AUDIT AND GOVERNANCE COMMITTEE AGENDA

HARTLEPOOL BOROUGH COUNCIL

Thursday 30 June 2016

at 10.00am or immediately following the Joint Health Scrutiny Committee whichever is later

Committee Room B, Civic Centre Hartlepool

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE

Councillors S Akers-Belcher, Belcher, Cook, Hamilton, Harrison, Martin-Wells and Tennant.

Standards Co-opted Members; Mr Norman Rollo and Ms Clare Wilson.
Parish Council Representatives: Parish Councillor J Cambridge (Headland) and Parish Councillor B Walker (Greatham).

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 28 April 2016.

4. **AUDIT ITEMS**

   No items.

5. **STANDARDS ITEMS**

   No items.

6. **STATUTORY SCRUTINY ITEMS**

6.1 Introduction to Scrutiny – *Scrutiny Manager*

6.2 Appointments to Committees / Forums – *Scrutiny Manager*

6.3 Proposed Merger of Victoria Medical Practice and McKenzie Group Practice:-

(a) Covering Report - *Scrutiny Manager*
(b) Verbal Update - *Victoria Medical Practice Manager*

6.4 Closure of Assisted Reproduction Unit (ARU) at the University Hospital of Hartlepool:-

(a) Evidence from the Hartlepool and Stockton NHS Clinical Commissioning Group

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

7.1 To receive the Minutes of the meeting held on 14 March 2016.

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**

No items.

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

No items.

11. **REGIONAL HEALTH SCRUTINY UPDATE**

11.1 Verbal Update from the meeting held on 2 June 2016 – *Chair of Audit and Governance Committee*

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

Date and Time of Next Meeting: Thursday 14 July 2016 at 10.00am in the Civic Centre, Hartlepool.

AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

28 April 2016

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, Sandra Belcher, Rob Cook and Trisha Lawton

Standards Co-opted Members:
Norman Rollo

Also Present: Catherine Andrew, Mazars

Officers: Chris Little, Chief Finance Officer
Noel Adamson, Head of Audit and Governance
Laura Stones, Scrutiny Support Officer
Angela Armstrong, Principal Democratic Services Officer

139. Apologies for Absence

None.

140. Declarations of Interest

None.

141. Minutes of the following meetings

(i) Minutes of the meeting held on 3 March 2016 – Confirmed.
(ii) Minutes of the meeting held on 15 March 2016 – Confirmed.
(iii) Minutes of the meeting held on 17 March 2016 – Confirmed.

142. Mazars Report – Audit Strategy Memorandum (*Chief Finance Officer*)

The representative from Mazars reported on the audit plan in respect of the audit of the financial statements of Hartlepool Borough Council for the year ending 31 March 2016. The plan set out the proposed audit approach and was prepared to assist the Committee in fulfilling its governance responsibilities. The responsibilities of those charged with governance

were defined as to oversee the strategic direction of the entity and obligations related to the accountability of the entity, including overseeing the financial reporting process. Details of key messages were included in the main body of the report which was attached by way of appendix.

Recommended

The report of Mazars was noted.

143. Mazars Report – Final VFM Risk Assessment (*Chief Finance Officer)*

The report set out Mazars Value for Money assessment based on Audit Guidance Note 03 issued by the National Audit Office (NAO), which set out the requirements for value for money (VFM) work in 2015/16. Auditors were required to reach their statutory conclusion on arrangements to secure VFM.

In response to one of the questions from the independent person, the representative from Mazars confirmed that the Council historically had really good arrangements in place to address risk but due to the increasing pressure on public sector budgets, there was also increased risk and this was not unique to Hartlepool.

Recommended

The report of Mazars was noted.

144. Role of the Chief Finance Officer (CFO) in Public Service Organisations (*Chief Finance Officer*)

The Chief Finance Officer reported on the CIPFA statement – 'The Role of the CFO in Public Service Organisations', and how the Council complied with the guidance. The Statement sets out the five principles that define the core activities and behaviours that belong to the role of the CFO in public service organisations and the organisational arrangements needed to support them. For each principle the Statement sets out the governance arrangements required within an organisation to ensure that CFOs were able to operate effectively and perform their core duties. The Statement also sets out the core responsibilities of the CFO role within the organisation. The appendix to the report detailed how the Council ensured that the requirements of the statement were met.

The Chief Finance Officer commented that whilst the role of the Chief Finance Officer was a statutory role, it was underpinned by the whole of the finance section by way of a team effort.

Recommended

Members noted that the Chief Finance Officer had reviewed the CIPFA statement – 'The Role of the CFO in Public Service Organisations' and advised that the Council complied with these requirements as detailed in Appendix A.

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

The Head of Audit and Governance reported on the CIPFA (Chartered Institute of Public Finance and Accountancy) statement – "The Role of the Head of Internal Audit in Local Government," and set out how the Council complied with the guidance. The report set out in an appendix, how the local authority complied with the requirements of the CIPFA Statement. The appendix to the report detailed how the Council ensures that the requirements of the statement were met.

Recommended

It was noted that the Chief Finance Officer had reviewed the CIPFA statement – "The Role of the Head of Internal Audit in Local Government" and advised that the Council complied with these requirements as detailed in Appendix A.

