Hartlepool
Borough Council

Audit and Governance Committee

Agenda

27 January 2026

Time: 4pm

Location: Council Chamber

Members: Audit and Governance Committee

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

Standards Co-opted Independent Members: -

Mr Martin Slimings and Mr David Whitmore

Standards Co-opted Parish Council Representatives:

Parish Councillor Kane Forrester (Wynyard) and Parish Councillor Patricia Andrews (Headland)

Local Police Representative

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1. Apologies for absence

2. To receive any declarations of interest by members

3. Minutes

3.1 To receive the minutes of the meeting held on 9th December 2025.

CIVIC CENTRE EVACUATION AND ASSEMBLY PROCEDURE

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4. Audit Items

4.1 Treasury Management Strategy 2026/27 and Third Quarter Review 2025/26 – *Director of Finance, IT and Digital*

5. Standards Items

5.1 None.

6. Statutory Scrutiny Items

Crime and Disorder Issues

6.1 None

Health Scrutiny Issues

6.2 University Hospital Tees – Strategy Update – *Representatives from University Hospital Tees.*

6.3 Veterans' Health Investigation – update – *Scrutiny and Legal Support Officer*

i) Letter from the MP for Hartlepool – *Representative on behalf of Jonathan Brash, MP for Hartlepool*

ii) Results of the veteran survey

7. Other Items

7.1 Regulation of Investigatory Powers Act 2000 (RIPA) – Quarter 3 Update - *Director of Legal, Governance and HR*

8. Minutes from recent meetings for receipt by the Committee

8.1 Health and Wellbeing Board – 29th September 2025.

8.2 Finance and Policy Committee relating to Public Health issues – None.

8.3 Tees Valley Health Scrutiny Joint Committee – 17th July 2025 and 2nd October 2025.

8.4 Safer Hartlepool Partnership – None.

8.5 Tees Valley Area Integrated Care Partnership – None.

8.6 Regional Health Scrutiny – None

8.7 Durham, Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee - None

9. Any other business which the chairman considers urgent

For Information - forthcoming meeting dates: -

Tuesday 24th February 2026, 4pm

Tuesday 17th March 2026, 5pm

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AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

9 DECEMBER 2025

The meeting commenced at 5pm in the Council Chamber, Civic Centre, Hartlepool.

Present:

Councillors: Boddy, Cook, Hall, Holbrook, Jorgeson and Male.

Standards Co-opted Members:
Martin Slimings – Independent Member
David Whitmore - Independent Member
Kane Forrester - Parish Councillor (Wynyard)

Local Police representative:
Superintendent Helen Wilson, Cleveland Police

Also present: In accordance with Council Procedure Rule 4.2, Councillor Wallace was in attendance as substitute for Councillor Roy
James Collins, Forvis / Mazars
Terry Phillips, Armed Forces Veterans Champion
Gloria Middleton, North East North Cumbria Integrated Care Board (NENC ICB) Armed Forces Lead

Officers: James Magog, Director of Finance, IT and Digital
Noel Adamson, Head of Audit and Governance
Joan Stevens, Democratic Services and Statutory Scrutiny Manager
Gemma Jones, Scrutiny and Legal Support Officer

42. Appointment of Chair

In the absence of the Chair and Vice Chair, nominations were sought, and Cllr Boddy was appointed as Chair for the duration of this meeting.

Cllr Boddy in the Chair

43. Apologies for Absence

Councillors Roy, Moore and Darby
Hayley Martin, Director of Legal, Governance and HR

44. Declarations of Interest

None.

45. Minutes

Minutes from 4 November 2025 – received.

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

Members of the Committee were provided with an update in relation to the progress made to date in completing the internal audit plan for 2025/26. The Committee's attention was drawn to the Museums and Schools Capital Programme items that were listed as having 'limited' assurance levels. The reasons for the assessments were outlined within the report, along with the actions that needed to be taken to mitigate the risks identified.

In the discussion that followed it was confirmed by the Head of Audit and Governance that, under Collections Management and Insurances (as noted in the Museum Accreditation Scheme), the audit testing of the Museums had identified some concerns. These were around failures in the documented inventory and the safety and security of premises where the collections are stored/displayed. This exposes the service to the risk of potential loss of collections, valuable both financially and to the community.

A Member asked how long it would take to address the risks, the Head of Audit and Governance outlined some of the complexities in this work but added an action plan was in development.

The Chair of the Committee requested that this item be brought back to a future meeting to enable the Committee to gather more information on the items listed as 'limited' assurance and be provided with an update on the progress of the action plans.

Recommended

i) That Members note the contents of the report. i
ii) That the relevant Directors provide an update to the Committee at a future meeting in relation to progress made in implementing the actions agreed.

47. Draft Auditors annual report year ended 31 March 2025 – *Director of Finance, IT and Digital*

A Director from Forvis-Mazars was in attendance to present the draft auditors annual report. It was highlighted that this report was in draft form as the final report would not be issued until the conclusion of the external audit. This was due to be completed early January 2026. The report contained information relating to –

- Audit of financial statements
- Value for money arrangements
- Other reporting responsibilities
- Audit fees and other services

Members' attention was drawn to the value for money arrangements, with the reporting criteria being financial sustainability, governance and improving economy, efficiency and effectiveness. Whilst no significant weaknesses were identified in the review of financial sustainability, it was highlighted that there were recommendations, detailed on pg14 of the report. These recommendations related to cost pressures of children's social care and the High Needs Block element of the Dedicated Schools Grant.

A query was raised regarding previous delays in the audit of the Teesside Pension Fund, noting that this had now merged with another pension provider, it was asked if delays were expected to continue. The representative agreed that there had been delays in previous years and explained that they had been given assurances that this information would be provided in early 2026.

In the closing remarks the representative confirmed that the Dedicated Schools Grant was an issue that most other Local Authorities were having to address. Work will continue on the audit, and it was noted that this work was going well. The date of completion was scheduled for February 2026.

Recommended

i) That Members note the contents of the report, including the recommendation made by Forvis/Mazars in relation to Value for Money.

48. Treasury Management Strategy Update 2025/26 – *Director of Finance, IT and Digital*

The Director of Finance, IT and Digital presented to the Committee a review of the Treasury Management activity for 2024/25 and provided the second quarter update of the 2025/26 Treasury Management activity.

Key points were noted in section 4 of the report relating to the economic environment and the outlook for interest rates. It was highlighted that in November, MPC kept the Base Rate at 4.00%, voting 5-4 in favour of no change, although it was estimated that interest rates may fall in 2026 and 2027.

Moving to the Council's borrowing and investment position the Director explained that borrowing remains low with an average rate of 3.4%, with investments being £38.1 million.

The Committees attention was drawn to the treasury position of the Council as at the 30th September and this was compared to the previous year. It was explained that as the capital programme progresses, combined with the anticipated use of reserves to support the in-year position, the approach to borrowing may need to be

adapted. It was noted that no new borrowing had been entered into during 2025/26 and that there was risk in relation to the level of interest rates the Council is able to secure for long-term borrowing. The proposals for managing the risks were detailed within the report.

The Committee praised the work of the Finance team.

Recommended

i) The 2024/25 Treasury Management Outturn detailed in section 5 and **Appendix A** be noted; and
ii) the 2025/26 Treasury Management 2nd Quarter Position detailed in section 6 be noted.

49. Strengthening the Standards and Conduct Framework for Local Authorities in England – *Director of Legal, Governance and Human Resources*

The Democratic Services and Statutory Scrutiny Manager outlined the outcome of the Government's consultation in strengthening the standards and conduct framework for Local Authorities in England. Members were reminded that this Committee had contributed to this consultation in the previous municipal year. Outlined in the report were the key proposals including the introduction of a mandatory code of conduct and new sanctions.

In the discussion that followed a Member sought confirmation that this item currently formed part of the constitution. The Democratic Services and Statutory Scrutiny Manager confirmed that there was a mandatory code of conduct in place and the sanctions available were detailed in the constitution, but this consultation was an extension of this.

Recommended

i) That Members note the Government's response and agree to receive a further report once draft legislation and implementation timelines are published.

50. Veterans' Health Investigation – *Democratic Services and Statutory Scrutiny Manager*

The Scrutiny and Legal Support Officer outlined the next steps of the investigation into veterans' health.

Veteran and GP Practice - consultation and engagement update

Members were asked to note appendix B of the report that outlined to date the responses received from the veterans' survey. This survey was due to close on the 31st December 2025.

A survey had also been circulated to all GP Practices in the town in November, with a closing date of 31st December 2025. A full summary of both surveys would be provided to the Committee in January 2026.

Input from the Armed Forces Lead (NENC ICB)

As part of the second stage of the gathering of evidence for the investigation, the Armed Forces Lead (NENC ICB) was in attendance to provide the Committee with an overview of work undertaken in the Sunderland region. This was in relation to GP Practices and supporting veterans with their health needs.

The presentation outlined the work to date that had been ongoing in Sunderland including: -

- 100% of GP surgeries had signed the armed forces covenant
- the formation of the Sunderland Armed Forces Board
- introduction of the good practice guide
- all GP surgeries being signed up to the Veteran Friendly GP Accreditation scheme

An overview of the Armed Forces Covenant was provided, and it was defined as being '*a promise from the nation to those who serve or who have served, and their families, which says we will do all we can to ensure they are treated fairly and not disadvantaged in their day-to-day lives'.* Further information was provided about how this was implemented at GP Practices and the steps surgeries needed to take after signing up.

The Armed Forces Lead explained that work undertaken in the Sunderland region with GP Practices would be rolled out in Hartlepool from January 2026 and contact would be made with the Primary Care Networks in the area.

A Member queried what was meant by the term 'not being disadvantaged' and the Armed Forces Lead provided examples of how those from a military background can face disadvantage when accessing healthcare. Examples were provided of specialist services that support veterans including Veterans in Crisis and Op Courage.

The discussion moved to how GP surgeries could further support veterans and how they can raise awareness about being a signatory of the Armed Forces Covenant. Members were advised that this can be displayed on notice boards, newsletters and TV screens and would mean that new patients and existing patients would be coded as military personnel/veterans on their health records.

The role of Armed Forces Champions within surgeries was discussed, their primary role being to understand the needs of veterans and their communities. This included the awareness of the specialist support offered to veterans.

Also outlined was collaborative working with outside agencies. An example of this being the Forcer Protocol, a collaborative initiative between the police and armed forces community, aimed at enhancing the safety and response to missing veterans.

Members noted that GP surgeries in the Hartlepool area will be offered the chance to meet face to face with the Armed Forces Lead (NENC ICB) to discuss taking this forward. In the discussion that followed the following points were noted –

- Armed Forces Champion Leads were often front of house staff in GP surgeries.
- Katie Carr was noted as the new Lead for North of England Reserves, Forces and Cadets Associations.
- Issues may arise with the Veteran Friendly GP Accreditation scheme if the identified Lead for the scheme were to leave the Practice.
- Despite IT systems not being linked between organisations, the Superintendent for Cleveland Police was able to give an overview of how agencies work together if they were concerned about a missing veteran.
- An overview was provided of the Valour program – a UK government initiative aimed at improving access to care and support for veterans.
- Hartlepool Council holds the Gold award from the Ministry of Defence in recognising the commitment to employing and supporting Armed Forces personnel and veterans.
- It was noted that the final report of this investigation would be presented to the Adult Services and Public Health Committee.

The Armed Forces Lead (NENC ICB) was thanked for their detailed presentation.

Recommended

i) That the Committee receive the information provided, as part of the second stage of the investigation.
ii) That the Committee note the revised aim of the investigation as per the discussion from the meeting on the 4th November 2025 and note the revised timetable.

51. Regulation of Investigatory Powers Act 2000 (RIPA) – Quarter 3 Update and Annual report - *Director of Legal, Governance and Human Resources*

The Democratic Services and Statutory Scrutiny Manager provided the Committee with an overview of the annual report in relation to powers under RIPA to conduct authorised covert surveillance. It was noted that the data for quarter 3 would be presented at the next committee meeting in January 2026.

Recommended

i) To note the Annual Report on the use of powers under the Regulation of Investigatory Powers Act 2000 and approve the RIPA policy at **appendix 1**.

52. Minutes from recent meetings for receipt by the Committee

Noted

53. Any other business which the Chairman considers urgent

None

The meeting concluded at 6.10pm.

CHAIRMAN

Hartlepool Borough Council

AUDIT AND GOVERNANCE COMMITTEE

27th January 2026

Report of: Director of Finance, IT & Digital

Subject: TREASURY MANAGEMENT STRATEGY 2026/27 AND THIRD QUARTER REVIEW 2025/26

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1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
- where people live heathier, safe and independent lives. (People)
- that is connected, sustainable, clean and green. (Place)
- that is welcoming with an inclusive and growing economy providing opportunities for all. (Potential)
- with a Council that is ambitious, fit for purpose and reflects the diversity of its community. (Organisation)

2. PURPOSE OF REPORT

2.1 The purpose of the report is to:

i. Provide the third quarter update of the 2025/26 Treasury Management activity; and
ii. Enable the Audit and Governance Committee to scrutinise the recommended 2026/27 Treasury Management Strategy before it is referred to Council for approval.

3. BACKGROUND

3.1 The Treasury Management Strategy covers:

- the borrowing strategy relating to the Council's core borrowing requirement in relation to its historic capital expenditure (including Prudential Borrowing);
- the borrowing strategy for the use of Prudential Borrowing for capital investment approved as part of the Medium Term Financial Plan; and
- the annual investment strategy relating to the Council's cash flow.

3.2 The Treasury Management Strategy needs to ensure that the loan repayment costs of historic capital expenditure do not exceed the available General Fund revenue budget. Similarly, for specific business cases the Treasury Management Strategy needs to ensure loan repayment costs, including interest, do not exceed the costs factored into business case appraisals. As detailed later in the report these issues are being managed successfully.

3.3 The Local Government Act 2003 requires the Council to 'have regard to' the CIPFA (Chartered Institute of Public Finance and Accountancy) Prudential Code and to set prudential indicators for the next three years to ensure capital investment plans are affordable, prudent and sustainable.

3.4 The Act requires the Council to set out a Treasury Management Strategy for borrowing and to prepare an Annual Investment Strategy, which sets out the policies for managing investments and for giving priority to the security and liquidity of those investments. The Secretary of State issued Guidance on Local Government Investments which came into force on 1st April 2004, and has subsequently been updated, most recently in 2021.

3.5 The Council is required to nominate a body to be responsible for ensuring effective scrutiny of the Treasury Management Strategy and policies, before making recommendations to full Council. This responsibility has been allocated to the Audit and Governance Committee.

3.6 This report covers the following areas:

- Economic environment and outlook for interest rates;
- Treasury Management Strategy 2025/26 3rd Quarter review;
- Treasury Management Strategy 2026/27; and
- Minimum Revenue Provision and Interest Cost and Other Regulatory Information 2026/27.

