of the population	March 2014	Louise Wallace
Ensure the delivery of comprehensive sexual health services	March 2014	Louise Wallace

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	**Indicator**	**Assignee**	**Targeted or Monitor**	**Collection Period (e.g. Fin/Acd)**	**Freq**	**Targets**		
						12/13	**13/14**	**14/15**
NI 39	Alcohol related hospital admissions	Louise Wallace	Targeted	Financial Year				
NI 123	Stopping smoking	Carole Johnson	Targeted	Financial Year				
NI 123 (NRA)	Stopping smoking (Neighbourhood Renewal Area narrowing the gap indicator)	Carole Johnson	Targeted	Financial Year				
P081	GP Referrals - The number of participants completing a 10 week programme of referred activity	Pat Usher	Targeted	Financial Year				
P035	GP Referrals – of those participants completing a 10-week programme for the percentage going onto mainstream activity	Pat Usher	Targeted	Financial Year				
P080	Vascular Risk Register (Vital Signs)	Louise Wallace	Monitor	Financial Year	N/A	N/A	N/A	N/A
NI 120a	All-age all cause mortality rate - Females	Louise Wallace	Monitor	Calendar Year	N/A	N/A	N/A	N/A
NI 120b	All-age all cause mortality rate - Males	Louise Wallace	Monitor	Calendar Year	N/A	N/A	N/A	N/A
NI 121	Mortality rate from all circulatory diseases at ages under 75	Louise Wallace	Monitor	Calendar Year	N/A	N/A	N/A	N/A
NI 122	Mortality for all cancers aged under 75	Louise Wallace	Monitor	Calendar Year	N/A	N/A	N/A	N/A

SECTION 4 RISKS		
Code	**Risk**	**Assignee**
CAD R014	Failure to make significant inroads in Health Impact	Carole Johnson; Louise Wallace

SECTION 1 OUTCOME DETAILS			
Outcome:	10. Give every child the best start in life	**Theme:**	Health and Wellbeing

Lead Dept:	Child and Adult Services	**Other Contributors:**	Regeneration and Neighbourhoods

SECTION 2 ACTIONS		
Action	**Due Date**	**Assignee**
Review and update local breastfeeding annual action plan	March 2014	Carole Johnson
Implement Child Measurement Programme	March 2014	Deborah Gibbin
Ensure a range of Physical Activity opportunities are available for children & young people (up to age 25)	March 2014	Pat Usher
Review, update and implement Smoking in Pregnancy Action Plan	March 2014	Carole Johnson
Work with partner agencies, young people, schools and families to tackle substance misuse (including alcohol)	March 2014	John Robinson
Review the Substance Misuse Service for young people and future commissioning options	June 2013	Ian Merritt
Implement the British Heart Foundation Younger Wiser Programme	March 2014	Deborah Gibbin
Review the process of Public Health Transition and ensure the transition is complete	March 2014	Louise Wallace
Increase the uptake of child vaccinations	March 2014	Deborah Gibbin
Implement the Child Poverty Action Plan	March 2014	Danielle Swainston
Develop a Children & Young People obesity pathway	March 2014	Deborah Gibbin
Implement the Early Intervention Strategy	March 2015	Danielle Swainston
Embed common assessment as a means to identify and respond to need	October 2013	Danielle Swainston
Implement the Early Years Pathway delivering targeted support to children pre birth to five	September 2013	John Robinson

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	**Indicator**	**Assignee**	**Targeted or Monitor**	**Collection Period (e.g. Fin/Acd)**	**Freq**	**Targets**		
						12/13	**13/14**	**14/15**
LAA HW P001	Percentage of women smoking at time of delivery	Carole Johnson	Targeted	Financial Year	Quarterly	22	TBC	TBC
NI 53a	Prevalence of breastfeeding at 6- 8 wks from birth - Percentage of infants being breastfed at 6- 8 weeks	Deborah Gibbin/Carole Johnson	Monitor	Financial Year	Quarterly			
CSD P049a	Measles, Mumps and Rubella (MMR) immunisation rate – children aged 2 (1st dose)	Deborah Gibbin	Monitor	Financial Year	Quarterly			
CSD P049b	Measles, Mumps and Rubella (MMR) immunisation rate – children aged 5 (2nd dose)	Deborah Gibbin	Monitor	Financial Year	Quarterly			
New	Uptake of Diphtheria, Tetanus, Polio, Pertussis, Hib immunisations (by age 2 years)	Deborah Gibbin	Monitor	Financial Year	Quarterly			
NI 55(iv)	The percentage of children in Reception who are obese	Deborah Gibbin	Monitor	Financial Year	Quarterly			
NI 56(ix)	The percentage of children in Year 6 who are obese	Deborah Gibbin	Monitor	Financial Year	Quarterly			
NI 112	The change in the rate of under 18 conceptions per 1,000 girls aged 15- 17, as compared with the 1998 rate	Deborah Gibbin	Monitor	Financial Year	Quarterly			
New	Children achieving a good level of development at age 5	Danielle Swainston	Monitor	Academic Year	Annual			
NI 117	Percentage of 16 to 18 year olds who are Not in Education, Employment or Training (NEET)	James Sinclair/Mark Smith	Targeted	Financial Year	Quarterly	6.6%	TBC	TBC
NI 75	Percentage of pupils achieving 5 or more A*- C grades at GCSE or equivalent including English and Maths	Tom Argument	Targeted	Academic Year	Annual	60%	TBC	TBC
New	Number of children defined as a Child in Need, rate per 10,000 population under 18	Sally Robinson	Monitor	Financial Year	Quarterly			

SECTION 4 RISKS		
Code	**Risk**	**Assignee**
CAD R025	Failure to meet statutory duties and functions in relation to childcare sufficiency	Danielle Swainston
CAD R026	Failure to deliver Early Intervention Strategy	Sally Robinson

SECTION 1 OUTCOME DETAILS			
Outcome:	11. Children & young people are safe	**Theme:**	Health and Wellbeing

Lead Dept:	Child and Adult Services	**Other Contributors:**	

SECTION 2 ACTIONS		
Action	**Due Date**	**Assignee**
Implement the 2013-14 Youth Justice strategic plan	March 2014	Mark Smith
Implement the learning from inspection and sector lead improvement	March 2014	Sally Robinson
Develop and deliver Looked After Children (LAC) strategy 2013 – 2016	March 2016	Jane Young
Develop and deliver Looked After Children (LAC) strategy Year 1 action plan	March 2014	Jane Young
Deliver the work of the Local Safeguarding Children Board via the annual business plan	March 2014	Jim Murdoch
Implement the Early Intervention strategy	March 2015	Sally Robinson
Embed common assessment as a means to identify and respond to need	October 2013	Danielle Swainston
Implement the Early Years Pathway delivering targeted support to children pre birth to five	September 2013	John Robinson
Implement the recommendations of the Munro review	March 2014	Wendy Rudd
Embed the voice of the child and the child's journey in front line practice	March 2014	Wendy Rudd
Develop a commissioning strategy for Children in Need; Looked After Children and Children with a Disability	April 2013	Ian Merritt

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	**Indicator**	**Assignee**	**Targeted or Monitor**	**Collection Period (e.g. Fin/Acd)**	**Freq**	**Targets**		
						12/13	**13/14**	**14/15**

CSD P035	Children who became the subject of a Child Protection (CP) plan, or were registered per 10,000 population under 18	Sally Robinson	Targeted	Financial Year	Quarterly	40	40	
NI 59	Initial assessments for children 's social care carried out within ten working days of referral	Wendy Rudd	Targeted	Financial Year	Quarterly	80%	80%	
NI 60	Core assessments for children's social care that were carried out within 35 working days of their commencement	Wendy Rudd	Targeted	Financial Year	Quarterly	70%	80%	
NI 62	Stability of placements of looked after children: number of moves	Jane Young	Targeted	Financial Year	Quarterly	10%	10%	
NI 63	Stability of placements of looked after children: length of placement	Jane Young	Targeted	Financial Year	Quarterly	70%	70%	
NI 64	Child protection plans lasting two years or more	Maureen McEnaney	Targeted	Financial Year	Quarterly	8%	8%	
NI 65	Children becoming the subject of a Child Protection Plan for a second or subsequent time	Maureen McEnaney	Targeted	Financial Year	Quarterly	10%	10%	
NI 66	Looked after children cases which were reviewed with in required timescales	Maureen McEnaney	Targeted	Financial Year	Quarterly	95%	95%	
NI 67	Child protection cases which were reviewed within required timescales	Maureen McEnaney	Targeted	Financial Year	Quarterly	100%	100%	
NI 43	Young people within the Youth Justice System receiving a conviction in court who are sentenced to custody	Sally Robinson	Monitor	Financial Year	Quarterly			
NI 19	Rate of proven re-offending by young offenders	Sally Robinson	Monitor	Financial Year	Quarterly			
NI 111	Number of first time entrants to the Youth Justice System aged 10-17 per 100,000 population (aged 10-17)	Sally Robinson	Monitor	Financial Year	Quarterly			
New	Rate of assessments per 10,000 of the CYP population	Wendy Rudd	Monitor	Financial Year	Quarterly			
New	Rate of section 47 enquiries per 10,000 of the CYP population	Wendy Rudd	Monitor	Financial Year	Quarterly			
New	Percentage of referrals leading to the provision of a social care service (as defined by the child becoming CIN)	Danielle Swainston	Monitor	Financial Year	Quarterly			
New	Percentage of referrals to children's social care from different agencies	Danielle Swainston	Monitor	Financial Year	Quarterly			
New	Percentage of referrals to children's social care that result in No Further Action following referral	Danielle Swainston	Monitor	Financial Year	Quarterly			
New	Percentage of referrals to children's social care that result in No Further Action following assessment	Danielle Swainston	Monitor	Financial Year	Quarterly			
New	Rate of violent and sexual offences against 0-17 per 10,000 CYP population	Police – TBC	Monitor	Financial Year	Annual			
New	Rate of children becoming subjects of a child protection plan for physical abuse	Maureen McEnaney	Monitor	Financial Year	Annual			
New	Rate of children becoming subjects of a child protection plan for emotional abuse	Maureen McEnaney	Monitor	Financial Year	Annual			