146. Internal Audit Outcome Report 2015/16 (*Head of Audit and Governance*)

The Head of Audit and Governance submitted a report informing the Committee of the outcomes of audit work covering the period April 2015 to March 2016. The Head of Audit and Governance commented that from the work undertaken during the year 2015/16, he had reached the opinion that reliance could be placed on the adequacy and effectiveness of the organisation's control environment. Key systems were operating soundly and there was no fundamental breakdown in controls resulting in material discrepancy. Satisfactory arrangements were implemented to ensure the effective, efficient and economic operation of Hartlepool Borough Council's financial affairs. The Head of Audit and Governance added that 2015/16 had been a stable year in relation to staffing resources with a wide range of audits undertaken, further details of these audits, along with the assurance levels for each piece of work were included within Appendix A. In addition, further detailed information on the Internal Audit Performance Indicators, including targets and actual performance for 2015/16, was included within the report.

Recommended

The report was noted.

147. Annual Governance Statement 2015/16 (*Chief Finance Officer*)

The Chief Finance Officer presented a report informing Members of the implications to the Council of the 'Accounts and Audit Regulations (England) 2011' requirement; that the Council publish an Annual Governance Statement (AGS) with the Financial Statements, and the action undertaken by the Council to meet its obligations within the scope of the Regulations. The detailed Annual Governance Statement was attached as an appendix to the report.

The Annual Governance Statement highlighted the significant governance issues updated from the 2014/15 statement specifically relating to the delivery of the medium term financial strategy and joint working arrangements with Health and other external partners, eg the Children's Hub. Details of the governance framework and how its effectiveness had been reviewed were also included together with the following significant issues identified during the year:

- Delivery of Medium Term Financial Strategy, the sustainability of services and level of performance;
- Delivery of the Council Plan;
- Ensuring adequate management arrangements for non core grant funding.

A Member sought clarification on review of the Council's Flu Pandemic Plan and the funding associated with dealing with a flue pandemic. The Chief Finance Officer confirmed that the review would examine the procedures in place to deal with a potential flu pandemic. Should a flu pandemic take place, the measures required to deal with that would be funded by Public Health, however should there be a very serious outbreak across the country, it would be expected that Government funding would be made available to local authorities in order to deal with it.

The Chair added that he had been comprehensively briefed by senior officers on the Annual Governance Statement 2015/16 and supporting reports and as Chair of this Committee, was able to formally sign off the Statement, subject to monitoring the actions accompanying that Statement.

Recommended

The Annual Governance Statement 2015/16 was approved.

148. Minutes from the recent meeting of the Health and Wellbeing Board

Received.

149. Minutes from the recent meeting of the Safer Hartlepool Partnership

Received.

150. Regional Health Scrutiny Update

The Chair provided the Committee with a detailed update on the Council's position with regard to the North Tees and Hartlepool NHS Foundation Trust's proposal to close the Assisted Fertility Unit at the University Hospital of Hartlepool. It was noted that this issue would be discussed further at future meetings of the Audit and Governance Committee.

A Member paid tribute to the hard work, commitment and hours of work undertaken by the Chair of the Committee in pursuing the action which had led to the injunction preventing the immediate closure of the Unit. The Chair wished to thank the tremendous support that had been provided by the Vice Chair of the Committee and Officers with a special debt of gratitude to Dr Mohammed Menabawey who had given up his time to provide his views and expertise in this area of medicine.

151. Any Other Items which the Chairman Considers are Urgent

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

152. Any Other Business – North East Ambulance Service (NEAS)

A member of the public in attendance referred to the previous work undertaken by the Committee on End of Life Palliative Care, in particular the fact that NEAS were providing ambulances to transport patients in a timely manner to their preferred place to die. It was brought the Committee's attention that the budget to enable this to be undertaken had been withdrawn. The Chair indicated that he would ensure that this issue was discussed with NEAS at the earliest opportunity.

Recommended

That North East Ambulance Service (NEAS) be contacted to provide an update on the provision of the service to End of Life/Palliative Care patients to transport them in a timely manner to their preferred place to die.

153. End of Municipal Year – Last Meeting

The Chair thanked everyone in attendance, especially all the Officers and representatives from Mazars for their contribution and hard work across the year and indicated that he hoped to see them all in the new Municipal Year.

The meeting concluded at 10.25 am.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

30 June 2016

Report of: Scrutiny Manager

Subject: INTRODUCTION TO SCRUTINY

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1. PURPOSE OF REPORT

1.1 To provide an overview of the role and functions of the Audit and Governance Committee in fulfilling its statutory scrutiny responsibilities

2. BACKGROUND INFORMATION

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

Statutory Health Scrutiny

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

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

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

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

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

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

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

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

Additional Responsibilities:

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

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

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

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

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

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

Statutory Crime and Disorder Scrutiny

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

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

(ii) The review or scrutiny of decisions made or other action taken in connection with the discharge, by responsible authorities, of their crime and disorder functions (in this context responsible authorities means the Council, the Police, the Fire Authority and the Health Bodies) and make reports or recommendations to the Council or the appropriate Policy

Committee with regard to the discharge of those functions. Key areas for review or scrutiny being:

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

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

3. RECOMMENDATIONS

3.1 The Audit and Governance Committee is requested to note the report.

BACKGROUND PAPERS

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

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AUDIT AND GOVERNANCE COMMITTEE

30 August 2016

Report of: Scrutiny Manager

Subject: APPOINTMENT TO COMMITTEES / FORUMS

1. PURPOSE OF THE REPORT

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

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

2. BACKGROUND INFORMATION

Tees Valley Joint Health Scrutiny Committee

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

Councillors Martin-Wells, Belcher and Harrison were appointed as the Council's representatives on the Tees Valley Joint Health Scrutiny Committee.

