

AUDIT AND GOVERNANCE COMMITTEE AGENDA



Thursday 7 August 2014

at 10.00 am

**in Committee Room B,
in the Civic Centre, Hartlepool**

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE

Councillors Ainslie, S Akers-Belcher, Martin-Wells, Robinson Thompson, Sirs and Springer.

Standards Co-opted Members; Mr Norman Rollo and Ms Clare Wilson.

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
 - 3.1 To confirm the minutes of the meeting held on 11 July 2014.
- 4. AUDIT ITEMS**

No items



5. STATUTORY SCRUTINY ITEMS

- 5.1 Evaluation of the Reconfiguration of Emergency Medical and Critical Care Services at North Tees and Hartlepool Foundation Trust:
- (a) Covering Report – *Scrutiny Manager*
 - (b) Presentation – *Representatives from North Tees and Hartlepool NHS Foundation Trust*
- 5.2 Selection of potential topics for inclusion in the 2014/15 statutory scrutiny work programme – *Scrutiny Manager*
- 5.3 Suggested topics for inclusion in the 2014/15 Work programme for the Tees Valley Health Joint Scrutiny Committee – *Scrutiny Manager*
- 5.4 Appointments to Committees / Forums – *Scrutiny Manager*
- 5.5 Dedicated Overview and Scrutiny Budget 2013/14 Outturn – *Scrutiny Manager*

6. STANDARDS ITEMS

No items.

7. MINUTES FROM THE RECENT MEETING OF THE HEALTH AND WELLBEING BOARD

No items.

8. MINUTES FROM THE RECENT MEETING OF THE FINANCE AND POLICY COMMITTEE RELATING TO PUBLIC HEALTH

- 8.1 Extract from the Meeting held on 30 June 2014..

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

No items.

10. MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP

- 10.1 Minutes of the meeting held on 9 May 2014.

11. REGIONAL HEALTH SCRUTINY UPDATE

No items.



12. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

FOR INFORMATION:

Date of next meeting – Thursday 21 August at 10.00 am in the Civic Centre,
Hartlepool.



AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

11 JULY 2014

The meeting commenced at 10.30 am in the Civic Centre, Hartlepool

Present:

Councillor Ray Martin-Wells (In the Chair)

Councillors: Jim Ainslie, Stephen Akers-Belcher, Kaylee Sirs and Paul Thompson.

Independent members: Norman Rollo and Clare Wilson.

Also Present: Diane Harold, Mazars.
Councillor Alan Clark.

Officers: Andrew Atkin, Assistant Chief Executive
Noel Adamson, Head of Audit and Governance
Sandra Shears, Head of Finance (Corporate and Schools)
Joan Stevens, Scrutiny Manager
David Cosgrove, Democratic Services Team

1. Apologies for Absence

None.

2. Declarations of Interest

None.

3. Minutes of the meeting held on 15 May 2014

Confirmed

4. Role of the Chief Finance Officer and Head of Internal Audit in Local Government *(Chief Finance Officer)*

The Head of Audit and Governance reported that at the meeting of the Committee held on 15 May 2014 (minutes 234 and 235 refer) the Committee considered two reports setting out the content of CIPFA's statement on 'The Role of the Chief Finance Officer' and 'The Role of the Head of Internal Audit in Local Government', and how the Council complied with the guidance. At that meeting, the Vice-Chair (Councillor S Akers-

Belcher) suggested that it would be prudent to submit both reports to the new Committee appointed for the new municipal year for Members information. The two reports were appended to the report for the Committee's reference.

Recommended

That the reports be noted.

5. Internal Audit Plan 2014/15 Update (*Head of Audit and Governance*)

The Head of Audit and Governance submitted a report updating Members on the progress made to date completing the internal audit plan for 2014/15.

In relation to the assurance that could be placed on the audits completed by the Internal Audit Team, the Head of Audit and Governance highlighted the audit of Section 17 Payments where 'no assurance', the lowest level of assurance, had been given. The Head of Audit and Governance stated that the audit revealed that there had been a break down in procedures which were partly a result of different approaches used to make the payments by different teams. The actions agreed at the audit had been fully implemented by the department. In response to Members questions, the Head of Audit and Governance indicated that while some payments had been made 'with the best of intentions' by officers, internal procedures and statutory legislation and guidance had been overlooked. All the actions agreed as set out in the appendix to the report had been implemented and the officer considered that adequate controls were now in place.

The Head of Audit and Governance also highlighted the 'limited' assurance given following the audit of Information Data Management. It was noted during the audit that contrary to corporate data security policy, data was being stored on local PC hard drives rather than the central network. This matter had now been fully resolved.

Members questioned the assurance levels given following audits by the Internal Audit Team. The Head of Audit and Governance stated that three levels of assurance were utilised with the authority; Reasonable, Limited and No Assurance. As any audit only checked a sample of financial transactions or actions, 'Reasonable' was the highest level of assurance that could be given. 'Limited' usually meant that some changes to procedures were necessary and these would be set out in the actions agreed made in the audit report. 'No Assurance' was the lowest level that would be concluded following an audit and it was generally rare within the authority.

Recommended

That the report be noted.

6. Mazars Report- Audit Progress Report 14/15 (*Chief Finance Officer*)

The representative from Mazars, the Council's appointed external auditors, reported on the progress made on the 2013/14 audit. It was reported that representatives from Mazars were now located in the Civic Centre while undertaking the audit of the Council's accounts for 2014/14.

In the progress report the risk relating to the Council's financial resilience while meeting the budget cuts from the government's austerity programme were highlighted. This was highlighted as a risk as the auditors were required to look at the Council's forward financial programme for two years ahead. Comparatively, Hartlepool BC had a history of achieving the savings targets it faced. The Assistant Chief Executive commented that the risk had also been included within the Council's Annual Governance Statement so Members could be reassured that the Corporate Management Team had also identified this as an issue for the Council.

The Mazars representative also highlighted the national fraud initiative which the Head of Audit and Governance was to report to a future meeting of the Committee.

The Mazars representative indicated that Mazars had been appointed as the authority's external auditors by the Audit Commission for five years. It was now understood that the contract may be rolled forward for a further three years to 2020. At that time the Council would become responsible for appointing its own external auditors. In response to the Chair's question, the Mazars representative stated that the Audit Commission would remain in place until the end of March 2015. Members questioned if the changes had reduced costs for the authority and it was reported that external audit fees were some 40% reduced, saving the authority around £180,000 a year.

The Head of Audit and Governance informed the Committee that he would be bringing a report to a future meeting on a consultation currently being undertaken on the nature of external audit in local authorities. Due to the timescales, a response to the consultation would be agreed with the Chair of the Committee.

Recommended

That the report be noted.

7. The 2013/14 Financial Report (including the 2013/14 Statement of Accounts) (*Chief Finance Officer*)

The Head of Finance (Corporate and Schools) reported on the arrangements for approving the Council's Financial Report for 2013/14, which included the Statement of Accounts. A copy of the 2013/14 unaudited Financial Report was submitted with the report for members

information and as part of the good practice recommended by CIPFA to allow Members time to familiarise themselves with the accounts.

The Head of Finance drew Members attention to the statement of the value of the Council's reserves indicating that there would be a further review of the reserves during the year. The detailed allocations within the general fund reserve were also highlighted. The accounts would now be audited by Mazars and a further report would be submitted to the Committee in September.

Members asked if the detailed schedule of the specific allocations within the general fund considered at the Finance and Policy Committee could be circulated to Members of this Committee. The Assistant Chief Executive indicated that the schedule was included in the detailed accounts in Section 3 of the Financial Report. The Assistant Chief Executive added that the Corporate Management Team had been tasked with undertaking a detailed review of the reserves.

Members questioned what level of reserves was generally recommended to local authorities. The Head of Finance indicated that there was a general best practice that suggested general fund reserves should be no more than 5% of a Council's gross budget. The representative from Mazars indicated that during the audit, the general fund reserves were examined while other reserves for specific future commitments were excluded.

A Member indicated that during the previous discussions on the localisation of business rates, Members had been advised that there was the potential the authority could lose income. The Members questioned if the costs for appeals against business rates and the potential reduction in rates from the power station had been accounted for. The Head of Finance commented that business rates were calculated on a national level. In Hartlepool, the local authority retained 49% of the rates collected with the Fire Authority receiving 1%; the remainder went to central government. There was money set aside for appeals and a reserve of £1.9m to cover the risk of the power station.

A Member understood that the large supermarkets were appealing against their business rates and he questioned on what grounds. The Assistant Chief Executive indicated that at this point the basis for the appeal was not known; it could be any number of factors and may be related to successful appeals in other areas.

The Chair commented that the authority had been mindful of the risk of the power station. Recent decisions to increase the amount of industrial space in the borough would also assist in offsetting the risk.

Recommended

That the report be noted.

8. Standards Items

No items.

9. Statutory Scrutiny Items

No items.

10. Minutes of the recent meeting of the Health And Wellbeing Board

No items.

11. Minutes of the recent meeting of the Finance and Policy Committee Relating to Public Health

No items.

12. Minutes of recent meeting of Tees Valley Health Scrutiny Joint Committee

No items.

13. Minutes of recent meeting of Safer Hartlepool Partnership

No items.

14. Regional Health Scrutiny Update *(Author)*

No items.

15. Any Other Items which the Chairman Considers are Urgent

No items.

The meeting concluded at 11.05 am.

CHAIR

Audit and Governance Committee

7 August 2014



Report of: Scrutiny Manager

Subject: Evaluation of the Reconfiguration of Emergency Medical and Critical Care Services at North Tees and Hartlepool Foundation Trust

1. PURPOSE OF REPORT

- 1.1 To provide the Audit and Governance Committee with the key findings of the evaluation of the reconfiguration of emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust.

2. BACKGROUND

- 2.1 A Joint Health Scrutiny Committee which consisted of Members from Hartlepool, Stockton and Durham Councils was established in the 2013/14 Municipal Year to consider the reconfiguration of emergency medical and critical care services.
- 2.2 The Audit and Governance Committee, at their meeting held on 4 September 2013, were informed of the outcome of the consultation, which was to implement the proposals detailed within the consultation document to reconfigure emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust.
- 2.3 Resulting from the consultation, an 'oversight board' was established to enable dialogue to take place between Hartlepool and Stockton-on-Tees Clinical Commissioning Group; Durham Dales, Easington and Sedgefield Clinical Commissioning Group; North Tees and Hartlepool NHS Foundation Trust; and local authorities regarding issues raised in the Joint Health Scrutiny Committee's consultation response as part of the implementation of the proposals.
- 2.4 A formal evaluation report into the reconfiguration of emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust has been produced and representatives of the Trust will be in attendance to report upon the key findings from the evaluation report.

3. RECOMMENDATIONS

- 3.1 That the Audit and Governance Committee consider the key findings of the evaluation report into the implementation of the reconfiguration of emergency

medical and critical care services at North Tees and Hartlepool NHS Foundation Trust.

4. REASONS FOR RECOMMENDATIONS

- 4.1 In order to inform Members of the key findings of the Evaluation Report.

5. BACKGROUND PAPERS

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

(a) Report of the Scrutiny Manager entitled 'Emergency Medical and Critical Care Consultation: Outcome – Covering Report' presented to the Audit and Governance Committee on 4 September 2013.

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

AUDIT AND GOVERNANCE COMMITTEE

7 August 2014



Report of: Scrutiny Manager

Subject: SELECTION OF POTENTIAL TOPICS FOR INCLUSION IN THE 2014/15 STATUTORY SCRUTINY WORK PROGRAMME

1. PURPOSE OF REPORT

1.1 To:-

- i) Provide an overview of the role and functions of the Audit and Governance Committee in fulfilling its statutory scrutiny responsibilities and the process for the determination of the Overview and Scrutiny Work Programme for the 2014/15 Municipal Year; and
- ii) Seek consideration of potential topics for inclusion into the Statutory Scrutiny Work Programme for the 2014/15 Municipal Year.

2. BACKGROUND INFORMATION

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

Statutory Health Scrutiny

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

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

- (i) health issues identified by, or of concern to, the local population;
- (ii) proposed substantial development or variation in the provision of health services in the local authority area (except where a decision has been taken as a result of a risk to safety or welfare of patients or staff);
- (iii) the impact of interventions on the health of local inhabitants;
- (iv) an overview of delivery against key national and local targets, particularly those which improve the public's health;
- (v) the development of integrated strategies for health improvement; and
- (vi) The accessibility of services that impact on the health of local people to all parts of the local community.

Additional Responsibilities:

- Recommend to Council that a referral be made to the Secretary of State where there are concerns over insufficient consultation on major changes to services.
- Participates in, and develops, the Tees Valley Joint Health Scrutiny Committee and other joint arrangements with neighbouring authorities.

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

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

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

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

Statutory Crime and Disorder Scrutiny

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

- (i) Scrutiny of the work of the partners (insofar as their activities relate to the partnership itself);
- (ii) The review or scrutiny of decisions made or other action taken in connection with the discharge, by responsible authorities, of their crime and disorder functions (in this context responsible authorities means the Council, the Police, the Fire Authority and the Health Bodies) and make reports or recommendations to the Council or the appropriate Policy Committee with regard to the discharge of those functions. Key areas for review or scrutiny being:
 - Policy development – including in-depth reviews;
 - Contribution to the development of strategies;
 - Holding to account at formal hearings; and
 - Performance management.
- (iii) Making reports and recommendations to the Council or to the appropriate Policy Committee on any local crime and disorder matter (as defined by section 19 of the Police and Justice Act 2006) which has been referred to it by a Member of the Council as a Councillor Call for Action.

