

AUDIT AND GOVERNANCE COMMITTEE AGENDA



Thursday 28 January 2016

2.00 pm

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; N Rollo and C Wilson

Parish Council Representatives: J Cambridge (Headland Parish Council) and B Walker (Greatham Parish Council)

Local Police Representative: Chief Superintendent 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 12 November 2015.

3.2 To confirm the minutes of the meeting held on 10 December 2015.

4. **AUDIT ITEMS**

None

5. **STANDARDS ITEMS**

None.

6. **STATUTORY SCRUTINY ITEMS**

6.1 Crime and Policing Levels in Hartlepool:-

- a) Covering Report - Scrutiny Manager;
- b) Presentation - Community Safety & Engagement Manager; and
- c) Presentation - Police and Crime Commissioner and Chief Superintendent Gordon Lang.



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

No items.

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

No items.

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

9.1 Minutes of the meeting held on 14 October 2015.

10. MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP

No items.

11. REGIONAL HEALTH SCRUTINY UPDATE

11.1 Minutes of the 1 October 2015, 17 December 2015 / Verbal Update from the meeting on the 6 January 2016.

12. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

ITEMS FOR INFORMATION

Date of future meeting – Friday 5 February 2016 at 2.30 pm in the Civic Centre, Hartlepool.



AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

12 November 2015

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

Present:

Councillor: Ray Martin-Wells (In the Chair)

Councillors: Jim Ainslie, Stephen Akers-Belcher and Sandra Belcher

Standards Co-opted Members:
Norman Rollo and Clare Wilson

Parish Council Representatives:
John Cambridge (Headland) and Brian Walker (Greatham)

Also Present:
Councillors Alan Clark and Steve Gibbon
Christopher Akers-Belcher and Stephen Thomas, HealthWatch
Ben Clark, NHS England
Sue Piggott, Sally Thompson and Rowena Dean, North Tees
and Hartlepool NHS Foundation Trust

Officers: Peter Devlin, Chief Solicitor
Joan Stevens, Scrutiny Manager
Angela Armstrong, Principal Democratic Services Officer

74. Apologies for Absence

Apologies for absence were received from Councillor Trisha Lawton.

75. Declarations of Interest

Councillor Jim Ainslie declared a personal interest in minute 77 and Councillors Stephen Akers-Belcher and Ray Martin-Wells declared a personal interest in minute 78. Christopher Akers-Belcher and Stephen Thomas confirmed they were in attendance as representatives of HealthWatch and not as Elected Members.

76. Minutes of the meeting held on 15 October 2015

Confirmed.

77. End of Life/Palliative Care in the Community (*Scrutiny Manager/HealthWatch Manager*)

Representatives from HealthWatch were in attendance and gave a detailed and comprehensive presentation which outlined the functions of HealthWatch and their work around End of Life/Palliative Care in the Community. The presentation outlined HealthWatch's priority areas for consultation on End of Life/Palliative Care in the Community including the Locally Care of the Dying Patient Review Group, Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust. It was noted however, that during the consultation undertaken, it had proven difficult to obtain information from local General Practitioners and this had prevented the finalisation of recommendations in relation to prevention and early detection which should be a priority for all cancer patients. The HealthWatch representatives welcomed the investigation being undertaken by the Audit and Governance Committee and were happy to share the evidence gained during the consultation they had undertaken and to work collaboratively with the Committee on this issue.

A number of areas were highlighted as areas that could be improved upon within End of Life/Palliative Care and the main theme running through all these areas was communication which was key to improving the services offered at what was an emotionally charged and sensitive time for patients and their families.

In response to a question from the Chair, the representative from HealthWatch indicated that the work undertaken by HealthWatch had not featured Out of Hours as a separate service. The Chair confirmed that the Committee would look at service provision after 5pm as part of its investigation. A discussion ensued on the practice of assisted dying and it was noted that this was illegal in this country and any medical practitioner who assisted someone to die would run the risk of being prosecuted and serving a prison sentence. The key issue for patients on the End of Life pathway was controlling their pain management in a safe and effective way. It was suggested that the Committee may wish to examine what happened around the Liverpool Pathway and Liverpool's current provision as well as the practice of the withdrawal of food and fluids and the family's involvement in this practice.

During the discussion that followed, it was highlighted that around two thirds of people wanted to die at home but evidence suggested that only a third were allowed to do so and it was suggested that the Committee may wish to examine current trends in relation to this. However, this was an area where evidence gathering had proved difficult due to lack of information from GP practices.

The HealthWatch representatives were thanked for their informative presentation and for participating in the discussions that followed. The Scrutiny Manager confirmed that the next stage of the investigation into End of Life/Palliative Care in the Community would be a full day Working Group

on Thursday 14 January 2016 and will commence at 10.00am in the Civic Centre. Further details will be circulated nearer the date.

Recommended

- (i) That the presentation and discussions that followed to be used to inform the Committee's investigation on End of Life/Palliative Care in the Community.
- (ii) The next meeting to consider the End of Life/Palliative Care in the Community would be an all day workshop style meeting of the Audit and Governance Working Group on Thursday 14 January 2016 and will commence at 10.00am in the Civic Centre.

78. Update on Alternative Provider Medical Services Contracts in Hartlepool (*Scrutiny Manager/NHS England*)

A representative from NHS England was in attendance to provide the Committee with an update on alternative provider medical services contracts in Hartlepool which included the following practices:

Fens Medical Practice;
IntraHealth Wynyard Road Primary Care Centre; and
Hartfield's Medical Practice.

It was noted that NHS England was now in a position to commence a procurement exercise to secure an alternative provider of the service at Hartfield's Medical Practice from 1 April 2016. In view of this an invitation to tender as either a standalone APMS contract or as a branch of an existing contractor in the Hartlepool area was to be advertised in the next few weeks. The service would be delivered from the same site and for the same contracted hours.

In relation to Fens and Wynyard Road contracts, NHS England had agreed to extend the contract further until 30 September 2016 to undertake engagement activity with patients and stakeholders to assist to develop a preferred delivery model and inform a forthcoming procurement exercise. The new provider would commence services from 1 October 2016.

In conclusion it was noted that whilst these steps did not change the challenges that practices with small list sizes face, it was hoped that the outlined proposals provided an assurance that services will continue to be provided in that local area.

The Chair highlighted a number of concerns in relation to the future of Hartfield's Medical Practice and the representative confirmed that if no tenders for this practice were received, the invitation to tender would be re-examined. There were concerns expressed at the lack of capacity within the Primary Care Team and the lack of focus of the original consultation undertaken on the service provision at these practices. It was noted that

the service needs across the Fens and Wynyard Road practices were very different and the importance of retaining services within local communities was emphasised adding that the uncertainty over the future of these practices may lead to patients moving to an alternative, potentially oversubscribed practice ahead of any decisions being taken. It was suggested that the NHS England decision makers around contracts be invited to a meeting with the Chair and Vice Chair to discuss further with appropriate Ward Councillors also invited. Clarification was requested on the engagement process to be undertaken to encourage people to use these two services and increase their sustainability as the practices had taken a proactive approach by contacting people and distributing leaflets within the community. It was suggested that the wording of the consultation should be carefully constructed to avoid a widespread panic and leakage of patients to alternative medical practices. There were some concerns expressed that people may think they had already responded to this consultation and not participate.

The Chair noted that NHS England had taken on board the Committee's comments in the past and added that he was pleased that they were working with the Committee on the future service provision at these three medical practices.

During the discussion that followed, the NHS England representative indicated that the previous engagement with patients and stakeholders had not been of a high enough quality with some stakeholders not included. It was confirmed that the development of the delivery models for the new consultation was subject to the future engagement with patients and stakeholders and confirmed that details of the consultation would be shared with the Committee prior to being undertaken.

It was suggested that when the information on the future consultation was circulated to Members for consideration that the previous consultation be also submitted for comparative purposes, including the analysis undertaken of the first consultation and how people will be encouraged to respond to the new consultation.

Recommended

- (1) That a meeting with the Chair, Vice Chair of the Committee and appropriate Ward Councillors be organised with representatives from NHS England to examine the procurement process to be undertaken.
- (2) That NHS England circulate to Members further details of the following with any feedback to be provided to the Scrutiny Manager:
 - Engagement process with patients including how people were being encouraged to use the Fens and Wynyard Road medical practices to make them sustainable;
 - Consultation on future of the Fens and Wynyard Road medical practices prior to being undertaken including comparative data

- and the full analysis of the previous consultation undertaken;
and
 - How people will be encouraged to respond to the new consultation.
- (3) That the outcome of the engagement and consultation process be submitted to a future meeting of the Committee.

79. Service Development at the University Hospital of Hartlepool - Bowelscope *(Chief Operating Officer/Deputy Chief Executive, North Tees and Hartlepool NHS Foundation Trust)*

Representatives from North Tees and Hartlepool NHS Foundation Trust had been invited to the meeting to provide an update on the bowel screening and bowelscope screening being undertaken within the endoscopy unit at the Rutherford Morrison Ward, University Hospital of Hartlepool. Members were informed that bowelscope screening was a small procedure that could identify abnormalities which if left could develop into bowel cancer and was offered to people at 55 years of age. Currently around 30 patients per week were utilising this service which would recognise cancer early and enable preventative treatment or surgery to be undertaken. In addition to the above, there was increased service provision in Hartlepool in gastroenterology, respiratory services, hand and upper limb trauma treatment within the outpatients department. It was noted that the vast majority of joint replacement and lower limb surgery was also undertaken at the University Hospital of Hartlepool. In response to a question a representative from the Trust indicated that additional staffing within the Rutherford Morrison ward had enabled the above services to be carried out along with evening and Saturday appointments being available.