Regional Health Scrutiny Committee

2.2 The Regional Committee comprises the following Local Authorities, Darlington Borough Council, Durham County Council, Gateshead Council, Hartlepool Borough Council, Middlesbrough Council, Newcastle upon Tyne City Council, North Tyneside Council, Northumberland County Council, Redcar and Cleveland Borough Council, South Tyneside Council, Stockton-on-Tees Borough Council and Sunderland City Council to scrutinise issues around the

planning, provision and operation of health services in and across the North-East region.

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

Cllr Martin-Wells was appointed as the Council's representative on the Regional Health Scrutiny Committee.

Better Health Programme Overview and Scrutiny Committee

2.4 The Better Health programme is about meeting patient needs now and in the future with constantly improving health and social care delivered in the best place. Commissioners want to make sure that:

- We improve results for patients;
- Care is of the same high standard wherever, and whenever it is provided;
- Services have the resources to be sustainable for the next 10 -15 years;
- We can provide services across 7 days a week where necessary;
- We make services easier for patients to understand and use;
- We improve life expectancy and quality of life for everyone in Darlington, Durham and Tees.

2.5 The programme aims to continue improving the services available in Darlington, Durham and Tees but in doing so, key challenges have been identified including:

- The changing health needs of local people;
- Meeting recommended clinical standards;
- Availability of highly trained and skilled staff;
- High quality seven-day services;
- Providing care closer to home;
- Making the best use of our money.

2.6 A Joint Health Scrutiny Committee has been established consisting of representatives from Darlington Borough Council, Durham County Council, Hartlepool Borough Council, Middlesbrough Borough Council, Redcar and Cleveland Borough Council and Stockton-upon-Tees Borough Council. The Joint Committee will be the vehicle through which the respective Local Authorities will respond to the Better Health Programme consultation.

2.7 Cllrs Martin-Wells, S Akers-Belcher and Cook were appointed as the Council's representatives on the Better Health Programme Overview and Scrutiny Committee.

2.8 The meeting dates are as follows:-

- 7 July 2016 at 2pm
- 21 July 2016 at 2pm

- 8 September 2016 at 2pm
- 10 November 2016 at 2pm
- 19 January 2017 at 2pm
- 9 March 2076 (time tbc)

North East Regional Joint Member / Officer Scrutiny Network

2.9 The North East Regional Joint Member / Officer Scrutiny Network provides a forum for elected members who have a role within the scrutiny function to meet, make useful contacts with other members and officers, and to share 'experiences'. The network provides a mechanism:-

(a) to share information on, for example: scrutiny best practice; outcomes of scrutiny investigations; benchmarking; service planning; performance indicators; conference feedback and funding streams.

(b) to share ideas on improving scrutiny processes and enhancing effectiveness.

(c) to provide a mechanism to facilitate personal and professional development.

(d) to provide a conduit between the North East authorities and the Centre for Public Scrutiny for sharing up-to-date information, which would include inviting speakers to talk about recent national policy developments.

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

Health and Wellbeing Board

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

Safer Hartlepool Partnership

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

3. RECOMMENDATIONS

3.1 That:-

(a) Members note the appointments to the Tees Valley Joint Health Scrutiny Committee, the Regional Health Scrutiny Committee and the Better Health Programme Overview and Scrutiny Committee;

(b) Members agree one nomination from the Audit and Governance Committee to be appointed to the North East Regional Joint Member / Officer Scrutiny Network;

(c) Members agree one nomination to the Health and Wellbeing as an non-voting official observer; and

(d) Members agree one nomination to the Safer Hartlepool Partnership as a non-voting observer.

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BACKGROUND PAPERS

No background papers were used in the preparation of this report

Joint Health Overview and Scrutiny Committee of:

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

TERMS OF REFERENCE AND PROTOCOLS

Establishment of the Joint Committee

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

2. The Committee will hold two full committee meetings per year. The Committee's work may include activity in support of carrying out:

   (a) Discretionary health scrutiny reviews, on occasions where health issues may have a regional or cross boundary focus, or

   (b) Statutory health scrutiny reviews to consider and respond to proposals for developments or variations in health services that affect more than one health authority area, and that are considered "substantial" by the health overview and scrutiny committees for the areas affected by the proposals.

   (c) Monitoring of recommendations previously agreed by the Joint Committee.

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

Aims and Objectives

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

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

   (b) Services commissioned and/or provided to patients living and working across the North East region.

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

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

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

   (a) Seek to develop an understanding of the health of the North East region's population and contribute to the development of policy to improve health and reduce health inequalities.

   (b) Ensure, wherever possible, the needs of local people are considered as an integral part of the commissioning and delivery of health services.

   (c) Undertake all the necessary functions of health scrutiny in accordance with the NHS Act 2006, regulations and guidance relating to reviewing and scrutinising health service matters.

   (d) Review proposals for consideration or items relating to substantial developments/substantial variations to services provided across the North East region by NHS organisations, including:

(i) Changes in accessibility of services.
(ii) Impact of proposals on the wider community.
(iii) Patients affected.

(e) Examine the social, environmental and economic well-being responsibilities of local authorities and other organisations and agencies within the remit of the health scrutiny role.

Membership

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

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

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

Substitutes

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

Co-optees

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

Formation of Task and Finish/Working Groups

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

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

Chair and Vice-Chairs

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

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

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

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

Host Authority

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

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

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

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

Work planning and agenda items

20. The Joint Committee may determine, in consultation with health overview and scrutiny committees in constituent authorities, NHS organisations and partners, an annual work programme. Activity in the work programme may be carried out by the Joint Committee or by a Task and Finish/Working Group under the direction of the Joint Committee. A work programme may be informed by:

    (a) Research and information gathering by health scrutiny officers supplemented by presentations and communications.