3. STATUTORY SCRUTINY WORK PROGRAMME 2014/15

- 3.1 In 2013, changes to the Council's governance arrangements resulted in a change to the responsibilities and operation of overview and scrutiny Hartlepool. Under these new arrangements, as indicated in Section 2 of this report, the Council's Audit and Governance Committee has responsibility for two areas of statutory scrutiny. These two areas are health and crime and disorder.
- 3.2 Each year Overview and Scrutiny identifies, implements and completes an annual work programme as a means of fulfilling its responsibilities. Members are asked to consider the development of the 2014/15 Work Programme, identifying potential topics for investigation and indicative timeframes covering both areas of statutory scrutiny.
- 3.3 As part of this process, it is important to focus resources / committee time, and allow sufficient time to respond to other issues. On this basis, work programmes have in the past generally focused on one primary investigation for each service area and Members are asked to bear this in mind in the selection of topics. It is also suggested that Members retain capacity for consideration of:
 - Emerging issues, on an ad hoc basis; and
 - Mandatory topics. These topics are either statutory requirements, or have been agreed by the Committee in previous years. Details of these are outlined in **Appendix A**.

Health Statutory Scrutiny

- 3.4 In considering the development of a potential work programme item relating to **health** issues, the Director of Public Health, the Director of Child and Adult Services, HealthWatch, Hartlepool and Stockton-on-Tees Clinical Commissioning Group, North Tees and Hartlepool NHS Foundation Trust, the Health and Wellbeing Board and Members have been consulted and the potential topics that have been suggested are outlined in sections 3.5 of this report to enable the Committee to compile its Work Programme. However, it should be appreciated that some of the areas detailed below are continually evolving and further details will emerge throughout the year.
- 3.5 In addition to the mandatory topics, the topics below have been suggested as potential items for consideration by the Committee in relation to Health. In order for the Committee to identify a suitable topic for investigation a PICK scoring system has been utilised which measures each topic using 4 areas, public interest; impact; council performance and efficiency; and keep in context. An explanation of the scoring system is attached as **Appendix B**.

TOPIC	Director of Public health / Director of Child and Adult Services	Clinical Commissioning Group	North Tees and Hartlepool NHS Foundation Trust	Healthwatch	Councillors	Audit and Governance Committee from 2013/14 Municipal Year	Health and Wellbeing Board
Cardio Vascular Disease (Issue: To explore the pathways of care for patients with cardiovascular disease including diagnosis, treatment and prevention) For further details see Appendix C .	X	X	X				
Managing Discharge Pathways (Issue: To explore discharge pathways and how these can be improved including the links between health and housing and arrangements for 'step up, step down beds') For further details see Appendix D .	X		X				

North East Ambulance Service (Issue: Local performance of NEAS) For further details see Appendix E.				X		X	
Cancer (Issue: To explore prevention and early detection) For further details see Appendix F.		X					
Dementia (Issue: To explore hospital care, out of hospital care and early diagnosis) For further details see Appendix G.		X			X		
End of Life Pathways (Issue: To explore the changes made to the Liverpool Care Pathway) For further details see Appendix H.				X			

- 3.6 In considering potential work programme items for 2014/15 Members may also wish to update the 3 year rolling work programme for this Committee. The establishment of the rolling work programme is considered best practice as outlined in the health scrutiny guidance. This is to enable local partners to be aware in advance of forthcoming priorities of the Audit and Governance Committee.

ROLLING HEALTH SCRUTINY WORK PROGRAMME
Healthy Eating / Obesity (For further details see Appendix I)
Drug Rehabilitation (For further details see Appendix J)
Diet, Nutrition and Diabetes (For further details see Appendix K)

Crime and Disorder Statutory Scrutiny

- 3.7 In considering the development of a potential work programme item relating to **crime and disorder** issues, the Director of Regeneration and Neighbourhoods, the Safer Hartlepool Partnership and Members have been approached for topic discussions. On the basis of discussions and in meeting the requirements of crime and disorder committee legislation, a list of mandatory items to be considered by the Committee is attached at Appendix A.
- 3.8 In addition to the mandatory topics, the below topics have been suggested as potential items for consideration by the Committee in relation to Crime and Disorder.

TOPIC	Director of Regeneration and Neighbourhoods	Safer Hartlepool Partnership	Councillors	Other
Hate Crime For further details see Appendix L.	X	X		
Anti-Social Behaviour Powers For further details see Appendix M.	X			
Restorative Justice For further details see Appendix N.	X			
Domestic Violence For further details see Appendix O.	X	X		

- 3.9 In setting the Work Programme for 2014/15 consideration also needs to be given to the following Budget and Policy Framework documents, which will be presented to the Committee during the course of the year.

BUDGET AND POLICY FRAMEWORK ITEMS	ESTIMATED TIMETABLE FOR CONSIDERATION
Health and Wellbeing Strategy – Annual Refresh and Action Plan	TBC
Community Safety Plan – Annual Refresh	TBC
Youth Justice Strategic Plan	February or March 2014

- 3.10 The Committee is also advised to be cautious in setting an overly ambitious Work Programme for which it may be unable to deliver. In order to assist Members, **Appendix P** maps the meetings of the Audit and Governance Committee alongside the issues already identified for consideration in Appendix A.
- 3.11 Having considered the above information together with topics identified by individual Members' for inclusion into the Work Programme, the Committee may wish to discuss various aspects contained within the Council Plan to raise potential areas for consideration. They could range from areas already identified as suitable for development or areas where the specific performance is of concern. For this purpose, **Appendices Q and R** details the relevant sections of the Council Plan for the Committee's consideration as outlined below:-

Appendix Q – Council Plan outcomes relating to Health and Wellbeing
Appendix R – Council Plan outcomes relating to Crime and Disorder

- 3.12 A copy of Hartlepool and Stockton-on-Tees Clinical Commissioning Group's (CCG) Annual Report 2013/14 can be viewed at <http://www.hartlepoolandstocktonccg.nhs.uk/publications>. The Strategic section of the report describes the CCG's work and assesses how they have performed over the last year. The Committee may wish to discuss various aspects contained within the Strategic section of the Annual Report to raise potential areas for consideration.
- 3.13 Once the Committee has identified its Scrutiny topics, anticipated time frames need to be applied. It is recognised that the Committee's workload needs to be managed carefully, with due consideration given to the allocation of appropriate time to allow effective exploration of the identified health and crime and disorder topics. In order to assist in achieving this, it is suggested that the Committee considers the potential value of establishing small groups of Members (potentially consisting of 2 or 3 elected or independent members) to carry out work relating to specific areas within each of the topics.
- 3.14 Evidence gathered by the groups outside of the normal scheduled Committee meetings, could then be reported back to the full Committee, maximising the use of resources and time, assisting in the collection of evidence to inform investigations and helping manage the duration of formal meetings. To assist in consideration of this suggestion, Members views are to be fed into discussions at today's meeting, including potential groupings, for consideration by the Committee.
- 3.15 It is also suggested to the Committee that a standard template for applying time allocations should be treated with caution as when scoping a subject a number of complexities may arise, therefore the anticipated duration should be allocated to the subjects on an individual basis.

4. RECOMMENDATIONS

4.1 The Audit and Governance Committee is requested to:

- (a) consider the wide range of information detailed within this report to assist in the determination of its 2014/15 Work Programme, utilising the tables provided;
- (b) consider choosing a maximum of one/ two topics for the coming year, which will allow for flexibility in its work programme for emerging issues and referrals;
- (c) consider the items on the rolling programme and agree whether to maintain the current items or remove / add topics;
- (d) consider the group working proposal (as detailed in Section 3.13), to assist in the collection of evidence and effectively manage the duration of formal Audit and Governance Committee meetings; and
- (e) subject to approval of the proposal outlined in Section 3.13, consider nominations for the potential membership of the groups (3 groups with 2 or 3 members in each group).

5. REASONS FOR RECOMMENDATIONS

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

BACKGROUND PAPERS

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

- (i) Community Safety Plan 2014-17
- (ii) Hartlepool JSNA

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

Health Items

ITEM TO BE CONSIDERED	Details	Estimated Timetable for Consideration by the Forum
Evaluation of the Reconfiguration of Emergency and Critical Care	A formal evaluation report into the reconfiguration of emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust has been produced and representatives of the Trust will be in attendance to report upon the key findings from the evaluation report.	7 August 2014
North Tees & Hartlepool NHS Foundation Trust Quality Account for 2014/15	Annual reflection on the 2013/14 Quality Account and contribution towards the 2014/15 Quality Account for North Tees and Hartlepool NHS Foundation Trust.	21 August 2014 and 19 February 2015
Director of Public Health – Annual Report	Annual Report produced by the Director of Public Health	16 October 2014
Health and Wellbeing Board Performance Reports (including sub group performance)	Details of the quarterly performance monitoring reports of the Health and Wellbeing Board will be presented to the Audit and Governance Committee on a regular basis.	16 October 2014, 8 January 2015 and 19 March 2015
Tees, Esk and Wear Valleys NHS Foundation Trust – Quality Account	Annual reflection on the 2013/14 Quality Account and contribution towards the 2014/15 Quality Account for Tees, Esk and Wear Valleys NHS Foundation Trust.	19 February 2015
Health Inequalities	Annual update on Health Inequalities, focusing on women's life expectancy, as agreed by the Health Scrutiny Forum in 2009.	19 March 2015

Crime and Disorder Items

ITEM TO BE CONSIDERED	Details	Estimated Timetable for Consideration by the Forum
Community Safety Partnership	Details of the performance of the Safer Hartlepool Partnership during 2013-2014 and the Partnership Strategic Assessment will be presented to the Audit and Governance Committee.	2013-2014 SHP Performance Report – 21 August 2014
Performance Monitoring Reports	Details of the quarterly performance monitoring reports of the Safer Hartlepool Partnership will be presented to the Audit and Governance Committee on a regular basis.	Q1 – 21 August 2014 Q2 – 13 November 2014 Q3 – 19 March 2015

PICK Priority Setting**P for Public Interest**

Members' representative roles are an essential feature of Scrutiny. They are the eyes and ears of the public, ensuring that the policies, practice and services delivered to the people of the District, by both the Council and external organisations, are meeting local needs and to an acceptable standard. The concerns of local people should therefore influence the issues chosen for scrutiny. This could include current issues. For example, dignity is consistently cited as a high priority for service users (e.g. Mid Staffordshire Enquiry, care in Winterbourne hospital) and scrutiny committees are well placed to influence the agenda locally and drive forward better quality services). Members themselves will have a good knowledge of local issues and concerns. Surgeries, Parish Councils, Residents Associations and Community Groups are all sources of resident's views. Consultation and Surveys undertaken by the Council and others can also provide a wealth of information.

I for Impact

Scrutiny is about making a difference to the social, economic and environmental well-being of the area. Not all issues of concern will have equal impact on the well-being of the community. This should be considered when deciding the programme of work, giving priority to the big issues that have most impact. To maximise impact, particularly when scrutinising external activity, attention should also be given to how the committee could influence policy and practice. Sharing the proposed programme of reviews with Members, officer and key partners will assist this process.

C for Council Performance

Scrutiny is about improving performance and ensuring the Council's customers are served well. With the abolition of external inspection regimes, scrutiny has an even more important role to play in self regulation. Members will need good quality information to identify areas where the Council, and other external organisations, are performing poorly. Areas where performance has dropped should be our priority. As well as driving up Council performance, scrutiny also has an important role in scrutinising the efficiency and value for money of Council services and organizational development.

K for Keep in Context

To avoid duplication or wasted effort priorities should take account of what else is happening in the areas being considered. Is there another review happening or planned? Is the service about to be inspected by an external body? Are there major legislative or policy initiatives already resulting in change? If these circumstances exist Members may decide to link up with other approaches or defer a decision until the outcomes are known or conclude that the other approaches will address the issues. Reference should also be made to proposed programmes of work in the Council's plans and strategies

PICK Scoring System

- **P**ublic Interest: the concerns of local people should influence the issues chosen

Score	Measure
0	no public interest
1	low public interest
2	medium public interest
3	high public interest

- **I**mpact: priority should be given to the issues which make the biggest difference to the social, economic and environmental well-being of the area

Score	Measure
0	no impact
1	low impact
2	medium impact
3	high impact

- **C**ouncil Performance and efficiency: priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support the current Efficiency, Improvement and Transformation Programme.

Score	Measure
0	'Green' on or above target performance
1	'Amber',
2	low performance 'Red'

- **K**eep in Context: work programmes must take account of what else is happening in the areas being considered to avoid duplication or wasted effort.

Score	Measure
0	Already dealt with/ no priority
1	Longer term aspiration or plan
2	Need for review acknowledged and worked planned elsewhere
3	Need for review acknowledged

Each topic will be scored under each category as indicated above. Where a category is not applicable, no score will be given.

Topic:

Cardiovascular Disease (CVD)

Background Information

Circulatory and heart disease, also known as cardiovascular disease (CVD), refers to a group of related conditions of the heart and blood vessels. These conditions include:

- Coronary heart disease (CHD): a disease of the blood vessels supplying the heart muscle which can lead to angina, heart attack and heart failure;
- Cerebrovascular disease: a disease of the blood vessels supplying the brain which leads to transient ischaemic attacks (TIA) and strokes;
- Peripheral vascular disease (PVD): a disease of blood vessels supplying the arms and legs that can lead to claudication;
- Atrial fibrillation (AF) and arrhythmias: abnormal pulse rhythm which can be a major cause of strokes.

