AUDIT AND GOVERNANCE COMMITTEE AGENDA

HARTLEPOOL BOROUGH COUNCIL

Thursday 6 August 2015

at 10.00 am

in Committee Room B, Civic Centre, Hartlepool

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE

Councillors Ainslie, S Akers-Belcher, Belcher, Cook, Lawton and Martin-Wells.

Standards Co-opted Members; Mr Norman Rollo and Ms Clare Wilson.
Local Police Representative: Chief Superintendent Gordon Lang.

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 16 July 2015

4. **AUDIT ITEMS**

   No items

5. **STANDARDS ITEMS**

   No items.

6. **STATUTORY SCRUTINY ITEMS**

6.1 Selection of potential topics for inclusion in the 2015/16 statutory scrutiny work programme – *Scrutiny Manager*

6.2 Appointments to Committees / Forums – *Scrutiny Manager*

6.3 Dedicated Overview and Scrutiny Budget 2014/15 Outturn – *Scrutiny Manager*

6.4 Health and Wellbeing Board's response to the Investigation into Dementia: Early Diagnosis – *Health and Wellbeing Board*

6.5 Six monthly Monitoring of Scrutiny Recommendations – *Scrutiny Manager*

6.6 Hate Crime Investigation Final Report - *Scrutiny Manager (to follow)*

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

7.1 To receive the minutes of the meeting held on 2 March 2015.

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

8.1 Extract from the minutes of the meeting held on 30 January 2015, 23 February 2015 and 23 March 2015.

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

9.1 Minutes from the meeting held on 22 January 2015

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

10.1 To receive the minutes of the meeting held on 15 May 2015

11. **REGIONAL HEALTH SCRUTINY UPDATE**

11.1 Verbal update from the meeting held on 24 February 2015

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

ITEMS FOR INFORMATION:
Date of next meeting – Thursday 20 August 2015 at 10.00 am in the Civic Centre

AUDIT AND GOVERNANCE COMMITTEE

6 August 2015

Report of: Scrutiny Manager

Subject: SELECTION OF POTENTIAL TOPICS FOR INCLUSION IN THE 2015/16 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 2015/16 Municipal Year; and

ii) Seek consideration of potential topics for inclusion into the Statutory Scrutiny Work Programme for the 2015/16 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 2015/16

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 2015/16 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**	**Health watch**	**Councillors**	**Other**	**Matrix Score**
Offender Health Issue: To examine offenders access to health services (in prison and following release) to identify any barriers to access. For further details see **Appendix C**	X				X		9
End of Life and Palliative Care in the Community Issue: To examine how end of life and palliative care is delivered in the community. For further details see **Appendix D**	X				X		10

Child Poverty (0-5) Issue: To explore health inequalities and their impact on child health. For further details see **Appendix E**.					X		8
Falls Prevention and Management Issue: To examine how falls can be prevented and managed. For further details see **Appendix F.**		X					8
Mental Health and Complex Needs and Child and Adolescent Mental Health Services For further details see **Appendix G.**		X					7
Cancer **Appendix H** - Details of evaluation against the matrix will be circulated 'to follow'			X				
Elderly Care **Appendix I** - Details of evaluation against the matrix will be circulated 'to follow'			X				

3.6 In considering potential work programme items for 2015/16 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	Matrix Score
Healthy Eating / Obesity (For further details see **Appendix J**)	8
Drug Rehabilitation (For further details see **Appendix K**)	9
Diet, Nutrition and Diabetes (For further details see **Appendix L**)	7

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**	**Audit and Governance Committee from 2013/14 Municipal Year**	**Matrix Score**
Disproportionate increase in Crime Issue: To explore the disproportionate increase in crime to determine why crime in Hartlepool has increased so significantly in comparison to other areas and to examine the impact of the disproportionate number of PCSO's in Hartlepool. For further details see **Appendix M.**		X			11
Neighbourhood Police / PCSO's Issue: To examine the work of neighbourhood police including the allocation of PCSO's across Hartlepool. For further details see **Appendix N**.			X		11
Restorative Justice within the community from Primary to Adulthood Issue: To examine the impact of restorative justice on all service provisions. For further details see **Appendix O**.			X		8
Domestic Violence - Topic suggestion from last year's work programme which was agreed to be added to this year's work programme for consideration. For further details see **Appendix P.**				X	6

3.9 In setting the Work Programme for 2015/16 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	February or March 2016
Youth Justice Strategic Plan	February or March 2016

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 Q** 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, **Appendix R** details the relevant sections of the Council Plan for the Committee's consideration as outlined below:-

Appendix R – Council Plan outcomes relating to Health and Wellbeing
– 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 2014/15 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 working groups to carry out work relating to 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 2015/16 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 working group 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 working group(s)

5. REASONS FOR RECOMMENDATIONS

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

BACKGROUND PAPERS

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

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

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Health Items

ITEM TO BE CONSIDERED	Details	Estimated Timetable for Consideration by the Forum
North Tees & Hartlepool NHS Foundation Trust Quality Account for 2015/16	Annual reflection on the 2014/15 Quality Account and contribution towards the 2015/16 Quality Account for North Tees and Hartlepool NHS Foundation Trust.	20 August 2015 and 11 February 2016
Director of Public Health – Annual Report	Annual Report produced by the Director of Public Health	20 August 2015
Health Inequalities	Annual update on Health Inequalities, focusing on women's life expectancy, as agreed by the Health Scrutiny Forum in 2009.	20 August 2015
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.	TBC
Tees, Esk and Wear Valleys NHS Foundation Trust – Quality Account	Annual reflection on the 2014/15 Quality Account and contribution towards the 2015/16 Quality Account for Tees, Esk and Wear Valleys NHS Foundation Trust.	3 March 2016
North East Ambulance Service - Quality Account	Annual reflection on the 2014/15 Quality Account and contribution towards the 2015/16 Quality Account for the North East Ambulance Service.	3 March 2016

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 2014-2015 and the Partnership Strategic Assessment will be presented to the Audit and Governance Committee.	2014-2015 SHP Performance Report – 20 August 2015
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 – 20 August 2015 Q2 – 12 November 2015 Q3 – 3 March 2016

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 in 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:

Offender Health

Background Information

National

- 90% of prisoners have substance misuse problems, mental health problems or both;
- 72% of male prisoners and 70% of female prisoners suffer from two or more mental health disorders;
- 20% of prisoners have four or five major mental health disorders;
- 83% of prisoners smoke (averaging 16 cigarettes per day);
- 9% of prisoners suffer from severe and enduring mental health illness;
- 10% of prisoners have a learning disability;
- up to 50% of new prisoners are estimated to be problem drug users;
- 40% of prisoners declare no contact with primary care prior to detention;
- People who have been in prison are up to 30 times more likely to commit suicide (in the first month after discharge from prison) than the general population;
- 20% of male and 37% of female sentenced prisoners have previously attempted suicide;
- There is often poor continuity of health care information on admission to prison, on movement between prisons and on release;
- 49% of male, sentenced prisoners were excluded from school (2% in general population).

Local

- The re-offending rate (36.6%) for adults and juveniles in Hartlepool is greater than the national average.
- 510 offenders were responsible for over one-half of detected crime in Hartlepool (10% of these offenders were juveniles).
- One-in-four crimes is committed by a repeat offender in Hartlepool.
- Substance misuse (particularly Class A drug misuse) continues to be an influencing factor in the offending behaviour of the prolific and priority offenders (PPOs) and high crime causers (HCCs) adult client group.
- Poor accommodation, lack of training and education has a detrimental effect upon offending behaviour.

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 Within prisons, issues such as housing and employment need to be addressed in the health needs assessments as these all impact heavily on health outcomes	**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 N/A	**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:

End of Life and Palliative Care in the Community

Background Information

Improving end of life care will involve working in partnership to consider how best to engage with local communities to raise the importance of end of life care. This may involve engagement with schools, faith groups, funeral directors, care homes, hospices, independent and voluntary sector providers and employers amongst others.

Although individuals may have different ideas about what would, for them, constitute a 'good death', for many this would involve:

- being treated as an individual, with dignity and respect;
- being without pain and other symptoms;
- being in familiar surroundings; and
- being in the company of close family and/or friends.

Some people die as they would have wished, but many others do not. Some people experience excellent care in hospitals, hospices, care homes and in their own homes. But the reality is that many do not. Many people experience unnecessary pain and other symptoms. There are distressing reports of people not being treated with dignity and respect and many people do not die where they would choose to.

People receiving end of life care require services from a range of providers from the health, social care, community and voluntary sectors. Sometimes these services might not be fully co-ordinated.

The majority of people are dying in hospitals, but expressed preferences of the majority show that they would prefer to die in a different setting.

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	**1** **Amber**

In Hartlepool, more people die in a hospital than any other setting, but the proportion dying in hospital is lower than other areas in Teesside. The proportion of people who die in hospital is similar in all age groups. Deaths at home are most common for people aged under 65 years. People aged 85+ are the most likely to die in a care home	
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: 10

Topic:

Child Poverty (0-5) – Its impact on health and how it is measured

Background Information

Growing up in poverty can affect every area of a child's development and future life chances. Children from low income households are less likely to achieve their academic potential, less likely to secure employment as adults, more likely to suffer from poor health, more likely to live in poor quality housing and they are more likely to reside in unsafe environments.

This is topical at the moment as the Government are to bring forward legislation to remove the official measure, which defines a child being in poverty if it lives in a household with less than 60 per cent of the national median average income. With the new measure having no reference to family income.

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 There are many determinants that contribute to child poverty, such as housing, education, lifestyle. Helping to tackle child poverty will make a big difference to the social, economic and environmental, and health and well being of the area.	**2** **Medium 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 5,315 (29.8%) children in Hartlepool live in poverty compared to the England average of 19.2%.	**2** **Below England average**
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 This topic has been put forward as a suggestion for inclusion in the Regional Health Scrutiny Committee's Work Programme for 2015/16.	**1** **Longer term aspiration or plan**

TOTAL SCORE: 8

Topic:

Falls Prevention and Management

Background Information

There are ways to reduce the risk of having a fall, including making simple changes to the home and doing exercises to improve strength and balance.

If a person has fallen in the past, making changes to reduce the chances of having a fall can also help the person overcome any fear of falling.

Some older people may be reluctant to seek help and advice from their GP and other support services about preventing falls. All healthcare professionals take falls in older people very seriously because of the significant impact they can have on a person's health.

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 would make a significant difference to people's health and wellbeing if falls could be prevented.	**2** **Medium 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 **N/A**	**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: 8

Topic:

Mental Health (child and adult) and Complex Needs

Background Information

Mental wellbeing is the foundation for positive health and effective functioning for individuals and communities. One in four people will experience mental health problems at some point during their life.

It is estimated that around 17.7% of adults aged 18 and older meet the diagnostic criteria for at least one common mental health disorder, including depression, anxiety, alcohol misuse and post-traumatic stress disorder. Reducing the prevalence of common mental health disorders such as anxiety and depressive disorders is a major health concern.

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	**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 There is an action contained within the Council Plan relating to mental health which is to implement the actions identified by the Mental Health Peer Review to improve mental health services for the people of Hartlepool. Completion date is March 2016.	**1** **Amber**
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 Children's Services Scrutiny Forum in 2012/13 investigated Emotional and Mental Wellbeing.	**0** **Already investigated**

TOTAL SCORE: 7

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 In Year 6, 24.4% (245) of children are classified as obese, worse than the average for England. 30.6% of adults are Obese in Hartlepool, worse than the average for England.	**2** **Higher than English average**
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. This topic is on the rolling programme. The Health and Wellbeing Board (HWBB) have looked at Obesity and are currently developing an Obesity Strategy.	**0** **Being looked at by HWBB**

TOTAL SCORE: 8

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 There is a high prevalence of opiate and/or crack use, which is higher than the England average. (Health profile 2015)	**2** **Below England average**

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. This topic is on the rolling programme.	**1** **Longer term aspiration or plan**

TOTAL SCORE:

9

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. (www.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 N/A	**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. This topic is on the rolling programme.	**1** **Longer term aspiration or plan**

TOTAL SCORE: 7

Topic:

Disproportionate Increase in Crime

Background Information

A number of concerns were expressed by the Safer Hartlepool Partnership regarding the significant increase in recorded crime in Hartlepool. It was noted that whilst crime figures had increased between August and December, the probation service caseload had declined during the same period.

The Chair of the Youth Offending Board added that a 19.4% increase in crime figures was projected with a 7.4% increase in the force overall. Whilst it was difficult to predict one particular reason for such an increase, it appeared to be as a result of a combination of factors including capacity issues, reduction in resources, government cuts, with some forces suffering higher cuts than others, outsourcing support staff, a requirement to back record crimes that had not been previously recorded, an increase in demands on the police service, an increase in responsibilities of the police in terms of dealing with non crime related activities. Most areas in the country as well as Hartlepool had experienced an increase in house burglary and shop theft. Despite a number of successes in sentencing prolific burglary offenders, crimes of this type are also being committed by offenders from outside the area.

The Safer Hartlepool Partnership expressed concerns regarding the disproportionate increase in crime and were keen that this issue be examined in detail to determine why crime in Hartlepool had increased so significantly in comparison to other areas. The impact of the disproportionate number of PCSO's in Hartlepool also needed to be explored. It was suggested that a referral to the Council's Audit and Governance Committee, was an appropriate way forward and the Partnership's views were sought in this regard. The Partnership welcomed a referral to the Audit and Governance Committee.

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 Increase in crime has a negative impact on the social, economic and environmental wellbeing 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	**2** **Low performance**

Publicly Reported Crime (Victim Based Crime)

Crime Category/Type	Oct13 - Dec13	Oct14 - Dec14	Change	% Chang
Violence against the person	**269**	**420**	**151**	**56.1%**
Homicide	0	2	**2**	**N/A**
Violence with injury	173	206	**33**	**19.1%**
Violence without injury	96	212	**116**	**120.8%**
Sexual Offences	**19**	**36**	**17**	**89.5%**
Rape	8	18	**10**	**125.0%**
Other Sexual Offences	11	18	**7**	**63.6%**
Robbery	**11**	**10**	**-1**	**-9.1%**
Business Robbery	1	1	**0**	**0.0%**
Personal Robbery	10	9	**-1**	**-10.0%**
Acquisitive Crime	**750**	**1001**	**251**	**33.5%**
Domestic Burglary	66	127	**61**	**92.4%**
Other Burglary	91	89	**-2**	**-2.2%**
Bicyle Theft	40	47	**7**	**17.5%**
Theft from the Person	1	7	**6**	**600.0%**
Vehicle Crime (Inc Inter.)	150	153	**3**	**2.0%**
Shoplifting	182	312	**130**	**71.4%**
Other Theft	220	266	**46**	**20.9%**
Criminal Damage & Arson	**319**	**461**	**142**	**44.5%**
Total	**1368**	**1928**	**560**	**40.9%**

Police Generated Offences (Non -Victim Based Crime)

Crime Category/Type	Oct13 - Dec13	Oct14 - Dec14	Change	% Chang
Public Disorder	**49**	**83**	**34**	**69.4%**
Drug Offences	**103**	**71**	**-32**	**-31.1%**
Trafficking of drugs	22	10	**-12**	**-54.5%**
Possession/Use of drugs	81	61	**-20**	**-24.7%**
Possession of Weapons	**12**	**15**	**3**	**25.0%**
Misc. Crimes Against Society	**20**	**27**	**7**	**35.0%**
Total Police Generated Crime	**184**	**196**	**12**	**6.5%**
TOTAL RECORDED CRIME IN HARTLEPOOL	**1552**	**2124**	**572**	**36.9%**

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

This topic has not been considered elsewhere.

3
Need for review acknowledged

TOTAL SCORE: 11

Topic:

Neighbourhood Policing / Police and Community Support Officer's (PCSOs)

Background Information

Neighbourhood Police and PCSOs work with a wide range of people, communities and partners, to tackle and solve community problems, such as anti-social behaviour, criminal damage, abandoned cars and graffiti.

Due to a reduction in funding, Cleveland Police has had to reduce its officers by 350 to 400 over the last two years. The force is carrying out a review of how it meets demand for community policing.

This topic could explore the allocation of PCSO's and resources and how the police and partners can try and pool resources and work together to meet demand.

This topic links to the topic on disproportionate increase in crime.

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 Neighbourhood policing makes 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

2 Low performance

Publicly Reported Crime (Victim Based Crime)				
Crime Category/Type	**Oct13 - Dec13**	**Oct14 - Dec14**	**Change**	**% Chang**
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TOTAL RECORDED CRIME IN HARTLEPOOL	**1552**	**2124**	**572**	**36.9%**

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

This topic has not been considered elsewhere.

