

AUDIT AND GOVERNANCE COMMITTEE AGENDA



Thursday 23 March 2017

at 10.00 am

**in 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: Norman Rollo and Clare Wilson.

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

3.1 To confirm the minutes of the meeting held on 16 March 2017 *(to follow)*.

4. AUDIT ITEMS

No items.

5. STANDARDS ITEMS

No items.

6. STATUTORY SCRUTINY ITEMS

6.1 Health and Wellbeing Board Referral – Reporting Arrangements for Delayed Transfers of Care – *Director of Child and Adult Services*



- 6.2 North East Ambulance Service NHS Foundation Trust (NEAS) - Quality Account 2016/17:
- (a) Covering Report - *Scrutiny Manager*
 - (b) Presentation - *Assistant Director of Communications and Engagement, NEAS*
- 6.3 Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) - Quality Account 2016/17:
- (a) Covering Report - *Scrutiny Manager*
 - (b) Presentation – *Director of Planning, Business Development and Performance, Tees Esk and Wear Valleys NHS Foundation Trust*
- 6.4 Assisted Reproduction Unit at the University Hospital of Hartlepool – *Scrutiny Manager (to follow)*

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

- 7.1 Minutes of the meeting held on 16 January 2017.

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

- 10.1 Minutes of the meeting held on 20 January 2017.

11. REGIONAL HEALTH SCRUTINY UPDATE

- 11.1 Minutes of the meeting held on 3 November 2016.

12. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

For information:

Date and time of next meeting – Thursday 27 April 2017 at 10.00am in the Civic Centre, Hartlepool.



AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

16 March 2017

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

Present:

Councillor: Ray Martin-Wells (In the Chair).

Councillors: Sandra Belcher, Rob Cook, Lesley Hamilton, Brenda Harrison and John Tennant

Also Present: Councillors Gerard Hall and Paul Thompson
Catherine Andrew, Mazars
Lynn Allison and Judith Gray, Healthwatch

Officers: Peter Devlin, Chief Solicitor
John Morton, Assistant Director (Finance and Customer Service)
Noel Adamson, Head of Audit and Governance
Laura Stones, Scrutiny Support Officer
Angela Armstrong, Principal Democratic Services Officer

144. Apologies for Absence

Apologies for absence were received from Councillor Stephen Akers-Belcher.

145. Declarations of Interest

None.

146. Minutes of the following meetings

- (1) Minutes of the meeting held on 8 February 2017 which was adjourned and reconvened on 16 February 2017 – confirmed.
- (2) Minutes of the meeting held on 16 February 2017 – confirmed.

147. Mazars Report – Grant Report (*Assistant Director, Finance and Customer Services*)

The report provided an update on Mazars progress in meeting their responsibilities as the Council's external auditor in relation to certification arrangements for specified claims and returns to Public Sector Audit Appointments. Further details of the key messages were included in the main body of the report which was attached at Appendix 1.

Recommended

The report was noted.

148. Council Referral – 15 December 2016 (*Director of Finance and Policy and Chief Solicitor*)

The report provided the background to the referral to the Audit and Governance Committee from Council on 15 December 2016. Further details were provided on the awarding of the Connected Care contract to Who Cares North East (WCNE) between 1 November 2011 and 31 March 2013. At its meeting on 4 February 2013, Cabinet took the decision to retender the Connected Care contract. In parallel with this tendering process, Council agreed that a public inquiry be undertaken by an independent barrister who received evidence examining the commissioning and letting of contracts by the Council and the relationship between elected Members and the voluntary/community sector in the awarding of contracts over this period. As part of the inquiry, open sessions with the public were held.

A public meeting was held on 4 October 2013 where the author presented the report and answered questions. The report was circulated to all Members of the Council on 20 October 2013. The following four recommendations were made by the inquiry and actioned by the Council:

- Additional guidance on the disclosure of interest was to be provided to all Councillors by the Chief Solicitor;
- Individual Councillors must continually update their declaration of interest to reflect any changes in circumstances;
- Hartlepool Council should consider further expanding existing declarations of interest to provide details of employment, interests in property etc; and
- Hartlepool Council should establish a defined group of officers to approve and record the reason for any exemptions from their contract procedure rules.

In addition to this, an internal audit review of Manor Residents' Association (MRA) and WCNE commenced on 6 February 2013 which reported its findings to the Audit and Governance Committee on 27 June 2013. The

report concluded that limited assurance could be placed on the procedures that were in place to manage funds the Council had provided to WCNE. The audit also identified anomalies with documentation provided as part of the MRA review and this information was passed onto the Police which led to the arrest and conviction of three employees of MRA.

The Head of Audit and Governance stated that in March 2011 the Portfolio Holder had acted properly and in accordance with the powers allocated to him. The Head of Audit and Governance stated that legal opinion received from an independent barrister confirmed that the correct procedures and procurement processes had been followed in letting the contract. As requested, the Chief Finance Officer had written to the Charity Commission confirming the Court decision from 2 December 2016 which convicted former Councillor Wilcox requesting that appropriate action was taken in respect of Ms Wilcox, both now and in the future with regard to any charity involvement.

The Chief Solicitor highlighted the legal considerations within the report which referred to Elected Members holding positions on organisations outside of the Council and being bound by their obligations to that organisation. As such Members were legally obliged to submit and maintain their Register of Interests and to declare those interests at meetings which were formally recorded. It was noted that it was a common fact that Elected Members, in either a voluntary or other capacity, may have an association with outside organisations or other bodies and it would be wrong, or at least a regressive action, to seek to prohibit or otherwise limit Elected Members involvement in organisations and other bodies outside of their roles as Councillors.

The Chair of Audit and Governance Committee confirmed that as requested by Council on 15 December 2016, the Committee had examined the process involved in awarding Council contracts to WCNE and it was noted that everything was undertaken in a proper manner. This issue had been fully investigated and examined by two barristers and there were no findings of fault. The Chair reiterated that the Adult Services and Public Health Portfolio was fully within the powers given to him at the time as a Portfolio Holder to award the contract and this was supported by Cabinet. It was noted by a Member that the decision of Cabinet to reaffirm the Portfolio Holder's decision was not unanimous, however the Chair confirmed that as the decision was reaffirmed by Cabinet it must have been a majority decision to have been agreed.

During the discussions that followed, Members concurred with the comments of the Chief Solicitor, that to exclude people who were involved with or received a salary from a community and voluntary sector organisation would limit the breadth of knowledge of Members which would be of benefit to the Council and the community and voluntary sector. The significance of Members being in a position of trust was emphasised along with the need to be open and transparent with any personal or prejudicial interests.

A Member commented that in his opinion, there were a number of elements of the referral not adequately covered within the report and suggested that those elements should also be considered as part of the investigation including the lack of three years of accounts from WCNE. The Member who was the Adult Services and Public Health Portfolio Holder at the time was in attendance and confirmed that at the time of the decision to award the contract to WCNE in March 2011, he was satisfied with the accounts of that organisation. A Member suggested that Elected Members should be completely removed from the process of issuing contracts for the Council. The Chief Solicitor indicated that as well as himself, the Contract Procedure Rules rely on the appropriate Director, Procurement Officer and Director of Finance and Policy and Section 151 Officer in consultation with the relevant Policy Chair and other key Members.

The Chief Solicitor suggested that subject to the inclusion of the additional elements to be identified, this issue should be submitted to the Audit and Governance Committee for further consideration in the new municipal year. The Chair requested that the Member who suggested there had been elements not covered by the investigation, forward these elements to him and the Chief Solicitor and these will be examined, with the full outcome of the investigation reported back to the Audit and Governance Committee in the new municipal year.

There was some concern expressed by a Member that the Trustees of WCNE appeared to have escaped any scrutiny of their actions apart from one individual. The Chair confirmed that one individual had been found guilty of a criminal offence and subsequently subject to a custodial sentence as a result of this. He added that although this should not be perceived as an excuse, Members were given positions on numerous Boards of organisations and a lot of Members probably were not fully aware of the ramifications of their responsibilities and it was suggested that future proportionality discussions should ensure Members were made fully aware of the legal responsibilities associated with all appointments.

In response to a question from an independent person, the Head of Audit and Governance responded that the Council's audit arrangements were agreed in advance through the Internal Audit Plan, to be considered later on this agenda. This process was undertaken annually on a risk assessed basis and included contractual arrangements that the Council entered into if they were deemed to be material and meet risk criteria.

A member of the public addressed the Committee commenting that in his view, the investigation into MRA and subsequent involvement of the Police was not instigated quickly enough and expressed disappointment with the content of the investigation report. The Chair responded that as noted above, a further report would be considered by the Committee which would include the additional elements identified as being omitted from the investigation.

The Head of Audit and Governance responded to a member of the public by indicating that the Council investigation took slightly longer to conclude than was initially hoped due to the fact that there were no powers in place to enforce the organisation to provide the Council with the information required to proceed with the investigation. Once all the information was provided, it was noted that initially MRA was rated as 'no assurance' and WCNE was rated as 'limited assurance'. This was due to the lack of adequate arrangements in place to manage payroll and other operations, although at that time there was no hard evidence to prove any fraudulent actions. Subsequently, the Council instigated specific controls around the passporting of funding in relation to child care payments with instructions to the organisations that they had to quickly improve their governance arrangements or any funding provided to the organisations that the Council had control of would cease. As part of the review, steps were taken in conjunction with expert support provided by the National Anti Fraud Network to verify documentation the organisations had provided. This documentation had also been provided to several other organisations including other public funders and local accountants. The outcome of this review resulted in the Council referring the documentation provided to the police and one contract being terminated, with another organisation taking over the operation of that contract. The Head of Audit and Governance stated that Council Officers were unable to comment on this matter so as not to prejudice the police investigation which lasted three years, resulting in the conviction of former Councillor Wilcox.