New	Rate of children becoming subjects of a child protection plan for sexual abuse	Maureen McEnaney	Monitor	Financial Year	Annual			
New	Rate of children becoming subjects of a child protection plan for neglect	Maureen McEnaney	Monitor	Financial Year	Annual			
New	Rate of Initial Child Protection Conferences per 10,000 population	Maureen McEnaney	Monitor	Financial Year	Quarterly			
New	Length of time a child is considered to be a child in need at 31 March and for episodes of need that have ended during the year	Wendy Rudd	Monitor	Financial Year	Annual			
New	Percentage of children becoming subject to a CP plan for a second or subsequent time (within 2 years)	Maureen McEnaney	Monitor	Financial Year	Quarterly			
New	Percentage of child in need cases that close with 6 months of the CPP end date	Wendy Rudd	Monitor	Financial Year	Quarterly			
New	Percentage of child in need cases that close with 6 months of ceasing to be looked after	Wendy Rudd	Monitor	Financial Year	Quarterly			

SECTION 4 RISKS		
Code	**Risk**	**Assignee**
CAD R017	Failure to recruit & retain suitable staff in childrens services (Actively Managed)	Sally Robinson
CAD R019	Failure to plan for future need and ensure sufficient placement provision to meet demand (Actively Managed)	Sally Robinson
CAD R020	Insufficient capacity in the independent sector to meet placement demand (Actively Managed)	Ian Merritt
CAD R021	Increased demand on services due to socio-economic pressures (Actively Managed)	Sally Robinson
CAD R022	Failure to provide statutory services to safeguard children and protect their well-being (Actively Managed)	Sally Robinson
CAD R023	Impact of change to funding arrangements across Children's Services (Actively Managed)	Sally Robinson
CAD R024	Failure to meet statutory duties and functions in relation to the Youth Offending Service (Actively Managed)	Mark Smith
CAD R029	Failure to effectively manage risks exhibited by young people and families (Actively Managed)	Sally Robinson
CAD R030	Failure to deal with sensitive, personal or confidential information in a secure way, resulting in loss of data with associated fines, loss of public confidence and/or damage to reputation.	Kay Forgie, Trevor Smith
CAD R054	Failure to ensure awareness and training of staff regarding safeguarding (Actively Managed)	John Mennear

SECTION 1 OUTCOME DETAILS			
Outcome:	12. Vulnerable adults are supported and safeguarded and people are able to maintain maximum independence while exercising choice and control about how their outcomes are achieved	**Theme:**	Health and Wellbeing

Lead Dept:	Child and Adult Services	**Other Contributors:**	

SECTION 2 ACTIONS		
Action	**Due Date**	**Assignee**
Increase the number of people using assistive technology as a means to remain independent.	March 2014	Phil Hornsby
Continue to increase the number of people accessing personal budgets through focused work in mental health services, developing personal budgets for carers and continued work with health partners.	March 2014	Geraldine Martin
Further develop local arrangements to safeguard vulnerable adults, ensuring the engagement of all strategic partners and an appropriate and timely response to any new legislation that is introduced.	March 2014	John Lovatt
Implement the recommendations from the Hearing Loss Strategy, as well as supporting people with a disability into employment.	March 2014	Neil Harrison
Develop services to provide information and support to carers wth a focus on short breaks and access to employment opportunities.	March 2014	Phi Hornsby
Work collaboratively with partners to implement the National Dementia Strategy in Hartlepool.	March 2014	Phil Hornsby
Continue to work in partnership with health partners to develop robust reablement services that promote maximum independence, facilitate people living in their own homes, avoid unnecessary admissions to hospital and enable timely and safe hospital discharges.	March 2014	Geraldine Martin
Continue to promote independence and facilitate recovery for people with mental health needs by increasing the numbers of personal budgets and direct payments, promoting independence and increasing volunteering and employment opportunities.	March 2014	Geraldine Martin
Continue to explore ways to improve efficiency and effectiveness of all services through benchmarking, new delivery models and collaborative working with other local authorities and strategic partners where appropriate, in order to deliver savings within adult social care that minimise impact on people using services.	March 2014	Jill Harrison
Improve the transitions process to ensure every child and young person in transition (aged 14-25) with a disability has a person centred outcome focused plan for adulthood.	March 2014	Neil Harrison

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	**';Indicator**	**Assignee**	**Targeted or Monitor**	**Collection Period (e.g. Fin/Acd)**	**Freq**	**Targets**		
						12/13	**13/14**	**14/15**
NI 125	Achieving independence for older people through rehabilitation / intermediate care	John Lovatt	Monitor	Financial Year		N/A	N/A	N/A
NI 130b	Social care clients receiving Self Directed Support	Geraldine Martin	Targeted	Financial Year				
NI 131	Delayed Transfers of Care	John Lovatt	Targeted	Financial Year				
NI 132	Timeliness of social care assessment (all adults)	John Lovatt	Targeted	Financial Year				
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Phil Hornsby	Targeted	Financial Year				
NI 136	People supported to live independently through social services (all adults)	John Lovatt	Monitor	Financial Year		N/A	N/A	N/A
NI 145	Adults with learning disabilities in settled accommodation	Neil Harrison	Targeted	Financial Year				
NI 146	Adults with learning disabilities in employment	Neil Harrison	Monitor	Financial Year		N/A	N/A	N/A
NI 149	Adults in contact with secondary Mental Health in settled accommodation	Geraldine Martin	Targeted	Financial Year				
NI 150	Adults in contact with secondary mental health services in employment	Geraldine Martin	Monitor	Financial Year		N/A	N/A	N/A
P050	Access to equipment; percentage equipment delivered in 7 days.	Phil Hornsby	Targeted	Financial Year				
P051	Access to equipment and telecare: users with telecare equipment	Phil Hornsby	Targeted	Financial Year				
P066	Admissions to residential care – age 65+	John Lovatt	Targeted	Financial Year				
P072	Clients receiving a review	John Lovatt	Targeted	Financial Year				
P079	Number of Safeguarding Referrals	John Lovatt	Monitor	Financial Year		N/A	N/A	N/A
P085	Proportion of people provided with a reablement package in the period per 1000 population of adults (over 18)	Trevor Smith	Monitor	Financial Year		N/A	N/A	N/A
P086	% of people provided with a reablement package in the period as a % of clients referred for community care assessments in the period	Trevor Smith	Targeted	Financial Year				
P087	% of reablement goals (user perspective) met by the end of a reablement package/episode (in the period)	Trevor Smith	Targeted	Financial Year				

P088	% of people who received intermediate care or reablement package on discharge from hospital who remain at home 91 days after discharge (NI 125)	Trevor Smith	Targeted	Financial Year				
P089	% of people who have no ongoing care needs following provision of a completed reablement package	Trevor Smith	Monitor	Financial Year		N/A	N/A	N/A
P090	% of people not completing a reablement package as a total of those starting a reablement package in the period	Trevor Smith	Monitor	Financial Year		N/A	N/A	N/A
P091	% of people whose need for home care intervention has reduced through the provision of a reablement package	Trevor Smith	Monitor	Financial Year		N/A	N/A	N/A

SECTION 4 RISKS		
Code	**Risk**	**Assignee**
CAD R011	Failure to work in effective partnerships with NHS, including risk of cost shunting. (Actively Managed)	Jill Harrison
CAD R030	Failure to deal with sensitive, personal or confidential information in a secure way, resulting in loss of data with associated fines, loss of public confidence and/or damage to reputation.	Kay Forgie, Trevor Smith
CAD R033	Failure to plan for future need and ensure sufficient placement provision to meet demand within adult social care. (Actively Managed)	Jill Harrison
CAD R034	Insufficient capacity in the independent sector to meet placement demand within adult social care. (Actively Managed)	Phil Hornsby
CAD R035	Increased demand on adult social care services due to demographic pressures. (Actively Managed)	Jill Harrison
CAD R037	Failure to achieve targets in relation to assessments within 28 days and annual reviews, due to increased pressures on services. (Actively Managed)	John Lovatt
CAD R038	Failure to provide statutory services to safeguard vulnerable adult. (Actively Managed)	Jill Harrison
CAD R039	Impact of change to funding arrangements across adult social care services. (Actively Managed)	Jill Harrison
CAD R040	Failure to deliver the Reablement Strategy. (Actively Managed)	Jill Harrison
CAD R041	Failure to recruit & retain suitable staff in adult social care. (Actively Managed)	Jill Harrison
CAD R043	Delayed transfers of care from hospital due to reduced capacity and changing working arrangements for hospital discharge. (Actively Managed)	John Lovatt
CAD R054	Failure to ensure awareness and training of staff regarding safeguarding (Actively Managed)	John Mennear