4. ECONOMIC ENVIRONMENT AND OUTLOOK FOR INTEREST RATES

4.1 **UK –** The Bank of England's (BoE) Monetary Policy Committee (MPC) opted by five votes to four to reduce the Bank Rate to 3.75% in its December 2025 meeting. The decision was influenced by the easing of inflation and the

general economic outlook. The MPCs next meeting is February 2026, with the Bank's governor saying future decisions on interest rates would be a 'close call'.

4.2 CPI measure of inflation was at 3.2% in November, this rate is down from 3.6% in October, however, somewhat above the target of 2% the Bank of England's Monetary Policy Committee is trying to achieve over a two to three years' time horizon. Core inflation (which strips out volatile categories like energy, food, alcohol and tobacco), was also at 3.2% in November, down from 3.4% in October, this marks the lowest level since December 2024. Services inflation remained high at 4.4% in November, down from 4.5% in October.

4.3 The Office for Budget Responsibility's revised GDP growth forecast up to 2029 is set out in the following table:

Year	November 2024 Growth Forecast	November 2025 Growth Forecast
2025	2.0%	1.5%
2026	1.8%	1.8%
2027	1.5%	1.7%
2028	1.5%	1.8%
2029		1.5%

4.4 **European Union** (**EU) –** Annual inflation rates in the Eurozone was 2.1% in November, stable compared to previous months. The annual core inflation rate in the Eurozone, excluding volatile items such as energy, food, alcohol and tobacco, remained steady at 2.3%, with projections indicating a potential decline to around 2% by the end of the year. The unemployment rate in the Eurozone was unchanged in October from the prior month at 6.4%.

4.5 **USA –** The Federal Reserve cut the federal funds rate by 25 bps to a range of 3.5%-3.75% in its December 2025 meeting, following similar reductions in September and October, and in line with expectations. This brings borrowing costs to their lowest since 2022.

4.6 **Other Economies –** As of December 2025, China's economy is experiencing moderate growth, with a year-to-date GDP increase of 5.2%, but faces challenges such as a slowdown in retail sales and investments.

Interest Rate Forecasts

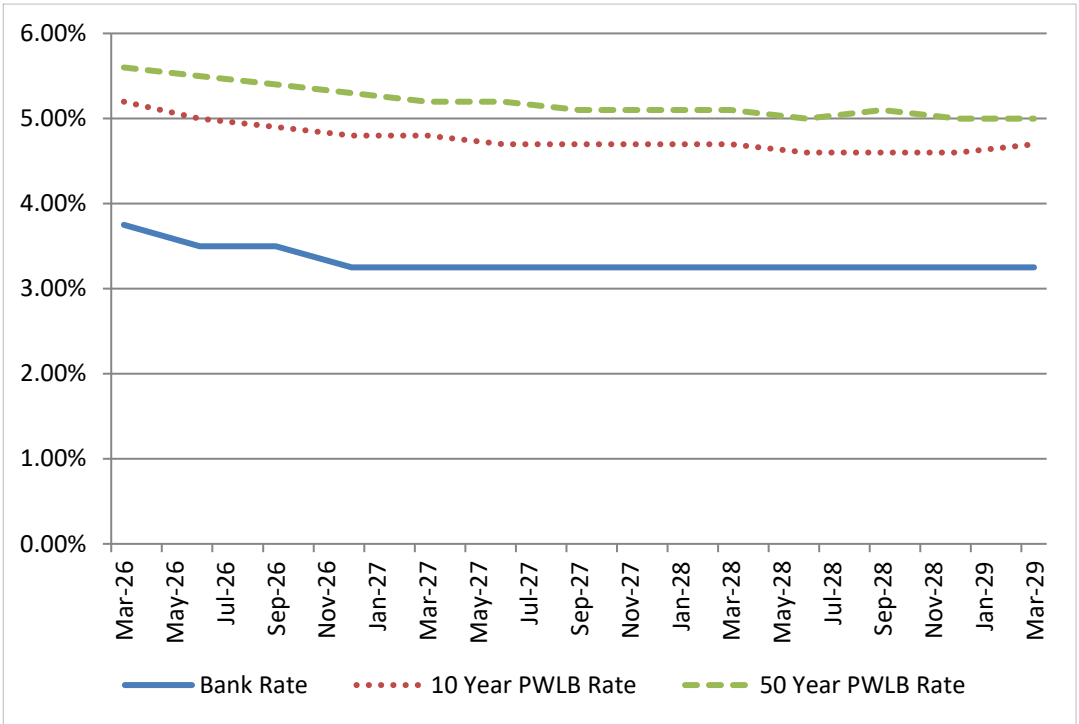
4.7 MUFG Corporate Markets (the Council's Treasury Management advisors) continue to update their interest rate forecasts to reflect statements made by the Governor of the Bank of England and changes in the economy.

4.8 At the December MPC meeting, the MPC voted by a majority of 5-4 to reduce the Bank Rate to 3.75%.

4.9 MUFG Corporate Markets Forecasts have been revised to price in a rate cut in June 2026 to 3.5%, which is likely to take place in the wake of a significant fall in the CPI inflation from 3% in March to 2% in April (as forecast by Capital Economics), followed by a short lull through summer, and then a further rate cut to 3.25% in December 2026.

4.10 Economic and interest rate forecasting remains difficult with so many influences impacting on the economy. UK gilt yields (i.e. Government borrowing) and PWLB rates forecasts made by MUFG Corporate Markets may be liable to further amendment depending on how the political, economic and international developments transpire over the next year.

4.11 Interest Rate Forecasts up to March 2029



5. TREASURY MANAGEMENT 2025/26 3rd QUARTER REVIEW

5.1 The Treasury Management Strategy for 2025/26 was approved by Council on 20th February 2025. The Council's borrowing and investment position as at 31st December 2025 is summarised as follows:

	£m	Average Rate
PWLB Loans	25.5	3.47%
Market Loan (Annuity)	15.9	2.31%
Market Loans (Maturities)	25.0	3.92%
Non-Market Loans (Maturities)	0.5	0.00%
Market Loans (LOBOs)	15.0	3.71%
Gross Debt	**81.9**	**3.40%**
Investments	31.1	4.10%
Net Debt as at 31-12-25	**50.8**	

5.2 Net Debt has increased since 30th September 2025 (£43.9m as at second quarter review), owing to day to day revenue activity and capital programme delivery reducing balances available to invest. The Council continues to actively manage cash flows on a daily basis to maximise investment/interest returns.

5.3 No new borrowing during 2025/26 has been entered into as at 31st December 2025.

5.4 As the Capital programme progresses, coupled with anticipated use of reserves both to support capital expenditure and the in-year position, the approach to borrowing may need to adapt. Whilst the aim will be to take out shorter term borrowing should rates remain high, we may need to mitigate risk by taking out some longer term borrowing at a higher rate than we would have originally anticipated. This will be kept under close review. The aim will continue to be to minimise the borrowing cost to the revenue budget.

5.5 As at 31st December 2025, the funds managed by the Council's in house team amounted to £31.056m. All investments complied with the Annual Investment Strategy and are shown below. The average return of 4.097% has provided an important revenue stream to support the council's revenue position again this financial year.

Borrower	Duration	Value of Loan (£m)	Rate (%)	Start Date	Maturity Date
Money Market Funds					
Blackrock	On Call	6.056	3.869		Call
		6.056	**3.869**		
Fixed term Deposits					
Standard Charter	1 year	10.000	4.170	18/09/25	18/09/26
SMBC Bank International Plc	4 months	15.000	4.140	03/10/25	03/02/26
		25.000	**4.152**		
Total Deposits		**31.056**	**4.097**		

5.6 There are no changes to the counter party investment limits as agreed as part of the Investment Strategy.

6. TREASURY MANAGEMENT STRATEGY 2026/27

6.1 Prudential Indicators and other regulatory information in relation to the 2026/27 Treasury Management Strategy are set out in **Appendix A**.

6.2 The key elements of the Treasury Management Strategy which Members need to consider are the Borrowing and Investment Strategies, detailed in sections 7 and 8 below.

7. BORROWING STRATEGY 2026/27

7.1 Borrowing strategies are needed for the core borrowing requirement and the borrowing requirement related to specific business cases, as outlined in the following paragraphs.

Core Borrowing Requirement

7.2 The continuing objective of the Council's Treasury Management Strategy is to fund the core annual borrowing requirement at the lowest possible long term interest rate.

7.3 Historically, owing to the low Base Rate the Treasury Management Strategy has been to delay borrowing, by temporarily utilising cash balances available for investment. The existing Treasury Management Strategy has always recognised that this approach was not sustainable in the longer term as the one-off resources which have been used to temporarily avoid long term borrowing would be used up.

7.4 Total borrowing remains below the Capital Financing Requirement (CFR) and the strategy continues an element of delaying borrowing by temporarily utilising cash balances available for investments. Whilst this is currently sustainable it will become necessary to take out further borrowing and the position will be kept under constant review. A decision to borrow up to the CFR may be taken by the Director of Finance, IT and Digital if it is in the best interests of the Council to do so. It is recommended that the Director of Finance, IT and Digital is authorised to implement Treasury Management arrangements which minimise the short and long term cost to the Council.

7.5 Given the financial pressures of the Council's wider budget, flexibility on the financing options for the Capital Programme may be considered from time to time as required. Should this result in any increase to the approved borrowing level, Council approval will be sought as necessary.

Borrowing Requirement Business Cases (including the Housing Revenue Account)

7.6 The financial viability of each business case is assessed on an individual basis reflecting the specific risk factors. This includes the repayment period for loans and fixed interest rates for the duration of the loan. This assessment is designed to ensure the business case can be delivered without a General Fund budget pressure.

7.7 Historically the strategy was to fully fund the borrowing for business cases. However, given the current interest rate forecasts and in order to consider borrowing requirement holistically for the Council the strategy is now aligned to that of the core borrowing requirement.

Borrowing in Advance of Need

7.8 The Council has some flexibility to borrow funds for use in future years for the approved capital programme. The Director of Finance, IT and Digital may do this under delegated powers, for instance, where the forecast increase in interest rates over the coming years is not expected to reduce as highlighted earlier in the report. In these circumstances borrowing early at fixed interest rates may be undertaken where this will secure lower fixed interest rates; or to fund future debt maturities (i.e. if the remaining LOBOs were called). Any borrowing taken out will be reported to Council in the next Treasury Management report.

8. INVESTMENT STRATEGY 2026/27

8.1 The Ministry of Housing, Communities and Local Government (MHCLG), issued investment guidance in 2010, updated in 2021 and this forms the structure of the Council's policy. The key intention of the guidance is to maintain the current requirement for authorities to invest prudently and that priority is given to security and liquidity before interest return. This Council has adopted the CIPFA publication Treasury Management in the Public Services: Code of Practice and Cross-Sectoral Guidance Notes and applies its principles to all investment activity. In accordance with the Code, the Director of Finance, IT and Digital has produced Treasury Management Practices covering investment counterparty policy which requires approval each year.

8.2 The primary objectives of the Council's investment strategy in order of importance are:

- safeguarding the re-payment of the principal and interest of its investments on time;
- ensuring adequate liquidity; and
- investment return.

Counterparty Selection Criteria

8.3 The Council's criteria for providing a pool of high-quality investment counterparties uses the credit rating information produced by the three major ratings agencies (Fitch, Moody's and Standard & Poor's) and is supplied by our treasury consultants, MUFG Corporate Markets. All active counterparties are checked against criteria outlined below to ensure that they comply with the criteria. Any counterparty failing to meet the criteria would be omitted from the counterparty list. Any rating changes, rating watches (notification of a likely change), rating outlooks (notification of a possible longer-term change) are provided to officers almost immediately after they occur and this information is considered on a daily basis before investments are made. For instance, a negative rating watch applying to a counterparty at the minimum criteria will be suspended from use, with all others being reviewed in light of market conditions.

8.4 The lowest common denominator method of selecting counterparties and applying limits is used. This means that the application of the Council's

minimum criteria will apply to the lowest available rating for any institution. For instance, if an institution is rated by two agencies, one meets the Council's criteria, the other does not, the institution will fall outside the lending criteria.

8.5 The Director of Finance, IT and Digital will continue to adopt a vigilant approach resulting in what is effectively a 'named' list. This consists of a select number of counterparties that are considered to be the lowest risk.

8.6 The use of Local Authority counterparties will be considered and due diligence carried out on an individual basis should this be necessary. Local authorities are regarded as very low credit risk investment counterparties and as such are included on our counter party list. The individual limits have been increased to £10m County, Metropolitan or Unitary Councils (previously £8m) and £5m District Council, Police or Fire Authorities (previously £3m). The overall Limit for this category remains at £40m.

8.7 With regards category F below, Money Market Funds, the per fund limit has been increased to £15m (previously £10m) and the overall limit up to £30m (previously £20m). Money Market Funds are high quality, low risk investments that can secure positive rates of return whilst providing good liquidity. The previous counterparty limits were considered too low in comparison to risk.

Category	Fitch	Moody's	Standard & Poor's	Proposed Counterparty Limit	Proposed Time Limit
A	F1+/AA-	P-1/Aa3	A-1+/AA-	£20m	1 Year
B	F1/A-	P-1/A3	A-1/A-	£15m	1 Year
C	Debt Management Office/Treasury Bills/Gilts			£40m	1 Year
D	Part Nationalised Banks			£15m	1 Year
E	Other Local Authorities Individual Limits per Authority: - £10m County, Metropolitan or Unitary Councils - £5m District Councils, Police or Fire Authorities			£40m	1 Year
F	Three Money Market Funds (AAA) with maximum investment of £15m per fund			£30m	Liquid (instant access)

Specified and Non-Specified Investments

8.8 MHCLG regulations classify investments as either Specified or Non-Specified. A Non-Specified Investment is any investment not meeting the Specified definition.

8.9 The investment criteria outlined above is different to that used to define Specified and Non-Specified investments. This is because it is intended to create a pool of high-quality counterparties for the Council to use rather than defining what its investments are.

8.10 Specified Investments are sterling investments of not more than one-year maturity, or those which could be for a longer period but where the Council has the right to be repaid within twelve months if it wishes. These are low risk assets where the possibility of loss of principal or investment income is small. These would include investments with:

- The UK Government (such as the Debt Management Office, UK Treasury Bills or a Gilt with less than one year to maturity);
- Other Councils;
- Pooled investment vehicles (such as Money Market Funds) that have been awarded a high credit rating (AAA) by a credit rating agency; and
- A body that has been awarded a high credit rating by a credit rating agency (such as a bank or building society). This covers bodies with a minimum rating of A- (or the equivalent) as rated by Standard and Poor's, Moody's or Fitch rating agencies. Within these bodies, and in accordance with the Code, the Council has set additional criteria to set the time and amount of monies which will be invested in these bodies.

8.11 Non-specified Investments are any other type of investment (i.e. not defined as Specified above). The identification and rationale supporting the selection of these other investments and the maximum limits to be applied are set out below. Non specified investments would include any investments with:

- Building societies not meeting the basic security requirements under the specified investments. The operation of some building societies does not require a credit rating, although in every other respect the security of the society would match similarly sized societies with ratings; and
- Any bank or building society that has a minimum long term credit rating of A- for deposits with a maturity of greater than one year (including forward deals in excess of one year from inception to repayment).