A member of the public referred to the discrepancies in the accounts of MRA as published on the website of the Charities' Commission website and expressed concern that people who sign up as trustees of organisations may not be fully aware of their responsibilities and obligations. The Chair reiterated that the Chief Solicitor would include the issue of Members' responsibilities and obligations when appointed to outside organisations as part of Members' future development and training. In addition to this, all Group Leaders would be written to outlining the concerns expressed at this Committee.

Recommended

- (1) That any elements the Elected Member noted above considered not to be covered in the investigation be forwarded to the Chair of the Audit and Governance Committee and the Chief Solicitor for examination.
- (2) That a further report be submitted to the Audit and Governance Committee in the new municipal year with the outcome of the investigation, including any additional elements identified.
- (3) That the Chief Solicitor to include within the future training and development programme for Elected Members, the responsibilities and obligations when appointed to outside organisations.
- (4) That the Chief Solicitor write to all Group Members outlining the concerns expressed at this Committee in relation to Elected Members' involvement with outside organisations.

149. Internal Audit Plan 2016/17 Update (*Head of Audit and Governance*)

The report provided Members with an update of the progress made to date in completing the Internal Audit plan for 2016/17. Further detail was provided within the report regarding the schools audits that had been completed and that the associated recommendations had been agreed. In addition, table 2 within the report summarised the assurance level placed on each internal audit undertaken with the risks identified and action plans agreed provided within Appendix A.

Recommended

The content of the report was noted.

150. Internal Audit Plan 2017/18 (*Head of Audit and Governance*)

The report provided Members of the direction of internal audit activity, and to seek approval of the annual operational Internal Audit Plan for 2017/18 attached at Appendix A.

An outline of the internal audit resources for 2017/18 was included within the report and it was noted that the net budget of Internal Audit was £230,000 when taking account of the operational costs and income generated. Further details were provided within Appendix A of the focus of coverage across the Council.

Recommended

The 2017/18 Internal Audit Plan was approved and the Internal Audit budget for 2017/18 of £230,000 was noted.

151. Organised Crime and Procurement Pilot Report (*Chief Solicitor and Head of Audit and Governance*)

The report provided the conclusions and recommendations from a pilot programme to explore the threat from serious and organised crime to publically procured services in Local Government, following correspondence to Local Authority Council Leaders on 6 December 2016. It was noted that the pilot had been undertaken through Local Authorities and Police forces in 7 pilot areas to examine the threat and strengthen protective measures. The pilot had identified 10 possible links between public procured services and organised crime across the following areas:

- Vehicles/transport – taxis, private hire vehicles, garages, car washes;
- Property – construction, property maintenance, management and

development;

- Licensed premises – pubs and bars;
- Catering/food – restaurants, takeaways, catering suppliers, food storage;
- Service/retail – shops, social care, cleaning;
- Health and beauty – hairdressers, nail bars;
- Security – event and site security;
- Professional – financial, immigration advisors, estate agents;
- Environmental – scrap yard, recycling, waste disposal, skip hire; and
- Recreational – entertainment, children’s recreational activities, sport and leisure.

The final report of the Home Office and Department for Communities and Local Government recommended some “resource – light interventions” which they believe might help to reduce the vulnerabilities identified in the pilot, namely:

- (1) A Serious and Organised Crime Checklist (see Appendix A).
- (2) A Serious and Organised Crime Audit (see Appendix B).
- (3) Non Involvement with Serious and Organised Crime Statement.

Recommended

- (1) The report was approved for submission to the Council’s Finance and Policy Committee.
- (2) That the Serious and Organised Crime Checklist and the Serious and Organised Crime Audit form part of the work programme for the Council’s Internal Audit Team for 2017/18 and that the outcome of their findings be brought back for consideration before the Audit and Governance Committee.
- (3) That the ‘Non Involvement Serious and Organised Crime Statement’ official journal notices and invitations to tender, as outlined in the report be utilised.

152. Business Report - Standards (*Chief Solicitor and Monitoring Officer*)

The report outlined the duty for the Council to ‘promote and maintain high standards of conduct’ amongst its Members under Section 27 of the Localism Act 2011. This was underpinned in the Code of Conduct which the Council was obliged to operate and which must be consistent with the seven ‘Principles of Public Life’ set out under the Act. The report sought to identify those matters of current and emerging topical interest which hopefully sufficiently appraises Members in meeting this statutory duty. The report provided an update on the Law Commission consultation paper entitled “Reforming Misconduct in Public Office”. In addition, attached at Appendix A was a copy of a judicial review undertaken by the claimant John Taylor against Honiton Town Council with East Devon District Council being an interested party.

The Chief Solicitor referred to the report considered earlier on the agenda in relation to Organised Crime Procurement Pilot. It was indicated that Authorities should conduct a check list to assess their serious and organised crime risks within their own organisations, this would allow a developed methodology for internal audit teams to scrutinise business operations to establish where any vulnerabilities might lie.

In conclusion it was noted that the Council's Code of Conduct fully complied with the seven 'Nolan Principles' and indeed encompassed the later expanded "Ten General Principles of Conduct in Public Life".

Arrangements were in place through the Monitoring Officer with the assistance of the Independent Persons, to fully investigate any allegations of breaches of the Code. Members' interests were properly maintained, both in manual format and upon the Council's website. Further Members periodically receive communication from the Monitoring Officer as to their obligations to keep updated their own Register of Interests.

In response to a question from a Member, the Chief Solicitor suggested that any decisions on the future of the monitoring of local standards be held in abeyance pending the outcome of the Department for Communities and Local Government's consultation exercise.

A discussion ensued on the current monitoring of standards and the Chair commented that to date, where there had been a finding of guilt from a standards investigation into Members' behaviour, all Members bar one had offered an apology and this was a testament to Members.

Recommended

The content of the report was noted.

153. 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.

154. Any Other Business – Review of APMS contracts for General Practice/Possible Closure of GP Surgery

A letter from the Secretary of State for Health was tabled for Members consideration in relation to the review of the APMS contracts for General Practice and possible closure of the Fens surgery. The Chair expressed disappointment that the Secretary of State did not consider that a full review was required but was pleased to note that the Clinical Commissioning

Group (CCG) was requested to fully involve those who will use its services in options development. The Chair indicated he would write to the CCG seeking clarification of how they proposed to undertake the involvement of service users.

In addition to the above, representatives of the CCG would be in attendance at the meeting of the Audit and Governance Committee on 23 March 2017 to discuss the future of the Assisted Reproduction Unit within Hartlepool and an update on the progression of the APMS contract in view of the letter from the Secretary of State would be sought at that meeting.

Recommended

That the Chair of the Audit and Governance Committee write to the Clinical Commissioning Group seeking clarification of how it was proposed to involve the service users of the Fens GP surgery in the future options development of the APMS Contract.

The meeting concluded at 11.25 am.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

23 March 2017



Report of: Director of Child and Adult Services

Subject: HEALTH AND WELLBEING BOARD REFERRAL -
REPORTING ARRANGEMENTS FOR DELAYED
TRANSFERS OF CARE

1. PURPOSE OF REPORT

- 1.1 To update the Committee on the current position in relation to the implementation of actions agreed in order to address concerns regarding changes to the reporting arrangements for Delayed Transfers of Care.

2. BACKGROUND

- 2.1 On 19 September 2016, the Health and Wellbeing Board received notification that North Tees and Hartlepool Foundation Trust (FT) intended to review the way in which monthly delayed transfers of care were recorded following a review of NHS England guidance on 'Monthly Delayed Transfers of Care: Situation Reports' and direct discussions with NHS England.
- 2.2 The Health and Wellbeing Board agreed that the proposal, and its resulting implications, required further exploration and requested that it be referred to the Audit and Governance Committee for further investigation.
- 2.3 The Audit and Governance Committee, at its meeting on the 20 October 2016, was advised that the interpretation of the Guidance by the Trust had been challenged in a joint letter from Hartlepool and Stockton on Tees Directors of Adults Services. In addition to this, an urgent meeting had been requested to discuss the decision and areas of dispute.
- 2.4 The Committee accepted the referral and agreed that further consideration should be deferred pending:
- A response to the joint letter, sent by Hartlepool and Stockton on Tees Directors of Adults Services, to the Chair of the FT's Board; and
 - The outcome of the meeting with the FT, requested by the Directors of Adult Services.