3 Need for review acknowledged

TOTAL SCORE: 11

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 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 N/A	**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.	**2** **Need for review acknowledged and work planned elsewhere**

TOTAL SCORE: 8

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. The Audit and Governance Committee requested that this topic be carried forward from last year's work programme.	**2 Medium 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**
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**

Indicator Name	Baseline 2013/14	Local Directional Target 2014-15	Current Position Oct 14 – Dec 14	Actual Difference Compared to same Q3 2013	% Difference Compared to same Q3 2013
Repeat Incidents of Domestic Violence – MARAC	33%	Reduce	29%	+7	28.0

TOTAL SCORE: 6

DRAFT TIMETABLE	25/06	16/07	06/08	20/08	03/09	24/09	15/10	12/11	10/12	11/02	03/03	17/03	28/04
Statutory Scrutiny Issues													
Statutory Scrutiny Work Programming (Beginning of August)			■										
Closing the Loop (July and Oct) 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)										■			
Health Scrutiny													
HWBB – Sub Group Performance and HWBB Quarterly Performance													
Tees, Esk & Wear Valleys NHS FT – Quality Account											■		
NEAS – Quality Account													
North Tees & Hartlepool NHS FT – Quality Account				■						■			
Health Inequalities Annual Update				■									
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)

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

Lead Dept:	PHD	**Other Contributors:**	CED

SECTION 2 ACTIONS		
Action	**Due Date**	**Assignee**
Review, update and implementation of annual action plan for the North of Tees Smoking in Pregnancy Group	March 2016	Head of Health Improvement
Ensure implementation of the NHS health check programme	March 2016	Head of Health Improvement
Implement and measure performance of the Substance Misuse plan	March 2016	Service Delivery Manager Drugs & Alcohol / Health Improvement Practitioner (Drugs & Alcohol)
Influence the commissioning of effective, evidence-based stop smoking and work collaboratively through Hartlepool's Smoke Free Alliance to tackle all issues relating to tobacco control	March 2016	Head of Health Improvement
Deliver a comprehensive programme to improve workplace health	March 2016	Health Improvement Practitioner (Workplace, Obesity, Physical Activity)
Continue to meet the criteria of the North East Better Health at Work Award at Continuing Excellence level	Dec 2015	Health Improvement Practitioner (Workplace, Obesity, Physical Activity)
Introduce a healthier catering commitment scheme & roll out to relevant businesses	March 2018	Head of Public Protection
Revise the Boroughs Sport and Recreation Strategy and deliver activities that support participation including the Community Activities Network (CAN), CSAF programme, Club Development and Football Development programme.	March 2016	Strategic Health & Recreation Manager / Sport & Physical Activity Manager / Leisure Operation & Development Manager

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Deliver a range of physical activity opportunities for all ages including a new Learn to Swim Scheme and the Big Lime triathlon in order to increase the numbers of people participating in physical activity,	March 2016	Strategic Health & Recreation Manager / Sport & Physical Activity Manager / Leisure Operation & Development Manager
Deliver a range of service developments to improve customer access to leisure facilities and services including on-line booking.	March 2016	Strategic Health & Recreation Manager / Sport & Physical Activity Manager / Leisure Operation & Development Manager
Develop and implement a marketing strategy for Sports and Recreation services including the launch of a new website and e-marketing initiatives.	March 2016	Strategic Health & Recreation Manager / Sport & Physical Activity Manager / Leisure Operation & Development Manager
Deliver the key outcomes of the Borough's Indoor Sports Facility and Playing Pitch Strategies.	March 2016	Head of Sport & Recreation
Satisfy Sport and Recreation service users and a create a strong customer base by achieving service accreditation and improving user experience	March 2016	Strategic Health & Recreation Manager / Sport & Physical Activity Manager / Leisure Operation & Development Manager
Sustain funding to support the delivery of Sports and Recreation Services through income generation and sourcing alternative funding.	March 2016	Head of Sport & Recreation
Review breastfeeding pathways with partners to develop commissioning intentions for 2016/17	March 2016	Health Improvement Practitioner (Sexual Health lead & Children & Families)
Ensure the implementation and delivery of the National Child Measurement Programme	Aug 2015	Health Improvement Practitioner (Sexual Health lead & Children & Families)
Ensure the implementation and delivery of the Children and Families weight management programme	March 2016	Health Improvement Practitioner (Sexual Health lead & Children & Families)
Implement an effective Communications Strategy to help tackle childhood obesity	March 2016	Public Relations Manager

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Deliver and evaluate the Public Health Communications Strategy	March 2016	Public Relations Manager

SECTION 3 PERFORMANCE INDICATORS & TARGETS							
Code	**Indicator**	**Assignee**	**Targeted or Monitored**	**Collection Period**	**Current Target (2014/15)**	**Future Targets**	
						15/16	**16/17**
PHD 2.3	Smoking status at time of delivery (Hartlepool)	Head of Health Improvement	Targeted	Financial Year	18%	17%	16%
PHD 2.11	Percentage of Adults Eating Healthily	Health Improvement Practitioner (Workplace, Obesity, Physical Activity)	Monitored	Financial Year	N/A (monitored only)		
PHD 2.12	Excess weight in adults	Health Improvement Practitioner (Workplace, Obesity, Physical Activity)	Monitored	Calendar Year	N/A (monitored only)		
ACS P030	The prevalence of smoking among adults (Hartlepool) LAA HC11)	Head of Health Improvement	Monitored	Financial Year	N/A (monitored only)		
ACS P080	Take up of the Healthy Heart Check Programme by those eligible	Head of Health Improvement	Targeted	Financial Year	60%	TBC	TBC
NI123	Stopping Smoking - Number of self-reported 4-week quitters per 100,000 population aged 16 or over	Head of Health Improvement	Targeted	Financial Year	1412	TBC	TBC
PHD 2.13	Proportion of physically active in adults	Head of Sport & Recreation	Monitored	Calendar Year	N/A (monitored only)		
ACS P035	Those participants completing a 10 week programme of referred activity, the number going onto mainstream activity participation – GP Referrals	Strategic Health & Recreation Manager	Targeted	Financial Year	70	70	70

ACS P059	Overall average attendances at Mill House, Brierton and Headland Leisure Centres	Leisure Operation & Development Manager	Targeted	Financial Year	367,500	368,750	370,000
ACS P081	GP Referrals – The number of participants completing a 10 week programme of referred activity participation	Strategic Health & Recreation Manager	Targeted	Financial Year	300	300	300
ACS P098	Numbers of substance misusers going into effective treatment	Service Delivery Manager Drugs & Alcohol / Health Improvement Practitioner (Drugs & Alcohol)	Targeted	Financial Year	732	726	TBC
ACS P099	Proportion of substance misusers that successfully complete treatment - Opiates	Service Delivery Manager Drugs & Alcohol / Health Improvement Practitioner (Drugs & Alcohol)	Targeted	Financial Year	12%	35%	TBC
ACS P100	Proportion of substance misusers who successfully completed treatment and represented back into treatment within 6 months	Service Delivery Manager Drugs & Alcohol / Health Improvement Practitioner (Drugs & Alcohol)	Targeted	Financial Year	10%	10%	TBC
PHD 2.18	Alcohol-related admissions to hospital	Health Improvement Practitioner (Drugs & Alcohol)	Monitored	Financial Year	N/A (monitored only)		
PHD 2.22	Overall attendances at all sport & physical activity programmes and initiatives	Head of Sport & Recreation	Monitored	Financial Year	N/A (monitored only)		
PHD 2.23	Primary school swimming – 25m attainment	Head of Sport & Recreation	Monitored	Academic Year	N/A (monitored only)		

PHD 2.24	Level of partnership funding attracted to deliver new initiatives/commissioned work in sport and recreation	Head of Sport & Recreation	Monitored	Financial Year	N/A (monitored only)
PHD 2.25	Number of new participants in sport and physical activity as a result of grant intervention	Head of Sport & Recreation	Monitored	Financial Year	N/A (monitored only)
PHD 2.26	Number of volunteers actively engaged for one hour per week on sport and physical activity delivery	Head of Sport & Recreation	Monitored	Financial Year	N/A (monitored only)
NI 53a	Prevalence of breastfeeding at 6-8 weeks from birth (% of infants being breastfeed at 6-8 weeks)	Health Improvement Practitioner (Sexual Health lead & Children & Families)	Monitored	Financial Year	N/A (monitored only)
PHD 2.4	Under 18 conception rate (15-17 years old)	Health Improvement Practitioner (Sexual Health lead & Children & Families)	Monitored	Calendar Year	N/A (monitored only)
NI 55(iv)	Percentage of children who in reception who are classified as overweight or obese	Health Improvement Practitioner (Sexual Health lead & Children & Families)	Monitored	Academic Year	N/A (monitored only)
NI56 (ix)	Percentage of children who in Year 6 who are classified as overweight or obese	Health Improvement Practitioner (Sexual Health lead & Children & Families)	Monitored	Academic Year	N/A (monitored only)
PHD 2.7	Hospital admissions caused by unintentional and deliberate injuries in 0-14 years per 10,000	Health Improvement Practitioner (Sexual Health lead & Children & Families)	Monitored	Financial Year	N/A (monitored only)

SECTION 4 RISKS		
Code	**Risk**	**Assignee**

PHD R001	Failure to engage those eligible in taking up the Healthy Heart Check Programme	Head of Health Improvement
CAD R054	Failure to ensure awareness and training of staff regarding safeguarding	Head of Sport & Recreation
PHD R013	Failure to achieve required customer / participation and income levels	Head of Sport & Recreation
CAD RO52	Failure to meet the licensing requirements of the Adventurous Activity Licensing Authority	Head of Sport & Recreation
CAD R053	Failure to adhere to the recommended standards regarding pool safety management	Head of Sport & Recreation
CAD R055	Failure to establish new partnerships and meet funding conditions of external partners in relation to grant funding, MOU's or SLA's	Head of Sport & Recreation
CAD R056	Lack of adequate investment in public buildings affecting ability to increase participation and income generate	Head of Sport & Recreation
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	Head of Sport & Recreation
CAD RO58	Failure to adhere to the recommendations of the Playing Pitch Strategy	Head of Sport & Recreation

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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 & Wellbeing

Lead Dept:	PHD	**Other Contributors:**	

SECTION 2 ACTIONS		
Action	**Due Date**	**Assignee**
Carry out air quality monitoring	March 2016	Environmental Health Manager (Environmental Protection)
Work with colleagues to improve Public Health through the Health Protection & improvement element of the Core Public Health Strategy	March 2016	Head of Public Protection
Undertake an Estates Excellence project with partners	March 2016	Environmental Health Manager (Commercial)
Consultations on planning & licensing to consider impact in relation to noise & air pollution	March 2016	Environmental Health Manager (Environmental Protection)
Working with partners to reduce alcohol related violence in the Night Time Economy	March 2016	Trading Standards & Licensing Manager
Introduce no cold call zones , undertake work on doorstep selling & scams	March 2016	Trading Standards & Licensing Manager
Increase the uptake of childhood vaccinations through targeted interventions in community settings	March 2016	Health Improvement Practitioner (Sexual Health lead & Children & Families)
Under take a review of sexual health services	March 2016	Health Improvement Practitioner (Sexual Health lead & Children & Families)

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SECTION 3 PERFORMANCE INDICATORS & TARGETS							
Code	**Indicator**	**Assignee**	**Targeted or Monitor**	**Collection Period**	**Current Target (2014/15)**	**Future Targets**	
						15/16	**16/17**
PHD 3.1	Fraction of mortality attributed to particulate air pollution	Environmental Health Manager (Environmental Protection)	Monitored	Calendar Year	N/A (monitored only)		
NI 184	Percentage of food establishments in area which are broadly compliant with food hygiene law	Head of Public Protection	Targeted	Financial Year	97%	TBC	TBC
PHD 1.14	Percentage of population affected by noise	Environmental Health Manager (Environmental Protection)	Monitored	Financial Year	N/A (monitored only)		
NI 113b	Chlamydia diagnosis (age 15-24)	Health Improvement Practitioner (Sexual Health lead & Children & Families)	Monitored	Calendar Year	N/A (monitored only)		
New	Population vaccination coverage – Dtap/IPV/Hib (2 years)	Health Improvement Practitioner (Sexual Health lead & Children & Families)	Monitored	Financial Year	N/A (monitored only)		
New	Population vaccination coverage – MMR for one doses (2 years)	Health Improvement Practitioner (Sexual Health lead & Children & Families)	Monitored	Financial Year	N/A (monitored only)		
New	Population vaccination coverage – MMR for two doses (5 years)	Health Improvement Practitioner (Sexual Health lead & Children & Families)	Monitored	Financial Year	N/A (monitored only)		

SECTION 4 RISKS		
Code	**Risk**	**Assignee**

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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 & Wellbeing

Lead Dept:	PHD	**Other Contributors:**	

SECTION 2 ACTIONS		
Action	**Due Date**	**Assignee**
Through local media campaigns promote amongst all eligible people, particularly in high risk groups, the opportunity to be vaccinated, especially in relation to flu	March 2016	Director of Public Health
Through local media campaigns ensure all eligible groups are aware and able to access screening for respective screening programmes	March 2016	Director of Public Health
Ensure comprehensive plans are in place to protect the health of the population e.g. flu pandemic, infectious diseases	March 2016	Director of Public Health
Ensure the core offer of public health advice is provided to the Clinical Commissioning Group (CCG)	March 2016	Director of Public Health
Develop a comprehensive Cardio Vascular Disease (CVD) Strategy	Oct 2015	Director of Public Health
Introduce saving our skins activities with partners & roll out to relevant businesses	March 2018	Environmental Health Manager (Commercial)

SECTION 3 PERFORMANCE INDICATORS & TARGETS							
Code	**Indicator**	**Assignee**	**Targeted or Monitor**	**Collection Period**	**Current Target (2014/15)**	**Future Targets**	
						15/16	**16/17**

PHD 4.10	Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population	Head of Health Improvement	Monitored	Calendar Year	N/A (monitored only)
PHD 4.14	Number of hip fractures in people aged 65 and over per 100,000 population	Head of Health Improvement	Monitored	Financial Year	N/A (monitored only)
PHD 4.3	Number of deaths that are considered preventable per 100,000 population	Health Improvement Practitioner (Workplace, Obesity, Physical Activity)	Monitored	Calendar Year	N/A (monitored only)
PHD 4.15	Total number of excess winter deaths in a single year, aged 85+	Health Improvement Practitioner (Workplace, Obesity, Physical Activity)	Monitored	Aug-July	N/A (monitored only)
PHD 4.8	Mortality rate from communicable diseases	Environmental Health Manager (Commercial)	Monitored	Calendar Year	N/A (monitored only)

SECTION 4 RISKS		
Code	**Risk**	**Assignee**
CAD R014	Failure to make significant inroads in Health Impact	Director of Public Health

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SECTION 1 OUTCOME DETAILS			
Outcome:	12. Every child has the best start in life	**Theme:**	Health & Wellbeing

Lead Dept:	CAD	**Other Contributors:**	RND

SECTION 2 ACTIONS		
Action	**Due Date**	**Assignee**
Deliver Better Childhood Programme through integration of early help, social care and partner agencies	March 2016	Assistant Director, Children's Services
Implement solution orientated approaches to assessment planning, intervention and review processes across Children's workforce	March 2016	Assistant Director, Children's Services
Review delivery model for the Youth Support Service that maximises effectiveness and efficiency	March 2016	Assistant Director, Children's Services
Deliver the agreed action plan for the take up of school meals	March 2016	Services Direct Manager

SECTION 3 PERFORMANCE INDICATORS & TARGETS							
Code	**Indicator**	**Assignee**	**Targeted or Monitored**	**Collection Period**	**Current Target (2014/15)**	**Future Targets**	
						15/16	**16/17**
CSD P065	Percentage of children achieving a good level of development at age 5	Senior School Improvement Adviser (Primary)	Monitored	Academic Year	N/A (monitored only)		
NI 111	Number of first time entrants to the Youth Justice System aged 10-17 100,000 population (aged 10-17)	Assistant Director, Children's Services	Monitored	Financial Year	N/A (monitored only)		
NI 52a	Percentage take up of school meals – primary	Facilities Management Officer	Targeted	Financial Year	65%	TBC	TBC

NI 52b	Percentage take up of school meals – secondary	Facilities Management Officer	Targeted	Financial Year	55%	TBC	TBC
NSD P064	Percentage uptake of free school meals – primary	Facilities Management Officer	Monitored	Financial Year	N/A (monitored only)		
NSD P065	Percentage uptake of free school meals – secondary	Facilities Management Officer	Monitored	Financial Year	N/A (monitored only)		

SECTION 4 RISKS		
Code	**Risk**	**Assignee**
CAD R025	Failure to meet statutory duties and functions in relation to childcare sufficiency	Head of Service (North Locality)
CAD R026	Failure to deliver Early Intervention Strategy	Assistant Director, Children's Services
RND R088	Failure to achieve sufficient uptake of school meals.	Services Direct Manager

COUNCIL PLAN 2015/16

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

Lead Dept:	CAD	**Other Contributors:**	

SECTION 2 ACTIONS		
Action	**Due Date**	**Assignee**
Strengthen the role of the Local Safeguarding Children's Board (LSCB) in securing effective multi agency working to safeguard children and young people from harm, neglect and exploitation	March 2016	HSCB Business Manager
Develop and implement a Multi Agency Children's Hub across North Tees	March 2016	Assistant Director, Children's Services
Integrate services to help families who are in need or at the point of crisis to take control of their lives	March 2016	Head of Service (South Locality) / Head of Service (North Locality)
Secure permanence for children at the earliest opportunity and within an appropriate timescale for the child	March 2016	Head of Service (Children Looked After)
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 2016	Assistant Director, Children's Services

SECTION 3 PERFORMANCE INDICATORS & TARGETS							
Code	**Indicator**	**Assignee**	**Targeted or Monitored**	**Collection Period**	**Current Target (2014/15)**	**Future Targets**	
						15/16	**16/17**
CSD P035	Children who became the subject of a Child Protection (CP) Plan, or were registered per 10,000 population under 18	Assistant Director, Children's Services	Monitored	Financial Year	N/A (monitored only)		
CSD P116	Percentage of C & F assessments completed within 45 working days	Head of Service (South Locality) / Head of Service (North Locality)	Targeted	Financial Year	Not set (New indicator)	TBC	TBC
NI 62	Stability of placements of looked after children: number of moves	Head of Service (Children Looked After)	Targeted	Financial Year	10%	TBC	TBC

NI 63	Stability of placements for looked after children: length of placement	Head of Service (Children Looked After)	Targeted	Financial Year	75%	TBC	TBC