    (b) Proposals associated with substantial developments/substantial variations.

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

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

Notice and Summons to Meetings

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

Attendance by others

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

Procedure at Joint Committee meetings

25. The Joint Committee shall consider the following business:

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

26. Where the Joint Committee wishes to conduct any investigation or review to facilitate its consideration of the health issues under review, the Joint Committee may also ask people to attend to give evidence at Joint Committee meetings which are to be conducted in accordance with the following principles:

    (a) That the investigation is conducted fairly and all members of the Joint Committee be given the opportunity to ask questions of attendees, and to contribute and speak.

    (b) That those assisting the Joint Committee by giving evidence be treated with respect and courtesy.

    (c) That the investigation be conducted so as to maximise the efficiency of the investigation or analysis.

Voting

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

Urgent Action

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

Final Reports and recommendations

29. The Joint Committee will aim to produce an agreed report reflecting a consensus of its members, but if consensus is not reached the Joint Committee may issue a majority report and a minority report.

    (a) If there is a consensus, the Host Authority will provide a draft of both the conclusions and discursive text for the Joint Committee to consider.

    (b) If there is no consensus, and the Host Authority is in the majority, the Host Authority will provide the draft of both the conclusions and discursive text for a majority report and arrangements for a minority report will be agreed by the Joint Committee at that time.

    (c) If there is no consensus, and the Host Authority is not in the majority, arrangements for both a majority and a minority report will be agreed by the Joint Committee at that time.

    (d) In any case, the Host Authority is responsible for the circulation and publication of Joint Committee reports. Where there is no consensus for a final report the Host Authority should not delay or curtail the publication unreasonably.

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

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

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

31. For the purposes of votes, a "report" shall include discursive text and a list of conclusions and recommendations. In the context of paragraph 29 above, the Host Authority will incorporate these into a "final report" which may also include any other text necessary to make the report easily understandable. All members of the Joint Committee will be given the opportunity to comment on the draft of the final report. The Chair in consultation with the Vice-Chairs, where practicable, will be asked to agree to definitive wording of the final report in the light of comments received. However, if the Chair and Vice-Chairs cannot agree, the Chair shall determine the final text.

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

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

34. The report should include:

    (a) The aim of the review – with a detailed explanation of the matter under scrutiny.

    (b) The scope of the review – with a detailed description of the extent of the review and it planned to include.

    (c) A summary of the evidence received.

    (d) An evaluation of the evidence and how the evidence informs conclusions.

(e) A set of conclusions and how the conclusions inform the recommendations.

(f) A list of recommendations – applying SMART thinking (Specific, Measurable, Achievable, Realistic, Timely), and how these recommendation, if implemented in accordance with the review outcomes, may benefit local people.

(g) A list of sources of information and evidence and all participants involved.

Timescale

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

36. Subject to conditions in foregoing paragraphs 29 and 31, if the Joint Committee agrees a report, then:

    (a) The Host Authority will circulate a draft final report to all members of the Joint Committee.

    (b) Members will be asked to comment on the draft within a period of two weeks, or any other longer period of time as determined by the Chair, and silence will be taken as assent.

    (c) The Chair and Vice-Chairs will agree the definitive wording of the final report in time for it to be sent to *[name of the NHS organisations involved].*

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

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

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

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

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

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

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

43. The regulations covering health scrutiny allow an overview and scrutiny committee to require an officer of a local NHS body to

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

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

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

Conduct of Meetings

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

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

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

AUDIT AND GOVERNANCE COMMITTEE

30 June 2016

Report of: Scrutiny Manager

Subject: Proposed Merger of Victoria Medical Practice and McKenzie Group Practice

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1. PURPOSE OF REPORT

To introduce the Practice Manager from the Victoria Medical Practice who will be in attendance at today's meeting to discuss the proposed merger of Victoria Medical Practice and McKenzie Group Practice.

2. BACKGROUND INFORMATION

2.1 The Chair of the Audit and Governance Committee received the attached letter (**Appendix 1**) which outlines the proposal and at today's meeting the Practice Manager will outline:-

(a) the reason for the request;
(b) what is proposed;
(c) what would be the impact on patients (including benefits);
(d) how would it be implemented;
(e) if patients are to be consulted (how and when); and
(f) timescales.

2.2 The deadline for submission of views and feedback on the proposal is 30 June 2016.

3. RECOMMENDATIONS

3.1 The Audit and Governance Committee is requested to consider the proposal and provide feedback to the Practice Manager.

BACKGROUND PAPERS

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

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

Victoria Medical Practice
The Health Centre
Victoria Road
Hartlepool
TS26 8DF

McKenzie Group Practice
McKenzie House
17 Kendal Road
Hartlepool
TS25 1QU

Throston Medical Centre
82 Wiltshire Way
Hartlepool
TS26 0XT

Proposed merger of Victoria Medical Practice and McKenzie Group Practice

1st June 2016

Counsellor Ray Martin-Wells
Chair, Audit and Governance Committee
C/o Civic Centre
Hartlepool
TS24 8AY

Dear Counsellor Martin-Wells

The practices of Victoria Medical Practice and McKenzie Group Practice would like to submit an application to Durham, Darlington and Tees Area Team proposing to merge the two practices. Both practices are part of the Hartlepool and Stockton Clinical Commissioning Group.

