

AUDIT AND GOVERNANCE COMMITTEE

AGENDA



Wednesday 21 June, 2017

at 10.00 am

in Committee Room B,
Civic Centre, Hartlepool.

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE

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

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

Parish Council Representatives: Parish Councillor Roderick Thompson (Elwick) and Parish Councillor Darab Rezai, Dalton Piercy.

Local Police Representative: Chief Superintendent Alastair Simpson.

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 27 April, 2017.
4. **AUDIT ITEMS**

No items.
5. **STANDARDS ITEMS**

No items.



6. STATUTORY SCRUTINY ITEMS

Health Items

- 6.1 Introduction to Scrutiny – *Statutory Scrutiny Officer*
- 6.2 Assisted Reproduction Unit - Update – *Representatives from Hartlepool and Stockton-on-Tees Clinical Commissioning Group*
- 6.3 APMS Contract - Update - *Representatives from Hartlepool and Stockton-on-Tees Clinical Commissioning Group*
- 6.4 Selection of Potential Topics for Inclusion in the 2017/18 Statutory Scrutiny Work Programme – *Statutory Scrutiny Officer*
- 6.5 Dedicated Overview and Scrutiny Budget – 2016/17 – Outturn - *Statutory Scrutiny Officer*
- 6.6 Appointment to Committees / Forums – *Statutory Scrutiny Officer*

Crime and Disorder Items

- 6.7 Safer Hartlepool Partnership Strategic Assessment (Presentation) – *Director of Regeneration and Neighbourhoods*
- 6.8 Community Safety Plan 2017-20 (Year 1) – *Director of Regeneration and Neighbourhoods*

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

No items.

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

No items.

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

- 9.1 To receive the minutes of the meeting held on 26 January 2017.

10. MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP

- 10.1 To receive the minutes of the meeting of the Safer Hartlepool Partnership held on 10 March, 2017.

11. REGIONAL HEALTH SCRUTINY UPDATE

No items.

12. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT



For information: -

Date and time of forthcoming meetings –

Wednesday 19 July, 2017 at 10.00 am
Wednesday 20 September, 2017 at 10.00 am
Wednesday 25 October, 2017 at 10.00 am
Wednesday 15 November, 2017 at 10.00 am
Wednesday 6 December, 2017 at 10.00 am
Wednesday 24 January, 2018 at 10.00 am
Wednesday 14 February, 2018 at 10.00 am
Wednesday 14 March, 2018 at 10.00 am
Wednesday 25 April, 2018 at 10.00 am



AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

27 April 2017

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

Present:

Councillor: Ray Martin-Wells (In the Chair)

Councillors: Rob Cook and Lesley Hamilton

Also Present: Cath Andrew, Mazars

Officers: John Morton, Assistant Director, Finance and Corporate Services
Noel Adamson, Head of Audit and Governance
Joan Stevens, Scrutiny Manager
Angela Armstrong, Principal Democratic Services Officer

166. Apologies for Absence

Apologies for absence were received from Councillors Stephen Akers-Belcher, Sandra Belcher and Brenda Harrison.

167. Declarations of Interest

None.

168. Minutes of the meeting held on 23 March 2017

Confirmed subject to the following amendment:

Minute 166 – The last sentence in the second to last paragraph to be amended as follows: “It was confirmed that the same service would be provided by one provider across two sites.”

169. Mazars Report – Audit Strategy Memorandum *(Assistant Director, Finance and Customer Services)*

The representative from Mazars reported on the audit plan in respect of the audit of the financial statements of Hartlepool Borough Council for the year ending 31 March 2017. The plan set out the proposed audit approach and was prepared to assist the Committee in fulfilling its governance responsibilities. The responsibilities of those charged with governance

were defined as to oversee the strategic direction of the entity and obligations related to the accountability of the entity, including overseeing the financial reporting process. Details of key messages were included in the main body of the report which was attached by way of appendix. The representative from Mazars highlighted that in line with the earlier deadline for the completion report in 2018 being in July, this year's completion report would also be July. A Member sought reassurance that the earlier deadline would not present any problems; the representative from Mazars confirmed that resources were in place to deal with this change.

Recommended

The report and associated appendix were noted.

170. Mazars Report – Requirements for Declarations (Assistant Director, Finance and Customer Services)

The representatives from Mazars presented the report which outlined that International Auditing Standards required auditors to ask management and those charged with governance about the arrangements in place. A number of questions were detailed in the report and it was noted that a response was required at the next meeting of the Committee in July 2017. Details of the key messages were included in the main body of the report which was attached at Appendix 1.

In response to a question from a Member, the representative from Mazars confirmed that should the Chair be unavailable due to illness, the Vice Chair would be requested to sign off the responses once approved by the Audit and Governance Committee's meeting in July.

Recommended

- (1) The report was noted.
- (2) That the responses to the questions posed be submitted to the Audit and Governance Committee in July.

171. Role of the Chief Finance Officer (CFO) in Public Service Organisations (Director of Finance and Policy)

The Assistant Director, Finance and Customer Services reported on the CIPFA statement – 'The Role of the Chief Finance Officer (CFO) in Public Service Organisations' and how the Council complied with the guidance. The Statement set out the five principles that define the core activities and behaviours that belong to the role of the CFO in public service organisations and the organisational arrangements needed to support them. For each principle the Statement set out the governance arrangements required within an organisation to ensure that CFOs were

able to operate effectively and perform their core duties. The Statement also set out the core responsibilities of the CFO role within the organisation. The appendix to the report detailed how the Council ensured that the requirements of the statement were met.

The Assistant Director, Finance and Customer Services confirmed that there were no fundamental changes to the role of the Chief Finance Officer since it was last reported to the Committee.

Recommended

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

172. Role of the Head of Internal Audit in Local Government *(Assistant Director, Finance and Customer Services)*

The Assistant Director, Finance and Customer Services reported on the CIPFA (Chartered Institute of Public Finance and Accountancy) statement – “The Role of the Head of Internal Audit in Local Government” and set out how the Council complied with the guidance. The report set out in an appendix, how the local authority complied with each of the five principles that cover the Head of Internal Audit’s role, status, experience/skills and the arrangements for ensuring the Internal Audit Service was adequately resourced and fit for purpose.

Recommended

It was noted that the Section 151 Officer had reviewed the CIPFA statement – “The Role of the Head of Internal Audit in Local Government” and advised that the Council complied with these requirements as detailed in Appendix A.

173. Internal Audit Outcome 2016/17 *(Head of Audit and Governance)*

The Head of Audit and Governance submitted a report informing the Committee of the outcomes of audit work covering the period April 2016 to March 2017. The Head of Audit and Governance commented that from the work undertaken during 2016/17, he had reached the opinion that reliance could be placed on the adequacy and effectiveness of the organisation’s control environment. Key systems were operating soundly and there was no fundamental breakdown in controls resulting in material discrepancy. Satisfactory arrangements were implemented to ensure the effective, efficient and economic operation of Hartlepool Borough Council’s financial

affairs. The Head of Audit and Governance added that staffing resources had been as anticipated, ensuring that all high-risk functions were reviewed and a balanced program of work covering all Council departments was achieved for 2016/17.

In addition, further detailed information on the Internal Audit Performance Indicators, including targets and actual performance for 2016/17, was included within the report.

A discussion ensued on the audits that had not reached a satisfactory assurance level and the Head of Audit and Governance provided the following reassurances to the Committee:

Home Care – It was noted that whilst there had been no errors found during the audit, it was considered that the control environment was not robust enough and agreed actions had been put in place to implement an automated system to ensure appropriate checks were in place.

Economic Development ERDF Grant – This was as a result of weaknesses around the management controls in relation to compliance with terms and conditions. Systems had since been implemented to ensure appropriate controls were in place.

Inspirations Nursery Stock Control – Concerns were raised around the recording and monitoring of stock within the nursery and a system had been implemented to ensure effective recording and monitoring was in place.

Mobile Phones – This related to recording and monitoring mobile phones and how they are managed departmentally. Upon the request of the Chair and Vice Chair of the Committee, additional work had been undertaken and reported back to the Committee regarding the value for money of the council mobile phone contract which had provided assurance on this.

Stores – It was noted that there were concerns around stock recording and control of stock which had resulted in a full stock check being undertaken along with an improved system to record and control the level of stock.

In response to a question from an independent person, the representative from Mazars confirmed that as part of the review of the Annual Governance Statement, they did ensure the work undertaken by Internal Audit was as described. One of the independent persons requested further information on the value of mobile phones and bills and the amount of stock held by the Council within the stores and the Head of Audit and Governance indicated that he would provide those figures.

Recommended

- (1) The report was noted.
- (2) That the Head of Audit and Governance provide the costings

associated with Council mobile phones and the level of stock held within the Council stores.

174. Annual Governance Statement 2016/17 (*Assistant Director, Finance and Customer Services*)

The Assistant Director, Finance and Corporate Services presented a report informing Members of the implications to the Council of the 'Accounts and Audit Regulations (England) 2011' requirement; that the Council publish an Annual Governance Statement (AGS) with the Financial Statements, and the action undertaken by the Council to meet its obligations within the scope of the Regulations. The detailed Annual Governance Statement was attached as an appendix to the report and the Assistant Director, Finance and Customer Services confirmed there was no significance difference to last year's report.

The Annual Governance Statement highlighted the significant governance issues updated from the 2015/16 statement specifically relating to the delivery of the medium term financial strategy, the delivery of the Council Plan and ensuring adequate management arrangements for noncore grant funding were in place. Details of the governance framework and how its effectiveness had been reviewed were also included together with the following significant issues identified during the year:

- Delivery of the Council Plan, revised Performance Management Framework and the Medium Term Financial Strategy, the sustainability of services and level of performance;
- Ensuring appropriate arrangements for Information Governance – complying with NHS requirements; and
- Ensuring adequate management arrangements for non-core grant funding.

The Assistant Director, Finance and Customer Services confirmed that risk management was included within the medium term financial planning processes with key strategic risks identified and reported to Finance and Policy Committee and subsequently to Council.

The Chair commented that several pieces of anonymous information had been received which included alleged wrong-doings within the Local Authority. This information was always taken very seriously with all concerns investigated fully. The Chair wished to congratulate the Director of Finance and Policy, the Assistant Director, Finance and Customer Services and the Head of Audit and Governance for their hard work and commitment for undertaking such thorough investigations in a speedy fashion when required.

Recommended

The Annual Governance Statement 2016/17 was approved.

175. 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.

176. Any Other Business – Last Meeting in the Municipal Year

The Chair highlighted that this was the last meeting of the Audit and Governance Committee in 2016/17 and wished pass on the Committee's thanks to the Independent Persons for their valuable input to the work of the Committee including Standards Issues. Special thanks were also passed onto the Vice Chair for his invaluable support during the year and it was noted that the Vice Chair position would be filled by a Member not from the majority group in future years due to a constitutional change. Thanks were also passed onto all Officers who had been involved in the support of the Audit and Governance Committee throughout the year.

The Chair concluded that the Committee had undertaken some very significant work during the year on audit and external health scrutiny and he hoped to continue to be involved with the Committee going forward.

The meeting concluded at 10.25 am

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

21 June 2017



Report of: Statutory Scrutiny Officer

Subject: INTRODUCTION TO SCRUTINY

1. PURPOSE OF REPORT

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

2. BACKGROUND INFORMATION

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

Statutory Health Scrutiny

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

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

- (i) health issues identified by, or of concern to, the local population;
- (ii) proposed substantial development or variation in the provision of health services in the local authority area (except where a decision has been taken as a result of a risk to safety or welfare of patients or staff);
- (iii) the impact of interventions on the health of local inhabitants;

- (iv) an overview of delivery against key national and local targets, particularly those which improve the public's health;
- (v) the development of integrated strategies for health improvement; and
- (vi) The accessibility of services that impact on the health of local people to all parts of the local community.

Additional Responsibilities:

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

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

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

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

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

Statutory Crime and Disorder Scrutiny

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

- (i) Scrutiny of the work of the partners (insofar as their activities relate to the partnership itself);
- (ii) The review or scrutiny of decisions made or other action taken in connection with the discharge, by responsible authorities, of their crime and disorder functions (in this context responsible authorities means the Council, the Police, the Fire Authority and the Health Bodies) and make reports or recommendations to the Council or the appropriate Policy

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

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

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

3. RECOMMENDATIONS

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

BACKGROUND PAPERS

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

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AUDIT AND GOVERNANCE COMMITTEE

21 June 2017



Report of: Statutory Scrutiny Officer

Subject: ASSISTED REPRODUCTION UNIT - UPDATE

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 provide the Committee with an update on the Assisted Reproduction Unit (ARU).