- 2.5 The Audit and Governance Committee was advised at its meeting held on 8 December 2016, that two meetings had been held with the Trust in November 2016 to seek resolution to the areas of dispute. These meetings resulted in the following being agreed:
- In the context of current capacity pressures in the care sector, it is likely that there will be some delays attributable to social care; these will be reviewed on a monthly basis to ensure accuracy of reporting.
 - Any delays relating to people awaiting nursing home placements should be attributable to the NHS, as the CCG is the responsible commissioner.
 - A piece of work to be undertaken to agree what constitutes a 'reasonable alternative' for people linked to the Trust's Patient Choice Policy. Until additional capacity is available in Hartlepool it is reasonable and acceptable to promote out of area placements, within a reasonable travelling distance, as an alternative to someone remaining in an acute hospital bed when they are medically fit for discharge. Work has commenced on preparing a set of principles to support this approach.
 - The September return submitted by the Trust is to be revised and resubmitted to NHS England on the basis of the criteria agreed above.
 - NTHFT will send all future returns to HBC for sign off prior to submission to NHS England on basis of criteria agreed above.
- 2.6 On the basis that this would satisfactorily resolve the initial concerns raised by the Health and Wellbeing Board on this matter, the Committee was of the view that the matter required no further exploration. It was agreed that a report detailing the outcome of the Audit and Governance Committee's consideration of the referral, and the agreed actions, should be sent to the next meeting of the Health and Wellbeing Board.
- 2.7 Further to the decision of the Audit and Governance Committee on 8 December 2016, it was noted that the actions outlined in Section 2.5 had not been fully implemented. The Committee was advised that further discussions with the Trust were taking place during January 2017 to ensure that actions were implemented and it was agreed that an update confirming the position in relation to each action would be provided to Audit & Governance Committee in March 2017.

3. PROGRESS UPDATE

- 3.1 Overall performance in relation to Delayed Transfers of care has improved significantly in recent months. The number of delays reported in the week commencing 6 March 2017 was three for Hartlepool; the lowest number of delays since this measure was introduced. Of these three, one was a lengthy delay relating to a patient choice issue; the other two were short delays while people were waiting for Pre Admission Assessments to be undertaken by their chosen care home.
- 3.2 Factors that have contributed to this improvement in performance include:

- Daily Discharge Planning Meetings;
- Weekend working arrangements within adult social care;
- Weekend working arrangements within the FT's Discharge Liaison Team;
- Implementation of the Patient Choice Policy which has ensured that patients and their families receive consistent messages and appropriate support to consider alternatives;
- Development of Integrated Discharge Pathways;
- Support for people to access suitable out of area placements; and
- Support for existing care homes to maintain residential care capacity.

3.3 The position is expected to improve further over the next year as two proposed new care home developments become operational. These planned developments will significantly increase availability of both residential and nursing care within Hartlepool and reduce reliance on out of area placements.

3.4 The table below sets out progress against each of the agreed actions:

Action	Progress
In the context of current capacity pressures in the care sector, it is likely that there will be some delays attributable to social care; these will be reviewed on a monthly basis to ensure accuracy of reporting.	It is accepted that some delays are attributable to social care. A jointly agreed definition of when this classification would apply is being finalised, and will be used from March 2017 onwards. Returns will continue to be reviewed on a monthly basis and HBC will monitor all delays that are attributed to social care to ensure that all possible actions are taken to facilitate timely and safe discharges from hospital.
Any delays relating to people awaiting nursing home placements should be attributable to the NHS, as the CCG is the responsible commissioner.	This has been agreed and is now being applied to classification of delays, which feed in to monthly DToC returns.
A piece of work to be undertaken to agree what constitutes a 'reasonable alternative' for people linked to the Trust's Patient Choice Policy. Until additional capacity is available in Hartlepool it is reasonable and acceptable to promote out of area placements, within a reasonable travelling distance, as an alternative to someone remaining in an acute	The work identified that people are being supported on a regular basis to access out of borough placements, when suitable care home placements are not available within Hartlepool. However, there are a very small number of people who have significant delays as they are exercising choice and will not accept an out of borough placement. These cases are closely monitored on a

hospital bed when they are medically fit for discharge.	regular basis and all options are explored to facilitate discharge.
The September return submitted by the Trust is to be revised and resubmitted to NHS England on the basis of the criteria agreed above ie: delays relating to people awaiting nursing home placements should be attributable to the NHS, as the CCG is the responsible commissioner.	The September 2016 return and all subsequent returns have been revised to reflect that delays relating to nursing home placements are attributable to the NHS. Further work is underway to ensure that all other delays are being attributed appropriately. Once figures are jointly agreed, returns will be resubmitted to NHS England based on the agreed principles before the May 2017 deadline. The retrospective review of returns has produced a significant improvement in performance in relation to delays attributed to social care.
NTHFT will send all future returns to HBC for sign off prior to submission to NHS England on basis of criteria agreed above.	All monthly returns are sent to HBC for sign off, and daily situation reports are shared to ensure that cases are tracked and delays reported appropriately. From March 2017 onwards, classifications will be based on the agreed principles.

4. RECOMMENDATIONS

- 4.1 Members are requested to note the report and progress made in relation to delayed transfers of care performance and reporting arrangements.

5. REASONS FOR RECOMMENDATIONS

- 5.1 To confirm the Committee's response to the referral from the Health and Wellbeing Board.

6. CONTACT OFFICER

Jill Harrison
Assistant Director – Adult Services
Hartlepool Borough Council
Email: jill.harrison@hartlepool.gov.uk

AUDIT AND GOVERNANCE COMMITTEE

23 March 2017



Report of: SCRUTINY MANAGER

Subject: NORTH EAST AMBULANCE SERVICE NHS
FOUNDATION TRUST – QUALITY ACCOUNT
2016/17 – COVERING REPORT

1. PURPOSE OF REPORT

1.1 To:

- i) Introduce representatives from the North East Ambulance Service NHS Foundation Trust who will be in attendance at today's meeting to assist and inform discussions in relation to the Trust's Quality Accounts for 2016/17; and
- ii) Seek views / comments from the Audit and Governance Committee on the Quality Accounts to be included within the third party declaration being prepared by the North East Joint Health Scrutiny Committee

2. BACKGROUND INFORMATION

- 2.1 The Health Act 2009 (Part 1/Chapter 2/Section 8) requires that all providers of NHS healthcare services produce an annual Quality Account, containing prescribed information relevant to the quality of the services they provide.
- 2.2 As part of the process for the development of these accounts, there is a legal requirement to involve Overview and Scrutiny Committees from each local authority in the formulation, and submission, of third party declarations. The North East Ambulance Service NHS Foundation Trust's Quality Accounts have been considered annually by the North East Joint Health Scrutiny Committee, as the Joint Committee covers a large proportion of the population served by the Trust. The North East Joint Health Scrutiny Committee, has received a presentation from the North East Ambulance Service regarding their Quality Accounts. Following the presentation, the Committee will utilise comments and views from the Joint Committee and individual scrutiny committees across the region to formulate the Joint Committee's third party declaration.

- 2.3 A presentation will be given at today's meeting by representatives from the North East Ambulance Service NHS Foundation Trust. The representatives present at today's meeting will be available to provide clarification and assistance, as required, and in considering the information provided, the Committee is asked to formulate views and comments which will be utilised in conjunction with the draft version of the Quality Accounts (2016/17), timetabled for April 2017, to be included within the third party declaration being prepared by the North East Joint Health Scrutiny Committee.
- 2.4 Given the timescale for the development and submission of the declaration, following today's presentation approval is sought for the finalisation of the Committee's views and comments to be delegated to the Chair of the Committee in consultation with the Scrutiny Manager.

3. RECOMMENDATIONS

- 3.1 That the Audit and Governance Committee:-
- (i) Consider the presentation, seeking clarification on any issues from the representatives from the North East Ambulance Service NHS Foundation Trust present at today's meeting;
 - (ii) Formulate views and comments on the information presented at today's meeting, which will be included within the third party declaration being prepared by the North East Joint Health Scrutiny Committee; and
 - (iii) Delegate finalisation of the views and comments to the Chair of the Committee in consultation with the Scrutiny Manager

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

BACKGROUND PAPERS

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

AUDIT AND GOVERNANCE COMMITTEE

23 March 2017



Report of: Scrutiny Manager

Subject: TEES, ESK AND WEAR VALLEYS NHS
FOUNDATION TRUST – QUALITY ACCOUNT
2016/17 – COVERING REPORT

1. PURPOSE OF REPORT

1.1 To:

- i) Introduce representatives from Tees, Esk and Wear Valleys NHS Foundation Trust who will be in attendance at today's meeting to assist and inform discussions in relation to the Trust's Quality Accounts for 2016/17; and
- ii) Seek views / comments from the Committee on the Quality Accounts to be included within the third party declaration being prepared by the Tees Valley Joint Health Scrutiny Committee.

2. BACKGROUND INFORMATION

- 2.1 The Health Act 2009 (Part 1/Chapter 2/Section 8) requires that all providers of NHS healthcare services produce an annual Quality Account, containing prescribed information relevant to the quality of the services they provide.
- 2.2 As part of the process for the development of these accounts, there is a legal requirement to involve Overview and Scrutiny Committees from each local authority in the formulation, and submission, of third party declarations. The Tees, Esk and Wear Valleys NHS Foundation Trust's Quality Accounts have been considered annually by the Tees Valley Joint Health Scrutiny Committee, as the Joint Committee covers a large proportion of the population served by the Trust. Last year, each of the Tees Valley Local Authorities contributed to the preparation of the Joint Committee's third party declaration.
- 2.3 A presentation will be given at today's meeting by representatives from Tees, Esk and Wear Valleys NHS Foundation Trust. The representatives present at today's meeting will be available to provide clarification and assistance, as required, and in considering the information provided, the

Committee is asked to formulate views and comments which will be utilised in conjunction with the draft version of the Quality Accounts (2016/17), timetabled for April 2017, to be included within the third party declaration being prepared by the Tees Valley Joint Health Scrutiny Committee.