SECTION 4 RISKS		
Code	**Risk**	**Assignee**
CAD R017	Failure to recruit & retain suitable staff in childrens services (Actively Managed)	Assistant Director, Children's Services
CAD R019	Failure to plan for future need and ensure sufficient placement provision to meet demand (Actively Managed)	Assistant Director, Children's Services
CAD R020	Insufficient capacity in the independent sector to meet placement demand (Actively Managed)	Strategic Commissioner
CAD R021	Increased demand on services due to socio-economic pressures (Actively Managed)	Assistant Director, Children's Services
CAD R022	Failure to provide statutory services to safeguard children and protect their well-being (Actively Managed)	Assistant Director, Children's Services
CAD R023	Impact of change to funding arrangements across Children's Services (Actively Managed)	Assistant Director, Children's Services
CAD R024	Failure to meet statutory duties and functions in relation to Youth Offending Service (Actively Managed)	Head of Integrated Youth Support Service
CAD R029	Failure to effectively manage risks exhibited by young people and families (Actively Managed)	Assistant Director, Children's Services
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	Performance & Information Manager (Children) / Performance & Information Manager (Adults)

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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 & Wellbeing

Lead Dept:	CAD	**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, through implementation of the Better Care Fund (BCF) plan.	March 2016	Assistant Director, Adult Services
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 2016	Head of Service
Implement the 2015-16 requirements of the Care Act and prepare for the 2016-17 requirements.	March 2016	Assistant Director, Adult Services
Implement 'Making Safeguarding Personal' and ensure that local arrangements for safeguarding are compliant with the Care Act.	March 2016	Head of Service
Implement the actions identified by the Mental Health Peer Review to improve Mental Health services for the people of Hartlepool.	March 2016	Head of Service
Build community capacity and low level support services that increase choice and reduce social isolation.	March 2016	Head of Strategic Commissioning
Improve pathways and services to meet the needs of individuals with dementia and their families / carers.	March 2016	Head of Strategic Commissioning
Develop an independent living centre that improves outcomes for adults with a disability and / or long term condition.	March 2016	Head of Service
Ensure that people with learning disabilities receive good quality, outcome focused care and support, including those covered under the Winterbourne View Concordat recommendations.	March 2016	Head of Service

Review systems, learn lessons from surveys and complaints and develop the workforce to ensure that staff are supported and working safely and effectively.	March 2016	Principal Social Worker

SECTION 3 PERFORMANCE INDICATORS & TARGETS							
Code	**Indicator**	**Assignee**	**Targeted or Monitored**	**Collection Period**	**Current Target (2014/15)**	**Future Targets**	
						15/16	**16/17**
NI 130b	Social care clients receiving Self Directed Support	Principal Social Worker	Targeted	Financial Year	90%	95%	95%
NI 131	Delayed Transfers of Care (attributable to social care)	Head of Service	Targeted	Financial Year	0	0	0
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Head of Strategic Commissioning	Targeted	Financial Year	40%	40%	40%
ACS P051	Access to equipment and telecare: users with telecare equipment	Head of Service	Targeted	Financial Year	1500	1600	1650
ACS P066	Permanent Admissions to residential care – age 65+	Head of Service	Targeted	Financial Year	900.0	823.9	807.8
ACS P072	Clients receiving a review	Head of Service	Targeted	Financial Year	75%	75%	75%
ACS P087	% of reablement goals (user perspective) met by the end of a reablement package/episode (in the period)	Head of Service	Targeted	Financial Year	70%	70%	70%
NI 125	Achieving independence for older people through rehabilitation/intermediate care (at home after 91 days)	Head of Service	Targeted	Financial Year	87.7%	89.2%	TBC

SECTION 4 RISKS		
Code	**Risk**	**Assignee**
CAD R034	Insufficient capacity in the independent sector to meet placement demand within adult social care (particularly in relation to nursing provision) which could lead to an increase in out of borough placements.	Head of Strategic Commissioning
CAD R035	Increased demand on adult social care services due to demographic and financial pressures, and changes within partner organisations.	Assistant Director, Adult Services

CAD R038	Failure to provide statutory services to safeguard vulnerable adults.	Head of Service
CAD R043	Delayed transfers of care from hospital due to reduced capacity and changing working arrangements for hospital discharge.	Head of Service
CAD R060	Failure to work effectively with partners to deliver integrated health and social care services through the Better Care Fund.	Assistant Director, Adult Services
CAD R061	Increased demand on Adult Social Care Deprivation of Liberty Safeguards (DOLS) due to the national implications of the Cheshire West ruling and subsequent increased activity, expenditure & risk.	Head of Service

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

Lead Dept:	RND	**Other Contributors:**	

SECTION 2 ACTIONS		
Action	**Due Date**	**Assignee**
Deliver in conjunction with partners a strategic assessment which is monitored through the Safer Hartlepool Partnership executive.	Dec 2015	Community Safety Team Leader
Refresh the Domestic Violence Strategy action plan	April 2015	Community Safety & Engagement Manager
Ensure a co-ordinated approach to meeting the needs of victims of crime & disorder taking a victim centred approach by commissioning victim services through the vulnerable victims group	March 2016	Neighbourhood Safety Team Leader

SECTION 3 PERFORMANCE INDICATORS & TARGETS							
Code	**Indicator**	**Assignee**	**Targeted or Monitored**	**Collection Period**	**Current Target (2014/15)**	**Future Targets**	
						15/16	**16/17**
RPD P029a	Number of domestic burglaries	Community Safety Team Leader	Monitored	Financial Year	N/A (monitored only)		
RPD P028a	Number of reported crimes in Hartlepool	Community Safety Team Leader	Monitored	Financial Year	N/A (monitored only)		
RPD P031a	Number of incidents of local violence (assault with & without injury)	Community Safety Team Leader	Monitored	Financial Year	N/A (monitored only)		
NI 32	Number of repeat incidents of domestic violence	Community Safety Team Leader	Monitored	Financial Year	N/A (monitored only)		

SECTION 4 RISKS		
Code	**Risk**	**Assignee**

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RND R032	Failure of officers to fully embrace their responsibilities under the terms of Section 17 of the Crime and Disorder Act 1998	Community Safety & Engagement Manager

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

Lead Dept:	RND	**Other Contributors:**	

SECTION 2 ACTIONS		
Action	**Due Date**	**Assignee**
Monitor substance misuse action plan as a key element of the Community Safety Plan.	March 2016	Community Safety Team Leader

SECTION 3 PERFORMANCE INDICATORS & TARGETS							
Code	**Indicator**	**Assignee**	**Targeted or Monitored**	**Collection Period**	**Current Target (2014/15)**	**Future Targets**	
						15/16	**16/17**
RND P073	Incidents of drug dealing and supply	Research Analyst	Monitored	Financial Year	N/A (monitored only)		
RND R074	Number of young people found in possession of alcohol	Research Analyst	Monitored	Financial Year	N/A (monitored only)		
RND P105	Perceptions of people using or dealing drugs in the community	Research Analyst	Monitored	Financial Year	N/A (monitored only)		

SECTION 4 RISKS		
Code	**Risk**	**Assignee**
None identified		

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

Lead Dept:	RND	**Other Contributors:**	CED

SECTION 2 ACTIONS		
Action	**Due Date**	**Assignee**
Implement the new Anti Social Behaviour code and associated powers	March 2016	Neighbourhood Safety Team Leader
Implement the new community engagement and cohesion strategy	March 2016	Community Safety & Engagement Manager
Develop restorative practice across the Safer Hartlepool partners to give victims a greater voice in the criminal justice system	March 2016	Neighbourhood Safety Team Leader
Improve reporting, recording and responses/interventions to vulnerable victims and victims of hate crime	March 2016	Neighbourhood Safety Team Leader
Deliver and evaluate the Safer Hartlepool Partnership Communications Strategy	March 2016	Public Relations Manager

SECTION 3 PERFORMANCE INDICATORS & TARGETS							
Code	**Indicator**	**Assignee**	**Targeted or Monitored**	**Collection Period**	**Current Target (2014/15)**	**Future Targets**	
						15/16	**16/17**
RPD P034	Number of deliberate fires in Hartlepool	Research Analyst	Monitored	Financial Year	N/A (monitored only)		
RND P107	Number of anti-social behaviour incidents reported to the Police	Research Analyst	Monitored	Financial Year	N/A (monitored only)		
RND P108	Perceptions of drunk or rowdy behaviour as a problem	Research Analyst	Monitored	Financial Year	N/A (monitored only)		
RND P109	Number of reported hate incidents	Research Analyst	Monitored	Financial Year	N/A (monitored only)		

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SECTION 4 RISKS		
Code	**Risk**	**Assignee**
RND R032	Failure of officers to fully embrace their responsibilities under the terms of Section of the Crime and Disorder Act 1998.	Community Safety & Engagement Manager

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

Lead Dept:	RND	**Other Contributors:**	

SECTION 2 ACTIONS		
Action	**Due Date**	**Assignee**
Monitor delivery of the offending and re-offending strategy action plan	March 2016	Community Safety Team Leader
Continue to embed the Think Families, Think Communities (TF/TC) approach to reducing crime and anti-social behaviour, improve educational attendance and reduce worklessness, resulting in reduced costs to the public purse.	March 2016	Community Safety Team Leader

SECTION 3 PERFORMANCE INDICATORS & TARGETS							
Code	**Indicator**	**Assignee**	**Targeted or Monitored**	**Collection Period**	**Current Target (2014/15)**	**Future Targets**	
						15/16	**16/17**
RND R067	Re-offending rates of High Crime Causers (HCC) adults	Community Safety Team Leader	Monitored	Financial Year	N/A (monitored only)		
RND P110a	Number of families engaged through Think Families / Think Communities (TF/TC) programme	Community Safety Team Leader	Monitored	Financial Year	N/A (monitored only)		
RND P110b	Number of results claimed through Think Families / Think Communities Programme	Community Safety Team Leader	Monitored	Financial Year	N/A (monitored only)		

SECTION 4 RISKS		
Code	**Risk**	**Assignee**
None identified		

AUDIT AND GOVERNANCE COMMITTEE

6 August 2015

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

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 Martin-Wells, S Akers-Belcher and Cook

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**.

Cllr Martin-Wells was appointed as the Council's representative on 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 form the Committee to be a member of the North East Regional Joint Member / Officer Scrutiny Network.

3. RECOMMENDATIONS

3.1 That:-

(a) Members note the appointments to the Tees Valley Joint Health Scrutiny Committee and the Regional Health Scrutiny Committee; and
(b) Members agree one nomination from the Audit and Governance Committee to be appointed to the North East Regional Joint Member / Officer Scrutiny Network.

Contact Officer:- Joan Stevens – Scrutiny Manager
Chief Executive's Department – Legal Services
Hartlepool Borough Council
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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

6 August 2015

HARTLEPOOL BOROUGH COUNCIL

Report of: Scrutiny Manager

Subject: DEDICATED OVERVIEW AND SCRUTINY BUDGET – 2014/15 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 2014/15 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 2014/15 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 2014/15 the following requests were put forward for funding from the available £5,000 budget:-

- Refreshments for the Dementia Working Group -£5.00
- Refreshments for the CVD Investigation – Discussion with Cardiologist - £5.00
- Lunch as part of the Hate Crime Investigation - £20.00

4. RECOMMENDATION

4.1 It is recommended that the Audit and Governance Committee notes the dedicated scrutiny budget position for the 2015/16 financial year.

Contact Officer:- Joan Stevens – Scrutiny Manager
Chief Executive's Department – Legal Services
Hartlepool Borough Council
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BACKGROUND PAPERS

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

AUDIT AND GOVERNANCE COMMITTEE

6 August 2015

HARTLEPOOL BOROUGH COUNCIL

Report of: Report of Health and Wellbeing Board

Subject: HEALTH AND WELLBEING BOARD'S RESPONSE TO THE INVESTIGATION INTO DEMENTIA: EARLY DIAGNOSIS

1. PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide Members of the Audit and Governance Committee with feedback on the recommendations from the investigation into Dementia: Early Diagnosis, which was reported to the Health and Wellbeing Board on 22 June 2015.

2. BACKGROUND INFORMATION

2.1 The investigation into Dementia: Early Diagnosis conducted by the Dementia Working Group falls under the remit of the Public Health Department and Adult Services and within the remit of the Health and Wellbeing Board.

2.2 On 22 June 2015, the Health and Wellbeing Board considered the Final Report of the Dementia Working Group into Dementia. This report provides feedback from the Health and Wellbeing Board's consideration of, and decisions in relation to the Group's recommendations.

2.3 Following on from this report, progress towards completion of the actions contained within the Action Plan will be monitored through Covalent; the Council's Performance Management System; with standardised six monthly monitoring reports to be presented to the Committee.

3. SCRUTINY RECOMMENDATIONS AND DECISION

3.1 Following consideration of the Final Report, the Health and Wellbeing Board approved the recommendations and actions. Details of each recommendation and action are provided in the Action Plan, attached as **Appendix A.**

4. RECOMMENDATIONS

4.1 That Members note the proposed actions detailed within the Action Plan and seek clarification on its content where felt appropriate.

Contact Officer:- Laura Stones – Scrutiny Support Officer
Chief Executives Department –Legal Services
Hartlepool Borough Council
Telephone: 01429 523087
E-mail – laura.stones@hartlepool.gov.uk

BACKGROUND PAPERS

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

(i) The Dementia Working Group's Final Report into Dementia considered by the Health and Wellbeing Board on 22 June 2015

(ii) Decision Record of the Health and Wellbeing Board held on 22 June 2015

COUNCIL SCRUTINY ENQUIRY ACTION PLAN

NAME OF COMMITTEE: Dementia Working Group

NAME OF SCRUTINY ENQUIRY: Dementia: Early Diagnosis

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION+	FINANCIAL / OTHER IMPLICATIONS	LEAD OFFICER	COMPLETION DATE*
That Council:- (a) Pledge their support towards Hartlepool becoming a Dementia Friendly Town	Pledges received from key Council Members, pledges being gathered from key council officers. Dementia Friendly Community accreditation obtained, secretary of the DFC steering group to arrange for a launch event – to be raised at next steering group meeting	None	Co-ordination Jeanette Willis	Complete
That the Health and Wellbeing Board:- (b) Raise awareness of dementia in order to promote a greater understanding of the condition across:- (i) Council departments by encouraging Council staff to become dementia	Dementia Friends sessions already been rolled out across the council 70 trained so far with	None financial, some time resources	Jeanette Willis/DFC Steering	Complete - In place ongoing awareness

	friends to raise awareness of the signs/symptoms and also the services available;	a further 50 in partner agencies. Further training to be offered through the Dementia Friendly Communities project & internally via Commissioning team HBC	required	Group	raising programme
(ii)	Organisations/businesses in Hartlepool, with the aim of each organisation/business pledging their support towards a Dementia Friendly Hartlepool; and	Already many local organisations signed up to DFC – official launch will be conduit for promotion to wider community and organisations	Printing & Advertising – to be shared across steering group partners	DFC Steering Group (HBC contact Jeanette Willis)	Early Summer
(iii)	Communities and the general public.	Hartlepool Now – revised information and advice system to be accessed by all professionals and can be accessed by community if internet access available. All providers will link to this site contractually to ensure information is up to date and relevant. The Bridge – community central hub for dementia – established by Hospital of God to complement all dementia services.	In place – wider promotion through other council departments outside of Adult Services & local communities None	Leigh Keeble	Complete -In place ongoing promotion across the council, partner agencies and communities Complete - Opened May 2015
(c)	Explore how support to people with dementia and their families	Identified dementia social workers in each of the locality	Established currently	John Lovatt	Complete - In place

/ carers can be maximised and co-ordinated across all services, including the establishment of identified individuals responsible for maintaining contact and co-ordination	teams in Adult Services. Dementia Advisory service currently out for tender to ensure information and advice available from diagnosis through to end of life. Dementia contract let October 2014 incorporating, day opportunities and personalised support in the community. Additional services provided by the successful organisation (Hospital of God) include home to hospital support and carer support services. ICLES (Intensive Community Liaison Services) working into Care Homes and Community Dementia Liaison Service both provided by TEWV contracted by CCG. Review to be undertaken in coming months to ensure sustainability and effectiveness. Proactive approaches to be taken following review to ensure actions are not retrospective.	Subject to successful tendering process Established contract None	Jeanette Willis Jeanette Willis Jeanette Willis/John Lovatt	July 2015 Complete - In place Review by CCG Summer 2015

[+] please detail any risk implications, financial / legal / equality & diversity / staff / asset management considerations
* please note that for monitoring purposes a date is required rather than using phrases such as ‘on-going’

AUDIT AND GOVERNANCE COMMITTEE

6 August 2015

HARTLEPOOL BOROUGH COUNCIL

Report of: Scrutiny Manager

Subject: SIX MONTHLY MONITORING OF AGREED SCRUTINY RECOMMENDATIONS

1. PURPOSE OF REPORT

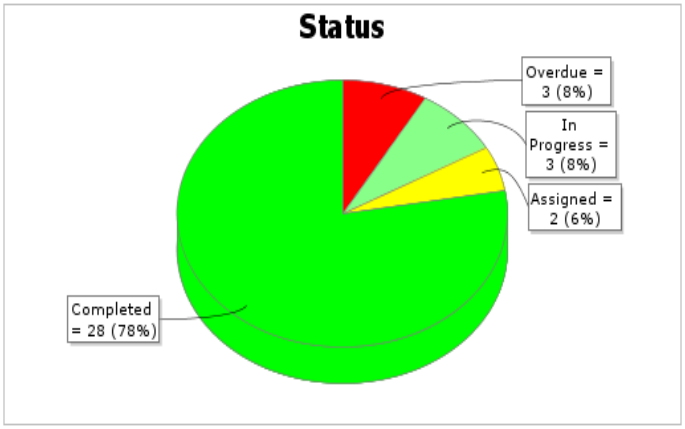
1.1 To provide Members with the six monthly progress made on the delivery of scrutiny recommendations that fall within the remit of this Committee.