The increase in service provision within the University Hospital of Hartlepool was welcomed by Members and the representatives from the Trust confirmed that risk was a priority consideration when looking at the location of service provision but every effort was being made to deliver services closer to home for patients. Whilst it was recognised that service provision in Hartlepool had changed significantly, residents would still would like to see accident and emergency provision return to Hartlepool and it was hoped that this message was conveyed to the Chairman, Chief Executive and Board of the North Tees and Hartlepool NHS Foundation Trust.

In relation to the recruitment of consultants, a representative from the Trust indicated that recently two very innovative cardiology consultants had been appointed and were leading the way in cardiology imaging and investigations. In addition to this, respiratory consultants had been appointed who were working within the community and GP practices to educate GP's and nurses to provide services within people's homes. It was noted that there was a huge amount of work ongoing to progress the treatment of patients within their own community and at home. Members were informed that there were still some specialist consultants where it remained difficult to recruit to and these were haematology, accident and

emergency and general medicine although every effort was being made to recruit to these posts.

The Scrutiny Manager informed the Committee that the next meeting of the Local Health and Social Care Plan Working Group was to be held on Thursday 19 November 2015 at 5.00 pm in Hartlepool Historic Quay. The focus of this meeting would be on primary and community service based provision. In response to a question from a Member, the Scrutiny Manager confirmed that the focus of a future meeting of the Working Group would be on urgent care and accident and emergency provision.

Recommended

The presentation and discussion that followed were noted.

80. Minutes of the Tees Valley Health Scrutiny Joint Committee held on 24 July 2015

Noted.

81. Minutes of the Safer Hartlepool Partnership held on 4 September 2015

82. North East Joint Health Scrutiny Update

The Scrutiny Manager confirmed that the next meeting of the North East Joint Health Scrutiny Committee would take place on Thursday 17 December 2015 at 10.00am in the Civic Centre.

83. Non Statutory Sanctions *(Monitoring Officer)*

The Monitoring Officer presented a detailed and comprehensive report which provided the background to the principles which govern the conduct of Members and co-opted Members of 'relevant authorities' in England and Police Authorities in Wales. The draft protocol for the Conduct and Behaviour of Members of Hartlepool Borough Council was attached as Appendix 1 and it was suggested that a Members' Seminar be arranged to enable all Members to participate in the discussions before the protocol was submitted to the Finance and Policy Committee and ultimately Council for adoption. In response to a question from a parish councillor, the Monitoring Officer indicated that once adopted, the protocol would be circulated to Parish Councils for their views.

A discussion ensued on the judgement to be made whether a Councillor was acting in an official capacity or not at any point in time. The Monitoring

Officer commented that the code would apply on occasions when the Councillor was holding themselves out as a Councillor and that the judgement would need to be made by that Councillor as a situation could switch from personal to civic duties and vice versa at any time.

The Independent Persons noted that they would welcome the opportunity to participate in the Members' Seminar as it was a complex and difficult subject.

The Chair highlighted the reference to the Royal Borough of Kingston upon Thames system of 'recall' and sought the Committee's view on whether this should be included within the protocol. It was suggested unanimously by the Committee that this section should be removed in its entirety.

Recommended

- (1) That the reference to the Royal Borough of Kingston upon Thames system of 'recall' be removed in its entirety from the draft protocol.
- (2) That a Members' Seminar be arranged, with the Independent Persons being invited, to enable the consideration of the protocol prior to submission to Finance and Policy Committee and Council for adoption.

The meeting concluded at 12.02 pm

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

10 December 2015

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

Present:

Councillor: Ray Martin-Wells (In the Chair)

Councillors: Jim Ainslie, Stephen Akers-Belcher, Rob Cook and Trisha Lawton

In accordance with Council Procedure Rule 5.2 (ii), Councillor Paul Beck was in attendance as substitute for Councillor Sandra Belcher.

Standards Co-opted Members:
Norman Rollo and Clare Wilson

Parish Council Representatives:
John Cambridge (Headland)

Also Present:
Catherine Andrew and Mark Kirkham, Mazars
Christine McCann and Sharon Pickering, Tees, Esk and Wear Valley NHS Foundation Trust

Officers: Chris Little, Chief Finance Officer
Noel Adamson, Head of Audit and Governance
Clare Clark, Community Safety and Engagement Manager
Amanda Whitaker, Democratic Services Team Manager
Angela Armstrong, Principal Democratic Services Officer

84. Apologies for Absence

Apologies for absence were received from Councillor Sandra Belcher and Brian Walker, Greatham Parish Council.

85. Declarations of Interest

Councillor Stephen Akers-Belcher declared a personal interest in minute 92.

86. Minutes of the meeting held on 15 October 2015

Confirmed.

87. Treasury Management Strategy (*Chief Finance Officer*)

The Chief Finance Officer gave a presentation to the Committee setting out the key elements of the Council's Treasury Management Strategy. The detailed report submitted to the Committee covered the strategy in detail. The presentation highlighted:

Economic Environment and Outlook for Interest Rates;
Treasury Management Outturn Position 2014/15;
Treasury Management Strategy 2015/16 Mid Year Review;
Treasury Management Strategy 2016/17;
Borrowing Strategy 2016/17;
Investment Strategy; and the
Minimum Revenue Provision and Interest Costs and Other Regulatory Information 2015/16 and 2016/17

Recommended**Treasury Management Outturn Position 2014/15**

- 1) The 2014/15 Treasury Management Outturn detailed in section 4 and Appendix A was noted.

Treasury Management Strategy 2015/16 Mid-Year Review

- 2) The 2015/16 Treasury Management Mid-year Position detailed in section 5 was noted.

Treasury Management Strategy 2016/17 (Prudential Indicators)

- 3) It was noted that the detailed prudential indicators will be reported to full Council in February 2016.

Borrowing Strategy 2016/17

- 4) **Core borrowing requirement** – following the securing of exceptionally low interest rates it was approved that the remainder of the under borrowing be netted down against investments.
- 5) It was noted that in the event of a change in economic circumstances that the Chief Finance Officer may take out additional borrowing if this secures the lowest long term interest cost.
- 6) **Borrowing required for business cases** – The continuation of the strategy of fully funding the borrowing for individual project costs in

order to secure fixed long term interest rates in line with the approved business case was approved.

Investment Strategy 2016/17

- 7) The use of Government Treasury Bills/Gilts and the appointment of King and Shaxson as custodian was approved.
- 8) The Counterparty limits as set out in paragraph 8.11 was approved.

Minimum Revenue Provision (MRP) Statement

- 9) The MRP statement outlined in the report was approved, including clarification from the Chief Finance Officer that the statement applies to 2015/16 and 2016/17.

88. Internal Audit Plan 2015/16 Update *(Chief Finance Officer)*

The Head of Audit and Governance updated the Committee on the progress made to date to complete the internal audit plan for 2015/16. The Head of Audit and Governance highlighted that all the completed audits had received a satisfactory assurance level. Further details were provided in relation to the audits currently being undertaken. It was noted that the work completed and currently ongoing was in line with expectations at this time of year.

Recommended

That the content of the report was noted.

89. Mazars Report – Audit Progress Report *(Chief Finance Officer)*

A representative from Mazars presented the report which updated the Committee on Mazars progress in meeting their responsibilities as the Council's external auditor. It also highlighted key emerging issues and national reports which may be of interest to the Audit and Governance Committee. Members were asked to note that on a national level, Mazars continued to be assessed as green across all areas.

The representative from Mazars highlighted to the Committee that they were seeking to establish a Tees Valley Governance Forum targeted at Chairs and Vice Chairs of Audit Committees with the aim of promoting good governance and sharing ideas and best practice.

Recommended

The content of the report was noted.

90. Mazars Report – Annual Audit Letter (*Chief Finance Officer*)

The Mazars' representatives presented their Annual Audit Letter for 2014/15. The letter summarised the main findings from the audit and Mazars' Value for Money conclusion in line with the Audit Commission's Code of Audit Practice for Local Government bodies and the Commission's guidance on value for money conclusions. The representatives from Mazars commented that the report included positive messages and results especially in view of the challenges and ongoing austerity the Local Authority faced with particular reference to the reduced income received from the Power Station's business rates.

The Annual Audit letter also included reference to the final fees for the 2014/15 audit which was £166,230.

Recommended

The report was noted.

91. Safer Hartlepool Partnership Performance (*Director of Regeneration and Neighbourhoods*)

The Head of Community Safety and Engagement gave an overview of Safer Hartlepool Partnership performance for Quarter 1 – April 2015 to June 2015 (inclusive). It was highlighted that there had been an increase in overall crime rate by a third which was the highest percentage increase across the Cleveland Force area. The numbers entering and completing drug treatment services were comparable to the previous year although the number of young people in possession of alcohol had reduced. However, as discussed at the Safer Hartlepool Partnership, this may be due to the reduced number of Police Officers on the streets, and the Youth Outreach Programme continued to operate. The Head of Community Safety and Engagement indicated that she would arrange to circulate to the Committee up to date figures on the level of income claimed as part of the Troubled Families Programme. Levels of anti-social behaviour had reduced by 11.2% compared to the previous year with further reductions predicted and it was also noted that the numbers of young people reoffending had reduced.

There were a number of issues highlighted which related to specific wards and the Head of Community and Safety and Engagement indicated that if Members wished to pass on any details of incidents or issues reported to them, she would ensure they were investigated. The Head of Community Safety and Engagement provided the Committee with an update on the Troubled Families Programme and Selective Licensing and how these initiatives were progressing.

Members had concerns at the reduction in the number of Community Police

Support Officers deployed across the Town. The Head of Community Safety and Engagement commented that issues around crime would be discussed further at the forthcoming Audit and Governance Committee which would be concentrating on Crime and Policing across Hartlepool.

In conclusion, Members of the Committee passed on their thanks to the Community Safety and Engagement Team and associated Partners for their hard work and commitment to reduce anti-social behaviour, fear of crime and for raising awareness of young people of the consequences and implications of such behaviour. The Head of Community and Safety and Engagement informed Members that the annual Anti-Social Behaviour Awareness Day would be held in February 2016 and all Members were invited to the launch of the event, and further details would be circulated to Members.