CVD is the main cause of death in the UK and accounts for almost 191,000 deaths each year (one-third of all deaths). Almost half of deaths (46%) are from CHD and nearly one quarter (23%) from stroke. CVD-related conditions are estimated to cost the economy £25.8 billion annually. The health of people in Hartlepool is generally worse than the England average. Deprivation is higher than the England average and life expectancy for both men and women is lower than the England. Mortality rates from CVD are significantly higher than the national rate. Mortality rates have decreased by 55.6% since 1995-97.

Many risk factors are associated with CVD. Some are non-modifiable risk factors that contribute to disease onset, including age, sex, family history and ethnicity. Other contributing factors are a consequence of lifestyle and can be modified or potentially reversed. These include smoking, elevated total or low density lipoprotein cholesterol levels, being overweight or obese, high blood pressure, sedentary lifestyle and poor diet. In addition, some conditions are associated with increased risk of CVD and should be considered, for example chronic kidney disease (CKD).

Factors accounting for the large majority (86%) of risk of CVD (and therefore inequalities in life expectancy) are potentially reversible, and appropriate services to address CVD within Hartlepool reflect this.

Quality and outcomes framework (QOF) data shows a considerable gap between observed and estimated prevalence on a number of CVD measures. This is acknowledged in efforts to find the 'missing thousands'.


Prevention of CVD is a high priority. A comprehensive CVD screening programme (NHS Health Checks), aims to identify and manage people with undiagnosed CVD. There continues to be an issue in uptake of the screening programme by people in deprived groups and by men.




With trends in obesity levels rising, it is anticipated that there will be a significant increase in the number of people with diabetes and pre-diabetes which is likely to have an impact on the incidence of CVD.

(Hartlepool JSNA - <http://www.teesjsna.org.uk/hartlepool-circulatory-diseases>)

AREAS FOR CONSIDERATION	PICK Scoring System
<p>Public Interest – the concerns of local people should influence the issues chosen</p> <p>Data shows a considerable gap between observed and estimated prevalence on a number of CVD measures.</p> <p>Local people may be undiagnosed.</p>	<p>3 High public interest</p>
<p>Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area</p> <p>The number of people in Teesside with Chronic Heart Disease is expected to rise by 2,600 in five years and 5,600 in ten years, with numbers rising in all localities. Therefore, prevention of CVD is a high priority. A comprehensive CVD screening programme (NHS Health Checks), aims to identify and manage people with undiagnosed CVD. There continues to be an issue in uptake of the screening programme by people in deprived groups and by men.</p> <p>Raising awareness of CVD and the services available will contribute to improving the health and wellbeing of Hartlepool residents.</p>	<p>3 High impact</p>
<p>Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals</p> <p>The needs of people with CVD are generally well established. There may be a requirement to consider the level of understanding of risk of CVD within the community as a way of understanding how best to engage with those at risk who are currently not identified or not complying once identified.</p> <p>The screening programme for CVD is aortic aneurism screening.</p>	<p>1 Amber</p>
<p>Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort</p> <p>This topic has not been considered in previous years. However, work is ongoing through the Better Care Fund planning therefore the Committee should ensure that duplication of work is avoided.</p>	<p>3 Need for review</p>

TOTAL SCORE: 10

Topic: Managing Discharge Pathways						
Background Information The Audit and Governance Committee in the 2013/14 Municipal Year highlighted discharge procedures as an area for improvement. The Committee in their statement to be included in North Tees and Hartlepool NHS Foundation's Trust Quality Account stated that they would welcome improved co-ordination between the hospital, GPs, district nurses and the Local Authority around discharge procedures and practices. Members noted that the Trust was utilising Fire Brigade officers as part of the discharge processes through a 'Safe and Warm Care Programme' to ensure that discharged patients were going home to a safe environment.						
AREAS FOR CONSIDERATION					PICK Scoring System	
Public Interest – the concerns of local people should influence the issues chosen This is an area of concern for local people.					3 High public interest	
Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area This topic is currently being investigated by Healthwatch Hartlepool therefore the impact that the Audit and Governance Committee would make would be limited due to duplication of work.					1 Low impact	
Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals					0 On or above target performance	
Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Latest Note	Last Modified Date
CAD 13/14 HW41	Work in partnership with health partners to develop robust reablement services that promote maximum independence, facilitate people living in their own homes, avoid	31-Mar-2014	 Action On track	<div><div>75%</div></div>	Referrals are back up to the norm after a seasonal decrease in the summer. Length of package remains at approx 6 weeks with 70% requiring no further services following the period of re-ablement. The	08-Jan-2014

	unnecessary admissions to hospital and enable timely and safe hospital discharges.					information system is to be adjusted to enable a flag to be recorded where the person has dementia to enable a more detailed picture of how many people with dementia are being referred to re-ablement.																				
<table border="1"> <thead> <tr> <th>Code</th><th>Short Name</th><th>Q1 2013/14</th><th>Q2 2013/14</th><th>Q3 2013/14</th><th>Q4 2013/14</th><th></th><th>Expected Outcome</th><th>Note</th></tr> </thead> <tbody> <tr> <td>NI 131</td><td>Average weekly rate of delayed transfers of care from all NHS hospitals, acute and non-acute, per 100,000 population aged 18+</td><td>0.0</td><td>0.0</td><td>0.0</td><td></td><td></td><td>PI On track to achieve target</td><td>This figure is on target at 0 rate of delayed discharges (due to social care). This is based on information for the period April to November 2013, as the figures for December 2013 will not be published until the end of January 2014.</td></tr> </tbody> </table>									Code	Short Name	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14		Expected Outcome	Note	NI 131	Average weekly rate of delayed transfers of care from all NHS hospitals, acute and non-acute, per 100,000 population aged 18+	0.0	0.0	0.0			PI On track to achieve target	This figure is on target at 0 rate of delayed discharges (due to social care). This is based on information for the period April to November 2013, as the figures for December 2013 will not be published until the end of January 2014.
Code	Short Name	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14		Expected Outcome	Note																		
NI 131	Average weekly rate of delayed transfers of care from all NHS hospitals, acute and non-acute, per 100,000 population aged 18+	0.0	0.0	0.0			PI On track to achieve target	This figure is on target at 0 rate of delayed discharges (due to social care). This is based on information for the period April to November 2013, as the figures for December 2013 will not be published until the end of January 2014.																		
<p>Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort</p> <p>Managing discharge pathways is currently being examined by Healthwatch Hartlepool. However, this may be a topic to look at in the future.</p> <p>Work is ongoing through the Better Care Fund planning.</p>								<p>1 Longer term aspiration or plan</p>																		

TOTAL SCORE: 5






Topic: North East Ambulance Service – Local Performance	
Background Information The Audit and Governance Committee in the 2013/14 Municipal Year raised significant concerns around ambulance delays in the Hartlepool area and the Committee were concerned that NEAS did not have the correct amount of resources to meet demand. Therefore, the Committee were of the view that they would welcome ongoing discussions with NEAS to identify potential problems at an early stage. In light of these concerns, Members may consider it appropriate to:- <ul style="list-style-type: none"> (a) refer this matter to Hartlepool and Stockton-on-Tees Clinical Commissioning Group's Governing Body for consideration in relation to their commissioning intentions and performance rates; (b) refer this matter to the Tees Valley Health Joint Scrutiny Committee for monitoring. 	
AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen Currently, public interest in NEAS is very high both locally and regionally.	3 High public interest
Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area NEAS is an extremely important service and reducing ambulance delays will make a significant difference to the health and wellbeing of Hartlepool residents.	3 High Impact
Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals NEAS is an NHS Service. NEAS's performance against the nationally set mandatory indicators indicates that the Trust is exceeding all the national targets, as illustrated below.	0 On or above target performance

Quality Report – 2013/14

Good performance against quality metrics

Mandatory Indicators

Target

- | | | | |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------|
| 1 | Red incidents within 8 mins – 78.88% | 75% |  |
| 2 | Red incidents within 19 mins – 96.96% | 95% |  |
| 3 | STEMI Care Bundle – 84.5% as at Dec-13 | 81% |  |
| 4 | Stroke Care Bundle – 98.2% as at Dec-13 | 94% |  |
| 5 | Staff views on standards of care – the response to the NHS staff survey question “if a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust” | |  |




Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort


The Regional Committee examines NEAS' Quality Account on an Annual basis, not specifically focussed on local performance.

3

Need for review


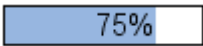
TOTAL SCORE: 9

Topic: Cancer						
Background Information Early death from cancer in Hartlepool remains significantly higher than the England average. Cancer mortality is the second largest contributor to premature death after cardiovascular disease. Early diagnosis and treatment of cancer is an important factor in improving outcomes for cancer services. In addition to programmes targeted at the population such as awareness campaigns and population-based screening for cancer, there is a need to provide fast access to efficiently managed services. This topic could be looked at holistically exploring the roles of Macmillan nurses, doctors etc.						
AREAS FOR CONSIDERATION						PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen						3 High public interest
Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area Recommendations from a previous scrutiny investigation have been implemented and monitored; therefore a further investigation into domestic violence would not add any further value at this point in time.						1 Low impact
Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals						1 Amber
Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Latest Note	Last Modified Date
CAD 13/14 HW04	Implement the early detection and awareness of cancer programme across Hartlepool	31-Mar-2014	 Action Progress acceptable	<div><div></div>75%</div>	Work continues through the Be Clear on Cancer campaign	13-Jan-2014

Code	Short Name	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14		Expected Outcome	Note	
NI 122	Mortality rate from all cancers at ages under 75 (directly standardised rates per 100,000 population aged under 75)	130.60					Monitored	Data just released confirming 11/12 rate and providing 12/13	
<p>Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort</p> <p>Cancer Awareness and Early Diagnosis was investigated by the Regeneration and Planning Services Scrutiny Forum in the 2011/12 Municipal Year.</p>									<p>0 Already dealt with / no priority</p>

TOTAL SCORE: 5



Topic: Dementia	
Background Information Dementia is a common condition that affects about 800,000 people in the UK. Your risk of developing dementia increases as you get older, and the condition usually occurs in people over the age of 65. Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of the brain and its abilities. This includes problems with: <ul style="list-style-type: none"> • memory loss • thinking speed • mental agility • language • understanding • judgement (http://www.nhs.uk/Conditions/dementia-guide) A number of towns and cities [eg. York] are trying to become "dementia friendly " . We have a growing number of people with the disease in Hartlepool and hence this work on this subject would be most beneficial.	
AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen This is an area of concern, not only for local people but nationally.	3 High public interest
Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area The number of people with dementia is increasing because people are living longer. It is estimated that by 2021, the number of people with dementia in the UK will have increased to around 1 million.	3 High impact
Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals	0 On or above target performance

CAD 13/14 HW40	Work collaboratively with partners to implement the National Dementia Strategy in Hartlepool.	31-Mar-2014	 Action On track		The North of Tees Dementia Collaborative is working well with seven Rapid Process Improvement Workshops delivered as planned within a year. Improvements are now being measured and maintained and the success of the RPIW to reduce inappropriate A&E attendances from care homes has resulted in the CCG agreeing funding for this to be rolled out to all care homes. All partners have agreed to continue funding for the Collaborative Project Manager for a further year until October 2014.	07-Jan-2014	
<p>Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort</p> <p>Scrutiny has not investigated this topic in previous years; however, work is ongoing through the Better Care Fund planning.</p>							<p>1 Longer term aspiration or plan</p>

TOTAL SCORE: 7



Topic: End of Life Pathways	
Background Information In July 2013 the findings from an independent review, led by Baroness Neuberger, into the Liverpool Care Pathway (LCP) were published. The report highlighted failings in the implementation of the LCP and recommended that the Government replace it with individual care plans by 14 July 2014.	
AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen This is in the public interest.	3 High public interest
Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area This issue will have a high impact as outcomes will contribute to improving end of life care pathways.	3 High impact
Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals Performance measured by the NHS.	N/A
Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort Scrutiny has not investigated this topic in previous years.	3 Need for review acknowledged

TOTAL SCORE: 9

Topic: Healthy Eating / Obesity								
Background Information Within Hartlepool, 29.9% of adults are classified as obese and results from the National Child Measurement Programme show that by year six, 35% of children are either overweight or obese. These levels of obesity are significantly higher than the English average, illustrating the scale of the problem. (teesjsna.org.uk)								
AREAS FOR CONSIDERATION							PICK Scoring System	
Public Interest – the concerns of local people should influence the issues chosen This is in the public interest.							3 High public interest	
Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area This issue will have a high impact as outcomes will contribute to improving the health and wellbeing of Hartlepool residents.							3 High impact	
Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals							2 Higher than English average	
Code	Short Name	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14	Expected Outcome	Note	
NI 55(iv)	The percentage of children in Reception who are obese		11%			 Monitored	Data from the Health and Information Care Centre which was released in December 2013 demonstrates that there are 11% of children in Reception who are obese.	
NI 56(ix)	The percentage of children in Year 6 who are obese		21.2%			 Monitored	Data from the Health and Information Care Centre which was released in December 2013	


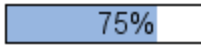
				demonstrates that there are 21.2% of children in Year 6 who are obese.	
<p>Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort</p> <p>Scrutiny has not investigated this topic in previous years. This topic is on the rolling programme.</p>					<p>1 Longer term aspiration or plan</p>