SECTION 1 OUTCOME DETAILS			
Outcome:	13. Hartlepool has reduced crime and repeat victimisation	**Theme:**	Community Safety

Lead Dept:	Regeneration and Neighbourhoods	**Other Contributors:**	

SECTION 2 ACTIONS		
Action	**Due Date**	**Assignee**
Deliver in conjunction with partners a strategic assessment which is monitored through the Safer Hartlepool Partnership executive.	Dec 2013	Lisa Oldroyd
Deliver the Domestic Violence strategy action plan.	Mar 2014	Sally Forth
Ensure a co-ordinated approach to meeting the needs of victims of crime & disorder taking a victim centred approach	Mar 2014	Sally Forth
Implement CCTV Action Plan	Mar 2014	Nicholas Stone

SECTION 3 PERFORMANCE INDICATORS & TARGETS							
Code	**Indicator**	**Assignee**	**Targeted or Monitor**	**Collection Period (eg Financial/academic)**	**2012/13 Target**	**2013/14 Target**	**2014/15 Target**
RPD P029a	Number of Domestic Burglaries	Ian Worthy	Monitor	Financial Year	363	n/a	n/a
RPD P028a	Number of reported crimes in Hartlepool	Ian Worthy	Monitor	Financial Year	7,189	n/a	n/a
RPD P031a	Number of incidents of local violence (assault with injury & assault without injury)	Ian Worthy	Monitor	Financial Year	1,156	n/a	n/a
RND P065	Number of repeat victims of crime	Ian Worthy	Monitor	Financial Year	n/a	n/a	n/a
NI 32	Number of repeat incidents of domestic violence	Ian Worthy	Monitor	Financial Year	29%	n/a	n/a
RNDP047	Percentage of domestic related successful prosecutions	Ian Worthy	Monitor	Financial Year	n/a	n/a	n/a

SECTION 4 RISKS		
Code	**Risk**	**Assignee**
RND R031	Failure to maintain co-operation of partners in CCTV operation	Sally Forth
RND R032	Failure of officers to fully embrace their responsibilities under the terms of Section 17, Crime and Disorder Act 1998	Sally Forth

SECTION 1 OUTCOME DETAILS			
Outcome:	14. There is reduced harm caused by drugs and alcohol misuse	**Theme:**	Community Safety

Lead Dept:	Child and Adult Services	**Other Contributors:**	Regeneration and Neighbourhoods

SECTION 2 ACTIONS		
Action	**Due Date**	**Assignee**
Monitor Substance Misuse Action Plan as a key element of the Community Safety Plan	Mar 2014	Sally Forth

SECTION 3 PERFORMANCE INDICATORS & TARGETS

Code	Indicator	Assignee	Targeted or Monitor	Collection Period (eg Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target
RND P073	Incidents of drug dealing and supply	Rachel Parker	Monitor	Financial Year	-	n/a	n/a
RND P074	Number of young people found in possession of alcohol	Rachel Parker	Monitor	Financial Year	-	n/a	n/a
NEW	Perceptions of people using or dealing drugs in the community	Rachel Parker	Monitor	Financial Year	-	n/a	n/a

SECTION 1 OUTCOME DETAILS			
Outcome:	15. Communities have improved confidence and feel more cohesive and safe	**Theme:**	Community Safety

Lead Dept:	Regeneration and Neighbourhoods	**Other Contributors:**	

SECTION 2 ACTIONS		
Action	**Due Date**	**Assignee**
Implement the PREVENT action plan as guided by the Silver group.	Mar 2014	Sally Forth
Develop new Anti-Social Behaviour Strategy and action plan in line with Government policy	Mar 2014	Sally Forth
Monitor the implementation of the community cohesion framework action plan	Mar 2014	Adele Wilson
In conjunction with partners improve reporting, recording, and responses/interventions to vulnerable victims and victims of hate crime.	Mar 2014	Nicholas Stone
Introduce restorative practice across Safer Hartlepool partners to give victims a greater voice in the criminal justice system.	Mar 2014	Sally Forth

SECTION 3 PERFORMANCE INDICATORS & TARGETS							
Code	**Indicator**	**Assignee**	**Targeted or Monitor**	**Collection Period (eg Financial /academic)**	**2012/13 Target**	**2013/14 Target**	**2014/15 Target**
RPD P035	Number of criminal damage to dwellings	Rachel Parker	Monitor	Financial year	568	n/a	n/a
RPD P034	Number of deliberate fires in Hartlepool	Rachel Parker	Monitor	Financial Year	314	n/a	n/a
NEW	Number of individuals attending WRAP workshops	Sally Forth	Monitor	Financial year	-	n/a	n/a
NEW	Number of Anti-social Behaviour Incidents reported to the Police	Rachel Parker	Monitor	Financial year	-	n/a	n/a
NEW	Perceptions of drunk or rowdy behaviour as a problem	Rachel Parker	Monitor	Financial year	-	n/a	n/a
NEW	Number of reported Hate Incidents	Rachel Parker	Monitor	Financial Year	-	n/a	n/a

SECTION 4 RISKS		
Code	**Risk**	**Assignee**
RND	Failure of officers to fully embrace their responsibilities under the terms of Section 17, Crime and Disorder Act 1998	Sally Forth

R032		

SECTION 1 OUTCOME DETAILS			
Outcome:	16. Offending and re-offending has reduced	**Theme:**	Community Safety

Lead Dept:	Regeneration and Neighbourhoods	**Other Contributors:**	

SECTION 2 ACTIONS		
Action	**Due Date**	**Assignee**
Monitor delivery of the offending and re-offending action plan	Mar 2014	Sally Forth
Work with the Probation service to implement Fast Forward – a tenancy awareness course aimed at preparing their client group to sustain a tenancy with a view to meeting the requirements of the Good Tenant Scheme.	Mar 2014	Nicholas Stone
Embed the Think Families, Think Communities (TF/TC) approach to reducing crime and anti-social behaviour, improving educational attendance and reducing worklessness, resulting in reduced costs to the public purse.	Mar 2014	Lisa Oldroyd

SECTION 3 PERFORMANCE INDICATORS & TARGETS							
Code	**Indicator**	**Assignee**	**Targeted or Monitor**	**Collection Period (eg Financial/academic)**	**2012/13 Target**	**2013/14 Target**	**2014/15 Target**
RND P067	Re-offending rates of High Crime Causers (HCCs) (adults)	Lisa Oldroyd	Monitor	Financial Year	7.8	n/a	n/a
NEW	Number of Families Engaged through Think Families / Think Communities (TF/TC) Programme	Lisa Oldroyd	Monitor	Financial Year	-	n/a	n/a
NEW	Number of successful tenancies sustained through Fast Forward Programme	Nicholas Stone	Monitor	Financial Year	-	n/a	n/a

SECTION 4 RISKS		
Code	**Risk**	**Assignee**
RND R032	Failure of officers to fully embrace their responsibilities under the terms of Section 17, Crime and Disorder Act 1998	Sally Forth

SECTION 1 OUTCOME DETAILS			
Outcome:	14. There is reduced harm caused by drugs and alcohol misuse	**Theme:**	Community Safety

Lead Dept:	Child and Adult Services	**Other Contributors:**	Regeneration and Neighbourhoods

SECTION 2 ACTIONS		
Action	**Due Date**	**Assignee**
Ensure effective integrated treatment of Drug and Alcohol services	March 2014	Chris Hart
Ensure effective criminal justice initiatives following appointment of the Police Crime Commissioner (PCC)	March 2014	Chris Hart
Strengthen safeguarding and address Hidden Harm issues within substance misuse services	March 2014	Karen Clark

SECTION 3 PERFORMANCE INDICATORS & TARGETS							
Code	**Indicator**	**Assignee**	**Targeted or Monitor**	**Collection Period (eg Financial/academic)**	**Targets**		
					12/13	**13/14**	**14/15**
NEW	Number of substance misusers going into effective treatment – opiate	Chris Hart	Targeted	Financial Year	711	732	754
NEW	Proportion of substance misusers that successfully complete treatment – Opiate	Chris Hart	Targeted	Financial Year	10%	12%	TBC
NEW	Proportion of substance misusers who successfully complete treatment and re-present back into treatment within 6 months of leaving treatment	Chris Hart	Targeted	Financial Year	10%	10%	TBC
	Reduce alcohol related hospital admissions	Chris Hart	Targeted	Financial Year			

SECTION 4 RISKS		
Code	**Risk**	**Assignee**
CAD R006	Alcohol investment does not enable the provision of sufficient services to meet the increased level of need. (Actively Managed)	Michelle Chester; Chris Hart
CAD	Adverse publicity and community tension (e.g. in regard to reintegration of drug users,/offenders back into community, drug related	Michelle Chester;

R007	deaths, establishing community services/Pharmacist) (Actively Managed)	Chris Hart
CAD R018	Government reduces grant allocations i.e. Pooled Treatment and DIP (Drug Intervention Programme)	Michelle Chester; Chris Hart

Audit and Governance Committee

27 June 2013

Report of: Scrutiny Manager

Subject: SUGGESTED TOPICS FOR INCLUSION IN THE 2013/14 WORK PROGRAMME FOR THE TEES VALLEY HEALTH JOINT SCRUTINY COMMITTEE

1. PURPOSE OF REPORT

1.1 To invite the Audit and Governance Committee to suggest topics for consideration / inclusion in the 2013/14 work programme for the Tees Valley Health Joint Health Scrutiny Committee (TVHJSC).