Recommended

- 1) That the report and performance of the Safer Hartlepool Partnership were noted.
- 2) That the positive comments and thanks of Members be forwarded to the Community Safety and Engagement Team and associated Partners for their hard work and commitment in reducing anti-social behavior, the fear of crime and for raising awareness with young people of the consequences and implications of such behavior.
- 3) That the Head of Community Safety and Engagement to circulate to the Committee the up to date figures on the generated income as part of the Troubled Families Programme.
- 4) That the Head of Community Safety and Engagement forward details of the launch event of the annual Anti-Social Behaviour Awareness Day taking place in February 2016 to all Members.

92. Tees, Esk and Wear Valley NHS Foundation Trust – Quality Account 2015/15 – Quarter 2 Update *(Scrutiny Manager and Director of Planning, Performance and Communications, Tees, Esk and Wear Valley NHS Foundation Trust)*

Representatives from Tees, Esk and Wear Valley NHS Foundation Trust provided an update on progress against their Quality Accounts' priorities for 2015/16. A detailed and comprehensive presentation was provided which outlined the progress made to Quarter 2 along with a number of areas where targets had not been reached. It was noted that a Community Patient Survey had been undertaken by the Care Quality Commission (CQC) of which a response rate of 29% (238 responses) had been received. This survey benchmarked the Tees, Esk and Wear Valley NHS Foundation Trust against 55 other NHS Mental Health Trusts.

A number of quality priorities were identified for 2016/17 with the aim of improving the clinical effectiveness and patient experience by Quarter 4 of 2016/17. The next steps in the development of the implementation plans

were detailed in the report and concluded with the Quality Account being published in May/June 2016.

A discussion ensued in which the representatives from Tees, Esk and Wear Valley NHS FT provided clarification on a number of issues raised. In response to a question from an independent person, a representative confirmed that the definition of a satisfactorily resolved complaint was where, after receiving the resolution to the complaint, the complainant had not contacted the service again to indicate they were unhappy with the outcome of the complaint. Members were concerned that this would not necessarily be a true reflection of the level of satisfaction of complainants and questioned whether there was another way of measuring this.

The representatives from the Tees, Esk and Wear Valley NHS FT provided clarification on the smoking cessation service and the benefits this has for people. In response to a question from a Member, a representative from Tees, Esk and Wear Valley NHS FT confirmed that they worked in partnership with other support services to ensure that patients were accessing the most appropriate care packages to ensure their stay in hospital was as short as necessary whilst ensuring their clinical needs were met.

Recommended

The update on performance against the priorities set for 2015/16 and emerging priorities for 2016/17 were noted.

93. Minutes of the meeting of the Health and Wellbeing Board held on 5 October 2015

Received.

94. Minutes of the meeting of the Safer Hartlepool Partnership held on 16 October 2015

Received.

95. North East Joint Health Scrutiny Update

The Chair reminded Members of the Committee that they were invited to attend the next meeting of the North East Joint Health Scrutiny Committee would take place on Thursday 17 December 2015 at 10.00am. This meeting would consider the Review of the provisional Neonatal Services in the north east region.

The meeting concluded at 11.02 am

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

28 January 2016



Report of: Statutory Scrutiny Manager

Subject: CRIME AND POLICING LEVELS IN HARTLEPOOL –
COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To introduce evidence from the following representatives who will be in attendance at today's meeting to inform the Committee's investigation of crime and policing levels in Hartlepool.
- Clare Clark (Community Safety & Engagement Manager, Hartlepool Borough Council);
 - Mr Barry Coppinger (Police and Crime Commissioner for Cleveland); and
 - Chief Superintendent Gordon Lang (Cleveland Police).

2. BACKGROUND INFORMATION

- 2.1 On the 6 August 2015, the Audit and Governance Committee identified two topics as being compatible for consideration in conjunction with each other. These being:-

- i) The disproportionate increase in crime in Hartlepool – Exploring why crime in Hartlepool has increased disproportionately in comparison to other areas and examine the impact of the disproportionate number of PCSO's in Hartlepool;* and

*As referred by the Safer Hartlepool Partnership¹.

- ii) Neighbourhood policing / PCSO's – Examining the work of neighbourhood police, including the allocation of PCSO's across Hartlepool.

¹ The Safer Hartlepool Partnership – 20 March 2015 (min no. 49)

- 2.2 The fundamental elements of both of these topics have been incorporated in to one investigation entitled 'Crime and Policing Levels in Hartlepool' and the Committee, at its meeting on the 3 September 2015, agreed the Scope and Terms of Reference for its investigation.
- 2.3 Agreed aim of the investigation - 'Explore the impact of the allocation of reduced Neighbourhood Police and Police and Community Support Officers (PCSO's) on increasing crime rates in Hartlepool and evaluate how police and partners can more effectively pool resources to meet demand'.
- 2.4 Agreed Terms of Reference:-
- (a) To establish current and projected crime levels / trends in Hartlepool and ascertain why crime in Hartlepool has increased so significantly in comparison to other areas;
 - (b) To explore how police and partner resources, including Neighbourhood Police Officers and PCSO's, are currently allocated to meet demand and reduce crime levels;
 - (c) To explore the specific impact of reduced numbers of Neighbourhood Police Officers and PCSO's in Hartlepool on increasing in Hartlepool crime rates;
 - (d) To examine plans for the future provision of services to meet demand, including Neighbourhood Police Officers and PCSO's in Hartlepool;
 - (e) To gain an understanding of the challenges facing the police, Local Authority and partners in the provision of services to reduce crime in Hartlepool; and
 - (f) To explore how police and partner organisations can work more effectively together to share resources and meet current / future demand.
- 2.5 To inform discussions at today's meeting, and assist the Committee in exploring each element of the agreed Terms of Reference, evidence will be presented at today's meeting by the Community Safety & Engagement Manager (Hartlepool Borough Council), Mr Barry Coppinger (Police and Crime Commissioner for Cleveland) and Chief Superintendent Gordon Lang (Cleveland Police).
- 2.6 To further assist the Committee, a copy of the 2015 Strategic Assessment presented to the Safer Hartlepool Partnership on the 22 January 2016 is attached at **Appendix 1**. Contained within this document is background information in relation to key partnership performance indicators for the strategic period, which the Committee will find useful as part of its discussions.

3. RECOMMENDATIONS

3.1 It is recommended that the Committee:

- (a) Considers the information / presentations provided and seeks clarification on any issues it feels appropriate from the representatives present at today's meeting (as detailed in Section 1.1 of this report); and
- (b) Formulate views, conclusions and recommendations for inclusion in its final report.

4. REASONS FOR RECOMMENDATIONS

- 4.1 To enable the formulate views, conclusions and recommendations for inclusion in the Audit and Governance Committee's final report.

5. BACKGROUND PAPERS

- i) The Safer Hartlepool Partnership – 20 March 2015 (min no. 49).
- ii) Reports and minutes of the Audit and Governance Committee held on the 6 August 2015 and 3 September 2015.

6. CONTACT OFFICER

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SAFER HARTLEPOOL PARTNERSHIP

22nd January 2016



Report of: Director of Regeneration and Neighbourhoods

Subject: STRATEGIC ASSESSMENT 2015

1 PURPOSE OF REPORT

- 1.1 To consider and agree the annual priorities of the Safer Hartlepool Partnership Strategic Assessment 2015.

2. BACKGROUND

- 2.1 Introduced by the Crime and Disorder Act 1998, Community Safety Partnerships (CSPs) have a statutory responsibility to develop and implement strategies to reduce crime and disorder, substance misuse and re-offending in their local area.
- 2.2 CSP's are made up of representatives from the seven 'responsible authorities'. These include the Local Authority, Police, Fire Brigade, Community Rehabilitation Company, National Probation Service, Community Rehabilitation Company and Clinical Commissioning Group. CSP's have a number of statutory duties which includes:
- Producing an annual partnership **strategic assessment** to help identify and better understand local community safety priorities;
 - Produce a **Community Safety Plan** that details how the CSP will tackle the crime, disorder, anti-social behaviour, substance misuse and re-offending priorities in its local area;
 - **Consulting** with local residents and organisations on community safety priorities.
- 2.3 The 2015 Strategic Assessment and an accompanying presentation will be delivered to the Partnership on 22nd January 2016; an executive summary of the Strategic Assessment is attached at **Appendix 1A**. The Assessment draws on a wide range of data sources including Police, Fire, Council and NHS data, alongside consultations with the local community to identify emerging trends and priorities.

- 2.4 The Strategic Assessment 2015 will assist the Partnership in setting strategic priorities for Year 3 of the Community Safety Plan 2014-2017.

3. RECOMMENDATIONS

- 3.1 That the Partnership considers and agrees the proposed annual priorities 2016-17 of the Strategic Assessment 2015.

4. REASON FOR RECOMMENDATION

- 4.1 The Strategic Assessment will assist in setting the strategic priorities for the Community Safety Plan 2014-17 (Year 3).

5. CONTACT OFFICER

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Safer Hartlepool Partnership Strategic Assessment 2015

Executive Summary

Introduction

The Safer Hartlepool Partnership has a statutory requirement to undertake an annual strategic assessment to identify and address the community safety issues that impact upon and really matter to the local community. To address these issues, it is important to understand not only what is happening where, but what may be causing the problems and the best way to tackle them. All the work of the Safer Hartlepool Partnership is intelligence led provided by analysis contained within the Strategic Assessment and other detailed analytical reports.

The strategic assessment contains information to aid understanding of the priority community safety issues identified for the communities of Hartlepool, including what has changed over the last year. This executive summary provides an overview of the key findings from the strategic assessment and proposed priority to inform the annual Community Safety Plan for 2016 – 2017.