2. BACKGROUND INFORMATION

- 2.1 At the Audit and Governance Committee meeting held on 23 March 2017, Members were informed of the models of care for licensed and unlicensed treatment that were to be implemented. It was highlighted that these models would offer the potential for the majority of the service to still be delivered from the Hartlepool site and still provide patient choice.
- 2.2 Representatives from the CCG will be in attendance at today's meeting to provide the Committee with an update on the ARU regarding:-
- (a) The progress of the implementation of the new models including the effectiveness of the transfer and whether any issues were identified; and
 - (b) Communication with patients regarding the transfer of the embryos.

3. RECOMMENDATIONS

- 3.1 The Audit and Governance Committee note the update and seek clarification on any issues, where required.

BACKGROUND PAPERS

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

- (a) Minutes from the Audit and Governance Committee held on 23 March 2017.

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AUDIT AND GOVERNANCE COMMITTEE

21 June 2017



Report of: Statutory Scrutiny Officer

Subject: APMS CONTRACT - UPDATE

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 provide the Committee with an update on the APMS contract.

2. BACKGROUND INFORMATION

- 2.1 At the Audit and Governance Committee meeting held on 23 March 2017, Members were informed that in response to the referral letter from the Ceremonial Mayor of Hartlepool sent on behalf of the Committee, the Independent Reconfiguration Panel (IRP) had met and considered the referral on its merits and concluded that the referral was not suitable for full review because further local action by the NHS with the Council could address the issues raised.
- 2.2 In conclusion, the IRP had considered that although closing the Fens Medical Practice would make services slightly further away for some residents, the IRP considered that it was in the best interests of the patients affected, that the current procurement process was brought to a conclusion as soon as possible to ensure the continuation of services and least disruption to patient care.
- 2.3 Therefore, representatives from the CCG will be in attendance at today's meeting to provide the Committee with an update on the APMS contract in relation to the mobilisation of the service and award of contract.

3. RECOMMENDATIONS

- 3.1 The Audit and Governance Committee note the update and seek clarification on any issues, where required.

BACKGROUND PAPERS

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

- (a) Minutes from the Audit and Governance Committee held on 23 March 2017.

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AUDIT AND GOVERNANCE COMMITTEE

21 June 2017



Report of: Statutory Scrutiny Officer

Subject: SELECTION OF POTENTIAL TOPICS FOR INCLUSION IN THE 2017/18 STATUTORY SCRUTINY WORK PROGRAMME

1. PURPOSE OF REPORT

1.1 To:-

- i) Outline the process for the determination of the Overview and Scrutiny Work Programme for the 2017/18 Municipal Year; and
- ii) Seek consideration of potential topics for inclusion into the Statutory Scrutiny Work Programme for the 2017/18 Municipal Year.

2. STATUTORY SCRUTINY WORK PROGRAMME 2017/18

2.1 The Council's Audit and Governance Committee has responsibility for two areas of statutory scrutiny. These two areas are health and crime and disorder.

2.2 Each year Overview and Scrutiny identifies, implements and completes an annual work programme as a means of fulfilling its responsibilities. Members are asked to consider the development of the 2017/18 Work Programme, identifying potential topics for investigation and indicative timeframes covering both areas of statutory scrutiny.

2.3 As part of this process, it is important to focus resources / committee time, and allow sufficient time to respond to other issues. On this basis, work programmes have in the past generally focused on one primary investigation for each service area and Members are asked to bear this in mind in the selection of topics. It is also suggested that Members retain capacity for consideration of:

- Emerging issues - on an ad hoc basis; and
- Mandatory topics - These topics are either statutory requirements, or have been agreed by the Committee in previous years. Details of these are outlined in **Appendix A**.

Health Statutory Scrutiny

- 2.4 In considering the development of a potential work programme item relating to **health** issues, the Director of Public Health, the Director of Child and Adult Services, HealthWatch, Hartlepool and Stockton-on-Tees Clinical Commissioning Group, North Tees and Hartlepool NHS Foundation Trust (NTHFT) and Members have been consulted and the potential topics that have been suggested are outlined in sections 2.5 of this report to enable the Committee to compile its Work Programme. However, it should be appreciated that some of the areas detailed below are continually evolving and further details will emerge throughout the year.
- 2.5 In addition to the mandatory topics, the topics below have been suggested as potential items for consideration by the Committee in relation to Health. In order for the Committee to identify a suitable topic for investigation a PICK scoring system has been utilised which measures each topic using 4 areas, public interest; impact; council performance and efficiency; and keep in context. An explanation of the scoring system is attached as **Appendix B**.

TOPIC	Director of Public Health / Director of Child and Adult Services	Clinical Commissioning Group	North Tees and Hartlepool NHS Foundation Trust	Health watch	Councillors	Other	Matrix Score
<p>Public Health Interventions (Hartlepool Matters) and Prevention (Sustainability and Transformation Plan (STP))</p> <p>For further details see Appendix C</p>	X						9
<p>Mental Health Crisis Concordat (Hartlepool Matters) and Improving Local Mental Health Services (STP)</p> <p>For further details see Appendix D</p>	X				X		9

<p>Elective Surgery on the UHH site (Hartlepool matters) and high quality Maternity Services (STP)</p> <p>For further details see Appendix E</p>	X					9
<p>Deprivation and Health</p> <p>Is deprivation having an impact on people’s health and how can it be addressed?</p> <p>For further details see Appendix F</p>				X		6

2.6 In considering potential work programme items for 2017/18, Members may also wish to update the 3 year rolling work programme for this Committee. The establishment of the rolling work programme is considered best practice as outlined in the health scrutiny guidance. This is to enable local partners to be aware in advance of forthcoming priorities of the Audit and Governance Committee.

ROLLING HEALTH SCRUTINY WORK PROGRAMME	Matrix Score
Healthy Eating / Obesity (For further details see Appendix G)	8
Drug Rehabilitation (For further details see Appendix H)	9
Diet, Nutrition and Diabetes (For further details see Appendix I)	7

Crime and Disorder Statutory Scrutiny

2.7 In considering the development of a potential work programme item relating to **crime and disorder** issues, the Director of Regeneration and Neighbourhoods and Members have been approached for topic discussions. On the basis of discussions and in meeting the requirements of crime and disorder committee legislation, a list of mandatory items to be considered by the Committee is attached at **Appendix A**.

2.8 In addition to the mandatory topics, the below topics have been suggested as potential items for consideration by the Committee in relation to crime and disorder.

TOPIC	Director of Regeneration and Neighbourhoods	Councillors	Matrix Score
<p>Safer Hartlepool Partnership Strategic Assessment</p> <p>For the Committee to consider whether any areas are potential work programme topics - For Further details see agenda item 6.7</p>	X		N/A

2.9 In setting the Work Programme for 2017/18 consideration also needs to be given to the following Budget and Policy Framework documents, which will be presented to the Committee during the course of the year.

BUDGET AND POLICY FRAMEWORK ITEMS	ESTIMATED TIMETABLE FOR CONSIDERATION
Health and Wellbeing Strategy – Annual Refresh and Action Plan	September 2017 / January 2018
Community Safety Plan – Annual Refresh	June 2017
Youth Justice Strategic Plan	TBC

2.10 The Committee is also advised to be cautious in setting an overly ambitious Work Programme for which it may be unable to deliver. In order to assist Members, **Appendix J** maps the meetings of the Audit and Governance Committee alongside the issues already identified for consideration in Appendix A.

2.11 Having considered the above information together with topics identified by individual Members’ for inclusion into the Work Programme, the Committee may wish to discuss various aspects contained within the Council Plan to raise potential areas for consideration. They could range from areas already identified as suitable for development or areas where the specific performance is of concern. For this purpose, **Appendix K** details the relevant sections of the Council Plan for the Committee’s consideration as outlined below:-

Appendix K – Council Plan key deliverables relating to Community Safety and Health and Wellbeing

2.12 A copy of Hartlepool and Stockton-on-Tees Clinical Commissioning Group’s (CCG) Annual Report 2016/17 can be viewed at <http://www.hartlepoolandstocktonccg.nhs.uk/?s=annual+report>. The

Performance section of the report describes the CCG's work and assesses how they have performed over the last year. The Committee may wish to discuss various aspects contained within the Strategic section of the Annual Report to raise potential areas for consideration.

- 2.13 Once the Committee has identified its Scrutiny topics, anticipated time frames need to be applied. It is recognised that the Committee's workload needs to be managed carefully, with due consideration given to the allocation of appropriate time to allow effective exploration of the identified health and crime and disorder topics. In order to assist in achieving this, it is suggested that the Committee considers the potential value of establishing working groups to carry out work relating to the topics.
- 2.14 Evidence gathered by the groups outside of the normal scheduled Committee meetings, could then be reported back to the full Committee, maximising the use of resources and time, assisting in the collection of evidence to inform investigations and helping manage the duration of formal meetings. To assist in consideration of this suggestion, Members views are to be fed into discussions at today's meeting, including potential groupings, for consideration by the Committee.
- 2.15 It is also suggested to the Committee that a standard template for applying time allocations should be treated with caution as when scoping a subject a number of complexities may arise, therefore the anticipated duration should be allocated to the subjects on an individual basis.

3. RECOMMENDATIONS

- 3.1 The Audit and Governance Committee is requested to:
- (a) consider the wide range of information detailed within this report to assist in the determination of its 2017/18 Work Programme, utilising the tables provided;
 - (b) consider choosing a maximum of one/ two topics for the coming year, which will allow for flexibility in its work programme for emerging issues and referrals;
 - (c) consider the items on the rolling programme and agree whether to maintain the current items or remove / add topics;
 - (d) consider the working group proposal (as detailed in Section 2.13), to assist in the collection of evidence and effectively manage the duration of formal Audit and Governance Committee meetings; and
 - (e) subject to approval of the proposal outlined in Section 2.13, consider nominations for the potential membership of the working group(s)

4. REASONS FOR RECOMMENDATIONS

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

BACKGROUND PAPERS

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

- (i) Community Safety Plan 2014-17
- (ii) Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby Sustainability and Transformation Plan
- (iii) Hartlepool Matters – Shaping the Future of Health and Social Care in Hartlepool
- (iv) JSNA -<http://www.teesjsna.org.uk/hartlepool/>

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Health Items

ITEM TO BE CONSIDERED	Details	Estimated Timetable for Consideration by the Forum
North Tees & Hartlepool NHS Foundation Trust Quality Account for 2017/18	Annual reflection on the 2016/17 Quality Account and contribution towards the 2017/18 Quality Account for North Tees and Hartlepool NHS Foundation Trust (NTHFT).	November 2017 and February 2018
Progress against Care Quality Commission Inspection – Action Plan on services that ‘require improvement’	Update on the progress made against the services that were rated as ‘needing improvement’ by the Care Quality Commission following their inspection of NTHFT in July 2016.	October 2017
Director of Public Health – Annual Report	Annual Report produced by the Director of Public Health	November 2017
Health Inequalities	Annual update on Health Inequalities, focusing on women’s life expectancy, as agreed by the Health Scrutiny Forum in 2009.	November 2017
Health and Wellbeing Board Performance Reports (including sub group performance)	Details of the quarterly performance monitoring reports of the Health and Wellbeing Board will be presented to the Audit and Governance Committee on a regular basis.	TBC
Tees, Esk and Wear Valleys NHS Foundation Trust – Quality Account	Annual reflection on the 2016/17 Quality Account and contribution towards the 2017/18 Quality Account for Tees, Esk and Wear Valleys NHS Foundation Trust.	February 2018
North East Ambulance Service - Quality Account	Annual reflection on the 2016/17 Quality Account and contribution towards the 2017/18 Quality Account for the North East Ambulance Service.	February 2018

