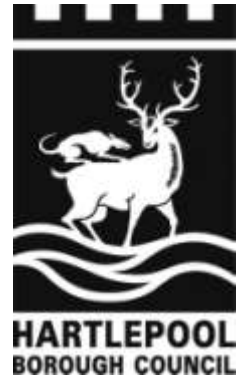


AUDIT AND GOVERNANCE COMMITTEE

AGENDA



Wednesday 15 November, 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 Stan Cronin, Mr Norman Rollo and Ms Clare Wilson.

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 25 October, 2017 (*to follow*).

4. AUDIT ITEMS

No items.

5. STANDARDS ITEMS

5.1 Disqualification Criteria for Councillors and Mayors - Consultation – *Chief Solicitor and Monitoring Officer*



6. STATUTORY SCRUTINY ITEMS

6.1 North Tees and Hartlepool NHS Foundation Trust (NTHFT) – Quality Account Priorities 2018/19:-

- (a) Covering Report – *Statutory Scrutiny Officer*
- (b) Presentation – *Representatives from NTHFT*

6.2 Investigation into Elective Surgery at the University Hospital of Hartlepool Site and High Quality Maternity Services – *Statutory Scrutiny Officer*

6.3 Health Inequalities in Hartlepool:-

- (a) Covering Report – *Statutory Scrutiny Officer*
- (b) Presentation – *Representatives from Public Health*

6.4 Pharmaceutical Needs Assessment Review – Consultation – *Interim Director of Public Health*

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

7.1 To receive the minutes of the meeting held on 4 September, 2017.

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

No items.

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

No items.

10. MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP

10.1 To receive the minutes of the meeting held on 15 September, 2017

11. REGIONAL HEALTH SCRUTINY UPDATE

12. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

For information: -

Date and time of forthcoming meetings –

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

25 OCTOBER 2017

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

Present:

Councillor Ray Martin-Wells (In the Chair).

Councillors: Gerard Hall, Brenda Harrison and John Tennant.

Co-opted Members: Mr Stan Cronin and Mr Norman Rollo.

Also Present: In accordance with Council Procedure Rule 5.2 (ii), Councillor Carl Richardson was in attendance as substitute for Councillor Lesley Hamilton.

Karen Hawkins and Andrea Jones – Hartlepool and Stockton-on-Tees Clinical Commissioning Group.

Jane Barker, Elaine Gout, Louise Johnson, Lynn Kirby, Janet Mackie, Kevin Moore, Tess Moore and Linda Wildberg – North Tees and Hartlepool NHS Foundation Trust.

David Brown, Tees, Esk and Wear Valleys NHS Foundation Trust

Officers: Dr Paul Edmondson-Jones, Interim Director of Public Health
Esther Mireku, Public Health Registrar
Danielle Swainston, Assistant Director, Children and Families Services
Joan Stevens, Statutory Scrutiny Officer
David Cosgrove, Democratic Services Team

45. Apologies for Absence

Apologies for absence were received from Councillors Sandra Belcher, Rob Cook and Lesley Hamilton.

46. Declarations of Interest

None.

47. Minutes of the meeting held on 20 September, 2017

A Member sought confirmation that Members would still receive a detailed

process plan for the implementation of the Sustainable Transformation Plan (STP) as discussed at the meeting in July. That Chair confirmed this was the case.

The minutes were confirmed.

48. Investigation into Elective Surgery at the University Hospital of Hartlepool Site and High Quality Maternity Services *(Statutory Scrutiny Officer)*

The invited representatives from North Tees and Hartlepool Trust NHS Foundation Trust and the Hartlepool and Stockton on Tees Clinical Commissioning Group gave a presentation to the Committee setting out the elective care provision at University Hospital Hartlepool (UHH).

The presentation outlined the elective care services available –

- Outpatient services; Diagnostic Services; Pre Assessment Services; Day Case Services; Inpatient Services; and Review Services.
- There were outpatient services for Orthopaedics, Dermatology, Urology, ENT, Vascular, Obstetrics, General Surgery, Colorectal, Bariatric Surgery, Upper GI, Breast Services, Gynaecology, Ophthalmology and Paediatrics.
- All shoulder surgery was being moved to UHH while theatre improvements were carried out at North Tees Hospital (NTH).
- There were diagnostic services at UHH including: – Medical Physics, MRI, Endoscopy, CT, Plain Film x-ray, Phlebotomy and Pre operative assessment.
- The day surgery carried out at the UHH site included: - Orthopaedics, General Surgery, Gynaecology, Urology, Vascular, Breast surgery / breast reconstructions, Pain management procedures and some Children's Surgery.
- Inpatient services included -
Orthopaedics – Primary hip and knee replacements / revision replacement surgery / ACL reconstruction / Foot and Ankle Surgery
General Surgery e.g. gall bladder surgery / hernia operations
Breast surgery / breast reconstructions.
- While outcome data was not measured by site or population, there was local and national data on specific conditions outcomes these PROM (Patient Reported Outcome Measures) and the associated Health Gain scores for hip and knee replacement surgery were both shown to be close to the national average.
- Statistics for elective surgery activity and out-patient activity at UHH were also set out for Members' information.

Members welcomed the information that there were still a significant range of elective surgeries that could be accessed at the UHH site and hoped that more services could be returned based on the success of those already in place. There was a short discussion on the reductions recorded in day case and elective surgery numbers at UHH and Members questioned

whether this was due to fewer people choosing UHH and simply not being offered the choice in the first place. There was some anecdotal evidence that patients who knew there was the option of receiving treatment at UHH, still had to ask for that option and were not being offered it straight away. The Trust representatives commented that this may be due to earlier appointments being available at NTH or due to clinical requirements

The CCG representative outlined the process of change to elective services arising from the STP (Sustainable Transformation Plan) proposals. The STP is being directed at the high level of organisations to allow the lower, local level of health delivery to define services that best meet the needs of local people. The STP will not direct how services are delivered locally, but while acknowledging the differences between areas, there should be no 'postcode lottery' of what services people could expect. No decisions had yet been made on the delivery of services across the region from the STP.

The Chair commented that the south of the STP area was already well ahead on this work due to the work being undertaken on the Better Health Programme but questioned when the final STP proposals would be coming forward. The representatives present indicated that there were a number of work streams underway but much work was still being undertaken on how the transformation was to be delivered both regionally and locally. The Chair indicated that there were some issues of public perception of the STP particularly of some of the services that may be reorganised. People were looking for some indication of preferred options coming forward sooner rather than later as too much seemed unknown.

The CCG representative did state that while there was some understandable frustration around the reconfiguration of services but a lot had already been delivered locally on issues such as neighbourhoods and communities, early intervention and prevention and digital and workforce issues. It was hoped that a firmer timetable could be brought to a future meeting. The Chair acknowledged this work but it was the headline issues around A&E and Maternity, those were of greatest concern to residents.

Members questioned how the lead of the STP was selected and who he would be accountable to. The Chair commented that accountability would be through the Regional Scrutiny Joint Committee and each individual local authority had the power of referral. A Trust representative stated that the Lead of the STP was appointed by NHS England and was essentially an overview role; any decision on hospital services would be a CCG decision and not the Trusts.

A Member raised an issue with communication with the public as there were still some that still believed the hospital had closed when A&E had closed. It was acknowledged that all partners needed to ensure the messages to the public were consistent so people know there is a wide range of services including the urgent care centre was available.

The meeting moved on to look at the provision of maternity services.

Trust representatives gave a presentation to the meeting outlining the services provided within UHH. The presentation outlined the following key points: -

- There were Community Midwives based in Children Centres offering full Community Antenatal and Postnatal care including Drop-In clinics and telephone support
- At the University Hospital of Hartlepool there were Antenatal and Postnatal Consultant led clinics, the Midwifery Led Assessment Unit, the Obstetric ultrasound scan service and all other antenatal screening services were available on site.
- October 2017: currently 108 women booked with the Birthing Team
- Since May 2016, the Team undertakes the first contact in early pregnancy with expectant mothers and provided antenatal and postnatal assessments.
- Risk for pregnancy was assessed in line with NICE guidance and women assessed as low risk, were offered a choice for delivery; Home Birth - the North East as a region has a very low home birth rate with less than 1% of births at home, Delivery at the Birthing Centre in Hartlepool.
- The Team delivered continuity of care and for women who become high risk during the pregnancy and had to have their births at NTH, the same staff would continue with that mother. 41 women had their babies at North Tees with the Team.
- The services specifically based at NTH included: -
Antenatal and postnatal Consultant clinics
Community drop-in clinics
Day Assessment Unit
Inpatient services
Consultant led delivery unit for high risk maternity patients
Low risk maternity patients who choose to deliver at the obstetric unit.
Low risk women could also have midwifery led care
Anaesthetic cover and epidural service
Operating theatre
Access to other specialties such as Neonatology, radiology, medicine, surgery.
- Nationally, increasing numbers of women were being seen with raised BMI, complex medical conditions, diabetes/gestational diabetes, pre-eclampsia, social deprivation and safeguarding issues.
- Recent years had seen a number of Midwifery Led Units moving to 'opening as required' following the model that had been introduced with the Hartlepool Birthing Team
- The model in Hartlepool was being seen as a good example of a high quality, locally delivered services.
- Across the country, stand alone Midwifery Led Units were reporting a reduction in delivery numbers.
- There was very positive feedback on the Hartlepool Team.