TOTAL SCORE: 9

Topic: Drug Rehabilitation						
Background Information The rate of people dependent on drugs in Hartlepool (18.6 per 1,000 population) is more than double the national average (8.7 per 1,000 population). More than half of those users (63.7%) are currently accessing treatment services for support and this is higher than the England average (53.4%). The total number of individuals in Hartlepool accessing treatment in 2012/13 was 861 (5.5% increase from the previous year). Nationally, the number of people accessing drug treatment has fallen by 1.1%. (www.teesjsna.org.uk)						
AREAS FOR CONSIDERATION					PICK Scoring System	
Public Interest – the concerns of local people should influence the issues chosen High public interest					3 High public interest	
Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area This issue will have a high impact as outcomes will contribute to improving the health and wellbeing of Hartlepool residents.					3 High impact	
Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals					0 On or above target performance	
Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Latest Note	Last Modified Date
CAD 13/14 CS01	Ensure effective integrated treatment of Drug and Alcohol services	31-Mar-2014	 Action On track	<div><div style="width: 61%;">61%</div></div>	All services involved in multi agency development plan	12-Jan-2014
CAD 13/14 HW17	Work with partner agencies,	31-Mar-2014	 Action On track	<div><div style="width: 85%;">85%</div></div>	HYPED continue to respond well and contract monitoring shows good	13-Jan-2014

	young people, schools and families to tackle substance misuse (including alcohol)				outcomes being achieved.		
<p>Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort</p> <p>Scrutiny has not investigated this topic in previous years. This topic is on the rolling programme.</p>							<p>1 Longer term aspiration or plan</p>

TOTAL SCORE: 7

Topic:						
Diet, Nutrition and Diabetes						
Background Information						
Good nutrition has a key role to play both in the prevention and management of diet related diseases such as cardiovascular disease, cancer, diabetes and obesity. The 2012 Hartlepool Health Profile shows 19.3% of adults have a healthy diet, significantly below the England average of 28.7%.						
(www.teesjsna.org.uk)						
AREAS FOR CONSIDERATION						PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen						3
This is in the public interest.						High public interest
Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area						3
This issue will have a high impact as outcomes will contribute to improving the health and wellbeing of Hartlepool residents.						High impact
Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals						0
						On or above target performance
Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Last Modified Date	
CAD 13/14 HW02	Be an active lead partner in the delivery of the physical activities workstream for Public Health	31-Mar-2014		 Action On track		
Lastest note: Partnership working with Public Health continues to be very effective and is supporting key outcomes within the Public Health agenda and the service is due to be transferred to the new Public Health Department in January. Key initiatives are detailed as follows.						
Success was achieved with the pilot and consultation for FiiT Hart - over 20 families accessed the physical activity sessions and proved a real success. The feedback received was that families would like to see continuation of this type of activity so they can do something together. Not all families were the correct target group for the programme however consulting with those most in need revealed that they were intimidated by a group environment even if it was with people who are experiencing similar issues. One to one provision was preferred so it was considered how this could be						

managed effectively.

A new pathway has been devised for launch in January and already families are very keen to take part. This approach allows a real focus on the motivational interviewing and behaviour change model that has been identified as key to weight management programmes within NICE and other guidance. Families will receive one to one support with a physical activity and nutritional specialist (4 hours each) and they will be directed into appropriate services based on their need specifically. This approach has attracted keen interest from partners and networks that are keen to see if it has the desired impact. There are a number of families already signed up to pilot this new approach and a waiting list is beginning to be collated.

As part of the BHF programme, the Sport & Physical Activity Team have developed a training programme for teachers and young leaders to support the long term impact and development of sustainable structures in schools. In September/October 2013 DCFA hosted a Level 1 course at Grayfields which was well received. The course attracted candidates from a wide range of backgrounds and 20 successfully completed the course. During the month of October, England Handball delivered a Handball Leaders/Introduction to Teaching course at Brierton Community Sports Centre. 14 candidates attended the course - these comprised of teachers (primary/secondary), college students and Sport and Physical Activity staff. Since delivery of the training provision has commenced in both primary/secondary schools, further plans to implement a town competition structure have been discussed. Furthermore, DCFA delivered a sport specific first aid course in November 2013. This training was attended by 10 and feedback from participants was positive.

Cardio Tennis training course was arranged during December 2013 at Dyke House Sport and Technology College. The training generated a great deal of interest and as a result of teachers being trained, 3 educational establishments were provided with Cardio Tennis equipment to ensure sustainability.

Further to the above, all courses for 2014 have been scheduled and a new partnership has been formed with Rounders England who are scheduled to deliver a UKCC Level 1 and Young Leaders Award course.

Leadership Conferences were arranged in October and November 2013. The first date in October was a huge success with 48 students from 6 educational establishments in attendance. Courses delivered as part of the conference included Tennis (Leaders and Competition Organisers – 16), Rugby (RugbyReady and Level 1 Refereeing Children – 18) and Hockey (Quicksticks and In2 – 14). The second conference took place in November 2013 and again proved extremely popular with 54 students present from 8 educational establishments. Training carried out included Football (Junior Football Leaders Award – 21), Netball (Young Netball Organisers – 18) and Badminton (Junior Helper Award – 15).

Following completion of the 2013 Leadership Conference, feedback has been received and work is underway with delivery and planning for an additional date in 2014. Furthermore, schools have been provided with a copy of the new sports club directory where those wanting to create school links have been highlighted. This will help feed qualified leaders in to a club environment. Supplementary to this schools have put delivery plans in place whereby leaders will assist with delivery in cluster primary schools.

The Edan (Escape Diabetes, Act Now) project has just seen its first cohort complete their one year follow up. The results from group 1 have been positive. The programme format included coaching patients using gym based exercise techniques at least twice a week and delivering nutritional advice sessions fortnightly. The group were closely trained over a 12 week period as well as given home programmes to complete as part of their regular daily activities.

Results were then obtained from their General Practitioner at 6 month and 12 month intervals. The end results for group 1 were obtained and are identified below:

- Blood Glucose Levels were reduced with a mean of 4.25%

<ul style="list-style-type: none"> • Total cholesterol levels were reduced with a mean of 5.5% • HDL Cholesterol levels were increased by a mean of 1.5% • Waist circumference was reduced with a mean of 20% • BMI was reduced with a mean of 0.6% <p>All figures obtained were positive and show that the programme and long term compliance can reduce the risk of early onset of diabetes.</p> <p>Hartlepool pre and post natal physical activity programme is developing well and will link into the wider obesity pathway looking at Maternal obesity specifically which is increasing within the Hartlepool locality. Instructors have now accessed specialist training and will begin delivery in January 2014. A New and Expectant Mum's leaflet is in final draft and will support to raise awareness of physical activity before and after birth. The draft timetable is in place and will commence W/C 20th January 2014. Risk Assessments and PARQ have been signed off by the Mum's on the Move planning group and will be reviewed periodically throughout the programme for revision and changes.</p> <p>A new Begin to Dance programme will launch at various stages throughout January to target a broad range of target groups. The programme will be based at the Borough Hall and delivery will be done by Nouveau Fitness and will offer a range of dance genres covering all ages.</p>	
<p>Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort</p> <p>Scrutiny has not investigated this topic in previous years. This topic is on the rolling programme.</p>	<p>1 Longer term aspiration or plan</p>

TOTAL SCORE: 7

Topic: Hate Crime	
Background Information Hate crimes are any crimes that are targeted at a person because of hostility or prejudice towards that person's: <ul style="list-style-type: none"> • disability • race or ethnicity • religion or belief • sexual orientation • transgender identity <p>This can be committed against a person or property. A victim does not have to be a member of the group at which the hostility is targeted. In fact, anyone could be a victim of a hate crime. (True Vision webpage - http://www.report-it.org.uk/what_is_hate_crime)</p> <p>The Safer Hartlepool Partnership (SHP) aims to 'create confident, cohesive and safe communities' by concentrating on various areas of concern, and one of these areas is hate crime. The SHP will work together to better understand the true impact of hate crime in our communities, improve our understanding of issues for vulnerable groups and increase reporting.</p>	
AREAS FOR CONSIDERATION	PICK Scoring System
<p>Public Interest – the concerns of local people should influence the issues chosen</p> <p>The Safer Hartlepool Partnership carried out a public online consultation during development of the Community Safety Plan and participants were asked what actions do you feel are needed to address hate crime and participants and the feedback received was:-</p> <ul style="list-style-type: none"> - Greater community engagement and integration - Improve intelligence gathering through Neighbourhood Policing - Improve confidence and facilities for reporting hate crime - Promote specialist support services to victims of crime <p>This topic is of public interest.</p>	<p>3 High public interest</p>
<p>Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area</p> <p>The impact of this topic would make a significant difference to the health and social wellbeing of Hartlepool residents because it would build confidence in reporting hate crime.</p>	<p>3 High impact</p>

<p>Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals</p> <p>There was an increase in hate crime October – December 2013.</p>	<p>2 Increase in hate crime</p>
<p>Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort</p> <p>This investigation would complement the ongoing work undertaken by the Safer Hartlepool Partnership.</p>	<p>2 Need for review and worked planned elsewhere</p>

TOTAL SCORE: 10

Topic: Anti-Social Behaviour Powers	
Background Information The Crime and Disorder Act defines anti-social behaviour as acting in a manner that has caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household as the perpetrator. The Safer Hartlepool Partnership will continue to effectively use anti-social behaviour tools and powers to curb the behaviour of serious and persistent offenders, this will also include the extension of Selective Licensing of private rented properties across the town.	
AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen This topic is of public concern.	3 High public interest
Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area May not have a significant impact as anti-social behaviour is reducing.	1 Low impact
Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals Anti- social behaviour has reduced (October 2013 – December 2013)	0 On or above target performance
Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort Work is ongoing through the Safer Hartlepool Partnership.	1 Longer term aspiration or plan

TOTAL SCORE: 5

Topic: Restorative Justice	
Background Information Restorative Justice processes bring those harmed by crime or conflict, and those responsible for the harm, into communication, enabling everyone affected by a particular incident to play a part in repairing the harm and finding a positive way forward (restorativejustice.or.uk). The Safer Hartlepool Partnership launched their Restore project in Hartlepool on 7 November 2013. The project enables victims of crime and their perpetrators to move on with their lives. Restorative Justice is proven to improve victim satisfaction rates, and reduce offending behaviour by bringing the offender face to face with the harm their behaviour has caused.	
AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen Given this is a new project, public interest will be high.	3 High public interest
Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area This topic has the potential to make a big difference to the social, economic and environmental, and health and well-being of the area.	3 High impact
Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals The Council will “develop restorative practice across Safer Hartlepool partners to give victims a greater voice in the criminal justice system”. Target due date is March 2015 therefore performance will be measured throughout the year. Date not available at present.	N/A
Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort The Safer Hartlepool partnership aims to embed and promote a partnership approach to restorative justice as a tool to reduce crime and anti-social behaviour in Hartlepool.	1 Longer term aspiration or plan

TOTAL SCORE: 7

Topic: Domestic Violence	
Background Information The Home Office definition of Domestic Violence is “any threatening behaviour, abuse or abuse between adults who are or have been in a relationship, or between family members. It can affect anybody, regardless of their gender or sexuality. The abuse can be psychological, physical, sexual or emotional.”	
AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen This is a topic of concern for local people.	3 High public interest
Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area Recommendations from a previous scrutiny investigation have been implemented and monitored; therefore a further investigation into domestic violence would not add any further value at this point in time.	1 Low impact
Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals Repeat incidents of domestic violence have reduced (October 2013 – December 2013)	0 Reduction in repeat incidents
Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort Services available to male victims of domestic abuse was investigated by the Regeneration and Planning Services Scrutiny Forum in the 2010/11 Municipal Year.	0 Already dealt with/no priority

TOTAL SCORE: 4

	10/07	07/08	21/08	25/09	16/10	13/11	11/12	08/01	19/02	05/03	19/03	30/04
Statutory Scrutiny Issues												
Statutory Scrutiny Work Programming (Beginning of August)												
Closing the Loop (July) and Recommendation Monitoring												
Work Programme Items and Investigations (as required)												
Crime and Disorder Scrutiny												
Community Safety Partnership (Yr End Perf & Strategic Ass)												
Community Safety Partnership - Strategic Assessment												
Community Safety Partnership - Qrtly Performance												
Community Safety Plan (B&PF)												
Youth Justice Strategic Plan (B&PF) & Substance Misuse Plan												
Health Scrutiny												
HWBB – Sub Group Performance												
Evaluation of the reconfiguration of Emergency/Critical Care												
Tees, Esk & Wear Valleys NHS FT – Quality Account												
North Tees & Hartlepool NHS FT – Quality Account												
Health Inequalities Annual Update												
Health and Wellbeing Strategy – Qrtly Performance												
Health and Wellbeing Strategy (B&PF) (TBC)												
Health and Wellbeing Strategy – Action Plan												
Director of Public Health – Annual Report												
Audit Issues												
Role of the Chief Finance Officer / Head of Internal Audit												
Quarterly Internal Audit Updates												
Approve the Internal Audit Plan												
Review the Treasury Management Strategy												
Review the Councils accounts (Member Training - June)												
Internal Audit Outcome Report 2014/15												
Annual Governance Statement 2014/15												
Audit Progress Report 2014/15												
Review of Effectiveness of System of Internal Audit												
Letter to those Charged with Governance												
External Audit reports (as required)												
Statutory Accounts (July for info and Sept for approval)												
Standards Issues												
Intro to Standards & Amendment of Forms (as required)												
Standards Training												
Standards Annual Report												
Complaint Investigation (as required)												
DCLG guidance reports (as required)												
Appointment and training of Independent Person (if required)												
Revise and review the Code of Conduct (Member & Officer)												



Audit Meeting



Statutory Scrutiny Meeting (inc. Standards Issues - where required)

SECTION 1 OUTCOME DETAILS			
Outcome:	9. Health Improvement: people are helped to live healthy lifestyles, make healthy choices and reduce health inequalities.	Theme:	Health and Wellbeing