2. BACKGROUND INFORMATION

2.1 This report provides details of progress made against the investigations undertaken by this Committee in the 2013/14 and 2014/15 Municipal Year. **Chart 1** (below) provides a detailed explanation of progress made against each scrutiny recommendation since the last six monthly monitoring report was presented to this Committee in November 2014.

2.2 At the Adult Services Committee at their meeting held on 8 June 2015 concerns were expressed that COPD patients had experienced difficulties, post discharge, contacting and obtaining support from the COPD Nurse via the Single Point of Access Service (minutes of the meeting attached as **Appendix A**). During the discussion reference was made to the recent scrutiny investigation in relation to COPD and it was suggested that the concerns of the Adult Services Committee be reported to the Audit and Governance Committee as part of the scrutiny investigation monitoring process. An update in relation to the COPD investigation is detailed below.

Chart 1



APPENDIX A

Year *2013/14*
Investigation *COPD*

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
SCR-HS/1a/i That the Health and Wellbeing Board develop a strategic approach to COPD to ensure that inequality is not worsened by:- (i) monitoring the review of the single point of access	SCR-HS/1a/i	Changes have been made to improve access to a respiratory clinician within the Hartlepool CRAMS service. These changes are still in a pilot phase with an evaluation of the impact to commence at the end of September 2014.	Scrutiny	31-Mar-2015	31-Mar-2015	23-Jun-2015 Satisfaction surveys are routinely given to Respiratory patients attending the CRAMS service. On analysis patients who have used the service for several years before the implementation of the Single Point of Access express less satisfaction with the response to a request for calls back or a home visit, while new patients demonstrate an extremely positive opinion of the service with only one or two comments about the length of time it can take to get a response to a query. Referrals from GP practices for pulmonary rehabilitation are as follows: April 13 - March 14: 30 April 14- March 15: 34 March 15-June 12: 27 10-Feb-2015 Changes have been made to improve access to a respiratory clinician within the Hartlepool CRAMS service. These changes are still in a pilot phase with an evaluation of the impact to commence at the end of September 2014.	100% Complete d
SCR-HS/1a/i That the Health and Wellbeing Board	SCR-HS/1a/i/1	Data is collected on the use of the single point of access and we	Scrutiny	30-Sep-2015	30-Sep-2015	07-Apr-2015 Data is collected on the use of the single point of access and we regularly review	100% Complete d

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
develop a strategic approach to COPD to ensure that inequality is not worsened by:- (i) monitoring the review of the single point of access		regularly review services in order to ensure that there is responsive service for patients. Assessment of the service impact on COPD patients and their families is not currently undertaken on a regular basis.				services in order to ensure that there is responsive service for patients. Assessment of the service impact on COPD patients and their families is not currently undertaken on a regular basis. 11-Feb-2015 Data is collected on the use of the single point of access and we regularly review services in order to ensure that there is responsive service for patients. Assessment of the service impact on COPD patients and their families is not currently undertaken on a regular basis.	
SCR-HS/1a/ii That the Health and Wellbeing Board develop a strategic approach to COPD to ensure that inequality is not worsened by:- (ii) ensuring that any changes to service provision are appropriately evaluated	SCR-HS/1a/ii	Changes have been made to improve access to a respiratory clinician within the Hartlepool CRAMS service. These changes are still in a pilot phase with an evaluation of the impact to commence at the end of September 2014.	Scrutiny	31-Mar-2015	31-Mar-2015	06-Jul-2015 Satisfaction surveys are routinely given to Respiratory patients attending the CRAMS service. On analysis patients who have used the service for several years before the implementation of the Single Point of Access express less satisfaction with the response to a request for calls back or a home visit, while new patients demonstrate an extremely positive opinion of the service with only one or two comments about the length of time it can take to get a response to a query. Referrals from GP practices for pulmonary rehabilitation are as follows: April 13 - March 14: 30 April 14- March 15: 34 March 15-June 12: 27	100% Complete d

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
						10-Feb-2015 Changes have been made to improve access to a respiratory clinician within the Hartlepool CRAMS service. These changes are still in a pilot phase with an evaluation of the impact to commence at the end of September 2014.	
SCR-HS/1a/ii That the Health and Wellbeing Board develop a strategic approach to COPD to ensure that inequality is not worsened by:- (ii) ensuring that any changes to service provision are appropriately evaluated	SCR-HS/1a/ii/1	The CCG undertake regular review of our commissioned services in order to ensure that they are both effective pathways and complying with our objective to provide the best value for money in care services. Whilst we strive to be innovative in the services that we design and commission we also seek t learn from other areas. We continually monitor and assess the services that are delivered and listen to the feedback and experiences of our patients. We are currently undertaking a review of COPD and Pulmonary Rehab (PR) services which aspires towards a more cost effective service, integrated with primary care and enhancing access to PR for lower levels of COPD severity.	Scrutiny	31-Mar-2016	31-Mar-2016	06-Jul-2015 The CCG have completed a review of COPD and Pulmonary Rehab (PR) services which aspires towards a more cost effective service, integrated with primary care and enhancing access to PR for lower levels of COPD severity. The outcome of which has resulted in a new service being piloted that will deliver services closer to the patient with access to specialist support when required. The pilot is being evaluated in a staged process so as to better understand the impact of the changes made. Evaluation should be completed by early 2016. 07-Apr-2015 The CCG undertake regular review of our commissioned services in order to ensure that they are both effective pathways and complying with our objective to provide the best value for money in care services. Whilst we strive to be innovative in the services that we design and commission we also seek t learn from other areas. We continually monitor and assess the services that are delivered and listen to the feedback and experiences of our	60% In Progress

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
						patients. We are currently undertaking a review of COPD and Pulmonary Rehab (PR) services which aspires towards a more cost effective service, integrated with primary care and enhancing access to PR for lower levels of COPD severity.	
SCR-HS/1b That the Health and Wellbeing Board explores ways to promote COPD support programmes, such as the pulmonary rehabilitation programme, to encourage people to attend	SCR-HS/1b	The services delivering care to COPD patients have actively promoted support programmes through one to one discussions, advertisements in key locations within the community and within the Trust. Staff are also arranging meetings with practices and developing a leaflet to promote and encourage attendance.	Scrutiny	28-Feb-2015	28-Feb-2015	23-Jun-2015 Over the past 12 months the Respiratory team have contacted practices across Hartlepool and Stockton to promote the pulmonary rehabilitation programmes as well as an education programme for newly diagnosed COPD patients. A number of meetings were held to promote services available to COPD patients. Staff delivered road shows at a variety of community settings including the public library and supermarkets. Leaflets were sent out to GP practices on a number of occasions and were erected within secondary care to raise awareness among visitors. The Trust twitter account has been used to promote support services and the Hartlepool Mail and Evening gazette have also printed an article for respiratory services.	100% Completed
						23-Jun-2015 Promotion of the programme will be on-going however meetings with practices to promote uptake and referral is due to be complete February 2015	

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
SCR-HS/1b That the Health and Wellbeing Board explores ways to promote COPD support programmes, such as the pulmonary rehabilitation programme, to encourage people to attend	SCR-HS/1b/i	The CCG are currently undertaking a review of our commissioned PR services to ensure that we commission services which will meet the needs of our patients. We continue to work with our GP members and the acute trust to encourage patients to access the programme and promote self-management. We have also implemented a scheme within practices to identity patients with COPD and which highlights PR use by practice with benchmarking between practices as well as prevalence and uptake of the COPD screening figures which are fed back to practices to help to increase performance.	Scrutiny	31-Mar-2016	31-Mar-2016	03-Jul-2015 The CCG has access to data on levels of activity related to the avoidable attendances and admissions associated with respiratory conditions and therefore this is a contributing factor to our efforts to encourage patient self – management. 03-Jul-2015 The CCG have completed a review of our commissioned PR services to ensure that they commission services which will meet the needs of their patients and deliver services closer to them when needed. They continue to work with our GP members and the acute trust to encourage patients to access the commissioned programmes and actively promote self-management. They have also implemented a scheme within practices to identity patients with COPD and which highlights PR use by practice with benchmarking between practices as well as prevalence and uptake of the COPD screening figures which are fed back to practices to help to increase performance. They will receive the final evaluation report on the project in September. In addition the CCG has piloted a telephoned based clinical health coaching service provided by Totally Health. The service works with patients who have a COPD to help them get to the point of	80% In Progress

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
						being able to self-care and self-manage their condition, which would reduce emergency admissions and reduce demand on Primary Care. The pilot has been commissioned for the Hartlepool locality due to a similar pilot happening in Stockton. 8 Practices have signed up to pilot the service and have a caseload of 100 patients. As at 31st May 2015, 43 patients are active in the service and 39 of the 43 patients have COPD.	
SCR-HS/1c That the Health and Wellbeing Board, through an integrated and co-ordinated approach, work in partnership with relevant organisations and groups to promote a consistent message on COPD through the use of a single questionnaire	SCR-HS/1c	The CCG continually seek to work in partnership with other commissioners and providers to ensure that we are aware of patient needs and expectations and to develop ways to learn and progress together.	Scrutiny	31-Mar-2016	31-Mar-2016	07-Apr-2015 The CCG continually seek to work in partnership with other commissioners and providers to ensure that we are aware of patient needs and expectations and to develop ways to learn and progress together. Health and Wellbeing Board received the Action Plan in relation to the implementation of the Investigations recommendations at its meeting on the 2 March 2015. The Board noted progress of the COPD recommendations and action plan was noted - to be progressed. 11-Feb-2015 The CCG continually seek to work in partnership with other commissioners and providers to ensure that we are aware of patient needs and expectations and to develop ways to learn and progress together.	80% In Progress

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
SCR-HS/1d That the Health and Wellbeing Board raises community awareness of COPD by placing the COPD questionnaire in community and health venues across Hartlepool to find those people with undiagnosed COPD	SCR-HS/1d	Public Health has already taken the lead on behalf of the Board over the past year to promote the questionnaire. Public Health will build on this previous activity during 2014/15 to ensure the questionnaire is circulated across a range of settings to find those people with undiagnosed COPD	Louise Wallace	31-Mar-2015	31-Mar-2015	10-Feb-2015 This work is ongoing. In addition to circulating more generally, the Specialist Stop Smoking Service commissioned by the LA uses the questionnaire to assess the risk of COPD in smokers over the age of 35. Those at risk being signposted to GP practice for further investigation. 27-Oct-2014 This work is ongoing	75% Overdue
SCR-HS/1e That the Health and Wellbeing Board explores the development of a targeted COPD awareness campaign for young people to raise awareness of the long term implications of smoking;	SCR-HS/1e	Public Health has led this activity on behalf of the Board and will continue to do so through activities such as theatre in education and schools. This approach has proven successful in raising awareness amongst young people of the short and long term healthy implications of smoking.	Louise Wallace	31-Mar-2015	31-Mar-2015	10-Feb-2015 This work is now progressing well with theatre in education performances/workshops for year 7 pupils being timetabled for the summer term. Additional performance planned for Year 10s to coincide with launch of smoking intervention for young people. School nurses, other school staff and youth workers are being trained to deliver this intervention with support from the Specialist Service. 27-Oct-2014 This work is ongoing.	75% Overdue
SCR-HS/1f That the Health and Wellbeing Board explores whether the number of COPD screenings taking place at various GP surgeries across Hartlepool can be publicised, as it	SCR-HS/1f	Public health are responsible for commissioning the COPD screening programme in primary care. This requires practices to ensure that patients most at risk of developing COPD i.e those that smoke, are made aware of this	Louise Wallace	31-Mar-2015	31-Mar-2015	10-Feb-2015 The work is ongoing and a report has been prepared by the Tees Valley Public Health Shared Service for the March Board meeting. 27-Oct-2014 This work is ongoing.	75% Overdue

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
would be valuable for the community to be aware of the variations in practices		service. Public Health will provide a report on uptake, impact and variation of this service provided by GP's to the Health and Wellbeing Board by March 2015.					

Year 2013/14
Investigation Re-offending

Recommendation	**Action**		**Assigned To**	**Original Due Date**	**Due Date**	**Note**	**Progress**
SCR-CD/1g/vii The development of improved partnership working around housing, with checks in place to ensure that there is no stigma applied to offenders in the allocation of housing.	scr-CD/1g/vii	The draft reducing re-offending strategy and associated action plan includes all of the suggestions outlined.	Clare Clark	31-Jul-2014	31-Jul-2014	13-Apr-2015 All actions have been incorporated into the Reducing Reoffending Action Plan approved by the Safer Hartlepool Partnership in November 2014 24-Oct-2014 All actions identified as a result of the review by Scrutiny, will be incorporated into the reducing reoffending strategy action plan and reported back through this mechanism. The reducing reoffending strategy action plan is due to be consider for approval by the Safer Hartlepool Partnership in November.	100% Complete d
SCR-CD/1a The extension of the triage service to include adults be explored	SCR-CD/1a	The further development of the triage service will also be explored as part of the Police and Crime Commissioner's - Restorative Justice Hub and the local implementation of the RESTORE project.	Clare Clark	28-Feb-2015	28-Feb-2015	13-Apr-2015 All actions have been incorporated into the Reducing Reoffending Action Plan approved by the Safer Hartlepool Partnership in November 2014 24-Oct-2014 All actions identified as a result of the review by Scrutiny, will be incorporated into the reducing	100% Complete d

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
						reoffending strategy action plan and reported back through this mechanism. The reducing reoffending strategy action plan is due to be consider for approval by the Safer Hartlepool Partnership in November.	
SCR-CD/1b The Community Payback scheme be supported, and in taking it forward additional training be provided for staff to equip them to effectively interact with ex-offenders in a work environment.	SCR-CD/1b/i	Following the transfer of rehabilitation services to the new Community Rehabilitation Company (CRC) and National Probation Service (NPS) a new service level agreement to ensure the continuance of the Community Payback Scheme in Hartlepool through effective links with HBCs Community Safety and Environmental Teams will be established.	Jon Wright	31-Mar-2015	31-Mar-2015	14-Jul-2015 I have worked with the Service Development team and The Durham Tees Valley Probation Service, therefore have been able to come up with the appropriate risk assessments and working procedures to be able to integrate these service seamlessly. 13-Apr-2015 unfortunately due to HBC restructuring and all the changes within the CRC this has not been accomplished and finalised yet. However contacts have now been made and officers are working towards completion by the end of May 2015.	100% Complete d
SCR-CD/1b The Community Payback scheme be supported, and in taking it forward additional training be provided for staff to equip them to effectively interact with ex-offenders in a work environment.	SCR-CD/1b/ii	A toolbox talk will be developed to ensure the local workforce is trained to equip them with the skills to effectively interact with the ex-offenders in a work place environment.	Jon Wright	31-Jan-2015	31-Jan-2015	14-Jul-2015 I have worked with the Service Development team and The Durham Tees Valley Probation Service, therefore have been able to come up with the appropriate risk assessments and working procedures to be able to integrate these service seamlessly. 13-Apr-2015 unfortunately due to HBC restructuring and all the changes within the CRC this has not been accomplished and finalised yet. However contacts have now been made and officers are working towards	100% Complete d

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
						completion by the end of May 2015.	
SCR-CD/1c In recognition of problems experienced by ex-offenders released on Friday's regarding the need to access services and benefits provided by different agencies, the introduction of a 'one-stop shop' approach be explored	SCR-CD/1c	This will be investigated on a Tees-wide basis with the new CRC, exploring links with the GALLANT project.	Clare Clark	31-Dec-2014	31-Dec-2014	13-Apr-2015 All actions have been incorporated into the Reducing Reoffending Action Plan approved by the Safer Hartlepool Partnership in November 2014 24-Oct-2014 All actions identified as a result of the review by Scrutiny, will be incorporated into the reducing reoffending strategy action plan and reported back through this mechanism. The reducing reoffending strategy action plan is due to be consider for approval by the Safer Hartlepool Partnership in November.	100% Complete d
SCR-CD/1d In line with the priorities identified by the Local Offender Housing Needs Group, the establishment of a Housing Liaison post, similar to that in place in Sunderland, be explored.	SCR-CD/1d	Funding has been identified and secured to create a Housing Liaison Officer post, based on the Sunderland model, with an anticipated start date of September 2014.	Clare Clark	30-Sep-2014	30-Sep-2014	13-Apr-2015 All actions have been incorporated into the Reducing Reoffending Action Plan approved by the Safer Hartlepool Partnership in November 2014 24-Oct-2014 All actions identified as a result of the review by Scrutiny, will be incorporated into the reducing reoffending strategy action plan and reported back through this mechanism. The reducing reoffending strategy action plan is due to be consider for approval by the Safer Hartlepool Partnership in November.	100% Complete d
SCR-CD/1e That the potential for the Council to be involved in schemes	SCR-CD/1e	This will be explored as part of the local strategies attempts to improve the	Patrick Wilson	28-Feb-2015	28-Feb-2015	07-Apr-2015 We have explored the support we can offer to customers through the Reducing Reoffending Task Group with	100% Complete d