The Chair was concerned that low risk mothers were being told all the potential risks and that they would need to be 'blue lighted' through to NTH if there was a problem; then it was no surprise that so few chose Hartlepool. It did raise the question as to why the unit at UHH was kept open. The Trust representatives stated that there was the 'team around the unit' approach did provide the necessary continuity for mothers and ensured the appropriate levels of skill retention. This provided the sustainability required for the unit at UHH as an 'open when required' unit.

Members commented that many Hartlepool mothers wanted their babies to be born in Hartlepool and it was another reason why many thought the hospital was shut because the birth rate there was so low. The Chair questioned if there was a proposal through the STP that the maternity unit at NTH was to be downgraded to a midwife led unit. The Trust representative commented that there was nationally a shortage of maternity specialist consultants. Units needed to be fully staffed with sufficient consultants to be safe for mothers and babies. There was also something of a cultural change in mothers deciding to go where there was full specialist support rather than a midwife led birth as was the accepted practice in the past. Consultation would be asking those difficult questions.

The Chair was concerned that moving to a midwife led unit was essentially a move towards the unit closing because of what expectant mothers would choose. If NTH was going towards a midwife led basis, then the Trust should be upfront and say it was closing as that is where we would be in a few years time, as we are with Hartlepool. The Trust representative stated that no decisions had been made on maternity services.

A Member referred to some of the earlier statistics outlined earlier in the presentation which highlighted the numbers of 'at risk' births increasing when potential services towards those was reducing. It was clarified that no decisions had been made and any potential options would be subject to consultation. Members did urge the CCG to come forward with potential service solutions from the STP sooner rather than later as too much time seemed to have passed without any clarity being brought forward. Members did not feel that it was not unreasonable for Hartlepool to insist on having a full maternity service. Many of the issues raised seemed to be national issues that needed resolving elsewhere without penalising local communities.

Recommended

That the presentations and discussions be noted.

49. Care Quality Commission – Update (on the Action Plan for North Tees and Hartlepool NHS Foundation Trust following the CQC’s inspection) *(Statutory Scrutiny Officer)*

In the absence of any representatives from the Care Quality Committee the Chair deferred the matter to a future meeting.

50. Assisted Reproduction Unit Update *(Statutory Scrutiny Officer)*

A representative from the North Tees and Hartlepool NHS Trust updated the Committee on the progress on the satellite service with Gateshead and Newcastle. A significant amount of work had been undertaken with protocols and guidelines agreed together with work to integrate nursing staff across the units.

The main issues related to the storage of the cryo-tanks as Newcastle and Gateshead and South Tees had indicated they were unable to re-house the tanks. Approaches were being made to private companies to seek a storage solution.

In order to provide the satellite service full collaboration around embryologist cover from other local units was required otherwise service provision would be limited and a potential patient safety risk. Further engagement work was on-going. Embryology cover, therefore, remained the most significant risk to the current service and a barrier to the commencement of the satellite service. Work was ongoing towards a solution to provide a collaborative service to manage sustainable and safe embryology cover for all patients accessing the service.

The Chair asked if all the affected patients been kept up-to-date with the situation with their embryos. The Trust representative indicated that all patients had been written to in the spring and there was continual liaison with the current patients. The Chair urged the Trust to write to all patients again updating them on the current position. The Chair also commented that had the Trust retained the embryologist that had wished to maintain the service; the position would not be as it is.

Recommended

That the update be noted.

51. Urgent Care Update – Presentation *(Scrutiny Support Manager)*

Representatives from North Tees and Hartlepool NHS Trust gave an

update on the integrated Urgent Care Centres at both UHH and NTH. For the UHH site, over 16,000 patients had been seen at the site with significantly lower numbers of patients being referred on to A&E at NTH than in the previous year. There had been some very positive patient and staff feedback. The Chair stated that he had used the service and had found it to be excellent. The Chair requested that the presentation slides be circulated to all Members.

Recommended

That the report be noted.

52. GP Hubs – Presentation *(Statutory Scrutiny Officer)*

The representative from the Hartlepool and Stockton on Tees Clinical Commissioning Group gave a presentation outlining the development of GP Hubs in Hartlepool.

- The vision aimed to reduce confusion through the delivery of care in hubs or where required at a whole locality level.
- The model would be underpinned by proactive and preventative self-care and early intervention at every stage to support the achievement of better health and independence.
- The success of the delivery is dependent on creating a coordinated and integrated system that is focused upon our changing needs.
- The move to the new vision requires a fundamental shift in how everyone thinks, sees and does things.
- The development of the hubs was being seen against a national context and the national policy on Care in England by 2020 and beyond, the new models of care that would be pivotal in the delivery of the forward view, the creation of strong general practice and primary care services essential for a high quality and responsive NHS, responding to the changing requirements of a health and care system and developing services around local population needs.
- Hospital based care had been relied upon much more here than in other parts of the country.
- Patients tell us that the system is difficult to navigate and understanding their options can be confusing.
- Multiple organisations are involved in delivery of the care pathways.
- Increasing need to provide services across traditional boundaries.
- Building on the strengths of each individual organisation will achieve more together than alone.
- How will the new model of care be different?
There will be extended teams offering more straightforward access to a wider range of health and care closer to people's home.
The hubs will be centred, where possible, around GP practices and community care hubs.
They will support a population based around a natural community of

care.

They will support and promote self-care and prevention.

They will be designed and delivered by a partnership approach.

They will bring together primary, community and adult social care providers with commissioners of health and social care.

They will reflect the system priorities of Sustainability and Transformation Plans.

- There would be four phases leading towards full implementation by 2020 -
 - Phase one - Development of GP practices working in hubs and sharing back office functions.
 - Phase two - Community Nursing (including District Nursing) is wrapped around GP hubs to support the delivery of a 'teams around patients' model.
 - Phase three - Services are identified, for health and social care and specifications are developed to support the delivery of an integrated community model.
 - Phase Four - A fully integrated community model is implemented through agreed commissioning, operational and contractual arrangements.
- The purpose of the Community Integrated Services pilot at McKenzie House was to provide more timely access to assessment, treatment and support for the frail elderly by facilitating closer communication and collaboration between health and social care practitioners working in the community.
- This included weekly multi-disciplinary meetings with representatives from health and social care partners and the sharing of information across organisations to identify cohort of patients for MDT discussion and input including; COPD, frailty and other people identified with high complex needs.

The Assistant Director, Children and Families Services gave a presentation outlining the services within the Hartlepool and Stockton on Tees Children's Hub. The hub was a partnership between Hartlepool and Stockton Councils, Cleveland Police, North Tees and Hartlepool NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Trust. The hub operated on a multi-agency approach dealing with concerns around children and young people. The service also included links into services at CAMHS, Harbour and the Local Authority Designated Officer (LADO) for allegations made against staff.

Concerns would come into the hub through phone calls, e-mails, visitors and the post. They were then triaged and allocated to a social worker with oversight provided by a Manager. Written referrals from workers would come in on a SAFER (Situation, Assessment, Family, Expected response, Recording) referral form which was a Tees-wide approved referral form.

The Children's Hub was responsible for over 90,000 children and young people across the boroughs and received approximately 150 phone calls a day with concerns about children, young people and their families and

around 1200 written referrals a month. The team undertook a large amount of signposting to services for families and providing advice.

Recommended

That the informative presentations be noted.

53. Local Authority Hubs – Presentation *(Interim Director of Public Health)*

The Interim Director of Public Health gave a presentation to the Committee on the new local authority community hubs.

There were three hubs –

Hub South – formerly Owton Manor Community Centre and Library.

Hub Central – formerly Central Library.

Hub North – located in West View Advice and Resource Centre.

They provided a one stop shop of services, meeting the needs of the local community and situated in areas of greatest need. Residents were able to access health, Council, learning and community services, as well as a busy calendar of events, with dedicated Community Hub staff on hand to help.

There had been an initial ‘soft launch’ in July 2017 and there was now growing momentum around the Hub delivery model with expressions of interest from potential internal/external services. The Community Hub Central was formally opened in September, by Lord-Lieutenant of County Durham, Sue Snowdon. They were now adapting to developing needs with an emphasis on development and usage of the flexible space within the Hub buildings.

Within each hub there is -

- Library services and community activities;
- Welfare benefit information and debt advice;
- Public access computers, with a dedicated computer for access to online Council services. There were 63 computers across the 3 hubs;
- Dedicated telephone access to;
 - Civic Centre Customer Service
 - Adult Education
 - West View Advice and Resource Centre
- Access to smoking cessation support;
- Access to credit unions;
- 3 Community Hub Health Advisors;
- Rooms for hire.

After only 3 months it was too soon to measure outcomes, but going forward success would be determined through:

- Customer feedback surveys and questionnaires.
- Comments and suggestions box/notice boards.
- Customer/ stakeholder focus groups.

- Development of a balanced scorecard.
- Effective use of data systems.