Lead Dept:	Public Health Department	Other Contributors:	
-------------------	--------------------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Explore the introduction of a healthier catering commitment scheme	31 Mar 2015	Sylvia Pinkney	PHD
Implement and measure performance of the Substance Misuse treatment plan	31 Mar 2015	Karen Clark/Sharon Robson	PHD
Be an active lead partner in the delivery of physical activity participation in the Borough	31 Mar 2015	Gemma Ptak, Zoe Rickelton, Ian Gray	PHD
Ensure implementation of the NHS health check programme	31 Mar 2015	Carole Johnson	PHD
Implement the early detection and awareness of cancer programme across Hartlepool	31 Mar 2015	Carole Johnson	PHD
Influence the commissioning of effective evidence based stop smoking and work collaboratively through the Smoke Free Alliance to reduce illicit tobacco across the town	31 Mar 2015	Carole Johnson	PHD
Review, update and implement the annual breastfeeding action plan	31 Mar 2015	Deborah Gibbin	PHD
Implement the National Child Measurement Programme	31 Aug 2014	Deborah Gibbin	PHD
Ensure a range of physical activity opportunities are available for children and young people (up) to the age of 25	31 Mar 2015	Gemma Ptak, Zoe Rickelton, Ian Gray	PHD
Review, update and implement North of Tees Smoking in Pregnancy Action Plan	31 Mar 2015	Carole Johnson	PHD
Implement the British Heart Foundation Younger and Wiser Programme	31 Mar 2015	Carole Johnson	PHD

5.2 Appendix Q

Commission services to ensure people maintain a healthy weight and a healthy life	31 Mar 2015	Steven Carter	PHD
Deliver a comprehensive programme to improve workplace health	31 Mar 2015	Steven Carter	PHD
Review the actions within the 2014 HBC Employee Wellbeing Strategy	31 Mar 2015	Steven Carter	PHD
Continue to meet the criteria of the North East Better Health at Work Award at Continuing Excellence level	01 Dec 2014	Steven Carter	PHD
Implement the Children and Young People's Obesity Pathway	31 Mar 2015	Deborah Gibbin	PHD
Monitor and increase engagement into effective treatment	31 Mar 2015	Karen Clark	PHD
Develop and evaluate new initiatives to increase our successful completions	31 Mar 2015	Karen Clark	PHD
Develop effective aftercare support to ensure clients who leave treatment in a successful way do not re-present	31 Mar 2015	Karen Clark	PHD
Work closely with key partners and groups to deliver programmes of activity to meet the sport and physical activity needs of the Hartlepool community, increasing participation opportunities.	31 Mar 2015	Gemma Ptak, Zoe Rickelton, Ian Gray	PHD
Undertake a strategic lead for the delivery of sport and physical activity through the Community Activities Network (CAN)	31 Mar 2015	Zoe Rickelton	PHD
Implement the revised Sport & Physical Activity strategy action plan	31 Mar 2015	Gemma Ptak	PHD
Continue delivery of the Olympic Legacy Action Plan	31 Mar 2015	Gemma Ptak	PHD
Conduct twice yearly review of the Playing Pitch Strategy action plan to ensure key actions are delivered.	31 Mar 2015	Zoe Rickelton	PHD
Deliver key outcomes as a result of the Borough's revised Indoor Sports Facility Strategy (Nov 2013)	31 Mar 2015	Pat Usher	PHD
Deliver Football Development Programme associated with the new 3G pitch development at Brierton	31 Mar 2015	Gemma Ptak, Ian Gray	PHD
Achieve service accreditation as required across the Sport & Recreation service	31 Mar 2015	Gemma Ptak, Zoe Rickelton, Ian Gray	PHD
Identify, determine and evaluate potential alternative future leisure facility management arrangements	31 Mar	Pat Usher	PHD

	2015		
Develop on-line booking services	31 Mar 2015	Ian Gray	PHD
Ensure a good range of outdoor participation opportunities are available suitable for all ages and abilities to enjoy	31 Mar 2015	Gemma Ptak, Zoe Rickelton, Ian Gray	PHD
Implementation, development and monitoring of the Health and Wellbeing Board's Communications Strategy	March 2015	Alastair Rae	CED

SECTION 3 PERFORMANCE INDICATORS & TARGETS

Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2013/14 Target	2014/15 Target	2015/16 Target	Dept
2.1	Low birth weight of term babies (PHOF)	Deborah Gibbin	Monitor	Annual (Jan –Dec)	Not required			PHD
2.2	Prevalence of breastfeeding at 6-8 wks from birth – percentage of infants being breastfed at 6 -8 weeks	Deborah Gibbin	Monitor	Quarterly	Not required			PHD
2.3	Smoking Status at time of delivery	Carole Johnson	Target	Quarterly	19%	18%	17%	PHD
2.4	Under 18 conceptions	Deborah Gibbin	Monitor	Quarterly, with a 12 month time lag	Not required			PHD
2.5	Child development at 2 – 2 ½ years (PLACEHOLDER)	Deborah Gibbin	Monitor	Not agreed yet	Not required			PHD
2.6	Percentage of children in reception who are classified as very overweight	Deborah Gibbin	Monitor	Annual measurements during the academic year. Data published in ~ December each year	Not required			PHD
	Percentage of children in Y6 who are classified as very overweight	Deborah Gibbin	Monitor	Annually	Not required			PHD
2.7	Hospital admissions caused by unintentional and deliberate injuries in under 18s	Deborah Gibbin	Monitor	Annual	Not required			PHD

2.8	Emotional well-being of looked after children	Deborah Gibbin	Monitor	Annual	Not required			PHD
2.11	% of Adults Eating Healthily	Steven Carter	Monitor	6 monthly	Not required			PHD
2.12	Excess weight in adults	Steven Carter	Monitor	Annually	Not required			PHD
2.13	Proportion of physically active and inactive adults (PHOF)	Gemma Ptak	Monitor	6 month intervals	Not required			PHD
2.14	Smoking Prevalence – adults (over 18s)	Carole Johnson	Monitor	Annually	Not required			PHD
2.15	Successful completions of drug treatment	Karen Clark and/or Sharon Robson	Target	Quarterly	TBC	TBC	TBC	PHD
2.16	People entering prison with substance dependence issues	Karen Clark	Target	Quarterly	TBC	TBC	TBC	PHD
2.17	Recorded Diabetes	Carole Johnson	Monitor	Annually	Not required			PHD
2.18	Alcohol-related admissions to hospital (Rate per 100,000)	Sharon Robson	Target	Annually	2444	TBC	TBC	PHD
2.21	Access to non-cancer screening programmes	Deborah Gibbin	Monitor	Rolling 12 month average published every quarter	Not required			PHD
NI 123	Stopping smoking – rate of self-reported 4-week smoking quitters per 100,000 population aged 16 or over	Carole Johnson	Target	Quarterly	1816	TBC	TBC	PHD
NI 123(a) NRA	Stopping smoking (Neighbourhood Renewal Area narrowing the gap indicator) – number of 4 week quitters	Carole Johnson	Target	Quarterly	800	TBC	TBC	PHD
ACS PO35	GP Referrals – of those participants completing a 10 week programme of referred activity, the number going onto mainstream activity participation	Zoe Rickelton	Target	Financial Year	70	70	70	PHD

ACS PO81	GP Referrals – The number of participants completing a 10 week programme of referred activity participation	Zoe Rickelton	Target	Financial Year	300	300	300	PHD
ACS P098	Numbers of substance misusers going into effective treatment	Karen Clark/Sharon Robson	Target	Quarterly	732	TBC	TBC	PHD
ACS P099	Proportion of substance misusers that successfully complete treatment - Opiates	Karen Clark/Sharon Robson	Target	Quarterly	12%	TBC	TBC	PHD
ACS P100	Proportion of substance misusers who successfully completed treatment and represented back into treatment within 6 months	Karen Clark/Sharon Robson	Target	Quarterly	10%	TBC	TBC	PHD

SECTION 4 RISKS

Code	Risk	Assignee	Dept
CAD R054	Failure to ensure awareness and training of staff regarding safeguarding (Actively Managed)	Pat Usher	CAD R054
CAD R013	Failure to achieve required customer / participation and income levels	Pat Usher	CAD R013
CAD RO52	Failure to meet the licensing requirements of the Adventurous Activity Licensing Authority (Actively Managed)	Pat Usher	CAD RO52
CAD R053	Failure to adhere to the recommended standards regarding pool safety management	Pat Usher	CAD R053
CAD R055	Failure to establish new partnerships and meet funding conditions of external partners in relation to grant funding, MOU's or SLA's (Actively Managed)	Pat Usher	CAD R055
CAD R056	Lack of adequate investment in public buildings affecting ability to increase participation and income generate (Actively Managed)	Pat Usher	CAD R056
CAD RO57	Impact of recruitment freeze, gaps in staffing caused by length of time taken in process and use of redeployed staff lacking appropriate skills and experience (Actively Managed)	Pat Usher	CAD RO57
CAD RO58	Failure to adhere to the recommendations of the Playing Pitch Strategy (Actively Managed)	Pat Usher	CAD RO58

SECTION 1 OUTCOME DETAILS			
Outcome:	10. Health Protection: the populations health is protected from major incidents and other threats, whilst reducing health inequalities	Theme:	Health and Wellbeing

Lead Dept:	Public Health Department	Other Contributors:	Regeneration and Neighbourhoods Department
-------------------	--------------------------	----------------------------	--------------------------------------------

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Increase the uptake of childhood vaccinations	31 Mar 2015	Deborah Gibbin	PHD
Ensure the delivery of comprehensive sexual health services	31 Mar 2015	Deborah Gibbin	PHD
Work with colleagues to improve Public Health through the Health Protection and Improvement elements of the Core Public Health Strategy.	31 Mar 2015	Sylvia Pinkney	PHD
Carry out air quality monitoring	31 Mar 2015	Adrian Hurst	PHD
Initiate an Estates Excellence project with partners	31 Mar 2015	Jane Kett	PHD
Consultations on planning & licensing to consider impact in relation to noise & air quality	31 Mar 2015	Adrian Hurst	PHD
Working with partners to reduce alcohol related violence in the Night Time Economy	31 Mar 2015	Ian Harrison	PHD
Reducing crime and the fear of crime for the elderly and vulnerable by the introduction of No Cold Call Zones	31 Mar 2015	Ian Harrison	PHD

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2013/14 Target	2014/15 Target	2015/16 Target	Dept
3.1	Air Pollution	Adrian Hurst	Monitor	Financial	Not required			PHD
3.2	Chlamydia diagnoses(15-24 year olds)	Deborah Gibbin	Monitor	Quarterly	Not required			PHD

3.3viii	Measles, mumps and rubella (MMR) immunisation rate – children aged 2 (1 st dose)	Deborah Gibbin	Monitor	Annual (for IC data release) COVER data collected quarterly by PHE or NHS England??	Not required			PHD
3.3x	Measles, mumps and rubella (MMR) immunisation rate – children aged 5 (2 nd dose)	Deborah Gibbin	Monitor	Annual (for IC data release) COVER data collected quarterly by PHE or NHS England??	Not required			PHD
	Uptake of diphtheria, tetanus, polio. Pertussis, Hib immunisations (by age 2)	Deborah Gibbin	Monitor	Annual (for IC data release) COVER data collected quarterly by PHE or NHS England??	Not required			PHD
	Uptake of childhood flu vaccine (2 -3 years, pilot)	Deborah Gibbin	Monitor	Annually	Not required			PHD
3.03xii	Uptake of HPV vaccine	Deborah Gibbin	Monitor	Annually	Not required			PHD
3.4	People presenting with HIV at a late stage of infection	Deborah Gibbin	Monitor	Annually	Not required			PHD
NI 184	Percentage of food establishments in the area which are broadly compliant with food hygiene law	Sylvia Pinkney	Target	Annually	TBC	TBC	TBC	PHD
1.14	% of population affected by noise	Adrian Hurst	Monitor	Annually	Not required			PHD

SECTION 4 RISKS

Code	Risk	Assignee	Dept
	None identified		

SECTION 1 OUTCOME DETAILS			
Outcome:	11. Healthcare public health and preventing premature mortality: reduce the number of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities	Theme:	Health and Wellbeing

Lead Dept:	Public Health	Other Contributors:	
-------------------	---------------	----------------------------	--

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Develop a corporate approach to measuring excessive winter deaths	31 Mar 2015	Andy Graham	PHD
Ensure all eligible people particularly in high risk groups) take up the opportunity to be vaccinated especially in relation to flu	31 Mar 2015	Andy Graham	PHD
Ensure all eligible groups for respective screening programmes are aware and able to access screening	31 Mar 2015	Andy Graham	PHD
Ensure implementation of the Health and Wellbeing Strategy	31 Mar 2015	Andy Graham	PHD
Review Joint Strategic Needs Assessment through the Health and Wellbeing Board	31 Mar 2015	Andy Graham	PHD
Ensure the delivery of a comprehensive plan to protect the health of the population	31 Mar 2015	Andy Graham	PHD
Initiate Saving our skins activities with other partners	31 Mar 2015	Jane Kett	PHD
Introduce a Tattoo Hygiene scheme	31 Mar 2015	Jane Kett	PHD

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2013/14 Target	2014/15 Target	2015/16 Target	Dept
4.1	Infant mortality	Steven Carter	Monitor	Financial	Not required			PHD
4.3	Mortality rate from causes considered preventable	Steven Carter	Monitor	Financial	Not required			PHD