Crime and Disorder Items

ITEM TO BE CONSIDERED	Details	Estimated Timetable for Consideration by the Forum
Community Safety Partnership	Details of the performance of the Safer Hartlepool Partnership during 2016-2017 and the Partnership Strategic Assessment will be presented to the Audit and Governance Committee.	2016-2017 SHP Performance Report – June 2017
Performance Monitoring Reports	Details of the quarterly performance monitoring reports of the Safer Hartlepool Partnership will be presented to the Audit and Governance Committee on a regular basis.	Q1 – tbc Q2 – tbc Q3 – tbc

PICK Priority Setting

P for Public Interest

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

I for Impact

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

C for Council Performance

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

K for Keep in Context

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

PICK Scoring System

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

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

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

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

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

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

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

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

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

Topic:	
Public Health Interventions (included in the Hartlepool Matters report) and Prevention (included in the Sustainability and Transformation Plan (STP))	
Background Information	
<p>Local Authorities are the local leaders in improving the public's health but the NHS also has a major part to play. Both are statutorily required to take steps to improve and protect the health of the population. Prevention is a well used term, but what is actually meant by prevention is complex to define. The terms primary, secondary and tertiary prevention are also often used. Considering each term:-</p> <p>Primary Prevention - aims to stop or prevent disease from occurring in the first place, for Example, following advice relating to taking exercise, not smoking following alcohol consumption guidelines and immunisation.</p> <p>Secondary Prevention - focuses on reducing the impact of diseases already detected, including, for example, modifying lifestyles to prevent a condition from worsening, such as weight management to reduce the impact of Type 2 diabetes.</p> <p>Tertiary Prevention - focuses on reducing the impact of an ongoing illness that will have lasting effects, including cardiac, stroke rehabilitation programmes or chronic disease management programmes.</p> <p>One of the areas included in the STP is early intervention and prevention looking at lifestyle, early identification and intervention.</p> <p>It is suggested that the Committee examine Public Health Interventions linking in with the outcomes of Hartlepool Matters and the STP.</p> <p>The Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP can be viewed at https://www.hartlepool.gov.uk/info/20081/health_and_well_being/611/sustainability_transformation_plan_stp</p> <p>The Hartlepool Matters report can be viewed at https://www.hartlepool.gov.uk/info/20015/social_care_and_health/650/hartlepool_matters_report</p>	
AREAS FOR CONSIDERATION	PICK Scoring System
<p>Public Interest – the concerns of local people should influence the issues chosen</p> <p>This is in the public interest.</p>	<p>3 High public interest</p>

<p>Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area</p> <p>This issue will have a high impact as outcomes will contribute to improving the health and wellbeing of Hartlepool residents.</p>	<p>3 High impact</p>
<p>Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals</p>	<p>n/a</p>
<p>Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort</p> <p>Scrutiny has not investigated this topic in previous years.</p>	<p>3 Need for review acknowledged</p>

TOTAL SCORE: 9

Topic:

Mental Health Crisis Concordat (Hartlepool Matters report) and Improving Local Mental Health Services (Sustainability and Transformation Plan (STP))

Background Information

Mental Health Services - Evidence shows that:

- People in England who have had mental health problems are five times as likely to be admitted to hospital as an emergency as those who have not.
- Both the Nuffield Trust and Health Foundation think tanks found most admissions were for physical ailments.
- Researchers said the findings suggested the NHS was too often treating mental health conditions in isolation.
- Overall, just 20% of admissions were explicitly linked to mental health.
- Instead, mental health patients were more likely to be admitted as an emergency for what are usually routine problems like hip replacements.
- Visits to Accident and Emergency units were also three times higher, with more than 1,300 attendances for every 1,000 patients with mental health; and
- These figures are even worse for black and minority ethnic members of the public and even worse are more likely to be referred to the criminal justice system or compulsorily detained. Surprising to many, mental health services as a related set of services are the highest funded in the NHS; but nationally, similarly to primary care services, insufficient monies go to community-based care. It was, however, encouraging to find that the Tees, Esk and Wear Valleys NHS Foundation Trust have shifted the balance and are now spending more on community services than bed-based provision.

One of the areas included in the STP is Transforming Mental Health Services.

It is suggested that the Committee examine how mental health services can be improved linking in with the outcomes of Hartlepool Matters and the STP. As there are many issues that are often not as well addressed as in physical care

The Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP can be viewed at

https://www.hartlepool.gov.uk/info/20081/health_and_well_being/611/sustainability_transformation_plan_stp

The Hartlepool Matters report can be viewed at

https://www.hartlepool.gov.uk/info/20015/social_care_and_health/650/hartlepool_matters_report

AREAS FOR CONSIDERATION**PICK Scoring System**

<p>Public Interest – the concerns of local people should influence the issues chosen</p> <p>This is in the public interest.</p>	<p>3 High public interest</p>
<p>Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area</p> <p>This issue will have a high impact as outcomes will contribute to improving the health and wellbeing of Hartlepool residents.</p>	<p>3 High impact</p>
<p>Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals</p>	<p>n/a</p>
<p>Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort</p> <p>Scrutiny has not investigated this topic in previous years.</p>	<p>3 Need for review acknowledged</p>

TOTAL SCORE: 9

Topic:	
Elective Surgery on the University Hospital of Hartlepool site (Hartlepool matters report) and high quality Maternity Services (Sustainability and Transformation Plan (STP))	
Background Information	
<p>One of the recommendations in the Hartlepool Matters report is to review existing arrangements to explore options to increase the levels of planned surgery undertaken from the Hartlepool hospital site.</p> <p>Maternity services are being looked at as part of the STP, therefore it is suggested that the Committee examine how a high quality integrated service can be provided for Hartlepool residents, looking at elective surgery on the UHH site and high quality maternity services. Areas which could be looked at include variability of access, care and outcomes for Hartlepool residents.</p> <p>The Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP can be viewed at https://www.hartlepool.gov.uk/info/20081/health_and_well_being/611/sustainability_transformation_plan_stp</p> <p>The Hartlepool Matters report can be viewed at https://www.hartlepool.gov.uk/info/20015/social_care_and_health/650/hartlepool_matters_report</p>	
AREAS FOR CONSIDERATION	PICK Scoring System
<p>Public Interest – the concerns of local people should influence the issues chosen</p> <p>This is in the public interest.</p>	<p>3 High public interest</p>
<p>Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area</p> <p>This issue will have a high impact as outcomes will contribute to improving the health and wellbeing of Hartlepool residents.</p>	<p>3 High impact</p>
<p>Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals</p>	<p>n/a</p>

<p>Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort</p> <p>Scrutiny has not investigated this topic in previous years.</p>	<p style="text-align: center;">3</p> <p style="text-align: center;">Need for review acknowledged</p>
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TOTAL SCORE: 9

Topic: Deprivation and Health	
Background Information Is the deprivation factor having an impact on people's health and how can it be addressed? The Committee could look at the processes and outcomes of any means of tackling this issue. The English Indices of Deprivation 2015 show that Hartlepool is the 18 th most deprived of 326 local authority areas in England (DCLG, 2015). In 2010 it was the 24 th most derived. (Hartlepool JSNA)	
AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen This is in the public interest.	3 High public interest
Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area This issue will have a high impact as outcomes will contribute to improving the health and wellbeing of Hartlepool residents.	3 High impact
Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals	N/A
Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort The Committee receive an annual update on Health Inequalities.	0 Looked at through the annual update

TOTAL SCORE: 6

HARTLEPOOL BOROUGH COUNCIL

Topic: Healthy Eating / Obesity	
Background Information Within Hartlepool, 29.9% of adults are classified as obese and results from the National Child Measurement Programme show that by year six, 35% of children are either overweight or obese. These levels of obesity are significantly higher than the English average, illustrating the scale of the problem. (teesjsna.org.uk)	
AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen This is in the public interest.	3 High public interest
Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area This issue will have a high impact as outcomes will contribute to improving the health and wellbeing of Hartlepool residents.	3 High impact
Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals In Year 6, 24.4% (245) of children are classified as obese, worse than the average for England. 30.6% of adults are Obese in Hartlepool, worse than the average for England.	2 Higher than English average
Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort Scrutiny has not investigated this topic in previous years. This topic is on the rolling programme. The Health and Wellbeing Board (HWBB) have developed a 10 Year Healthy Weight Strategy.	0 Being looked at by HWBB

TOTAL SCORE: 8

Topic: Drug Rehabilitation	
Background Information <p>The rate of people dependent on drugs in Hartlepool (18.6 per 1,000 population) is more than double the national average (8.7 per 1,000 population). More than half of those users (63.7%) are currently accessing treatment services for support and this is higher than the England average (53.4%).</p> <p>The total number of individuals in Hartlepool accessing treatment in 2012/13 was 861 (5.5% increase from the previous year). Nationally, the number of people accessing drug treatment has fallen by 1.1%.</p> <p>(www.teesjsna.org.uk)</p>	
AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen High public interest	3 High public interest
Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area This issue will have a high impact as outcomes will contribute to improving the health and wellbeing of Hartlepool residents.	3 High impact
Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals There is a high prevalence of opiate and/or crack use, which is higher than the England average. (Health profile 2015)	2 Below England average
Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort Scrutiny has not investigated this topic in previous years. This topic is on the rolling programme.	1 Longer term aspiration or plan

TOTAL SCORE: 9

Topic: Diet, Nutrition and Diabetes	
Background Information Good nutrition has a key role to play both in the prevention and management of diet related diseases such as cardiovascular disease, cancer, diabetes and obesity. (www.teesjsna.org.uk)	
AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen This is in the public interest.	3 High public interest
Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area This issue will have a high impact as outcomes will contribute to improving the health and wellbeing of Hartlepool residents.	3 High impact
Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals N/A	N/A
Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort Scrutiny has not investigated this topic in previous years. This topic is on the rolling programme.	1 Longer term aspiration or plan

TOTAL SCORE: 7

TIMETABLE	21/06	19/07	20/09	25/10	15/11	6/12	24/01	14/02	14/03	25/04
Statutory Scrutiny Issues										
Statutory Scrutiny Work Programming	■	■	■	■		■			■	■
Closing the Loop and Recommendation Monitoring		■	■	■	■	■	■	■	■	■
Work Programme Items and Investigations (as required)		■	■	■	■	■	■	■	■	■
Crime and Disorder Scrutiny										
Community Safety Partnership (Yr End Perf & Strategic Ass)		■	■	■		■			■	■
Community Safety Partnership - Strategic Assessment		■	■	■		■			■	■
Community Safety Partnership - Qrtly Performance		■	■	■		■			■	■
Community Safety Plan (B&PF)		■	■	■		■			■	■
Youth Justice Strategic Plan (B&PF)		■	■	■		■			■	■
Health Scrutiny										
HWBB – Sub Group Performance and HWBB Quarterly Performance		■	■	■		■			■	■
Tees, Esk & Wear Valleys NHS FT – Quality Account		■	■	■		■		■	■	■
NEAS – Quality Account		■	■	■		■			■	■
North Tees & Hartlepool NHS FT – Quality Account		■	■	■		■		■	■	■
Health Inequalities Annual Update		■	■	■		■			■	■
Director of Public Health – Annual Report		■	■	■		■			■	■
Care Quality Commission – NTHFT Inspection Action Plan progress		■	■	■		■			■	■
Local Authority/GP Hubs		■	■	■		■			■	■
Urgent Care Update		■	■	■		■			■	■
APMS Update	■	■	■	■		■			■	■
ARU update	■	■	■	■		■			■	■
Audit										
Role of the Chief Finance Officer / Head of Internal Audit		■	■	■		■			■	■
Quarterly Internal Audit Updates		■	■	■		■			■	■
Approve the Internal Audit Plan		■	■	■		■			■	■
Review the Treasury Management Strategy		■	■	■		■			■	■
Review the Councils accounts (Member Training - June)		■	■	■		■			■	■
Internal Audit Outcome Report 2014/15		■	■	■		■			■	■
Annual Governance Statement 2014/15		■	■	■		■			■	■
Audit Progress Report 2014/15		■	■	■		■			■	■
Review of Effectiveness of System of Internal Audit		■	■	■		■			■	■
Letter to those Charged with Governance		■	■	■		■			■	■
External Audit reports (as required)		■	■	■		■			■	■
Statutory Accounts (July for info and Sept for approval)		■	■	■		■			■	■
Standards Issues										
Intro to Standards & Amendment of Forms (as required)		■	■	■		■			■	■
Standards Training		■	■	■		■			■	■
Standards Annual Report		■	■	■		■			■	■
Complaint Investigation (as required)		■	■	■		■			■	■
DCLG guidance reports (as required)		■	■	■		■			■	■
Appointment and training of Independent Person (if required)		■	■	■		■			■	■
Revise and review the Code of Conduct (Member & Officer)		■	■	■		■			■	■