Over the future months there would be ongoing phased adaptations and service development with new Hub-based services by April 2018. This would include Police Community Support Officer (PCSO) and Community Safety teams, Housing Advice, and Lifestyle Intervention Officers. There was also to be a review of the Library Service offer e.g. development of 'Satellite Hubs' through the library branch network, mobile services. Officers would also be exploring of new partner opportunities e.g. a refreshment offer, integration of commercial business etc.

Members welcomed the development of the hubs and questioned how the success of the hubs in terms of footfall etc would be measured and compared with the previous library customer base. The Director commented that it was difficult to measure with great definition the difference the hubs were making. Total numbers visiting were recorded and each of the individual services had detailed numbers of those accessing their services. Details of the previous customer base for the libraries were more difficult with records not being consistent across the libraries.

The Vice-Chair questioned what information had been circulated to communities to highlight the services available at the hubs. The Director stated that Hartbeat and social media had been used extensively and they were built on existing services so were well used previously. Much would rely on word of mouth as the best form of widely getting the word out into communities.

Recommended

That the presentation be noted.

54. Six Monthly Monitoring of Agreed Scrutiny Recommendations *(Statutory Scrutiny Officer)*

The Statutory Scrutiny Officer presented a report updating the Committee on the performance against the previously agreed recommendations of the Committee. It was highlighted that three recommendations were still outstanding and the reasons behind those would be examined and reported back to members.

Recommended

That the report be noted.

55. Roseberry Park Briefing *(Representative from Tees, Esk and Wear Valleys NHS Foundation Trust)*

The representative from Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) provided Members with a briefing paper which outlined the current situation in relation to the service provision from within Roseberry Park Hospital. It was noted that in June 2016, TEWV were notified of a number of defects to the fire safety systems at Roseberry Park. Immediate action was taken to mitigate those risks through close working with the Fire and Rescue Service to address the safety of service users, staff and visitors while they were at Roseberry Park. However, these measures were not long term solutions and further work was required.

In view of the need to vacate one of the 'blocks' at Roseberry Park, arrangements were in place to transfer services in Westerdale North and South (two wards for older people) to Sandwell Park in Hartlepool temporarily. While this work was ongoing, patients from the Lincoln and Wingfield wards in Sandwell Park will be admitted to the hospital within their locality (either Roseberry Park or Lanchester Road hospital). This would allow one full block within Roseberry Park to have detailed survey work carried out to determine the extent of the remedial work necessary on all blocks and enable a timeline for the works across the whole site to be calculated.

It was noted that meetings had been undertaken with all staff impacted by this change to assess personal circumstances and assess what support was required to facilitate the move. In terms of patients, it was presently anticipated that around 12-15 adults and their families would be inconvenienced in terms of travel initially.

The Chair commented that there were concerns being expressed by some staff at Sandwell Park as to the long term future of the facility. The TEWV representative commented that while he could not predict any long term changes to services, particularly as the works at Roseberry Park were estimated to take a number of years to complete, he did not currently foresee the closure of Sandwell Park.

Recommended

That the report be noted.

56. Minutes of the recent meeting of the Finance and Policy Committee relating to Public Health

The minutes of the meeting held on 18 September, 2017 relating to the Health and Wellbeing Strategy were received.

57. Minutes of the Meeting of Tees Valley Health Scrutiny Joint Committee

The minutes of the meeting held on 20 July 2017 were received.

58. Minutes of the recent meeting of the Safer Hartlepool Partnership

The minutes of the meeting held on 11 August 2017 were received.

59. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 12.15 pm.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

15th November 2017



Report of: Chief Solicitor and Monitoring Officer

Subject: DISQUALIFICATION CRITERIA FOR
COUNCILLORS AND MAYORS - CONSULTATION

1. PURPOSE OF REPORT

- 1.1 The Committee have previously received a report which indicted that representations had been made to the Department of Communities and Local Government by Saddleworth Parish Council who had called for one of their members to resign following a conviction for downloading indecent images. Following this conviction, the Councillor had been made subject to a sexual offenders treatment programme with a 28 day curfew and was to be subject to a sexual harm prevention order for a period of 5 years. However, he would only be disqualified from holding office, if, he had within 5 years either before the day of his election or since his election been convicted and *'.... has had passed on him a sentence of imprisonment (whether suspended or not) for a period of not less than 3 months without the option of a fine (Section 80) (1)(d) of the Local Government Act, 1972.*
- 1.2 The Councillor had insisted that he would not step down despite strong calls for his resignation. A petition with 700 signatories from the community had also been received calling for his resignation. Although, following a Motion that came before the Parish Council which had the effect of removing this Councillor from all Committees of the Parish Council, no further action could be taken. Consequently, a delegation from the Parish Council together with the Local Member of Parliament met the Minister for Local Government to discuss potential changes to the governing legislation. That lobbying, has now led to the publication through the Department for Communities and Local Government a consultation document entitled 'Disqualification Criteria for Councillors and Mayors' (September 2017).

2. CURRENT DISQUALIFICATION CRITERIA

2.1 As mentioned, the position upon disqualification is set out within Section 80 of the Local Government Act, 1972. As can be seen from the attached consultation document (**Appendix 1**) the current criteria is as follows;

- are employed by the Local Authority;
- are employed a company which is under the control of the Local Authority;
- are subject to bankruptcy orders;
- have, within 5 years before being elected or any time since elected, been convicted in the UK, Channel Islands or Isle of Man of any offence and have received a sentence of imprisonment (suspended or not) for a period of not less than 3 months without the option of a fine;
- are disqualified under Part 3 of the Representation of the People Act, 1983;
- are employed under the direction of various Local Authority Committees, Boards or the Greater London Authority; or
- are a teacher in a school maintained by the Local Authority.

3. THE PROPOSED DISQUALIFICATION CRITERIA

3.1 This consultation looks at 'updating the criteria' in relation to the holding of office either as a Local Authority member or as a directly Elected Mayor or a member of the London Assembly. However, such disqualification would only extend whereby an individual was subject to;

- the notification requirements set out in the Sexual Offences Act, 2003 (commonly referred to as 'being on the sex offender register');
- a civil injunction granted under Section 1 of the Anti-Social Behaviour, Crime and Policing Act, 2014; or
- a Criminal Behaviour Order made under Section 22 of the Anti-Social Behaviour, Crime and Policing Act, 2014.

3.2 As mentioned in the consultation document, such changes to be introduced would require amendment to primary legislation and any proposed change would not have retrospective effect. The consultation begins on Monday 18th September, 2017 and therefore closes on Friday 8th December, 2017.

3.3 It will be noted that this consultation confines itself to looking at the disqualification criteria and does not go any further, namely, to look at issues surrounding the Code of Conduct provisions and the rather contentious issue of sanctions. It had been indicated by the Department for Communities and Local Government that although there would be consultation on the so called 'disqualification criteria' they would also raise the issue as to sanctions which should be applicable for any breaches of a Council's Code of Conduct. Therefore it needs to be seen, whether or not at some future date consultation will extend to this particular area of governance of public bodies

Presently, members are asked to consider the attached consultation document and provide such responses as they deem appropriate.

4. RECOMMENDATIONS

1. That the Committee considers this report and attached consultation document.
2. That delegated authority be given to the Chief Solicitor and Monitoring Officer (in consultation with the Chair and Vice Chair of the Audit and Governance Committee) to provide a response on or before 8th December, 2017.

5. CONTACT OFFICER

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Department for
Communities and
Local Government

Disqualification criteria for Councillors and Mayors

Consultation on updating disqualification criteria for local authority members



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September 2017

ISBN: 978-1-4098-5102-8

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Scope of the consultation

A consultation paper issued by the Department for Communities and Local Government on behalf of the Secretary of State

Topic of this consultation:	This consultation paper sets out the government's proposals for updating the criteria disqualifying individuals from standing for, or holding office as, a local authority member, directly-elected mayor or member of the London Assembly.
Scope of this consultation:	<p>The Department for Communities and Local Government is consulting on proposals to update the criteria disqualifying individuals from standing for, or holding office as, a local authority member, directly-elected mayor or member of the London Assembly, if they are subject to:</p> <ul style="list-style-type: none">• the notification requirements set out in the Sexual Offences Act 2003 (commonly referred to as 'being on the sex offenders register');• a civil injunction granted under section 1 of the Anti-social Behaviour, Crime and Policing Act 2014; or• a Criminal Behaviour Order made under section 22 of the Anti-social Behaviour, Crime and Policing Act 2014. <p>Any changes to the disqualification criteria would require changes to primary legislation, in particular the Local Government Act 1972, the Local Democracy, Economic Development and Construction Act 2009, and the Greater London Authority Act 1999.</p> <p>The proposed changes would not act retrospectively.</p>
Geographical scope:	The proposals in this consultation paper apply to certain authorities in England, including local authorities, combined authorities and the Greater London Authority. They do <u>not</u> apply to authorities in Wales, Scotland or Northern Ireland.
Impact Assessment:	No impact assessment has been produced for this consultation.