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
similar to the 'Change for Change' scheme operated at Deerbolt Prison		employment pathway with a report on outcome of investigations and potential opportunities for development.				meeting continuing over the next year. 08-Jan-2015 Discussions are continuing between the Reducing Reoffending Task Group and Economic Regeneration to ensure that there are employment and apprenticeship opportunities for ex-offenders using the Change for Change scheme as an example.	
SCR-CD/1f The Mental Health Criminal Justice Liaison and Diversion Service be developed in Hartlepool and options explored for the joint commissioning of the service in the future.	SCR-CD/1f	This will be developed over the forthcoming year in Hartlepool with police and health partners as part of the roll out Criminal Liaison and Diversion Scheme. A representative will be invited to a future meeting of the SHP to deliver a presentation outlining progress to date and future plans for the service	Clare Clark	31-Oct-2014	31-Oct-2014	13-Apr-2015 All actions have been incorporated into the Reducing Reoffending Action Plan approved by the Safer Hartlepool Partnership in November 2014 24-Oct-2014 All actions identified as a result of the review by Scrutiny, will be incorporated into the reducing reoffending strategy action plan and reported back through this mechanism. The reducing reoffending strategy action plan is due to be consider for approval by the Safer Hartlepool Partnership in November.	100% Complete d
SCR-CD/1g/i consideration be given to:- i) The continued development and delivery of ''holistic' / offender centric plans and services to meet the complex mix of needs/issues experienced by re-offenders, and	SCR-CD/1g/i	The draft reducing re-offending strategy and associated action plan includes all of the suggestions outlined.	Clare Clark	31-Jul-2014	31-Jul-2014	13-Apr-2015 All actions have been incorporated into the Reducing Reoffending Action Plan approved by the Safer Hartlepool Partnership in November 2014 24-Oct-2014 All actions identified as a result of the review by Scrutiny, will be incorporated into the reducing reoffending strategy action plan and reported back through this	100% Complete d

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
robust partnership working.						mechanism. The reducing reoffending strategy action plan is due to be consider for approval by the Safer Hartlepool Partnership in November.	
SCR-CD/1g/ii The adoption of the Team Around/IOM principles as a template for the provision of holistic / offender centric re-offending prevention services.	SCR-CD/1g/ii	The draft reducing re-offending strategy and associated action plan includes all of the suggestions outlined.	Clare Clark	31-Jul-2014	31-Jul-2014	13-Apr-2015 All actions have been incorporated into the Reducing Reoffending Action Plan approved by the Safer Hartlepool Partnership in November 2014 24-Oct-2014 All actions identified as a result of the review by Scrutiny, will be incorporated into the reducing reoffending strategy action plan and reported back through this mechanism. The reducing reoffending strategy action plan is due to be consider for approval by the Safer Hartlepool Partnership in November.	100% Complete d
SCR-CD/1g/iii The role of restorative and other alternative interventions in the offending punishment process and s part of this the importance of sanctions that are acted upon where required	SCR-CD/1g/iii	The draft reducing re-offending strategy and associated action plan includes all of the suggestions outlined.	Clare Clark	31-Jul-2014	31-Jul-2014	13-Apr-2015 All actions have been incorporated into the Reducing Reoffending Action Plan approved by the Safer Hartlepool Partnership in November 2014 24-Oct-2014 All actions identified as a result of the review by Scrutiny, will be incorporated into the reducing reoffending strategy action plan and reported back through this mechanism. The reducing reoffending strategy action plan is due to be consider for approval by the Safer Hartlepool Partnership in November.	100% Complete d

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
SCR-CD/1g/iv The prevention of duplication in service deliver, and loss of the positive outcomes already achieved, following the implementation of the Reform to improve the delivery of re-offending service are welcomed,	SCR-CD/1g/iv	The draft reducing re-offending strategy and associated action plan includes all of the suggestions outlined.	Clare Clark	31-Jul-2014	31-Jul-2014	13-Apr-2015 All actions have been incorporated into the Reducing Reoffending Action Plan approved by the Safer Hartlepool Partnership in November 2014 24-Oct-2014 All actions identified as a result of the review by Scrutiny, will be incorporated into the reducing reoffending strategy action plan and reported back through this mechanism. The reducing reoffending strategy action plan is due to be consider for approval by the Safer Hartlepool Partnership in November.	100% Completed
SCR-CD/1g/v The development of drug, housing and employment services as a priority for the future to meet the criminogenic needs of offenders in Hartlepool	SCR-CD/1g/v	The draft reducing re-offending strategy and associated action plan includes all of the suggestions outlined.	Clare Clark	31-Jul-2014	31-Jul-2014	13-Apr-2015 All actions have been incorporated into the Reducing Reoffending Action Plan approved by the Safer Hartlepool Partnership in November 2014 27-Oct-2014 All actions identified as a result of the review by Scrutiny, will be incorporated into the reducing reoffending strategy action plan and reported back through this mechanism. The reducing reoffending strategy action plan is due to be consider for approval by the Safer Hartlepool Partnership in November.	100% Completed
SCR-CD/1g/vi The importance of addressing unemployment and poor educational attainment in	SCR-CD/1g/vi	The draft reducing re-offending strategy and associated action plan includes all of the suggestions outlined.	Clare Clark	31-Jul-2014	31-Jul-2014	13-Apr-2015 All actions have been incorporated into the Reducing Reoffending Action Plan approved by the Safer Hartlepool Partnership in November 2014	100% Completed

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
disadvantaged areas, to raise aspirations and challenge the cycle of offender behaviour across generations.						27-Oct-2014 All actions identified as a result of the review by Scrutiny, will be incorporated into the reducing reoffending strategy action plan and reported back through this mechanism. The reducing reoffending strategy action plan is due to be consider for approval by the Safer Hartlepool Partnership in November.	
SCR-CD/1g/viii Improvement in the provision of services in relation to Housing advice starting earlier than 2 weeks before the release date for prisoner and provision of greater flexibility and ability for housing services to respond more appropriately	SCR-CD/1g/viii	The draft reducing re-offending strategy and associated action plan includes all of the suggestions outlined.	Clare Clark	31-Jul-2014	31-Jul-2014	13-Apr-2015 All actions have been incorporated into the Reducing Reoffending Action Plan approved by the Safer Hartlepool Partnership in November 2014 27-Oct-2014 All actions identified as a result of the review by Scrutiny, will be incorporated into the reducing reoffending strategy action plan and reported back through this mechanism. The reducing reoffending strategy action plan is due to be consider for approval by the Safer Hartlepool Partnership in November.	100% Completed
SCR-CD/1g/vx Pressures placed on the community through the welfare reforms and their potential impact on the issues and factors that influence/ effect re-offending.	SCR-CD/1g/vx	The draft reducing re-offending strategy and associated action plan includes all of the suggestions outlined.	Clare Clark	31-Jul-2014	31-Jul-2014	13-Apr-2015 All actions have been incorporated into the Reducing Reoffending Action Plan approved by the Safer Hartlepool Partnership in November 2014 24-Oct-2014 All actions identified as a result of the review by Scrutiny, will be incorporated into the reducing reoffending strategy action plan and reported back through this mechanism. The reducing	100% Completed

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
						reoffending strategy action plan is due to be consider for approval by the Safer Hartlepool Partnership in November.	
SCR-CD/1g/x The importance of family relationships to offenders and the potentially negative impact of prison placements outside the area on the maintenance of these relationships.	SCR-CD/1g/x	The draft reducing re-offending strategy and associated action plan includes all of the suggestions outlined.	Clare Clark	31-Jul-2014	31-Jul-2014	13-Apr-2015 All actions have been incorporated into the Reducing Reoffending Action Plan approved by the Safer Hartlepool Partnership in November 2014 24-Oct-2014 All actions identified as a result of the review by Scrutiny, will be incorporated into the reducing reoffending strategy action plan and reported back through this mechanism. The reducing reoffending strategy action plan is due to be consider for approval by the Safer Hartlepool Partnership in November.	100% Complete d

Year 2014/15
Investigation Dementia

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
SCR-HS/2a That Council pledge their support towards Hartlepool becoming a Dementia Friendly Town	SCR-HS/2a	Pledges received from key Council Members, pledges being gathered from key council officers. Dementia Friendly Community accreditation obtained, secretary of the DFC steering group to arrange for a launch event – to be raised at next steering group meeting	Jeanette Willis	30-May-2015	30-May-2015		100% Complete d

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
SCR-HS/2b/i That the HWBB raise awareness of dementia in order to promote a greater understanding of the condition across:- (i)Council departments by encouraging Council staff to become dementia friends	SCR-HS/2b/i	Dementia Friends sessions already been rolled out across the council 70 trained so far with a further 50 in partner agencies. Further training to be offered through the Dementia Friendly Communities project & internally via Commissioning team HBC	Jeanette Willis	30-May-2015	30-May-2015	19-Jun-2015 In place - ongoing awareness raising programme	100% Completed
SCR-HS/2b/ii That the Health and Wellbeing Board raise awareness of dementia in order to promote a greater understanding of the condition across:- Organisations/businesses in Hartlepool, with the aim of each organisation/business pledging their support	SCR-HS/2b/ii	Already many local organisations signed up to DFC – official launch will be conduit for promotion to wider community and organisations	Jeanette Willis	07-Aug-2015	07-Aug-2015		0% Assigned
SCR-HS/2b/iii That the Health and Wellbeing Board raise awareness of dementia in order to promote a greater understanding of the condition across:- (iii) Communities and	SCR-HS/2b/iii/a	Hartlepool Now – revised information and advice system to be accessed by all professionals and can be accessed by community if internet access available. All providers will link to this site contractually to ensure information is up to date	Leigh Keeble	29-May-2015	29-May-2015	19-Jun-2015 In place ongoing promotion across the Council, partner agencies and communities	100% Completed

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
the general public.		and relevant.					
SCR-HS/2b/iii That the Health and Wellbeing Board raise awareness of dementia in order to promote a greater understanding of the condition across:- (iii) Communities and the general public.	SCR-HS/2b/iii/b	The Bridge – community central hub for dementia – established by Hospital of God to complement all dementia services.	Leigh Keeble	29-May-2015	29-May-2015		100% Completed
SCR-HS/2c That the HWBB explore how support to people with dementia and their families / carers can be maximised and co-ordinated across all services, including the establishment of identified individuals responsible for maintaining contact	SCR-HS/2c/i	Identified dementia social workers in each of the locality teams in Adult Services.	John Lovatt	29-May-2015	29-May-2015		100% Completed
SCR-HS/2c That the HWBB explore how support to people with dementia and their families / carers can be maximised and co-ordinated across all services, including the establishment of	SCR-HS/2c/ii	Dementia Advisory service currently out for tender to ensure information and advice available from diagnosis through to end of life.	Jeanette Willis	31-Jul-2015	31-Jul-2015	16-Jul-2015 Hospital of God successfully awarded contract for Dementia Advisory service to be hosted from The Bridge.	100% Completed

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
identified individuals responsible for maintaining contact							
SCR-HS/2c That the HWBB explore how support to people with dementia and their families / carers can be maximised and co-ordinated across all services, including the establishment of identified individuals responsible for maintaining contact	SCR-HS/2c/iii	Dementia contract let October 2014 incorporating, day opportunities and personalised support in the community. Additional services provided by the successful organisation (Hospital of God) include home to hospital support and carer support services.	Jeanette Willis	29-May-2015	29-May-2015		100% Completed
SCR-HS/2c That the HWBB explore how support to people with dementia and their families / carers can be maximised and co-ordinated across all services, including the establishment of identified individuals responsible for maintaining contact	SCR-HS/2c/iiii	ICLES (Intensive Community Liaison Services) working into Care Homes and Community Dementia Liaison Service both provided by TEWV contracted by CCG. Review to be undertaken in coming months to ensure sustainability and effectiveness. Proactive approaches to be taken following review to ensure actions are not retrospective.	John Lovatt; Jeanette Willis	31-Aug-2015	31-Aug-2015		0% Assigned

3. RECOMMENDATIONS

3.1 That Members note progress against the agreed recommendations and explore further where appropriate.

4. REASONS FOR RECOMMENDATIONS

4.1 In order for Members to continue to monitor the progress of Scrutiny recommendations.

5. BACKGROUND PAPERS

(a) Report of the Scrutiny Support Officer entitled 'Six Monthly Monitoring of Agreed Scrutiny Recommendations' presented to the Audit and Governance Committee on 13 November 2014.

6. CONTACT OFFICER

Joan Stevens – Scrutiny Manager
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Hartlepool Borough Council
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HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

2 March 2015

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

Present:

Councillor C Akers-Belcher, Leader of Council (In the Chair)

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors Carl Richardson and Paul Beck as substitute for Chris Simmons
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (2) – Dr Schock and Alison Wilson
Director of Public Health, Hartlepool Borough Council - Louise Wallace
Representatives of Healthwatch – Margaret Wrenn and Lynn Allison as substitute for Ruby Marshall

Other Members:
Director of Regeneration and Neighbourhoods, Hartlepool Borough Council – Denise Ogden
Representative of the NHS England – Ben Clark
Representative of Hartlepool Voluntary and Community Sector – Tracy Woodhall
Representative of North Tees and Hartlepool NHS Foundation Trust – Alan Foster

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council (1) – Councillor George Springer.

Also in attendance:-

Director of Balance, North East Alcohol Office - Colin Shevills,
Pharmaceutical Adviser, Tees Valley Public Health Shared Service - Philippa Walters
Elected Member, Hartlepool Borough Council - Councillor Jim Ainslie,
Health Improvement Practitioner (drugs and alcohol), Hartlepool Borough Council - Sharon Robson,
Representatives of Healthwatch – J Gray, S and G Johnson.

Officers: Joan Stevens, Scrutiny Manager
Amanda Whitaker, Democratic Services Team

46. Apologies for Absence

Elected Member, Hartlepool Borough Council – Councillor Chris Simmons
Representative of Healthwatch – Ruby Marshall
Chief Executive, Hartlepool Borough Council – Dave Stubbs
Director of Child and Adult Services, Hartlepool Borough Council – Gill Alexander
Representative from Tees, Esk and Wear Valley NHS Trust – Martin Barkley

47. Declarations of interest by Members

None.

48. Minutes

The minutes of the meeting held 12 January 2015 were confirmed.

In relation to Minute 39 – HealthWatch Hartlepool Hospital Discharge Investigation - it was agreed that the HealthWatch report be referred to the Council's Adult Services Committee. The Chairman advised that a meeting was to be held between HealthWatch and the North Tees and Hartlepool Foundation Trust.

49. Pharmaceutical Needs Assessment 2015 (*Director of Public Health*)

The Board's approval was sought of the final draft version of the Hartlepool Pharmaceutical Needs Assessment (PNA) 2015. The report set out the background to the Health and Wellbeing Board's statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for the population in its area, referred to as a 'Pharmaceutical Needs Assessment' (PNA). Engagement and consultation (including statutory consultation) had been undertaken on the draft PNA, details of which were outlined in the report. A copy of the Board's response to the formal consultation had been included in the final draft of the PNA and had been appended to the report submitted to the Board. The consultation process had identified key areas of change and additional recommendations. Without prejudice to the full content of the PNA, the summary conclusions were presented in the report.

A representative of Hartlepool and Stockton-on-Tees Clinical Commissioning Group referred to the 'minor ailments' service and requested that the current wording that the service "is a necessary pharmaceutical service for at least some conditions and/ or some locations in Hartlepool where the needs of the population are greatest" be changed to reflect the service being desirable.

The Board was advised that in accordance with the Regulations, the Hartlepool PNA would be updated as a minimum every three years, however

notifications and Supplementary Statements had to be approved and published as required in the intervening time.

The representative from the Tees Valley Public Health Shared Service provided an assurance that the process undertaken to produce the PNA had been completed in line with the Board's statutory duty and the PNA had to be published before 1 April 2015. The representative also responded to a query from an Elected Member regarding the feedback from the consultation process.

The Chief Executive of North Tees and Hartlepool NHS Foundation Trust undertook to discuss issues relating to the provision of palliative care drugs to the Hartlepool and District Hospice with colleagues at the Foundation Trust.

Decision

The final version of the Pharmaceutical Needs Assessment was approved for publication on the Tees Valley Public Health Shared Service website before 1st April 2015 subject to changing the categorisation relating to minor ailments to desirable.

It was agreed to delegate authority to the Director of Public Health (in conjunction with the Chair of the Board, to approve as required.

- publication of minor errata/ service updates as on-going notifications that fall short of formal Supplementary Statements to the PNA (for example changes of ownership, minor relocations of pharmacies, minor adjustments to opening hours and service contracts that do not impact on need).
- any response on behalf of the Hartlepool HWB to NHS England (42 day) consultation on applications to provide new or amended pharmaceutical services, based on the PNA.

The Board acknowledged its responsibility for maintenance of the PNA including the need to assess on-going changes which might impact on pharmaceutical need and the assessment thereof and respond by initiating early review or publishing a Supplementary Statement to the 2015 PNA as required.
It was agreed to delegate authority to the Director of Public Health and Chair of the Board to make initial assessment with respect to potential Supplementary Statement or need for full review.

50. Minimum Unit Price for Alcohol – Referral from Council (*HBC Director of Public Health*)

The report provided the background to the Council's aspiration to establish a Minimum Unit Price (MUP). A representative from Balance was in attendance and provided a detailed and comprehensive presentation outlining the national position in on 'MUP – an exquisitely targeted policy'. The presentation outlined the problems associated with the consumption of alcohol along with the UK mortality trends and the affordability that drives the problem. Figures were provided on the consumption of alcohol by income group and highlighted that the heaviest drinkers buy the cheapest alcohol.

The presentation provided an outline of the benefits of MUP at 50p along with the percentage of English population to benefit as well as the effects on the total mortality reduction. The presentation concluded that an Exquisitely Targeted Policy would need to be aimed at the right products, the right market and the right people. The representative indicated his intention to submit a future paper to the Board in relation to the legal advice provided and the other options that may be available for consideration. The Chair advised the Board that at a recent meeting of Council it had been agreed that he would request the consideration of the Board in relation to whether an invitation would be extended to Members and Legal Officers from Manchester City Council with reference to their Minimum Unit Price considerations.