2. BACKGROUND

2.1 The TVHJSC has been created to act as a forum for the scrutiny of regional and specialist health scrutiny issues which impact upon the residents of the Tees Valley and for sharing information and best practice in relation to health scrutiny and health scrutiny issues.

2.2 The TVHJSC are due to consider items for their work programme on 17 June 2013. Members of this Committee are invited to suggest topics for consideration / inclusion in the work programme for the TVHJSC. Although suggestions from this Committee will not fed into the TVHJSC meeting on 17 June 2013, they will be fed back to a future meeting of the TVHJSC.

2.3 For the previous two Municipal Years the TVHJSC have agreed the need to be more reactive than proactive to allow a degree of flexibility within the work programme to deal with issues as and when they arose by the local NHS. As a result no one investigation has been undertaken and the following items have been considered as reports to the TVHJSC meetings:-

2012-2013

- Quality Legacy Project – NHS County Durham and Darlington and NHS Tees
- NHS Tees – Children and Adolescent Mental Health Services
- NHS Tees and County Durham and Darlington – Winter pressures (including CCGs)
  Exploration of future commissioning decisions
- Virtual Wards – North Tees Foundation Trust
- Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) - Liaison with Acute Trusts

- Improving Access to Psychological Therapies services across the Tees Valley
- TEWV Separation of organic and functional dementia in beds from the Hartlepool site
- TEWV Rehabilitation beds – at Phoenix Centre at Middlesbrough and Lustrum Vale in Stockton
- Children's services review – Women's and Children's services across the Tees Valley
- The impact on James Cook following the proposed changes to children's services and maternity Friarage Hospital
- Budget savings every Trust is expected to make
- Issues with community hospitals working with CCGs and PCT
- How the SHA responsibility for the North East Health Economy management and functions will be carried out in the future?
- Whether there has been a successful roll out of Out of Hours and 111 services?
- Public Health Transition arrangements and assurance – new arrangements for across Darlington and Tees Valley
- Seek assurance on the Marmot Review Recommendations from each Director of Public Health across Tees Valley
- Annual Reports of the Directors of Public Health across all Tees Valley
- Health and Well Being Board – update a year on, before formalities in
- April 2013
- CCG arrangements, after authorisation across the Tees Valley
- Wynyard Hospital development – update on progress after decision has been made in the summer about whether to proceed
- Overview of Prosthesis.

2011-2012

- Preparation by the local NHS for the winter period
- Implications of NHS reforms with particular regard to joint commissioning arrangements across the Tees Valley and North East
- Hospital waiting times
- Update on the Out of Hours Contract
- Information on final scrutiny reports from constituent authorities.

2.4 Members of the Audit and Governance Committee representing Hartlepool Borough Council on the TVHJSC for the Municipal Year 2013/14 are Councillors Fisher, Robinson and Shields.

3. RECOMMENDATIONS

3.1 That the Audit and Governance Committee suggest topics for consideration / inclusion in the TVHJSC work programme for the 2013/14 Municipal Year.

4. REASONS FOR RECOMMENDATIONS

4.1 To contribute to the development of the work programme for the TVHJSC.

5. BACKGROUND PAPERS

5.1 Tees Valley Health Joint Scrutiny Committee Protocol available at http://www.darlington.gov.uk/Democracy/democraticinvolvement/Scrutiny/Social%20Affairs%20and%20Health/teesvalleyjointhealthcttee.htm

Contact Officer:- Joan Stevens – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

AUDIT AND GOVERNANCE COMMITTEE

27 June 2013

Report of: Scrutiny Manager

Subject: APPOINTMENT TO REGIONAL HEALTH SCRUTINY COMMITTEE - COVERING REPORT

1. PURPOSE OF THE REPORT

1.1 To seek one nomination from the Forum to be a member of the Regional Health Scrutiny Committee.

2. BACKGROUND INFORMATION

2.1 The Regional Committee comprises the following Local Authorities, Darlington Borough Council, Durham County Council, Gateshead Council, Hartlepool Borough Council, Middlesbrough Council, Newcastle upon Tyne City Council, North Tyneside Council, Northumberland County Council, Redcar and Cleveland Borough Council, South Tyneside Council, Stockton-on-Tees Borough Council and Sunderland City Council to scrutinise issues around the planning, provision and operation of health services in and across the North-East region.

2.2 The membership of the Joint Committee is made up of 1 member from each Local Authority, as outlined under section 5 and 6 of the Regional Health Scrutiny Protocol, attached as **Appendix A**. Therefore, a nomination is sought from the Forum to be a member of the Regional Health Scrutiny Committee.

3. RECOMMENDATION

3.1 That:-

(a) Members agree one nomination from the Audit and Governance Committee to be appointed to the Regional Health Scrutiny Committee; and

(b) The nominated Member appoints a substitute at today's meeting, in case they are unavailable to attend any of the future Regional Health meetings.

Contact Officer:- Joan Stevens – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

BACKGROUND PAPERS

No background papers were used in the preparation of this report

Joint Health Overview and Scrutiny Committee of:

Darlington Borough Council, Durham County Council, Gateshead Council, Hartlepool Borough Council, Middlesbrough Council, Newcastle upon Tyne City Council, North Tyneside Council, Northumberland County Council, Redcar and Cleveland Borough Council, South Tyneside Council, Stockton-on-Tees Borough Council and Sunderland City Council

TERMS OF REFERENCE AND PROTOCOLS

Establishment of the Joint Committee

1. The Committee is established in accordance with section 244 and 245 of the National Health Service Act 2006 ("NHS Act 2006") and regulations and guidance with the health overview and scrutiny committees of Darlington Borough Council, Durham County Council, Gateshead Council, Hartlepool Borough Council, Middlesbrough Council, Newcastle upon Tyne City Council, North Tyneside Council, Northumberland County Council, Redcar and Cleveland Borough Council, South Tyneside Council, Stockton-on-Tees Borough Council and Sunderland City Council ("the constituent authorities") to scrutinise issues around the planning, provision and operation of health services in and across the North-East region, comprising for these purposes the areas covered by all the constituent authorities.

2. The Committee will hold two full committee meetings per year. The Committee's work may include activity in support of carrying out:
   (a) Discretionary health scrutiny reviews, on occasions where health issues may have a regional or cross boundary focus, or
   (b) Statutory health scrutiny reviews to consider and respond to proposals for developments or variations in health services that affect more than one health authority area, and that are considered "substantial" by the health overview and scrutiny committees for the areas affected by the proposals.
   (c) Monitoring of recommendations previously agreed by the Joint Committee.

   For each separate review the Joint Committee will prepare and make available specific terms of reference, and agree arrangements and support, for the enquiry it will be considering.

Aims and Objectives

3. The North East Region Joint Health Overview and Scrutiny Committee aims to scrutinise:

   (a) NHS organisations that cover, commission or provide services across the North East region, including and not limited to, for example, NHS North East, local primary care trusts, foundation trusts, acute trusts, mental health trusts and specialised commissioning groups.
   (b) Services commissioned and / or provided to patients living and working across the North East region.

(c) Specific health issues that span across the North East region.

Note: Individual authorities will reserve the right to undertake scrutiny of any relevant NHS organisations with regard to matters relating specifically to their local population.

4. The North East Region Joint Health Overview and Scrutiny Committee will:

   (a) Seek to develop an understanding of the health of the North East region's population and contribute to the development of policy to improve health and reduce health inequalities.
   (b) Ensure, wherever possible, the needs of local people are considered as an integral part of the commissioning and delivery of health services.
   (c) Undertake all the necessary functions of health scrutiny in accordance with the NHS Act 2006, regulations and guidance relating to reviewing and scrutinising health service matters.
   (d) Review proposals for consideration or items relating to substantial developments / substantial variations to services provided across the North East region by NHS organisations, including:
      (i) Changes in accessibility of services.
      (ii) Impact of proposals on the wider community.
      (iii) Patients affected.
   (e) Examine the social, environmental and economic well-being responsibilities of local authorities and other organisations and agencies within the remit of the health scrutiny role.

Membership

5. The Joint Committee shall be made up of 12 Health Overview and Scrutiny Committee members comprising 1 member from each of the constituent authorities. In accordance with section 21(9) of the Local Government Act 2000, Executive members may not be members of an overview and scrutiny committee. Members of the constituent local authorities who are Non-Executive Directors of the NHS cannot be members of the Joint Committee.

6. The appointment of such representatives shall be solely at the discretion of each of the constituent authorities.

7. The quorum for meetings of the Joint Committee is one-third of the total membership, in this case four members, irrespective of which local authority has nominated them.

Substitutes

8. A constituent authority may appoint a substitute to attend in the place of the named member on the Joint Committee. The substitute shall have voting rights in place of the absent member.

Co-optees

9. The Joint Committee shall be entitled to co-opt any non-voting person as it thinks fit to assist in its debate on any relevant topic. The power to co-opt shall also be available to any Task and Finish / Working Groups formed by the Joint Committee. Co-option would be determined through a case being presented to the Joint Committee or Task and Finish Group / Working Group, as appropriate. Any supporting information regarding co-option should be made available for consideration by Joint Committee members at least 5 working days before a decision is made.