Basic Information

To:	This consultation is open to everyone. We particularly seek the views of individual members of the public, prospective and current councillors and those bodies that represent the interests of local authorities and councillors at all levels.
Body responsible for the consultation:	The Local Government Stewardship Division in the Department for Communities and Local Government is responsible for conducting the consultation.
Duration:	The consultation will begin on Monday 18 September 2017. The consultation will run for 12 weeks and will close on Friday 8 December 2017. All responses should be received by no later than 5pm on Friday 8 December 2017.
Enquiries:	<p>If you have any enquiries, please contact:</p> <p>Stuart Young email: stuart.young@communities.gsi.gov.uk</p> <p>DCLG Tel: 0303 44 40000</p> <p>How to respond:</p> <p>Please respond by email to: Section80consultation@communities.gsi.gov.uk</p> <p>Alternatively, please send postal responses to:</p> <p>Stuart Young Department for Communities and Local Government 2nd Floor, NE, Fry Building 2 Marsham Street London SW1P 4DF</p> <p>Responses should be received by 5pm on Friday 8 December 2017.</p>
How to respond:	<p>You can respond by email or by post.</p> <p>When responding, please make it clear which questions you are responding to.</p> <p>When you reply it would be very useful if you could confirm whether you are replying as an individual or submitting an</p>

	<p>official response on behalf of an organisation, and include:</p> <ul style="list-style-type: none">- your name- your position (if applicable)- the name and address of your organisation (if applicable)- an address, and- an email address (if you have one)
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Introduction

1. Local authority members (i.e. councillors), mayors of combined authorities, members of the Greater London Assembly and the London Mayor take strategic decisions that affect all our lives. They decide how best to use taxpayers' money and manage local authority resources, including property, land and assets. They also have a leading role to play in building and preserving a society where the rights and freedoms of individuals are respected. They should be community champions. It is vital, therefore, that they have the trust of the electorate.
2. The Government considers that there should be consequences where councillors, mayors and London Assembly members fall short of the behaviour expected of anyone in a free, inclusive and tolerant society that respects individuals and society generally, and where this has led to enforcement action against an individual.
3. Existing legislation prevents individuals standing, or holding office, as a local authority member, London Assembly member or directly-elected mayor if they have, within five years of the day of the election, or since their election, been convicted in the UK, Channel Islands or Isle of Man of any offence and have received a sentence of imprisonment, suspended or not, for a period of not less than three months without the option of a fine.
4. The Government considers that the law should be updated to reflect new options which exist to protect the public and address unlawful and unacceptable behaviour.
5. This consultation proposes updating the disqualification criteria in section 80 of the Local Government Act 1972, paragraph 9 of schedule 5B to the Local Democracy, Economic Development and Construction Act 2009, and section 21 of the Greater London Authority Act 1999 to prohibit those subject to the notification requirements (commonly referred to as 'being on the sex offenders register') and those subject to certain anti-social behaviour sanctions from being local authority members, London Assembly members or directly-elected mayors.
6. This consultation does not propose changing the disqualification criteria for Police and Crime Commissioners (PCCs). For the purposes of this consultation, 'local authority member' also extends to directly-elected mayors and co-opted members of authorities, and 'local authority' means:
 - a county council
 - a district council
 - a London Borough council
 - a parish council

The disqualification criteria in section 80 of the Local Government Act 1972, paragraph 9 of schedule 5B to the Local Democracy, Economic Development and Construction Act 2009, and section 21 of the Greater London Authority Act 1999 do not cover the Council of the Isles of Scilly or the Common Council of the City of

London. Therefore, the proposals in this consultation do not extend to these councils.

The Current Disqualification Criteria

7. Under section 80 of the Local Government Act 1972, a person is disqualified from standing as a candidate or being a member of a local authority, if they:
 - are employed by the local authority;
 - are employed by a company which is under the control of the local authority;
 - are subject to bankruptcy orders;
 - have, within 5 years before being elected, or at any time since being elected, been convicted in the UK, Channel Islands or Isle of Man of any offence and have received a sentence of imprisonment (suspended or not) for a period of not less than three months without the option of a fine;
 - are disqualified under Part III of the Representation of the People Act 1983;
 - are employed under the direction of various local authority committees, boards or the Greater London Authority; or
 - are a teacher in a school maintained by the local authority.

8. Paragraph 9 of schedule 5B to the Local Democracy, Economic Development and Construction Act 2009 sets out the criteria on disqualification from standing as, or being, a directly-elected mayor of a combined authority. A person is disqualified from being elected or holding office as the mayor of a combined authority if they:
 - hold any paid office or employment (other than the office of mayor or deputy mayor), including any appointments or elections made by or on behalf of the combined authority or any of the constituent councils of the combined authority;
 - are subject to bankruptcy orders;
 - have, within 5 years before being elected, or at any time since being elected, been convicted in the UK, Channel Islands or Isle of Man of any offence and have received a sentence of imprisonment (suspended or not) for a period of not less than three months without the option of a fine; or
 - is disqualified for being elected or for being a member of a constituent council under Part 3 of the Representation of the People Act 1983.

9. Section 21 of the Greater London Authority Act 1999 disqualifies someone from being the Mayor or an Assembly member if they:
 - are a member of staff of the Authority;
 - hold an office that disqualifies the holder from being Mayor or an Assembly member;
 - are subject to bankruptcy orders are bankrupt or have made a composition agreement with creditors;
 - have, within 5 years before being elected, or at any time since being elected, been convicted in the UK, Channel Islands or Isle of Man of any offence and have received a sentence of imprisonment (suspended or not) for a period of not less than three months without the option of a fine;
 - are disqualified under section 85A or Part III of the Representation of the People Act 1983 from being the Mayor or an Assembly member; or

- are a paid officer of a London borough council who is employed under the direction of:
 - a council committee or sub-committee whose membership includes the Mayor or someone appointed on the nomination of the Authority;
 - a joint committee whose membership includes a member appointed on the nomination of the council and a member appointed on the nomination of the Authority;
 - the council executive, or one of its committees, whose membership includes the Mayor or someone appointed on the nomination of the Authority;
 - a member of the council's executive who is the Mayor or someone appointed on the nomination of the Authority.

Sexual Offences

10. The Government considers that anyone who is subject to sex offender notification requirements, commonly referred to as 'being on the sex offenders register', should be barred from standing for election, or holding office, as a local authority member, directly-elected mayor or member of the London Assembly. The period of time for which they would be barred would end once they were no longer subject to these notification requirements.
11. An individual can become subject to notification requirements by committing certain criminal acts or being issued with certain types of civil order:
- Being subject to sex offender notification requirements is an automatic consequence of being cautioned or convicted of a sexual offence listed in Schedule 3 of the Sexual Offences Act 2003 (see: <http://www.legislation.gov.uk/ukpga/2003/42/schedule/3>).
 - Sexual Harm Prevention Orders are civil orders intended to protect the public from offenders convicted of a sexual or violent offence who pose a risk of sexual harm to the public by placing restrictions on their behaviour. Offenders who are subject to Sexual Harm Prevention Orders become subject to notification requirements.
 - Notification Orders are civil orders intended to protect the public in the UK from the risks posed by sex offenders who have been convicted, cautioned, warned or reprimanded for sexual offences committed overseas. Such offenders may be British or foreign nationals convicted, cautioned etc. abroad of a relevant offence. Offenders who are subject to Notification Orders become subject to notification requirements.
12. The duration of the notification requirement period (i.e. how long a person is on the sex offenders register) is set out in the Sexual Offences Act 2003 and in the table below. The courts have no discretion over this.

Where the (adult) offender is:	The notification period is:
Sentenced to imprisonment for life or to a term of 30 months or more	An indefinite period
Detained in a hospital subject to a restriction order	An indefinite period
Sentenced to imprisonment for more than 6 months but less than 30 months imprisonment	10 years
Sentenced to imprisonment for 6 months or less	7 years
Detained in a hospital without being subject to a restriction order	7 years
Cautioned	2 years

Conditional discharge	The period of the conditional discharge
Any other description (i.e. community sentence, fine)	5 years

These periods are halved for offenders who are under 18 on the date of the caution, conviction or finding, as defined within the 2003 Act.

13. Offenders who are subject to the notification requirements must notify the police of (amongst other things) their: name, date of birth, national insurance number, home address, passport number, bank account and credit card details. They must do this annually, any time the details change or when they travel abroad. They must also notify the police when they stay or reside with a child for more than 12 hours.
14. Further information on the Sexual Offences Act 2003 can be found at: <https://www.gov.uk/government/publications/guidance-on-part-2-of-the-sexual-offences-act-2003>.
15. The Government does not propose including another type of civil order, the Sexual Risk Order, as this person would not have been convicted or cautioned of a sexual offence under the Sexual Offences Act 2003 and are not subject to notification requirements for registered sex offenders. A Sexual Risk Order does require the individual to notify to the police their name and their home address. A Sexual Risk Order can be sought by the police against an individual who has not been convicted, cautioned etc. of an offence under Schedule 3 or Schedule 5 of the 2003 Act but who is nevertheless thought to pose a risk of harm to the public in the UK and/or children or vulnerable adults abroad.