The strategic Assessment has been prepared by the Community Safety Team, Hartlepool Borough Council. We would like to thank the following agencies, partners and organisations who have provided data, material and / or comment on this assessment's content:

- Hartlepool Borough Council Hartlepool Borough Council
 - Community Safety Team
 - Youth Offending Service
 - Public Health
 - Child & Adult Services
- Cleveland Fire Brigade
- Cleveland Police
- Thirteen
- North Tees and Hartlepool NHS Foundation Trust
- Office of the Cleveland Police and Crime Commissioner
- Balance
- Victim Support
- Harbour

Strategic Objectives & Priorities

As agreed by the Safer Hartlepool Partnership in February 2015 and detailed in the Community Safety Plan 2014 – 2017 (Year 2), the Partnership's current strategic objectives and priorities are:

Strategic Objectives 2014 - 2017	Annual Priorities 2015 - 2016
Reduce crime and repeat victimisation	<p>Acquisitive Crime - reduce acquisitive crime through raising awareness and encouraging preventative activity with a particular focus on domestic burglary.</p> <p>Domestic Violence and Abuse – safeguard individuals and their families from domestic violence and abuse and reduce repeat victimisation of those identified as “high risk”.</p>
Reduce the harm caused by drug and alcohol misuse	<p>Substance Misuse - reduce the harm caused to individuals, their family and the community, by illegal drug and alcohol misuse and alcohol related violence.</p>
Create confident, cohesive and safe communities	<p>Vulnerable Victims – work together to identify and support vulnerable victims and communities experiencing crime and anti-social behaviour.</p> <p>Anti-social Behaviour – reduce anti-social behaviour through a combination of diversionary, educational and enforcement activity and increase restorative interventions</p>
Reduce offending and re-offending	<p>Reduce Re-offending - reduce re-offending through a combination of prevention, diversion and enforcement activity</p>

Performance Overview

The following tables provide an overview of key partnership performance indicators for the strategic period:

1. All Crime

Total Recorded Crime in Hartlepool	Previous	Current	Change	% Change
	6146	8188	2042	33.2%

2. Victim based crime¹

Crime Category / Type	Oct 13 - Sep 14	Oct 14 - Sep 15	Change	% Change
Violence against the person	1084	1740	656	60.5%
Homicide	3	2	-1	-33.3%
Violence with Injury	622	844	222	35.7%
Violence without Injury	459	894	435	94.8%
Sexual Offences	95	180	85	89.5%
Rape	32	64	32	100.0%
Other Sexual Offences	63	116	53	84.1%
Acquisitive Crime	3065	3813	748	24.4%
Domestic Burglary	237	390	153	64.6%
Other Burglary	344	435	91	26.5%
Bicycle Theft	146	172	26	17.8%
Theft from the Person	16	38	22	137.5%
Robbery - Personal	25	40	15	60.0%
Robbery - Business	11	3	-8	-72.7%
Vehicle Crime	552	542	-10	-1.8%
Shoplifting	854	1188	334	39.1%
Other Acquisitive	880	1005	125	14.2%
Criminal Damage and Arson	1206	1695	489	40.5%
Total	5450	7428	1978	36.3%

¹ In accordance with HMIC guidance – victim based crime includes all police-recorded crimes where there is a direct victim.
16.01.28 - 6.1(a) - Crime and Policing Levels in Hartlepool - Appendix 1(a)

3. Non-victim based crime²

Crime Category / Type	Oct 13 - Sep 14	Oct 14 - Sep 15	Change	% Change
Public Disorder	209	303	94	45.0%
Drug Offences	382	294	-88	-23.0%
Trafficking of Drugs	87	68	-19	-21.8%
Possession / Use of Drugs	295	226	-69	-23.4%
Possession of Weapons	44	62	18	40.9%
Misc. Crimes against Society	61	101	40	65.6%
Total	696	760	64	9.2%

4. Anti Social Behaviour

Police Anti Social Behaviour Incidents	Oct 13 - Sep 14	Oct 14 - Sep 15	Change	% Change
Personal	1917	2361	444	23.2%
Nuisance	5463	4620	-843	-15.4%
Environmental	171	178	7	4.1%
Total	7551	7159	-392	-5.2%

Other Anti Social Behaviour	Oct 13 - Sep 14	Oct 14 - Sep 15	Change	% Change
HBC ASB Cases	395	242	-153	-39
Housing Hartlepool TRET Cases	769	311	-458	-60
HBC Noise Nuisance Complaints	518	568	50	10

5. Deliberate Fires

Deliberate Fires	Oct 13 - Sept 14	Oct 14 - Sept 15	Change	% Change
	288	466	178	62%
Primary Fires (F1)	35	44	9	26%
Secondary Fires (F3)	253	422	169	67%

² In accordance with HMIC guidance – non-victim based crime includes a police-recorded crime where there is no direct individual victim. The rates for some crime types within this category are indicative of proactive police activity, for example searching suspects and finding them in possession of weapons or drugs.

6. Community Consultation

The Safer Hartlepool Partnership undertook an online survey during September and October 2015. Accessed via the Safer Hartlepool Partnership website, more than 200 people responded. Whilst this sample size is much smaller than the Household Survey which was undertaken by the Local Authority in 2013, which had over 6,000 respondents, comparison of results have been undertaken for local analysis purposes.

Results from the survey are as follows:

In terms of the Safer Hartlepool Partnership strategic priorities more than 40% of respondents stated 'Create confident, strong and safe communities' was the most important priority, followed by 'Reduce crime and repeat victimisation'.

The survey identified that 71% of respondents felt satisfied with their area as a place to live, compared to 78% of respondents to the Hartlepool Household Survey in 2013.

The proportion of people who feel fairly or very strongly that they belong to their local area remains comparable to Household Survey at 71%.

Almost nine out of ten (84%) respondents said they feel either very or fairly safe when out in their local area during the day. However, this reduces to 60% when outside after dark.

From a community cohesion perspective results differ greatly from the Household Survey, with 70% of respondents agreeing that their local area is a place where people from different backgrounds get on well together, compared to 42% respondents from the Household survey. When asked to what extent they feel part of the local community, only 14% respondents agreed.

From an anti-social behaviour perspective respondents identified litter, speeding traffic, groups hanging around the streets, alcohol related anti-social behaviour and drug misuse as very or fairly big problems:

- Rubbish or litter lying around (48%)
- The speed and volume of road traffic (42%)
- Groups hanging around the streets (26%)
- People being drunk or rowdy in public places (22%)
- People using or dealing drugs (21%)

More than one third (38%) of respondents said they are very or fairly satisfied with the quality of the service provided by the police. Representing a 21% reduction to that evidenced in the Household Survey in 2013.

Strategic Summary

Overall Hartlepool is a high crime area when compared to similar areas elsewhere in the country and crime has increased by one third in comparison to the previous assessment period.

Acquisitive crime is the most prevalent crime type in Hartlepool accounting for 56% of all recorded crime during the assessment period.

Whilst current socio-economic factors can affect this crime type, locally it recognised that substance misuse and re-offending are key drivers in the prevalence of this crime.

Domestic Burglary has increased by 65% with 390 offences recorded compared to 237 in the previous strategic year³.

Violence Against the Person offences in Hartlepool have increased by 60.5% when compared to the previous reporting year, with violence offences equating to 20% of total recorded crime in Hartlepool⁴, with the rate per 1000 population being the second highest in the Cleveland area.

The number of domestic related violence offences⁵ in Hartlepool has increased by 46% (+284 offences). Hartlepool has the second highest rate per 1000 population for domestic related incidents, repeat incidents and domestic related violence offences in the Force area. The notable increase in the number of domestic related crimes is primarily attributed to an improvement in data recording standards.

Both locally and nationally, the number of sexual offences recorded by the Police have increased, with year on year figures in Hartlepool increasing by 89.5% (+85 offences). This increase is largely attributed to improvements in police recording standards, and a greater willingness of victims to report incidents.

Analysis of local intelligence evidences the presence of Child sexual exploitation issues in Hartlepool, where social media and mobile technology, including the exchange of sexual images, have been used to groom young people. Over a 12 month period⁶ 46 new cases have been referred to the Vulnerable, Exploited, Missing and Trafficked (VEMT) practitioners group, which primarily relate to females aged between 14 – 15 years, at risk of becoming exploited through, going missing alone or with friends, being groomed through social media and associating and becoming exploited by older men.

Anti-social behaviour incidents reported to the police have reduced by 5.2% compared to the previous year. However, Hartlepool continues to have the second highest anti-social behaviour rate in the Cleveland Police Force area and is more than twice the national average.

³ Home Office Group 28A – Burglary in a Dwelling, 28B – Attempted Burglary in a Dwelling, 28C – Distraction Burglary in a Dwelling, 28D – Attempted Distraction Burglary in a Dwelling and 29 – Aggravated Burglary in a Dwelling

⁴ This increase is largely due to increased recording which began to take effect from November 2014. At this time, recording rules for violence changed (across all police forces) and many more crimes are now being recorded as a result. It is envisaged that the increases should start to subside over the coming months, with the gap between current and previous years narrowing, particularly by the end of March 2016

⁵ Offences were “Y” has been inserted into the “Domestic Violence?” field

⁶ April 2015 – March 2016

16.01.28 - 6.1(a) - Crime and Policing Levels in Hartlepool - Appendix 1(a)

1. Crime

It is estimated that the total cost of crime in Hartlepool during the last 12 months amounts to more than £95 million.

Crime continues to be concentrated in our most disadvantaged and vulnerable communities, co-existing with high levels of anti-social behaviour, health inequalities, unemployment and poor housing all of which place a significant demand on partner resources. People living in deprived areas experience significantly higher levels of crime and disorder, therefore they are at greater risk of victimisation.