9. MINIMUM REVENUE PROVISION AND INTEREST COSTS AND OTHER REGULATORY INFORMATION 2026/27

9.1 There are two elements to the Councils annual loan repayment costs – the statutory Minimum Revenue Provision (MRP) and interest costs. The Council is required to pay off an element of the CFR each year through a revenue charge called the Minimum Revenue Provision.

9.2 MHCLG Regulations require the Council to approve an MRP Statement in advance of each year. This will determine the annual loan repayment charge to the revenue account.

9.3 The budget strategy is based on the following MRP statement and Council is recommended to formally approve this statement:

- For capital expenditure incurred before 1st April 2008 the Council's MRP policy is to calculate MRP based on a 50 year annuity repayment.

    i. Where MRP has been overcharged in previous years, the recovery of the overcharge will be implemented by reducing the MRP in relation to this capital expenditure by reducing future MRP charges that would otherwise have been made. It should be noted that this will ensure the debt will be paid off by 2056/57 whereas the previous 4% reducing balance MRP charge would have left debt of £9.4m at this date;
    ii. The total MRP after applying the adjustment will not be less than zero in relation to this capital expenditure; and
    iii. The cumulative amount adjusted for will never exceed the amount of the overpayment.

- From 1st April 2025, the outstanding balance in relation to capital expenditure incurred **after** 1st April 2008, the Council will make MRP repayments using the annuity method with the interest rate used to profile MRP being set at 3.5%, or where prudential borrowing by specific annuity loan, MRP will be calculated according to the actual annuity loan repayments. The estimated useful life of an asset will be assessed in consultation with appropriate officers. The MRP charge will commence in the financial year following the one in which the capital scheme the borrowing relates to is complete and the asset has come into service.

- MHCLG revised its MRP guidance in 2017, which would impact on any future changes to the Council's MRP policy, however the guidance is not retrospective. The approved MRP policy implemented prior to the MHCLG changes is therefore compliant with these revisions and will be carried forward in future years, until such time as an alternative approach is considered to be appropriate.

CIPFA Treasury Management Code of Practice

9.4 The Council is adopting the updated CIPFA Treasury Management Code of Practice published 20th December 2021.

9.5 The revised Treasury Management Code required the implementation of the following:

- Adopt a liability benchmark treasury indicator to support the financing risk management of the capital financing requirement, with material differences between the liability benchmark and actual loans explained, this is detailed in the following paragraphs;
- A knowledge and skills register for officers and Members involved in the treasury function;
- Reporting to Members on a quarterly basis; and
- Have consideration for Environmental, Social and Governance (ESG) issues.

9.5 The current loans are above the liability benchmark and the excess will be invested.

Treasury Management Advisors

9.7 The Council uses MUFG Corporate Markets as its external treasury management advisors.

9.8 The Council recognises that responsibility for treasury management decisions remains with the organisation at all times and will ensure that undue reliance is not placed upon our external service providers.

9.9 It also recognises that there is value in employing external providers of treasury management services in order to acquire access to specialist skills and resources. The Council will ensure that the terms of their appointment and the methods by which their value will be assessed are properly agreed and documented, and subjected to regular review.

Markets in Financial Instruments Directive (MIFID II)

9.10 On 3rd January 2018 an updated version of the European Union's Markets in Financial Instruments Directive (known as MIFID II) came into effect. It is designed to offer greater protection for investors and inject more transparency into financial markets. Under MIFID II all local authorities will be classified as "retail" counterparties and will have to consider whether to opt up to "professional" status and for which type of investments.

9.11 Local authorities that choose not to opt up or do not meet the minimum criteria for opting up (i.e. minimum investment balances of £10m) may face a reduction in the financial products available to them, a reduction in the number of brokers and asset managers that they will be able to engage with and may face increased fees.

9.12 Local authorities that choose to opt up must be able to satisfy some quantitative tests, and each Financial Institution will independently determine whether the Authority meet the qualitative test of being appropriately knowledgeable, expert and experienced. Financial Institutions also need to satisfy themselves that the Authority can make its own investment decisions and understands the risks involved.

9.13 The Council chose to opt up, in order to maintain the Council's ability to operate effectively under the new regime.

10. OTHER CONSIDERATIONS

Risk Implications	There is a risk in relation to the level of interest rates the Council is able to secure for long-term borrowing and the proposals detailed in this report are designed to manage these risks. There are also risk implications in relation to the investment of surplus cash and these are addressed in the strategy recommended in section 8.
Financial Considerations	As set out in the report.
Legal Considerations	The report details how the Council will comply with the relevant legal and regulatory requirements in relation to Treasury Management activities.
Child and Family Poverty	None
Equality and Diversity Considerations	None
Staff Considerations	None
Asset Management Considerations	None
Environment, Sustainability and Climate Change Considerations	None
Consultation	Not applicable

11. RECOMMENDATIONS

11.1 That Members note the 2025/26 Treasury Management 3rd Quarter Position detailed in Section 5.

11.2 That Members recommend to Council for approval, the Treasury Management Strategy 2026/27, including;

i) The borrowing strategy for 2026/27;
ii) The investment strategy for 2026/27;
iii) The prudential indicators as outlines in **Appendix A**; and
iv) The minimum revenue provision statement.

12. REASON FOR RECOMMENDATIONS

12.1 To allow Members to fulfil their responsibility for scrutinising the Treasury Management Strategy.

13. BACKGROUND PAPERS

Treasury Management Strategy Update 2025/26, report to Audit and Governance Committee 11th September 2025.

Treasury Management Strategy Quarter 2 Update 2025/26, report to Audit and Governance Committee 2nd December 2025.

14. CONTACT OFFICER

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Appendix A

TREASURY MANAGEMENT STRATEGY 2026/27 REGULATORY INFORMATION AND PRUDENTIAL INDICATORS

1. INTRODUCTION

1.1 The regulatory information and prudential indicators for the 2026/27 Treasury Management Strategy are set out below.

2. PRUDENTIAL INDICATORS

2.1 The Local Government Act 2003 requires the Council to adopt the CIPFA Prudential Code and set prudential indicators. Each indicator either summarises the expected capital activity or introduces limits upon that activity.

2.2 The first prudential indicator is confirmation that the Council has adopted the CIPFA Treasury Management Code of Practice, which the Treasury Management Strategy report confirms.

2.3 Details of the proposed prudential limits are set out in the following sections.

3. CAPITAL EXPENDITURE AND FINANCING REQUIREMENT

3.1 The Council's Borrowing Strategy is driven by the Capital Financing Requirement (CFR) and the Council's view of interest rates. The CFR is the amount the Council needs to borrow to fund capital expenditure incurred in previous financial years and forecast capital expenditure in the next three years which is funded from borrowing.

3.2 Government borrowing approvals are authority to fund capital expenditure from loans. Prior to the introduction of the prudential borrowing system in the Local Government Act 2003 Councils could only borrow for capital expenditure authorised by a government borrowing approval.

3.3 Following the introduction of the prudential borrowing systems Councils can determine their own borrowing levels, subject to revenue affordability. The Council has managed this flexibility carefully owing to the ongoing revenue commitment of taking on new additional borrowing. The Council has only approved specific self-funding business cases, for example affordable housing schemes and a limited amount of General Fund capital expenditure where the resulting loan repayment and interest costs have been funded as a revenue budget pressure.

3.4 Councils ultimately need to fund the CFR by borrowing money from the Public Works Loan Board (PWLB), banks or other financial institutions. The CFR is then repaid over a number of years reflecting the long-term benefits of capital expenditure. In simple terms the CFR represents the Council's outstanding mortgage, although the legislation and accounting requirements are significantly more complex.

3.5 The estimated Capital Finance and Borrowing Requirement is shown in the following table:

Capital Financing & Borrowing Requirement	2025/26 Revised £'000	2026/27 Estimate £'000	2027/28 Estimate £'000	2028/29 Estimate £'000
CFR at 1st April	**114,961**	**129,708**	**134,800**	**145,989**
Capital Expenditure Financed by New Borrowing	17,313	7,607	13,750	3,856
Less Repayment of CFR	(2,457)	(2,418)	(2,484)	(3,672)
CFR at 31st March	**129,817**	**134,897**	**146,067**	**146,173**
Less assets held under Finance Lease	(109)	(97)	(78)	(74)
Borrowing Requirement	**129,708**	**134,800**	**145,989**	**146,099**
Corporate Borrowing Requirement	88,066	91,053	103,265	102,665
Business Case Borrowing Requirement	28,295	30,402	29,378	29,204
Housing Revenue Account Borrowing Requirement	13,346	13,346	13,346	14,230
Borrowing Requirement	**129,708**	**134,800**	**145,989**	**146,099**

3.6 As part of the Medium Term Financial Planning the Council is required to approve the 2026/27 Capital Programme, which is summarised as follows:

Capital Expenditure	2025/26 Revised £'000	2026/27 Estimate £'000	2027/28 Estimate £'000	2028/29 Estimate £'000
Approved Capital Expenditure	49,901	55,212	27,561	8,785
Capital Expenditure for the Year	**49,901**	**55,212**	**27,561**	**8,785**
Financed by:				
Capital grants and contributions	28,987	45,105	13,228	4,479
Other Capital Funding	3,601	2,500	583	450
Capital Expenditure to be funded from New Prudential Borrowing	17,313	7,607	13,750	3,856
Total Funding	**49,901**	**55,212**	**27,561**	**8,785**
Non-HRA Capital Expenditure	48,504	54,562	27,361	7,019
HRA Capital Expenditure	1,397	650	200	1,766
Total Capital Expenditure	**49,901**	**55,212**	**27,561**	**8,785**

4. AFFORDABILITY PRUDENTIAL INDICATORS

4.1 The affordability of the approved Capital Programme was assessed when the capital programme was approved and revenue costs are built into the Medium Term Financial Plan or individual business cases. The 'Affordability Prudential Indicators' are detailed below and are intended to give an indication of the affordability of the planned capital expenditure financed by borrowing in terms of the impact on Council Tax and the Net Revenue Stream.

Incremental Impact of Capital Expenditure on Housing Rent Levels

4.2 This indicator shows the revenue impact on any newly proposed changes to HRA capital expenditure. At present there will be no impact on housing rent

levels as these have been set taking into account the existing HRA Capital Programme.

	Forward Projection	Forward Projection	Forward Projection	Forward Projection
	2025/26 £6	2026/27 £'000	2027/28 £'000	2028/29 £'000
Weekly Housing Rent Levels	£0.00	£0.00	£0.00	£0.00

Ratio of Financing Costs to Net Revenue Stream

4.3 This shows the cost of capital borrowing as a percentage of the net budget. The increased ratio reflects the additional revenue budget for capital costs.

	2025/26 Estimate	2026/27 Estimate	2027/28 Estimate	2028/29 Estimate
Non-HRA financing cost to General Fund Net Revenue Stream	5.62%	4.68%	4.86%	5.10%

Ratio of Finance Costs to HRA Net Revenue Stream

4.4 This shows the net cost of capital borrowing as a percentage of the net HRA budget arising from the phased implementation of the business case.

	2025/26 Estimate	2026/27 Estimate	2027/28 Estimate	2028/29 Estimate
HRA financing cost to HRA Net Revenue Stream	23.81%	22.74%	22.08%	21.44%

4.5 This reflects the profile of funding used to finance the HRA, including delaying the use of borrowing.

5. BORROWING PRUDENTIAL INDICATORS

Debt Projections 2025/26 – 2028/29

5.1 The following table sets out the Council's projected Capital Financing Requirement (CFR) and level of debt:

Debt and Investment Projections	**2025/26** **Revised £'000**	**2026/27** **Estimated £'000**	**2027/28** **Estimated £'000**	**2028/29** **Estimated £'000**
Long Term Borrowing 1 April	82,608	82,608	103,576	117,429
Expected change in Long Term Debt	0	20,968	13,853	985
Debt at 31 March	**82,608**	**103,576**	**117,429**	**118,414**
Borrowing Requirement	**129,708**	**134,800**	**145,989**	**146,099**
Under Borrowing	**(47,100)**	**(31,224)**	**(28,560)**	**(27,685)**
Non-HRA Debt	69,262	90,230	104,083	104,184
HRA Debt	13,346	13,346	13,346	14,230
Total Debt	**82,608**	**103,576**	**117,429**	**118,414**

5.2 The table reflects the borrowing that is currently forecast to be needed in future years.

Limits to Borrowing Activity

5.3 Within the prudential indicators there are a number of key indicators to ensure the Council operates its activities within well defined limits.

5.4 The Council needs to ensure that total borrowing does not, except in the short term, exceed the total of the CFR in the preceding year plus the estimates of any additional CFR for 2026/2027 and the following two financial years. This allows some flexibility for limited early borrowing for future years, but ensures that borrowing is not undertaken for revenue purposes. The following table demonstrates that borrowing will not exceed the CFR.

External Debt	2025/26 Revised £'000	2026/27 Estimated £'000	2027/28 Estimated £'000	2028/29 Estimated £'000
Gross Borrowing	82,608	103,576	117,429	118,414
Other Long Term Liabilities	109	97	78	74
Total Gross Borrowing	**82,717**	**103,673**	**117,507**	**118,488**
Borrowing Requirement	**129,708**	**134,800**	**145,989**	**146,099**

5.5 The following table shows two key limits for the monitoring of debt. The Operational Limit is the likely limit the Council will require and is aligned closely with the actual CFR on the assumption that cash flow is broadly neutral. The Authorised Limit for External Debt is a further key prudential indicator to control the overall level of borrowing. This represents a limit beyond which external debt is prohibited, and this limit needs to be set or revised by the Council. In practice it needs to take account of the range of cash flows that might occur for the Council in addition to the CFR. This also includes the flexibility to enable advance refinancing of existing loans.

Borrowing Limits	2024/25 Revised £'000	2025/26 Estimated £'000	2026/27 Estimated £'000	2027/28 Estimated £'000
Operational Limit	140,000	145,000	156,000	156,000
Authorised limit	150,000	155,000	166,000	166,000

6. INVESTMENT PRUDENTIAL INDICATORS AND OTHER LIMITS ON TREASURY ACTIVITY

Investment Projections 2025/26 – 2028/29

6.1 The following table sets out the estimates for the expected level of resource for investment or use to defer long term borrowing.

2024/25 Outturn £'000	Year End Resources	2025/26 Revised £'000	2026/27 Estimate £'000	2027/28 Estimate £'000	2028/29 Estimate £'000
56,322	Balances and Reserves	28,381	16,727	14,063	13,188
1,128	Collection Fund Adjustment Account	0	0	0	0
2,597	Provisions	2,597	2,597	2,597	2,597
60,047	**Total Core Funds**	**30,978**	**19,324**	**16,660**	**15,785**
14,630	Working Capital	21,122	16,900	16,900	16,900
74,677	**Resources Available for Investment**	**52,100**	**36,224**	**33,560**	**32,685**
(32,353)	(Under)/over borrowing	(47,100)	(31,224)	(28,560)	(27,685)
42,324	**Expected Investments**	**5,000**	**5,000**	**5,000**	**5,000**

Sensitivity to Interest Rate Movements

6.2 Sensitivity to Interest Rate Movements is a prudential indicator that the Authority is required to disclose. The following table highlights the estimated impact of a 1% increase/decrease in all interest rates to the estimated treasury management costs/income for next year. These forecasts are based on a prudent view of a +/- 1% change in interest rates for the borrowing requirement that has not yet been fixed (i.e. under borrowing). Equally for investments they are based on a prudent view of the total amount invested. That element of the debt and investment portfolios which are of a longer term, fixed interest rate nature will not be affected by short interest rate changes.