- 2.4 Given the timescale for the development and submission of the declaration, following today's presentation approval is sought for the finalisation of the Committee's views and comments to be delegated to the Chair of the Committee in consultation with the Scrutiny Manager.

3. RECOMMENDATIONS

- 3.1 That the Audit and Governance Committee:-

- (i) Consider the presentation, seeking clarification on any issues from the representatives from Tees, Esk and Wear Valleys NHS Foundation Trust present at today's meeting.
- (ii) Formulate views and comments on the information presented at today's meeting, which will be included within the third party declaration being prepared by the Tees Valley Joint Health Scrutiny Committee.
- (iii) Delegate finalisation of the views and comments to the Chair of the Committee in consultation with the Scrutiny Manager.

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

BACKGROUND PAPERS

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

AUDIT AND GOVERNANCE COMMITTEE

23 March 2017



Report of: Scrutiny Manager

Subject: ASSISTED REPRODUCTION UNIT AT THE
UNIVERSITY HOSPITAL OF HARTLEPOOL

1. PURPOSE OF REPORT

- 1.1 To introduce representatives from NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG), who will be present at today's meeting to discuss 'those steps that are reasonably practicable to try to reach agreement in relation to the subject of the recommendation', as required by Regulation 23(5)(b) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

2. BACKGROUND INFORMATION

- 2.1 The Audit and Governance Committee at its meeting on the 8 February 2017, received confirmation of the outcome of the procurement process in relation to the provision of assisted reproduction services from the University Hospital of Hartlepool.
- 2.2 The Committee was advised that only one tender had been received and that no successful provider had been identified at the end of the process. This position, alongside market feedback, demonstrated to the CCG that the provision of both licensed and unlicensed services was not a sustainable/viable option in the longer term for the Hartlepool site.
- 2.3 The outcome of the procurement process was reported to the CCG Governing Body, on the 20 December 2016, alongside a number of options for future delivery, which the CCG have indicated would see the continued provision of the services from the Hartlepool site and patient choice. The basis of the model for service provision being:-
- i) The provision of a shared protocol model delivered at UHH (NTHFT) with all unlicensed treatments and the preparation of patients for licensed treatments in line with the agreed protocols of the contracted licensed provider (Gateshead/Newcastle)
 - ii) Patients will have a choice of provider of licensed services following this pathway; reducing the additional travel time for the majority of

appointments/treatments for those patients wishing to choose either of these providers

- iii) Those patients accessing NTHFT for unlicensed treatment, who are then identified as requiring licensed Assisted Reproductive Services, and who choose STHFT as the contracted licensed provider would immediately commence their pathway at STHFT. This would mean a patient having all appointments and treatments for their licensed care provided at the James Cook site

- 2.4 The Committee, following its meeting on 8 February 2017 (reconvened on 16 February 2017) wrote to the CCG expressing its disappointment that a successful tenderer could not be found to secure the continued provision of services from the Assisted Reproduction Unit at the University Hospital of Hartlepool (**Appendix A** refers) The Committee recommended, at its reconvened meeting, that the CCG undertakes a new tender process for provision of licensed and unlicensed services from the Assisted Fertility Unit at the University Hospital of Hartlepool.
- 2.5 The CCG discussed the Committee's concerns and recommendation at their Governing Body on 22 February 2017. The CCG's formal response to the recommendation is attached at **Appendix B**, which, in summary, informs the Committee that the CCG Governing Body has declined the Committee's recommendation to undertake a new tender process, reasons for which are outlined in Appendix B.
- 2.6 Therefore, the Committee has invited representatives from the CCG to attend today's meeting (**Appendix C** refers) to further discuss potential options for a conclusion that would be agreeable to both parties and in preparation for the meeting, have asked that the CCG explore with the unsuccessful tenderer what could be done to overcome the red flags identified during the course of the procurement process. In response to this request, the CCG note the obligation on both parties to take steps which are reasonably practicable to try to reach agreement on the subject of the recommendation, however, the CCG do not consider the Committee's request to explore with the unsuccessful tenderer what could be done to overcome the red flags to be reasonably practicable. The CCG's reasons for this are outlined in **Appendix D**.

3. RECOMMENDATIONS

- 3.1 The Audit and Governance Committee is requested to discuss potential options with the CCG representatives in order to reach a conclusion that would be agreeable to both parties

BACKGROUND PAPERS

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

- (a) Report of the Scrutiny Manager – ARU Consultation – Results (28 July 2016)
- (b) Independent Clinical Review of the ARU at the University Hospital of Hartlepool (7 June 2016)

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

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



Ali Wilson
Chief Officer
NHS Hartlepool & Stockton-on-Tees Clinical Commissioning Group
Billingham Health Centre
Queensway
Billingham
TS23 2LA

17 February 2017

Dear Ali

ASSISTED REPRODUCTION UNIT AT THE UNIVERSITY HOSPITAL OF HARTLEPOOL

As you are aware, the Audit and Governance Committee met on the 8 February 2017 (reconvened on the 16 February 2017) to discuss your recent announcement regarding future arrangements for the provision of services from the Assisted Reproduction Unit at the University Hospital of Hartlepool.

Following detailed consideration of the outcome of the procurement exercise, the Audit and Governance Committee was surprised, and extremely disappointed, that a successful tenderer could not be found to secure the continued provision of services from the Assisted Reproduction Unit at the University Hospital of Hartlepool. A fundamental element of the concerns raised around the tender process related to the red flags identified against the single tenderer. The Audit and Governance Committee Members questioned how a company with a proven track record at 15 other fertility units across the country, who were also already providing staff support at the unit, could fail to meet the standards required by the CCG to deliver the services at Hartlepool.

On this basis, the Committee recommended, at its reconvened meeting, that the CCG undertakes a new tender process for provision of licensed and unlicensed services from the Assisted Fertility Unit at the University Hospital of Hartlepool. This being in accordance with Option 1 of the five options laid down in your Procurement Outcome Report (page 4 of 6 refers).

I would like to thank you for your time and should you require any further information, clarification, please do not hesitate to contact me.

Yours faithfully

COUNCILLOR RAY MARTIN-WELLS
CHAIR OF THE AUDIT AND GOVERNANCE COMMITTEE



**Hartlepool and Stockton-on-Tees
Clinical Commissioning Group**

23rd February 2017

Councillor Ray Martin-Wells
Chair, Audit and Governance Committee
Hartlepool Borough Council
c/o Civic Centre
Hartlepool
TS24 8AY

1st Floor
Billingham Health Centre
Queensway
Billingham
TS23 2LA

Tel: 01642 745982

Dear Councillor Martin-Wells

**ASSISTED REPRODUCTION UNIT AT THE UNIVERSITY HOSPITAL OF
HARTLEPOOL**

Thank you for your correspondence of 17th February outlining the concerns of the Audit and Governance Committee and their reasons for the recommendation that the Clinical Commissioning Group (CCG) undertake a new procurement for unlicensed and licensed services from University Hospital Hartlepool (UHH).

The outcome of our recent attendances at the Audit and Governance Committee and your letter were discussed by the Governing Body of the Clinical Commissioning Group on 22nd February. In their deliberations they acknowledged the disappointment of the Committee, the strength of feeling amongst Committee members and the very genuine concerns of the public in relation to retaining services in Hartlepool. We wish to assure the Committee that the Governing Body fully considered your request in the context of the procurement outcome, options for next steps and legal advice.

They have asked me to provide you with the outcome of their discussions and the reason why they have reached their decision.

Please therefore consider this letter as our formal response to the Council's recommendation.

Both benefits and risks were explored in relation to your recommendation, and whilst the Governing Body like you, are disappointed that the original procurement was unsuccessful, the risks of re-running a procurement process were considered too great at this point in time. These risks included the length of time this would add to reaching a successful conclusion particularly given the fragility of the current service and the potential increased clinical risk and gap in the delivery of a local service. It was felt that this would only further impact service users and the level of choice available to them either in the short or medium term, especially when there is no guarantee that the outcome would be any different. The Governing Body were minded of the feedback during the procurement in relation to market views, that the proposed approach would not provide a viable proposition to providers.

The Governing Body also considered a new procurement with a revised specification in line with suggestions from providers. Again the extended time that the development of a specification would take along with another procurement process could present similar risks but with an extended gap in delivery of a local service, impacting again on services users.

In addition it was noted that the proposed models are untested in terms of a local solution and the CCG would want to ensure as far as possible that the pathways and processes work as expected and there is a high degree of patient satisfaction and successful outcomes. Our proposals therefore to implement the two model pathways working closely with providers who are currently under contract to the CCGs will allow the opportunity for evaluation and review in order to fully consider our commissioning intentions for the longer term.