Board Members were advised that a group had been established in the north-west to consider MUP issues including cross boundary effects and to consider if the introduction of byelaws is appropriate/effective. With the approval of the Board, the Chair agreed to write to the group to advise that this Board was content to send a representative to be involved in that group. The Chair suggested also that it could be appropriate to refer the issue to the Association of North East Councils.

Decision

(i) It was agreed that the Chair write to the Chief Executive of Sefton Council as Chair of the North-West Councils Group on MUP to advise that this Board wishes to engage with the Group with the aim of establishing links to share and learn from each other in terms of how best to progress MUP in the absence of a national policy on this and to advise that the Board would be willing to be represented on that Group by the Chair of this Board.

(ii) It was agreed that the issue of MUP be referred to the Association of North East Councils to seek a view on each of the Councils on this issue.

(iii) It was agreed that a copy of the presentation be circulated to all Members of the Health and Wellbeing Board.

51. Implementation of the Special Educational Needs and Disability (SEND) Reforms (*HBC Assistant Director, Children's Services*)

The report provided the background to the implementation of the SEND reforms. It was noted that the Local Authority reported on the progress in implementing the reforms to the Department for Education through an Implementation Survey and regular contact with a DfE Adviser. The most recent visit from the DfE had been undertaken on 13 January 2015 to meet with stakeholders and details of the progress made were detailed within the report. It was noted that a multi agency steering group was in place to oversee the implementation of the reforms and reported to the Joint Commissioning Executive sub-group of this Board.

Decision

The Board recognised the significant progress made in implementing the SEND Reforms and agreed that all agencies should use the current momentum for change to further develop the cultural shift towards personalisation and the improved outcomes for children and young people with SEND.

52. Clinical Commissioning Group – Operational Plan (*Chief Officer, NHS Hartlepool and Stockton on Tees CCG*)

The report provided an overview of the NHS planning guidance issued in December 2014 for NHS commissioners, entitled 'The Forward View into Action: Planning for 2015/16 which built upon the vision set out in the 'NHS Five Year Forward View'. The report also provided the Health and Wellbeing Board with an overview of progress to date and constraints to determining local ambition indicator(s) noting that the CCGs operation plans were required to be submitted to NHS England by 10 April 2015. Further detail was included on the challenge for the NHS to deliver high quality care within available resources..

The Chief Officer, NHS Hartlepool and Stockton on Tees Clinical Commissioning Group advised the Board that outcome measures had not yet been received to enable discussion with the Board. It was confirmed that draft plans were being developed and that the CCG was committed to continuing developing dementia care as set out in the report. If there was an opportunity for further development that would be submitted to the Board. However if timescales precluded a further report being submitted to the Board, the authority of the Board was sought to allow discussions to be held with the Chair in order to determine how issues should be addressed.

The Chair highlighted reference in the report to creating new models of care

and suggested that following the Dalton Review, it would be appropriate to submit a report to the Board. The Chief Officer undertook to submit reports to the Board periodically.

Decision

The Board noted the timescales, approach and the requirements of the planning guidance.

53. Primary Care Co-Commissioning (*Chief Officer, NHS Hartlepool and Stockton on Tees CCG*)

Further to minute 45 of the meeting held on 12 January 2015, the report provided an overview of the current primary care co-commissioning guidance, outlined the CCG Council of Members decision in progressing this and shared the CCG's application to NHS England for Joint Commissioning arrangements from 1 April 2015 together with draft Terms of Reference for the Joint Committee. Also provided was the background to the submission of expressions of interest for the co-commissioning of primary care with the overall aim to harness the energy of CCGs to create a joined up, clinically led commissioning system to deliver seamless, integrated out-of-hospital services based around the needs of local populations. The following three models of co-commissioning were outlined in the report:

Model 1 – Greater Involvement;
Model 2 – Joint Commissioning; and
Model 3 – Delegated Arrangements.

The Board was advised that guidance and standardised models, including opportunities and risks, had been discussed in detail with the Council of Members at their meeting on 6 January 2015. An impact and risk assessment had been fully considered and it had been agreed that Model 2, Joint Commissioning, was the preferred option for 2015/16, as it would enable the CCG to further consider their plan and implementation strategy and better understand the potential finance and resource risks of moving to the fully delegated model. The CCG had submitted an application to NHS on 30 January 2015 [submitted as Appendix C] together with draft Terms of Reference for the Joint Committee [submitted as Appendix D].

It was noted that the CCGs in the north east were currently discussing roles and responsibilities for the Joint Committees with NHS England, with a view to the Terms of Reference being agreed by the end of March 2015, in preparation for implementation on 1 April 2015.

It was highlighted that a local Healthwatch representative and a local authority representative from the local Health and Wellbeing Board would have the right

to join the delegated committee as non-voting attendees. The Chair advised that, subject to the approval of the Board, he would be content to be the Board's local authority representative on the Joint Committee.

Decision

The Board noted the report and agreed that a local authority representative should attend the Joint Committee.
It was agreed that the Chair of the Board be appointed the local authority representative on the Joint Committee.

54. COPD Screenings (*HBC Scrutiny Support Officer*)

The report referred to the Audit and Governance Committee's investigation into Chronic Obstructive Pulmonary Disease and the associated action plan. Further detail was included on the impact/progress of the Action Plan along with a Public Health report in relation to COPD screenings. Further background was provided on the uptake, impact and variation of the COPD screening service provided by GP surgeries.

Decision

The progress of the COPD recommendations and action plan was noted.

55. 38 Degrees – Petition for Re-opening Hartlepool A & E (*HBC Scrutiny Manager*)

The report informed the Board that a copy of a petition sent to the Secretary of State calling for the re-opening of Hartlepool A&E had been received by the Leader of the Council; details of the content of the petition was included in the report.

The Chair indicated that he would write to the petitioner on behalf of the Board advising that the petition had been noted and that the issue had been referred to the Secretary of State.

The Board was advised by the Chair that he would feedback to the next meeting of the Board on the outcomes of the future meeting with the Secretary of State for Health.

Decision

(1) The petition was received and it was noted that this had been sent to the Secretary of State.

(2) The Chair to write to the petitioner advising that the petition had been noted by the Board.
(3) Feedback on the future meeting with the Secretary of State for Health would be submitted to the Board in due course.

56. Membership Request (*Chief Executive*)

The report sought consideration of a membership request received from Cleveland Police seeking a position on the Health and Wellbeing Board for a senior officer from Cleveland Police to 'enable stronger strategic joint working and the enhancement of preventative activity to support our communities'.

The Director of Regeneration and Neighbourhoods supported this request as a representative from the Safer Hartlepool Partnership.

Decision

That the membership of the Health and Wellbeing Board be amended to included a Senior Officer representative from Cleveland Police as a non-prescribed member and the Chair write to Cleveland Police advising of the Board's decision and to seek a nomination in respect of the Police representative.

57. Obesity Conference Feedback (*Director of Public Health*)

The report provided detailed feedback on the obesity conference 'Healthy Weight, Healthy Life – Tackling Obesity in Hartlepool' which was held on 3 February 2015. After the event, 26 evaluation forms had been completed and the results were outlined in the report. Details of specific comments received as part of the evaluation were attached at Appendix A which highlighted that the input from Hartlepool young people of a video and dedicated workshop being well received. It was noted that a significant amount of information and evidence had been obtained from the 'cafe' session and workshops held.

A small Officer group had been created to work with the Joint Commissioning Executive on the development of the Hartlepool Childhood Obesity Strategy which would be presented to the Health and Wellbeing Board for comment and approval at its first meeting in the new municipal year. Following this, a full action plan would be produced to monitor progress against the identified aims and assigned actions.

The Director of Public Health added that the conference would contribute positively to the development of a Childhood Obesity Strategy including the consideration of pathways and the individual roles of GPs and primary care.

Decision

The feedback on the Obesity Conference was noted along with the timescale for the preparation of the Strategy.

58. Any Other Items which the Chairman Considers are Urgent

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

59. Any Other Business – Land at Hospital Site, Holdforth Road (*Chief Executive, North Tees and Hartlepool NHS Foundation Trust*)

The Chief Executive, North Tees and Hartlepool NHS Foundation Trust, referred to discussion at a recent Council meeting in relation to the Hartlepool Local Plan in the context of safeguarding the existing University Hospital of Hartlepool site for hospital and health related use. The Chief Executive took the opportunity to request some flexibility in the context of the land at the hospital site in Holdforth Road which he stressed continued to be in the ownership of the Trust. The 5 year forward view outlined the different models of care to be provided. He added that the position of the Trust continued to be a new hospital but also need work with Local Authority. It was highlighted that Hartlepool Hospice would need to consider how best to utilise their site. The Chief Executive added that even if health services were to be relocated back to this site, there was more land than would be required and a plea was made for flexibility to secure private investment for any unused part of the site in the form of private investment to enable the further development and investment in health services elsewhere.

The Chair clarified the motion submitted to Council indicating that Officers would liaise with all health partners to ensure the best outcome was achieved adding that the information provided at this meeting would be forwarded to the Planning Team.

Decision

The Chair agreed to feedback the issues, which had been highlighted at the Board meeting, to the Council's Planning Team.

Meeting concluded at 10.50 am

CHAIR

Extract from the minutes of the Finance and Policy Committee on 30 January 2015, 23 February 2015 and 23 March 2015 relating to Public Health

30 January 2015

117. The Transfer of the Commissioning Responsibilities to Local Authorities of Public Health Services for 0-5 year olds (*Director of Public Health and Director of Child and Adult Services*)

Type of decision
Non key.

Purpose of report
To provide an update of the progress regarding the transfer of children's 0-5 public health services from NHS England Area Team to Hartlepool Borough Council from 1 October 2015.

Issue(s) for consideration
The report provided the background to the transfer of responsibility for the commissioning of children's 0-5 public health services which were delivered by health visiting services and Family Nurse Partnerships. The mandated services and key milestones were outlined in the report. Further details of the financial arrangements for the transfer of this service was also included within the report. The report highlighted that work was ongoing between Hartlepool Borough Council, Stockton Borough Council and NHS England Area Team to develop plans for a smooth transfer of the commissioning responsibilities and a North of Tees Transition Board was being established with key partners in October 2015 to continue this work. In order to progress the transfer, Members asked to consider the following two options to implement new contracts and ensure services were available to patients throughout the transition year:

• **Option 1.** The Area Team can put in place a single contract for the full year of 2015/16, with a deed of novation being approved by the relevant local authority at the same time as the contract is signed, confirming that the contract will transfer to the local authority on 1 October 2015.
• **Option 2.** The Area Team can put in place a six-month NHS England contract with the provider for the period from April to September 2015 and can help the local authority put in place a similar, but separate, contract with the provider for the period from October 2015 to March 2016. It would be very desirable for both contracts to be signed before the start of the 2015/16 financial year. It was noted that discussions had taken place with the Tees Directors of Public Health and option 2 was the preferred option for the new contract. The Director of Public Health added that the transfer of this responsibility would be a great opportunity and would integrate with the Better Childhood programme.

The following decisions were agreed unanimously.

Decision
1) That the progress towards the transfer of commissioning responsibilities

and the key issues outlined in the report was noted.
2) That the proposal to form a North Tees Transition Board to oversee the transfer and manage the associated risks was endorsed.
3) That Option 2 as noted above was the preferred option for the transfer of the contract from October 2015.

23 February 2015

128. Sexual Health Service Review and Re-Procurement
(*Director of Public Health*)

Type of decision
Key decision – Test (i) and (ii) apply – Forward Plan Reference PH 09/14.

Purpose of report
To seek approval to review and re-procure sexual health services with a view to commence 1 April 2016.

Issue(s) for consideration
The report provided the background to the commissioning arrangements for sexual health services across Local Authorities, Clinical Commissioning Groups and NHS England which will be funded through the 2016/17 ring fenced Public Health Grant. It was proposed that a full sexual health review be undertaken with a view to re-tendering for an integrated sexual health service across Teesside as the current contract expired on 31 March 2016. The review would inform the development of an integrated sexual health service specification based on best practice and national guidance which will take into consideration local needs and views from the consultation process. It was noted that the governance arrangements would be provided by the Tees Valley Public Health Shared Service (TVPHSS) on behalf of the four local authorities in Teesside through regular updates on the progress of the service review and re-procurement to be shared with the Governance Board.
A Member expressed disappointment that the majority of attendances at sexual health services were by females which gave the impression that males were not accepting responsibility for their own sexual health. The Director of Public Health Services commented that the information on people attending sexual health services would form part of the review of the service. A Member requested a breakdown of the number of people attending the sexual health service in addition to the percentages provided

within the report. The Director of Public Health indicated that working closely with Public Health England provided good data on numbers of sexually transmitted diseases and the types of diseases as it was important to identify and understand trends to inform prevention and treatment services.

Decision

(1) That a breakdown of the actual numbers of males and females attending the sexual health service be provided to Members of the Committee.
(2) The report was noted.
(3) The review of sexual health services during 2015/16 and the development of a service specification based on best practice and national guidance which will take into consideration local needs and views from the consultation process were approved.
(4) That a provider for open access sexual health services be secured and funded by the ring fenced public health grant in 2016/17.

132. NHS Health Check Briefing – Contract Review and Strategy Development (*Director of Public Health*)

Type of decision
Non key.

Purpose of report

To advise the Finance and Policy Committee of proposals in relation to existing commissioned Public Health Services for NHS Health Checks, which form part of the Council's plan to address ill health, inequalities and premature mortality caused by Cardiovascular Disease (CVD).

Issue(s) for consideration

The report outlined the background to the mandated responsibility of the Local Authority to provide NHS Health Checks as part of a natior strategy to tackle ill health and premature mortality from CVD. Appended to the report was further information on the transfer of the responsibility to the Local Authorities as well as the eligibility criteria. An initial analysis of the data from Health Checks delivered in the community and workplace had indicated that significant numbers receiving the checks were not local residents.
It was proposed that a formal review of the provision of NHS Health Checks would be undertaken by the Tees Valley Public Health Shared Service and details of the scope of the review were provided in the report. In order to enable the review to be completed, the extension clause within existing contracts with General Practices had been implemented to extend these contracts for one year. In line with this, Members were asked to consider the extension of the Mobile Health Improvement Service for 12 months or secure a new service for a 12 month period through a competitive procurement exercise.
A discussion ensued on whether this service could be provided as an in-house service or via a Council facility. The Director of Public Health commented that suitably qualified health professionals were required to provide the Health Checks which the Council did not currently employ, however there may be an opportunity to utilise Council premises for the provision of this service and this could be explored as part of this review. Further clarification was sought on what the breakdown of people using this service was and whether any costs were transferred for service provided to people who were not resident in Hartlepool. Concern was expressed by Members at extending this Contract for a further 12 month period and it was suggested that the service be extended for a 6 month period to enable a specification to be developed and procurement process undertaken with the new service provision commencing on 1 October 2015. The Director of Public Health reassured Members that all public health contracts were rigorously monitored and challenged to ensure the Local Authority was receiving best value for money.

A Member highlighted the importance of undertaking health checks within the a community setting especially in more deprived communities and suggested that an evaluation of the number of people utilising the current service be provided along with how effective the service was including the proportion of heart defects/problems identified as a result of this service. The Director of Public Health confirmed that the recent scrutiny investigation into COPD would be reported to the Extraordinary Council meeting on 16 March 2015 and would include a lot of the information requested by Members adding that the vast majority of health checks were undertaken within GP practices. A Member referred to the suggestion made last year to provide health checks for the parents/carers attending the local swimming baths

with children as part of the 'free swims initiative'. The Director of Public Health added that the Healthy Trainers service had recently been brought in-house and this had the potential to offer public health intervention and wellness for all Hartlepool residents and would be considered as part of the service review process. The Chair commented that community engagement should be a key part of the development of any specification or delivery model to ensure more people utilise the service.

Decision

(1) That the process for the formal review of the provision of NHS Health Checks in Hartlepool, Stockton, Redcar and Cleveland, Middlesbrough and Darlington be noted.
(2) That further breakdowns be provided to Members of the Committee on the number of Hartlepool and non-Hartlepool residents undertaking Health Checks within the town as well as an evaluation of the effectiveness of the service, including how many heart defects/problems were identified.
(3) That in relation to the contract for the provision of mobile health improvement services in Hartlepool, an exemption be sought to extend the current for a 6 month period to enable the development of a specification, including the utilisation of Council premises within the community, in particular Community Centres and Libraries, wherever feasible and appropriate procurement process to be undertaken with a view to implementing a new contract for the provision of mobile health improvement services from 1 October 2015.

23 March 2015

148. Update on Community Defibrillator Project (Director of Public Health)
Purpose of report

Type of decision
Non key.

To update Members on the progress of installing defibrillator units at key locations across Hartlepool and the associated communication plan to deliver awareness training to the wider community including staff and elected Members.
To obtain Members' views on the proposal to identify future locations for further roll out of defibrillation units across Hartlepool, subject to funding being available.

Issue(s) for consideration

A breakdown of the new locations and current progress towards the provision of defibrillator units and external storage cabinets was provided in the report. A meeting was held with NEAS on 6 March to develop a training plan for staff and a further mapping exercise was taking place with NEAS to register the new defibrillator locations with the emergency services. As a result of the Cardiovascular Disease Working Group report submitted to the Extraordinary Council on 16 March, it was proposed that further funding be sought to provide defibrillator units at other key locations in community and workplace settings and the proposed sites were listed in the report.

A Member commented that where the defibrillator units were being installed in larger work place settings, that the organisations should be asked to contribute to the funding of the purchase and installation of the Units and that the potential training of on-site medical teams to use the equipment be explored. It was noted that the Lynn Street Depot was referred to in the report and the Director of Public Health confirmed that this would be amended to refer to the Tofts Farm Depot. A Member requested that further training sessions be arranged for Elected Members as well as raising awareness of the purpose of the Units.