Impact on Revenue Budgets	2026/27 Estimated 1% £'000	2026/27 Estimated -1% £'000
Interest on Borrowing	312	(312)
Investment income	(50)	50
Net General Fund Borrowing Cost	**262**	**(262)**

6.3 There are four further treasury activity limits and the purpose of these are to contain the activity of the treasury function within certain limits, thereby managing risk and reducing the impact of an adverse movement in interest rates.

6.4 The limits are:

i) Upper limits on variable interest rate exposure – This identifies a maximum limit for the percentage of the Council's borrowing and investments that are held with variable interest rates. The proposed limits are detailed in the following table.

Limits on Variable Interest Rates	2025/26 Upper £'000	2026/27 Upper £'000	2027/28 Upper £'000
Borrowing	75%	75%	75%
Investments	100%	100%	100%

ii) Upper limits on fixed interest rate exposure – Similar to the previous indicator this covers a maximum limit for the percentage of the Council's borrowing and investments that are held with fixed interest rates.

Limits on Fixed Interest Rates	2025/26 Upper £'000	2026/27 Upper £'000	2027/28 Upper £'000
Borrowing	100%	100%	100%
Investments	100%	100%	100%

iii) Maturity structure of borrowing – Limits for the 'Maturity Structure of Borrowing' are intended to reduce exposure to large fixed rate sums falling due for refinancing. Previous experience has shown that it is possible to move from a position of predominantly fixed rate borrowing to variable rate borrowing and then back to fixed rate borrowing over a period of two years. In the Director of Finance, IT and Digital's professional opinion this proactive management of investments and borrowing continues to provide the most cost effective strategy for the Council, whilst not exposing the Council to unnecessary risk. The Council should ensure maximum flexibility to minimise costs to the revenue budget in the medium term. These limits are detailed in the following table:

Maturity Structure of fixed interest rate borrowing 2023/24				
	2025/26 £000 Lower Limit	2025/26 £000 Upper Limit	2026/27 £000 Lower Limit	2026/27 £000 Upper Limit
Under 12 months	0	90%	0	90%
12 months to 2 years	0	100%	0	100%
2 years to 5 years	0	100%	0	100%
5 years to 10 years	0	100%	0	100%
10 years to 20 years	0	100%	0	100%
20 years to 30 years	0	100%	0	100%
30 years to 40 years	0	100%	0	100%
40 years to 50 years	0	100%	0	100%
50 years to 60 years	0	100%	0	100%
60 years to 70 years	0	100%	0	100%

iv) Maximum principal sums invested – Total principal funds invested for greater than 364 days – These limits are set with regard to the Council's

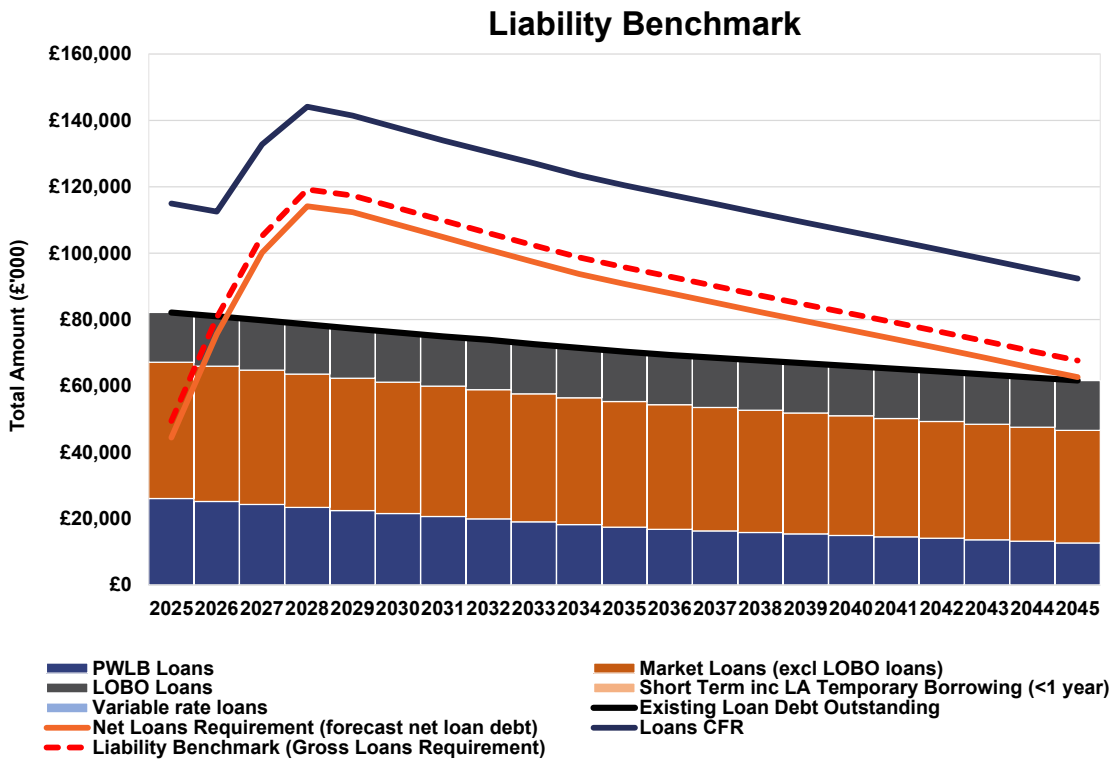
liquidity requirements and reflect the current recommended advice that investments are limited to short term investments i.e. up to one year.

Limit for Maximum Principal Sums Invested > 364 days			
	1 year £000	2 years £000	3 years £000
Maximum	20,000	0	0

Liability Benchmark

6.5 The liability benchmark treasury indicator is to support the financing risk management of the capital financing requirement, with material differences between the liability benchmark and actual loans. The liability benchmark is a long-term forecast of the Authority's gross loan debt based on its current capital programme and other forecast cash flow movements.

6.6 The chart therefore tells an authority how much it needs to borrow, when and to match maturities with its planned borrowing needs.



Hartlepool
Borough Council

Audit and Governance Committee

27 January 2026

Report of: Scrutiny and Legal Support Officer

Subject: UNIVERSITY HOSPITAL TEES – STRATEGY UPDATE

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1. Council Plan Priority

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

2. Purpose of Report

2.1 The Committee will receive an update on the development of the clinical strategy and wider strategy for the University Hospitals Tees Group (North Tees and Hartlepool NHS FT and South Tees Hospitals NHS FT).

3. Background

3.1 This item was presented to the Tees Valley Joint Health Scrutiny Committee (TVJHSC) on the 11th December 2025. It was felt beneficial to also be presented to members of the Audit and Governance Committee.

4. Presentation of evidence

4.1 Representatives from the University Hospital Tees are scheduled to be in attendance to provide a presentation on the development of the clinical strategy.

5. Recommendations

5.1 That the Committee notes the content of the presentation and seeks clarification on any matters where necessary.

6. Background Papers

6.1 The following background paper was used in the preparation of this report:-

- Report and minutes from the TVJHSC meeting on the 11th December 2025.

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Hartlepool
Borough Council

Audit and Governance Committee

27 January 2026

Report of: Scrutiny and Legal Support Officer

Subject: VETERANS' HEALTH INVESTIGATION

---

1. Council Plan Priority

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

2. Purpose of Report

2.1 To provide Members with the results of the survey that was circulated to veterans to gather their views and experiences of being supported by GP's and signposted to health and wellbeing services.

3. Background

3.1 Members agreed the process for the consultation and engagement for the investigation during the Audit and Governance Committee meeting on 4th November 2025.

3.2 This survey builds on the work that was previously undertaken by the Armed Forces Champion into this matter. The survey closed on 31st December 2025.

3.3 The veteran survey was circulated and promoted to organisations in the town that support veterans and via the Hartlepool Armed Forces Liaison Group.

3.4 It is noted that a survey to seek the views and experiences of GP practices has also been circulated to all practices in the town. Results of this survey will be presented at the Audit and Governance Committee meeting on 24th February 2026.

4. Presentation of evidence

4.1 Members are asked to note the low number of survey responses. Despite an increase in responses since the relaunch of the survey, 41 were received in total, of which 38 participants identified as veterans. Therefore, the statistical significance of the data must be taken into consideration.

4.2 Results from the survey indicated that most of the veterans who had responded to the survey had not been asked by their GP if they were a veteran. Participants also had little awareness of the Veteran Friendly GP Accreditation Scheme or what this accreditation meant for them as a veteran or for the practice.

4.3 Over half of participants surveyed had visited the GP practice for a service-related health condition, 1 had been offered support from a service-related organisation.

4.4 The results of the survey illustrated that interactions with GP's were on a whole positive, however, there were differing levels of satisfaction in relation to consultations about general health and service-related issues. Consultations in relation to general health issues were generally perceived as good or very good, whilst interactions regarding service-related issues were less positive.

4.5 When asked for general comments and feedback, most comments related to difficulties in accessing appointments and their practice seeming to have a lack of veteran awareness. It should be noted that access to GP appointments are highlighted as an issue by the wider population and are not specific to veterans.

4.6 These findings imply that the increased promotion of the Veteran Friendly GP Accreditation Scheme and the increased awareness of veteran specific issues may be of benefit to veteran patients.

4.7 A summary of results from the veterans' survey can be found in **Appendix A** of this report.

5. Recommendations

5.1 That the Committee receives the information provided as part of the evidence gathering stage of the investigation and notes the results of the veterans survey.

6. Background Papers

6.1 The following background paper was used in the preparation of this report:-

- Report and minutes of the A&G meeting held on the 4th November 2025.

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Appendix A

Veteran Survey Results

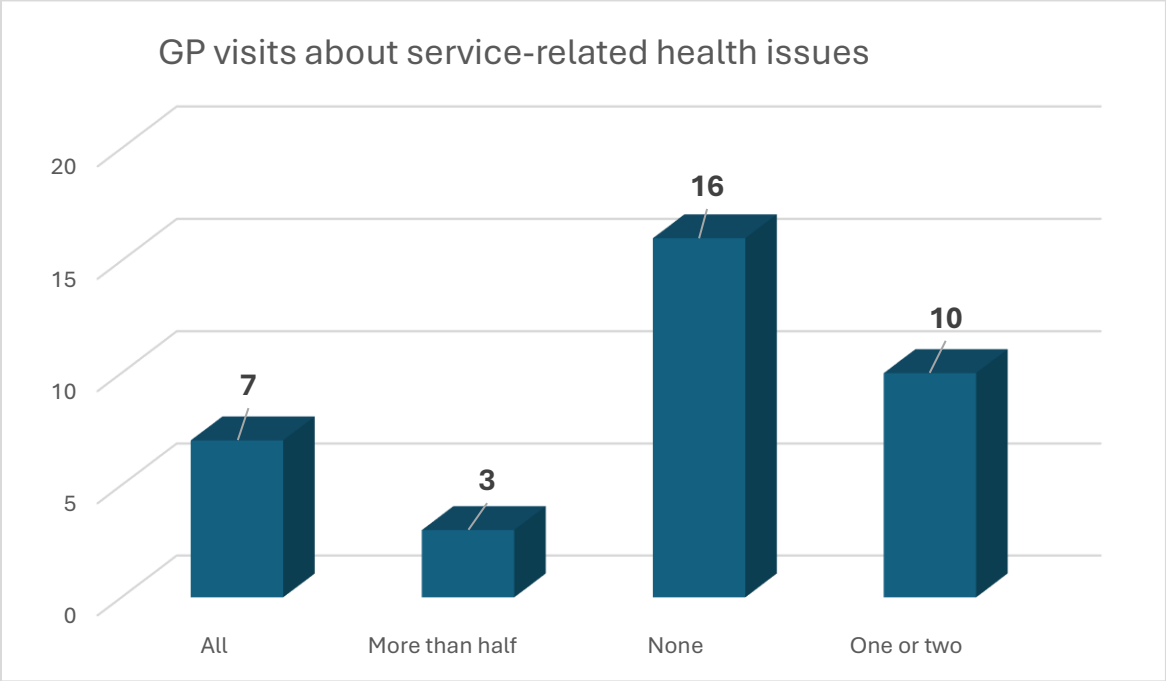
1. Demographic

A series of questions were asked to determine the demographics of all participants. It was noted that 38 participants identified as veterans and all were registered with a GP practice in Hartlepool. To note questions were not mandatory and not every participant answered all questions.

2. Service-related health conditions and support

Participants were asked '*in the last 12 months how many visits to your GP were about service-related issues?'*. **Chart 1** shows that, of those that responded, 20 participants had visited their GP in the last 12 months for a service-related health condition and 16 had not.

Chart 1.



The survey proceeded to ask *'Have you ever been offered any veteran or armed forces specific help or support by your GP?'* 34 participants said they had not, 1 answered yes, 3 indicated they were not sure (table 1).

Table 1.

Have you ever been offered any veteran or armed forces specific help or support by your GP?'	*No. of responses*
No	34
Yes	1
Not sure	3
Total	38

3. Veteran awareness

Participants were asked *'Have you ever been asked by your GP Practice if you are a veteran or a member of the Armed Forces?'* 37 participants answered that they have never been asked this question, 1 answered they had been asked when joining the practice. 2 participants commented that they had offered this information but did not feel that this had an impact.

Referring to the Veteran Friendly GP Accreditation scheme, results (**table 2**) showed that 11 participants knew that their GP Practice had this accreditation, 21 were not sure and 6 did not know what this meant.

Table 2. Veteran Friendly GP Practices

Do you know if your GP Practice is veteran friendly accredited?	*No. of responses*
Yes, it is accredited	11
Not sure	21
I don't know what this means	6
Total	38

When asked if they thought that this accreditation had helped them, of those that responded, 4 indicated that they felt that it had, 16 did not feel it helped and 17 were not sure.

4. Feedback on health consultations

Participants were asked to rate their experiences of visiting their GP Practice for consultations on general health and service-related issues in the last 12 months (results detailed in **chart 2** and **chart 3**).