The CCG therefore wish to confirm that the CCGs propose to implement Model 1 and 2 (presented on the 16th February) on the basis that this will ensure patients spend the minimum time in appointments out of Hartlepool depending on patient choice; will address our concerns in relation to the current fragility of the service; will avoid a potential clinical risk and gap in service, and provides the best possible chance of a high quality and sustainable service in the short and for the longer term.

We acknowledge that we will need to continue to monitor the service carefully and recognise the need to review the impact of the new pathways to inform future commissioning intentions for long term sustainability.

The CCG intend to implement these models as early as possible subject to completion of negotiations with the providers and the regulatory (HFEA) approval of clinical governance arrangements. We therefore wish to provide notice to you under Regulation 23 of our proposed changes. Not-with-standing what was discussed in the Committee meeting, we should be grateful if you will confirm your view on the materiality of these proposals as soon as possible and preferably within the next 14 days.

We recognise that we will need to ensure that the public and service users are fully informed of our plans and the new patient pathways, and we intend to develop a clear communication and user engagement plan which will include publishing this information on the CCG website.

As per our legal advice in relation to Regulation 21 regarding the recommendation for a new procurement and the decision taken by the Governing Body of the CCG to decline the recommendation as outlined above, the CCG now believe that the scrutiny investigation on the tender process to be closed.

Can I take this opportunity to thank you and the Committee for providing us with the opportunity to present our plans and the detail of the tender process. We will of course continue to keep the Committee informed of the implementation process and timescale and should you require any further information or clarification, please do not hesitate to contact me.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'Ali Wilson', with a stylized flourish at the end.

Ali Wilson
Chief Officer

cc. Stewart Findlay – NHS Durham, Dales, Easington and Sedgefield CCG
 Sarah Burns – NHS Durham, Dales, Easington and Sedgefield CCG
 Amanda Hume – NHS South Tees CCG
 Craig Blair – NHS South Tees CCG

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

Ali Wilson
Chief Officer
NHS Hartlepool & Stockton-on-Tees Clinical Commissioning Group
Billingham Health Centre
Queensway
Billingham
TS23 2LA



3rd March 2017

Dear Ali

**ASSISTED REPRODUCTION UNIT AT THE UNIVERSITY HOSPITAL OF
HARTLEPOOL**

Thank you for your letter of the 23 February 2017.

I note your assertion, following the meeting and decision of your Governing Body on 22 February, that you consider that scrutiny of the tender process is now complete albeit the request for the Council's confirmation as to its view on the materiality of the proposals. It is noted from your correspondence that the CCG formally provides 'notice' to the Council under Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, of your 'proposed changes'. This is clearly a statement that either a substantial development or variation of service is proposed to warrant the engagement of said Regulation 23. That being the case, following such notification, it is then incumbent on the parties to 'take such steps as are reasonably practicable to try to reach agreement in relation to the subject of the recommendation' (Regulation 23 (5) (b) refers).

I have taken the opportunity in conjunction with the Council's Chief Solicitor, to obtain further advice from Senior Counsel. On the basis of the advice received, and in accordance with the requirements of Regulation 23(5)(b) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, we therefore request that you attend a formal meeting of the Audit and Governance Committee to work with us to take those 'steps' that 'are reasonably practicable to try to reach agreement in relation to the subject of the recommendation'. We wish at this meeting to further discuss potential options for a conclusion that would be agreeable to both parties and in preparation for the meeting, ask that you explore with the unsuccessful tenderer what could be done to overcome the red flags identified during the course of the procurement process. Whilst you did at the meeting on the 16 February 2017 indicate that this was not possible during the procurement process, as the procurement exercise has now been completed we can foresee no reason why this should not be possible.

In recognition of reference in your letter of the 23 February 2017 to the negative impact of delays on the continued provision of the service, a date and time for this meeting will be identified in accordance with your availability, at the earliest possible opportunity. In order to progress the identification of a suitable date, without delay, could you please provide Joan Stevens (joan.stevens@hartlepool.gov.uk) with a selection of suitable dates by no later than the 10 March 2017.

Yours faithfully

A handwritten signature in black ink, appearing to read 'R. Martin-Wells', with a long horizontal flourish underneath.

**COUNCILLOR RAY MARTIN-WELLS
CHAIR OF THE AUDIT AND GOVERNANCE COMMITTEE**

**Hartlepool and Stockton-on-Tees
Clinical Commissioning Group**Monday 13th March 2017

Councillor Ray Martin-Wells

1st Floor
Billingham Health Centre
Queensway
Billingham
TS23 2LA

Tel: 01642 745982

Dear Cllr Martin-Wells

**ASSISTED REPRODUCTION UNIT AT THE UNIVERSITY HOSPITAL OF
HARTLEPOOL**

Thank you for your letter of 3 March 2017.

Following your letter of 13 January 2017, we have been proceeding under regulation 21 and 22 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. That process concluded with your letter of 17 February 2017, in which you recorded the recommendation made at the meeting of the Health Scrutiny Committee on 16 February that the CCG undertakes a new tender process. Neither at the meeting, nor in your letter, did you request a response under regulation 22(7). As such, there were no further steps to be taken under the regulation 21 and 22 process.

Notwithstanding that you did not request a response; we sent you our letter of 23 February 2017 setting out our reasons why we would not be undertaking a further procurement. This letter also consulted you under regulation 23 about the proposed implementation of Model 1 and Model 2 of the proposed changes to the unit, as presented to your Committee on 16 February 2017. We requested any response to this letter within 14 days, i.e. by 8 March 2017.

From your letter of 3 March 2016, we understand that you have treated our letter as a notice of our disagreement with a recommendation of the Council under regulation 23(5)(a), and we are happy to treat this as such. We note the obligations on both parties to take steps which are reasonably practicable to try to reach agreement on the subject of the recommendation.

We are, of course, happy to attend a meeting to see if this can be accommodated. However, this meeting will need to be held before 23rd March 2017, as on that the CCG will decide whether to implement the proposal (or such other proposal which may result from consultation with you) and this will accommodate the constraints of the purdah period.

However, we do not consider your further request that we "explore with the unsuccessful tenderer what could be done to overcome the red flags" to be reasonably practicable. Whilst the previous procurement exercise has concluded, this does not prevent the CCG from being bound by procurement rules and indeed, constrained by its functions. It is simply not the role of the CCG to guide bidders to make successful tenders. Our role is to commission healthcare and to evaluate bids for tendered services. It would be an unusual and unwelcome precedent for us to become involved in the development of bidders' submissions, since this is not the function of the CCG, nor are we resourced to provide

such a service. It is also uncertain how much advice, guidance or assistance you would wish us to provide.

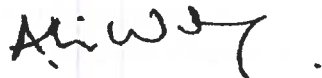
We are obliged to treat all bidders fairly. We would not wish to, and could not lawfully, treat any one individual bidder differently than others in any future procurement. If a further procurement were run for this service, and the losing tenderer and others were to compete, we would be obliged to provide assistance to all further participants on their tender submissions, to avoid being accused of giving an unfair advantage to one tenderer. The risks in future procurements make this an unreasonable step to take. It will muddle the process of tendering significantly, if the CCG becomes involved both in developing tenderer bids, evaluating these and then providing further assistance to bidders who are unsuccessful.

It is not, therefore, reasonable for us to undertake this proposed action.

I should be grateful if you could please let me know as soon as possible when the meeting can take place to discuss the proposals.

With kind regards,

Yours sincerely,



Ali Wilson
Chief Officer

cc. Stewart Findlay – NHS Durham, Dales, Easington and Sedgefield CCG
 Sarah Burns – NHS Durham, Dales, Easington and Sedgefield CCG
 Amanda Hume – NHS South Tees CCG
 Craig Blair – NHS South Tees CCG
 Joan Stevens – Hartlepool Borough Council
 Gill Alexander – Hartlepool Borough Council
 Peter Devlin – Hartlepool Borough Council

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

16 January 2017

The meeting commenced at 10 am in the Civic Centre, Hartlepool

Present:

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

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors Buchan, Clark and Councillor Richardson (as substitute for Councillor Thomas)
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Timlin and Karen Hawkins (as substitute for 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 Hartlepool Voluntary and Community Sector – Tracy Woodhall
Representative of Tees Esk and Wear Valley NHS Trust – Dominic Gardner
Representative of Cleveland Police – Temporary Assistant Chief Constable Ciaron Irvine
Representative of GP Federation, Fiona Adamson

Also in attendance:-

Dr Paul Edmundson-Jones, Public Health
Louise Johnson, General Manager Emergency Care, North Tees and Hartlepool NHS Foundation Trust
Stephen Thomas, Healthwatch
Observer, Hartlepool Borough Council, Councillor Brenda Harrison
L Allison, S Thomas, Healthwatch representatives
Public – P Liddle, E Hughes, S Booth, C Booth, B Keane

Officers: Leigh Keeble, Development Manager
Joan Stevens, Scrutiny Manager
Amanda Whitaker, Democratic Services Team
Juliette Ward, Young Inspectors Co-ordinator

32. Apologies for Absence

Elected Member – Councillor Thomas
 Representative of Clinical Commissioning Group – Alison Wilson
 Representative of the NHS England – Dr Butler
 Chief Executive, Hartlepool Borough Council – Gill Alexander
 Director of Regeneration and Neighbourhoods, Hartlepool Borough Council – Denise Ogden
 Observer – Statutory Scrutiny Representative, Hartlepool Borough Council, Councillor Tennant

33. Declarations of interest by Members

Councillor C Akers-Belcher declared an interest in agenda item 4.2 as Manager, Health Watch Hartlepool and left the meeting during consideration of that item (minute 35 refers).