Audit Meeting



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

Strategic Priority: Developing and promoting Hartlepool as a great place to live

Key Deliverables

Key Deliverable	Milestones	By when	By who
Launch new joined up approach to enforcement and community safety	New Service model agreed by Community Safety Partners	May 2017	Director of Regeneration and Neighbourhoods
	Project plan approved by Safer Hartlepool Partnership	May 2017	Director of Regeneration and Neighbourhoods
	Implementation of Phase 1 of new model completed	October 2017	Assistant Director – Environment & Neighbourhood Services
	Implementation of Phase 2 of new model completed	January 2018	Assistant Director – Environment & Neighbourhood Services
	Official Launch Event	February 2018	Assistant Director – Environment & Neighbourhood Services

Strategic Priority: Developing new services for people and communities

Key Deliverables

Key Deliverable	Milestones	By when	By who
Deliver three community hubs across Hartlepool by July 2017 and have the full Community Hub offer operational by April 2018.	Workforce development review and pre-launch publicity campaign	June 2017	Director of Public Health
	3 community hubs operational	July 2017	Director of Public Health
	Consultation on re-shaping of library and information offer	December 2017	Director of Regeneration and Neighbourhoods
	Review and further development of community hub offer	January 2018	Director of Public Health
	Full community hub offer operational	April 2018	Director of Public Health

6.4 Appendix K

Key Deliverable	Milestones	By when	By who
Implement a new model for encouraging and supporting healthy lifestyles by 2018.	Review the model of delivery for NHS Health Checks	July 2017	Director of Public Health
	Redesign the health improvement offer into community hubs	September 2017	Director of Public Health
	Review use of community pharmacy in supporting healthy lifestyle	December 2017	Director of Public Health
	Deliver new health and well being offer	April 2018	Director of Public Health

Key Deliverable	Milestones	By when	By who
Work with health partners to establish new integrated health and social care services as set out in Hartlepool Matters by 2018.	Commence implementation of Year One Action Plan against recommendations	March 2017	Director of Child and Adult
	Implement Integrated Discharge Pathways to improve hospital discharge process and prevent delayed transfers of care.	October 2017	Assistant Director – Adult Services
	Develop new multi disciplinary approaches with primary care to prevent avoidable hospital admissions.	December 2017	Assistant Director – Adult Services

Key Deliverable	Milestones	By when	By who
Widen participation in sport and leisure activities by April 2018.	Review fees and charges to ensure the sport and leisure offer is commercially competitive	April 2017	Director of Public Health
	Complete the indoor sports strategy to ensure planning and investment in services reflects need	May 2017	Director of Public Health
	Work with sporting bodies and associations to increase the range and quality of activities on offer	September 2017	Director of Public Health

Key Deliverable	Milestones	By when	By who
Implement a new model for supporting drug and alcohol recovery by September 2017.	Design a new recovery model	December 2016	Director of Public Health
	Undertake due diligence with existing provider	March 2017	Director of Public Health
	Launch new recovery service	April 2017	Director of Public Health
	Review new service model	December 2017	Director of Public Health

AUDIT AND GOVERNANCE COMMITTEE

21 June 2017



Report of: Statutory Scrutiny Officer

Subject: DEDICATED OVERVIEW AND SCRUTINY BUDGET
- 2016/17 - OUTTURN

1. PURPOSE OF REPORT

- 1.1 To provide the Audit and Governance Committee with an up-to-date position of the expenditure of the Dedicated Overview Scrutiny Budget for the 2016/17 financial year.

2. BACKGROUND INFORMATION

- 2.1 In 2013, a budget of £5000 per year was allocated to the Overview and Scrutiny function. The purpose of the budget is to provide support for the delivery of the work programme and development of the function. An agreed procedure is in place for the authorisation for budget spends through this Committee and is utilised by Members in considering the appropriateness of funding requested.

3. BUDGET SPEND FOR THE 2016/17 FINANCIAL YEAR

- 3.1 Details of funding from the dedicated budget during the course of each year are reported to this Committee. The Committee is advised that during 2016/17 the following request was agreed for funding from the available £5,000 budget:-

ARU (Judicial Review) - £1908.00

4. RECOMMENDATION

- 4.1 It is recommended that the Audit and Governance Committee notes the dedicated scrutiny budget position for the 2016/17 financial year.

Contact Officer:- Joan Stevens – Statutory Scrutiny Officer
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BACKGROUND PAPERS - No background papers were used in the preparation of this report.

AUDIT AND GOVERNANCE COMMITTEE

21 June 2017

**Report of:** Statutory Scrutiny Officer**Subject:** APPOINTMENT TO COMMITTEES / FORUMS**1. PURPOSE OF THE REPORT**

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

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

2. BACKGROUND INFORMATION*Tees Valley Joint Health Scrutiny Committee*

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

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

Regional Health Scrutiny Committee

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

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

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

Better Health Programme Overview and Scrutiny Committee

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

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

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

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

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

- 2.7 Councillor Martin-Wells and Councillor Cook were appointed as the Council's representatives on the Better Health Programme Overview and Scrutiny Committee (there is also one vacancy).

North East Regional Joint Member / Officer Scrutiny Network

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

- (a) to share information on, for example: scrutiny best practice; outcomes of scrutiny investigations; benchmarking; service planning; performance indicators; conference feedback and funding streams.
- (b) to share ideas on improving scrutiny processes and enhancing effectiveness.
- (c) to provide a mechanism to facilitate personal and professional development.
- (d) to provide a conduit between the North East authorities and the Centre for Public Scrutiny for sharing up-to-date information, which would include inviting speakers to talk about recent national policy developments.

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

Health and Wellbeing Board

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

Safer Hartlepool Partnership

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

3. RECOMMENDATIONS

3.1 That:-

- (a) Members note the appointments to the Tees Valley Joint Health Scrutiny Committee, the Regional Health Scrutiny Committee and the Better Health Programme Overview and Scrutiny Committee;
- (b) Members agree one nomination from the Audit and Governance Committee to be appointed to the North East Regional Joint Member / Officer Scrutiny Network;
- (c) Members agree one nomination to the Health and Wellbeing as a non-voting official observer; and
- (d) Members agree one nomination to the Safer Hartlepool Partnership as a non-voting observer.

Contact Officer:- Joan Stevens – Statutory Scrutiny Officer
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BACKGROUND PAPERS

No background papers were used in the preparation of this report

Joint Health Overview and Scrutiny Committee of:

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

TERMS OF REFERENCE AND PROTOCOLS

Establishment of the Joint Committee

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

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

Aims and Objectives

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

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

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

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

Membership

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

Substitutes

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

Co-optees

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

Formation of Task and Finish/Working Groups

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

Chair and Vice-Chairs

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

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

Host Authority

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

Work planning and agenda items

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

Notice and Summons to Meetings

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

Attendance by others

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

Procedure at Joint Committee meetings

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

Voting

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

Urgent Action

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

Final Reports and recommendations

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

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

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

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

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

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

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

Timescale

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

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

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

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

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

Conduct of Meetings

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

AUDIT AND GOVERNANCE COMMITTEE

21 June 2017



Report of: Director of Regeneration and Neighbourhoods

Subject: COMMUNITY SAFETY PLAN 2017-20 (YEAR 1)

1 PURPOSE OF REPORT

1.2 To consider and comment on the Community Safety Plan 2017-20 (Year 1).

2. BACKGROUND

2.1 Introduced by the Crime and Disorder Act 1998, Community Safety Partnerships (CSPs) have a statutory responsibility to develop and implement a three year Community Safety Strategy (now known as the Community Safety Plan) setting out how it intends to address crime and disorder, substance misuse, and re-offending issues in Hartlepool.

2.2 CSP's are made up of representatives from the six 'responsible authorities'. These include the Local Authority, Police, Fire Brigade, National Probation Service, Community Rehabilitation Company and Clinical Commissioning Group. CSP's have a number of statutory duties which includes:

- Producing a **Community Safety Strategy** that details how the CSP will tackle the crime, disorder, anti-social behaviour, substance misuse and re-offending priorities in its local area;
- Producing an annual partnership **strategic assessment** to help identify and better understand local community safety priorities;
- **Consulting** with local residents and organisations on community safety priorities.

2.3 Based upon the Safer Hartlepool Partnership Strategic Assessment 2016, the draft Community Safety Strategy, at **Appendix 1** will be considered by the Safer Hartlepool Partnership at their meeting on 16 June 2017. The strategy has been developed using a wide range of data sources including Police, Fire, Council and NHS data. Public perception information gathered from over 250

residents as part of the Safer Hartlepool Partnership ‘Face the Public’ activities held during October /November 2016, and discussions with partners at the Safer Hartlepool Partnership development day have also been used to inform the development of the 3 year strategic objectives and year one priorities.

3. DRAFT COMMUNITY SAFETY STRATEGY 2017-20

- 3.1 The Community Safety Strategy 2017-20 provides an overview of some of the recent activities undertaken to improve community safety in Hartlepool, and key findings from the Partnerships Strategic Assessment and public consultation as outlined above, Partnerships proposed strategic objectives 2017-20, along with year one priorities and some of the key activities it will take forward over the next year are also outlined.
- 3.2 The proposed strategic objectives and annual priorities as recommended in the annual strategic assessment are as follows:

Strategic Objectives 2017 - 2020	
Reduce crime and repeat victimisation	Reduce the harm caused by drug and alcohol misuse
Create confident, cohesive and safe communities	Reduce offending and re-offending

Annual Priorities 2017-2018	
Re-offending - reduce re-offending through a combination of prevention, diversion and enforcement activity.	Acquisitive Crime – reduce acquisitive crime through raising awareness and encouraging preventative activity with a particular focus on domestic burglary.
Domestic Violence and Abuse – safeguard individuals and their families from violence and abuse and implement programmes to tackle those identified as ‘high risk’.	Anti-social behaviour –. reduce anti-social behaviour through a combination of diversionary, educational, and enforcement action and increase restorative interventions.
Substance misuse – reduce the harm caused to individuals, their family and the community, by drug and alcohol misuse and alcohol related violence.	Vulnerable Victims - work together to identify and support vulnerable victims and communities experiencing crime and anti-social behavior.

4. CONSULTATION

- 4.1 Subject to Safer Hartlepool Partnership approval on 16 June 2017, the draft Community Safety Strategy is subject to an eight week consultation period with the consultation exercise comprising of the following:

- An online consultation survey – with links published on the Safer Hartlepool Partnership website, Hartlepool Borough Council website, Hartlepool Borough Council Facebook page and Hartlepool Borough Council Twitter page. The use of local media mechanisms including but not limited to Hartlepool Mail.
- Targeted emails will be sent to a wide range of public, private, community and voluntary sector representatives and groups containing a link to the online consultation survey.
- Officers will link into community and residents groups and share the draft strategy with community and residents groups.
- Alongside presentation to the Councils Audit and Governance Committee, the draft strategy will also be presented to the Councils Finance and Policy Committee and Community Forums.

4.2 It is anticipated that the final strategy will be presented to the Safer Hartlepool Partnership in September 2017, and subject to the approval by the Partnership will be considered by the Councils Finance and Policy Committee prior to being adopted by full Council in October 2017.

5. PERFORMANCE MONITORING

5.1 Progress made against the Community Safety Plan will be managed and monitored by the Safer Hartlepool Partnership, through quarterly performance reports and monitoring of Partnership Sub Group Action Plans. The Community Safety Plan incorporates performance indicators for 2017-18, along with a proposed delivery structure.

6. FINANCIAL CONSIDERATIONS

6.1 There are no financial considerations associated with this report.

7. STAFF CONSIDERATIONS

7.1 There are no staff considerations associated with this report.

8. SECTION 17 CONSIDERATIONS

8.1 Failure to develop a Community Safety Strategy would undermine the Safer Hartlepool Partnerships ability to fulfil its statutory responsibilities around reducing crime and disorder, substance misuse, and re-offending in Hartlepool.