Formation of Task and Finish / Working Groups

10. The Joint Committee may form such Task and Finish / Working Groups of its membership as it may think fit to consider any aspect or aspects within the scope of its work. The role of any such Group will be to consider the matters referred to it in detail with a view to formulating recommendations on them for consideration by the Joint Committee. The precise terms of reference and procedural rules of operation of any such Group (including number of members, chairmanship, frequency of meetings, quorum etc.) will be considered by the Joint Committee at the time of the establishment of each such Group. The Chair of a specific Task and Finish Group will act in the manner of a Host Authority for the purposes of the work of that Task and Finish Group, and arrange and provide officer support for that Task and Finish Group. These arrangements may differ if the Joint Committee considers it appropriate. The meetings of such Groups should be held in public except to the extent that the Group is considering any item of business that involves the likely disclosure of exempt information from which the press and public could legitimately be excluded as defined in Part 1 of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006.

11. The Chair of the Joint Health Overview and Scrutiny Committee may not be the Chair of a Task and Finish Group.

Chair and Vice-Chairs

12. The Chair of the Joint Committee will be drawn from the membership of the Joint Committee, and serve for a period of 12 months, from a starting date to be agreed. A Chair may not serve for two consecutive twelve-month periods. The Chair will be agreed through a consensual process, and a nominated Chair may decline the invitation. Where no consensus can be reached then the Chair will be nominated through a ballot system of one Member vote per Authority only for those Members present at the meeting where the Chair of the Joint Health Overview and Scrutiny Committee is chosen.

13. The Joint Committee may choose up to two Vice-Chairs from among any of its members, as far as possible providing a geographic spread across the region. A Vice-Chair may or may not be appointed to the position of Chair or Vice-Chair in the following year.

14. If the Chair and Vice-Chairs are not present, the remaining members of the Joint Committee shall elect a Chair for that meeting.

15. Other than any pre-existing arrangements within their own local authority, no Special Responsibility Allowances, or other similar payments, will be drawn by the Chair, Vice Chairs, or Tasking and Finish Group Chairs in connection with the business of the Joint Committee.

Host Authority

16. The local authority from which the Chair of the Joint Committee is drawn shall be the Host Authority for the purposes of this protocol.

17. Except as provided for in paragraph 10 above in relation to Task and Finish Groups, the Host Authority will service and administer the scrutiny support role and liaise proactively with the other North East local authorities and the regional health scrutiny officer network. The Host Authority will be responsible for the production of reports for the Joint Committee as set out below, unless otherwise agreed by the Joint Committee. An authority acting in the manner of a Host Authority in support of the work of a Task and Finish Group will be responsible for collecting the work of that Group and preparing a report for consideration by the Joint Committee.

18. Meetings of the Joint Committee may take place in different authorities, depending on the nature of the enquiry and the potential involvement of local communities. The decision to rotate meetings will be made by members of the Joint Committee.

19. Documentation for the Joint Committee, including any final reports, will be attributed to all the participating member authorities jointly, and not solely to the Host Authority. Arrangements will be made to include the Council logos of all participating authorities.

Work planning and agenda items

20. The Joint Committee may determine, in consultation with health overview and scrutiny committees in constituent authorities, NHS organisations and partners, an annual work programme. Activity in the work programme may be carried out by the Joint Committee or by a Task and Finish / Working Group under the direction of the Joint Committee. A work programme may be informed by:
    (a) Research and information gathering by health scrutiny officers supplemented by presentations and communications.
    (b) Proposals associated with substantial developments / substantial variations.

21. Individual meeting agendas will be determined by the Chair, in consultation with the Vice-Chairs where practicable. The Chair and Vice-Chairs may meet or conduct their discussions by email or letter.

22. Any member of the Joint Committee shall be entitled to give notice, with the agreement of the Chair, in consultation with the Vice-Chairs, where practicable, of the Joint Committee, to the relevant officer of the Host Authority that he/she wishes an item relevant to the functions of the Joint Committee to be included on the agenda for the next available meeting. The member will also provide detailed background information concerning the agenda item. On receipt of such a request (which shall be made not less than five clear working days before the date for despatch of the agenda) the relevant officer will ensure that it is included on the next available agenda.

Notice and Summons to Meetings

23. The relevant officer in the Host Authority will give notice of meetings to all Joint Committee members, in line with access to information rules of at least five clear working days before a meeting. The relevant officer will send an agenda to every member specifying the date, time and place of each meeting and the business to be transacted, and this will be accompanied by such reports as are available.

Attendance by others

24. The Joint Committee and any Task and Finish / Working Group formed by the Joint Committee may invite other people (including expert witnesses) to address it, to discuss issues of local concern and/or to answer questions. It may for example wish to hear from residents, stakeholders and members and officers in other parts of the public sector and shall invite such people to attend.

Procedure at Joint Committee meetings

25. The Joint Committee shall consider the following business:
    (a) Minutes of the last meeting (including matters arising).
    (b) Declarations of interest.
    (c) Any urgent item of business which is not included on an agenda but the Chair agrees should be raised.
    (d) The business otherwise set out on the agenda for the meeting.

26. Where the Joint Committee wishes to conduct any investigation or review to facilitate its consideration of the health issues under review, the Joint Committee may also ask people to attend to give evidence at Joint Committee meetings which are to be conducted in accordance with the following principles:
    (a) That the investigation is conducted fairly and all members of the Joint Committee be given the opportunity to ask questions of attendees, and to contribute and speak.
    (b) That those assisting the Joint Committee by giving evidence be treated with respect and courtesy.
    (c) That the investigation be conducted so as to maximise the efficiency of the investigation or analysis.

Voting

27. Any matter will be decided by a simple majority of those Joint Committee members voting and present in the room at the time the motion is put. This will be by a show of hands or if no dissent, by the affirmation of the meeting. If there are equal votes for and against, the Chair or other person chairing the meeting will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote.

Urgent Action

28. In the event of the need arising, because of there not being a meeting of the Joint Committee convened in time to authorise this, officers administering the Joint Committee from the Host Authority are generally authorised to take such action, in consultation with the Chair, and Vice-Chairs where practicable, to facilitate the role and function of the Joint Committee as they consider appropriate, having regard to any Terms of Reference or other specific relevant courses of action agreed by the Joint Committee, and subject to any such actions being reported to the next available meeting of the Joint Committee for ratification.

Final Reports and recommendations

29. The Joint Committee will aim to produce an agreed report reflecting a consensus of its members, but if consensus is not reached the Joint Committee may issue a majority report and a minority report.
    (a) If there is a consensus, the Host Authority will provide a draft of both the conclusions and discursive text for the Joint Committee to consider.
    (b) If there is no consensus, and the Host Authority is in the majority, the Host Authority will provide the draft of both the conclusions and discursive text for a majority report and arrangements for a minority report will be agreed by the Joint Committee at that time.
    (c) If there is no consensus, and the Host Authority is not in the majority, arrangements for both a majority and a minority report will be agreed by the Joint Committee at that time.
    (d) In any case, the Host Authority is responsible for the circulation and publication of Joint Committee reports. Where there is no consensus for a final report the Host Authority should not delay or curtail the publication unreasonably.

    The rights of the health overview and scrutiny committees of each local authority to make reports of their own are not affected.

30. A majority report may be produced by a majority of members present from any of the local authorities forming the Joint Committee. A minority report may be agreed by any *[number derived by subtracting smallest possible majority from quorum: e.g. if quorum is 4, lowest possible majority is 3, so minority report requires 1 members' agreement]* or more other members.

31. For the purposes of votes, a "report" shall include discursive text and a list of conclusions and recommendations. In the context of paragraph 29 above, the Host Authority will incorporate these into a "final report" which may also include any other text necessary to make the report easily understandable. All members of the Joint Committee will be given the opportunity to comment

on the draft of the final report. The Chair in consultation with the Vice-Chairs, where practicable, will be asked to agree to definitive wording of the final report in the light of comments received. However, if the Chair and Vice-Chairs cannot agree, the Chair shall determine the final text.

32. The report will be sent to *[name of the NHS organisations involved]* and to any other organisation to which comments or recommendations are directed, and will be copied to NHS North East, and to any other recipients Joint Committee members may choose.

33. The *[name of the NHS organisations involved]* will be asked to respond within 28 days from their formal consideration of the Final Report, in writing, to the Joint Committee, via the nominated officer of the Host Authority. The Host Authority will circulate the response to members of the Joint Committee. The Joint Committee may (but need not) choose to reconvene to consider this response.

34. The report should include:
    (a) The aim of the review – with a detailed explanation of the matter under scrutiny.
    (b) The scope of the review – with a detailed description of the extent of the review and it planned to include.
    (c) A summary of the evidence received.
    (d) An evaluation of the evidence and how the evidence informs conclusions.
    (e) A set of conclusions and how the conclusions inform the recommendations.
    (f) A list of recommendations – applying SMART thinking (Specific, Measurable, Achievable, Realistic, Timely), and how these recommendation, if implemented in accordance with the review outcomes, may benefit local people.
    (g) A list of sources of information and evidence and all participants involved.

Timescale

35. The Joint Committee will hold two full committee meetings per year, and at other times when the Chair and Vice-Chairs wish to convene a meeting. Any three members of the joint committee may require a special meeting to be held by making a request in writing to the Chair.