It is anticipated that acquisitive crime rates will increase over the forthcoming twelve months placing residents and businesses at risk in Hartlepool. It is therefore imperative that the partnership works with at risk groups to reduce the risk of victimisation and opportunities for offenders, whilst also ensuring that effective offender management arrangements reduce the risk of re-offending.

Violence Against the Person offences in Hartlepool have increased by 60.5% when compared to the previous reporting year, with violence offences equating to 20% of total crime during the assessment period⁷. Notably emergency hospital admissions for violence in Hartlepool are the second highest in the Cleveland area and almost twice the national average.

During the reporting period, the number of domestic related violence offences⁸ in Hartlepool has increased by 46% (+284 offences), whilst domestic related incident⁹ levels reduced by 16% (-384 incidents). The notable increase in the number of domestic related crimes is primarily attributed to an improvement in data recording standards.

Hartlepool has the second highest rate per 1000 population for domestic related incidents, repeat incidents and domestic related violence offences in the Cleveland Police Force area.

It is anticipated that domestic related crime will continue to increase as victims and their families struggle to cope with added financial and emotional pressures brought about by the current economic situation i.e. higher unemployment and welfare reform.

Similar to the national picture, women and girls in Hartlepool continue to be at the greatest risk of domestic violence and abuse and, comparable to the previous strategic period, more than three quarters of victims are female.

In line with national data, male victimisation is evident in recorded crime, MARAC, and support service data, however numbers remain very low. Similarly the number of victims from the Lesbian, Gay, Bisexual and Transgender community are very low.

⁷ This increase is largely due to increased recording which began to take effect from November 2014. At this time, recording rules for violence changed (across all police forces) and many more crimes are now being recorded as a result. It is envisaged that the increases should start to subside over the coming months, with the gap between current and previous years narrowing, particularly by the end of March 2016

⁸ Offences were "Y" has been inserted into the "Domestic Violence?" field

⁹ PS11 - Domestic related incidents - that do not result in a crime being recorded i.e. verbal argument/disturbance etc..

Overall acquisitive crime and domestic related violence & abuse pose a significant risk to the community, businesses, vulnerable people and families.

2. Victims

The likelihood of being a victim of crime in Hartlepool still remains a reality, especially in our most vulnerable and disadvantaged communities.

The risk of being a victim of crime or anti-social in Hartlepool is higher than in some of our neighbouring local authorities in the Cleveland area.

It is acknowledged that the likelihood of someone reporting a crime can depend on the nature of the crime they have experienced, this particularly is relevant to domestic related abuse and hate crime.

A variation in repeat victimisation is evident, with those experiencing domestic violence & abuse, particularly females, being more likely to suffer from repeat victimisation than any other type of victim.

Locally, there are well established pathways into support services for victims of crime, domestic abuse, and anti social behaviour. During the reporting period the Councils Victim Services Officer supported 593 victims including 315 victims of crime, and 105 victims of anti-social behavior with the remainder being indirect victims such as those living in high crime and disorder areas and living in the fear of crime. During the same period, Harbour has supported almost 500 victims of domestic abuse.

The impact of becoming a victim of crime or anti-social behaviour varies from person to person. A relatively minor offence can have a serious outcome for a vulnerable victim. Therefore it is essential that the Partnership adopts a victim-centred approach; responding to the needs of the individual, rather than the crime type or incident suffered.

3. Anti-social Behaviour

Anti-social behaviour continues to be the number one priority for the community.

Anti-social behaviour in all its forms, nuisance or rowdy behaviour, misuse of vehicles, littering, dog fouling, is a very visible sign of disorder in our communities and is closely linked to perceptions of safety, satisfaction with the local area as a place to live and confidence in local services. As identified from the Partnership's Vulnerable Victims Group, in its most persistent and serious forms it can have a significant impact on health and wellbeing.

Anti-social behaviour continues to be linked with to a wide range of other issues including hate crime, the night-time economy, drug dealing, alcohol misuse and housing tenure.

During this assessment period, it is also evident that anti social behaviour is a precursor to serious violence offences perpetrated by young people. During 2014/15 a number of juveniles and young adult males, well known as perpetrators

of ASB have gone on to commit such offences for which they have already received lengthy custodial sentences or are currently awaiting trial.

As evident from previous assessment periods, reported incidence of anti-social behaviour shows considerable variance across the town, with more than half of all anti-social behaviour incidents reported in the Victoria, Headland & Harbour and Manor House.

Youth anti social behaviour increased in the Burn Valley, De Bruce, Hart, Headland and Harbour, Manor House and Victoria wards with year on year comparisons demonstrating that total youth related anti-social behaviour has increased by 11%¹⁰ (270 incidents).

Anti-social behaviour involving young people predominantly relates to groups of young people congregating in public places such as Hartfields play area, Summerhill, St Patrick's Shops, and McDonalds Restaurants on Marina Way and Burn Road. The types of behaviour include underage drinking, being noisy and verbally abusive and throwing missiles such as stones and eggs.

4. Hate Crime

Reported hate crimes and incidents recorded by the police have increased by 24.8% in comparison to the previous reporting period.

Hate crime is different to other forms of crime as it targets people because of their identity. Research has shown that hate crime cause greater psychological harm than similar crimes without a motivation or prejudice. Hate crime creates fear in victims, groups and communities and can act as a catalyst to communities to turn on each other.

Both nationally and locally, under-reporting remains an issue particularly in regards to homophobic, transphobic and disabilist incidents. The reasons for not reporting include anticipation that it will not be taken seriously, a fear of negative response and a belief that there is little that anyone can do.

The Partnership's Community Intelligence process continues to assist in the identification of individuals who may be vulnerable to hate crime as either as a victim or perpetrator, and extends to the disruption of right-wing activity that is a threat to community cohesion.

5. Community Perceptions

Anti-social behaviour and drug dealing remain as community priorities and concerns in relation to the changes to Neighbourhood Policing have been raised directly with the Cleveland Police & Crime Commissioner

Perceptions regarding crime and anti-social behaviour remain much higher in our most disadvantaged communities; where residents continue to identify anti-social behaviour related issues specifically; litter, speeding traffic and drug use/supply as community priorities.

¹⁰ 2681 incidents compared to 2411 in previous reporting period
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Effective community engagement and increasing public confidence underpins all partnership work. General satisfaction with an area as a place to live, the physical appearance of an area, actual levels of crime and anti-social behaviour and the ability to influence local decisions, therefore it is recommended that improving confidence and creating cohesive communities should remain as a Partnership priority.

6. Neighbourhoods

Data from the Index of Multiple Deprivation¹¹ (IMD) shows that nationally, Hartlepool is the 18th most deprived local authority area out of 326 local authorities¹². The IMD indicates that one quarter (23.9%) of the Town's population live in income deprived households. There are six wards in Hartlepool that are ranked as within the top 10% of the most deprived wards nationally; Headland and Harbour, Manor House, Jesmond, Victoria, De Bruce and Burn Valley. Crimes and anti social behaviour incidents in these wards equated to 77% of all crime and anti social behaviour respectively during the reporting period.

Partnership working is essential to successfully tackle community safety issues at a neighbourhood level to ensure the local area is safer, more attractive and economically productive.

7. Alcohol

It is estimated that cost associated with alcohol misuse in Hartlepool is in excess of £30 million. This figure equates to an overall cost per head of population of £343; the sixth highest of the 12 local authorities in the North East.

Alcohol cuts across all aspects of partnership service delivery and represents a significant cross cutting theme for other priority areas of criminality. Alcohol is associated with a range of crime and anti-social behaviour but plays a particular factor in violent crime, with more than one third of assault related presentations at the Minor Injury Unit in Hartlepool being linked to alcohol.

Alcohol related violent crime remains at its highest in the Victoria and Headland & Harbour wards and is predominantly linked to the night-time economy.

Indicators regularly monitored via the Local Alcohol Profiles for England (LAPE) indicate that alcohol is having a greater adverse effect on health and community safety issues in Hartlepool, with the majority of measurements for Hartlepool being above the regional average.

8. Drugs

Drug use and drug dealing continues to be a community concern particularly in our most deprived neighbourhoods.

In Hartlepool the number of people who are dependent on drugs is twice the national average, standing at 18.57 per 1,000 population, with more than two thirds of these users accessing treatment services.

¹¹ Index of multiple deprivation 2015

¹² Hartlepool was ranked 24th in the 2010 IMD

More than 77% of the treatment population are opiate users. Whilst successful treatment completions have reduced slightly, re-presentation rates for those who have successfully completed treatment have seen a significant improvement on the previous year. Opiate representations have fallen from 36.7% to 10.5% and non-opiates have fallen from 15.4% to 5%¹³. This shows that although there are fewer people exiting treatment in a successful manner, those that do are far less likely to return to drug treatment services, leading to a much greater long term impact on Hartlepool's drug taking population.

Drug misuse continues to be a contributory factor in offending behaviour, specifically in regard to acquisitive crime and high rates of re-offending.

9. Re-offending

Repeat offending in Hartlepool accounts for more than two thirds of crime¹⁴ in Hartlepool.

Acquisitive crime continues to account for the highest proportion of re-offences in Hartlepool, with shoplifting accounting for one third of these.

Drugs and alcohol continue to have a significant impact upon re-offending activity, with Class A substance misuse being a key driver in the occurrence of acquisitive crime.

Adult repeat offending continues to be a significant factor, with 91% of all repeat offenders being aged 18 years and over.

Offenders are often the most socially excluded in society and often have complex and deep rooted health and social problems, such as substance misuse, mental health, housing issues and debt, family and financial problems. Understanding and addressing these underlying issues in a holistic and co-ordinated way is important to provide "pathways out of offending", reduce crime and break the cycle of offending behaviour across generations.

Both local and national data suggests that offenders who receive short prison sentences are at the greatest risk of re-offending, therefore it is essential that partners work together to identify the offenders that present the most risk to their communities, intervening early to prevent an escalation of offending and providing community-based support to address their needs.