The merger will provide far greater security for the long term viability of both practices. The demands of registration with the Care Quality Commission, responding to rapidly changing contractual requirements and the ever increasing expectations placed on primary care would struggle to be met by small practices working alone. We believe this merger will safeguard the patients of Victoria. We are committed to keeping all that is best and most cherished about the family doctor whilst maximising benefits found from working in a larger organisation.

It is very important that we hear your thoughts and understand your views.

We would grateful if you could therefore consider our proposal and provide us with your feedback to assist our application to NHS England. We would appreciate a response by Friday 30th June 2016.

Kind Regards

Mrs Stephanie Raper
Practice Manager on behalf of
Victoria Medical Practice and McKenzie Group Practice

Stephanie.raper@nhs.net

ASSISTED REPRODUCTION UNIT UPDATE
June 2016

1.0 Purpose

1.1 The purpose of the paper is to provide an overview of the work to date in relation to the proposed changes to the Assisted Reproduction Unit at the University Hospital of Hartlepool.

2.0 Background

2.1 The Assisted Reproduction Unit (ARU) at the University Hospital of Hartlepool (UHH) undertakes non licensed and licensed fertility treatments. Licensed treatments are those regulated by the Human Fertilisation and Embryology Authority (HFEA) and require the specialised skills of an Embryologist.

2.2 NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) commission both unlicensed and licensed fertility treatments from North Tees and Hartlepool NHS Foundation Trust (NTHFT) as part of an annual contract.

2.3 Following a number of discussions with key stakeholders on the risks facing the service, in January 2016 NTHFT informed the CCG as the commissioner of the service and at the same time Hartlepool Borough Council (the Council) (due to the service location being in Hartlepool Hospital) of its decision to no longer provide licenced treatments from UHH but that it would continue to provide general infertility treatment. Also informed stakeholders of the intention to explore options for provision of licensed fertility treatments in the future.

2.4 In accordance with regulations the Audit and Governance Committee of the Council requested attendance of the CCG and NTHFT at a committee meeting to enable the committee to scrutinise matters relating to the planning, provision and decision making of this matter.

2.5 In early January, 2016, the CCG approached the Northern England Clinical Senate to ask the Senate to undertake a clinical review of the ARU at the UHH.

2.6 Agreement was reached to convene a panel of independent clinical experts to undertake the review on behalf of the Clinical Senate; it was considered important to go outside the Northern England boundaries for this expertise to ensure absolute independence. The three clinical members of the panel were

Member	**Role**
Mrs Jane Blower (Chair)	Consultant Embryologist, Leicester Fertility Centre, Leicester Royal Infirmary and HFEA Person Responsible
Prof Daniel Brison	Consultant Embryologist, Department of Reproductive Medicine, Central Manchester University Hospitals NHS Foundation Trust, St. Mary's Hospital, Manchester.
Dr Cheryl Fitzgerald	Consultant in Reproductive Medicine, Central Manchester University Hospitals NHS Foundation Trust, St. Mary's Hospital, Manchester.

2.7 The Audit and Governance committee referred the matter to full council with a recommendation to undertake a judicial review and papers were submitted to the High Court on the 4th March. This review was requested on the grounds that the council determined the decision to no longer provide licenced fertility treatment from UHH was taken without *any* consultation with Hartlepool Borough Council and other key partners (Hartlepool and Stockton on Tees Clinical Commissioning Group, Stockton on Tees Borough Council, Durham County Council).

2.8 A copy of the court order was subsequently received by the CCG on 10th March with a date set for this to be heard at High Court on the 5th April.

2.9 A consent order was issued following the 5th April on 16th April outlining that:

1. The Defendant will enter into user engagement around the future of the licensed fertility treatment at the Assisted Reproduction Unit (ARU) at the University Hospital of Hartlepool, which it proposes to do alongside the NHS Hartlepool & Stockton on Tees Clinical Commissioning Group (CCG).

2. The Defendant will consult with the Claimant individually and/or a joint committee of the Claimant and Stockton-on-Tees Borough Council and Durham County Council (if the latter two authorities wish to participate in a joint committee) as to the proposals around the ARU. If possible, the Defendant will carry out this consultation alongside the CCG.

3. Until the conclusion of the aforesaid consultation, and until a decision is taken on the proposal set out above, the Defendant shall:
    a. take no step intended to facilitate the closure of the ARU, and
    b. use its best endeavours to continue to provide licensed treatment services at the ARU.

4. The Trust and the Council will use their best endeavours, alongside the CCG, to ensure that consultation and engagement is completed and a final decision about the future of the ARU taken, by 31 July 2016.

(See Appendix A)

3.0 Actions to date following receipt of court order

3.1 Timescales in relation to the completion of the consultation were agreed with the legal team of NTHFT and the Council and the Court order set out the requirements for the Trust to engage/consult alongside the CCG.

3.2 Following discussion with NTHFT it was determined that the CCG would lead the consultation. This was due to the CCG being the commissioner of the service, and being responsible for the future commissioning following the outcome of the consultation in line with usual practice of NHS consultations.

3.3 The CCG established a project group to oversee the consultation process, including development of the options, development of the communication and engagement plan, engagement with stakeholders and production of the associated consultation documents.

3.4 To ensure transparency and objectivity the CCG engaged the Consultation Institute (CI) to undertake an external assurance of the consultation process. This was to ensure an independent view and to assure the process, offering partners and wider stakeholders the assurance that due process is being undertaken.

3.5 A timeline for the consultation process was developed to enable compliance with the court order and in order to achieve the deadline of 31st July.