36. Subject to conditions in foregoing paragraphs 29 and 31, if the Joint Committee agrees a report, then:
    (a) The Host Authority will circulate a draft final report to all members of the Joint Committee.
    (b) Members will be asked to comment on the draft within a period of two weeks, or any other longer period of time as determined by the Chair, and silence will be taken as assent.
    (c) The Chair and Vice-Chairs will agree the definitive wording of the final report in time for it to be sent to *[name of the NHS organisations involved].*

37. If it believed that further consideration is necessary, the Joint Committee may vary this timetable and hold further meetings as necessary. The *[name of the NHS organisations involved]* will be informed of such variations in writing by the Host Authority.

Guiding principles for the undertaking of North East regional joint health scrutiny

38. The health of the people of North East England is dependent on a number of factors including the quality of services provided by the NHS, the local authorities and local partnerships. The success of joint health scrutiny is dependent on the members of the Joint Committee as well as the NHS and others.

39. Local authorities and NHS organisations will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial interests will be declared in all cases in accordance with the Members' Code of Conduct of each constituent authority.

40. The scrutiny process will be open and transparent in accordance with the Local Government Act 1972 and the Freedom of Information Act 2000 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be considered in private. The Host Authority will manage requests and co-ordinate responses for information considered to be confidential or exempt from publication in accordance with the Host Authority's legal advice and guidance. Joint Committee papers and information not being of a confidential nature or exempt from publication may be posted on the websites of the constituent authorities as determined by each of those authorities.

41. Different approaches to scrutiny reviews may be taken in each case. The Joint Committee will seek to act as inclusively as possible and will take evidence from a wide range of opinion including patients, carers, the voluntary sector, NHS regulatory bodies and staff associations, as necessary and relevant to the terms of reference of a scrutiny review. Attempts will be made to ascertain the views of hard to reach groups, young people and the general public.

42. The Joint Committee will work to continually strengthen links with the other public and patient involvement bodies such as PCT patient groups and Local Involvement Networks, where appropriate.

43. The regulations covering health scrutiny allow an overview and scrutiny committee to require an officer of a local NHS body to attend before the committee. This power may be exercised by the Joint Committee. The Joint Committee recognises that Chief Executives and Chairs of NHS bodies may wish to attend with other appropriate officers, depending on the matter under review. Reasonable time will be given for the provision of information by those asked to provide evidence.

44. Evidence and final reports will be written in plain English ensuring that acronyms and technical terms are explained.

45. Communication with the media in connection with reviews will be handled in conjunction with the constituent local authorities' press officers.

Conduct of Meetings

46. The conduct of Joint Committee meetings shall be regulated by the Chair (or other person chairing the meeting) in accordance with the general principles and conventions which apply to the conduct of local authority committee meetings.

47. In particular, however, where any person other than a full or co-opted member of the Joint Committee has been allowed or invited to address the meeting the Chair (or other person chairing the meeting) may specify a time limit for their contribution, in advance of its commencement which shall not be less than five minutes. If someone making such a contribution exceeds the time limit given the Chair (or other person chairing the meeting) may stop him or her.

48. The Chair (or other person chairing the meeting) may also structure a discussion and limit the time allowed for each agenda item and questioning by members of the Joint Committee.

AUDIT AND GOVERNANCE COMMITTEE

27 June 2013

Report of: Scrutiny Manager

Subject: ESTABLISHMENT OF JOINT HEALTH SCRUTINY COMMITTEE

1. PURPOSE OF REPORT

1.1 To:-

i) Outline proposals for the establishment of a Joint Health Scrutiny Committee, under the provisions of the Health and Social Care Act 2012, in order to formulate of a response to the consultation regarding the reconfiguration of emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust;

ii) Seek consideration of the draft Protocol / Terms of Reference for the establishment of the Joint Committee prior to their submission to the first meeting of the Joint Committee for adoption / approval; and

iii) Invite the Audit and Governance Committee to appoint 3 representatives to serve on the Joint Committee and 3 nominated substitutes.

2. BACKGROUND INFORMATION

2.1 The Audit and Governance Committee, at its meeting on the 31 May 2013, received details of the outcome of the National Clinical Advisory Team (NCAT) visit to North Tees and Hartlepool NHS Foundation Trust. The purpose of the visit being to, clinically assure reconfiguration proposals for emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust.

2.2 The NCAT report subsequently produced (a copy of which was considered by the Audit and Governance Committee at its meeting on the 31 May 2013) summarised views and provided recommendations for change, including that Commissioners:

- work with the trust to centralise emergency medical services and critical care to the University Hospital of North Tees as soon as possible;
- explain to the public what this means for them; and
- ask their views about the things that they are concerned about, especially how they and their relatives get to hospital.

2.3 As a result of the NCAT review, the Clinical Commissioning Group has launched a public consultation (running from 20 May to 11 August 2013) to ask for views on the proposals and concerns about how the impact of the changes can be managed and implemented. The consultation document, and consultation plan, was also considered by the Audit and Governance Committee on the 31 May 2013.

2.4 The consultation aims to get the views on the proposals and to understand concerns about the proposed changes. In attempting to do so it asks:-

i) What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

ii) If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?

iii) What do you think are the main things we need to consider in putting the proposed changes in place?

iv) Is there anything else you think we need to think about?

3. PROCESS FOR FORMULATION OF A CONSULTATION RESPONSE

3.1 The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 require the formation of a joint scrutiny arrangement, where an NHS body or relevant health service provider consults more than one local authority on proposals to make substantial variations or developments to services. They provide that all the local authorities whose residents receive such services must participate in the joint scrutiny arrangement for the purpose of responding to the consultation, using the method most appropriate to the areas and issues being considered.

3.2 Only the joint scrutiny committee may:

- Require the organisation proposing the change to provide information to them, or attend to answer questions;

- Make a report and recommendations back to the organisation proposing the change. In accordance with the regulations, the Joint Committee will be the vehicle through which the respective Local Authorities will respond to the consultation.

3.3 The power to refer to Secretary of State can only be exercised once the NHS body or relevant health service provider proposing the service change has responded to the comments of the joint scrutiny committee and all forms of local resolution have been exhausted. However, it can be exercised by any of local authorities originally consulted or by the joint arrangement where the power to refer has been delegated to it.

3.4 The establishment of a Joint Committee now needs to be taken forward, with representation from Hartlepool Borough Council, Stockton-upon-Tees Borough Council and Durham County Council. In taking forward the establishment of the Joint Committee, a draft Protocol / Terms of Reference have been produced for consideration by the Committee, in order to feed into discussions regarding their adoption / approval by the Joint Committee at its first meeting. The draft Protocol / Terms of Reference is attached at **Appendix A**.

3.5 Contained within the protocol is a proposal that the Joint Committee consist of equal representation, with the suggested proposal that three representatives be appointed from the health scrutiny committees of each of the constituent authorities. On this basis, the Audit and Governance Committee, is asked to consider if it supports the membership of the joint committee as suggested, and discuss the nomination of 3 representatives from its membership (in addition to 3 designated substitutes). In line with advice from the Chief Solicitor, representation on the Joint Committee should be politically balance as follows:-

2 - Labour
1 - Independent

4. RECOMMENDATIONS

4.1 The Audit and Governance Committee is recommended to:-

(a) Note that the views expressed by Members at the Audit and Governance Committee will be relayed to the proposed Joint Health Scrutiny Committee for consideration in the formulation of its consultation response;

(b) Subject to any views expressed at today's meeting, support the proposed structure and content of the draft Protocol and Terms of Reference for the Joint Committee;

(c) Consider the proposals put forward for the membership of the joint committee and discuss the appointment of three representatives, and three designated substitutes, from its membership; and

(d) Agree that any representations and key issues which Councillors wish to be raised as part of the Consultation exercise be directed through this Committee's nominated representatives to the Joint Health Scrutiny Committee.

5. REASONS FOR RECOMMENDATIONS

5.1 To facilitate the establishment of a Joint Health Scrutiny Committee in order to provide a consultation response.

BACKGROUND PAPERS

The following backgrounds papers were used in the preparation of this report:-

(a) National Clinical Advisory Team (NCAT) Review – *(available at http://www.hartlepoolandstocktonccg.nhs.uk); and*

(b) CCG consultation document and Plan (available at Transformation Consultation | NHS Hartlepool & Stockton-on-Tees Clinical Commissioning Group)

Contact Officer:- Joan Stevens – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

Protocol for the Health Scrutiny Joint Committee

Emergency Medical and Critical Care Review

1. This protocol provides a framework under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013 for considering and providing a formal consultation response in relation to proposals affecting the population covered by North Tees and Hartlepool NHS Foundation Trust, in particular:

   (a) the proposed centralisation of emergency medical and critical care services at University Hospital of North Tees, as recommended by the National Clinical Advisory Team.

   (b) the development of services at University Hospital of Hartlepool in the period leading up to the opening of the new hospital.