Overall re-offending continues to present a high risk to communities of Hartlepool, with adult repeat offending presenting the highest risk.

¹³ PHE Adult Quarterley Activity Partnership Report

¹⁴ Detected crime

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Proposed Priorities 2016 - 2017

The Safer Hartlepool Partnership is required to publish its annual Community Safety Plan for 2016 - 2017 by 1st April 2016.

Linked to the existing strategic objectives for 2014 – 2017 and based upon the analysis and key findings contained in this document, the following priorities remain unchanged to the previous assessment year, and are offered for consideration by the Safer Hartlepool Partnership.

Strategic Objectives 2014 - 2017	Annual Priorities 2015 - 2016
Reduce crime and repeat victimisation	<p>Acquisitive Crime - reduce acquisitive crime through raising awareness and encouraging preventative activity with a particular focus on domestic burglary.</p> <p>Domestic Violence and Abuse – safeguard individuals and their families from domestic violence and abuse and reduce repeat victimisation of those identified as “high risk”.</p>
Reduce the harm caused by drug and alcohol misuse	Substance Misuse - reduce the harm caused to individuals, their family and the community, by illegal drug and alcohol misuse and alcohol related violence.
Create confident, cohesive and safe communities	<p>Vulnerable Victims – work together to identify and support vulnerable victims and communities experiencing crime and anti-social behaviour.</p> <p>Anti-social Behaviour – reduce anti-social behaviour through a combination of diversionary, educational and enforcement activity and increase restorative interventions</p>
Reduce offending and re-offending	Reduce Re-offending - reduce re-offending through a combination of prevention, diversion and enforcement activity

Safer Hartlepool Partnership



IAIN WRIGHT MP



HOUSE OF COMMONS

LONDON SW1A 0AA

Ms Joan Stevens
Scrutiny Manager
Legal Services Division
Hartlepool Borough Council
Civic Centre
Hartlepool
TS24 8AY

26 January 2016

Dear Joan

Crime and policing in Hartlepool

I am grateful for the opportunity to comment on the Audit and Governance Committee's investigation into Crime and Policing Levels in Hartlepool.

We need to recognise the scale of the cuts that the police have already endured: according to the National Audit office, from 2010/11 to 2015/16 central government grant to Cleveland Police was reduced by 25 per cent, meaning a total funding reduction of 18 per cent, the 10th largest in the country. As a result there was a loss of 398 police officers across Cleveland from March 2010 to March 2015. This is a 23 per cent reduction, nearly double the national average of a 12 per cent reduction over the same time period.

While it is good that November's Comprehensive Spending Review avoided cuts on a similar scale from 2016/17 to 2020/21, the Government's claim to have protected the policing budget in real terms for the next four years is questionable; it relies on the assumption that the PCC precept will be increased by the maximum amount each year and ignores rising demand. This will undoubtedly place further pressure on an already under resourced and overstretched police service. I have raised concerns with Government Ministers about the level of cuts to Cleveland Police and also the lack of Home Office data on police numbers below the police force area level.

I have particular concerns about the risk to neighbourhood policing due to this lack of funding. The number of PCSOs in Cleveland went down from 193 in March 2010 to 123 in March 2015, a reduction of 36 per cent compared to the national average of around 25 per cent. The neighbourhood police officers and PCSOs who work in Hartlepool are committed and work to the best of their ability on a daily basis, particularly in terms of providing reassurance to the communities in which they serve, but in my view we risk the reversal of a generation of progress, returning us to an old-fashioned model of reactive policing.

Constituency Office 23 South Road, Hartlepool TS26 9HD

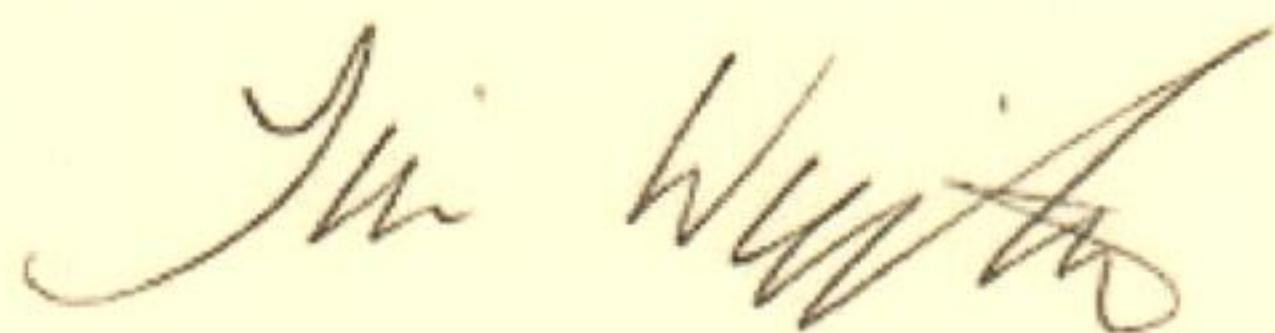
Tel: 01429 224403 Website: www.iainwrightmp.org.uk Email: wrighti@parliament.uk

If we go down this road we are in danger of missing an essential part of crime prevention: the collection of information and intelligence, which must rely on neighbourhood police teams. They understand their communities, pick up vital intelligence on the ground and reassure the public. With the 21st century problem of global terrorism this kind of work is of increasing importance. Unfortunately, the Government does not seem to recognise this and focuses solely on increasing support for security services and special forces.

As an aside, I think the Audit and Governance Committee should be aware that recorded crime is likely to sharply increase in April due to recent changes in the way the Office of National Statistics (ONS) records crime. Until very recently fraud and cybercrime were excluded but collection of data on these crimes began in October 2015, with the first figures expected to be published in April.

I hope this is helpful. Best wishes.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Iain Wright', written in a cursive style.

Iain Wright
Member of Parliament for Hartlepool

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

MINUTES

14 October 2015

The meeting commenced at 10:00 am at the Redcar & Cleveland Leisure and Community Heart

Present:

Councillor Ian Jeffrey (In the Chair) (Redcar & Cleveland Borough Council)

Redcar & Cleveland Borough Council:
Councillors: K King

Stockton-on-Tees Borough Council:
Councillors: E Cunningham, M Javed and L Hall

Hartlepool Borough Council:
Councillors: Cook and J Ainslie

Middlesbrough Borough Council:
Councillors E Dryden and J Walker

Also Present: Mark Cotton, North East Ambulance Service
Dr Andrea Jones, NHS Darlington CCG
Vicky Donagan, NHS Darlington CCG

Officers: Lucy Donaghue, RCBC
Alison Pearson, RCBC
Peter Mennear, SBC
Joan Stevens, HBC
Elise Pout, MBC

10. Appointment of the Vice Chair

MOVED BY Councillor J Walker, Councillor E Dryden be elected as Vice Chair for the ensuing Municipal Year 2015/16.

The motion was put to the vote, whereupon it was:

RESOLVED that on the successful motion of Councillor J Walker, Councillor E Dryden be elected as Vice Chair for the ensuing Municipal Year 2015/16.

11. Apologies for Absence

Councillors Newall, Scott and Taylor – Darlington Borough Council.
Councillors Akers-Belcher – Hartlepool Borough Council.
Councillor Biswas – Middlesbrough Borough Council.
Councillor Foley-McCormack – Redcar & Cleveland Borough Council.

12. Declarations of Interest

None.

13. Minutes of the meeting held on 24 July 2015

Confirmed.

14. North East Ambulance Service Quarterly Monitoring Report

Mark Cotton, the Assistant Director of Communications and Engagement from the North East Ambulance Service (NEAS) presented a report to the committee which provided information on the serious incidents, how they were dealt with and what was learnt from them.

The report also provided an update on the ambulance A&E activity to help the committee understand the overall current provision of emergency care services.

NEAS was commissioned to deliver emergency care and ambulance services by CCG area and their data collection and monitoring was based at this level. The local CCG areas were as follows:

- North Tees and Hartlepool – covering Stockton on Tees and Hartlepool Local Authorities
- South Tees – covering Middlesbrough and Redcar & Cleveland Local Authorities
- Darlington

The Chair commented on the £3.4 million pounds deficit and asked what was being done to address it.

Members were advised that the issue of staff morale and welfare had been addressed.

A Member asked what issues NEAS faced during the winter period. Members were advised that it was difficult to anticipate what issues winter might bring but a number of changes had been implemented from previous years.

Members were advised that there was a new divert policy in place, where NEAS were now in control of diverting ambulances based on hospital pressures.

A Member asked if the number of paramedics were being retained following their training. Members were advised that there was now a package in place to support future students. Once a student had been fully trained as a paramedic, if they left within a certain period of time, they had to pay back a percentage of the training fees. NEAS were aiming to be up to full staffing to relieve the pressures on their staff.

A Member asked if there were concerns that further staff would be lost with the deficit. Members were advised that the funding for paramedics would always be there.

Members were advised that there had been a lot of organisational change within NEAS and that there was a new Chief Executive in post.

A Member commented on the reduction in the use of 3rd party providers such as St Johns Ambulance. Members were advised that there had been a reduction in 3rd party providers. It was about a balance of savings but having the services when and where they were required.

Decision

1. That the report be noted.
2. That further updates be brought to the Tees Valley Joint Health Scrutiny Committee.

15. North of England Regional Back Pain Programme

Dr Andrea Jones, NHS Darlington CCG presented a report on the implementation of the Regional Back Pain Pathway Programme and its progress.

In 2012 the Northern CCG forum, representing all of the CCGs in the North East and Cumbria, agreed to support the development of a pathway at scale across the region to improve the way in which back pain patients were managed.

Clinical support was achieved through a multi-stakeholder clinical event that had been held in Gosforth in 2013, which included GPs, physiotherapists, orthopaedic surgeons, neurosurgeons and pain management specialists.

The programme was now being rolled out in the South Tees area.