3.6 Due to the timescales having been agreed between legal teams (Council and NTHFT representatives) which were out with the standard twelve weeks usually undertaken for NHS consultations, agreement was sought through the Audit and Governance committee chair to agree a 6 week consultation period to ensure this was completed within the timescales agreed with both legal teams and subsequently the court.

3.7 To ensure patients views were represented the CCG engaged the Local Healthwatch representatives across the affected Local Authorities in order to review documents and engagement activities to ensure these were accessible and representative for local people. Healthwatch have also agreed to be involved in the consultation process to ensure that the diversity of the community is considered when engaging/consulting.

3.8 As outlined in section 2.6 an independent clinical review was undertaken on the 7th June 2016, whereby the clinical review team met with representatives of the Council, CCG and NTHFT (including staff). The independent review team will produce a report of recommendations which will be utilised to help inform the decision making in relation to the recommendation for future location provision and location of service delivery.

Contact Officer:
Karen Hawkins
Associate Director Commissioning & Delivery
NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group
01642 745126

4.0 Next Steps

4.1 The CCG will continue to engage with the Consultation Institute to receive the independent clinical review report.

4.2 The consultation process will be completed on the 15th July, the engagement outcomes will be collated and a report produced by 25th July and provided by Proportion Marketing (Third party contractor to provide an independent report). Both this and the independent clinical review recommendations will be used to inform the decision regarding options.

4.3 The recommendation will be determined by the CCG Governing Body on 26th July and will be presented to the Audit and Governance Committee on the 28th July.

IN THE HIGH COURT OF JUSTICE CO/1225/2016

QUEEN'S BENCH DIVISION

ADMINISTRATIVE COURT

BETWEEN

(Mrs Justice Cheema-Grubb)

THE QUEEN

On the application of

HARTLEPOOL BOROUGH COUNCIL

Claimant

-and-

NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST

Defendant

-and-

HARTLEPOOL AND STOCKTON-ON-TEES

CLINICAL COMMISSIONING GROUP

Interested Party

CONSENT ORDER

UPON the terms of the schedule being reached between the Parties

BY CONSENT IT IS ORDERED THAT:

1. The interim order of HHJ Cooke QC be discharged;

2. The proceedings in this action be stayed upon the terms set out in the schedule, except for the purpose of enforcing those terms;

3. Each party shall have permission to apply to the Court to enforce the terms set out in the schedule without the need to bring a new claim; and

4. There shall be no order as to costs.

SCHEDULE

1. The Defendant will enter into user engagement around the future of the licensed fertility treatment at the Assisted Reproduction Unit (ARU) at the University Hospital of Hartlepool, which it proposes to do alongside the NHS Hartlepool & Stockton on Tees Clinical Commissioning Group (CCG).
2. The Defendant will consult with the Claimant individually and/or a joint committee of the Claimant and Stockton-on-Tees Borough Council and Durham County Council (if the latter two authorities wish to participate in a joint committee) as to the proposals around the ARU. If possible, the Defendant will carry out this consultation alongside the CCG.
3. Until the conclusion of the aforesaid consultation, and until a decision is taken on the proposal set out above, the Defendant shall:
    a. take no step intended to facilitate the closure of the ARU, and
    b. use its best endeavours to continue to provide licensed treatment services at the ARU.
4. The Trust and the Council will use their best endeavours, alongside the CCG, to ensure that consultation and engagement is completed and a final decision about the future of the ARU taken, by 31 July 2016.

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

14 March 2016

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

Present:

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

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors Carl Richardson, Chris Simmons and Paul Thompson
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (2) – Dr Schock and Alison Wilson
Director of Public Health, Hartlepool Borough Council - Louise Wallace
Director of Child and Adult Services, Hartlepool Borough Council – Sally Robinson
Representatives of Healthwatch – Ruby Marshall and Margaret Wrenn

Other Members:
Representative of the NHS England – Sheila Lister
Representative of Hartlepool Voluntary and Community Sector – Tracy Woodhall
Representative of North Tees and Hartlepool NHS Foundation Trust – Alan Foster
Representative of Cleveland Police – Ciaron Irvine (as substitute for Simon Nickless)

Also in attendance:- Graeme Niven, Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Officers: Carol Johnson, Head of Health Improvement
Danielle Swainston, Assistant Director (Children's)
Amanda Whitaker, Democratic Services Team

53. Apologies for Absence

Representative of Tees Esk and Wear Valley NHS Trust – Martin Barkley
Representative of Cleveland Police – Simon Nickless

54. Declarations of interest by Members

None

55. Minutes

The minutes of the meeting held on 19th January 2016 were confirmed.

Further to minute 51, the Chair of Children's Services Committee advised the Board that the issues highlighted in the meeting regarding access to psychological services had been referred to the Children's Services Committee. The Committee had been assured that there were a range of mental health services available to refugee and asylum seeker families and to the children of those families.

56. SEND (Children with Special Education Needs and Disabilities) Strategy (*Director of Child and Adult Services*)

The report advised that the SEND strategy and terms of reference for the SEND group had been considered and agreed at a meeting of the Children's Strategic Partnership on 23 February 2016. The Partnership had agreed that given the importance of this work the information received should be referred to this Board for consideration.

The Board received a comprehensive presentation by the Assistant Director (Children's) which supported issues included in the report. The Assistant Director advised the Board that there had been significant reforms to legislation and policy in relation to children with special educational needs and disabilities. In September 2011, Hartlepool had been asked to be a pathfinder to trial and pilot the reforms before the changes became legislation for the reforms. Hartlepool had initially worked with Darlington to pilot new ways of working and more recently had rolled out the changes as required by Children and Families Act 2014 and subsequently the New Special Education Needs and Disability Code of Practice: 0-25 years.