Chart 2. Consultations about general health

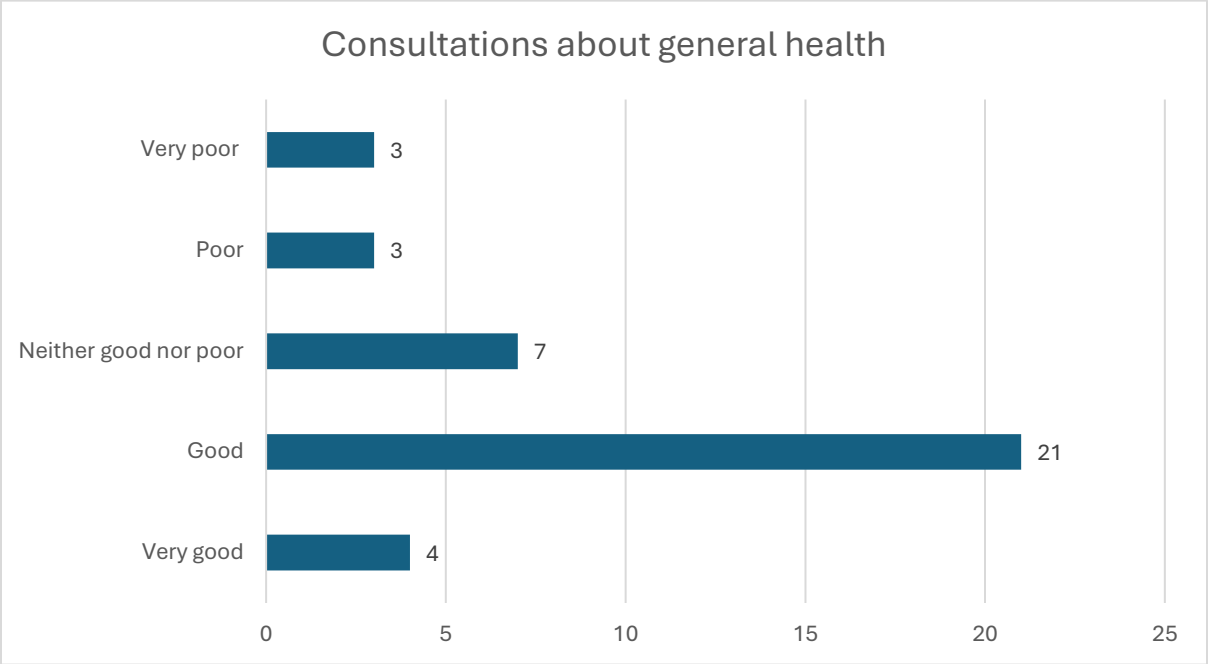
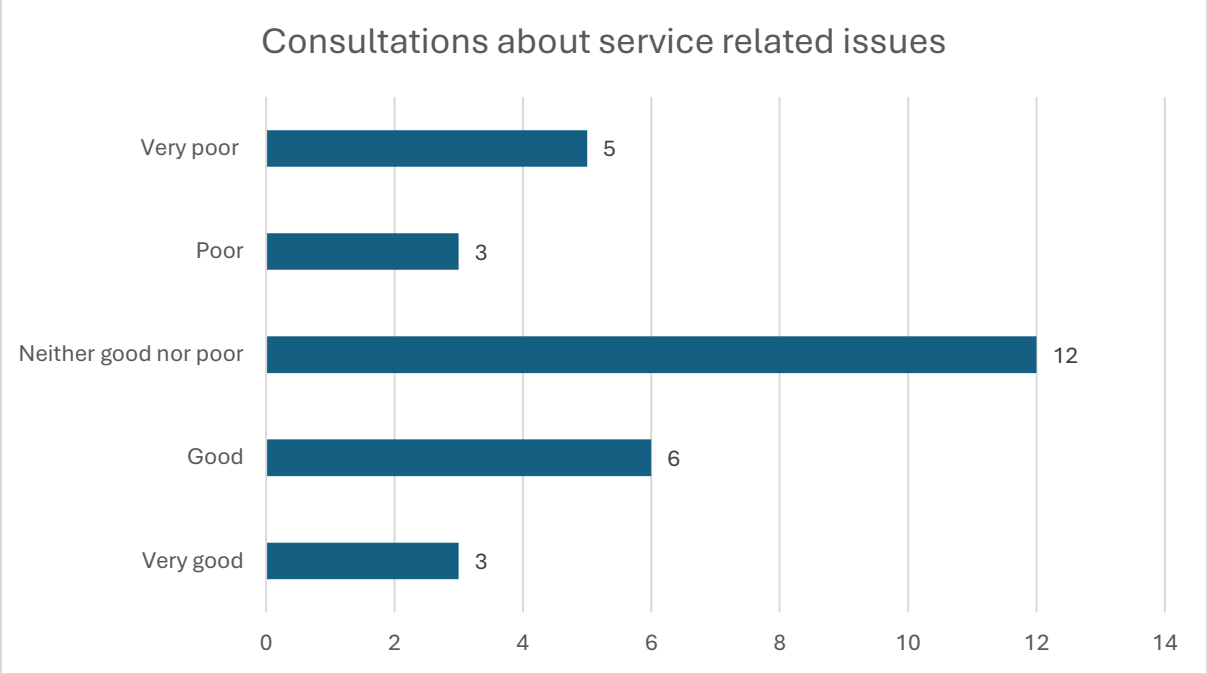


Chart 3. Consultations about service-related issues



5. General feedback on GP Practices

The survey then explored if participants had any further comments on their GP Practice, with 16 responding to this question. 8 indicated they wanted better access to

GP services including an easier way to book appointments and shorter waiting times to see a health clinician. 6 people commented they wanted their GP Practice to be more veteran aware.

6. Making it easier to access support

A question was posed asking what would make accessing services for your physical and mental health easier, with 24 responses to this question: -

- 3 participants indicated they wanted their practice to be more caring
- 5 wanted the practice to be more veteran aware
- 12 commented they wanted improved access to GP services

HOUSE OF COMMONS
LONDON SW1A 0AA

Office of Jonathan Brash MP
206 York Road
Hartlepool
TS26 9EB

Thursday 15th January 2026

Councillor Shane Moore
Civic Centre
Victoria Road
Hartlepool
TS24 8AY

Dear Councillor Moore,

I am writing to you in my capacity as Member of Parliament to share evidence and observations regarding the experiences of veterans engaging with GP practices in the town, as part of the Audit and Governance Committee's work in this area.

The evidence I set out is drawn directly from my own casework and from regular conversations with veterans in the course of my day-to-day role. Over time, a consistent picture has emerged which I believe warrants careful consideration by the Committee and by local GP practices themselves.

I want to be clear at the outset that there are undoubtedly pockets of good practice. In several cases, veterans have reported positive and supportive experiences, often where staff within a practice have direct experience of service life themselves, or have close family members who have served. In these circumstances, there is frequently a greater understanding of veterans' needs and a more proactive approach to signposting and support.

However, despite these examples, too many GP practices do not currently offer a bespoke and tailored pathway for veterans when they engage with primary care. Too often, veterans are treated in exactly the same way as the general population, without due recognition of their service background or the specific challenges that can arise as a result of it.

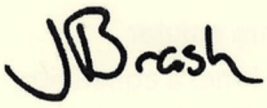
I regard the provision of a tailored approach as essential. Veterans can face unique physical and mental health challenges, as well as difficulties linked to transition, trauma, and long-term conditions connected to their service. A system that does not actively identify veterans or adapt pathways accordingly risks missing opportunities for early intervention and appropriate support.

In my view, it is therefore imperative that GP practices actively engage with the Audit and Governance Committee's investigation and, more importantly, with the veteran community itself. Meaningful engagement has the potential to drive practical changes in procedures and culture that would make a real difference to veterans' experiences of primary care.

I do not raise these issues to be overly critical of GP practices or their staff. They are hardworking professionals operating under significant pressure, and their commitment to patient care should be recognised. However, I am firmly on the side of our veterans in this matter, and I believe there is more that can and should be done to ensure they receive the understanding and tailored support they deserve.

I hope these observations are helpful to the Committee's work, and I would welcome any opportunity to support its investigation further.

Yours sincerely,



Jonathan Brash MP
Member of Parliament for Hartlepool

Hartlepool
Borough Council

Audit and Governance Committee

27 January 2026

Report of: Director of Legal, Governance and Human Resources

Subject: REGULATION OF INVESTIGATORY POWERS ACT 2000 (RIPA) – QUARTER 3 UPDATE

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1. Purpose of Report

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

2. Background

2.1 Hartlepool Borough Council has powers under the Regulation of Investigatory Powers Act 2000 (RIPA) to conduct authorised covert surveillance.

2.2 This report is submitted to members as a result of the requirement to report to members under paragraph 4.47 of the Covert Surveillance and Property Interference Revised Code of Practice (August 2018) which states that:

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

2.3 As from 1 November 2012 Local Authorities may only use their powers under the Regulation of Investigatory Powers Act 2000 to prevent or detect criminal

offences punishable by a minimum term of 6 months in prison (or if related to underage sale of alcohol and tobacco – not relevant to this Council). The amendment to the 2000 Act came into force on 1 November 2012.

2.4 Examples of where authorisations could be sought are serious criminal damage, dangerous waste dumping and serious or serial benefit fraud. The surveillance must also be necessary and proportionate. The 2012 changes mean that authorisations cannot be granted for directed surveillance for e.g. littering, dog control, fly posting.

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

3. RIPA authorisations

3.1 In the quarter to the date of this meeting:

Communications Data	0
CHIS	0
Directed Surveillance	0

4. Recommendation

4.1 That the quarterly report be noted.

5. Reasons for Recommendation

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

6. Contact Officers

Hayley Martin
Director of Legal, Governance and Human Resources and Senior Responsible Officer for RIPA
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01429 523003

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

29th September 2025

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

Present:

Representative of NHS North East and North Cumbria Integrated Care Board – Karen Hawkins (In the Chair)

Prescribed Members:
Elected Members, Hartlepool Borough Council - Councillors Darby and Little
Director of Public Health, Hartlepool Borough Council – Craig Blundred
Executive Director of Adult and Community Based Services, Hartlepool Borough Council - Jill Harrison
Representatives of Healthwatch - Christopher Akers-Belcher, Stephen Thomas and Margaret Wrenn
Other Members:
Chief Executive, Hartlepool Borough Council – Denise McGuckin
Representative of Hartlepool Voluntary and Community Sector – Kelly Brooks
Representative of Tees, Esk and Wear Valley NHS Trust – Jamie Todd
Representative of Cleveland Police – Helen Wilson
Representative of GP Federation - Fiona Adamson
Representative of Headteachers - Sonya Black
Observer – Statutory Scrutiny Representative, Hartlepool Borough Council – Councillor Creevy

Also in attendance:-

Keith Bayley and Natalie Frankland – Let's Connect
Louise George and Carl Jorgeson – Hartlepool Sport
Neil Atkinson, Dr Elaine Gouk, Stuart Irvine and Stephanie Worn - North Tees and Hartlepool NHS Foundation Trust
Nicola Haggan - Alice House Hospice
Philippa Walters, Pharmacy Lead

Officers: Joan Stevens, Democratic Services and Statutory Scrutiny Manager
Jo Stubbs, Principal Democratic Services and Legal Support Officer

14. Apologies for Absence

Apologies were submitted by Councillors Brenda Harrison and Aaron Roy, Rebecca Stephenson (Assistant Director for Early Intervention, Performance and Commissioning), Christine Fewster (Hartlepool Voluntary and Community Sector) and Sonya Black (Headteachers)

15. Declarations of interest by Members

None

16. Minutes of the meetings held on 17 March 2025 and 21 July 2025

Minutes confirmed

17. Healthwatch Hartlepool Annual Report (*Healthwatch Hartlepool CIO*)

Representatives from Healthwatch Hartlepool presented to Board members their published annual report for 2024-25 providing an overview of the work for the year. The report provided Members with an overview of the projects they have been involved with including Women's health and the NHS 10-year plan. Other projects included review and refreshment of the ICB Involvement Strategy, access to dental care and North East Ambulance service clinical strategy engagement. Reference was also made to Enter and View whereby Healthwatch volunteers attend health and care settings and give their opinions on the service provided and what could be done better.

In the discussion following the Healthwatch CEO expressed his shock at the Government's announcement that Healthwatch would be abolished and its work transferred to local authorities and the ICB. The CEO stressed the importance and benefit of Healthwatch being an independent organisation and raised concerns this may be lost.

A member commented on the reference within the report to Women's Health Needs specifically around prescriptions to aid menopause symptoms and the importance of this being a key focus in future years. The Healthwatch CEO advised that as this was an overview and end of year report it did not include the detailed report that informed the feedback to support the development of the overall ICB Women's Health Strategy, which will be a key focus in future years.

The Chair noted the significant efforts made by Healthwatch Hartlepool during the previous year and concurred with the importance of independent local voices informing future priorities.

Decision

That the Healthwatch Hartlepool Annual Report 2024-25 be noted.

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

In May 2025 Council had been informed of a planned three month pause in the delivery of babies provided by the Continuity of Care Team (at the Rowan Unit) at the University Hospital of Hartlepool. Representatives of North Tees and Hartlepool NHS Foundation Trust advised members that this suspension had now been extended to January 2026. The Trust confirmed that all other services including antenatal and postnatal care remain in place and women could still choose a home birth. They also noted that this was a temporary closure and for further review.

Members indicated their dissatisfaction with this situation. A member suggested that parliament be lobbied regards a national shortage of trained midwives and queried how many babies had been born en route to North Tees Hospital as a result of this closure. The Chair asked that a further update on maternity services be brought to the February 2026 meeting of the Health and Wellbeing Board

A member also raised concerns regarding the changes to outpatient provision at Hartlepool Hospital. The Chair requested the member liaise with Trust colleagues outside of the meeting as not related to this item and as the attendees from the Trust were from Womens and Childrens services they would not be able to address directly in the meeting.

Decision

That the update be noted and a further update be presented to the Health and Wellbeing Board on the 16 February 2026.

19. Fit for the Future – the 10 Year Health Plan for England - Presentation (*Director of Delivery (Tees Valley), North East North Cumbria Integrated Care Board*)

Members received an update relating to the NHS 10 Year- Plan. The NHS Ten Year Health Plan sets out a bold, ambitious and necessary new course for the NHS. It seized the opportunities provided by new technology, medicines, and innovation to deliver better care for all patients - no matter where they lived or how much they earned - and better value for taxpayers. This would fundamentally reinvent the approach to healthcare, so that we can guarantee the NHS would be there for all who needed it for generations to come. The plan had been shaped by the experiences and expectations of members of the public, patients, health and care workforce and partners. •

Through the 'Change NHS' engagement exercise, the future of the NHS had provided details of the changes people wanted to see. The focus on the plan is on 3 shifts - Analogue to Digital, Sickness to Prevention & Hospital to community

The Chair also provided an update in relation to the required running cost reductions expected of ICBs and advised that although this will be challenging the ICB will continue to provide core functions

A query was raised by a member where the presentation outlined an expected transfer of functions and how and when this would be undertaken, the Chair advised this was currently paused and a future update would be provided to members.

Decision

That the presentation be noted.