9. LEGAL CONSIDERATIONS

- 9.1 In accordance with the Crime and Disorder Act 1998 and the Crime and Disorder Regulations 2007 the Safer Hartlepool Partnership is required to produce a three year Community Safety Strategy to set out how it intends to address crime and disorder, substance misuse, and re-offending issues.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

- 10.1 The strategic assessment and consultation process with an annual refresh will ensure that the needs of all sections of the community are considered when formulating and implementing the Community Safety Strategy 2017-2020.

11. CHILD POVERTY CONSIDERATIONS

- 11.1 There are no child poverty implications associated with this report.

12. RECOMMENDATION

- 12.1 In accordance with their crime and disorder scrutiny function the Audit and Governance Committee are asked to consider and comment upon the draft Community Safety Plan (Year 1).

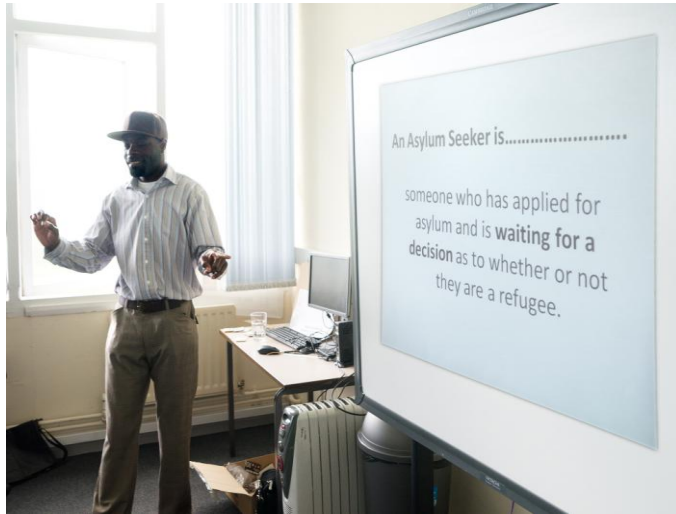
13. CONTACT OFFICER

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Safer Hartlepool Partnership

Community Safety Plan 2017 - 2020



Contents

Foreword.....	page 1
Introduction.....	page 2
Local Context.....	page 3
Partnership Activity 2016-17.....	page 4
Strategic Assessment 2016.....	page 5
Public Consultation.....	page 6
Partnership Strategic Objectives 2017-2020.....	page 7
Key Activities 2017-2018.....	page 8
Delivering and Monitoring Performance.....	page 9
Partnership Plan 2017-2018.....	page 10
Appendices.	page 11



170621 RND Community Safety Plan 2017-20 (Year 1)



HARTLEPOOL BOROUGH COUNCIL

Foreword

I am delighted to introduce Hartlepool's Community Safety Strategy for the next three years. It sets out our bold vision for maintaining and improving community safety in Hartlepool and identifies our priorities to help us achieve this which are to:

- Reduce crime and repeat victimisation
- Reduce the harm caused by drug and alcohol misuse
- Create confident, cohesive and safe communities
- Reduce offending and re-offending



Councillor Christopher Akers-Belcher
Chair of the Safer Hartlepool
Partnership

During the lifetime of the last Community Safety Strategy which was introduced in 2014 there have been a number of changes to the community safety landscape, and a number of contextual factors that have presented significant challenges to making Hartlepool safer. These include a challenging economic climate, the impact of Welfare Reform, and changes to the way offenders are managed in the community following the introduction of the National Probation Service, and Community Rehabilitation Companies.

Despite these challenges incidents of anti-social behaviour are lower than they were when the previous strategy was introduced in 2014. The rate of repeat victimisation in relation to our high risk domestic abuse cases has also reduced and the number of first time entrants into the youth justice system has decreased. But the number of crimes reported to the Police increased by 7% during 2016, and although we know this is likely to be due to national changes in recording standards the Partnership will continue to work hard to ensure Hartlepool remains a safe, welcoming and attractive place to live work and visit.

We know we continue to be faced with significant budgetary challenges whilst demand for services is rising. We are fully committed to collaborative working both locally and at a Cleveland wide level with the Police and Crime Commissioner. We recognise both fighting crime and tackling the underlying causes of it is key to our success, and in true Hartlepool spirit, we will do it together in Partnership.

Introduction

The Safer Hartlepool Partnership is Hartlepool's statutory Community Safety Partnership as defined by the Crime and Disorder Act 1998. The Partnership comprises of a core group of statutory partners, Elected Members and a range of other stakeholders from the public and voluntary sectors. Their main aim and purpose is to reduce crime and disorder, substance misuse and re-offending in Hartlepool. The full current membership is detailed in **Appendix A**.

It is a statutory requirement of all Community Safety Partnerships that they regularly prepare and publish a Plan that shows how they will work together to address community safety issues in the local area. The aim of this Plan is to inform people about the work of the Partnership, its priorities for the next three years and how these will be achieved.

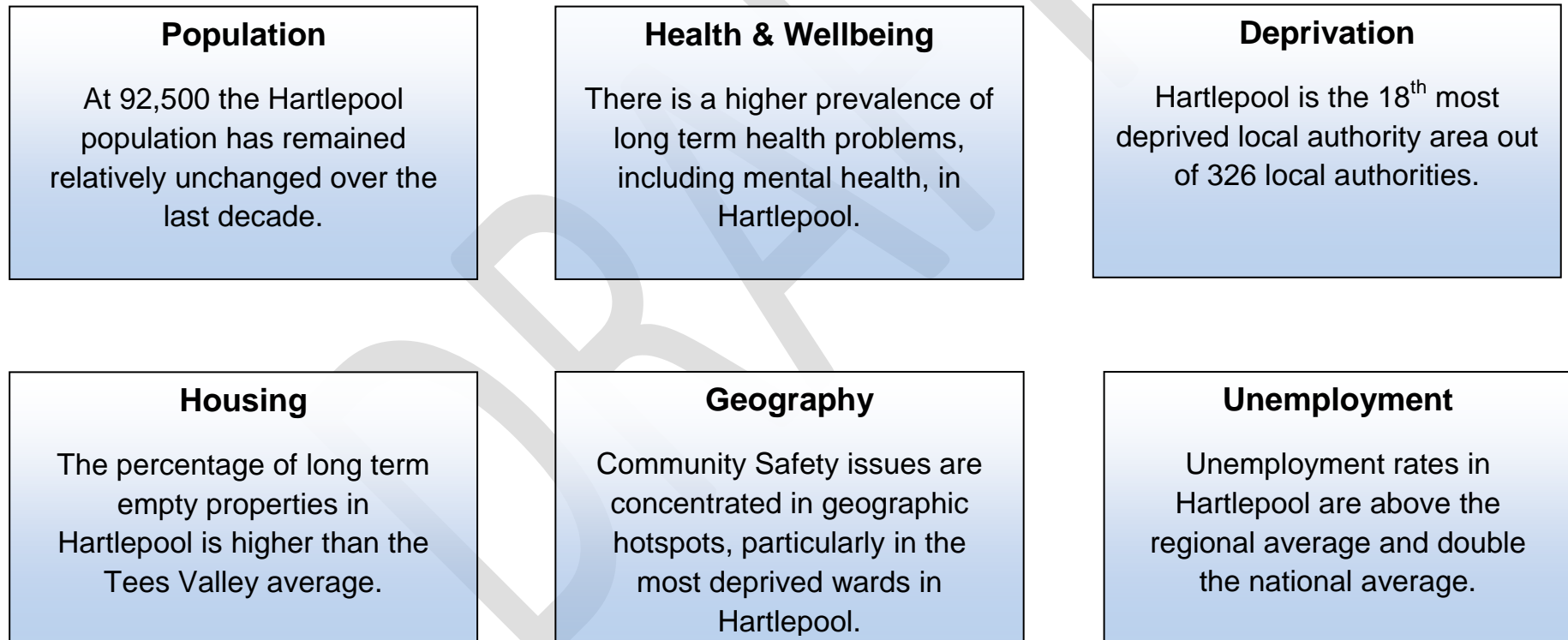
Our priorities continue to be informed through analysis of crime and community safety data, and by listening to the views of those living and working in Hartlepool through surveys and events such as our annual Face the Public event, the Safer Hartlepool Partnership annual on-line survey, and Cleveland Police Public Confidence Survey.



The Partnerships vision is that 'Hartlepool will be a safe place to live, work and visit'. Our approach for achieving this vision will be to focus on 'prevention'. We want to stop problems from happening in the first place by tackling root causes, and where problems do exist we want to stop them from escalating by intervening early and focusing our resources where they are most needed. We also remain committed to safeguarding and protecting vulnerable people from harm, and exploitation in the community. To do this we will work collaboratively and flexibly to deliver integrated models of service delivery, in conjunction with other Boards and Partnerships such as the Safeguarding Children's Board, Tees-wide Safeguarding Adults Board, Health and Wellbeing Board and Local Criminal Justice Board.

Local Context

Hartlepool is the smallest unitary authority in the North East region and the third smallest in the country comprising of some of the most disadvantaged areas in England. Issues around community safety can be understood by a number of contextual factors:



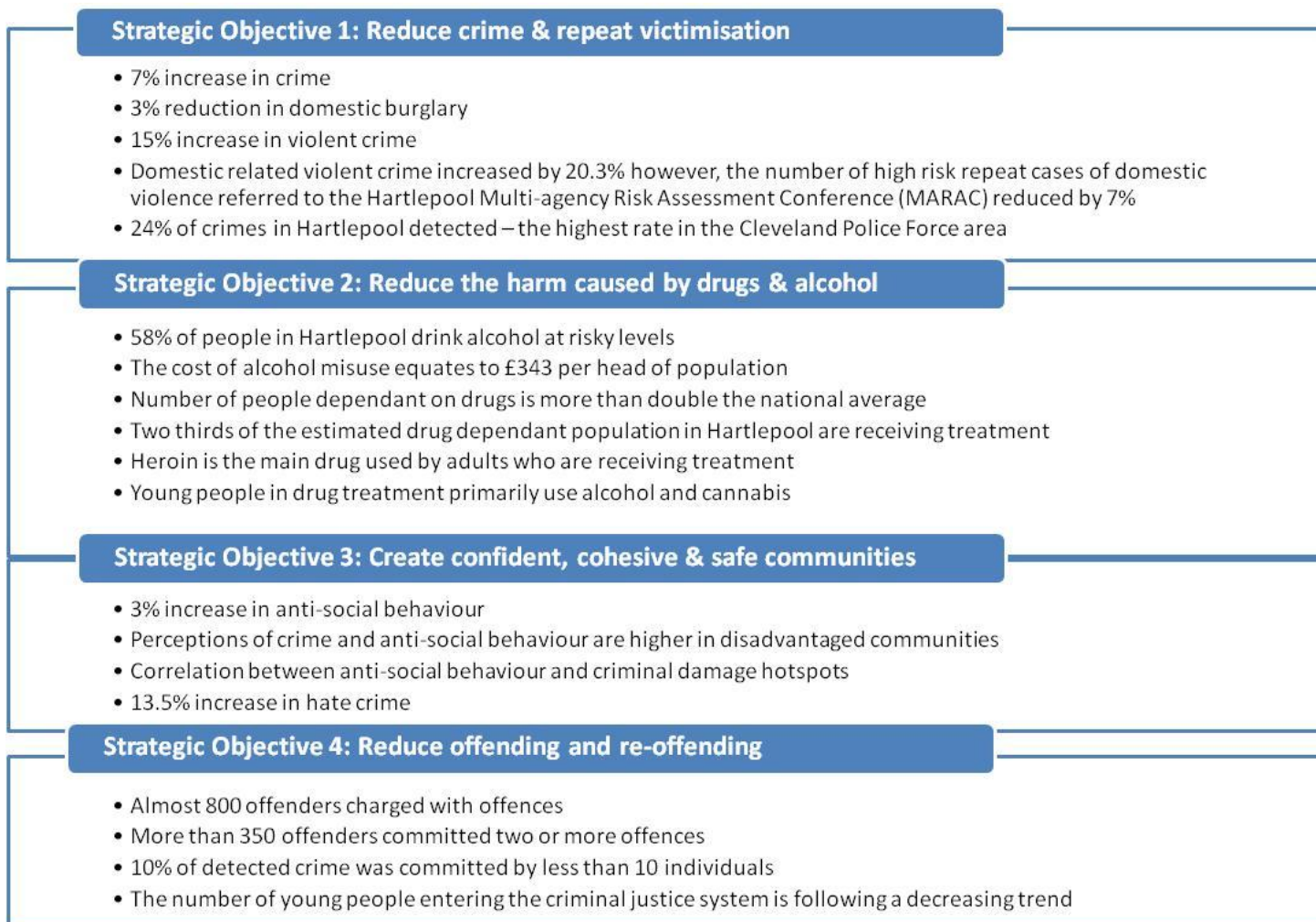
Over the last year, the Partnership has delivered a number of activities against its strategic priorities to make Hartlepool safer some of which are outlined below:

<p>Strategic Objective 1: Reduce crime and repeat victimisation</p>	<p>Strategic Objective 2: Reduce the harm caused by drugs and alcohol</p>	<p>Strategic Objective 3: Create confident, cohesive and safe communities</p>	<p>Strategic Objective 4: Reduce re-offending</p>
<p>Continued to offer crime prevention advice and awareness raising campaigns.</p> <p>Provided support to more than 500 victims of crime and anti-social behaviour and improved security to 450 homes.</p> <p>Developed a new strategy for tackling domestic abuse and commissioned a new domestic abuse service to support families and children affected by domestic abuse.</p> <p>Delivered a healthy relationships programme to over 3,000 children.</p>	<p>Launched a new Substance Misuse Strategy .</p> <p>Continued to work with national organisations such as Balance and delivered a series of awareness raising campaigns linked to topics such as FSD at a variety of locations, including schools and colleges.</p> <p>Improved access to early and preventative treatment.</p> <p>Provided training to license holders and staff to encourage responsible trading and reduce instances of underage sales.</p>	<p>Delivered our annual Anti-Social Behaviour Awareness Day to 1,500 pupils.</p> <p>Introduced a new case management system (E-CINS) to improve information sharing and responses to vulnerable victims.</p> <p>Introduced a community resolution service using restorative approaches to anti-social behaviour and low level crime.</p> <p>Made more than 2,500 contacts with young people through assertive outreach activity .</p>	<p>We have continued to implement the Troubled Families programme supporting more than 170 to successfully turn their lives around.</p> <p>The multi-agency Integrated Offender Management team has successfully worked with repeat offenders to address their accommodation and employment needs and reduce their offending behaviour.</p> <p>The youth offending triage programme has continued to reduce the number of young people entering the justice system.</p>



Strategic Assessment 2016 – Key Findings (January – December 2016)

The Safer Hartlepool Partnership Strategic Assessment was completed in January 2017 and contains information to aid the Partnership’s understanding of the priority community safety issues in Hartlepool. The Assessment forms part of an intelligence-led approach to community safety which enables a more focused, resource-effective and partnership-oriented delivery of options.



To ensure that the Partnership is focusing on the issues that residents consider to be a priority, findings from local community consultations have been taken into consideration when setting strategic objectives and priorities.

In the autumn of 2016, members of the public were invited to complete the Partnership’s on-line survey. Accessed via the Safer Hartlepool website, more than 250 people responded with more than 40% stating that reducing crime and repeat victimisation should be the first priority.

From a community cohesion perspective almost two thirds of respondents said that they feel part of the local community, with almost one quarter feeling able to Influence local decisions. Whilst more than three quarters of respondents said they feel safe or fairly safe while out in their local area during the day, this reduces to 51% when outside after dark.

Respondents continue to identify litter, speeding traffic, groups of young people hanging around the streets, alcohol related anti-social behaviour and drug misuse as problems. When asked how the Partnership could improve safety in Hartlepool responses overwhelmingly included more police/police presence on the streets, more council enforcement officers, the need for the Police and Council to work together and the need to take a proactive rather than a responsive approach.



Priority	% of respondents
Reduce crime and victimisation	42%
Create confident, strong and safe communities	32%
Reduce the harm caused by drug and alcohol misuse	16%
Reduce offending and re-offending	10%

Partnership Strategic Objectives 2017 - 2020

Based on the findings in the annual Strategic Assessment and consultation with the local community, the Partnership will retain the following four strategic objectives during the lifetime of the three year plan:

Strategic Objectives 2017 - 2020	
Reduce crime and repeat victimisation	Reduce the harm caused by drug and alcohol misuse
Create confident, cohesive and safe communities	Reduce offending and re-offending

Partnership Priorities 2017-2018

Annual Priorities 2017 - 2018	
Re-offending - reduce re-offending through a combination of prevention, diversion and enforcement activity.	Acquisitive Crime – reduce acquisitive crime through raising awareness and encouraging preventative activity with a particular focus on domestic burglary.
Domestic Violence and Abuse – safeguard individuals and their families from violence and abuse and implement programmes to tackle those identified as ‘high risk’.	Anti-social behaviour – reduce anti-social behaviour through a combination of diversionary, educational, and enforcement action and restorative interventions.
Substance misuse – reduce the harm caused to individuals, their family and the community, by drug and alcohol misuse and alcohol related violence.	Vulnerable Victims - work together to identify and support vulnerable victims and communities experiencing crime and anti-social behavior.

Key Activities 2017 - 2018

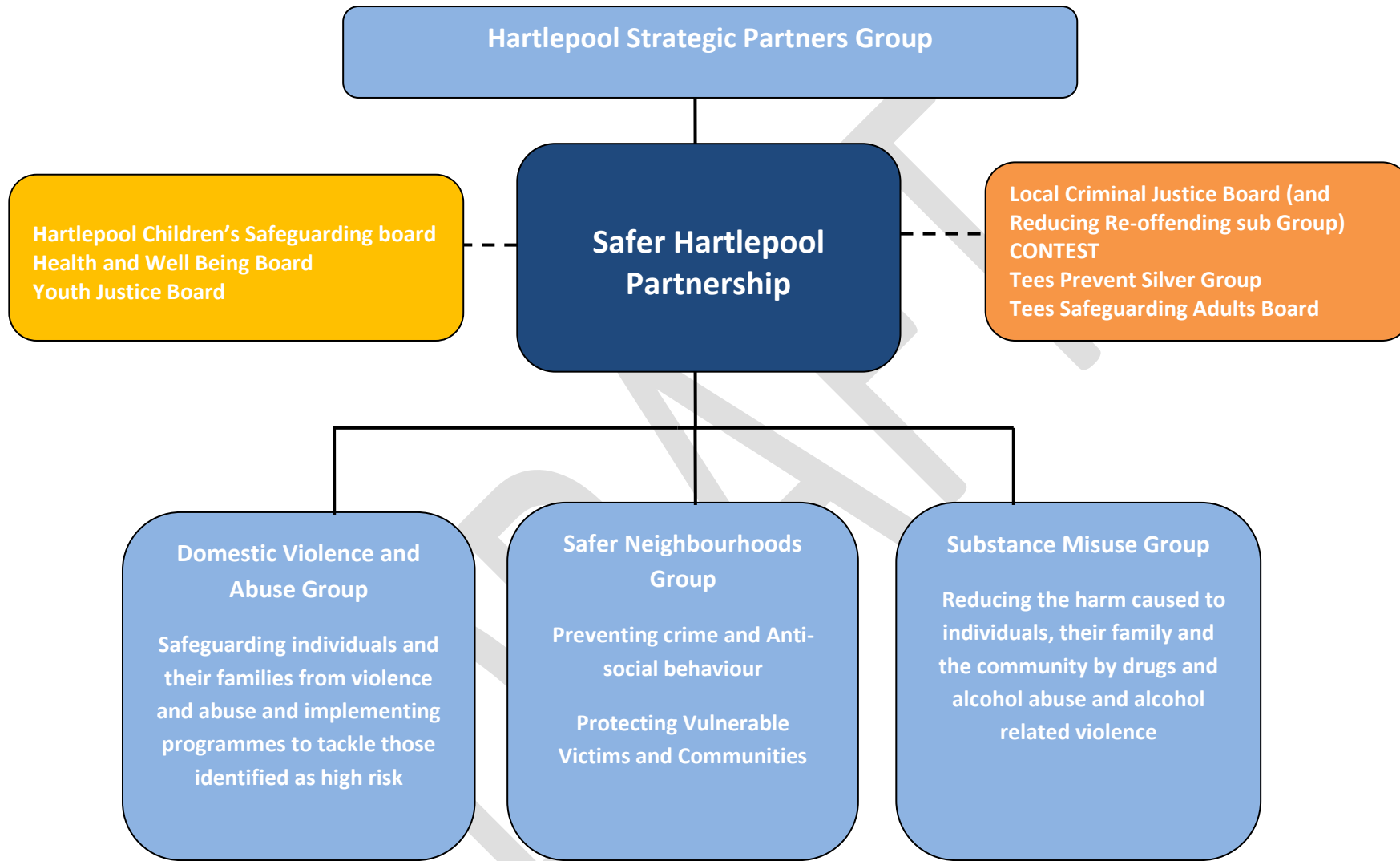




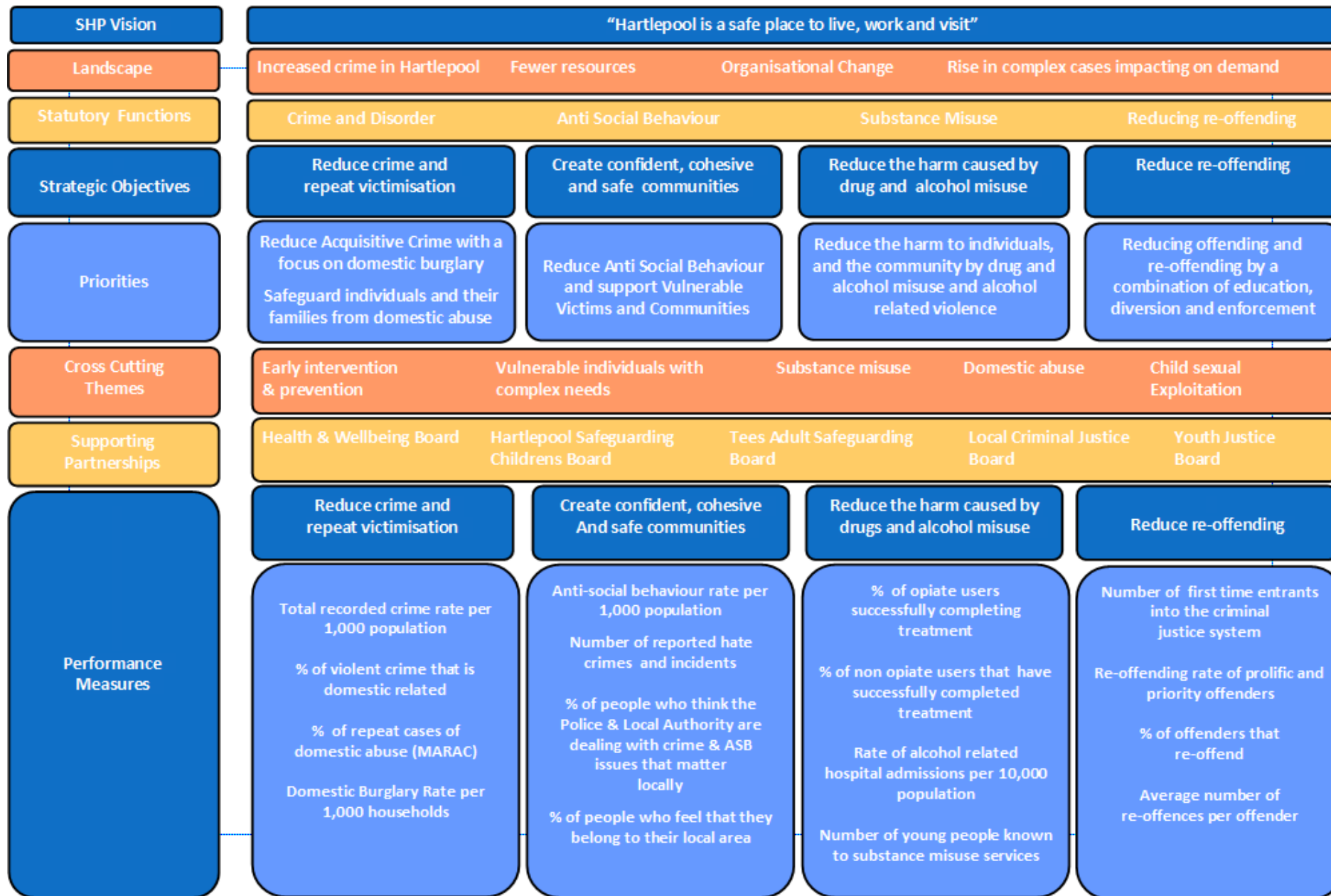
Delivering and Monitoring Performance

This chart outlines the Partnership delivery structure. Performance monitoring will be undertaken on a quarterly basis

to assess progress against key priorities drawn from the strategic assessment and identify any emerging issues. Partnership performance will be monitored over the next 12 months using the indicators outlined in **Appendix B**