In response to a question from a Member, the Director of Public Health indicated she would look into whether North East Ambulance Service pay the St John Ambulance for the installation of the defibrillator units and if so, what the cost of this was.

It was highlighted that a partnership had been developed with a local charity group, Defibs for Hartlepool, led by Mark Rycraft and colleagues at Middleton Grange Shopping Centre who would be willing to match fund the purchase of up to five Units using money previously raised. The Chair commented that he was pleased to see that the Council was involved with this Promotion with match funding to purchase the defibrillator units being secured.
The following was a unanimous decision.

Decision

(1) The content of the report was noted.
(2) That resources be identified from the Public Health resources and host organisations to meet the costs of the defibrillator units and ongoing maintenance.
(3) That where Units were to be installed within larger organisations, that negotiations be undertaken to secure funding from those organisations for the purchase and installation of the Units as well as the potential being explored to train their on-site medical teams to use the Units.
(4) The Director of Public Health to make enquiries with NEAS to ascertain if they fund the installation of defibrillator units within any organisations.
(5) That additional training for Elected Members be arranged.
(6) That the reference to the Lynn Street Depot be amended to refer to the Tofts Farm Depot.

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

MINUTES

22 January 2015

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

Present:

Councillor Ray Martin-Wells (In the Chair) (Hartlepool Borough Council)

Darlington Borough Council:
Councillors: W Newall and Taylor

Hartlepool Borough Council:
Councillors: J Ainslie (substitute for S Akers-Belcher)

Middlesbrough Borough Council:
Councillors: G Cole and E Dryden

Redcar and Cleveland Borough Council:
Councillors: M Carling

Stockton-on-Tees Borough Council:
Councillors: N Wilburn and M Womphrey

Also Present: Paul Liversidge, Chief Operating Officer, North East Ambulance Service
Mark Cotton, Assistant Director of Communications, North East Ambulance Service
Tracy Hickman, Head of Healthcare Procurement, NHS and Stockton on Tees CCG
Karen Hawkins, Head of Commissioning and Delivery, NHS and Stockton on Tees CCG
Joe Chidanyika, Health Improvement Specialist, Middlesbrough Borough Council
Alison Pearson, Scrutiny Officer, Redcar and Cleveland Borough Council
Elise Pout, Scrutiny Officer, Middlesbrough Borough Council
Peter Mennear, Scrutiny Officer, Stockton Borough Council

HBC Officers: Laura Stones, Scrutiny Support Officer
Angela Armstrong, Principal Democratic Services Officer

33. Apologies for Absence

Darlington Borough Council: Councillor H Scott
Hartlepool Borough Council: Councillor S Akers-Belcher
Stockton on Tees Borough Council: Councillor Faulks
Redcar and Cleveland Borough Council: Councillor W Wall.

34. Declarations of Interest

None.

35. Minutes

The following minutes were submitted for consideration:
(i) 3 March 2014 – confirmed.
(ii) 17 July 2014 – confirmed.
(iii) 11 September 2014 – confirmed.
(iv) 27 November 2014 – confirmed.

36. Protocol for the Tees Valley Health Scrutiny Joint Committee

The updated protocol for the Tees Valley Joint Health Scrutiny Committee had been submitted for consideration by the Committee. One of the key changes to the protocol was in relation to the quorum for meetings of the Committee. The quorum was amended to allow three out of the five authorities to be represented to form a quorum for meetings of the Committee. In addition, it was noted that the Joint Committee would hold quarterly meetings with additional meetings held with the agreement of the Chair and Vice-Chair or where at least six Members request a meeting.

Decision

The revised protocol for the Tees Valley Health Scrutiny Joint Committee was approved.

37. NHS England – Durham, Darlington and Tees Area Team – Annual Update

This item was deferred to the next meeting as the representative from the Area Team was unable to attend.

Decision

Deferred to the next meeting of the Committee.

38. Monitoring of the North East Ambulance Service

Representatives from the North East Ambulance Service (NEAS) were invited to the meeting to provide an update on performance of NEAS. The Assistant Director, Communications informed the Committee that the Chief Executive was unable to attend the meeting due to prior commitments.

The representatives from NEAS provided a detailed and comprehensive presentation which included information on the current performance of the Service. Further information was provided on a Mori Survey of overall patient experience which had been undertaken in October 2014. It was noted that a further breakdown of performance would be provided by Local Authority areas and circulated under separate cover.

Members were disappointed that a lot of the information included within the presentation had been provided already and referred to a number of requests for additional information made at previous meetings including: response times by all core types; where people were treated; workforce reliance on third party providers along with the location of ambulances across each Local Authority areas of partnership working. Members also expressed disappointment that the Chief Executive of NEAS had been unable to attend the meeting.

The Assistant Director, Communications indicated that establishment numbers had been provided within the presentation. It was noted that third party providers were utilised using winter pressure funding and that as recruitment reached the full establishment level, the use of third party providers would reduce. Members were reassured that the workload of the NEAS was manipulated to suit the resources available although this did increase pressure on the service. In response to a concern expressed by a Member, the Chief Operating Officer confirmed that 999 call takers did not make decisions on the transport and appropriate skills despatched to incidents. These decisions were made by a clinical hub which included ex-paramedics and ex-nurses among its staffing establishment.

A Member sought clarification on the support provided to ambulance staff. The Chief Operating Officer indicated that the new Chief Executive regularly updated a blog and communicated to the staff through that. Additional communication was provided by way of monthly bulletins and weekly updates. There were also mechanisms in place to support individual staff when required including through an occupational health function and counselling service which can be accessed independently of NEAS. In instances where staff had attended a particularly traumatic incident, they may be offered the opportunity to ‘stand-down’ or take a comfort break and where necessary specific support was provided to them.

A copy of the presentation which included the handover time issues was requested by one of the representatives from Darlington Borough Council as they were attending a meeting with the Health Trust for their area the next day.

The Chief Operating Officer indicated that one of the key issues with recruitment was that the skills paramedics receiving during their training were attractive in a number other areas of employment. In view of this, NEAS was working with Teesside University to create a bank of staff utilising students and working around their University courses.

A discussion ensued on the additional pressures placed on Accident and Emergency services from patients taken there who could be treated elsewhere. The Chief Operating Officer commented that during the recent winter, Acute Trusts and providers had reached Level 4 whilst community providers were at Level 1 and this highlighted a big disconnect in services. In order to begin to examine the issues affecting performance, a Member requested information around the NEAS strategic plans and what plans were in place to deal with these issues including the working relationships with local hospitals. The Chief Operating Officer indicated that raising awareness of the 111 service that was available and ensuring clinicians directed patients to the most appropriate treatment were key issues to ensuring demand was managed and the patients who needed the full 999 service received it.

The Chief Operating Officer reassured Members that answers to their outstanding questions would be provided as soon as practicable.

Decision

(i) The Committee noted the information provided within the presentation.
(ii) The Chief Operating Officer to provide the answers to the questions previously raised by the Committee.

Councillors Newall and Taylor (Darlington Borough Council) left the meeting at this point.

The meeting was now inquorate.

39. Any Qualified Provider for NHS Services

Representatives from Hartlepool and Stockton on Tees Clinical Commissioning Group (CCG) to discuss the operation of the Any Qualified Provider (AQP) Scheme; commissioning arrangements; the quality of service provision; and the monitoring arrangements. A comprehensive presentation was provided to Members which showed how services were commissioned, what services were awarded though NHS contracts under AQP and how the quality of the delivery of services through these contracts was monitored.

In response to a comment from a Member, the Head of Healthcare Procurement confirmed that AQP offered a broader choice of services as

well as ensuring services were more accessible with shorter waiting times. The Head of Commissioning and Delivery informed Members that should any contracts not meet expectations, the CCG would work with providers to improve that service and should a contract be breached, the contact would be terminated although there had not been any instances of breached contracts to date.

The Head of Commissioning and Delivery indicated that the contracts issued through AQP were zero hours based contracts which were activity driven and had been developed with national groups and key national clinicians to develop a specification for the Tees area. Providers would market their services with the use of appropriate NHS branding through the NHS Commissioning Team. The Head of Commissioning and Delivery confirmed that AQP did not preclude smaller organisations from applying to provide any contract as due diligence was undertaken before procurement and the organisations would know what they can afford to provide and market themselves accordingly.

Councillor Jim Ainslie declared a personal interest in this item at this point in the meeting due to his involvement with the Dementia Working Group of the Audit and Governance Committee.

A Member sought clarification on the CCGs working relationship with community and charitable organisations. The Head of Commissioning and Delivery confirmed that the CCG had a really close working relationship with the voluntary sector and worked closely with the Hartlepool Voluntary Development Agency on the commissioning of adults and health services.

Decision

The presentation and discussion that followed were noted.

40. Tees Wide Suicide Prevention Implementation Plan

The Health Improvement Specialist and Public Mental Health Lead for Middlesbrough Borough Council was in attendance to provide an update to Members on the Tees Wide Suicide Prevention Plan which was attached to the report by way of Appendix.

A discussion ensued during which it was recognised that it was not impossible to remove the means and put additional obstacles in place for people contemplating suicide. It was suggested that enquiries be made with Local Authorities in the region to ascertain how they were working with local developers in this regard. The Health Improvement Specialist confirmed that work was ongoing with the Coroner's service to look at prevention and real time reporting of suicides to Local Authorities.

The importance of working closely with the Department for Work and Pensions was discussed, especially in relation to when people with mental

health problems were sanctioned for non payment or over payments. The Health Improvement Specialist confirmed that a campaign was undertaken in Middlesbrough around benefits and financial inclusion groups with people with mental health and emotional issues being fast tracked through the benefits system and ensuring people receive what they were entitled to. There was some concern expressed that people with mental health problems who were vulnerable were being sanctioned for minor issues when they should be receiving additional support through a multi agency approach to ensure their benefit entitlement was maximised. The Health Improvement Specialist added that this was an important point and would be reflected in the Plan.

Members discussed the balance required through the sensitive media exposure of any suicides and with this in mind, the Samaritans had developed a media pledge which could be promoted to all local media.

Decision

(i) The Tees Suicide Prevention Implementation Plan 2014-2016 was noted.
(ii) Each Local Authority to explore the issues affecting their local authority area and if appropriate make recommendations in line with the recommendations of Middlesbrough Borough Council.

41. Any Other Items which the Chairman Considers are Urgent

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

42. Any Other Business – Pathway Challenge Review Event

The Scrutiny Support Officer confirmed that the Pathway Challenge Review Event would be held on the 27 January 2015 and further details were provided.

The meeting concluded at 12.04 pm

CHAIR

SAFER HARTLEPOOL PARTNERSHIP
MINUTES AND DECISION RECORD
15 May 2015

The meeting commenced at 1.00 pm in the Civic Centre, Hartlepool

Present:

Councillor: Christopher Akers-Belcher (In the Chair)
Councillor Chris Simmons, Hartlepool Borough Council
Denise Ogden, Director of Regeneration and Neighbourhoods
Clare Clark, Head of Community Safety and Engagement
Gordon Lang, Chief Superintendent, Cleveland Police
Barry Coppinger, Police and Crime Commissioner
Chief Inspector Lynn Beeston, Cleveland Police
John Bentley, Safe in Tees Valley
Stewart Tagg, Housing Hartlepool
Karen Hawkins, Hartlepool and Stockton on Tees Clinical Commissioning Group

In accordance with Council procedure rule 5.2 (ii) Mark Smith was in attendance as substitute for Sally Robinson, Kevin Parry was in attendance as substitute for Barbara Gill and Karen Clark was in attendance as substitute for Louise Wallace

Also present:
Neville Cameron, Police and Crime Commissioner's Office
Gilly Marshall, Housing Hartlepool
Steven Hume, Independent Chair of the Review Panel, Stockton on Tees Borough Council

Officers:
Laura Stones, Scrutiny Support Officer
Denise Wimpenny, Principal Democratic Services Officer

52. Apologies for Absence

Apologies for absence were submitted on behalf of Dave Stubbs, Chief Executive, Louise Wallace, Director of Public Health, Barbara Gill, Head of

Offender Services, Tees Valley Community Rehabilitation Company and Sally Robinson, Assistant Director, Children's Services.

53. Declarations of Interest

None.

54. Minutes of the meeting held on 20 March 2015

Confirmed.

55. Domestic Violence and Abuse Service Review (*Director of Regeneration and Neighbourhoods*)

Purpose of report

To update the Safer Hartlepool Partnership on the findings and recommendations of a recent review undertaken in relation to the specialist domestic violence and abuse service.

To request that the Safer Hartlepool Partnership discuss and adopt the service review recommendations.

Issue(s) for consideration

The Director of Regeneration and Neighbourhoods presented the report which set out the background together with the aims and objectives of the Domestic Violence and Abuse Service. A review had been undertaken in the autumn and winter of 2014/15, and covered, in the main, the first two years of the contract which set out to determine the extent to which the services delivered by Harbour were meeting the aims and objectives.

The Partnership was referred to the final report which outlined the key findings, conclusions and recommendations of the review as set out at Appendix A. The review of the service found that the service was performing well against a backdrop of continuing need and, as such, an option to extend the contract for a further two years had been confirmed with the provider. There was also evidence to suggest that individuals had increased confidence in disclosing domestic violence and abuse and were doing so at an earlier stage.

In light of the findings, the Partnership was asked to consider and adopt the service review proposals as outlined in the report which included remodelling of the children's service element of the contract to provide a specialist domestic violence service for children and young people, that consideration be given to embedding the healthy relationships work in the

contract, further exploration be undertaken in relation to how to increase the numbers of men accessing the perpetrator programme, that further work be undertaken to improve recording practices and that work should begin during 2015 in preparation for the commissioning of a new service in 2017.

Decision

(i) That the Domestic Violence and Abuse Service Review proposals be noted and adopted.
(ii) That the Partnership receive progress reports from the Domestic Violence Strategic Group in relation to the proposals as set out in the report.

56. Cleveland Police Anti-Social Behaviour Action Plan - Presentation (*Chief Superintendent of Neighbourhoods and Partnerships*)

Purpose of report

To present for discussion the Cleveland Police draft Anti-Social Behaviour Action Plan.

Issue(s) for consideration

The report provided background information to the production of a draft Anti-Social Behaviour Action Plan following concerns regarding high levels of anti-social behaviour across the Cleveland Force area, a copy of which was attached as an appendix to the report. Progress on actions taken was also attached at Appendix B.

In support of the report, Superintendent Gordon Lang, who was in attendance at the meeting, provided the Partnership with a detailed and comprehensive presentation in relation to progress on actions taken as well as timescales for completion. Actions identified included:-

- Redefine Neighbourhood Policing
- Address key themes from the Performance Scrutiny Panel
- Work with key partners to understand how to redefine engagement with communities
- Undertake a geographic approach to identify key locations etc and work with partners to implement long term solutions
- Instigate and evaluate corporate operations dedicated to tackling ASB and violence
- Research and benchmark good practice from other forces
- Develop an understanding of the factors, external to police administrative processes that can explain the significant disparity between levels of ASB in Cleveland and other forces across the

country
- Instigate and roll out Victims First Policy
- Make best use of police constables and PCSO's
- Ensure tasking at all levels is focused
- Hold quarterly Neighbourhood Inspector problem solving problems
- Co-ordinate with partners early intervention in a number of areas

In the lengthy discussion that followed the Partnership debated the issues highlighted in the presentation. The potential reasons why anti-social behaviour incidents were under- reported was debated. With regard to feedback from Residents' Groups in relation to crime, a Member advised that incidents of anti-social behaviour may not be reported due to confusion around who to contact, the length of time spent on the telephone reporting issues of this type, lack of confidence that any action will be taken as well of fears of reprisal. Some concerns were also expressed that the option to report crime anonymously was not widely publicised. The Chief Superintendent responded to issues raised by Members. Clarification was provided in relation to the process for dealing with anti-social behaviour complaints and assurances were provided that the option to report crime anonymously was available. The impact of the reduction in police officers/neighbourhood policing was discussed as well as the benefits of reviewing engagement with communities.

With regard to delivery of the action in relation to redefining Neighbourhood Policing and examining resources, the Director of Regeneration and Neighbourhoods offered the Partnership's support in this regard. In terms of progress on delivery of the actions, the Chair suggested that the action plan be shared with the Partnership to update as necessary.

The Chief Inspector was pleased to report that work had commenced with the top 10 troubled families in Hartlepool with a view to reducing crime and anti-social behaviour. The various methods of addressing anti-social behaviour was further debated including the benefits of strengthening partnership working. Members commented on the value of working with voluntary organisations including the fire service and the benefits of a uniform presence patrolling communities.

Decision

That the contents of the presentation and comments of the Partnership be noted.

57. Strengthening Refuge Accommodation in Hartlepool

(Community Safety and Engagement Manager)

Purpose of report

To update the Safer Hartlepool Partnership plans to strengthen refuge

accommodation in Hartlepool.

Issue(s) for consideration

The Partnership was advised on the background to the current refuge and resettlement service in Hartlepool and the reasons for the plans to strengthen refuge accommodation following a service review. The service review recommended that additional refuge provision should be made available if funding support could be found and that this could take the form of a pool of flexible dispersed properties to complement the existing refuge provision.

On this basis, an application for funding to strengthen refuge accommodation had been subsequently submitted to the DCLG which had been successful. This would provide six Council owned dispersed properties with an enhanced support service provided by Harbour for victims of domestic abuse. The additional provision would also free up crisis level emergency accommodation and provide a flexible resource that could accommodate a broader range of victims.

Decision

The Partnership noted and welcomed the plans to strengthen refuge provision in Hartlepool and the opportunity to extend the service to a broader range of victims through the provision of dispersed accommodation in Hartlepool.