20. Hartlepool Community Mental Health Transformation

(*Let's Connect – CEO and Community Mental Health Transformation Coordinator)*

Representatives of Let's Connect gave an update on recent work carried out as part of the Hartlepool Community Mental Health Transformation. In 2019 the NHS Long Term Plan set out a clear ambition to transform mental health care across England. It called for a radical redesign of core community mental health teams with the emphasis on integrated, person-centred and place-based care. To do this a national framework was developed to support local areas in redesigning their mental health systems. The VCSE is a key strategic partner in this. In 2025 Let's Connect was appointed as community mental health leads. A governance review was subsequently carried out. Details were given of the visioning plan for 2025-26 and the formation of a new Mental Health Provider Forum.

The Chair thanked the representatives of Let's Connect for their update, noting particularly the proposals on a single approach. The Healthwatch representative requested clarification on the status of the Mental Health Provider Forum.

Decision

That the update be noted

21. Long Term Health Coffee and Chat Session – Final Report (*Director, Hartlepool Sport*)

Representatives from Hartlepool Sport presented to Board members their annual report for 2024-25 providing information on the Coffee and Chat

initiative. Originally part of the Activities on Prescription project Coffee and Chat was a way to break down health literacy barriers by educating people on the role activity can have in managing long term health conditions and the feel good boost it can provide. These sessions take place monthly at the community hubs and other public spaces with subjects including pulmonary rehabilitation, COPD, cancer care, diabetes and dementia. Since January 2024 over 178 people had attended, anonymised case studies gave details of the positive impact these sessions had had on attendees. Hartlepool Sport had built strong partnerships across the statutory and voluntary sectors and in future it was suggested that guest speakers be invited to speak at the sessions, based on the conditions of regular attendees or feedback from them. Other clubs could also provide information on the benefits physical activity can have on physical and mental health.

Members praised the work of Hartlepool Sport and the wider voluntary sector in terms of the free activities they provide to the public. Reference was made in particular to the national 'Flippin Pain' initiative. A Hartlepool Sport representative advised that further events focused on this could be arranged. The Chair praised the Coffee and Chat sessions as a great example of partnership working through use of community assets.

Decision

That the update be noted.

22. Long Term Health Conditions and Coffee and Chat Session (*Director of Public Health*)

Pharmaceutical Needs Assessment (PNA) 2025 Final Report (*Director, Hartlepool Sport*)

The report updated the Board in accordance with the process for statutory maintenance of the Pharmaceutical Needs Assessment 2022, to receive notification of applications, decisions or other notice of changes to pharmaceutical services in Hartlepool from the ICB NENC or Primary Care Support England (PCSE) since the date of the last Health and Wellbeing Board Maintenance Report (14 March 2025). In relation to the requirement to seek approval for publication of any Supplementary Statement to the PNA 2022 required as a consequence of those reported changes to pharmaceutical services, the Board was advised that no new Supplementary Statements had been issued under delegated authority since the last meeting of the Board in March 2025 and there had been no notifications of action, applications or decisions made.

Decision

Additionally the final draft of the Hartlepool Pharmaceutical Needs Assessment (PNA) 2025 was attached for approval prior to its publication before the statutory deadline of 29th September 2025. Two months of statutory consultation had taken place on this, full outcomes were detailed within the report.

Decision

That it be noted that there were no further notifications of action, applications or decisions made regarding maintenance of the PNA 2022

That the Hartlepool Pharmaceutical Needs Assessment 2025 be approved for publication.

23. Better Care Fund Update *(Executive Director of Adult and Community Based Services)*

The Better Care Fund Plan for 2025-26 was approved by the Health and Wellbeing Board in March 2025. Developed in line with the Better Care Fund Policy Framework it reflects the government's commitment to reform by shifting from sickness to prevention, supporting people to live independently and to shift from hospital to home. Details of performance in the first quarter of 2025/26 were not available for emergency admissions or discharge delays however data for April 2025 shows that Hartlepool is achieving 2025/26 discharge targets and compares positively with regional and national averages. The number of residential admissions in Quarter 1 is slightly above target due to a number of self-funding residents requiring support from the Local Authority after their funds fell below the self-funder threshold. However the year end target is still thought achievable

Decision

That the approval of the Hartlepool Better Care Fund Plan for 2025-26 and Quarter 1 performance against the national metrics be noted.

24. Health and Wellbeing Board – Face the Public Arrangements *(Director of Public Health)*

Hartlepool's constitution requires that the Health and Wellbeing Board hold one Face the Public event per year. Open to elected members and the public partners must provide updates on their work in the previous year, information on future plans and future challenges, consult on the development of key strategies and plans and respond to questions on their work, future plans and priorities. Face the Public events have taken place every year since 2013 (other than 2020 due to the Covid-19 pandemic). It was proposed that this year's event take place on 16th February in the Central Hub immediately following the completion of the scheduled Health and Wellbeing Board. An overarching topic would need to be agreed by the Board.

Decision

I. That the proposed arrangements for the 2025/26 Face the Public event be approved

II. That consideration be given to a topic/area of focus for the event

25.

Oral Health and Dental Strategy 2025-2027 *(Chief Executive, North East and North Cumbria Integrated Care Board*

The Director of Public Health gave members information on the NHS North East and North Cumbria Oral Health and Dental Strategy 2025-27. The four priorities are:

To improve access to routine dental care
To Increase the number of urgent care appointments
To tackle dental workforce recruitment and retention issues
To focus on preventing poor oral health

Dental care is included in the NHS 10 Year Health Plan and the subject of a current consultation on NHS dental contract quality and payment reforms. The hope was expressed that urgent dental access would be more streamlined in future.

Decision

That the report be noted

26. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following items of business should be considered by the Committee as a matter of urgency in accordance with the provisions of Section 100(B) (4)(b) of the Local Government Act 1972 in order that the matter could be dealt with without delay.

27. Director of Public Health

Members were advised that this was the final meeting of the Director of Public Health. The Chair thanked him for his hard work and contribution to Health and Wellbeing Board.

Meeting concluded at 11:25am.

CHAIR

Thursday, 17 July 2025

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Thursday, 17 July 2025 at the Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

PRESENT	Councillors M Besford, M Boddy, C Cawley, C Cooper, J Coulson, S Crane, L Hall, J Kabuye, M Layton and A Roy.
OFFICIALS	S Bonner, C Breheny, C Jones, G Jones and G Woods.
IN ATTENDANCE	Councillor Gallagher, K Lawson, K Smith, J Todd and J Walker.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors N Johnson, S Moore and H Scott.

10 **APPOINTMENT OF CHAIR 2025/26**

Members were invited to make nominations for the position of Chair, and the following were received:

Councillor Cawley was nominated by Councillor Cooper, seconded by Councillor Besford.

Councillor Crane was nominated by Councillor Hall, seconded by Councillor Coulsen.

RESOLVED that Councillor Cawley be elected as Chair of the Tees Valley Joint Health Scrutiny Committee for 2025/26.

11 **APPOINTMENT OF VICE CHAIR 2025/26**

There was no requirement for this item to be considered, as the appointment for Vice Chair had been resolved at the previous meeting and the minutes for that meeting would be amended accordingly. **NOTED**

Thursday, 17 July 2025

12 **MINUTES OF THE MEETING HELD ON 8 MAY 2025**

The minutes of the meeting held on 8 May 2025 were confirmed as a correct record subject to an amendment regarding the appointment of Vice Chair. It was noted that the appointment of Vice Chair had been for the 2025/6 Municipal Year and not solely for that meeting. **NOTED**

13 **DECLARATIONS OF INTEREST**

The following declaration of interest was raised by Councillor C Cawley: -

- Item 8 – Family member currently awaiting assessment by CAMHS.

It was **RECOMMENDED** that the Committee note this declaration.

14 **TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE PROTOCOL AND TERMS OF REFERENCE**

Agreed subject to the removal of section 4 - NHS England Area Teams; **NOTED**

15 **NORTH EAST AND NORTH CUMBRIA (NENC) INTEGRATED CARE BOARD (ICB) - NHS DENTISTRY UPDATE**

The Chief Contracting and Procurement Officer asExecutive Lead for Commissioning Primary Dental Care at NENC ICB provided an overview of current challenges and strategic responses in NHS dental provision across the Tees Valley and wider North East region. It was acknowledged that difficulties in accessing NHS dental services were not unique to the region but were being actively addressed through a range of local initiatives.

Members were advised that several dental practices had and were continuing to return NHS contracts, prompting efforts to recommission activity and replace lost capacity. The Commissioning Team, although small, was in continuous dialogue with practices to support service delivery and prioritise access in deprived communities. Measures to address the issues faced included incentivising over-delivery, increasing urgent care appointments, and expanding out-of-hours provision in collaboration with NHS 111.

The Chief Officer explained that access to routine dental procedures, for example scale and polish services, and urgent dental surgery remained a key concern. In response, an additional 1,000 urgent access sessions had been commissioned this year, contributing to a total of 51,000 sessions region wide. Tees Valley alone accounted for nearly 11,000 of these. It was highlighted that the rollout of Urgent Dental Access Centres

(UDACs), had begun in Darlington and Carlisle, with plans to establish 30 surgeries at centres across the North East and North Cumbria (NENC). These offered patients a choice of providers beyond their local practice, aiming to standardise urgent care and improve accessibility.

In terms of other key challenges, it was advised that workforce development was also a key priority. Efforts included upskilling Dental Therapists and Hygienists, particularly in Darlington, and introducing loyalty bonuses to retain NHS dental staff. The Chief Officer emphasised the importance of supporting lifestyle changes to reduce demand and noted that most Local Authorities now had an Oral Health Strategy in place. An additional £2 million had been allocated to the Tees Valley and North East Combined Authorities, supplementing national funding.

The Chief Officer referenced the recent successful national consultation to extend water fluoridation across the region and stressed the need to modernise NHS dental contracts. It was noted that a public consultation was currently underway, closing mid-August, which would inform future contract reform.

During the discussion that ensued the following points were raised: -

- A Member highlighted the importance of continuity in urgent dental care. The Chief Officer acknowledged that although Urgent Dental Access Centres (UDACs) were established to address immediate needs, many patients sought temporary treatment without a clear pathway to complete their course of care. The need to “close the loop” so that patients received full treatment beyond the initial episode was emphasised.
- A Member expressed concerns in relation to workforce retention and professional development. The view was expressed that many dentists felt disheartened by limited career progression opportunities. The Chief Officer acknowledged the importance of this and confirmed that the ICB was working closely with the dental deanery to ensure a balanced skill mix across dental teams, including the opportunities available to technicians and support staff, to help maximise workforce potential.
- A Member raised a query about the timing and communication of service expansion and cautioned against encouraging patients who have not accessed dental care for some time until systems were robust enough to manage increased demand.
- Members commented that many patients remained unaware of how to access services, particularly when their regular dentist was unavailable. Improved communications were being planned to ensure visibility of practices offering extended services.
- Members welcomed updates on self-referral pathways and loyalty bonuses.

- The Chief Officer provided clarity on site rollout, advising that three new UDAC centres were expected to go live in August and four in September.
- A Member queried whether an up-to-date list of available NHS dental practices was publicly accessible. The Chief Officer confirmed that the national “Find My Dentist” website was updated by practices and included open lists for children. A local version was also available on the council’s website, though coverage may vary.
- A Member raised concerns about data quality and timeliness. The view was expressed that although commissioning data on appointment slots was available, information on actual patient access was often delayed and lacked granularity. It was suggested that more detailed and timely data would support better decision-making and service planning.

- The Chief Officer commented that the establishment of UDAC’s across NENC formed part of the initial strategy for implementing improvements in oral health services in the region, noting that the draft Oral Health Strategy was scheduled for presentation at the upcoming ICB Board meeting later that month. Members acknowledged the importance of integrating the NHS 111 single point of access into the approach, recognising its potential to guide patients to the most appropriate care pathways.

- The Chief Officer advised that a communications campaign was proposed to raise awareness and support uptake. Members expressed regret at the absence of Healthwatch’s input, highlighting the value of its community reach and the insight it provided into patient experience, particularly in areas that were otherwise difficult to access. The challenge of maintaining robust patient and public engagement in the absence of Healthwatch was acknowledged, and it was agreed that a new approach would be required to ensure continued access to meaningful feedback.

- The evolving role of elected members in fulfilling aspects of Healthwatch’s function was noted, with reference to Healthwatch’s work in linking into existing community networks. Members emphasised the importance of designing and delivering services that were responsive to local needs.

- It was agreed that a further update would be provided once key elements of the Oral Health Strategy were confirmed.

AGREED that the information presented be noted and a further update provided once the Oral Health Strategy had been confirmed.

Thursday, 17 July 2025

16 **TEES ESK & WEAR VALLEY NHS FOUNDATION TRUST - CAMHS UPDATE**

The Director of Operations and Transformation provided a comprehensive update on developments within children's community services, framed within a whole-system, evidence-based approach aligned with local authority commissioning priorities. A clear distinction was made between treatment and support services, with reference to the NHS Long Term Plan's ambition to empower children and young people as active participants in their care.

Mental Health Services and Access Standards

Key performance metrics were shared regarding general mental health services for children, particularly within the "Getting Help" and "Getting More Help" pathways. While services compared favourably in some areas, the average wait time for assessment currently stood at 63 days, exceeding the national benchmark of 28 days. DNA rates were noted as a contributing factor to waiting times and work was ongoing to improve engagement.

Members were advised that treatment typically commenced within 6–12 weeks, depending on individual needs. Capacity constraints and national medication supply issues had impacted service delivery, prompting the implementation of alternative care models and increased collaboration with pharmacy colleagues.

The children's eating disorder service was highlighted as a positive example, achieving 100 per cent compliance with appointment standards over the past four weeks. Operating 8am–8pm, seven days a week, the service had contributed to a reduction in hospital admissions and improved access to care closer to home. Breaches of 4-hour and 1-week standards were attributed primarily to family-related factors. Across Teesside, access and support from children's crisis mental health support (NHS111 option 2) were successfully completed more than 90% of the time and consistently achieving the national standard. .

Expanding Access and Managing Demand

The Director of Operations explained that as part of a national programme to increase access to core services, the local system had delivered over 11,000 appointments as of May 2025, exceeding the target set for the years to date and on track to exceed this at year-end. However, significant challenges remained for some assessments for Autism and ADHD in line with national trends. In Darlington, the average wait time for ADHD and Autism assessments was 566 days, with delays spanning up to 45 months. While there is no backlog for initial triage and screening, the system was operating beyond its commissioned capacity due to

prolonged excessive demand. To mitigate this, the Trust was working closely with the ICB and Local Authority partners on a range of improvements. The Trust had implemented a revised neurodevelopmental assessment pathway which had been positively evaluated, enabling some young people to be seen sooner and improving family engagement. A “needs-led bubble of support” model existed in Teesside as a means of support whilst waiting, signposting families to voluntary sector providers such as Daisy Chain for assistance with sleep, behaviour, and coping strategies. All families on waiting lists received a “keeping in touch” contact from the Trust which included advice and guidance on access to crisis support if required.

Referral pathways were being redesigned to include accredited providers, with investment enabling more families to access assessments earlier. Transformation efforts were ongoing, with mental health support teams now embedded in schools across the region, achieving 100 per cent mainstream school coverage in Darlington and work with the ICB on next phases of investment in these teams. MHST’s had supported hundreds of young people and helped schools adopt broader approaches to mental health and wellbeing, with further expansion anticipated over the next 3–5 years.