Safer Hartlepool Partnership Plan 2017-2018



Membership of the Safer Hartlepool Partnership

Membership of the Partnership reflects the statutory requirements and consists of senior representatives from the five responsible authorities¹ plus additional stakeholders as follows:

Responsible Authorities	Other Members
Hartlepool Borough Council – Two Elected Members including Leader of the Council Hartlepool Borough Council – Chief Executive Hartlepool Borough Council - Director of Regeneration and Neighbourhoods Hartlepool Borough Council – Head of Community Safety and Engagement Cleveland Police – Chief Superintendent – Neighbourhoods and Partnerships Cleveland Fire and Rescue Authority – District Manager Durham Tees Valley Community Rehabilitation Company - Director of Operations Cleveland National Probation Service – Head of Area Representative of Hartlepool and Stockton on Tees Clinical Commissioning Group Youth Justice Board - Chair	Hartlepool Borough Council – Director of Public Health Office of Police and Crime Commissioner for Cleveland Hartlepool Borough Council – Head of Youth Services Representative of Voluntary & Community Sector – Chief Executive, Safe in Tees Valley Thirteen – Head of Housing Services Hartlepool Magistrates Board – Chair of the Bench

This group is the ‘strategy group’ for the purposes of the statutory Regulations. New members may be added to the Partnership by agreement of existing members. There is also the potential for co-opting members onto the Partnership to undertake specific pieces of work or for specialist knowledge and skills as and when required.

¹ Responsible Authorities – Police, Local Authority, Fire and Rescue Authority, Clinical Commissioning Group, National Probation Service, Durham Tees Valley Community Rehabilitation Company

Appendix B

Strategic Objective	Performance Indicators
Reduce crime and repeat victimisation	Total recorded crime rate per 1,000 population
	Domestic burglary rate per 1,000 household
	Vehicle crime rate per 1,000 population
	Robbery rate per 1,000 population
	Shoplifting rate per 1,000 population
	Violent crime (including sexual violence) rate per 1,000 population*
	% of violent crime (including sexual violence) that is domestic related
	% of repeat cases of domestic violence (MARAC)
	Violent crime (including sexual violence) hospital admissions for violence per 100,000 population*
Reduce the harm caused by drug and alcohol misuse	Drug offences per 1,000 population
	% of people who think drug use or dealing is a problem
	% of opiate drug users that have successfully completed drug treatment*
	% of non-opiate drug users that have successfully completed drug treatment*
	% of alcohol users that have successfully completed alcohol treatment
	Alcohol related hospital admissions rate per 100,000 population*
	Number of young people known to substance misuse services

*Indicators link to the Public Health Outcome Framework

Strategic Objective	Performance Indicators
Create confident, cohesive & safe communities	Anti-social behaviour incidents per 1,000 population
	Public order offences per 1,000 population
	Criminal damage rate per 1,000 population
	Deliberate fires rate per 1,000 population
	Number of reported hate crimes & incidents
	% of the population affected by noise - number of complaints about noise
	% of people who feel safe during the day
	% of people who feel safe after dark
	% of people who think rubbish or litter lying around is a problem
	% of people who think groups hanging around the streets is a problem
	% of people who think people being drunk or rowdy in a public place is a problem
	% of people who think vandalism, graffiti and other deliberate damage to property is a problem
	% of people who think noisy neighbours or loud parties is a problem
	% of people who think abandoned or burnt out cars are a problem
	% of people who think that they belong to their local area
	% of people who feel that they can influence decisions that affect their local area
	% of people who believe that people from different back grounds get on well together
% of people who think that people in the area pull together to improve the local area	
Reduce offending & re-offending	Rate of first-time entrants to the Youth Justice System per 100,000 population*
	Re-offending levels - percentage of offenders who re-offend*
	Re-offending levels - average number of re-offences per offender*
	Re-offending rate of Prolific & Priority Offenders
	Re-offending rate of High Crime Causers
	% of Troubled Families who have reduced their offending behaviour

*Indicators link to the Public Health Outcome Framework



TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the Tees Valley Health Scrutiny Joint Committee was held on 26 January 2017.

PRESENT: Councillor E Dryden (Chair) – Middlesbrough Council,, J Taylor - Darlington Council, I Jeffrey - Redcar and Cleveland Council, E Cunningham - Stockton Council and L Hall - Stockton Council.

ALSO IN ATTENDANCE: S Fenwick, Redcar and Cleveland Council, P Mennear, Stockton Council, L Stones Louise Dauncey, Senior Commissioning Manager, Joint Commissioning (Learning Disability), North of England Commissioning Support Service, Sam Harrison, Senior Communications and Engagement Manger, North of England Commissioning Support Service

OFFICERS: C Breheny

APOLOGIES FOR ABSENCE Councillor Taylor, Belcher, Martin-Wells, Biswas, J Walker, Harding, Reed, Cunningham, Newall and Tostevin.

DECLARATIONS OF INTERESTS

None Declared

1 MINUTES - TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE 21 OCTOBER 2016

The minutes of Tees Valley Health Scrutiny Joint Committee held on 21 October 2016 were agreed subject to minor amendments being made.

2 STAKEHOLDER ENGAGEMENT UPDATE – TRANSFORMING CARE: RESPITE SERVICE REVIEW

The Committee had received a report in October 2016 about a review of health funded respite care for adults with a Learning Disability and complex needs in relation to the wider Transforming Care agenda. An update had been requested in January 2017 and the Senior Commissioning Officer and Senior Involvement Officer from North of England Commissioning Support (NECS) were in attendance to provide the information requested.

The informal engagement process had started and if at the end of that process the feedback indicated that there would need to be significant variations in service provision a formal consultation exercise would commence. The CCG would then need to consider the feedback received but at this stage the focus was on finding out how respite services could be improved and talking to people about what respite meant to them. The Commissioners were also interested in finding out what was important about respite provision, if the current offer was meeting people's needs, whether it could be provided in a different way and what aspects of service provision were highly valued. It was not about cutting respite provision but establishing whether the CCG could make any improvements to better meet people's needs. How respite provision was received in emergency situations as well as how health and social care respite offers were working together for the benefit of clients.

Reference was made to the establishment of needs and building based respite and it was confirmed that Bankfields Court in Normanby and Allensway Day Service in Stockton both offered building based respite. Clinical staff were on hand at both facilities and some clients received respite services through social services and others received continuing healthcare contributions. The review was about how those resources were deployed collectively and not solely about clients who accessed health respite services. It was emphasised that a multi-layer approach had been taken with a view to speaking to people who used the respite services for learning disabilities and complex needs.

The Senior Commissioning Officer explained that the review had been working with Project Choice to ensure young people with learning disabilities were able to develop their skills and take up employment opportunities. Two young people from the project were scheduled to start with the North of England Commissioning Support Team to assist in ensuring that the work being undertaken was accessible to other people with learning disabilities. A survey had been sent out to all families of carers of those who had received respite services in the last five years and an accessible summary of the work undertaken had been produced. The point was made that some work had also been undertaken with Inclusion North a not for profit organisation that was assisting the NECS in facilitating discussions with people with very complex learning disabilities and their families. Stockton Helps All (previously Citizen Advice Bureau) who facilitate a self-advocacy group had also been consulted and discussions with clients had taken place in Hartlepool, Stockton-On-Tees and Redcar & Cleveland. The questionnaire had been adapted for the people who were in receipt of respite services and this was a genuine opportunity for them to have their voice. A number of facilitated discussions were taking place throughout February 2017 and as part of the process efforts were being made to collate “my experience” stories with a view to providing real life examples to the CCG.

Inclusion North had facilitated discussion groups and canvassed views from those attending Learning Disability Partnership Boards in the region. A new sub group of approximately twenty people linked to Stockton’s Learning Disability Partnership Board were keen to be involved and it was hoped their views would be fed to the process. Various stakeholder packs had been distributed and everything that had been given out was due to be returned by the end of February 2017. The full engagement report would be made available to the CCG following receipt of these returns and cover all aspects of the service. If significant changes in service provision were required a full public consultation exercise would be undertaken.

The committee queried the potential for changes to be required given the growth in demands and complexity of needs, the need to achieve improved sustainability and a gap at times in where social care provision ends and health care provision starts. It was advised that providers of services had also been engaged in this review process and soft market engagement activities in an effort to in to find out what other models of care are operating elsewhere and what is happening locally. Discussions had taken place with local authorities from a wider prospective and if proposals for significant changes were put forward then this process marked the start of conversations around what aspects of service provision were working well and what were not.

In terms of risk unmet needs was highlighted as one of the greatest risks alongside a need to make services more responsive and flexible to the needs of the people who use them including carers. Volunteers were undertaking engagement work, respite task and finish groups had been established and the use of health personal budgets was also being explored.

A Member of the committee expressed the view that it was surprising the Sustainable Transformation Plan (STP) had not been included on the Committee’s agenda and queried how this particular review would fit with the STP. The point was also made that this review did not include Darlington and it was queried whether a separate piece of work was being undertaken there. The representatives from NECS advised that the Respite Services Review was outside of that STP programme, which included a much broader footprint. The point was made that five local authorities were represented on this Committee and there was a need for a special meeting to consider the STP and focus political attention on what was happening. It was requested that this meeting be held in February / March and the identified lead Alan Foster, Chief Executive North Tees and Hartlepool NHS FT, for the Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP be invited to attend.

NECS expressed the view that in respect of the Respite Services Review the issue was not about withdrawing resources but about making sure they were spent appropriately. The way clients received contributions in Hartlepool were very different for example compared to Stockton and Middlesbrough.

A Member of the Committee made the point that Hartlepool and Stockton CCG and South Tees CCGs had requested a review of respite services. NECS was undertaking this review on their

behalf supported by Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust. Confirmation was given that three public engagement events had been held as part of this review in each of the Local Authority areas. It was confirmed that one of the aims of the review was to be more flexible in meeting people's needs and how support was provided. In response to a query it was confirmed that 91 individuals currently accessed respite service provision at Bankfields Court in Normanby and Allensway Day Service in Stockton. Quite a few different options were available in Hartlepool and with the emergence of personal health budgets there was a need for a marketplace to spend this money. In Hartlepool there was no building based service, although there were social care settings that included a health element but not a nursing service. The point was made that only 2 individuals in Hartlepool were unable to have their needs met in these type of settings. It was queried what other models were in place elsewhere and it was advised that the Transforming Care agenda focussed on the provision of more flexible outreach rather building based respite and supporting people to access these alternatives. It was confirmed that NECS was unaware of a similar piece of work being undertaken in Darlington.

A Member of the Committee expressed the view that these services were used by people with very complex needs and it was queried how these needs would be met in the community to ensure families received the break they needed. It was advised that respite often meant different things to different people and it may not be the case that the family required a 24 hour period of care in order to benefit from a break. It was acknowledged that people's needs were often extremely complex and the services offered would need to provide for all of their needs. The Committee was hopeful that NECS would receive some good information from service providers as part of the soft market testing exercise via RFI. In Nottinghamshire there was an option for people to book holidays and take a support team with them. One of the questions being asked as part of the review was what is respite and what does it mean for you? At present the number of nights were not necessarily allocated in line with people's needs.

In response to a query on the risk of unmet needs being identified it was confirmed that the information gathered to date had indicated that some areas were not performing and there was a gap. However, if services could be flexible enough to bridge that gap then there would be no need for significant service change to take place. The plan was to redesign services and not withdraw resources by ensuring resources were spent efficiently, effectively and were consistent across the area.

It was confirmed that a number of self-advocacy groups exist currently for clients, carers and families in the voluntary and community sector and regular contact sessions were held with these groups. TEWV NHS Foundation Trust have a user group and an ambassador who undertake work on customer satisfaction. Carers together had also been consulted as part of the review and the stakeholder list was developed by RTF. The point was made that the respite review was not simply about learning disabilities but also about complex needs too. Mainstream schools were finding some difficulties in meeting children's needs which also had implications for the future.