Q1. Do you agree that an individual who is subject to the notification requirements set out in the Sexual Offences Act 2003 (i.e. who is on the sex offenders register) should be prohibited from standing for election, or holding office, as a member of a local authority, mayor of a combined authority, member of the London Assembly or London Mayor?

Q2. Do you agree that an individual who is subject to a Sexual Risk Order should not be prohibited from standing for election, or holding office, as a member of a local authority, mayor of a combined authority, member of the London Assembly or London Mayor?

Anti-Social Behaviour

16. Anti-social behaviour blights people's lives and can leave victims feeling powerless. These are a range of powers to the courts, police and local authorities to tackle the problems in the table below.
17. The Government considers that an individual who is subject to an anti-social behaviour sanction that has been issued by the court, i.e. a Civil Injunction or a Criminal Behaviour Order, should be barred from standing for election, or holding office, as a local authority member, directly-elected mayor or member of the London Assembly. The period of time for which they would be barred would end once they were no longer subject to the injunction or Order.

Anti-Social Behaviour (ASB) Powers

Type	Power	Description
Issued by the court to deal with individuals	Civil Injunction	A civil order with a civil burden of proof. The injunction can include both prohibitions and positive requirements to tackle the underlying causes of the behaviour. Applications can be made by police, councils, social landlords, Transport for London, Environment Agency, Natural Resources Wales and NHS Protect.
	Criminal Behaviour Order	A court order available on conviction. The order can be issued by any criminal court against a person who has been convicted of an offence. It is aimed at tackling the most persistently anti-social individuals who are also engaged in criminal activity. The order can include both prohibitions and positive requirements. Applications are made by the prosecution, in most cases by the Crown Prosecution Service, either at its own initiative or following a request from the police or council.
Used by the police to move problem groups or individuals on	Dispersal Power	A flexible power which the police can use in a range of situations to disperse anti-social individuals and provide immediate short-term respite to a local community. It allows the police to deal instantly with someone's behaviour and prevent it escalating. The use of the power must be authorised by an officer of at least inspector rank, to be used in a specific locality for up to 48 hours or on a case by case basis. This is to ensure that the power is used fairly and proportionately and only in circumstances in which it is necessary.

Issued by councils, the police and social landlords to deal with problem places	Community Protection Notice	A notice designed to deal with particular problems which negatively affect the community's quality of life. The Notice can be issued to anyone aged 16 or over, businesses or organisations. This is a two-stage power and a written warning has to be issued first. Failure to stop the behaviour or take action to rectify the problem would lead to the notice being issued. The power can be used by councils, police and social landlords (if designated by the council).
	Public Spaces Protection Order	Designed to deal with anti-social behaviour in a public place and apply restrictions to how that public space can be used to stop or prevent anti-social behaviour. The order is issued by the council. Before the order can be made, the council must consult with the police and whatever community representatives they think appropriate, including regular users of the public space. Before the order is made the council must also publish the draft order.
	Closure Power	A fast and flexible two-stage power. Can be used to quickly close premises which are being used, or likely to be used, to commit nuisance or disorder, including residential, business and licensed premises. The police and councils are able to issue Closure Notices for up to 48 hours and the courts are able to issue Closure Orders for up to six months if satisfied that the legal tests have been met. Following the issue of a Closure Notice, an application must be made to the magistrates' court for a closure order.

Q3. Do you agree that an individual who has been issued with a Civil Injunction (made under section 1 of the Anti-social Behaviour, Crime and Policing Act 2014) or a Criminal Behaviour Order (made under section 22 of the Anti-social Behaviour, Crime and Policing Act 2014) should be prohibited from standing for election, or holding office, as a member of a local authority, mayor of a combined authority, member of the London Assembly or London Mayor?

Q4. Do you agree that being subject to a Civil Injunction or a Criminal Behaviour Order should be the only anti-social behaviour-related reasons why an individual should be prohibited from standing for election, or holding office, as a member of a local authority, mayor of a combined authority, member of the London Assembly or London Mayor?

Retrospection

18. Legislation does not generally apply retrospectively, the principle being that the law should operate in a clear and certain manner and the public is entitled to know the state of the law at a particular time.
19. The proposals in this consultation would not apply retrospectively, i.e. any incumbent local authority member, directly-elected mayor or member of the London Assembly, who is on the sex offenders register or subject to a Civil Injunction or Criminal Behaviour Order at the time the changes come into force would not be affected.
20. Such individuals would of course be prevented from standing for re-election after the changes came into force.

Questions

Q1. Do you agree that an individual who is subject to the notification requirements set out in the Sexual Offences Act 2003 (i.e. is on the sex offenders register) should be prohibited from standing for election, or holding office, as a member of a local authority, mayor of a combined authority, member of the London Assembly or London Mayor?

Q2. Do you agree that an individual who is subject to a Sexual Risk Order should not be prohibited from standing for election, or holding office, as a member of a local authority, mayor of a combined authority, member of the London Assembly or the London Mayor?

Q3. Do you agree that an individual who has been issued with a Civil Injunction (made under section 1 of the Anti-social Behaviour, Crime and Policing Act 2014) or a Criminal Behaviour Order (made under section 22 of the Anti-social Behaviour, Crime and Policing Act 2014) should be prohibited from standing for election, or holding office, as a member of a local authority, mayor of a combined authority, member of the London Assembly or London Mayor?

Q4. Do you agree that being subject to a Civil Injunction or a Criminal Behaviour Order should be the only anti-social behaviour-related reasons why an individual should be prohibited from standing for election, or holding office, as a member of a local authority, mayor of a combined authority, member of the London Assembly or London Mayor?

Q5. Do you consider that the proposals set out in this consultation paper will have an effect on local authorities discharging their Public Sector Equality Duties under the Equality Act 2010?

Q6. Do you have any further views about the proposals set out in this consultation paper?

About this consultation

This consultation document and consultation process have been planned to adhere to the Consultation Principles issued by the Cabinet Office.

Representative groups are asked to give a summary of the people and organisations they represent, and where relevant who else they have consulted in reaching their conclusions when they respond.

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department for Communities and Local Government will process your personal data in accordance with DPA and in the majority of circumstances this will mean that your personal data will not be disclosed to third parties.

Individual responses will not be acknowledged unless specifically requested.

Your opinions are valuable to us. Thank you for taking the time to read this document and respond.

Are you satisfied that this consultation has followed the Consultation Principles? If not or you have any other observations about how we can improve the process please contact us via the [complaints procedure](#).

AUDIT AND GOVERNANCE COMMITTEE

15 November 2017



Report of: Statutory Scrutiny Officer

Subject: NORTH TEES AND HARTLEPOOL NHS
FOUNDATION TRUST – QUALITY ACCOUNT
PRIORITIES 2018/19 – COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To introduce representatives from North Tees and Hartlepool NHS Foundation Trust (NTHFT) who will be in attendance at today's meeting to engage with Members in respect of NTHFT's Quality Account priorities for 2018/19.

2. BACKGROUND INFORMATION

- 2.1 In November 2009 the Government published the Health Bill which required all providers of NHS healthcare services to provide an annual Quality Account. The Department of Health made a legal requirement on all NHS healthcare providers to send their Quality Account to an Overview and Scrutiny Committee in the local authority area where the provider has a registered office.
- 2.2 Subsequently, representatives from NTHFT will be present at today's meeting to engage with Members of the Committee regarding the Quality Account priorities for 2018/19.
- 2.3 Members may wish to identify **three** priorities to forward onto NTHFT for consideration as part of NTHFT's Quality Account for 2018/19. Members are advised that any suggestion should be measurable.

3. RECOMMENDATIONS

- 3.1 That the Audit and Governance Committee:-
- (a) note the content of this report and the information provided, seeking clarification on any issues from the representatives present at today's meeting; and

- (b) Suggest three quality priorities for consideration as part of the 2018/19 Quality Account.

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

BACKGROUND PAPERS

No background papers were used in preparation of this report.

Audit and Governance Committee

15 November 2017



Report of: Statutory Scrutiny Officer

Subject: INVESTIGATION INTO ELECTIVE SURGERY AT
THE UNIVERSITY HOSPITAL OF HARTLEPOOL
SITE AND HIGH QUALITY MATERNITY SERVICES

1. PURPOSE OF REPORT

- 1.1 To inform Members that written information will be provided at today's meeting in relation to the Committee's investigation into 'Elective Surgery at the University Hospital of Hartlepool Site and High Quality Maternity Services'.

2. BACKGROUND INFORMATION

- 2.1 Members will recall that at the meeting of this Committee on 20 September 2017, Members agreed the Scope and Terms of Reference for their forthcoming investigation.
- 2.2 Subsequently, representatives from Hartlepool and Stockton-on-Tees Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust attended the previous Committee meeting held on 25 October 2017 to provide a setting the scene presentation, which included usage figures for both elective surgery and maternity services.
- 2.3 The Committee, at its meeting held on 25 October 2017, requested additional information regarding elective surgery and day cases at the University Hospital of Hartlepool. The following information was requested and written responses will be available at today's meeting:-
- (a) Why is there a decrease in day cases at Hartlepool?
 - (b) How many people from Hartlepool (that could have used the Hartlepool day case services) went to North Tees hospital for the procedure and reasons for this
- 2.4 Regarding maternity services, a two year study, conducted by the University of Nottingham has been carried out and has recently concluded, into midwifery led units, a summary of the study is attached as **Appendix A** for the

Committee's information. The Committee may wish to invite the author of the report, to a future meeting of the Committee to discuss the study.