Service Integration and Future Commissioning

Members were informed of a forthcoming tender to reprocure a more integrated model of care, encompassing current partners of getting help services and local VCSE organisations. The proposed model would offer earlier access to services including IAPT, counselling, and CBT, with specifications designed to promote integration and be service user focused. A strong partnership bid had been submitted, though there remained a risk of award to a national organisation.

Governance and Assurance

TEWV has responded to scrutiny reports with significant improvement activity. A recent update from Niche noted clinical practice was now compliant with required standards and governance and quality assurance processes were in place. The progress made reflected substantial effort during a challenging period.

Following the presentation discussion ensued and the following points were raised:-

- A Member declared a personal interest, advising that her children were currently attempting to access neurodevelopmental services. Concerns were raised about the length of prolonged delays, given that her child entered the pathway at age 11½ and was now 14, yet had never been seen or contacted. The emotional toll on families and the

need for more meaningful engagement, beyond occasional leaflets or letters was emphasised. The support provided by Daisy Chain service was praised, however, transport costs and the limited availability of HAF and SEND activities were noted as barriers. It was stressed that for families unfamiliar with support systems, the process felt overwhelming and impersonal.

- A Member raised concerns regarding excessive waiting times for ADHD and autism assessments, referencing NICE guidelines which indicated significant risk of mental health deterioration and hospitalisation within 12–14 months. Current average waits of 35 months were described as unacceptable. Reference was drawn to the I-Thrive model and the view expressed that the model was externally imposed and not tailored to local needs. Members acknowledged the national scale of the issues faced and the limitations of non-recurring funding. It was noted that efforts were underway to prioritise assessments for those most in need, though a clear plan to meet NICE targets was lacking. Workforce shortages and post-COVID demand were identified as key barriers to transformation.
- A Member shared a deeply concerning, recent account of five youth suicides locally within a short time period, including among his son's peers. It was highlighted that suicide rates across Tees Valley boroughs exceeded both regional and national averages. Members discussed the need for retrospective learning and importance of examining whether those individuals had accessed services, been on waiting lists, or received GP support. The Director of Operations confirmed that formal safeguarding investigations were conducted in such cases, with findings shared via appropriate forums. The role of social media as a potential catalyst was acknowledged. It was requested that the latest regional and national data be shared with Members, and the Committee agreed to maintain oversight of this issue.
- A Member highlighted that Darlington had recently appointed a Suicide Prevention Lead, with recent data showing a rise in female suicides. The Senior Democratic Services Officer advised that an update on the suicide prevention work being undertaken across the Tees Valley would be brought to the October meeting of the Committee.
- A Member highlighted the importance of system-wide collaboration and governance in addressing neurodevelopmental challenges. The need for consistent service delivery regardless of provider was emphasised and assurance was provided that any change resulting from the current tender process would not compromise service standards.
- A Member highlighted Darlington's "Keep in Touch" initiative as a model of meaningful engagement, contrasting it with less consistent contact provided elsewhere in the Tees Valley. Proactive information-sharing was desribed as a "prescription against pain" and positive feedback from families had been received.

AGREED that the information presented be noted and that the latest suicide data for the Tees Valley be shared with Members of the Committee.

17 **NORTH EAST AND NORTH CUMBRIA (NENC) INTEGRATED CARE BOARD - TEES RESPITE CARE / ADULT LEARNING DISABILITY UPDATE**

The Head of Strategic Commissioning at NENC ICB provided an update on the development of a revised respite short break service, marking her third presentation to the Committee on this issue. The current position was outlined, and it was highlighted that respite provision has historically been delivered by Tees, Esk and Wear Valley (TEWV) NHS FT at Bankfields and Aysgarth. Following notice from the TEWV to cease this arrangement, significant engagement had taken place with families and carers to identify a suitable alternative.

Members were advised that since September 2024, a co-production approach had been adopted, including listening events held in October/Novermber 2024. These sessions highlighted widespread concerns among families, particularly fears that the changes were financially motivated. The importance of respite in supporting the physical and mental wellbeing of carers, many of whom were older and increasingly frail, was also strongly emphasised.

The Head of Strategic Commissioning advised that key feedback from families indicated a preference for continuity in service quality and structure. In response to the feedback received, a project group was established in December 2024 to develop a new service model. The Committee was advised that the proposed approach centred on the provision of a bed-based respite service at Levick Court, Middlesbrough, supported by a clinical staff team from TEWV.

Members were advised that four open days had been held at Levick Court, which were well attended and positively received. A family event held on 3 July 2025 attracted over 35 attendees and provided a platform for discussion and challenge. It was noted that feedback was broadly supportive, with families expressing reassurance and conditional approval of the model.

The Head of Strategic Commissioning explained that the business case had now been finalised and would be presented to the All in Common committee on 24 July 2025, with ICB consideration scheduled for August. Under the new Public Sector Resourcing (PSR) framework, the proposal would be published on the portal for 14 days under the ‘most suitable provider’ terms. Should no alternative provider emerge, a direct contract award would be pursued, subject to any necessary adjustments. It was

hoped that implementation could be completed by Christmas, noting the importance of continued collaboration with the Trust, families, and local authorities. The Committee was asked to endorse the co-production approach and support the progression of the proposed model to meet future client needs.

Following the presentation discussion ensued and the following points were raised: -

- A Member raised concerns regarding the TUPE transfer of staff from Aysgarth and Bankfields. The Head of Strategic Commissioning confirmed that the proposed commissioning of eight beds at Levick Court presented an opportunity for service growth, including emergency provision. Due diligence had been undertaken on current usage and transitional needs. It was advised that the TUPE process would apply between TEWV and Middlesbrough Council, with recognition of pay disparities between the two organisations. Efforts were underway to avoid a two-tier staffing model. It was explained that staff had attended open days and expressed interest in transferring; of the 16 eligible staff, recruitment of an additional two was planned. It was also noted that while TUPE applied, staff retained the right to decline transfer, and caveats would be managed accordingly. Assurance was provided to Members that continuity of care during the transition remained a priority.
- The Head of Strategic Commissioning confirmed that both Bankfields and Aysgarth sites were expected to close. Although Aysgarth offered a stronger clinical environment, it was no longer fit for purpose. In contrast, Levick Court had been co-designed with TEWV to meet the requirements of a modern respite service. Staff had responded positively, with no union objections raised.
- A Member raised concerns regarding the interface between health and local authority responsibilities, particularly around Friday day service pickups. The Service Manager explained that families had been advised that this issue would not be resolved within the current year due to funding constraints. However, Middlesbrough Council was developing a new booking system and the Registered Managers of Bankfields and Aysgarth were coordinating allocations to ensure equitable access to respite.
- In response to a query the Service Manager confirmed that future planning discussions had begun with families, acknowledging the sensitive nature of long-term care needs. Supported accommodation options were being explored alongside the secure delivery of the new respite model.
- A Member raised a query, on behalf of the families and carers, regarding ownership of the service and continued provision of NHS care once the service was CQC-registered. The Head of Strategic Commissioning clarified that Middlesbrough Borough Council would

own and operate the building under a long-term contract with the ICB, and TEWV commissioned to provide clinical input. Dual registration with CQC would be pursued to enable nursing provision. It was emphasised that the Commissioning Team was committed to ensuring equitable healthcare access for service users.

- In response to a procurement query, it was confirmed that the service would be advertised via the most suitable provider route. Should an alternative provider express interest, timeframes and delivery expectations would need to be delivered on and this would be managed with procurement colleagues. However, given the lack of suitable premises and the urgency of provision required, a direct award via the most suitable provider remained the anticipated route.

The Chair thanked the representatives for their attendance and passed on her best wishes for the conclusion of the commissioning process.

AGREED that the information presented be noted.

18 **NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST - COMMUNITY DIAGNOSTIC CENTRE UPDATE**

The Head of Radiology at South Tees NHS FT provided an overview of the operational performance and strategic development of diagnostic services across South Tees and North Tees, with particular focus on the Stockton-based Community Diagnostic Centre (CDC) operating under a hub-and-spoke model. The £25m Stockton hub had received strong feedback from both patients and staff, with services delivered across multiple sites and a combined annual activity volume of approximately 140,000 tests. The hub alone accounted for 60,000 tests annually.

Patient flow was managed through an extension of existing services, offering the next available appointment at the most appropriate site. This approach aimed to improve population health outcomes, enhance diagnostic productivity and efficiency, and reduce health inequalities in underserved areas. It was advised that performance data was closely monitored, with weekly scrutiny to ensure compliance within a 10 per cent activity threshold. Although a brief delay was noted initially, current data showed improving compliance against plan.

The Head of Radiology advised that endoscopy services had been consolidated across South and North Tees, resulting in significant improvements in waiting times, with most patients now seen within six weeks. A small proportion of complex cases requiring anaesthesia remained. MRI and NOUS services had also been combined, with notable improvements in service delivery and alignment of access times across the patch.

Members were informed that South Tees NHS FT had supported

neuroscience services by shifting elective workload off acute sites, increasing capacity for lung biopsies and cardiac scanning. A one-visit diagnostic model had been introduced, enabling same-day CT and other scans, which has reduced the cancer pathway by 15 days. Innovations included a two-stop prostate clinic and the introduction of a foetal scanner previously only available in Newcastle.

The Head of Radiology highted that North Tees NHS FT had improved MRI access and increased colonoscopy capacity, contributing to enhanced performance metrics. Rapid access chest X-ray sites had also been introduced, and new funding had supported radiology installation at RPCH.

Members were informed that staff development had been a key success, particularly at the Stockton hub where non-medical staff are trained in CT/MRI and emergency response. Feedback had been positive, although concerns around parking remained, with only 27 spaces available via a Stockton Borough Council car park. AI was being trialled for chest X-ray reporting and stroke-related brain scans.

Members were informed that cross-site collaboration between NT and ST has been effective, with shared control areas and staff integration. Urology services were currently under review to enhance patient experience through a comprehensive diagnostic suite. However, a delayed start due to CQC registration was noted.
Following the presentation discussion ensued and the following points were raised:-

- A Member raised concerns regarding gynaecology services, particularly endometriosis, and referenced a forthcoming meeting to discuss this issue.
- A Member queried the impact on patient outcomes, citing a 30% increase in waiting lists year-on-year and the challenges faced in paediatric audiology. Members were advised that despite the challenges, the region remained one of the best performing nationally, with continued reductions in waiting times.
- The Head of Radiology highlighted the need for increased capacity and workforce investment, referencing the findings of the Richards Report. The CDC was commended for its rapid mobilisation and potential. Members highlighted that issues around disabled parking had been swiftly addressed, though general parking remained a concern.
- A Member praised the CDC initiative and emphasised the importance of reducing patient drop-off between sequential tests.
- A Member drew reference to the performance dashboard used by South Tees NHS FT, which included weekly reviews and scan-specific action plans. The opportunity to operate CT and MRI scans flexibily to

aid recovery was noted, with NHS England scrutiny ongoing.

AGREED that the information presented be noted and a site visit to the CDC be arranged.

19 **WORK PROGRAMME 2025/26**

The Work Programme was presented to Members; **NOTED**.

20 **ANY OTHER ITEMS WHICH THE CHAIR CONSIDERS URGENT**

There were no items certified as urgent by the Chair; **NOTED**.

Thursday, 2 October 2025

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Thursday, 2 October 2025 at the Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

PRESENT Councillors C Cawley (Chair), M Besford, J Coulson and L Hall.

OFFICIALS C Breheny, G Jones and G Woods.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Boddy, S Crane, C Hannaway, N Johnson, M Layton, S Moore and H Scott.

21 **MINUTES OF THE MEETING HELD ON 17 JULY 2025**

As the meeting was inquorate no formal decision was made, and the minutes were deferred to the 2 October 2025 meeting for approval.

22 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

23 **SUICIDE PREVENTION - PUBLIC HEALTH UPDATE**

The Lead Preventing Suicide (Tees) Public Health Practitioner attended the meeting following a commitment made in November 2024, to provide an update on suicide surveillance and prevention activity across the Tees Valley. The presentation drew on strategic public health intelligence from the Real-Time Surveillance System (RTSS), covering four local authorities (excluding Darlington). Members were advised that all figures related to suspected deaths by suicide, pending confirmation by the Coroner. Due to the sensitive nature of the subject matter, a short recess was scheduled following the presentation.

The Lead Preventing Suicide (Tees) Public Health Practitioner clarified that Public Health operated in a strategic capacity and was not involved in frontline response. The RTSS enabled timely identification of suicide clusters, with scene attendance triggering notification to Public Health and Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) within 24 hours. Public Health Leads and Directors of Public Health (DPHs) were then informed, and the Integrated Care Board (ICB) received the data for audit purposes. Additional intelligence was provided by drug and alcohol services and NHS care providers, helping to identify emerging risks.

Members were informed that the half-year review (January to June 2025) showed a reduction in the overall suicide rate across the Tees Valley, from 6.5 to 5.6 per 100,000 population. The most affected age group was 30–39 years, and 70 per cent of deaths were male—consistent with national trends. Hartlepool was the only local authority to record an increase, rising from 4.7 to 5.9 per 100,000, with a notable shift in gender profile: 45 per cent of deaths were female, the highest proportion in Teesside. Stockton saw a reduction from 6.1 to 5.0, Middlesbrough from 7.5 to 6.0, and Redcar & Cleveland from 7.3 to 5.7, with female deaths in RCBC rising from 10 to 30 per cent.

Age-related trends also shifted. In 2024, the most affected group had been 0–19 years; in 2025, this changed to 20–29 and 50–59 years. Analysis of deprivation data showed that most deaths occurred in the most deprived centile, with a secondary peak in the least deprived decile. Mondays were the most common day of occurrence, with May recording the highest number of deaths, followed by February.

The Lead Preventing Suicide (Tees) Public Health Practitioner outlined the Year One priorities for the Tees Suicide Prevention Programme. The importance of recognising the complexity of suicide and addressing common risk factors, including online safety and responsible media reporting was emphasised. It was advised that public deaths were monitored to ensure language was used sensitively and accurately, with efforts made to hold organisations accountable for appropriate terminology.

Members were advised that although Public Health did not own crisis pathways, the service played a key role in promoting them and ensuring partner organisations followed correct procedures. Collaborative work with local authorities, Police, and Fire & Rescue services aimed to reduce high-frequency and high-risk deaths. Environmental interventions such as “talking benches” and “bed benches” were implemented in line with national guidance to reduce access to means and methods.

Members noted that bereavement support formed a critical component of the prevention strategy. It was explained that the four Tees Valley authorities jointly commissioned CRUSE, and from July 2025, If U Care Share had started offering immediate support to families affected by suicide. This timely intervention, particularly around funerals and coroner enquiries, helped to reduce further risk. Schools also received rapid support following a death, with helpline information and local resources shared on the day of notification. Support was provided by CAMHS, CRUSE, and If U Care Share.