4.4	Under 75 mortality rate from all CV diseases	Steven Carter	Monitor	Financial	Not required	PHD
4.5	Under 75 mortality rate from cancer	Steven Carter	Monitor	Financial	Not required	PHD
4.6	Under 75 mortality rate from liver disease	Steven Carter	Monitor	Financial	Not required	PHD
4.7	Under 75 mortality rate from respiratory diseases	Steven Carter	Monitor	Financial	Not required	PHD
4.8	Mortality rate from infectious and parasitic diseases	Steven Carter	Monitor	Financial	Not required	PHD
4.8	Mortality from Communicable disease	Jane Kett	Monitor	Financial	Not required	PHD
4.9	Excess under 75 mortality rate in adults with serious mental illness	Steven Carter	Monitor	Financial	Not required	PHD
4.10	Suicide rate	Steven Carter	Monitor	Financial	Not required	PHD
4.11	Emergency readmissions within 30 days of discharge from hospital	Steven Carter	Monitor	Financial	Not required	PHD
4.14	Hip fractures in people aged 65 and over	Steven Carter	Monitor	Financial	Not required	PHD
4.15	Excess winter deaths	Steven Carter	Monitor	Financial	Not required	PHD

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CAD RO14	Failure to make significant inroads in Health Impact	Andy Graham	CAD RO14

SECTION 1 OUTCOME DETAILS			
Outcome:	12. Give every child the best start in life	Theme:	Health and Wellbeing

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

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Integrate early intervention across universal and targeted services for children to provide early help and support to families.	March 2015	Danielle Swainston/ Mark Smith	PHD
Enable the children's workforce to develop effective working relationships with children and their families to ensure the voice of the child is heard, listened to and reflected at every level of assessment / planning / implementing and review.	March 2015	Sally Robinson	PHD
Strengthen quality assurance arrangements in children's services through systematic scrutiny of practice and reflective supervision.	March 2015	Sally Robinson	PHD
Secure an entitlement for children and young people to access out of school provision to support their personal and social development.	March 2015	Mark Smith	PHD
Ensure all young people make a successful transition to post 16 learning and ensure progress is tracked and intervention takes place where required.	March 2015	Mark Smith	PHD
Develop and improve the take up of school meals through the delivery of the agreed action plan.	Mar 15	Karen Oliver	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2013/14 Target	2014/15 Target	2015/16 Target	Dept
	Percentage of children achieving a good level of development at age 5	Danielle Swainston	Monitor	Academic Year	Not required			PHD
NI 111	Number of first time entrants to the Youth Justice System aged 10-17 per 100,000 population (aged 10-17)	Sally Robinson	Monitor	Financial Year	Not required			PHD

NI 52a	Percentage uptake of school meals – Primary Schools	Lynne Bell	Targeted	Financial	63%	65%	TBC	RND
NI 52b	Percentage uptake of school meals – Secondary schools	Lynne Bell	Targeted	Financial	55%	56%	TBC	RND
NSD P064	Percentage uptake of free school meals - Primary schools	Lynne Bell	Monitored	Financial	Not required			RND
NSD P065	Percentage uptake of free school meals – Secondary schools	Lynne Bell	Monitored	Financial	Not required			RND

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R088	Failure to achieve sufficient uptake of school meals, jeopardising the continued viability of the service.	Karen Oliver	RND
CAD R025	Failure to meet statutory duties and functions in relation to childcare sufficiency	Danielle Swainston	CAD
CAD R026	Failure to deliver Early Intervention Strategy	Sally Robinson	CAD
RND R088	Failure to achieve sufficient uptake of school meals	Karen Oliver	RND

SECTION 1 OUTCOME DETAILS			
Outcome:	13. Children & young people are safe	Theme:	Health and Wellbeing

Lead Dept:	Child and Adult Department	Other Contributors:	
-------------------	----------------------------	----------------------------	--

SECTION 2 ACTIONS		
Action	Due Date	Assignee
Strengthen the role of the LSCB in securing effective multi agency working to safeguard children and young people from harm, neglect and exploitation.	March 2015	Elisa Arnold
Establish a single point of access for providing advice, guidance and access to support.	March 2015	Danielle Swainston
Integrate services to help families who are in need or at the point of crisis to take control of their lives.	March 2015	Wendy Rudd
Secure permanence for children at the earliest opportunity and within an appropriate timescale for the child.	March 2015	Jane Young
Equip the child and adults workforce with the knowledge and skills to assess risk to children particularly in relation to the impact of domestic violence, substance misuse and mental health and to 'think family' in planning and implementing support to protect the best interests of children.	March 2015	Sally Robinson

SECTION 3 PERFORMANCE INDICATORS & TARGETS							
Code	Indicator	Assignee	Targeted or Monitor	Collection Period	Current Target (2013/14)	Future Targets	
						14/15	15/16
CSD P035	Children who became the subject of a Child Protection (CP) Plan, or were registered per 10,000 population under 18	Sally Robinson	Targeted	Financial Year	40	TBC	TBC
New	Distribution of working days taken from referral to assessment completion	Wendy Rudd		Financial Year	TBC	TBC	TBC
NI 62	Stability of placements of looked after children: number of moves	Jane Young	Targeted	Financial Year	10%	TBC	TBC
NI 63	Stability of placements of looked after children: length of placement	Jane Young	Targeted	Financial Year	75%	TBC	TBC

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CAD R017	Failure to recruit & retain suitable staff in childrens services (Actively Managed)	Sally Robinson	CAD
CAD R019	Failure to plan for future need and ensure sufficient placement provision to meet demand (Actively Managed)	Sally Robinson	CAD
CAD R020	Insufficient capacity in the independent sector to meet placement demand (Actively Managed)	Ian Merritt	CAD
CAD R021	Increased demand on services due to socio-economic pressures (Actively Managed)	Sally Robinson	CAD
CAD R022	Failure to provide statutory services to safeguard children and protect their well-being (Actively Managed)	Sally Robinson	CAD
CAD R023	Impact of change to funding arrangements across Children's Services (Actively Managed)	Sally Robinson	CAD
CAD R024	Failure to meet statutory duties and functions in relation to the Youth Offending Service (Actively Managed)	Mark Smith	CAD
CAD R029	Failure to effectively manage risks exhibited by young people and families (Actively Managed)	Sally Robinson	CAD
CAD R030	Failure to deal with sensitive, personal or confidential information in a secure way, resulting in loss of data with associated fines, loss of public confidence and/or damage to reputation.	Kay Forgie, Trevor Smith	CAD
CAD R054a	Failure to ensure awareness and training of staff regarding safeguarding at leisure centres (Actively Managed)	Pat Usher	PHD
CAD R054b	Failure to ensure awareness and training of staff regarding safeguarding at Museums (Actively Managed)	David Worthington	RND

SECTION 1 OUTCOME DETAILS			
Outcome:	14. Vulnerable adults are supported and safeguarded and people are able to maintain maximum independence while exercising choice and control about how their outcomes are achieved.	Theme:	Health and Wellbeing

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

SECTION 2 ACTIONS		
Action	Due Date	Assignee
Establish integrated health and social care pathways / services that facilitate people living in their own homes, avoid unnecessary admissions to hospital and enable timely and safe hospital discharges.	March 2015	Jill Harrison
Deliver reablement services that enable people to maximise their abilities and develop the skills and capacity to retain their independence for as long as possible.	March 2015	John Lovatt
Prepare for the implementation of the Care Bill.	March 2015	Geraldine Martin
Strengthen local arrangements for Safeguarding Adults.	March 2015	John Lovatt

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Performance Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Fin/Acd)	Freq	Targets		
						13/14	14/15	15/16
ASCOF 1C-1 (Was NI 130b)	Social care clients receiving Self Directed Support	Sarah Ward	Targeted	Financial Year	Qtr	80%	90%	N/A
ASCOF 2C-2 (Was NI 131)	Delayed Transfers of Care (attributable to social care)	John Lovatt	Targeted	Financial Year	Qtr	0	0	N/A
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Jeanette Willis	Targeted	Financial Year	Qtr	30%	40%	N/A
P051	Access to equipment and telecare: users with	Neil	Targeted	Financial	Qtr	1000	1500	N/A

	telecare equipment	Harrison		Year				
ASCOF 2A-2 (was P066)	Permanent Admissions to residential care – age 65+	John Lovatt	Targeted	Financial Year	Qtr	900	900	N/A
P072	Clients receiving a review	John Lovatt	Targeted	Financial Year	Qtr	75%	75%	N/A
P087	% of reablement goals (user perspective) met by the end of a reablement package/episode (in the period)	John Lovatt	Targeted	Financial Year	Qtr	N/A	70%	N/A

SECTION 4 RISKS

Code	Risk	Assignee	Dept
CAD R011	Failure to work in effective partnerships with NHS, including risk of cost shunting. (Actively Managed)	Jill Harrison	CAD
CAD R030	Failure to deal with sensitive, personal or confidential information in a secure way, resulting in loss of data with associated fines, loss of public confidence and/or damage to reputation.	Kay Forgie, Trevor Smith	CAD
CAD R033	Failure to plan for future need and ensure sufficient placement provision to meet demand within adult social care. (Actively Managed)	Jill Harrison	CAD
CAD R034	Insufficient capacity in the independent sector to meet placement demand within adult social care. (Actively Managed)	Geraldine Martin	CAD
CAD R035	Increased demand on adult social care services due to demographic pressures. (Actively Managed)	Jill Harrison	CAD
CAD R037	Failure to achieve targets in relation to assessments within 28 days and annual reviews, due to increased pressures on services. (Actively Managed)	John Lovatt	CAD
CAD R038	Failure to provide statutory services to safeguard vulnerable adult. (Actively Managed)	Jill Harrison	CAD
CAD R039	Impact of change to funding arrangements across adult social care services. (Actively Managed)	Jill Harrison	CAD
CAD R040	Failure to deliver the Reablement Strategy. (Actively Managed)	Jill Harrison	CAD
CAD R041	Failure to recruit & retain suitable staff in adult social care. (Actively Managed)	Jill Harrison	CAD
CAD R043	Delayed transfers of care from hospital due to reduced capacity and changing working arrangements for hospital discharge. (Actively Managed)	John Lovatt	CAD
CAD R054a	Failure to ensure awareness and training of staff regarding safeguarding – leisure centres (Actively Managed)	Pat Usher	PHD

CAD R054b	Failure to ensure awareness and training of staff regarding safeguarding – leisure centres (Actively Managed)	David Worthington	RND
--------------	---------------------------------------------------------------------------------------------------------------	-------------------	-----

SECTION 1 OUTCOME DETAILS			
Outcome:	15. Hartlepool has reduced crime and repeat victimisation	Theme:	Community Safety

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

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Deliver in conjunction with partners a strategic assessment which is monitored through the Safer Hartlepool Partnership executive.	Dec 2014	Lisa Oldroyd	RND
Deliver the Domestic Violence strategy action plan.	Mar 2015	Clare Clark	RND
Ensure a co-ordinated approach to meeting the needs of victims of crime & disorder taking a victim centred approach	Mar 2015	Clare Clark	RND
Implement CCTV Action Plan	Mar 2015	Nicholas Stone	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
RPD P029a	Number of Domestic Burglaries	Lisa Oldroyd	Monitor	Financial Year	363	Not required		RND
RPD P028a	Number of reported crimes in Hartlepool	Lisa Oldroyd	Monitor	Financial Year	7,189	Not required		RND
RPD P031a	Number of incidents of local violence (assault with injury & assault without injury)	Lisa Oldroyd	Monitor	Financial Year	1,156	Not required		RND
NI 32	Number of repeat incidents of domestic violence	Lisa Oldroyd	Monitor	Financial Year	29%	Not required		RND

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

SECTION 1 OUTCOME DETAILS			
Outcome:	16. There is reduced harm caused by drugs and alcohol misuse	Theme:	Community Safety

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

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Monitor Substance Misuse Action Plan as a key element of the Community Safety Plan	Mar 14	Lisa Oldroyd	RND
Implement and measure performance of the Substance Misuse treatment plan	31 Mar 2015	Karen Clark/Sharon Robson	PHD
Monitor and increase engagement into effective treatment	31 Mar 2015	Karen Clark	PHD
Develop and evaluate new initiatives to increase our successful completions	31 Mar 2015	Karen Clark	PHD
Develop effective aftercare support to ensure clients who leave treatment in a successful way do not re-present	31 Mar 2015	Karen Clark	PHD

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
RND P073	Incidents of drug dealing and supply	Rachel Parker	Monitor	Financial Year	Not Required			RND
RND P074	Number of young people found in possession of alcohol	Rachel Parker	Monitor	Financial Year	Not Required			RND
RND P105	Perceptions of people using or dealing drugs in the community	Rachel Parker	Monitor	Financial Year	Not Required			RND
2.18	Alcohol-related admissions to hospital (Rate per 100,000)	Sharon Robson	Target	Annually	2444	TBC	TBC	PHD

5.2 Appendix R

ACS P098	Numbers of substance misusers going into effective treatment	Karen Clark/ Sharon Robson	Target	Quarterly	732	TBC	TBC	PHD
ACS P099	Proportion of substance misusers that successfully complete treatment - Opiates	Karen Clark/Sharon Robson	Target	Quarterly	12%	TBC	TBC	PHD
ACS P100	Proportion of substance misusers who successfully completed treatment and represented back into treatment within 6 months	Karen Clark/Sharon Robson	Target	Quarterly	10%	TBC	TBC	PHD

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
	None Identified		RND

SECTION 1 OUTCOME DETAILS			
Outcome:	17. Communities have improved confidence and feel more cohesive and safe	Theme:	Community Safety

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	Chief Executives
-------------------	---------------------------------	----------------------------	------------------