2. The terms of reference of the Health Scrutiny Joint Committee is set out at **Appendix 1**.

3. The Health Scrutiny Joint Committee formed for the purpose of the consultation outlined at paragraph 1 will, following approval of this protocol at its first meeting, circulate copies of the same to:-

   Local Authorities
   Stockton-on-Tees Borough Council; Hartlepool Borough Council; Durham County Council

   Clinical Commissioning Groups (CCG)
   Hartlepool and Stockton-on-Tees CCG
   Durham Dales, Easington and Sedgefield CCG

   NHS Foundation Trusts
   North Tees and Hartlepool NHS Foundation Trust
   ("the relevant NHS Bodies")

   Health Scrutiny Joint Committee

4. A Health Joint Scrutiny Committee ("the Joint Committee") comprising Durham County Council, Hartlepool Borough Council and Stockton-on-Tees Borough Council, ("the constituent authorities") has been established in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013 for the purposes of formal consultation by the relevant NHS Bodies in relation to the matters referred to at paragraphs 1(a) of this protocol, and in particular in order to be able to:-

   (a) make comments on the proposals consulted on, to the relevant NHS Bodies under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013;

   (b) require the relevant NHS Bodies to provide information about the proposals under the Regulations; or

(c) require an officer of the relevant NHS Bodies to attend before it under the Regulations to answer such questions as appear to it to be necessary for the discharge of its functions in connection with the consultation.

Membership

5. The Joint Committee will consist of equal representation, with three representatives to be appointed from the health scrutiny committees of each of the constituent authorities.

6. The term of office for representatives will be for the period from the date of their appointment by their constituent authorities until their relevant authority's next annual council meeting. If a representative ceases to be a Councillor, or wishes to resign from the Joint Committee, the relevant council shall inform the joint committee secretariat and the replacement representative shall serve for the remainder of the original representative's term of office.

7. To ensure that the operation of the Joint Committee is consistent with the Constitutions of all the constituent authorities, those authorities operating a substitution system shall be entitled to nominate substitutes.

8. The Joint Committee may ask individuals to assist it (in a non-voting capacity) and may ask independent professionals to advise it for the purposes of the consultation process.

9. The quorum for meetings of the Joint Committee shall be a minimum of one member representative from each of the constituent authorities.

Chair and Vice-Chair

10. The Chair of the Joint Committee will be a Member representative from Hartlepool Borough Council and the Vice-Chair will be a Member representative from Stockton-on-Tees Borough Council. The Chair will not have a second or casting vote.

11. If the agreed Chair and Vice-Chair are absent from a meeting, the Joint Committee shall appoint a member to chair that meeting from the representatives present who are members of the same constituent Council as the Chair.

Terms of Reference

12. The Joint Committee will be the formal consultee under the Regulations and the Directions for the purposes of the consultation by the relevant NHS Bodies concerning those matters outlined at paragraphs 1(a) and will have the functions specified at paragraphs 4(a) - (c) inclusively of this protocol. Terms of reference are set out at Appendix 1.

Administration

13. Meetings shall be held at the times, dates and places determined by the Chair in consultation with each of the constituent authorities.

14. Agendas for meetings shall be determined by the secretariat (Hartlepool Borough Council) in consultation with the Chair.

15. Notice of meetings of the Joint Committee will be sent to each member of the Joint Committee at least 5 clear working days before the date of the meeting and also to the Chair of the constituent authorities' relevant overview and scrutiny committees (for information). Notices of meetings will include the agenda and papers for meetings. Papers "to follow" should be avoided where possible.

16. Minutes of meetings will be supplied to each member of the Joint Committee and to the Chairs of the constituent authorities' relevant overview and scrutiny committees (for information) and shall be confirmed at the next meeting of the Joint Committee.

Final Report and Consultation Response

17. The Joint Committee is independent of its constituent councils, executives and political groups and this independence should not be compromised by any member, officer or relevant NHS bodies. The Joint Committee will send copies of its final report and formal consultation response to the relevant NHS Bodies and the constituent authorities.

18. The primary objectives of the Joint Committee will be to reach consensus, but where there are any aspects of the consultation as regards which there is no consensus, the Joint Committee's final report and formal consultation response will include, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.

Principles for joint health scrutiny

19. The constituent authorities and the relevant NHS Bodies will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial and/or disclosable pecuniary interests will be declared in all cases in accordance with the code of conduct and Localism Act 2011.

20. The Joint Committee's procedures will be open and transparent in accordance with the Local Government Act 1972 and the Access to Information Act 1985 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be able to be considered in private. Papers of the Joint Committee may be posted on the websites of the constituent authorities as determined by them.

21. Communication with the media in connection with the Joint Committee's views will be handled in conjunction with each of the constituent local authorities' press officers.

APPENDIX 1

HEALTH SCRUTINY JOINT COMMITTEE

TERMS OF REFERENCE

1. To consider the proposals affecting the population covered by North Tees and Hartlepool NHS Foundation Trust, in particular:

   a) the proposed centralisation of emergency medical and critical care services at University Hospital of North Tees, as recommended by the National Clinical Advisory Team.

   b) the development of services at University Hospital of Hartlepool in the period leading up to the opening of the new hospital.

2. The Joint Committee will as part of this process consider the following consultation questions as contained in the public consultation document, 'Providing safe and high quality care leading up to the opening of the new hospital':

   a) What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

   b) If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?

   c) What do you think are the main things we need to consider in putting the proposed changes in place?

   d) Is there anything else you think we need to think about?

3. In order to be able to formulate and provide views to the relevant NHS bodies on the matters outlined in paragraphs 1 and 2 above, the Joint Committee may:-

   a) require the relevant NHS Bodies to provide information about the proposals the subject of the consultation with the constituent local authorities and the Joint Committee; and

   b) require an officer of the relevant NHS Bodies to attend meetings of the Joint Committee, in order to answer such questions as appear to them to be necessary for the discharge of their functions in connection with the consultation.

4. To formulate a final report and formal consultation response to the relevant NHS Bodies on the matters referred to at paragraphs 1 and 2 above, in accordance with the protocol for the Health Scrutiny Joint Committee and the consultation timetable established by the relevant NHS Bodies.

5. To ensure the formal consultation response of the Joint Committee includes, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE
15th April, 2013

PRESENT:-

Representing Darlington Borough Council:
Councillors Newall (in the Chair) and H. Scott.

Representing Hartlepool Borough Council:
Councillors Fisher and Hall.

Representing Middlesbrough Council
Councillors Dryden and Harvey (as Substitute for Councillor Cole)

Representing Redcar and Cleveland Borough Council:
Councillor Mrs Wall.

Representing Stockton-On-Tees Borough Council:
Councillors Cunningham (as Substitute for Councillor Wilburn), Javed and Mrs Womphrey.

Present as an observer: Councillor Skilbeck, Hambleton District Council.

APOLOGIES – Councillor J. Taylor and Miriam Davidson (Darlington Borough Council); Councillor S. Akers - Belcher (Hartlepool Borough Council), Councillors Cole and Mrs Pearson; Jon Ord (Middlesbrough Council), Councillors Carling and Kay (Redcar and Cleveland Borough Council) and Councillor Wilburn (Stockton-On-Tees Borough Council).

OFFICERS IN ATTENDANCE – A. Metcalfe (Darlington Borough Council), L. Stones (Hartlepool Borough Council) M. Ameen (Redcar and Cleveland Borough Council) and P. Mennear (Stockton-On-Tees Borough Council).

EXTERNAL REPRESENTATIVES –

Ali Wilson, Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group.
Karen Elliott, Project Accountant - Momentum and Julie Gillon, Chief Operating Officer/Deputy Chief Executive North Tees and Hartlepool NHS Foundation Trust.
Edmund Lovell, Associate Director of Communications and Marketing and Julie Race, Associate Director of Nursing County Durham and Darlington NHS Foundation Trust.
Jill Moulton, Director of Planning; South Tees Hospitals NHS Foundation Trust.
David Brown, Director of Operations – Tees and Sharon Pickering, Director of Planning and Performance; Tees, Esk and Wear Valleys NHS Foundation Trust.

40. DECLARATIONS OF INTEREST – Councillor Fisher (Hartlepool Borough Council) declared a Pecuniary Interest as the Chair of the Save Our Hartlepool Hospital Campaign.

Councillor Javed (Stockton-on-Tees Borough Council) declared a Pecuniary Interest in respect of any matters arising in relation to Tees, Esk and Wear Valleys NHS Foundation Trust as his employer.

Councillor Mrs Wall (Redcar and Cleveland Council) declared a Pecuniary Interest in respect of any matters arising in relation to the North East Ambulance Service NHS Trust as she is related to a number of employees.

41. MINUTES – Submitted –The Minutes (previously circulated) of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 11th March 2013.

RESOLVED – That the Minutes be approved as a correct record.

42. WYNYARD HOSPITAL UPDATE – The Chief Operating Officer/Deputy Chief Executive and Project Accountant – Momentum North Tees and Hartlepool NHS Foundation Trust jointly introduced a PowerPoint presentation (slides previously circulated) providing an overview of the momentum project, finance, workforce, transformation, community provision and communications and engagement.

Members were reminded of the strategic aim to deliver a patient centred and clinically driven local NHS, responsive to the needs of local people, delivering the best quality care available in an integrated and efficient way, in first rate facilities, as close to home as possible, by well trained professionals using state of the art knowledge and equipment. The Trust's Clinical Services Strategy considers care closer to home, care at health centres or GP surgeries, care in an integrated care centre or diagnostic and treatment centre and care in hospital.

It was explained that the Trusts Capacity Plan needed to be refreshed as key assumptions for future supply and demand was based on 2011/12 instead of 2012/13 and was consulted upon in 2008/09. The Trust will ensure focus by operating a model of quality, financial and operational effectiveness and performance.