34. Minutes

- (i) The minutes of the Board meeting held on 5 December 2016 were confirmed.
- (ii) The minutes of the meeting of the Children’s Strategic Partnership held on 27 September 2016 were received.

Further to minute 33, Councillor C Akers-Belcher vacated the Chair for consideration of the following item.

Dr Timlin in the Chair

35. Healthwatch Hartlepool Dementia Diagnosis Consultation Report (*Healthwatch*)

The Board received a report prepared by Healthwatch Hartlepool which provided the outcomes of the recent consultation regarding patient experience of dementia diagnosis in Hartlepool. The context and background to the report were presented by the Healthwatch Development Officer. A number of speakers who had contributed to the report were in attendance at the meeting and spoke of their dementia diagnosis experiences which supported the conclusions set out in the Healthwatch report.

The report concluded that overall there was evidence that diagnosis and associated procedures had improved across the G.P practices that returned questionnaires. Awareness levels amongst all staff appeared to have improved and staff training on dementia awareness happened routinely in most Practices. However, service development in this area was still a “work in progress” and there was still scope for further improvement.

It was acknowledged that diagnosis of dementia for an individual, their family

and carers was an extremely difficult and traumatic process. There was evidence that some patients and their families felt that there was still a stigma attached to the condition and this could impair their willingness to seek help and support at an early stage. Much had been done to address some of the misconceptions and prejudice around the condition, but more was needed if the ambition of creating truly “dementia friendly communities” was to become a day to day reality.

Concerns had been raised by some patients about the level of ongoing support they received once diagnosed. This had suggested that improvements could be made to this aspect of ongoing care and consideration given as to how understanding could be checked at diagnosis. Evidence had been presented by those with dementia and family members and carers which showed that communication processes at all stages of diagnosis could be problematic. It was considered that every effort should be made to ensure that all parties be kept fully informed, and as far as is practicably possible had understood all aspects of diagnosis and ongoing implications. Patients who had experienced the onset of dementia at an early age more frequently reported problems and delays in reaching a diagnosis of their condition. In some instances these patients also found it hard to accept and come to terms with the diagnosis. It was accepted that the sample group had been relatively small but it had indicated that some further work was needed in order to develop the support received by this age group during diagnosis and beyond.

It was noted that communication between G.P's and the Memory Clinic in most instances appeared to be working reasonably well and the speakers at the meeting reiterated that the introduction of The Bridge Centre had been extremely helpful in providing additional information and support to patients and family members.

Representatives of the Clinical Commissioning Group confirmed that the report resonated with the work undertaken in relation to the Better Care Fund and undertook to work with Healthwatch and the Council to improve communication including conveying the services available at the Bridge Centre.

The new role of a Care Co-ordinator was highlighted by the representative of the GP Federation who offered also the services of the Federation to Healthwatch when conducting future surveys. Support was offered also by the representative of Tees Esk and Wear Valley Foundation Trust.

The Vice Chair of the Adult Services Committee expressed his appreciation to Healthwatch representatives and to the speakers for their presentations and stressed the need to address the issues which had been highlighted. Those issues included support for carers as highlighted by a number of Board Members. The Director of Child and Adult Services responded to concerns by highlighting statutory responsibilities and with reference to inclusion of support for carers in the Better Care Fund Plan as a local performance indicator.

It was proposed that the Healthwatch report be referred to the Adult Services Committee and that a progress report be submitted to this Board in 6-12 months.

Board Members responded to a suggestion from a member of the public in relation to GP databases where issues of confidentiality were highlighted together with the development of the Hartlepool Now website. The Director of Child and Adult Services requested that if the public were aware of any additional services not included on the website to inform the Department's Development Officer.

Decision

- (i) The Board agreed the recommendations set out in the report that based on the findings from the consultation events and subsequent discussions, the conclusions set out in the report are noted and acted upon by all relevant parties and that Healthwatch Hartlepool continues to monitor the ongoing development of patient experience of service delivery in this area.
- (ii) That the Healthwatch report be referred to the Adult Services Committee and that a progress report be submitted to this Board in 6-12 months

Councillor C Akers-Belcher returned to the meeting and took the Chair.

36. Urgent and Emergency Care Update - Presentation (*Clinical Commissioning Group*)

The Board received a presentation by Karen Hawkins, Director of Commissioning and Transformation, Clinical Commissioning Group which provided an update on initiatives that were being implemented to manage the demands on urgent and emergency care systems and how services were being developed to improve outcomes and experience for patients. Also in attendance was Louise Johnson, General Manager Emergency Care, North Tees and Hartlepool NHS Foundation Trust who responded to questions arising from the presentation.

Board Members discussed communication issues arising from the one integrated urgent care service model to be delivered by the Foundation Trust collaborating with Hartlepool and Stockton Health (HASH) and NEAS across the two sites of University Hospital North Tees and University Hospital Hartlepool. The Chair of the Board suggested that the March edition of the Council's 'Hartbeat' publication would provide an ideal opportunity to convey the messages associated with the introduction of the new model to the residents of the Borough. The Emergency Care General Manager undertook to convey the opportunity to the communications work stream group and noted the request from the Chair for the provision of information to the Council's Public Relations Team.

Decision

The Chairman expressed his appreciation of the presentation and requested that information relating to the integrated urgent care service model be forwarded to the Council's Public Relations Team.

37. Better Care Fund:2016/17 Q2 Return *(Director of Child and Adult Services)*

The report provided the background to the National Conditions and performance measures associated with the Better Care Fund. The 2016/17 quarter 2 return was attached at Appendix 1 and indicated that all national conditions were being achieved. The deadline for submission of the Q2 return (covering the period July-September 2016) had been 25th November 2016.

Further detail was provided within the report on the following performance measures:

- Permanent admissions to residential and nursing care homes;
- Proportion of older people still at home 91 days after discharge from hospital into reablement/rehabilitation services;
- Delayed transfers of care (DToc) from hospital per 100,000 population (days delayed);
- Total non-elective admissions into hospital per 100,000; and
- Estimated diagnosis rate for people with dementia.

The following local performance indicators had been used to evidence impact of the Better Care fund:

- Use of assistive technology;
- Support for carers;
- Effectiveness of reablement services; and
- Overall satisfaction of people who use services with their care and support.

It was noted that work had been undertaken to review services that were currently funded by the Better Care Fund to clarify their impact. The outcome of the review would be reported to the Better Care Fund Pooled Budget Partnership Board in February 2017.

Decision

The Board noted the 2016/17 Q2 return, which was submitted on behalf of the Board using delegated authority as agreed previously.

Meeting concluded at 11.30 a.m.

CHAIR

SAFER HARTLEPOOL PARTNERSHIP MINUTES AND DECISION RECORD

20 January 2017

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

Present:

Councillor: Christopher Akers-Belcher (In the Chair)
Denise Ogden, Director of Regeneration and Neighbourhoods
Clare Clark, Head of Community Safety and Engagement
Louise Wallace, Director of Public Health
Chief Superintendent Alastair Simpson, Cleveland Police
Chief Inspector Lynn Beeston, Chair of Youth Offending Board
Julie Allan, National Probation Service
John Bentley, Safe in Tees Valley

Councillor Carl Richardson was in attendance as substitute for Councillor Marjorie James, Jane Young as substitute for Sally Robinson, Gilly Marshall as substitute for Stuart Tagg, Rachelle Kipling as substitute for Barry Coppinger, Kevin Parry as substitute for John Graham and Ian Dixon as substitute for Steve Johnson

Also present:

Pete Widlinski, Tees Valley of Sanctuary
Sharon Cooney, Cleveland Police

Officers: Lisa Oldroyd, Community Safety Research and Development
Co-ordinator
Denise Wimpenny, Principal Democratic Services Officer

28. Apologies for Absence

Apologies for absence were submitted on behalf of Councillor James, Hartlepool Borough Council, Stewart Tagg, Housing Hartlepool, Sally Robinson, Director of Child and Adult Services, Hartlepool Borough Council, Karen Hawkins, Hartlepool and Stockton on Tees Clinical Commissioning Group, Barry Coppinger, Office of Police and Crime Commissioner for Cleveland, Steve Johnson, Cleveland Fire Authority and John Graham, Tees Valley Community Rehabilitation Company.

29. Declarations of Interest

None.

30. Minutes of the meeting held on 23 September 2016

Confirmed.