Reference was made to the importance of the transition period from receipt of child to adult support services and it was queried what level of involvement the voluntary sector had in this review. NECS advised that Network North East (NNE) had led the discussion groups, which had proved effective in working with the organisation and groups involved in the consultation as NNE had already developed trust with the organisations.

NECS made the point that at this stage it was unknown as to whether there would be any significant changes to service provision. There may be Commissioners that had some ideas about how services might be improved but until the CCGs had received the results of the stakeholder review no changes to respite services would be proposed. It was emphasised that sustained efforts made to ensure the work undertaken is meaningful.

AGREED as follows:-

That further information be brought back to the committee once the findings from the review had been reported to the CCGs. A representative from Hartlepool and Stockton CCG and South

Tees CCG will also be invited to attend.

That an additional meeting of the Tees Valley Health Scrutiny Committee be scheduled for late February / early March to consider the Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby Sustainable Transformation Plan. An invitation would be extended to the identified lead Alan Foster, Chief Executive North Tees and Hartlepool NHS FT to update the Committee on developments.

SAFER HARTLEPOOL PARTNERSHIP MINUTES AND DECISION RECORD

10 March 2017

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

Present:

Councillor: Christopher Akers-Belcher (In the Chair)
Councillor Marjorie James
Clare Clark, Head of Community Safety and Engagement
Paul Edmondson-Jones, Interim Director of Public Health
Chief Superintendent Alastair Simpson, Cleveland Police
John Bentley, Safe in Tees Valley
Steve Johnson, Cleveland Fire Authority
Stewart Tagg, Housing Hartlepool
Karen Hawkins, Hartlepool and Stockton on Tees Clinical
Commissioning Group

Rachelle Kipling was in attendance as substitute for Barry Copping, John Bagley as substitute for Julie Allan and Danielle Swainston as substitute for Sally Robinson

Also present:

Gilly Marshall, Housing Hartlepool

Officers: Lisa Oldroyd, Community Safety Research and Development
Co-ordinator
Penny Thompson, Head of Service, The Children's Hub and
Partnerships
Denise Wimpenny, Principal Democratic Services Officer

40. Apologies for Absence

Apologies for absence were submitted on behalf of Denise Ogden, Director of Regeneration and Neighbourhoods, Hartlepool Borough Council, Barry Copping, Police and Crime Commissioner for Cleveland, Chief Inspector Lynn Beeston, Chair of Youth Offending Board, Julie Allan, National Probation Service, John Graham, Durham Tees Valley Community Rehabilitation Company and Sally Robinson, Director of Child and Adult Services, Hartlepool Borough Council

41. Declarations of Interest

None.

42. Minutes of the meeting held on 20 January 2017

Confirmed.

43. Matters Arising from the Minutes

With regard to Minute 33 and in response to clarification sought in relation to the accuracy of the statistics relating to the number of men who were a victim of domestic abuse in Hartlepool, the Partnership was advised that the figures had been revisited and were accurate as reported.

Decision

That the information given be noted.

44. Operation Encompass Evaluation/Presentation *(Police and Crime Commissioner)*

Issue(s) for consideration

A representative from the Office of the Police and Crime Commissioner for Cleveland, who was in attendance at the meeting, provided the Partnership with a presentation in relation to the Operation Encompass Evaluation. The presentation focussed on the following:-

- Definition of Operation Encompass
- Background to the development and launch of Operation Encompass
- PCC committed to fund the roll-out throughout Cleveland by April 2016 and completed by January 2016
- Terms of Reference:-

To produce a detailed evaluation of effectiveness of Operation Encompass including examining domestic abuse data trends, speaking to stakeholders, literature review of causes of domestic abuse and successful interventions, identify factors contributing to domestic abuse, present a report to Cleveland PCC and Cleveland Police detailing findings and recommendations for the future of this initiative.

- Research Approach
- Recommendations:-
 - Training and Support

- A framework to support active interventions
- Risk assessments and safety protocols
- Positive Police Action
- Monitoring and data collection
- Working Together
- Formulation of a strategic and operational framework

Partnership Members welcomed the initiative and commented on the benefits as a result. Emphasis was placed upon the need to encourage the programme as widely as possible and the key role for schools in terms of taking this forward was highlighted. It was suggested that Operation Encompass training be provided to Elected Members and should form part of the school governor training programme. In response to clarification sought as to how the programme had been rolled out in schools, it was reported that following discussions at the Safeguarding Board meetings some schools had taken responsibility for this issue particularly well. It was noted that the representative for secondary schools on the Safeguarding Board was currently looking towards a more consistent approach across schools in terms of taking the programme forward.

The Chair thanked the representative for an informative presentation.

Decision

- (i) The contents of the presentation and comments of Members were noted.
- (ii) That Operation Encompass training be provided to Elected Members and should form part of the School Governor Training Programme.

45. Safer Hartlepool Partnership Development Day (*Director of Regeneration and Neighbourhoods*)

Purpose of report

To consider the scope of the Safer Hartlepool Partnership development day.

Issue(s) for consideration

The Head of Community Safety and Engagement reported on the background to the Partnership's agreement at the last meeting in relation to the proposed process for developing a new three year Community Safety Strategy and the benefits of holding a development day to develop the strategy. The development day would enable partners to reflect upon performance over the last year.

It was proposed that the Community Safety Team would circulate a pro-forma, attached at Appendix A, for Partnership Members to complete and return prior to the development day. It was proposed that the Development Day would be held on Monday 8 May 2017 from 9.00 am to 1.00 pm at Cleveland Fire Brigade Headquarters.

In relation to who should be invited to the development day, Members views were sought on the inclusion of strategic leads from other key local strategic partnerships such as the Health and Wellbeing Board, Hartlepool Safeguarding Children's Board and the Tees Adults Safeguarding Board. It had also been suggested that Policy Chairs of Hartlepool Borough Council be also invited. Members were also asked to consider whether they would like to use an independent facilitator to manage discussions on the day.

The Chief Superintendent commented on the prominent issues around Children's Safeguarding and the opportunities for closer working across the various boards and it was suggested that the development day be used as an opportunity to review the functionality of the Partnership's task groups.

Decision

- (i) That the proposals in relation to the development day, as outlined in the report, be agreed.
- (ii) That invitees to the development day should include strategic leads from other key local strategic partnerships and the Council's Policy Chairs.
- (iii) That an independent facilitator be utilised to manage discussions on the day.
- (iv) That the development day be used to review and discuss current task group arrangements.

46. The Children's Hub – Progress Update (*Director of Child and Adult Services*)

Purpose of report

To provide the Partnership with a six month progress report on the Children's Hub.

Issue(s) for consideration

The Head of Service, Children's Hub and Partnerships, presented the report together with a detailed presentation, in support of the report, which provided background information in relation to the development of the

service. The purpose of the Children's Hub was to provide a single point of access across North Tees offering multi agency triage and assessment of enquiries about children and young people. The Children's Hub went live on 1 June 2016.

The report included an overview of progress made over the last six months. In summary, for the period 1 June 2016 to 31 December 2016 the Hub:-

- Answered on average 750 phone calls a month
- Dealt with on average 1154 referrals per month
- Sent approximately 31% of referrals for social care assessment
- Chaired at least 32 strategy meetings a month

The split of work across the two local authorities was 60% Stockton and 40% Hartlepool, as predicated. A performance management framework had been developed and agreed by partners and was currently being populated. Quarters 1 and 2 showed positive progress, details of which were set out in the report.

Members were advised that the Children's Hub had been subject to rigorous audits in order for partners to be confident that thresholds were appropriate and that children were kept safe from harm, the outcome of which was provided. Regular audits would continue and arrangements had been made with North Yorkshire District Council to undertake a two day review of the Hub to provide recommendations for business improvement. A full review of demand and resource requirements was underway including budget implications for all partners. This would be part of the 12 month review.

Partnership Members debated issues arising from the presentation and the Head of Service provided clarification on aspects of the data presented. The Chair commented on the high volume of work managed by the Hub and details of how performance management information was monitored and reported was outlined. Reference was made to the out of hours arrangements and a query was raised as to whether this issue had been considered in line with the pressures on the service. The Partnership was advised that whilst the possibility of extending the Hub's office hours had been discussed, this needed to be considered in the broader context given the need to consider how this would interact with the role of the Emergency Duty Team.

A Member was pleased to note the decision to integrate two local authorities and the improvements in the process. Clarification was sought as to whether there was any information available to confirm children were safer as a result of these new arrangements. The Head of Service indicated that there was still a lot of work to be done around understanding this issue and this would need to be further explored as part of the audit process.

The Chair acknowledged the hard work that had gone into the development

of the Children’s Hub and welcomed progress to date and current performance. The Chair requested that the Partnership’s thanks be conveyed to the Children’s Hub Team. The Partnership was keen to receive feedback in relation to the outcome of the review and requested that a report be submitted to a future meeting of the Partnership to include any trends or changes to the business model.

Decision

- (i) The Partnership noted the progress of the Children’s Hub and associated performance management information.
- (ii) That a report be presented to a future meeting of the Partnership in relation to the outcome of the review to include any trends or changes to the business model.

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

Purpose of report

To provide an overview of Safer Hartlepool Partnership performance for Quarter 3 – October 2016 to December 2016 (inclusive).

Issue(s) for consideration

The report provided an overview of the Partnership’s performance during Quarter 3, 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 Research and Development Co-ordinator highlighted salient positive and negative data.

In the discussion that followed presentation of the report, the Community Safety Research and Development Co-ordinator responded to queries raised in relation to crime figures by type.

Reference was made to the potential cause of crime and the impact of welfare reform on crime figures generally. The need to monitor trends over the last three years to establish any links was suggested. The Partnership was advised that this issue would be explored and details of trends would be provided for consideration at the Partnership’s development day.

The Chief Superintendent added that the force had seen an 8% increase in burglaries and, experienced higher than average rates of domestic abuse incidents in comparison to other force’s in the country. Theft from vehicles was also an area of concern. The importance of continuing to promote crime prevention messages was emphasised. The representative from the

Fire Service commented on the latest statistics in relation to fire related crime highlighting an increase in deliberate fires.

Partnership Members debated the recent media coverage around improving safety for drug users that had recently been introduced by Durham Constabulary. The Interim Director of Public Health reported that the evidence to support such arrangements was mostly Scandinavian. In response to concerns regarding the increase in hate crime related incidents, the Chief Superintendent advised on the potential reasons for an increase and highlighted that this had followed the national trend of an increase following Brexit.

Decision

- (i) That the Quarter 3 Performance figures and comments of Members be noted and actioned as appropriate.
- (ii) That the trends over the last 3 years in relation to the links between crime figures and welfare reform be explored and considered at the Partnership's forthcoming development day.

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

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

Minute 49 – Prevent Update – This item contained exempt information under Schedule 12A Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006 namely information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime. (para 7).

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

This item contained exempt information under Schedule 12A Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006 namely information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime. (para 7)

Purpose of report

To update the Safer Hartlepool Partnership on the Tees Silver Prevent Group Action Plan.

To consider the development of a local operational Prevent Group.

Issue(s) for consideration

The Partnership considered the proposal to establish a local operational group to ensure SHP Members' statutory responsibilities under the Counter Terrorism and Security Act were effectively discharged in line with the Act.

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

Decision

- (i) That the progress against the Silver Prevent Group Action Plan be noted.
- (ii) That the development of a local operational group to co-ordinate activity around the Prevent Duty be agreed.

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

Issue(s) for consideration

The Chair reported that this item would be deferred to a future meeting.

Decision

That the item be deferred to a future meeting.

51. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following item 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.

52. Any Other Business – Adoption of the International Holocaust Remembrance Working Definition of Anti-Semitism

The Chair tabled a copy of a letter from the Department for Communities and Local Government, in relation to the Government’s formal adoption of the International Holocaust Remembrance Alliance Working Definition of Anti-Semitism for information purposes.

Decision

That the information given be noted.

53. Date and Time of Next Meeting

The Chair reported that the date of next meeting would be scheduled in due course and requested that Members note their diaries in relation to the Development Day to be held on Monday 8 May 2017 9.00 am to 1.00 pm.

The meeting concluded at 11.00 am.

CHAIR