It was indicated that the LDD/SEN group had been previously a multi agency group set up to oversee the development of an action plan which was a multi agency group. However the group did not report to any governance structures and it was proposed, therefore, that in order to ensure that all partners had oversight of the progress of this strategy and plan that the group reported to the Children's Strategic Partnership bi-annually. It had been also proposed for the group to be renamed SEND group to ensure that all partners understood the role and aim of the group. Terms of reference had been drafted for the SEND group and were submitted as an appendix to the report.

The Board was advised that the SEND group had recently developed a strategy to ensure that all partners were meeting the requirements of the new reforms. The draft strategy together with a one year action plan was also submitted with the report.

The Board was advised that Ofsted and CQC would undertake joint

inspections of local areas assessing their ability to implement the reforms. The inspection would be area based and cover the local authority, health commissioners and providers, together with all of the area's early year's settings, schools and post 16 further education sector. These inspections were expected to begin in May 2016. Local areas would be expected to provide a self evaluation on how effectively it meets its responsibilities for SEND.

The Chair of Children's Services Committee referred to the Principles included in the draft strategy with particular reference to changes to the services provided. The Assistant Director agreed with the expectations expressed by the Chair that strategy documentation should be updated to include reference to any changes to services involving consultation with service users. The Assistant Director agreed also to report back in response to clarification sought on the number of plans currently being assessed and to ensure that all voluntary and community sector organisations were included in the development of the strategy.

Decision

(i) The Board endorsed the terms of reference for the SEND group and the governance processes for this group.

(ii) The Board noted the SEND Strategy and to secure strategic sign up to deliver the strategy.

(iii) The Board noted the information regarding the forthcoming SEND inspection arrangements.

57. Better Childhood Programme (*Director of Child and Adult Services and Director of Public Health*)

The approval of the Board was sought to the implementation of the first phase of the transformation programme Better Childhood Programme. The Board was advised that the Better Childhood Programme (BCP) was a cross public sector transformation programme supported by Cleveland Police, the CCG and Hartlepool Borough Council. As part of this programme Hartlepool Borough Council and its partners had developed proposals for the redesign and integration of their services in Hartlepool with a number of aims as set out in the report.

A report had been presented to the Children's Services Committee on 1 December 2015 which provided an update on the Better Childhood Programme. It set out work that had been undertaken to review demand for children's services and work that was ongoing to redesign services with partners. The Better Childhood Programme document, appended to the

report, set out all the work undertaken through the programme and included the case for change, the redesign work carried out with children, families, workers and partners, overall vision, proposed structures, and timelines for implementation. In support of this redesign, interviews and focus groups had been carried out with a wide range of children and families, and had used this to develop case studies and common themes. The common themes identified from this engagement, which had provided the basis for service redesign activity, were presented to the Board. The Children's Strategic Partnership had developed a vision and priorities for the Better Childhood Programme and the vision and priorities were set out also in the report.

Consultation had taken place with children, young people and parents to understand what services could be done differently to make their lives better. This information had been used by the workforce (in both HBC and NHS trust) to redesign services as set out in the document attached to the report. The work undertaken with children and families was also used to develop design principles that underpinned all the proposed changes as set out in the report. The Board was advised that the proposal was for the Early Help Teams (HBC), Effective Interventions team (HBC), Health Visitors (NHS Trust), Community Nursery Nurses (NHS Trust), School Nurses (NHS Trust) and Family Nurse Partnership (NHS Trust) to be redesigned to four integrated locality teams alongside a specialist team. The locality teams would support children and families at an Early Help level with the specialist team offering intensive support to those families that needed it. It was hoped that these teams could be in place for 1 April 2016, however a project plan was in place to monitor the implementation and if needed timescales would be adapted.

It was noted that research carried out by iMPOWER throughout the summer had indicated that partners did not like the current early help assessment and this was acting as a barrier to identifying needs as early as possible. Work had been undertaken with all partners to review the current assessment and develop a new one. This would continue to be developed over the next few months.

Following presentation of the report the Assistant Director (Children's) responded to clarification sought from a Board Member regarding the number of looked after children and provided further details of the rationale of the proposals in terms of intervention at an early stage, working closely with schools and avoiding duplication of services.

Decision

The implementation of the first phase of the transformation programme Better Childhood Programme was approved.

58. NHS Planning Process 2016/17 (*Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group*)

The report outlined the planning requirements released by NHS England and

how NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) and its partners were progressing against those requirements. The Board received a presentation by the Chief Finance Office, Hartlepool and Stockton-on-Tees Clinical Commissioning Group which supported the report.

The Board was advised that documentation set out a clear list of national priorities for 2016/17 and longer-term challenges for local systems, together with financial assumptions and business rules. It also reflected the settlement reached with the Government through its new Mandate to NHS England **(**annex 2 of the guidance)**.** The Mandate set objectives for the NHS as a whole. The guidance required that NHS organisations were required to produce the following two separate but connected plans:

- a five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View; and
- a one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP.

It was highlighted that this was a new, different planning process that supported local change. The 2016/17 Operational Plan was to be regarded as year one of the five year STP, and there was an expectation of significant progress on transformation through the 2016/17 Operational Plan. A basic planning rationale had been submitted to NHSE on the 8th February and a further revised and more detailed document had been submitted on March 2nd before final submission on the 11th April. By April 2016, commissioner and provider plans for 2016/17 would need to be agreed by NHS England and NHS Improvement, based on local contracts that must be signed by March 2016. The guidance outlined Goals for 2020, deliverables for 16/17 and a series of Must Do's also for 16/17. There were nine 'must dos' for 2016/17 which were set out in the report and highlighted in the presentation.