Members were interested to the note the new hospital procurement timeline and that the funding competition had begun. The Trust has entered the procurement phase and is using a competitive dialogue two stage approach. Clinical and Technical Teams are working up a solution with bidders, stage one has been completed and there is an evaluation process on going with stage two due for completion towards the end of May 2013. Next, there would be a three month period of design discussions with clinical and technical teams inviting interim submissions from bidders from the middle of August 2013. A clarification meeting will then be held and final bids will be invited in mid-November 2013.

The Project Accountant – Momentum explained the financial options available and discussed the long term funding solutions of either pension funds or Private Finance 2 (PF2). The Long Term Financial Model (LTFM) translates the service implications of the new hospital into the financial model which is discussed at weekly meetings. Members agreed that affordability was key to the project and welcomed the Trust keeping affordability at the centre of their discussions and felt assured that Monitor would require information about affordability to be reported to them.

With regards to the workforce, it was noted that duplication currently occurs across both sites and therefore this would be reduced moving to one site. Directorates have estimated the impact of moving care closer to home and moving from two sites to one and believe that great user could be made of technology and innovation. Assumptions have been made about workforce and potential savings that could be made. Services will be transformed moving to one site and specialist clinical care can be offered while continuing to address the complex case mix of patients that the Trust seen on a regular basis because of the demographics of the area the Trust covers.

During the service transformation, the Trust has committed to continuous engagement with stakeholders and uphold and deliver the vision to ensure transition of a new hospital. The National Clinical Advisory Team (NCAT) will continue to provide clinical advice to the process of reconfiguration as part of the assurance process. There would also be involvement by the Gateway Team.

Officers concluded, advising that development and availability of community premises have to be progressed in line with a new hospital build. Services cannot remain static in the run up to building a new hospital. There is still a need to maintain and improve clinical services in line with professional standards and national guidance. Services will have to be commissioned on patient outcomes, safety and quality of provision to create a health service fit for the future.

Discussion ensued about the potential interest of bidders and funders in particular in relation to PF2. Members were reassured that the Department of Health and the Treasury would be the independent assurers throughout this process, as well as Monitor. The Department of Health may be required to underwrite any investment required and are keeping a close eye on progress. The Trust are also looking at other options including the possibility of public investment in the new hospital.

Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) reiterated that Monitor discusses service transformation and the Trusts assumptions and plans with the CCG. The CCG will be required to approve the final plan for the new hospital.

In response to questions from Members, it was explained that the Trust are looking for the most affordable rate and that public funding if available would allow them to get the best interest rate although the issue of on or off balance sheet treatment would possibly impact on the availability of this funding route. There would be different VAT implications depending on the funding model. The long term risk would be fairly low if the new hospital was public funded. The Board of Directors would ultimately decide on the financial business case and make representations to the Department of Health and Monitor. Members were informed that 'Plan B' was service transformation, which would see changes of service delivery in the future, preventative measures in place, risk recognition and risk prevention, managing of change within services and more community services.

The Chief Operating Officer advised that services cannot remain as they are and quality and safety must be the driving force to change services. If the new hospital does not go ahead the impact would be that patients would have to travel further for care.

RESOLVED – That the presentation be noted.

43. IMPACT OF SAVINGS THAT NHS TRUSTS ARE REQUIREDTO MAKE – Representatives from Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG), County Durham and Darlington NHS Foundation Trust (CDDFT), South Tees Hospitals NHS Foundation Trust (South Tees) and Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) were invited to the meeting to discuss the impact of savings that NHS Trusts are required to make for 2013/14.

The Chief Officer, Hartlepool and Stockton-on-Tees CCG reminded Members that Government funding awarded to the CCG was not as much as previously received under the Primary Care Trust as other organisations including the Local Authority and NHS England now have responsibility for directly commissioning some services previously commissioned by the PCT. For the population for Hartlepool and Stockton-on-Tees (just less than 300,000) the CCG received a budget this year of £370million. In addition to the commissioning budget a running cost allowance of £25 per head of population was received. This pays for a small team of directly employed staff and commissioning support services from the North East Commissioning Support Service.

The Chief Officer outlined the approximate spends for each of the services it commissions by provider suggesting that the majority of CCGs similarly apportion their budgets between providers to pay for mental health services, acute provision and community services as well as jointly commissioned services with Local Authorities. It was noted that CCGs also have to make efficiencies due to the gap between their budget allocation and required spend on services when inflation and extra tariff costs are taken into account making this a huge challenge. Efficiencies need to be made by focusing of prevention, self-care, improving pathways and streamlining service provision. This of course impacts on providers of services.

The Associate Director of Communications and Marketing and Associate Director of Nursing, CDDFT submitted a report (previously circulated) outlining the process that CDDFT has put in place to assure itself and Monitor, that its cost improvement plans do not adversely affect the quality of services it provides to patients. It was noted that nationally, the Department of Health has confirmed that the NHS is required to deliver £20bn of efficiency savings over the spending review period.

The submitted report outlined how national guidance was in place which requires commissioners to impose efficiency requirements on providers of four per cent per annum recurrently.

In 2013/14, this has resulted in a requirement for CDDFT to deliver a cost reduction target of £21.9m. These savings are intended to be reinvested by commissioners in services to provide high quality care.

The Associate Director made reference to the Quality Impact Assessment (QIA) process which has been developed. This will be shared with the CCGs, providing them with assurance of the process deployed. The Trust are transforming services making them attractive to commissioners to ensure that the Trust is providing the service to a high quality the commissioners demand.

Current proposals are around procurement savings, reduction in agency staff, reduction in premium payments (overtime), skills mix reviews, income generation, service integration, productivity improvements and improved efficiency in PFI contacts.

It was noted that £10m of savings have been identified so far and further work would need to be undertaken, including development of a Quality Strategy, which would encompass the patient perspective on a scheme by scheme basis.

Members welcomed the reduction of agency staff but suggested this would be costly. The Associate Director reassured Members that the overall cost would reduce by using local bank staff, and managing vacancies.

Members are aware that the key to deliver efficiencies is transformation of services, while maintaining quality and safety of services ensuring they are accessible to everyone. Members commented that communication with the general public was vital to enable people to understand that there may be a change in the delivery of services.

The Director of Planning, South Tees Hospitals NHS Foundation Trust concurred that it was challenging time for all NHS Trusts advising that balancing quality of services with the financial efficiencies was difficult and there was no option of a bail out. Making services accessible to patients against the winter pressures and the increasing ageing population was a huge challenge and ensuring that patients are given the right care by the right service in the right place. The Director believed transforming services was essential to continue to meet the demand and to increase beds by ten would allow the Trust to maintain its current provision. It was stated that achieving four per cent was difficult by for South Tees but it was more likely to be six per cent.

Members expressed concerns but understood that the demand for beds was rising due to the population getting older, living longer and becoming more ill. The Director added that the level or urgent care admissions relating to elderly patients with long term conditions has increased and the people that are admitted to hospital are there because they are seriously ill. This obviously impacts on planned elective surgery which is often cancelled. It was noted that winter pressures appeared to begin earlier and last longer this year, than in previous years. It was acknowledged that this was an issue impacting on the whole of the North East area and winter preparedness was key, working closely with Ambulance and Primary Care Services.

The Director of Operations – Tees and the Director of Planning and Performance; Tees, Esk and Wear Valleys NHS Foundation Trust submitted a presentation (tabled at the meeting) and guided Members through the slides. The Planning Framework identifies of how the Trust will deliver savings as part of its wider planning for improvement of services and responding to the environment the Trust finds itself in. The Planning Framework ensures bottom up planning within a framework of priorities set by the Board and there are opportunities within the framework for the Board and senior clinicians to challenge plans including any savings plans. The Planning Framework encourages involvement of clinicians as well as managers i.e. the plans are developed and owned by the services.

The Trust's approach is to achieve efficiency and not cuts or service reductions, by use of the Quality Improvement System to drive out waste and costs whilst adding what patients and carers value. It also seeks opportunities to work with

commissioners to identify new services that will save money for the health community. Working with Local Authority partners to ensure co-ordination and, if possible, collaboration.

The Trust intends to review and improve clinical pathways for major conditions, e.g. dementia, depression, psychosis; improve efficiency of teams in delivering agreed pathways, to achieve substantial savings to ensure all team deliver the current average (not the best) level of service and promote the recovery model as a yardstick for service delivery, by requiring a move further away from beds and to greater support from community teams, particularly in rehabilitation services.

It was noted that there would be opportunities to contribute to delivery of savings and provide savings to commissioners through continued support of acute hospitals through liaison teams and also medically unexplained symptoms, perinatal and regalement and provision of services in localities that are currently commissioned out of area, often at greater cost.

Workforce is a huge expense to the Trust and therefore there need to be a reduction in the levels of sick time, rollout of changes in shift patterns to more efficient 12 hour rotas, better use e learning rather than days out on mandatory training to enable efficiencies to be made.

Members noted that currently approximately 75 per cent of savings required for 2013/14 have been identified and work continues on remaining 25 per cent. It was a challenge for the Trust to maintain year on year savings. There are additional pressures through Local Authority spending reductions, the impact of Welfare Reforms and new commissioning arrangements and relationships.

RESOLVED – (a) That the report and discussion be noted.

(b) That the Officers be thanked for their attendance at the meeting.