In addition, Members were advised that destigmatising suicide remained a core objective. The Lead Practitioner highlighted the importance of using the term “suicide” in everyday conversation and promoting awareness

through community training. The Better Mental Health in the Community programme continued to offer free training across the region.

In terms of key achievements, during the period January to June 2025, it was highlighted that a new information-sharing agreement had been agreed with Cleveland Police, with Public Health granted access to the NICHE system, which had improved data quality. Referral pathways with drug and alcohol services had also been strengthened. Updates on the work undertaken by the Teesside Prevention Taskforce had also been provided at the South Tees Loneliness and Isolation Conference in March and the Hartlepool Men's Health Event in June. Members were advised that future collaboration was planned with Harbour, Halo, and My Sister's Place to further coordinate suicide prevention efforts.

Following the presentation discussion ensued and the following points were raised:-

- Members queried the effectiveness of collaboration and data sharing generally across the Tees Valley. It was advised that partnership working continued through weekly forums and Monday morning meetings, supporting both informal and formal dialogue. Monthly data reviews between colleagues from TEWV and regional leads across North East and North Cumbria Integrated Care Board (NENC ICB) facilitated a whole-systems approach to service delivery, particularly in response to inpatient deaths and deaths in service within six months. It was noted that efforts were made to avoid postcode-based disparities in care and to ensure consistent cross-boundary collaboration.
- Members revisited the suicide prevention agenda, with particular concern noted around male suicide. It was explained that work was ongoing, and local intelligence had been prioritised over delayed national datasets, enabling timely responses. Voluntary sector engagement also remained strong, with information cascaded via alliance meetings and the Stockton Mental Health Steering Group. The prevention agenda was reported to be active and progressing.
- Members drew reference to the Office for National Statistics (ONS) data, and it was queried how the Tees Valley figures compare with other areas of the UK. It was advised that recent suicide data indicated persistent challenges in the 20–39 age bracket. While Redcar and Cleveland had previously held the highest rates nationally, County Durham had overtaken, with Redcar and Cleveland showing a 34 per cent reduction over five years. Hartlepool's figures remained static; other boroughs showed modest improvement. It was noted that the next ONS release was expected on 7 October. The Lead Practitioner agreed to circulate updated figures once available.
- Members queried the age range variations across the Tees Valley.

It was noted that early-year clusters of younger deaths had impacted averages in Hartlepool, with Redcar and Cleveland showing a higher prevalence in older age groups. Socioeconomic pressures, particularly among those “just managing” were cited as contributing factors. In terms of ethnicity, it was noted that the data indicated a predominance of white British deaths, although it was acknowledged that there was underreporting in some communities. It was advised that work was ongoing with BAME colleagues to address cultural and religious barriers to mental health disclosure.

- Members queried the impact of the 111 mental health crisis pathway on service accessibility. It was advised that this query would be forwarded to the Programme Manager at TEWV for a response.

AGREED that the information presented be noted and that:-

a) The updated ONS data due for release on 7 October 2025 be circulated to all Members once published.
b) The query relating to the impact of the 111 mental health crisis pathway on service accessibility be forwarded to TEWV.

24 **COMMUNITY MENTAL HEALTH TRANSFORMATION - TEES, ESK & WEAR VALLEY NHS FOUNDATION TRUST**

The Associate Director of Partnerships and Strategy at TEWV attended to update Members on the Community Mental Health Transformation programme, which it was advised, aligned with the strategic shifts outlined in the NHS’s 10-Year Health Plan. The longstanding challenges in mental health data infrastructure were acknowledged, although it was noted that progress from fragmented systems to more standardised, analogue-level data quality had taken place.

Members were advised that in terms of mental health services a consistent model had been developed across the Tees Valley, which although tailored to local populations was underpinned by shared standards. The transformation aimed to reduce inappropriate referrals and improve signposting, with strengthened partnerships ensuring individuals were directed to the most appropriate services.

The Associate Director advised that Peer Support Workers had been commissioned across the region, which had been led by Teesside Mind, reversing previous models where statutory services outsourced provision. Capacity for psychological therapies had increased by 22 per cent, although access to specialist support, particularly for conditions such as bipolar disorder, remained limited nationally. Physical Health Practitioners for severe mental illness (SMI) had been embedded within Primary Care Networks, with 66 per cent of patients receiving annual health checks, including outreach to those least likely to engage.

Members were advised that the service model had drawn on the THRIVE framework, supporting self-management and enabling stepped access to GP services, community hubs, virtual hubs, and TEWV staff. Multidisciplinary teams and Care Navigators facilitated seamless transitions across services, ensuring equal voice and shared responsibility in care planning.

It was highlighted that since August 2023, the number of patients receiving at least two contacts had grown from 2,200 to over 8,000, with more than 40,000 appointments delivered in primary care by Mental Health Nurse Prescribers. The programme had received national recognition, including invitations to contribute evidence to a parliamentary enquiry and engagement with NHS England and the Centre for Mental Health.

The Associate Director advised that integrated neighbourhood teams were expected to build on the same principles, with emphasis on system-wide understanding, reduced hand-offs, and continuity of care. Regular “huddles” had supported shared learning and coordination, while voluntary and community sector (VCS) partners had played a central role in delivery. Service design had remained rooted in feedback from Healthwatch and service users, with efforts focused on reducing waiting times, improving readiness for therapies such as Eye Movement Desensitisation and Reprocessing (EMDR), and minimising the need for individuals to repeat their stories.

Members were informed that staff satisfaction had improved, with reduced turnover and sickness rates. The workforce had expanded, including additional peer workers, and patient-reported recovery outcomes had increased. It was noted that continued investment and partnership working were seen as key to sustaining progress.

Following the presentation discussion ensued and the following points were raised:-

- Members queried the transition from child to adult mental health services. It was noted that CAMHS operated under a distinct model, with transition planning beginning before the age of 17. It was advised that while there was no automatic fit with adult services, employment support workers and Job Centre links had helped bridge gaps. In addition, efforts had been made to reduce the historic “cliff edge” at age 18, with care planning embedded earlier in the pathway.

- Members raised concerns about workforce retention and development and highlighted the national shortage of mental health nurses and psychological therapy practitioners. It was advised that

locally, the ICB had invested in talking therapies and trained 30 high-intensity practitioners. TEWV had developed overseas recruitment strategies and worked closely with universities to promote the North East as a desirable place to live and work to boost retention and recruitment efforts.

- Members queried the degree of progress made in improving access for BAME communities. It was highlighted that progress was being made including the establishment of a dedicated post within TEWV and a new project had been launched with Middlesbrough Mind and local universities. Poverty-proofing measures were also discussed, including the importance of locating services in accessible community buildings and supporting service-user-led groups to increase engagement and reduce drop-out rates.

- It was acknowledged that the Stockton Wellbeing Hub, opened in July 2022, had delivered significant impact through the provision of walk-in access to advice, information, and partner services. A similar model was in place in Darlington. In Middlesbrough, staff operated from Mind premises, including out-of-hours provision. Despite challenges such as vandalism in Grangetown, alternative community venues had been utilised. Members expressed interest in expanding the hub model across Tees Valley, ideally with seven-day access and inclusion of children and young people, subject to capacity.

- Future planning would focus on integrated neighbourhood health teams and end-to-end pathways tailored to local needs. HWBB oversight of neighbourhood health plans was expected to ensure evidence-based delivery.

- Members emphasised the importance of providing discrete services for children and young people, particularly in respect of counselling services.

- Members raised concerns regarding the complexity of neurodiverse pathways. It was noted that children faced longer waits due to multi-agency diagnostic processes, while adult referrals were triaged based on need.

- In response to a query, it was advised that neurodiverse adults often faced long waits, with prioritisation based on severity of impact. The population requiring support continued to grow.

- Members reiterated the importance of learning from diverse communities and improving service design. It was advised that a Middlesbrough-specific project had recently launched, with ongoing

collaboration between Mind and the university. This work would continue until meaningful and sustainable improvements were achieved.

AGREED that the information presented be noted.

25 **VAPING / NITROUS OXIDE - PUBLIC HEALTH UPDATE**

The Committee received an update on public health issues relating to vaping behaviours in South Tees. Members expressed concern at the unprecedented levels of nitrous oxide canisters found during recent litter picks, with a whole box discovered, and agreed to share this information with the relevant Officers.

The discussion emphasised that smoking and tobacco remained the primary focus, as smoking continued to be the single largest preventable cause of premature deaths in the UK. Locally, smoking rates were significantly high, with Middlesbrough recording 18.6 per cent the highest nationally. South Tees initiatives were being mirrored in neighbouring authorities, given smoking's major contribution to health inequalities. The North East average stood at 11.6 per cent with Tees Valley showing higher rates among key groups.

It was confirmed that vaping was scientifically assessed as 95 per cent less harmful than tobacco smoking and intended as a quit aid rather than a recreational activity. Members were advised that data from ASH continued to inform local statistics, which showed higher levels of smoking compared to vaping. Misconceptions remained widespread, with 53 per cent of smokers believing vaping was as harmful or more harmful than smoking. Disposable vape use had peaked in 2023.

Members noted with concern that youth smoking had increased for the first time in eight years, rising from 14 per cent in 2023 to 21 per cent in 2025. South Tees remained the only area in the North East, and one of only three nationally, to offer equivalent support to vapers as to smokers. Two pathways were available: evidence-based behavioural support and nicotine replacement therapy (NRT), which had been rolled out mainstream from April 2025. Outreach teams had also engaged with secondary schools, with the hope of expanding provision across the region. The agreed position was clear: those who smoke should be encouraged to quit through vaping, but those who do not smoke should not take up vaping.

The Redcar and Cleveland's Trading Standards Officer reported that vapes were governed by legislation and disposable vapes should not now be sold in retail premises. Test purchases were conducted with adults and children, and tobacco detection dogs were deployed. Enforcement powers included seizure of products and closure orders of three to six months.

Members were advised that counterfeit products were identified as a major issue, often linked to organised crime, with concealments and offsite storage used. Since April 2023, significant seizures had been made, including half a million cigarettes from a flat in Middlesbrough. Despite strong partnerships with HMRC and use of CCTV, resource limitations remained a challenge. It was noted that disposable vapes continued to be sold under the counter, and intelligence from the public was vital.

Members discussed the wider policy context, noting the Tobacco and Vapes Bill progressing through Parliament. Concerns were raised about rising youth vaping, with suggestions that a requirement for nicotine-based vapes to be made prescription only could help to reduce illegal access. The Committee welcomed outreach work in schools and acknowledged the Panorama documentary highlighting teenage vaping.

Middlesbrough's Trading Standard Officer confirmed that premises had to be licensed to sell regulated products and HMRC assumed responsibility for duty. It was noted that there had been no significant change in consumer use since the introduction of the disposal vape ban in June 2025. Members commended the information requested and formally requested that the data requested from Stockton's Trading Standards Team be circulated.

The Committee discussed the issue of illegal vapes containing spice. It was noted that these products were not reflected in the published figures. Trading Standards reported that such items were treated as drug paraphernalia, highlighting the lengths to which illicit suppliers would go. Members acknowledged that these vapes contained zero nicotine and that packaging would never disclose their true content, confirming their illicit nature.

Members were informed that schools and substance use teams continued to engage with pupils, addressing any incidents relating to illicit substance use. It was observed that spice was not typically found in disposable vapes but rather in rechargeable devices, which Trading Standards would not purchase.

The Committee resolved to support the Nicotine and Tobacco Bill by adding signatures to the national letter prior to its formal submission.

AGREED that the information presented be noted and requested data circulated.

26 **WORK PROGRAMME 2025/26**

The Senior Democratic Services Officer advised that representatives from the Community Diagnostic Centre in Stockton had offered to facilitate a

visit for the Committee on either Thursday 23rd or Friday 24th October 2025. Both options would be emailed to all Members of the Committee, and the necessary arrangements made for a visit to be held on the preferred date.

The Work Programme was presented to Members; **NOTED**.

27 **WINTER PLAN UPDATE - NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE BOARD**

Members received an update on the Tees Valley Winter Plan for 2025/26, which had been developed as part of the wider North East and North Cumbria (NENC) Integrated Care Board (ICB) system approach and coordinated across all partner organisations. It was noted that the Local Accident and Emergency (A&E) Delivery Board retained oversight of the plan, which had been aligned with Local Authorities' priorities and shared through Health and Wellbeing Boards. Assurance had been provided by the NENC ICB, with regional stress-testing exercises completed in September. Members were informed that the plan had been formally signed off earlier in the week.

Members were advised that seven key priorities had been identified to support urgent and emergency care (UEC) improvements, extending beyond A&E delivery. These included prevention, enhanced access to pharmacy services, Acute Respiratory Infection (ARI) hubs, and hospital-at-home models. A pilot between North and South Tees had supported care coordination, with a focus on retaining patients in their own homes wherever possible.

It was highlighted that respiratory pathways had been strengthened, with targeted support for high-risk COPD patients previously provided across nine practices, now expanded. ARI hubs were to be mobilised from 3 November. It was noted that the provision of the urgent treatment centres in South Tees had improved patient flow, alongside collaboration with GP federations and expanded same-day emergency care pathways. Paramedics were now able to refer directly to same-day services, bypassing A&E.

In addition, the "Call Before Convey" pilot in North and South Tees aimed to reduce unnecessary hospital admissions. Additional urgent care capacity had been planned for bank holidays, with continued efforts to provide safe alternatives to hospital-based care. Mental health services were working to prevent any delays in A&E exceeding 24 hours, ensuring patients were placed appropriately.

Regarding seasonal vaccination campaigns these had commenced under the "Be Wise – Immunise" banner, with promotion across GP practices,

staff groups, and partner organisations. Public Health Teams and Local Authorities were monitoring infectious disease trends, with pharmacies supporting self-care and timely prescription management.

It was noted that communications were coordinated regionally, with local NHS Trusts amplifying messages around Urgent Treatment Centre availability and integrated care options. A system control centre was in place to oversee performance and adapt messaging as required.

Following the presentation discussion ensued and the following points were raised:-

- Members raised concerns about ensuring eligible groups maximised uptake of seasonal vaccinations. Members were advised that promotion was supported through GP practices and that further data could be provided via health protection figures.

- Clarification was sought regarding urinary tract infection (UTI) pathways, which were noted to apply primarily to women in uncomplicated cases. It was confirmed that further clarification would be sought and an update provided to Members via email.

- Members queried the variation in COVID-19 and flu vaccine scheduling. It was advised that this was attributed to vaccine availability and recall processes.

- Members queried the omission of data relating to the shingles vaccination in the documentation. It was confirmed that health professionals had attended community spaces to promote availability and that the shingles vaccination was available from age 70. Clarification was sought on whether there was a need for 2 doses of the vaccine. It was advised that further information would need to be sought from the vaccination lead and provided to Members following the meeting.

AGREED that the information presented be noted and that:-

a) Information regarding UTI pathways to be obtained and the response shared with Members.

b) Clarification to be provided to Members regarding the required dosage for the shingles vaccination.

28 **ANY OTHER ITEMS WHICH THE CHAIR CONSIDERS URGENT**

There were no items certified as urgent by the Chair; **NOTED**.