The guidance also asked that every health and care system come together, to create its own ambitious local blueprint for accelerating its implementation of the Forward View; this would be called the Sustainability and Transformation Plan (STP). The STP needed to address the list of national challenges set out in the guidance which detailed the 'national challenges' to help set out ambitions for populations.

The Board was advised that the CCG and Local Authority needed to agree a joint plan to continue to deliver the requirements of the Better Care Fund (BCF) in 2016/17, building on the 2015/16 BCF plan, and taking account of what had worked well in meeting the objectives of the fund, and what had not worked well. CCGs had already been advised of the minimum amount that they were required to pool as part of the notification of their wider allocation. BCF funding should explicitly support reductions in unplanned admissions and hospital delayed transfers of care.

The Board was informed of financial planning guidance indications and that there would be a new, more joined-up approach to planning including NHSE and NHS Improvement (Monitor and the NHSTDA) ,to ensure detailed, credible and robust plans with evidence of them being jointly owned and

delivered by commissioners and providers.

The report set out also a detailed timetable of forthcoming events and associated deadlines together with next steps. As a result of this guidance the CCG would need to tailor their commissioning intentions for 2016/17 to meet the requirements and deliverables of both the first year operational plan and the five year STP. It was noted that alongside ensuring delivery of the planning requirements the CCG would also utilise the RightCare approach to identify specific areas of focus as detailed in the report.

Board Members recognised the significant challenges which had been highlighted and discussed issues arising from the report. The view was expressed by the Chair of the Board that it was critical that documentation should be in accordance with the Local Health and Social Care Plan. The Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group undertook to submit further reports to the Board.

Decision

(i) The Board considered the requirements in the planning guidance on the need to develop a clear overall shared vision and plan for our area.
(ii) The Board noted the actions that had been taken to date in the local health and social care community to meet the needs of the 16/17 Planning period and that further reports would be submitted to the Board.

59. Better Care Fund 2015/16 Quarter 3 Return (*Director of Child and Adult Services*)

Further to minute 45 of the meeting held on 30 November 2015, a report presented by the Director of Child and Adult Services provided the Board with an update on implementation of the Better Care Fund Plan. The 2015/16 Quarter 3 return was appended to the report and had been submitted on 26 February 2016. It was highlighted that there continued to be slippage against some of the planned areas of spend, however it was anticipated that all funding would be fully committed by the end of the financial year and used to support delivery of the Better Care Fund Plan.

The Board was advised that Guidance had been published on 23 February 2016 regarding Better Care Fund Planning Requirements for 2016/17. The guidance set out eight conditions which local areas needed to meet in order to access funding. The report set out those conditions together with identification of the planning requirements and the timetable for submissions.

The Chair expressed the view that meetings of the Board in the next municipal year should be scheduled in line with the BCF timetable.

Decision

The Board noted the 2015/16 Quarter 3 return, which had been submitted on behalf of the Health and Wellbeing Board using delegated authorities as previously agreed.

60. Update on Healthy Weight Strategy – Presentation by Director of Public Health

Further to minute 22 of the meeting held on 11th September 2015, the Board received a presentation by the Director of Public Health which provided a six monthly update on the Healthy Weight Strategy for Hartlepool 2015-2020. Board Members were reminded of the background to the Strategy and the recommendations which had been made by the Board.

The Board was advised that Members of the Healthy Weight Healthy Lives Strategic Group had agreed to take responsibility for implementation of the Strategy and Action Plan. Membership of the Group had been reviewed and continued to be extended to ensure those involved were able to take forward the required actions within the Strategy. Cleveland Police had expressed an interest in being involved in the Strategy and had been invited to have a presence at future meetings.

The Board was updated on the progress to date in terms of the following strategic themes:-

(i) Strategic Theme 1: Universal – To transform the environment so that it supports healthy lifestyles (Primary Prevention)

(ii) Strategic Theme 2: Preventative – Making Healthier Choices Easier by providing information and practical support (Secondary Prevention)

(iii) Strategic Theme 3: Services – To secure the services needed to tackle excess weight (Tertiary Prevention)

The Board was informed that in terms of next steps, Members of the Healthy Weight Healthy Lives Strategic Group were meeting this month to agree more precise timescales and identify lead officers to deliver the outstanding actions. A stakeholder consultation event was to be held to inform the Child & Family Poverty Strategy, including holiday hunger, is taking place on 24 March 2016.

Following the presentation, Board Members discussed the importance of having a strong evidence base to ensure the direction of travel was the correct one. The Director of Public Health concurred with the view expressed by the Chair and highlighted the requirement to identify actions that could be measured and suggested the Healthy Weight Healthy Lives Strategic Group be requested to consider identification of key statistics.

Decision

In order to address a partly outstanding action, it was agreed that Board Members representing the North Tees and Hartlepool Foundation Trust, Tees Esk and Wear Valley Foundation Trust, Hartlepool and Stockton-on-Tees Clinical Commissioning Group, Cleveland Police, Healthwatch and other relevant organisations submit the strategy and action plan to their respective governing bodies for approval/support and any further comments.

Prior to closing the meeting, the Chair highlighted that an additional meeting of the Board had been scheduled for 8 April 2016 commencing at 10.30 a.m. at the Civic Centre.

Meeting concluded at 3:10 p.m.

CHAIR