3. RECOMMENDATION

3.1 It is recommended that the Members of the Audit and Governance Committee consider:-

- (a) the written evidence presented and seek clarification on any relevant issues where required; and
- (b) whether to invite the author of the report, as referenced in 2.4, to a future meeting of the Committee

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

BACKGROUND PAPERS

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

- (i) Report of the Statutory Scrutiny Officer entitled 'Investigation into Elective Surgery at the University Hospital of Hartlepool Site and High Quality Maternity Services' Presented to the Audit and Governance Committee on 20 September 2017
- (ii) Report of the Statutory Scrutiny Officer entitled 'Investigation into Elective Surgery at the University Hospital of Hartlepool Site and High Quality Maternity Services – Setting the Scene Presentation' Presented to the Audit and Governance Committee on 25 October 2017

Major increase in midwifery unit births since 2010

Date: 15 February 2017

Births in midwifery units in England have trebled, up from five per cent to 14 per cent over the last six years, a new study by researchers at The University of Nottingham has shown.

The research, funded by the NIHR HS&DR Programme, revealed that the number of midwifery units alongside hospital obstetric units almost doubled from 53 to 97 during the period 2010 to 2016.

However, despite this increase, 25 per cent of all NHS trusts in England still have no midwifery units, denying women the opportunity to access this type of care, which has been shown to provide personalised care to women, to decrease caesarean birth rates and costs per birthing.

Dr Denis Walsh, Associate Professor of Midwifery, who led the study, said: “Midwifery units are better for mothers, safe for babies and cheaper for the NHS.”

The new study charts the change in birth trend since a 2010 survey which was carried out by Oxford University as part of the Birthplace in England programme.

The increase in provision of midwifery unit care is a response to a national policy, in place since 2007, that all women should be able to choose their place of birth. A woman’s right to book into a midwifery unit for their care has been reinforced by the Government’s Five Year Forward View for maternity, and recommendations by NICE, the National Institute for health and Clinical Excellence.

The latest research also found a marked difference between the prospects for ‘alongside’ midwifery units and those which are ‘freestanding’ in the community, involving a journey by ambulance should the woman need medical care in addition to midwifery care.

There has been stagnation in numbers of freestanding midwifery units (FMU), up just four from 58 to 61, despite robust research showing they offered equally good and, in some respects, better outcomes than alongside midwifery units.

FMUs have been prone to opening and closing cycles and were put under strain by small numbers and financial pressures. FMUs varied widely in terms of their numbers of births each year. Five freestanding units had more than 400 births each year, with the largest providing care in labour to 650 women and babies. However, many had much smaller numbers; more than half of FMUs (58 per cent) had fewer than 200 births a year and 37 per cent had fewer than 100.

Over the period studied, the number of hospital obstetric units reduced by 10 per cent from 177 to 159. Three of the five largest freestanding midwifery units replaced obstetrics units.

Cathy Warwick, Chief Executive of the Royal College of Midwives, said: “This is very valuable research. It is very encouraging that more women are making the choice to give birth in this type of midwife-led unit. It suggests that when women have real choice about where they want to give birth, that midwife-led care is a choice they want to make.

“It is disappointing to see that a quarter of trusts do not have midwifery units. It is also disappointing that there has been such a small increase in the number of freestanding midwife-led units. I hope this will begin to change as a result of the Government’s National Maternity Review in England. This promises much more maternity care right in the heart of our communities. I think there is also an onus on trusts and the Government to raise awareness of freestanding midwifery led units, and of midwife-led care in general, so that women are aware that this choice exists and can make that choice.”

The results were launched at a Royal College of Midwives-accredited conference, Implementing the National Maternity Review in Rural Areas, on Monday February 13.

Wendy Cutchie, Lead Midwife for Midwifery Led Units and Community Midwifery Services at The Shrewsbury and Telford Hospital NHS Trust, said: “Midwifery units provide women and their families with more personalised care, possibly because of their small scale, possibly because of the particular philosophy of care, which is sometimes called a 'social model of care'. We deliberately focus on responding to social and emotional needs and helping women to feel confident to give birth and become a mother.”

Audit and Governance Committee

15 November 2017



Report of: Statutory Scrutiny Officer

Subject: HEALTH INEQUALITIES IN HARTLEPOOL –
COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To introduce representatives from the Public Health Department, who will be present at today's meeting to provide an update in terms of health inequalities in Hartlepool including Female Life Expectancy.

2. BACKGROUND INFORMATION

- 2.1 The publication of the Health Profile for Hartlepool in 2009 highlighted that female life expectancy in the Town equated to the worst in England, this generated significant media interest; nationally through the Radio 4 programme 'Woman's Hour' and locally via the Evening Gazette and Hartlepool Mail newspapers.
- 2.2 On the 6 October 2009, the former Health Scrutiny Forum received a report by the Acting Director of Health Improvement into Female Life Expectancy in Hartlepool, Members agreed:-

"That the Forum [will continue] to monitor the issue of health inequalities in the town and on doing this receive an update report on an annual basis focussing on those specific wards causing concerns in relation to life expectancy of women."

- 2.3 Subsequently, representatives from the Public Health Department will be in attendance today to provide a presentation to Members in relation to:
- (a) Female Life Expectancy in Hartlepool;
 - (b) Life expectancy in each Ward;
 - (c) Major causes of early deaths in each Ward; and
 - (d) Provision of services across Wards

3. RECOMMENDATIONS

- 3.1 That Members note the content of this report and the presentation by the representatives, seeking clarification on any relevant issues where felt appropriate.

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

BACKGROUND PAPERS

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

- (a) Minutes of the Health Scrutiny Forum held on 6 October 2009.

AUDIT AND GOVERNANCE COMMITTEE

15 November 2017



Report of: Interim Director of Public Health

Subject: PHARMACEUTICAL NEEDS ASSESSMENT
REVIEW - CONSULTATION

1. PURPOSE OF REPORT

- 1.1 To update the Committee on the responsibilities and actions related to the Pharmaceutical Needs Assessment (PNA) for Hartlepool; and
- 1.2 Seek the Committee's views on the updated draft PNA for Hartlepool, as part of the formal consultation period.

2. BACKGROUND

- 2.1 The National Health Service (NHS) (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 ("the Regulations"), as amended, set out the minimum requirements for the Hartlepool Health and Wellbeing Board PNA, produced under this duty, and these include such things as data on the health needs of the population, current provision of pharmaceutical services, and gaps in current provision. The PNA also:
 - Considers the potential need for future provision of pharmaceutical services.
 - Is used by NHS England to guide the commissioning of pharmaceutical services in the area. (i.e. consideration of applications for new pharmacies, changes to opening hours of existing pharmacies and arrangements for pharmacies to open on Bank Holidays).
 - Is used to inform the commissioning (either directly or under sub-contracted arrangements) of some local services from pharmacies by Hartlepool Borough Council and NHS Hartlepool and Stockton on Tees Clinical Commissioning Group.
- 2.2 The HWB is required to keep the PNA up to date by:
 - Maintaining the map of pharmaceutical services,
 - Assessing any on-going changes which might impact pharmaceutical need or require publication of a Supplementary Statement, and

- Publishing a full revised assessment before the 25 March 2018.
- Consider 'Supplementary Statements' when changes take place to provide updates to the Pharmaceutical Needs Assessment (only in relation to changes in the availability of pharmaceutical services and.
- Review the Pharmaceutical Needs Assessment where there are updates in pharmaceutical need.

2.3 Details of actions required to maintain the current PNA and the planning process for the publication of a fully reviewed PNA are outlined **Appendix A** of this report:

3. HARTLEPOOL'S PNA

3.1 Hartlepool HWB published its first PNA on the 25 March 2015, in accordance with statutory requirements. The 2013 Regulations also set out the basis for the updating of PNA's, including the duty of HWB's to 'publish a statement of its revised assessment within 3 years of its previous publication of a PNA'¹.

3.2 The timetable for revision of the PNA is outlined below in **Table 1**.

Table 1

Date	Action
Jun – Jul 2017	Engage with and gather data and evidence from a wide range of stakeholders, including (but not limited to) those included in the required Statutory Consultation, patients and the public, commissioners, providers and their representatives to contribute to the revised Needs Assessment.
23 Aug 2017 - 18 Sep 2017	Consultation 1 - Public / Patients / Stakeholders - To gain an understanding of patient experience and public views of pharmacy services. Details of results are outlined in PNA (In summary 19 stakeholders and 338 on the patients)
26 Jun 2017	Health and Wellbeing Board
Aug - Sep 2017	Produce a draft PNA 2018
Nov - Dec 2017	Consultation including Statutory consultees for a minimum of 60 days* Full consultation on the draft Pharmaceutical Needs Assessment. *A&G included as a consultee on the basis of its health scrutiny responsibilities.
Jan 2018	Revise and update following consultation.
12 Feb 2018	Finance and Policy Committee
19 Mar 2018	HWB for approval
Publication before the due date of the 25 March 2018.	