31. Presentation from City Sanctuary/Justice First *(Tees Valley of Sanctuary)*

Issue(s) for consideration

A representative from the City of Sanctuary, who was in attendance at the meeting, provided the Partnership with a definition and overview of the work of the City of Sanctuary and focussed on the following:-

- Definition of Asylum Seeker/Refugee
- Refugee should not be confused with economic migrant/illegal immigrant
- 32,500 people seeking asylum in the UK last year,
- Statistics of people seeking asylum in other countries
- Statistics of people seeking asylum in Teesside
- “What is a City of Sanctuary?”
 - mainstream grassroots movement
 - public commitment to welcoming people seeking sanctuary and refugees
 - creating opportunities for relationships between local people and those seeking sanctuary
 - seeks to influence the political debate on sanctuary indirectly
 - offers a positive vision of a culture of hospitality
- 81 City of Sanctuary Groups
- What does a City of Sanctuary look like?
- Tees Valley of Sanctuary
- Resolution of Support
- Streams of Sanctuary
- Why become a School of Sanctuary
- Practical Activities

Partnership Members welcomed the work of the Tees Valley City of Sanctuary and were keen to see this information publicised as widely as possible, with particular emphasis being placed upon the myths and facts around asylum seekers and refugees. The various methods of publicising information of this type were discussed and it was suggested that the City of Sanctuary, in consultation with the Council, publicise the myths and the facts in the Council's March edition of Hartbeat. Reference was made to the potential benefits of including information of this type in staff wage slips and the importance of continuing to publicise this information was also emphasised.

The need for a more holistic approach between Partnership members in terms of supporting individuals was highlighted as well as the need for a joint strategic needs assessment to ensure an appropriate package of support for individuals was available.

The Chair thanked the representative for an informative presentation.

Decision

- (i) The contents of the presentation and comments of Members were noted.
- (ii) That the myths and the facts around asylum seekers and refugees be widely publicised and included within the March edition of Hartbeat.

32. Community Safety Strategy 2017-2020 (*Director of Regeneration and Neighbourhoods*)

Purpose of report

To seek approval for the proposed development of the new Community Safety Strategy 2017-20.

Issue(s) for consideration

The report set out the background to the statutory responsibility of Community Safety Partnership's to develop and implement a three year Community Safety Strategy setting out how it intended to address crime and disorder, substance misuse and re-offending issues in Hartlepool. The current Community Safety Strategy which had been developed during 2014 would come to an end in March 2017.

The report included the proposed process and timeline for developing a new Community Safety Strategy to cover the period 2017-2020 and the proposed consultation process. Public perception information gathered

from over 250 residents as part of the Safer Hartlepool Partnership 'Face the Public' activities held during October/November 2016 would be used to inform the development of the strategic priorities in the draft strategy. The Strategic Assessment would be presented to the Partnership in March, with a draft strategy ready to go out for consultation on 15 March 2017.

It was anticipated that the finalised strategy would be presented to the Partnership in June/July 2017 and, subject to approval by the Partnership, would be considered by the Finance and Policy Committee prior to being adopted by full Council in September 2017.

With regard to the consultation process and the proposal to link into community and residents' groups, the Chair requested that a letter be sent to these groups from the Chair, on behalf of the Partnership, outlining the Partnership's statutory responsibilities in terms of engagement with particular emphasis upon the reasons for the proposals.

Decision

- (i) That the proposed process and schedule for developing and consulting on the new Community Safety Strategy 2017-2020 be approved.
- (ii) The Partnership agreed to a development day to consider the outcome of the strategic assessment and identification of strategic priorities.
- (ii) That the consultation process include a letter from the Chair of the Partnership to community and residents' groups, outlining the Partnership's statutory responsibilities in terms of engagement, with particular emphasis upon the reasons for the proposals.

33. Safer Hartlepool Partnership Domestic Abuse Strategy 2016-19 (*Director of Regeneration and Neighbourhoods*)

Purpose of report

To seek approval from the Safer Hartlepool Partnership on the Domestic Abuse Strategy 2016-19, attached at Appendix A.

Issue(s) for consideration

It was reported that the current Hartlepool Domestic Violence and Abuse Strategy, which had been developed in 2012 came to an end in December 2015. A first draft of the new strategy had been presented to the Partnership in June where it had been agreed that an eight week consultation be undertaken, details of which were included in the report. In

terms of prevention the following strategic priorities had been identified:-

- Prevention of Abuse
- Partnership Working
- Provision of Services
- Pursuing Perpetrators

The Partnership was advised of the key findings from the consultation, as detailed in Appendix B. As the majority of respondents were, in general, supportive of the strategy and its overall aim and objectives, it was proposed that these should remain the same as in the first draft presented to the Partnership in June 2016. Feedback in relation to what actions could be undertaken by the Partnership to address domestic abuse had been used to inform the development of a draft action plan, attached at Appendix C.

Partnership Members debated issues arising from consideration of the Strategy and the Head of Community Safety and Engagement provided clarification on aspects of the data presented. Improvements were noted in relation to the level of input from health partners. Concerns were expressed regarding the potential impact of cyber bullying and whether any work had been done to address this. The Chief Superintendent outlined the role of the e-safety group and responsibilities upon schools for delivery of e-safety training. The Chair referred to the importance of support for children who had witnessed domestic abuse either directly or indirectly and requested that a presentation be provided to a future meeting of the Partnership to assist the Partnership in understanding the work of the Children's Hub and how that new service had developed.

The Chief Superintendent made reference to additional transformation challenge funding relating to domestic abuse which was sponsored by six police authorities which the Chair requested be explored following the meeting.

A Member questioned the accuracy of the statistics relating to the number of men who were a victim of domestic abuse in Hartlepool as this appeared to be high in comparison to figures previously reported. The Partnership was advised that the figures had been derived from the latest Crime Survey. However, the figures would be revisited.

Discussion ensued regarding equal access to services including the importance of promoting services available to men as well as women. It was agreed that the availability of help and support for both genders be widely publicised and included within the action plan.

Decision

- (i) The Partnership approved the Domestic Abuse Strategy 2016-2019.

- (ii) That the availability of help and support for both genders be widely publicised and included within the action plan.
- (iii) That a presentation be provided to a future meeting of the Partnership to assist the Partnership in understanding the work of the Children's Hub and how that service had developed.

34. Substance Misuse Strategy 2016-2019 *(Director of Public Health)*

Purpose of report

To agree the annual Action Plan to deliver the Substance Misuse Strategy 2016-2019 that was agreed at the Partnership in July 2016.

Issue(s) for consideration

The report set out the background to the statutory responsibility of Community Safety Partnership's to develop and implement strategies to reduce crime and disorder, substance misuse and re-offending in their local area. The current Hartlepool Substance Misuse Strategy which had been developed in 2011 came to an end in March 2016. A yearly Substance Misuse Plan had been developed from the Strategy which also came to an end in March 2016.

The draft Strategy, attached at Appendix 1, had been presented to the Partnership in July where it had been agreed that an eight week consultation be undertaken, details of which were included in the report. The consultation had now concluded and the results from all areas had now been acted upon and had become the basis for the action plan which would accompany the Strategy during its lifespan. The action plan, attached at Appendix 2, would address the objectives set out in the Strategy and as this would be a live document it would be monitored and adapted on a quarterly basis.

With regard to the estimated number of people in Hartlepool who were dependent on drugs per 1,000 population and the proportion in treatment, as detailed in the Strategy, to enable the Partnership to establish whether the Strategy was working effectively and accurately monitor such data, it was suggested that data from previous years be included in the Strategy and quarterly monitoring reports be also provided. The Director of Public Health advised that the level of successful completions from users accessing treatment services to recovery was also fed into the strategic assessment. The benefits of receiving drug testing in custody information was highlighted which the representative from the Police and Crime Commissioner's Office agreed to explore.

Decision

- (i) Subject to inclusion of previous and current drug related data, as detailed above, the Action Plan, as part of the overall Substance Misuse Strategy 2016-2019 be approved.
- (ii) That quarterly monitoring reports be provided to the Partnership to include the number of people dependent on drugs and the proportion in treatment as a comparator with previous years as well as drug testing in custody information.

35. **Durham and Tees Valley Funding Application for Specialist Accommodation Based Support for Victims of Domestic Abuse** *(Director of Regeneration and Neighbourhoods)*

Purpose of report

To inform the Partnership of the Durham and Tees Valley funding application to the DCLG aimed at strengthening specialist accommodation based support for victims of domestic abuse across the sub region.

Issue(s) for consideration

The Head of Community Safety and Engagement reported on the background to the £20 million of funding to support the provision of accommodation based support service reforms to meet the priorities for Domestic Abuse Services.

To address the identified needs of domestic abuse victims who were particularly vulnerable or often excluded from current refuge provision, specifically women with complex needs and victims from BME backgrounds including those with no recourse to public funds, the funding application, attached at Appendix B, had been developed by the six local authorities across the Durham and Tees Valley. The funding application had been submitted to the DCLG on 16 December 2016 by Redcar and Cleveland Borough Council. If successful, the bid would secure £722k, of which £106k would be used to enhance domestic abuse support services in Hartlepool over the next two years (2016-18).

In the discussion that followed presentation of the report, whilst the proposals were welcomed, the Chair expressed disappointment that Hartlepool had not been the lead authority. In relation to the information provided in relation to support and staffing costs, as outlined in Appendix B, a breakdown was requested as to how the remainder of the funding would be utilised.

Decision

- (i) That the contents of the report and comments of Partnership Members be noted.
- (ii) That a breakdown of how the funding would be utilised be provided.

36. Prevent Update *(Director of Regeneration and Neighbourhoods)*

Purpose of report

To inform the Safer Hartlepool Partnership of the recent decision to proscribe National Action under the Terrorism Act 200.