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Develop new Anti-Social Behaviour action plan in line with Government policy	Mar 2015	Clare Clark	RND
Monitor the implementation of the community cohesion framework action plan	Mar 2015	Adele Wilson	RND
In conjunction with partners improve reporting, recording, and responses/interventions to vulnerable victims and victims of hate crime.	Mar 2015	Nicholas Stone	RND
Develop restorative practice across Safer Hartlepool partners to give victims a greater voice in the criminal justice system.	Mar 2015	Clare Clark	RND
Assist the implementation of the Safer Hartlepool Partnership Communications Action Plan to improve public reassurance	March 2015	Alastair Rae	CED

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
RPD P034	Number of deliberate fires in Hartlepool	Rachel Parker	Monitor	Financial Year	Not required			RND
RND P107	Number of Anti-social Behaviour Incidents reported to the Police	Rachel Parker	Monitor	Financial year	Not required			RND
RND P108	Perceptions of drunk or rowdy behaviour as a problem	Rachel Parker	Monitor	Financial year	Not required			RND
RND P109	Number of reported Hate Incidents	Rachel Parker	Monitor	Financial Year	Not required			RND

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

SECTION 1 OUTCOME DETAILS			
Outcome:	18. Offending and re-offending has reduced	Theme:	Community Safety

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

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Monitor delivery of the offending and re-offending strategy action plan	Mar 2015	Clare Clark	RND
Continue to embed the Think Families, Think Communities (TF/TC) approach to reducing crime and anti-social behaviour, improving educational attendance and reducing worklessness, resulting in reduced costs to the public purse.	Mar 2015	Lisa Oldroyd	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
RND P067	Re-offending rates of High Crime Causers (HCCs) (adults)	Lisa Oldroyd	Monitor	Financial Year	Not required			RND
RND P110	Number of Families Engaged through Think Families / Think Communities (TF/TC) Programme	Lisa Oldroyd	Monitor	Financial Year	Not required			RND

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
	None Identified		RND

Audit and Governance Committee

7 August 2014



Report of: Scrutiny Manager

Subject: SUGGESTED TOPICS FOR INCLUSION IN THE
2014/15 WORK PROGRAMME FOR THE TEES
VALLEY HEALTH JOINT SCRUTINY COMMITTEE

1. PURPOSE OF REPORT

- 1.1 To invite the Audit and Governance Committee to suggest topics for consideration / inclusion in the 2014/15 work programme for the Tees Valley Health Joint Health Scrutiny Committee (TVHJSC).

2. BACKGROUND

- 2.1 The TVHJSC has been created to act as a forum for the scrutiny of regional and specialist health scrutiny issues which impact upon the residents of the Tees Valley and for sharing information and best practice in relation to health scrutiny and health scrutiny issues.
- 2.2 The TVHJSC are due to consider items for their work programme on 11 September 2014. The draft work programme for the TVHJSC is attached as **Appendix A** for information. Members of this Committee are invited to suggest topics for consideration / inclusion in the work programme for the TVHJSC.
- 2.3 For the previous two Municipal Years the TVHJSC have agreed the need to be more reactive than proactive to allow a degree of flexibility within the work programme to deal with issues as and when they arose by the local NHS. As a result no one investigation has been undertaken and the following items have been considered as reports to the TVHJSC meetings:-

2013 – 2014

- North Tees Emergency Medicine and Critical Care Review
- Improve – Community Services for Older People across South Tees
- Securing Quality in Health Services (Durham and Tees Valley)
- Alcohol Services – Position Statement
- Consultation on changes to Children's and Maternity Services at the Friarage
- Seasonal (winter) pressures and planning
- MH Rehab Update / Victoria Road Hartlepool
- Durham, Darlington and Tees Area Team – One Year Update

- Tees, Esk and Wear Valleys Quality Account
- Tees, Esk and Wear Valleys Update – Any Qualified Provider and Tees Time to Talk

2012-2013

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

2011-2012

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

- Information on final scrutiny reports from constituent authorities.

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

3. RECOMMENDATIONS

3.1 That the Audit and Governance Committee suggest topics for consideration / inclusion in the TVHJSC work programme for the 2014/15 Municipal Year.

4. REASONS FOR RECOMMENDATIONS

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

5. BACKGROUND PAPERS

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

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

Tees Valley Joint Health Scrutiny Committee – Draft Work Programme 2014/15 – Potential Timetable

17 July 2014	<ul style="list-style-type: none"> - Schedule of meetings - Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account 2013/14 – Response to the Committee – For Information - NHS England, Area Team Commissioning Review Urgent and Emergency Dental Care Pathway
11 September 2014	<ul style="list-style-type: none"> - Protocol - Work Programme (including individual Local Authority Work Programmes) - Monitoring of the North East Ambulance Service (NEAS)
9 October 2014	<ul style="list-style-type: none"> - Securing Quality in Health Services (SeQHIS) (TBC) - Winter pressures
27 November 2014	<ul style="list-style-type: none"> - Tees, Esk and Wear Valleys NHS Foundation Trust – Annual Update
22 January 2015	<ul style="list-style-type: none"> - Any Qualified Provider for NHS Services
26 February 2015	<ul style="list-style-type: none"> - NHS Durham, Darlington and Tees Area Team – Annual Update
26 March 2015	<ul style="list-style-type: none"> - Tees, Esk and Wear Valleys NHS Foundation Trust – Quality Account 14/15

AUDIT AND GOVERNANCE COMMITTEE

7 August 2014



Report of: Scrutiny Manager

Subject: APPOINTMENT TO COMMITTEES / FORUMS

1. PURPOSE OF THE REPORT

1.1 To confirm appointments to the following Committees / Forums:-

- (a) Tees Valley Joint Health Scrutiny Committee
- (b) Regional Health Scrutiny Committee
- (c) North East Regional Joint Member / Officer Scrutiny Network
- (d) Health and Wellbeing Board as a non-voting official observer
- (e) Safer Hartlepool Partnership as a non-voting observer

2. BACKGROUND INFORMATION

Tees Valley Joint Health Scrutiny Committee

2.1 The Tees Valley Joint Health Scrutiny Committee comprises of the following Local Authorities, Hartlepool Borough Council, Stockton-on-Tees Borough Council, Redcar and Cleveland Borough Council and Darlington Borough Council. The Committee facilitates the exchange of information about planned health scrutiny work and shares information and outcomes from local health scrutiny reviews. The Committee also considers proposals for scrutiny of regional or specialist health services in order to ensure that the value of proposed health scrutiny exercises is not compromised by lack of input from appropriate sources and that the NHS is not over-burdened by similar reviews taking place in a short space of time. Following the Annual Council meeting the following Members have been appointed to the Tees Valley Joint Health Scrutiny Committee:-

Councillors R Martin-Wells, J Robinson and K Sirs

Regional Health Scrutiny Committee

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

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

North East Regional Joint Member / Officer Scrutiny Network

- 2.4 The North East Regional Joint Member / Officer Scrutiny Network provides a forum for elected members who have a role within the scrutiny function to meet, make useful contacts with other members and officers, and to share 'experiences'. The network provides a mechanism:-
- (a) to share information on, for example: scrutiny best practice; outcomes of scrutiny investigations; benchmarking; service planning; performance indicators; conference feedback and funding streams.
 - (b) to share ideas on improving scrutiny processes and enhancing effectiveness.
 - (c) to provide a mechanism to facilitate personal and professional development.
 - (d) to provide a conduit between the North East authorities and the Centre for Public Scrutiny for sharing up-to-date information, which would include inviting speakers to talk about recent national policy developments.

- 2.5 A nomination is sought from the Committee to be a member of the North East Regional Joint Member / Officer Scrutiny Network.

Health and Wellbeing Board

- 2.6 There is a position on the Health and Wellbeing Board for a non-voting official observer, who will be invited along to the Health and Wellbeing Board meetings to observe at the meeting and update the Audit and Governance Committee following each Board meeting.

Safer Hartlepool Partnership

- 2.7 There is a position on the Safer Hartlepool Partnership for a non-voting observer, who will attend the meetings of the Safer Hartlepool Partnership to observe at the meeting and update the Audit and Governance Committee following each Partnership meeting.

3. RECOMMENDATION

3.1 That:-

- (a) Members agree one nomination from the Audit and Governance Committee to be appointed to the Regional Health Scrutiny Committee; and
- (b) The nominated Member appoints a substitute at today's meeting, in case they are unavailable to attend any of the future Regional Health meetings.
- (c) Members agree one nomination from the Audit and Governance Committee to be appointed to the North East Regional Joint Member / Officer Scrutiny Network
- (d) Members agree one nomination to the Health and Wellbeing as a non-voting official observer
- (e) Members agree one nomination to the Safer Hartlepool Partnership as a non-voting observer

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

BACKGROUND PAPERS

No background papers were used in the preparation of this report

Joint Health Overview and Scrutiny Committee of:

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

**TERMS OF REFERENCE
AND PROTOCOLS**

Establishment of the Joint Committee

1. The Committee is established in accordance with section 244 and 245 of the National Health Service Act 2006 (“NHS Act 2006”) and regulations and guidance with the health overview and scrutiny committees of Darlington Borough Council, Durham County Council, Gateshead Council, Hartlepool Borough Council, Middlesbrough Council, Newcastle upon Tyne City Council, North Tyneside Council, Northumberland County Council, Redcar and Cleveland Borough Council, South Tyneside Council, Stockton-on-Tees Borough Council and Sunderland City Council (“the constituent authorities”) to scrutinise issues around the planning, provision and operation of health services in and across the North-East region, comprising for these purposes the areas covered by all the constituent authorities.
2. The Committee will hold two full committee meetings per year. The Committee’s work may include activity in support of carrying out:
 - (a) Discretionary health scrutiny reviews, on occasions where health issues may have a regional or cross boundary focus, or
 - (b) Statutory health scrutiny reviews to consider and respond to proposals for developments or variations in health services that affect more than one health authority area, and that are considered “substantial” by the health overview and scrutiny committees for the areas affected by the proposals.
 - (c) Monitoring of recommendations previously agreed by the Joint Committee.

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

Aims and Objectives

3. The North East Region Joint Health Overview and Scrutiny Committee aims to scrutinise:
 - (a) NHS organisations that cover, commission or provide services across the North East region, including and not limited to, for example, NHS North East, local primary care trusts, foundation trusts, acute trusts, mental health trusts and specialised commissioning groups.
 - (b) Services commissioned and/or provided to patients living and working across the North East region.
 - (c) Specific health issues that span across the North East region.

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

4. The North East Region Joint Health Overview and Scrutiny Committee will:
 - (a) Seek to develop an understanding of the health of the North East region's population and contribute to the development of policy to improve health and reduce health inequalities.
 - (b) Ensure, wherever possible, the needs of local people are considered as an integral part of the commissioning and delivery of health services.
 - (c) Undertake all the necessary functions of health scrutiny in accordance with the NHS Act 2006, regulations and guidance relating to reviewing and scrutinising health service matters.
 - (d) Review proposals for consideration or items relating to substantial developments/substantial variations to services provided across the North East region by NHS organisations, including:

- (i) Changes in accessibility of services.
 - (ii) Impact of proposals on the wider community.
 - (iii) Patients affected.
- (e) Examine the social, environmental and economic well-being responsibilities of local authorities and other organisations and agencies within the remit of the health scrutiny role.

Membership

5. The Joint Committee shall be made up of 12 Health Overview and Scrutiny Committee members comprising 1 member from each of the constituent authorities. In accordance with section 21(9) of the Local Government Act 2000, Executive members may not be members of an overview and scrutiny committee. Members of the constituent local authorities who are Non-Executive Directors of the NHS cannot be members of the Joint Committee.
6. The appointment of such representatives shall be solely at the discretion of each of the constituent authorities.
7. The quorum for meetings of the Joint Committee is one-third of the total membership, in this case four members, irrespective of which local authority has nominated them.

Substitutes

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

Co-optees

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

Formation of Task and Finish/Working Groups

10. The Joint Committee may form such Task and Finish/Working Groups of its membership as it may think fit to consider any aspect or aspects within the scope of its work. The role of any such Group will be to consider the matters referred to it in detail with a view to formulating recommendations on them for consideration by the Joint Committee. The precise terms of reference and procedural rules of operation of any such Group (including number of members, chairmanship, frequency of meetings, quorum etc.) will be considered by the Joint Committee at the time of the establishment of each such Group. The Chair of a specific Task and Finish Group will act in the manner of a Host Authority for the purposes of the work of that Task and Finish Group, and arrange and provide officer support for that Task and Finish Group. These arrangements may differ if the Joint Committee considers it appropriate. The meetings of such Groups should be held in public except to the extent that the Group is considering any item of business that involves the likely disclosure of exempt information from which the press and public could legitimately be excluded as defined in Part 1 of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006.
11. The Chair of the Joint Health Overview and Scrutiny Committee may not be the Chair of a Task and Finish Group.

Chair and Vice-Chairs

12. The Chair of the Joint Committee will be drawn from the membership of the Joint Committee, and serve for a period of 12 months, from a starting date to be agreed. A Chair may not serve for two consecutive twelve-month periods. The Chair will be agreed through a consensual process, and a nominated Chair may decline the invitation. Where no consensus can be reached then the Chair will be nominated through a ballot system of one Member vote per Authority only for those Members present at the meeting where the Chair of the Joint Health Overview and Scrutiny Committee is chosen.
13. The Joint Committee may choose up to two Vice-Chairs from among any of its members, as far as possible providing a geographic spread across the region. A Vice-Chair may or may not be appointed to the position of Chair or Vice-Chair in the following year.