¹ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (Regulation 6(1))

- 3.3 In accordance with the agreed process, the Committee is asked to consider the draft revised PNA. The Committees views and comments will then be fed in to preparation of the finalised PNA for consideration / approval by the Health and Wellbeing Board on the 19 March 2018.
- 3.4 The results of the earlier consultation process, and other necessary data updates, are currently being incorporated in to the draft revised PNA. In order to comply with Access to Information requirements and complete the required timetable / process to enable publication by the required date, the draft revised PNA will be circulated 'to follow' this report. The document will be made available at the earliest possible opportunity, prior of the meeting on the 15 November 2017, to ensure that the Committee is given appropriate time to consider its content.

4. RECOMMENDATIONS

- 4.1 That the Committee:
- i) Considers the draft revised PNA as part of the formal consultation process; and
 - ii) Identifies any views / comments that it wishes to be incorporated in to its consultation response.

5. BACKGROUND PAPERS

National Health Service (NHS) (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 SI 2013/349

The Hartlepool Pharmaceutical Needs Assessment published 25 March 2015

The National Health Service (Pharmaceutical Services, Changes and Prescribing)(Amendment) Regulations 2016

6. CONTACT OFFICER

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Via. Joan.Stevens@hartlepool.gov.uk

Appendix A**ACTIONS REQUIRED TO MAINTAIN AND MONITOR THE CURRENT PNA**

The requirement to assess any change which might impact on pharmaceutical need and the assessment thereof is acknowledged. If the Hartlepool HWB identifies changes to the need for pharmaceutical services which are of a significant extent then it must publish a revised assessment (PNA) as soon as reasonably practicable after identifying these changes, unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

In making an assessment of changes to need in its area, the HWB will have regard in particular to changes to the:

- Number of people in its area who require pharmaceutical services;
- Demography of its area; and
- Risks to the health or well-being of people in its area.

On 1st June 2017, under delegated authority, the Interim DPH in conjunction with the Chair, authorised publication of a statement to confirm that the Hartlepool HWB had commenced the process towards publication of its next PNA by 25th March 2018.

In accordance with the Regulations, as the HWB is now in the course of making its revised assessment for 2018, it will need to continue to monitor any changes to availability of pharmaceutical services. The HWB will publish a Supplementary Statement on the changes (to availability) where it is satisfied that immediate modification of its PNA is essential in order to prevent significant detriment to the pharmaceutical services in its area.

In support of on-going maintenance and use of the PNA, it is noted that authority should continue to be delegated to the current Interim Director of Public Health, in conjunction with the Chair of the HWB, to approve as required:

- Publication of minor errata/ service updates as on-going notifications that fall short of formal Supplementary Statements to the PNA (for example changes of ownership, minor relocations of pharmacies, minor adjustments to opening hours or locally commissioned services that would impact neither market entry nor pharmaceutical need);
- Any response on behalf of the Hartlepool HWB to NHS England (42 day) consultation on applications to provide new or amended pharmaceutical services, based on the PNA;
- Any initial determination with respect to the potential for either a Supplementary Statement or need for full review. Where required, any consequent Supplementary Statements to be ratified for publication by the HWB on a periodic basis, not less than annual; and
- Approval for publication of the Consultation Draft version of the PNA for Hartlepool 2018 (a new delegation).

National funding for community pharmacy was recently reduced by 6% and it is anticipated that some pharmacies might close as a result. To encourage mergers or **consolidations** of closely located, “surplus” pharmacies, some new amendments to the Regulations² were introduced in December 2016. This would allow two pharmacies to make an application to merge and provide services from one of the two current premises.

HWB’s have now been given two new statutory duties:

- When NHS England notifies a HWB about an application to consolidate two pharmacies, the HWB must respond and make a statement or representation to NHS England within 45 days stating whether the consolidation would or would not create a gap in pharmaceutical services provision NHS England will then convene a panel to consider the application to consolidate the two pharmacies, taking into account the representation made by the HWB.
- Once NHS England has made a determination on the application to consolidate two pharmacies, it will inform the HWB. The HWB must then:
 - Publish a supplementary statement³ reporting that removal of the pharmacy which is to close from the Pharmaceutical List will not create a gap in pharmaceutical services; and then
 - Update the map of premises where pharmaceutical services are provided (Regulation 4(2)).

PLANNING FOR THE PUBLICATION OF A FULL REVISED PNA IN 2018

Planning for publication of a full review of the PNA should be in good time ahead of the statutory due date, which is 3 years since the publication of the current PNA (i.e. by 25 March 2018). It is widely acknowledged that the process towards a revised assessment will usually take no less than 12 months to complete, not least because there are statutory requirements for extensive consultation on a draft assessment, at least once and for a minimum of 60 days.

It is therefore recommended that the HWB now acknowledge initiation of the process towards publication of its next revised assessment. As the PNA is used by providers and others (including NHS England), in accordance with delegations agreed at the HWB meeting on the 2 March 2015, a Statement of Intent reporting this, has been published on the Hartlepool Borough Council website as follows:

“Hartlepool Health and Wellbeing Board understands its statutory duties in relation to the Pharmaceutical Needs Assessment (PNA) and intends to publish its full review of the current PNA within the required timeframe. Notwithstanding any changes to pharmaceutical services and related NHS services that have taken place since first

² The National Health Service (Pharmaceutical Services, Changes and Prescribing)(Amendment) Regulations 2016

publication and without prejudice to the assessment of needs described in the existing PNA, the HWB for Hartlepool formally reports that the Pharmaceutical Needs Assessment for 2015 is under review. Hartlepool HWB has commenced its process leading to publication of a revised assessment / second PNA, with a publication date before 25 March 2018.”

A provisional plan for this substantial re-assessment is shown in Table 1 (over the page).

In the intervening period, the HWB is still required to:

- Respond to any consultation request from NHS England for representations in respect of pharmacy applications;
- Undertake the decision-making required in relation to the publishing of any associated Supplementary Statement and maintain and publish an up to date map as required; and
- Respond, when consulted by a neighbouring HWB on a draft of their PNA. In doing this, the HWB is required to consult with the Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC) for its area (unless the areas are served by the same LPC and/or LMC) and have regard for the representations from these committee(s) before making its own response to the consultation.

RISK IMPLICATIONS / LEGAL CONSIDERATIONS.

PNAs are used by NHS England for the purpose of determining applications for new premises. It is anticipated that many decisions made will continue to be appealed and that eventually there will be judicial reviews of decisions made by the NHS Litigation Authority's Family Health Services Appeal Unit. It is therefore important that PNAs comply with the requirements of the regulations, due process is followed in their development and that they are kept up-to-date.

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

4 September 2017

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

Present:

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Timlin (In the Chair)

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillor Clark, Councillor Springer (as substitute for Councillor Buchan) and Councillor Barclay (as non-voting substitute for Councillor Thomas)

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Alison Wilson

Interim Director of Public Health, Hartlepool Borough Council – Dr Paul Edmondson-Jones

Director of Child and Adult Services, Hartlepool Borough Council – Sally Robinson

Representatives of Healthwatch – Ruby Marshall and Margaret Wrenn

Other Members:

Representative of the NHS England – Dr Butler

Representative of Tees Esk and Wear Valley NHS Trust – Dominic Gardner (as non-voting substitute for Colin Martin)

Representative of Cleveland Police – Jason Harwin

Representative of Headteachers – Julie Thomas

Also in attendance:-

Judy Gray, Hartlepool Healthwatch

Councillor Brenda Harrison, Hartlepool Borough Council

Wendy Harrison, Coordinator, Hartlepool Deaf Centre

Dr Andrea Jones, Designate Clinical Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Steve Thomas, Healthwatch

Hartlepool Borough Council Officers:

Dr Esther Mireku, Acting Consultant in Public Health

Alexe Gunn, Public Relations Officer

Joan Stevens, Statutory Scrutiny Officer

Amanda Whitaker, Democratic Services Team

Prior to the commencement of business, Dr Timlin introduced Dr Jones who would commence a job sharing arrangement, with Ali Wilson, with effect from October 2017.

12. Apologies for Absence

Leader of Hartlepool Borough Council, Councillor C Akers-Belcher (Chair)
Elected Member, Hartlepool Borough Council Councillors Buchan
Representative of GP Federation – Fiona Adamson

13. Declarations of interest by Members

Dr Timlin highlighted that agenda item 4.1 included references to his GP surgery, McKenzie house.

14. Minutes

- (i) The minutes of the meeting held on 26th June 2017 were confirmed.

Ali Wilson referred to discussion at the previous meeting regarding winter pressures and gave a verbal update with a more detailed report to be presented to the December meeting. The Board was assured that a significant amount of preparation had been undertaken for the winter pressures.

- (ii) The minutes of the meeting of the Children's Strategic Partnership held on 2nd May 2017 were received.

It was noted that the representative of the Clinical Commissioning Group, present at the meeting, was Jo Heaney and not Sue Sweeney as stated in the minutes of the meeting.