Issue(s) for consideration

It was reported that following debates in Parliament in 16 December, National Action became the first extreme right-wing group to be proscribed as a terrorist organisation. As reported to the Partnership in September, as part of the Hate Crime report, Members of the Partnership had been informed that National Action had been active locally with stickers being posted in the Centre of Hartlepool.

Members were referred to Appendix A, which provided further information in relation to National Action which could be disseminated throughout SHP member organisations to ensure all staff were aware of the group and that it was now a proscribed group.

Discussion ensued in terms of the powers available to protect and safeguard communities and to minimise activities of this type. The Chief Superintendent clarified the powers available to the police and the purpose of the prevent agenda. In response to the Chair's comments on the importance of Partnership Members raising awareness on this issue within various groups, adopting a pro-active approach to Prevent activity and the benefits of partner organisations being part of the Prevent Group, the Head of Community Safety and Engagement reported on the duty upon all organisations to raise awareness and indicated that a report could be presented to a future meeting to update the Partnership on progress to date in terms of prevent activities across Tees.

Decision

- (i) The Partnership noted the decision to proscribe National Action and ensure that they raised awareness of this throughout their own organisations.

- (ii) That a report be presented to a future meeting to update the Partnership on progress to date in terms of prevent activities across Tees.

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

Purpose of report

To provide an overview of Safer Hartlepool Partnership performance for Quarter 2 – July 2016 to September 2016 (inclusive).

Issue(s) for consideration

The report provided an overview of the Partnership's performance during Quarter 2, as set out in an appendix to the report. Information as a comparator with performance in the previous year was also provided. In presenting the report, the Community Safety and Research Officer highlighted salient positive and negative data and responded to queries in relation to crime figures by type.

Decision

That the Quarter 2 performance figures be noted.

38. Communities Against Violence in Cleveland (*Cleveland Police*)

Issue(s) for consideration

The Chair reported that this item would be deferred to the next meeting.

Decision

That the item be deferred to the next meeting.

39. Date and Time of Next Meeting

The Chair reported that the next meeting would be held on 10 March 2017 at 10.00 am.

The meeting concluded at 11.05 am.

CHAIR

NORTH EAST JOINT HEALTH SCRUTINY COMMITTEE

MINUTES

3 November 2016

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

Present:

Chair: Councillor Martin-Wells, Hartlepool Borough Council
Councillor Robinson, Durham County Council
Councillor Weatherley, Gateshead Borough Council
Councillor Taylor, Newcastle City Council
Councillor Kay, Redcar and Cleveland Borough Council

In accordance with Council Procedure Rule 5.2 (ii), Councillor Huntley was in attendance as substitute for Councillor Brady, South Tyneside Council, Councillor Heron was in attendance as substitute for Councillor Dixon, Sunderland City Council.

Also Present:

Councillors Brenda Harrison and Rob Cook, Hartlepool Borough Council
Caroline Thurlbeck and Mark Cotton, North East Ambulance Service
Joanne Dobson, North East Urgent and Emergency Care Network

Officers: Angela Frisby, Gateshead Borough Council
Alison Pearson, Redcar and Cleveland Borough Council
Nigel Cummings and Dianne Snowdon, Sunderland City Council
Peter Mennear, Stockton Borough Council
Paul Baldasera, South Tyneside Council
Stephen Gwilym, Durham County Council
Laura Stones, Scrutiny Support Officer (HBC)
Angela Armstrong, Principal Democratic Services (HBC)

23. Apologies for Absence

Apologies for absence were received from Councillor Brooks North Tyneside, Councillor Wallace Northumberland County Council, Councillor Dixon Sunderland City Council, Councillor Brady South Tyneside Council and Councillor Javed Stockton Borough Council.

24. Declarations of Interest

None.

25. Minutes of the meeting held on 27 October 2016

Confirmed.

26. North East Ambulance Service (NEAS) – Outcome of the Care Quality Commission Inspection and Performance Update – Presentation by representatives from the North East Ambulance Service

Representatives from North East Ambulance Service (NEAS) provided a very detailed and comprehensive presentation which examined the recent Care Quality Commission (CQC) Inspection alongside an update on performance. The CQC had rated NEAS as 'good' and this was published on 1 November 2016. A number of areas were highlighted by the CQC as 'outstanding practice' and it was noted that the 'must do's' identified by the CQC mainly related to good governance under (Regulation 17) and an improvement in the numbers of suitably skilled staff (Regulation 18 and 18 2a). There were three areas of 'should do' improvements required by the CQC and these included staff being further encouraged and supported to report incidents, improvements to the system for monitoring cleanliness of PTS vehicles and improved training for dementia and mental health. The representatives from NEAS continued the presentation with detailed information on performance, workforce and quality indicators.

A Member sought clarification on the handover process between ambulances and hospitals. A representative from NEAS indicated that whilst there was a uniform policy for handovers, there were local variations that may occur. The initial handover included 15 minutes to hand the patients over to the care of the hospital, with 15 minutes to turn the vehicle around, ie restock and cleaning. It was noted that delays more often than not occurred within the first 15 minutes of arrival. It was highlighted that delays in handovers could impact by 5.5k hours per year resulting in 360 ambulance shifts not being available across the year. Members were informed that a new 'flightdeck' system had been developed which showed the capacity of each hospital across the region at a particular point in time therefore enabling paramedics to make an informed choice of which hospital to attend and when to divert to alternative hospitals.

In response to a question from a Member, a representative from NEAS confirmed that urgent calls (green) remained a pressure and it was noted that a number of protocols around response times had been introduced. One of these protocols would be a clinician ringing back a patient who was waiting for an urgent call response to check up on their condition and

asking the patient to get back in touch if their condition deteriorated any further. It was noted that should patients within the green 2 category be waiting for more than an hour, their call would automatically be escalated to the green 1 category. In relation to patient transport, it was highlighted that 80% of patients were on board transport vehicles less than 1 hour with smaller ambulances being used to carry a smaller number of patients more frequently.

A Member raised a number of questions on whether the level of demand should be addressed by the local CCG's rather than NEAS; what was NEAS approach to co-responding with other emergency services; and how do the rural areas of Durham and Newcastle ambulance response rates differ. A representative from NEAS commented that demand was an issue and the local CCG's were promoting the 111 service to try and alleviate pressure on the local hospitals. It was noted that NEAS were fully committed to co-responding alongside the fire and rescue services with local pilots currently operating. In relation to different response times from one rural area to another, one of the key issues was the accessibility of specialist hospitals across the region and the proportion of paramedics in the workforce in Durham which had a higher vacancy rate compared to Northumberland and this was being addressed. One of the key areas that may improve this, would be co-responding with fire and rescue, police and mountain rescue to increase cover across rural areas.

The Chair was pleased to note that NEAS planned to be staffed to full capacity by April 2017 and sought reassurance on how this would be achieved. It was acknowledged by NEAS that this was a genuine challenge and work was ongoing with Teesside University to further develop a two year foundation programme to train a maximum of 60 paramedics per year and it was hoped that this number would be increased in the future.

A number of concerns were expressed in respect of the level of service available to the East Cleveland area and whether the stated figure of 1k emergency calls each day were true emergencies. A representative from NEAS commented that not all emergency calls were true emergencies and it was key that the skilled call operators make an accurate assessment of calls with clinician support alongside where necessary to identify alternative services where this was deemed feasible. In relation to equitable ambulance cover across the whole of the north east, work was ongoing to identify peaks and troughs in demand with a view to introducing shorter shifts which would introduce a flexibility within the workforce to ensure 24 hour cover across the whole patch. In addition to this, a pilot had been operating with paramedics in cars responding to situations with patients being assessed and transferred to hospital by patient transport services where necessary.

Recommendation

The update on the CQC Inspection and the last year's performance of the

North East Ambulance Service was noted.

27. North East Urgent and Emergency Care Vanguard Project – Presentation by representatives from NHS North of England Commissioning Support Unit

A representative from the Urgent and Emergency Care Network (UEC) provided a detailed and comprehensive presentation which examined the following:

- UEC Network/Vanguard
- Network Mandated Interventions
- Local A&E Boards must do's
- Specific Projects –
 - Integrated Urgent Care – Clinical Hub
 - Digital
 - Director of Service (DoS)
 - Delayed Transfer of Care (DToC)
- Additional Network Achievements
- Evaluation

A Member expressed concern at the pressure on GP surgeries and the difficulties people face in trying to get an appointment to see their GP. The representative from the UEC indicated that it was important for GP's to make available the different care pathways available to patients to ensure that all patients' needs were met.

It was noted that discharging patients from hospitals can be problematic due to waiting for occupational therapists and social services to ensure the patient was in receipt of the most appropriate care package to enable them to go home. The representative from the UEC commented that social workers and occupational therapists have a certain skill set and often work in silos, however patients should receive an initial basic assessment with more specialised assessment being undertaken if necessary.

In response to a question from a Member, the representative from UEC confirmed that some GP's make available 1 or 2 appointments for their surgery to the 111 service to refer patients to and this process was evaluated regularly to ensure it was utilised correctly.

Recommendation

The update from the Urgent and Emergency Care Network was noted.

28. Chairman's Urgent Items

None.

29. Any Other Business

None.

30. Date and Time of Next Meeting

The next meeting would take place on Thursday 2 March 2017 at 10.00am in Hartlepool Civic Centre.

Meeting concluded at 3.55pm

CHAIR