58. Victim Services – Police and Crime Commissioner Update (*Police and Crime Commissioner*)

Issue(s) for consideration

The Police and Crime Commissioner for Cleveland , who was in attendance at the meeting, provided the Partnership with a detailed and comprehensive presentation in relation to the Police and Crime Plan 2015/17, a copy of which was circulated to all Members. The presentation focussed on the following:-

- Five priorities
- Ensuring a better deal for victims and witnesses
- Commissioning Responsibilities Overview
- Victim and Witness Strategic Planning Group
  - Multi-Agency Group
  - Improve Service Provision
- Victim Referral Service
  - Service transferred from the Ministry of Justice to PCCs in April 15

- What will be different – improved services for victims
- Cleveland and Durham Hate Crime Steering Group established and undertaking dip sampling of hate crime cases covering all 5 strands
  - Race
  - Religion
  - Disability
  - Sexual Orientation
  - Transgender
- Regional Strategy to tackle violence against women and girls (VAWG)
- Progress to date on (VAWG) Strategy
- Restorative Justice

The Chair thanked the Police and Crime Commissioner for an informative presentation.

Decision

The contents of the presentation and comments of Members were noted

59. Local Government (Access to Information) (Variation Order) 2006

Under Section 100(A)(4) of the Local Government Act 1972, the press and public were excluded from the meeting for the following item of business on the grounds that it involved the likely disclosure of exempt information as defined in the paragraphs referred to below of Part 1 of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006.

Minute 60 – Verbal Feedback from Domestic Homicide Review – This item contains exempt information under Schedule 12A Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006 namely information which is likely to reveal the identity of an individual (para1).

60. Verbal Feedback from Domestic Homicide Review – Covering Report/Overview Report *(Chair of the Safer Hartlepool Partnership)*

This item contained exempt information under Schedule 12A Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006 namely information which is likely to reveal the identity of an individual (para 1)

Issue(s) for consideration

The Partnership considered a letter from the Home Office Quality Assurance Panel, a copy of which was tabled at the meeting, in response to submission of a Domestic Homicide Review (DHR) report.

Further details were set out in the exempt section of the minutes.

Decision

(i) That the contents of the letter and comments of Partnership Members, as outlined in the closed section of the minutes, be noted.

(ii) That a meeting of the Partnership be scheduled in July to consider the feedback and revised report to enable a response to be provided to the Home Office by 31 July 2015.

The meeting concluded at 2.25 pm.

CHAIR

North East Joint Health Scrutiny Commitee

North East Joint Health Scrutiny Committee

Minutes of meeting held on 24 February 2015 at Hartlepool Civic Centre

Present:

Councillors Todd (Durham), Green (Gateshead), Martin-Wells (Hartlepool), Mendelson (Newcastle), Waggott-Fairley (North Tyneside), Nisbet (Northumberland), Richards (Northumberland), Brady (South Tyneside), Leask (South Tyneside)

Also in attendance:

Joan Stevens (Hartlepool), Laura Stones (Hartlepool), Peter Mennear (Stockton), Angela Frisby (Gateshead), Karen Christon (Newcastle), Paul Allen (Northumberland), Stephen Gwillym (Durham), Paul Baldasera (South Tyneside), Sharon Ranade (North Tyneside)

Mike Prentice, Medical Director and Lesley Kay, Vice Chair for the Northern Clinical Senate and Mark Cotton, NEAS, Assistant Director of Communications and Engagement

1. Chairman's Welcome

The Vice Chair welcomed everyone and thanked everyone for attending.

2. Apologies for absence

Councillors Taylor (Darlington), McCabe (South Tyneside), Faulks (Stockton), Dryden (Middlesbrough), Wall (Redcar), Jeffrey (Redcar), Simpson (Northumberland), Newall (Darlington)

3. Appointment of Chair and Vice Chairs

Cllr R Martin-Wells was appointed as Chair of the Committee

Cllrs Richards and Cllr Mendelson were appointed as Vice Chairs of the Committee

4. Minutes of the meeting held on 20 November 2014

The minutes of the meeting held on 20 November 2014 were agreed with no matters arising.

5. Update from NHS England (Mike Prentice Medical Director and Lesley Kay, Vice Chair for the Northern Clinical Senate)

The Scrutiny Manager introduced this item and informed the Committee that this discussion is a continued dialogue from the Committee's previous discussion at its meeting held in November relating to health services in the northern region.

The Medical Director opened his presentation by commenting that following on from the previous meeting, Members requested more detailed information and therefore he would talk about winter pressures, the urgent and emergency care review and the changes that have already happened and the Vice Chair for the Northern Clinical Senate would talk about the work that the Senate has been involved in.

The surge of winter pressure started building from December 2014 onwards with the crisis happening at the beginning of January 2015. The Medical Director stated that the surge in demand probably was not picked up early enough and that this is a learning point for NHS England to try and pick up surges in demand earlier.

The NEEP levels across the region are a reflection of pressure in the system with this year resulting in more services coming under extreme pressure than in comparison to previous years.

In relation to Urgent Care, the Medical Director informed Members that it is complicated, with the leading brand being A&E, but there are other Urgent Care Services offered. Urgent and Emergency Care is currently under review. One of the issues is access to regular GP services, for example, over bank holidays, holiday periods etc. The evidence shows that there is poor access to GPs through the week and this does correlate with an increase in A&E attendance, although the Medical Director was not sure why.

The other factor is who treats a patient when they arrive at A&E. At best there is a consultant around 12 hours a day. If cover was increased to seven days a week, as opposed to 5 days a week, across the country 4,419 lives could be saved.

A new urgent and emergency care system needs to be developed to deliver as much care as close to home as possible. The structure for the future is about making good choices, for example, people suffering with chronic chest pain should be going into winter with a good supply of medication. Problems occurred this winter as people did not have this option available and therefore people were being admitted to hospital. It is about receiving treatment as soon as possible which results in better outcomes, and using services such as 111. Urgent care is not all about hospitals, it is about accessing other appropriate urgent care services, such as GPs, urgent care centres etc.

The Committee was informed about trauma networks. The evidence shows that if a patient is treated at a trauma centre then their chances of survival are significantly higher than if treated elsewhere. Another example cited was stroke care, which is provided by specialised centres across the country. Expertise in areas is needed in order to keep clinical skills at the correct level.

In relation to GP services, NHS England is starting to see GPs working together and CCGs taking on funding for GP practices. The key to making changes is to get better outcomes.

The Vice-Chair from the Northern Clinical Senate informed members that it has been running for over a year and is a reactive body that are requested by CCGs to look at specific areas/projects. There have been two reports produced so far:-

1) Cumbria – representatives from the Senate were asked to review draft service proposals. They met with representatives from CCGs, Trusts etc and considered specific issues i.e stroke, unstable illnesses. At the Trust the representatives spoke to all members of staff in the related departments and recruitment of staff and the use of locums was highlighted. The representatives reviewed the proposals for pathways and looked at the differences in the models for stroke, questions were asked about rehabilitation and whether to deliver services on two sites or one. A report was then produced and provided to the CCG.
2) Children's services at Cramlington – an external review was commissioned and a group of representatives including expert paediatricians' scrutinised plans looking at issues such as if a child is admitted who will be there to treat the child.

A number of questions were asked by Members, as detailed below.

A member questioned why young people who were suffering with anorexia had been sent to Edinburgh and asked if provision could not be provided closer to home? In response, Dr Prentice stated that there were significant pressures on anorexia beds, although the problem was that only a relatively small number of beds were required. There was a big change happening in eating disorders to improve outcomes by intervening earlier. There would be investment in the eating disorder service from April, although a model was not in place yet. The service was not as robust in Tyne and Wear as it was in Teesside but the desire was to have fewer beds. Members were advised that there had been discussion in Newcastle about the importance of good inpatient and outpatient care, and it seems as though the importance of beds may be undervalued.

A Councillor questioned how easy it was going to be to utilise services such as GPs to reduce admissions to A&E. In response to this, Dr Prentice informed the Committee that when funding was available it was easy to carry on year on year doing the same as there was no reason to change or invest in other parts. However, when funding was tightened people focused and it was hard to change something on the belief that a new service would cope with extra demand. However, it would be difficult to run two services concurrently to show that one service was not needed. It was also about empowering patients as health champions.

In relation to the rationalisation of urgent care services, a Councillor stated that the implications would seem to be moving towards GP activity and concerns were raised in relation to the recruitment and retention of GPs. In response, Dr Prentice highlighted that recruitment of GPs, in general, was not going well. One practice failed to recruit in

two years and then called on the help of the community who made a video and marketed the vacancies via twitter, and this method worked. Traditionally doctors would stay at one practice for their entire career, but this is not the case these days therefore GP practices have to adapt to this. Members were informed that General Practice has to be made more attractive.

A Councillor acknowledged that the integration of healthcare services was long overdue and questioned how GPs of the future were going to engage. In response, Members were advised that however structures were changed; the same people were staying but transferring to different roles. It was commented that if the NHS stopped restructuring then more would get done. As the NHS is a tax funded system, a consequence is that it will keep changing.

It was questioned whether more women were choosing to work part in GP practices and men were choosing to work in hospitals. This didn't seem to be the case as many male GPs were now working part time and of the medical graduates 70 percent were women.

It was questioned whether too much pressure was being placed on paramedics to make decisions. In response, Members were informed that paramedics were trained to a high level and if they were going to take a patient to a specialised centre there were ways to share information with the centre to confirm the best course of action/appropriateness. Paramedics worked safely in a defined pathway and the performance was very good. A skilled person can make a good assessment and were trained to do so therefore mistakes are reduced. In relation to the availability of paramedics and ambulances waiting at A&E it was acknowledged that the system needs to start flowing, as paramedics need to be free to respond as quickly as possible after a hospital drop off. The Assistant Director of Communications and Engagement at the North East Ambulance Service (NEAS), who was in attendance at the meeting confirmed that NEAS had introduced a new initiative over winter, which involved a person being located in hospitals to help in the smooth transfer of patients from ambulance to A&E.

Agreed – That members note the update and further updates be provided as and when required.

6. Emergency Ambulance Transport – update (Mark Cotton, Assistant Director of Communications and Engagement)

The Assistant Director of Communications and Engagement from NEAS provided the Committee with an update on Emergency Ambulance Transport. The Assistant Director reiterated that it had been a very challenging winter for A&E services and ambulance services. NEAS has been under pressure over winter, starting from the beginning of December through to January, with some evident pressure before this period. There had been a 10% increase in demand and hand over delays at hospitals had been an issue.

In relation to the overall performance (week commencing 16 February 2015), Red 1 calls were performing at 74.8%, with the target being 75%. Red 1 calls still remained a challenge, percentages could fluctuate due to the low number of Red 1 calls received, each time a Red 1 call was not attended within the target time, it resulted in a significant change in the percentages.

Red 2 calls were performing at 84% since early January, which was an indication that the winter pressure was reducing. Of particular concern was the delay to red calls, Members were informed that 368 patient waited longer than 20mniutes for a Red 1 call.

Rural ambulance performance continued to struggle at 60 – 66%.

There were no targets in relation to green calls and NEAS had seen a slow recovery in green calls, with 53% being responded to within the specified timescale and for green 3 calls, these were being responded to within the specified timescale 71% of the time.

Members were informed that activity levels had calmed down, although demand was still higher than previous years. One of the challenges was that if demand spiked early in the day, then time after this was spent catching up.

NEAS had introduced a number of new initiatives to help relieve the winter pressures, these included:-

- the introduction of Hospital Ambulance Liaison Officers (HALOs) who are deployed within the NEAS operational region to assist both hospitals and ambulance crews during times of pressure;
- An increase of clinicians in the call centre; and
- Introduction of 'Flight Desk', which is a real time database of hospital bed availability across the region

Members questioned whether NEAS had developed the Flight Desk system and commented that it should be available to Doctor's surgeries. In response, this is something that NEAS had thought about and is something that would be explored in order to try and take forward. It was an innovative system and NEAS had led the system. Members agreed to write to NHS England to emphasis the impact of the system and its success and encourage NHS to champion the system to other organisations such as GP practices.

Members questioned the use of third party providers. It was confirmed that NEAS were still using third party providers because there were still paramedic vacancies at NEAS, there were 126 whole time equivalent vacancies across the North East. There was a national shortage of paramedics, with the North East and London having the highest vacancy rate. Filling vacancies was a top priority and the quicker the vacancies could be filled then the quicker pressure would be eased and also this would reduce the reliance on third party providers. NEAS were actively looking to recruit qualified paramedics. Members were informed that paramedic training was changing and it would now be provided directly by University rather than through NEAS and accredited by Universities. A member questioned how students could be retained in the North East. In response to the question, Members were informed that NEAS would like the

Universities to recruit students with a view to coming to work in the North East. It was questioned whether NEAS could sponsor students with the idea of retaining the student in the North East. The Assistant Director stated that this had been looked at but he was more than happy to take this suggestion back to the NEAS Board.

Members questioned the student drop out rate, the Assistant Director said that he did not have the figures with him but would provide them following the meeting.

The Chair congratulated NEAS for the introduction of the initiatives and requested that a representative attend a meeting of the Committee in 12months to provide an update on paramedic training to reassure members that training is underway.

Members asked about how local scrutiny committees could receive updates from NEAS. The Assistant Director commented that NEAS do attend some Committees on a regular basis but one of the issues is about time/capacity to attend all Scrutiny Committees. However, Members were advised that NEAS would consider developing a quarterly report for each local authority.

A Member congratulated NEAS staff and asked if the Assistant Director would pass this onto the staff on the Committee's behalf.

Agreed - That Members note the update;

- **That the Joint Committee write to NHS England to emphasis the impact of the Flight Desk system and its success to encourage NHS England to champion the system to other organisations such as GP practices; and**
- **That an update be provided to the Committee in 12 months regarding paramedic training and its progress**

7. NEAS Quality Account (Mark Cotton, Assistant Director of Communications and Engagement)

Members received a presentation on NEAS's Quality Report from the Assistant Director of Communications and Engagement. The presentation outlined what is a Quality Report; the reporting process; progress against priorities for 2014/15; mandatory indicators for 2014/15; proposals for 2015/16 and next steps. Members were informed that the five priorities identified last year were:-

- **Use of alternatives:** '*where appropriate, drive up the use of treatment other than conveyance to an Emergency Department'.* The progress made against this priority was outlined to the Committee which included, services continued to be added to the Directory of Services, an Advanced Practice Paramedic role had been developed and training had been provided to paramedics to increase the number of patients who could be managed on scene/in their own home. Hear and Treat and See and Treat volumes and rates were shared with Members of the Committee.

- **Reduce Hospital Delays**: *'To improve the average hospital turnaround time at target hospitals'.* The progress made against this priority was outlined to the Committee which included, gaining a better understanding of the drivers; HALOs and Flight Deck in place using winter funding; standardising handover procedures and a revised escalation and divert policy drafted (to deflect ambulances to alternative hospitals).
- **Staff Satisfaction***: 'To reduce the frequency of extended shifts across all of NEAS to optimise patient care and staff welfare.* The progress made against this priority was outlined to the Committee which included, recruitment being pursued as the top priority for the Trust; and information being monitored using the Emergency Care Management Dashboard.
- **Mandatory Checks:** *'Set up systems in NEAS that demonstrate all mandatory requirements are being met that could impact on the safety of patients and staff'.* The progress made against this priority was outlined to the Committee which included, work had started on the development of an e-ledger; first phase focus on staff related checks started; future phases to include compliance requirements in respect of vehicles and buildings; and monthly 'Delivering Consistently' meetings have been implemented and are being used to provide assurance that checks were being completed.
- **High Intensity Users:** 'Lead the work with those with long term conditions to make sure they get the most appropriate response in the most appropriate place to meet their needs. The progress made against this priority was outlined to the Committee which included, an increase in resource to flag these users on NEAS systems had been secured as part of the winter schemes funding; and a review of the work needed to deliver this priority was underway as there were improvements needed to capture the data in the most appropriate way.

The Committee were informed of the Mandatory Indicators and the progress made against them, as outlined in the presentation.

The proposals for 2015/16 were to continue to make progress with the existing priorities; improve the performance for the mandatory indicators and seek feedback from stakeholders on what is important to them.

In relation to Mandatory Indicator 6 'Patient Reported Safety Incidents', a Member raised concerns about the increase in incidents compared to the previous year. The Assistant Director responded and stated that NEAS had one of the safest records and they were certainly not complacent. The Assistant Director said that he would provide further detail on the types of incidents.

A member questioned why paramedic recruitment was not included as a priority in the Quality Account. In response, the Assistant Director stated that this was not being ignored and was included within the 'Staff Satisfaction' priority, although it could be made more explicit.

The Committee thanked the Assistant Director for his attendance.

Members agreed to formulate a response to the Quality Account and following the publication of the draft Quality Account, Members were asked to feed comments to their Scrutiny Support Officers who would pass these onto the host authority for inclusion within the response.

Agreed – That the comments from today's meeting be utilised to formulate a response to the Quality Account and further comments be sought from Committee Members following publication of the draft Quality Account.

8. Chairman's urgent items

Work Programme

The Scrutiny Manager suggested to Members that at the next meeting, the Committee may want to consider developing a work programme for the coming year and identify a topic for investigation for inclusion within the work programme. The Scrutiny Manager sought permission from the Committee to attend a meeting of the Directors of Public Health to ask if they had any topic suggestions. Any topic suggestions identified would be fed back to the next meeting of the Committee.

Agreed – The Committee agreed that the Scrutiny Manager attend a meeting of the Directors of Public Health to seek topic suggestions for the 2015/16 Municipal Year.

9. Any other business

No items

10. Date and time of next meeting

To be confirmed – agreed to look at a date in June