14. If the Chair and Vice-Chairs are not present, the remaining members of the Joint Committee shall elect a Chair for that meeting.
15. Other than any pre-existing arrangements within their own local authority, no Special Responsibility Allowances, or other similar payments, will be drawn by the Chair, Vice Chairs, or Tasking and Finish Group Chairs in connection with the business of the Joint Committee.

Host Authority

16. The local authority from which the Chair of the Joint Committee is drawn shall be the Host Authority for the purposes of this protocol.
17. Except as provided for in paragraph 10 above in relation to Task and Finish Groups, the Host Authority will service and administer the scrutiny support role and liaise proactively with the other North East local authorities and the regional health scrutiny officer network. The Host Authority will be responsible for the production of reports for the Joint Committee as set out below, unless otherwise agreed by the Joint Committee. An authority acting in the manner of a Host Authority in support of the work of a Task and Finish Group will be responsible for collecting the work of that Group and preparing a report for consideration by the Joint Committee.
18. Meetings of the Joint Committee may take place in different authorities, depending on the nature of the enquiry and the potential involvement of local communities. The decision to rotate meetings will be made by members of the Joint Committee.
19. Documentation for the Joint Committee, including any final reports, will be attributed to all the participating member authorities jointly, and not solely to the Host Authority. Arrangements will be made to include the Council logos of all participating authorities.

Work planning and agenda items

20. The Joint Committee may determine, in consultation with health overview and scrutiny committees in constituent authorities, NHS organisations and partners, an annual work programme. Activity in the work programme may be carried out by the Joint Committee or by a Task and Finish/Working Group under the direction of the Joint Committee. A work programme may be informed by:
- (a) Research and information gathering by health scrutiny officers supplemented by presentations and communications.
 - (b) Proposals associated with substantial developments/substantial variations.
21. Individual meeting agendas will be determined by the Chair, in consultation with the Vice-Chairs where practicable. The Chair and Vice-Chairs may meet or conduct their discussions by email or letter.
22. Any member of the Joint Committee shall be entitled to give notice, with the agreement of the Chair, in consultation with the Vice-Chairs, where practicable, of the Joint Committee, to the relevant officer of the Host Authority that he/she wishes an item relevant to the functions of the Joint Committee to be included on the agenda for the next available meeting. The member will also provide detailed background information concerning the agenda item. On receipt of such a request (which shall be made not less than five clear working days before the date for despatch of the agenda) the relevant officer will ensure that it is included on the next available agenda.

Notice and Summons to Meetings

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

Attendance by others

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

Procedure at Joint Committee meetings

25. The Joint Committee shall consider the following business:
- (a) Minutes of the last meeting (including matters arising).
 - (b) Declarations of interest.
 - (c) Any urgent item of business which is not included on an agenda but the Chair agrees should be raised.
 - (d) The business otherwise set out on the agenda for the meeting.
26. Where the Joint Committee wishes to conduct any investigation or review to facilitate its consideration of the health issues under review, the Joint Committee may also ask people to attend to give evidence at Joint Committee meetings which are to be conducted in accordance with the following principles:
- (a) That the investigation is conducted fairly and all members of the Joint Committee be given the opportunity to ask questions of attendees, and to contribute and speak.
 - (b) That those assisting the Joint Committee by giving evidence be treated with respect and courtesy.
 - (c) That the investigation be conducted so as to maximise the efficiency of the investigation or analysis.

Voting

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

Urgent Action

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

Final Reports and recommendations

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

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

30. A majority report may be produced by a majority of members present from any of the local authorities forming the Joint

Committee. A minority report may be agreed by any *[number derived by subtracting smallest possible majority from quorum: e.g. if quorum is 4, lowest possible majority is 3, so minority report requires 1 members' agreement]* or more other members.

31. For the purposes of votes, a “report” shall include discursive text and a list of conclusions and recommendations. In the context of paragraph 29 above, the Host Authority will incorporate these into a “final report” which may also include any other text necessary to make the report easily understandable. All members of the Joint Committee will be given the opportunity to comment on the draft of the final report. The Chair in consultation with the Vice-Chairs, where practicable, will be asked to agree to definitive wording of the final report in the light of comments received. However, if the Chair and Vice-Chairs cannot agree, the Chair shall determine the final text.
32. The report will be sent to *[name of the NHS organisations involved]* and to any other organisation to which comments or recommendations are directed, and will be copied to NHS North East, and to any other recipients Joint Committee members may choose.
33. The *[name of the NHS organisations involved]* will be asked to respond within 28 days from their formal consideration of the Final Report, in writing, to the Joint Committee, via the nominated officer of the Host Authority. The Host Authority will circulate the response to members of the Joint Committee. The Joint Committee may (but need not) choose to reconvene to consider this response.
34. The report should include:
 - (a) The aim of the review – with a detailed explanation of the matter under scrutiny.
 - (b) The scope of the review – with a detailed description of the extent of the review and it planned to include.
 - (c) A summary of the evidence received.
 - (d) An evaluation of the evidence and how the evidence informs conclusions.

- (e) A set of conclusions and how the conclusions inform the recommendations.
- (f) A list of recommendations – applying SMART thinking (Specific, Measurable, Achievable, Realistic, Timely), and how these recommendation, if implemented in accordance with the review outcomes, may benefit local people.
- (g) A list of sources of information and evidence and all participants involved.

Timescale

- 35. The Joint Committee will hold two full committee meetings per year, and at other times when the Chair and Vice-Chairs wish to convene a meeting. Any three members of the joint committee may require a special meeting to be held by making a request in writing to the Chair.
- 36. Subject to conditions in foregoing paragraphs 29 and 31, if the Joint Committee agrees a report, then:
 - (a) The Host Authority will circulate a draft final report to all members of the Joint Committee.
 - (b) Members will be asked to comment on the draft within a period of two weeks, or any other longer period of time as determined by the Chair, and silence will be taken as assent.
 - (c) The Chair and Vice-Chairs will agree the definitive wording of the final report in time for it to be sent to *[name of the NHS organisations involved]*.
- 37. If it believed that further consideration is necessary, the Joint Committee may vary this timetable and hold further meetings as necessary. The *[name of the NHS organisations involved]* will be informed of such variations in writing by the Host Authority.

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

38. The health of the people of North East England is dependent on a number of factors including the quality of services provided by the NHS, the local authorities and local partnerships. The success of joint health scrutiny is dependent on the members of the Joint Committee as well as the NHS and others.
39. Local authorities and NHS organisations will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial interests will be declared in all cases in accordance with the Members' Code of Conduct of each constituent authority.
40. The scrutiny process will be open and transparent in accordance with the Local Government Act 1972 and the Freedom of Information Act 2000 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be considered in private. The Host Authority will manage requests and co-ordinate responses for information considered to be confidential or exempt from publication in accordance with the Host Authority's legal advice and guidance. Joint Committee papers and information not being of a confidential nature or exempt from publication may be posted on the websites of the constituent authorities as determined by each of those authorities.
41. Different approaches to scrutiny reviews may be taken in each case. The Joint Committee will seek to act as inclusively as possible and will take evidence from a wide range of opinion including patients, carers, the voluntary sector, NHS regulatory bodies and staff associations, as necessary and relevant to the terms of reference of a scrutiny review. Attempts will be made to ascertain the views of hard to reach groups, young people and the general public.
42. The Joint Committee will work to continually strengthen links with the other public and patient involvement bodies such as PCT patient groups and Local Involvement Networks, where appropriate.
43. The regulations covering health scrutiny allow an overview and scrutiny committee to require an officer of a local NHS body to

attend before the committee. This power may be exercised by the Joint Committee. The Joint Committee recognises that Chief Executives and Chairs of NHS bodies may wish to attend with other appropriate officers, depending on the matter under review. Reasonable time will be given for the provision of information by those asked to provide evidence.

44. Evidence and final reports will be written in plain English ensuring that acronyms and technical terms are explained.
45. Communication with the media in connection with reviews will be handled in conjunction with the constituent local authorities' press officers.

Conduct of Meetings

46. The conduct of Joint Committee meetings shall be regulated by the Chair (or other person chairing the meeting) in accordance with the general principles and conventions which apply to the conduct of local authority committee meetings.
47. In particular, however, where any person other than a full or co-opted member of the Joint Committee has been allowed or invited to address the meeting the Chair (or other person chairing the meeting) may specify a time limit for their contribution, in advance of its commencement which shall not be less than five minutes. If someone making such a contribution exceeds the time limit given the Chair (or other person chairing the meeting) may stop him or her.
48. The Chair (or other person chairing the meeting) may also structure a discussion and limit the time allowed for each agenda item and questioning by members of the Joint Committee.

AUDIT AND GOVERNANCE COMMITTEE

7 August 2014



Report of: Scrutiny Manager

Subject: DEDICATED OVERVIEW AND SCRUTINY BUDGET
– 2013/14 OUTTURN

1. PURPOSE OF REPORT

- 1.1 To provide the Audit and Governance Committee with an up-to-date position of the expenditure of the Dedicated Overview Scrutiny Budget for the 2013/14 financial year.

2. BACKGROUND INFORMATION

- 2.1 Members will recall that in 2007/08 the Overview and Scrutiny Function was allocated a top up budget of £50,000 per a year to be used to support the delivery of the Annual Overview and Scrutiny Work Programme, together with the development of the Overview and Scrutiny Function. In 2013, following the review of Overview and Scrutiny arrangements, the top up budget was reduced to £5,000 per year. The purpose of the budget remains the same, in providing support for the delivery of the work programme and development of the function.
- 2.2 An agreed procedure is in place for the authorisation for budget spends through this Committee and is utilised by Members in considering the appropriateness of funding requested.

3. BUDGET SPEND FOR THE 2013/14 FINANCIAL YEAR

- 3.1 Details of funding from the dedicated budget during the course of each year are reported to this Committee. The Committee is advised that during 2013/14 no requests were put forward for funding from the available £5,000 budget.

4. RECOMMENDATION

- 4.1 It is recommended that the Audit and Governance Committee notes the dedicated scrutiny budget position for the 2013/14 financial year.

Contact Officer:- Joan Stevens – Scrutiny Manager
Chief Executive's Department – Legal Services
Hartlepool Borough Council
Tel: 01429 284141
Email: joan.stevens@hartlepool.gov.uk

BACKGROUND PAPERS

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

Extract from the minutes of the Finance and Policy Committee on 30 June 2014 relating to Public Health

6. Healthy Trainer Service (*Director of Public Health*)

Type of decision

Key Decision – Test (i) and (ii) applies – Forward Plan Reference PH04/14.

Purpose of report

To seek approval to secure a Healthy Weight Service for Hartlepool, funded through the ring fenced Public Health Grant to commence 1 April 2015.

Issue(s) for consideration

The report provided the background to the creation of a Healthy Weight Service which had operated as the NHS Healthy Trainer Team for a number of years providing free weight management support for adults in Hartlepool either on a one-to-one basis or in groups. Clients were typically offered 12 sessions including support from Health Trainers. It was noted that a healthy weight review was currently underway in partnership with Stockton which would be used to develop a comprehensive service specification for a new healthy weight service for Hartlepool. In response to a question from a Member, the Director of Public Health confirmed that the procurement process would be undertaken in-house at no additional cost. A Member commented on the need to get the message of healthy lifestyle within local schools and the Director of Public Health commented that this proposal was focussed on a specific group of people but did form part of the Council's larger strategy to develop pathways to healthy weight and healthy lives across the Town.

Decision

- (1) The report was noted.
- (2) The development of a new service specification during 2014/15 was approved and would take into account consideration the local needs and views from the consultation and service review process.
- (3) It was agreed to secure a provider for a healthy weight service, funded by the ring fenced public health grant in 2015/16.

10. Public Health Clinical Governance (Clinical Governance, Patient Group Directions, Serious incidents and Substance Misuse Related Death Policies) (*Director of Public Health*)

Type of decision

Non key.

Purpose of report

To seek approval for the introduction of the attached suite of Public Health Clinical Governance policies.

Issue(s) for consideration

The report provided the background to the introduction of the Clinical Governance policies including:

- Clinical Governance
- Patient Group Directives (PGDs)
- Serious Incidents
- Confidential Inquiries into Substance Misuse Related Deaths

The proposal was to introduce a suite of Clinical Governance Policies developed in collaboration with the Tees Valley Clinical Quality Advisory Forum (TVCQAF) and Tees Valley Public Health Shared Service (TVPHSS) for use by Public Health within Hartlepool Borough Council.

Decision

The implementation of the suite of Clinical Governance Policies noted below which were developed in collaboration with TVPHSS and TVCQAF for use by Public Health within the Local Authority were approved:

- Public Health Clinical Governance Policy
- Public Health Patient Group Directions
- Public Health Confidential Inquiries into Substance Misuse Related Deaths
- Public Health Serious Incident Policy

The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 – Part 5 – Complaints about Public Health Functions of Local Authorities
(*Director of Public Health*)

Type of decision

Non key.

Purpose of report

To seek approval for the introduction if the attached Public Health Complaints, Compliments and Comments Procedure (the Procedure) as a requirement of the Local Authority under the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 (“the Complaint Regulations”).

Issue(s) for consideration

The report set out the Council's duties in respect of public health complaints and the requirements of the Complaints Regulations. It was proposed to introduce a Public Health Complaints, Compliments and Comments procedure which takes into consideration the specific requirements of the Complaints Regulations and sensitivity and often complex nature of Public Health Services which were not covered within the existing Corporate Complaints Procedure.

Decision

- (1) The implementation of the Public Health Complaints, Compliments and Comments Procedure which will ensure the Council was compliant with the Complaints Regulations was approved.
- (2) That a process for public health complaints be put in place which was aligned to the Corporate Complaints, Compliments and Comments Procedure October 2013.