The Chair asked if people's lifestyles were taken into consideration. Members were advised that obesity was a risk factor. It was important that the right message went out to members of the public to keep active and keep their weight down.

The Chair commented that a lot of the responsibility lie with the GPs. It was a challenge for the Primary Care system. There was such a variance in training and expertise.

A Member asked what happened in the situation where they were unable to help someone. Members were advised that it was about making someone's life as comfortable as possible and in some cases living with a condition.

A Member commented that often back problems were caused through peoples work and often down to sitting in the same position for long periods of time. Members were advised that this could contribute to problems but people needed to be educated and that those in certain professions should be taking regular breaks and increasing their physical activity out of working hours.

Members were advised that triage practitioners were being trained in giving out the right messages and they would be the champions in the area.

Members were advised that the possibility of open access physio services were being looked into so people with back or musculoskeletal problems could see a physiotherapist first hand without being referred from their GP.

A Member asked about the use of x-ray's and scans. Members were advised that if people required further investigations it was better to have a scan than a x-ray but often scans showed general ageing problems in people, which could give them false concern.

Decision

1. That the report be noted.

16. Child and Adolescent Mental Health Service (CAMHS) – Introduction to issue and scoping

The Scrutiny Officer presented a report which outlined a suggestion to review the Child and Adult Mental Health Services (CAMHS).

The suggestion for the review was initiated through Stockton Borough Council but was highlighted as being more appropriate for consideration on a wider Tees Valley basis based on the commissioning arrangements of the various tiers of service deliver.

The review could consider pathways and resources, emotional and behavioural support and any gaps in the services and responses provided. The proposal from Stockton Borough Council is attached as an appendix.

Comments from Members at the last meeting suggested that there was a degree of support for progressing this topic through the joint committee. Consideration will need to be given to the format of such a review and a more detailed scope for the work will be prepared, depending on Members'

preferred approach for taking the work forward.

A Member commented that Hartlepool Borough Council had looked at the CAMHS services in detail and a Transformation Plan had been adopted. The document and work could be shared with the Tees Valley Joint Health Scrutiny Committee.

The Chair commented that the plans needed looking at in detail and the committee needed to take care to not duplicate any work. The CCG also had scrutiny committees.

Decision

1. That the report be noted.
2. That details on the work that has been undertaken by Hartlepool Borough Council and any other scrutiny committee be brought back to the Tees Valley Joint Health Scrutiny Committee.

17. Work Programme

The Scrutiny Support Officer presented a report which sought Members views on the Tees Valley Joint Health Scrutiny work programme for the forthcoming year 2015/16.

Following discussions at the previous meeting the report outlined a proposed work programme for the Joint Committee in 2015/2016.

There was likely to be additional requests during the year for the committee to consider and the programme provided scope to accommodate those during the year.

Decision

1. That the report be noted.
2. That Members agreed the suggested work programme as the basis for the committees work during the year and acknowledged that additional items will be included as necessary in discussion with the Chair.
3. That the inspection report be circulated in advance of the January 2016 meeting as it was a large document.

NORTH EAST JOINT HEALTH SCRUTINY COMMITTEE

MINUTES

1 October 2015

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

Present:

Chair: Councillor Martin-Wells, Hartlepool Borough Council

Stockton Borough Council:
Councillor Javed

South Tyneside Council:
Councillor Brady

Northumberland County Council:
Councillors Sambrook

Newcastle City Council:
Councillor Mendelson

Durham County Council:
Councillor Robinson

In accordance with Council Procedure Rule 5.2 (ii), Councillor Ovens was in attendance as substitute for Councillor Kay, Redcar and Cleveland Borough Council.

Also Present: Mark Cotton, North East Ambulance Service
Peter Dixon, Liz Rogerson and Dr Sundeep Harigobal, NHS England
Graham Birtle, Stockton Borough Council
Angela Frisby, Gateshead Borough Council
Sharon Ranade, North Tyneside Borough Council
Stephen Gwilym, Durham County Council
Paul Baldasara, South Tyneside Borough Council
Alison Pearson, Redcar and Cleveland Borough Council
Karen Christon, Newcastle City Council
Steve Thomas, Healthwatch

Officers: Joan Stevens, Scrutiny Manager (HBC)
Angela Armstrong, Principal Democratic Services (HBC)

10. Apologies for Absence

Apologies for absence were received from Councillors Green (Gateshead Borough Council), Brooks (North Tyneside Borough Council) and Kay (Redcar and Cleveland Borough Council).

11. Declarations of Interest

None.

12. NEAS – Progress against Standards and Performance – Presentation by Mark Cotton, Assistant Director, Communications and Engagement

The Assistant Director, Communications and Engagement from NEAS provided the Committee with a detailed and comprehensive presentation which included a review of performance for 2014/15, future service developments, demands on the service and the priorities for the service for 2015/16.

The Member representative from Durham County Council requested a breakdown of the performance statistics on survivors of heart attacks in the north east similar to those quoted in the presentation for Manchester to share with Durham's Scrutiny Committee. The Assistant Director indicated that there were two separate Clinical Commissioning Groups within County Durham for the north and south of the County. The performance of NEAS in these areas for all red calls which included a 9 minute response was 64.1% in the north of the area and 60.7% in the south of the area. The Assistant Director confirmed that it was the ambition of NEAS to share performance data on a regular basis via the organisation's website.

A discussion ensued on the level of staff satisfaction within the NEAS and the importance of this. The Assistant Director informed Members that the level of staff satisfaction was increasing with a focus on continuing to provide a good service whilst ensuring staff were supported and not over stretched within their responsibilities. The importance of ensuring the core business of NEAS was working well was reiterated.

At this point in the meeting, Councillor Ovens, Redcar and Cleveland Borough Council declared a personal interest in this item.

The Member representative from Redcar and Cleveland sought clarification on the work undertaken with co-responders within the emergency services in east Cleveland and what impact this had. The Assistant Director indicated that the impact of co-responders working alongside NEAS had little impact as there was such a small number of incidents in East Cleveland. A pilot where co-responders such as Fire officers were

supporting the Ambulance Service was currently being undertaken in East Midlands and Lincolnshire and this would show the importance of all emergency services working closely together.

The Chair was pleased to note the large numbers of student paramedics currently undertaking training and sought clarification on what incentives were in place to retain students upon completion of their training as discussed at a previous Committee. The Assistant Director informed Members that all new student paramedics met with the Chief Executive to discuss the opportunities that exist within the NEAS and how they can be part of it. A bank of trainee paramedics was being created to enable trainees to work on an ad hoc basis on the front line with fully trained paramedics to supplement their earnings whilst studying as well as gain invaluable work experience. An additional incentive package introduced for students was where they express an interest to work for NEAS upon the completion of their training, would involve NEAS paying the paramedic's subscription to register with the College of Paramedics and fund their driving licences as there was an additional cost to obtain a C1 licence which was the level needed to drive ambulances. If these incentives were taken up there would be a two year tie in period for the paramedic. The Chair was pleased to note that the Committee's previous comments had been taken on board with the introduction of these incentives.

The Scrutiny Manager indicated that the presentation slides would be circulated after the meeting.

Decision

- (i) The presentation was noted.
- (ii) That the Assistant Director to circulate performance statistics on survivors of heart attacks in the north east to all Members of the Committee as requested above.
- (iii) The presentation slides to be circulated to all Members of the Committee.

13. Patient Transport Update – Presentation by the North East Commissioning Support Agency

The Scrutiny Manager informed Members that due to the North East Commissioning Agency currently undergoing organisational change, they were unable to attend this meeting. The update would therefore be submitted to a future meeting of this Committee.

Decision

It was noted that the Patient Transport Update would be submitted to a future meeting of this Committee.

14. Review of Neonatal Services Across the North East – Presentation

Representatives from NHS England were in attendance and provided a detailed and comprehensive presentation on the Review of the configuration of Neonatal Services in the North East and Cumbria. It was highlighted that the review had been undertaken by the Royal College of Paediatrics and Child Health (RCPCH) and concentrated on the levels of care provided for babies less than 44 weeks post menstrual age who required ongoing medical care. The need for a review had been identified as it was considered that the small size of the units providing Neonatal Intensive Care in the North East prevented the network providing the most effective and efficient level of care for the youngest and most vulnerable patients.

The Royal College made the following recommendations:

“Transport

There should be an independent, 24hr neonatal transport service. In the short term the Foundation Trusts may need to increase staffing at the Great North Children’s Hospital (GNCH) and James Cook University Hospital (JCUH) sites to maintain a safe service.

Configuration

1. The GNCH should become a quaternary centre. This decision was based on its size, location, co-located specialities and the vision of its medical/nursing staff.
2. Sunderland – this should be an intensive care unit but one that would look after infants of greater than 26 weeks gestation.
3. Tees area – this should function as a single neonatal intensive care unit sited at the James Cook University Hospital site. The unit at North Tees will continue to operate as a neonatal special care unit.

Network

The review makes several suggestions to bolster the role of the Neonatal Network and to strengthen its effectiveness.”

The presentation outlined the rationale for the decision on North Tees, the Case for Change, the current position and the draft timeline.

A representative summarised by indicating that the RVI had an increased demand and Sunderland would be utilised to take any identified strain from the RVI’s workload. In the Tees area, it was suggested that there should be one single intensive care unit for neonatal services for the whole of Teesside and it was the clinicians’ opinion that this should be James Cook University Hospital.

The Chair questioned the statistics in relation to birth numbers as this did not appear to be enough to justify the suggested relocation of services. A

representative from NHS England referred to international evidence and increasing national evidence that there was a greater survival outcome for babies in units with a higher activity than those with lower activity. The Chair commented that the outcomes from the different Units needed to be analysed as he believed these proposals constituted a significant change in neonatal service provision.

A Member commented that if Sunderland Royal Hospital neonatal services were being retained to support the RVI services in particular times of higher activity, why were the neonatal services at the University Hospital of North Tees not being retained to support James Cook University Hospital in a similar way. A Member highlighted that any consultation undertaken on these proposals should involve the whole region from County Durham down to East Cleveland to ensure all users and potential users of the services involved were consulted.

To assist Members' consideration of the proposals, a representative from NHS England indicated he would circulate detailed facts and figures that had led to the proposals being developed. However, Dr Harigobal was in attendance as a representative from NHS England and informed Members that James Cook University Hospital looked after twice as many deliveries as the University Hospital of North Tees which was why the Royal College team considered that the neonatal intensive care services should be located at James Cook University Hospital. The main aim of the reorganisation of neonatal services was to safeguard those very sick babies that needed such a high level of care.

The Committee considered the facts presented and requested that further detailed information be submitted to a later meeting of the Committee. The Foundation Trusts and Clinical Commissioning Groups involved were to be invited to this meeting to present their views and enable the Committee to formulate a well informed view based on the evidence base provided. At the current point in time, the Committee considered that the proposals were a significant variation in the provision of services. The representatives from NHS England commented that the representatives from the Royal College who undertook the review were more than happy to attend any future meetings to discuss the proposals. In addition, the representatives from NHS England indicated they would circulate the full detailed report from the Royal College to Members of the Committee.

Decision

- (i) The presentation from NHS England was noted.
- (ii) That further meetings be arranged to discuss the proposals in more detail and that representatives from the Foundation Trusts and Clinical Commissioning Groups involved and representatives from the Royal College (the authors of the review) be invited to attend and participate in those discussions.
- (iii) That any consultation on the proposals be undertaken across the

whole region to ensure all users and potential users of the services were able to participate in that consultation.

- (iv) That the full review report produced by the Royal College be circulated to all Members of the Committee along with the slides from the presentation provided at this meeting.

15. National Congenital Heart Review – Update from NHS England

The Scrutiny Manager referred to the report circulated to Members in relation to the National Congenital Heart Review and indicated that should Members have any questions, they should let the Scrutiny Manager know who would raise them direct with NHS England. One of the Scrutiny Officers in attendance commented that if an additional meeting of the Committee was going to be arranged to consider the Review of Neonatal Services Review, further information on the National Congenital Heart Review could be provided then.

Decision

That the any questions on the National Congenital Heart Review be forwarded to the Scrutiny Manager with the responses received from NHS England to be submitted to a future meeting of the Committee.

16. Use of Pharmacies for Minor Ailments and Other Services - Scoping

The Chair commented that in view of a number of changing priorities, the Committee should concentrate on its statutory duties and examine in more detail the proposed Review of Neonatal Services within the region. Therefore, it was suggested that the report on the Use of Pharmacies for Minor Ailments and Other Services be submitted to a future meeting of the Committee,

Decision

That the Use of Pharmacies for Minor Ailments and Other Services scoping report be withdrawn from the agenda and submitted to a future meeting.

17. Any other Business which the Chairman considers 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.

18. Any other Business – North East Joint Health Scrutiny Committee Membership

The Chair highlighted that his term of office as Chair of this Committee had commenced in February 2015 and to maintain the continuity of membership in view of the ongoing investigations, suggested that the current membership continue until May 2016 which would also fall into line with the forthcoming local elections.

Decision

That the current membership, including the appointment of Chair and Vice Chair continue until May 2016.

19. Any other Business – Durham County Council

The Scrutiny Officer from Durham County Council referred the Committee to an NHS England review of the transformation of the Learning and Disability service provision across five fastrack areas one of which is was the North East and Cumbria. A key issue of this review for the region would be the potential impact on the number of learning and disability inpatient beds. It was suggested that the Committee may wish to consider this review and the impact on the region at a future meeting of the Committee. It was proposed that representatives from the local Clinical Commissioning Groups alongside the two main providers in the region be invited to a future meeting to consider and discuss the proposals in terms of how the business case had been developed and potentially what input the region may have as this change will constitute a significant variation in service provision.

Members were minded to look into this issue further and it was suggested that the Officer from Durham County Council liaise with the Scrutiny Manager at Hartlepool to arrange a suitable meeting for this to be considered and invite the appropriate representatives.

Decision

That the Durham County Council Officers liaise with the Scrutiny Manager to arrange a suitable meeting date for the consideration of the NHS England review and the potential impact on the number of Learning and Disability inpatient beds within the North East and Cumbria and arrange for the appropriate representatives from the CCG's and the two main providers to be invited.

Meeting concluded 3.25pm

CHAIR

NORTH EAST JOINT HEALTH SCRUTINY COMMITTEE

MINUTES

17 December 2015

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

Present:

Chair: Councillor Martin-Wells, Hartlepool Borough Council

Stockton Borough Council:
Councillor Javed

South Tyneside Council:
Councillor McCabe

Durham County Council:
Councillor Robinson

Redcar Borough Council
Councillor Kay

In accordance with Council Procedure Rule 5.2 (ii), Councillor Taylor was in attendance as substitute for Councillor Mendelson (Newcastle City Council).

Also Present: Councillor Ainslie, Hartlepool Borough Council
Councillor Beal, Stockton Borough Council
Peter Dixon and Liz Rogerson, NHS England
Dr Sundeep Harigopal, Northern Neonatal Network Lead
Dr David Shortland and Sue Eardley, Review Team
Dr Alan Fenton and Derna Campbell, RVI Newcastle
Dr Sean Fenwick and Carol Harries, Sunderland City Hospital NHS Foundation Trust
Karen Hawkins and Boleslaw Posmyk, Hartlepool and Stockton on Tees CCG
Gill Findley, North Durham and DDES CCGs
Alan Foster and David Emerton, North Tees and Hartlepool NHS Foundation Trust
Kath Mathieson and Angela Hughes, Fighting for Hartlepool Hospital
Gordon Goddard, Town of Hartlepool Challenge
Representatives from Hartlepool Mail and Northern Echo

Officers: Elise Pout (Middlesbrough Borough Council)
Alison Pearson (Redcar and Cleveland Borough Council)

Judy Trainer (Stockton Borough Council)
Angela Frisby (Gateshead Borough Council)
Karen Christon (Newcastle City Council)
Stephen Gwilym (Durham County Council)
Paul Baldasara (South Tyneside Council)
Alastair Rae, Public Relations Manager (Hartlepool Borough Council)
Joan Stevens, Scrutiny Manager (Hartlepool Borough Council)
Angela Armstrong, Principal Democratic Services (Hartlepool Borough Council)

20. Apologies for Absence

Apologies for absence were received from Councillors Wendy Newall (Darlington Borough Council), Councillor Green (Gateshead Borough Council), Councillor Mendelson (Newcastle City Council), Councillor Pamela Brooks (North Tyneside Council), Councillor Dryden (Middlesbrough Borough Council), Councillor Sambrook (Northumberland County Council), Councillor Brady (South Tyneside Borough Council), Councillor Trisha Lawton (Hartlepool Borough Council) and Clare Wilson (Independent Person, Hartlepool Borough Council).

21. Declarations of Interest

Councillor Taylor (Newcastle City Council) declared a personal interest in minute 24.

23. Minutes of the meeting held on 1 October 2015

Confirmed subject to the amendment of the decision in minute 19 to refer to further consideration being undertaken of the NHS England review and the potential impact on the number of Learning and Disability inpatient beds.

24. Review of the Neonatal Services in the North East England and Cumbria – Consultation

The Scrutiny Manager introduced representatives from the Northern Neonatal Network/NHS England and the Royal College of Paediatrics (report commissioner) and Child Health (RCPCH) (report author) to present the recommendations/proposals of the Review of Neonatal Services in North East England and Cumbria which would assist the Committee to formulate a response to the consultation. The representatives provided a detailed and comprehensive presentation of the process undertaken during the review of Neonatal Services along with the recommendations of the review which covered the key issues of Transport; Configuration and the Network Role. The full report was attached by way of appendix.

A lengthy discussion ensued on the outcomes and the number of cots required for the provision of neonatal care across the North East region.

The representative from the Northern Neonatal Network informed the Committee that national and international evidence had shown that high activity centres had better outcomes.

A representative from NHS England confirmed that no commissioning decision had yet been made and that subsequent discussions had led to further consideration that the proposals should be aligned with the Better Health Programme (formerly SeQiHS) and this was to be taken forward through further consultation.

Concern was expressed regarding the effectiveness / safety of neonatal transport arrangements across the region and it was suggested that this should form a key part of the consultation and any future proposals. As such it was requested that the Committee receive a further report from NHS England detailing proposals, and associated timescales, for the provision of improved transport arrangements.

The Chair welcomed indications that, pending completion of the consultation, there would be no significant changes to the current neonatal services provided at the University Hospital of North Tees, with services to be provided as follows (subject to clinical discretion / need). However, it was expected that should there be any significant change in the neonatal care service provision from Sunderland City Hospital and the University Hospital of North Tees, it be reported to this Committee.

Decision

- i) The Committee noted that that the consultation in relation to the review of neonatal services in the North of England and Cumbria will now be considered as part of the wider Better Health Programme (formerly SeQiHS) consultation exercise and looked forward to its involvement in the consultation process;
- ii) The Committee welcomed indications that, pending completion of the consultation, there will be no significant changes to the current neonatal services provided at the University Hospital of North Tees, with services to be provided as follows (subject to clinical discretion / need):
 - Babies born at 23 to 26 weeks to be treated at the RVI and James Cook hospitals; and
 - Babies born at 26 weeks plus to be treated in individual units (as currently provided).
- iii) The Committee emphasised the importance of resolving issues regarding the effectiveness / safety of neonatal transport arrangements prior to the implementation of any proposals for the provision of restructured services and requested a further report from NHS England detailing proposals, and associated

timescales, for the provision of improved transport arrangements.

25. Chairman's Urgent Items

None.

26. Any Other Business

None.

Meeting concluded at 11.35 am

CHAIR