15. Healthwatch Hartlepool and Hartlepool Deaf Centre Investigation into Deaf Patient Experiences of Local GP and Hospital Services *(HealthWatch Hartlepool and Hartlepool Deaf Centre)*

The report informed the Health & Wellbeing Board of the outcomes of the recent investigation conducted by Healthwatch Hartlepool and the Hartlepool Deaf Centre into Deaf patient experience of local GP and Hospital Services. Wendy Harrison, Coordinator, Hartlepool Deaf Centre and Steve Thomas, Healthwatch presented the background and findings of the report in terms of local GP surgeries and Hartlepool and North Tees Hospitals. The report recommended as follows:-

- Every effort is made to ensure that patient records in primary and acute settings always record deafness and the patients preferred methods of communication.
- All NHS providers should ensure all staff are aware of procedures and responsibilities for booking interpreters.
- GP surgeries should ensure all Deaf patients are made aware of their online services and how to use them.
- GP surgeries and other NHS providers should offer the option of booking appointments/receiving test results by text to those who are unable/do not wish to use online services.
- GP surgeries should also offer option of ordering prescriptions by email or text.
- All NHS providers should use a visual indicator in waiting rooms to alert patients when it is their turn.
- Where the nature of the appointment means that the presence of an interpreter of the opposite sex to the patient may cause embarrassment, efforts should be made to book an interpreter of the same sex.
- Efforts continue to be made to improve information flows between GPs and Acute Services via the Medical Interoperability Gateway (MIG), and other means available.
- A symbol/icon is introduced to indicate sensory loss on the TrakCare system and other patient record systems to ensure that staff are alerted immediately when a patient is Deaf, or has other sensory loss.
- GP practices and North Tees and Hartlepool Hospitals introduce both E-Learning and face-to-face training in Deaf Awareness for nurses, healthcare care assistants and reception staff. Opportunities should also be made available for identified staff to receive basic BSL training.
- GP practices and North Tees and Hartlepool Hospitals should explore the possibility of introducing practice and ward sensory loss champions.
- North Tees and Hartlepool Hospitals should introduce a corporate “sensory loss resource box”, for use across all wards containing basic Deaf awareness and BSL resources. These resources would provide reminders of Deaf patients’ needs and assist in day-to-day communication on the ward. Hartlepool Deaf Centre would be happy to work with the Hospital Trust to produce such a resource.
- Appointment letters sent to Deaf patients should always inform them when an Interpreter has been booked and Interpreters should be booked routinely when diagnosis, treatment and treatment outcomes are being discussed.
- North Tees and Hartlepool Hospitals should ensure that an Interpreter is always present when discharge from hospital is not straightforward and that any letters and accompanying documentation are made available in accessible formats.
- GP Practices and North Tees and Hartlepool Hospitals should investigate making more use of SMS text in communications with Deaf patients, particularly with regard to appointments and information

sharing.

- North Tees and Hartlepool Hospitals should consider using an online interpreting service (for example, Interpreter Now or Sign Live) on occasions when no interpreter is available, such as emergency situations.
- Consideration should be given to introducing an optional Health Passport system for Deaf patients which outlines key personal and medical information and communication needs.
- The booking process for Endoscopy appointments and Interpreters for Endoscopy appointments should be clarified across all ward and treatment areas of North Tees and Hartlepool Hospitals.

Board Members expressed appreciation of the report and discussed the issues highlighted therein. The Clinical Commissioning Group's Chief Officer undertook to ensure that GPs and Hospital Trusts were aware of the recommendations set out in the report. The Interim Director of Public Health highlighted that one of the roles of the Board is to tackle health inequalities. It was highlighted that every deaf patient should have same right of access to services as other patients. However it was accepted that equal access did not always mean having equal benefit. The importance of introducing support mechanisms was, therefore, recognised including the use of technology.

Concerns were expressed that out of 14 GP surgeries, 6 surgeries had not completed the survey which had been circulated by Healthwatch. Whilst recognising that there was no statutory responsibility on GPs to complete surveys, the Board agreed that the concerns of the Board should be communicated to those GPs that had not returned surveys.

In response to clarification sought regarding mental health issues, language barriers were discussed and it was highlighted that the dementia test was not appropriate for deaf patients.

Views were expressed relating to the importance of delivering the recommendations set out in the report. The Board agreed with a suggestion made by Steve Thomas that an update on the recommendations, be provided to the Board, following a period of 12 months.

Decision

- (i) The Board considered the report's recommendations and agreed that GPs in the town and Hospital Trusts should be made aware of the recommendations set out in the report
- (ii) Appreciation was expressed to the authors of the report.
- (iii) It was agreed that an update on the implementation of the recommendations be made to the Board following a period of 12 months.

16. Healthwatch Hartlepool Enter and View Reports – Wards 27 and 28 *(HealthWatch Hartlepool)*

The Board was informed of the findings of two recent Enter and View visits to Wards 27 and 28 at North Tees Hospital conducted by Healthwatch Hartlepool in March 2017. The report recommended as follows:-

- To ensure that the water jug and glass is within reach for all patients.
- Full night staff cover to enable all buzzers to be answered in a timely manner
- To consider privacy when the discussion is very distressing
- That the misunderstandings of staff manners can be addressed sensitively to assist staff and patients, or to talk to staff who are actually rude or insensitive

Steve Thomas advised the Board that in relation to the Enter and View Reports and the report considered at the previous agenda item, Healthwatch had been extremely pleased to receive prompt feedback from the Foundation Trust and requested that appreciation be noted.

Decision

The Board noted the contents of the Enter and View reports and the recommendations contained therein.

17. Director of Public Health Annual Report 2016/17 *(Interim Director of Public Health)*

The Director of Public Health Annual Report for 2016/17 had been circulated. The report would be presented to full Council on 28th September 2017. The 2016/17 Report focused on 'ageing well' in Hartlepool, highlighting the excellent services, good practice and partnership working taking place across the Borough in order to sustain and improve the physical and mental wellbeing of older people.

The Board was advised that previous reports had focused on how public health priorities had changed over the past 40 years (2013/14 report), the importance of how work and employment influence health and wellbeing (2014/15) and 'understanding need' (2015/16), utilising information graphics around the themes of the Joint Strategic Needs Assessment (JSNA). It was considered that a focus on older people's wellbeing represented a logical

progression and addressed an important gap by highlighting some of the excellent work in this area. The report also highlighted some of the key public health indicators and statistics around the older people's agenda, demonstrating where good progress and improvements had been made, but also where further effort was required for Hartlepool to move closer to its neighbouring Authorities or the rest of England in order to reduce widening health inequalities. The latter part of the report highlighted some 'top tips' and useful contacts of interest and practical use to the target population, and to partners and stake holders. It concluded with some next steps and future plans around this important agenda, linking to key projects such as the Better Care Fund and Community Hubs.

It was noted that as in previous years, the final report to full Council would be accompanied by a revised set of 'Ward Profiles' for Elected Members, which would highlight the key public health issues in a given area with a specific focus on the theme of the report.

In response to an observation that it would be useful for all GPs and clinicians to receive a copy of the Annual Report, the interim Director of Public Health advised that copies would be available on various partner websites and could be sent out to GP surgeries. The Director highlighted also that ward profiles would be distributed to all Elected Members.

Decision

The Board noted the final report for submission to Committees and full Council.

18. Health and Wellbeing Strategy (2018-2025) (*Interim Director of Public Health*)

The report presented the final draft of the Joint Health and Wellbeing Strategy (JHWS) and the results of the recent consultation exercise that were integral to the development of the strategy and sought approval of the final draft for consultation.

The Board was reminded that the Health and Social Care Act 2012 required the Local Authority, with partner agencies including the NHS, to develop a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment (JSNA). The Health and Wellbeing Strategy (2013-2018) had been developed in 2012-2013 in order to comply with this statutory requirement. In complying with the requirements of the Health and Social Care Act 2012, and in order to ensure that the Strategy was fit for purpose and effectively reflected local priorities. The Board, at its meeting on the 13 March 2017, had approved the refresh of the Strategy and the creation of a detailed Project Plan / Timetable to enable completion of the refresh process

in line with the required deadline. A further meeting of the Board, on the 26 June 2017, had approved the priority areas as the focus for the Strategy and consultation process:

- Starting Well – maternal health, children and young people;
- Working Well – workplace health, getting into work, poverty;
- Ageing Well – isolation, dementia, long term conditions, older people;
- Living Well – lifestyle issues, mental health, prevention;

Following the public consultation, a further priority area had been identified and included as 'Dying well'.

The Board, at its meeting on the 26 June 2017, also had approved the Project Plan / Timetable set out in the report, for completion of the refresh. The initial phase of consultation had commenced on the 26th June 2017 and had closed on the 16 July 2017. The consultation had been undertaken across a range of venues and an online survey, with participation promoted as detailed in the report. Detailed breakdown of the results of the consultation had been appended to the report and a summary of key findings was outlined in the report. All of the information obtained throughout the consultation process, had been utilised in the development of a final draft of the Joint Health and Wellbeing Strategy (2018-2025). A copy of the draft strategy had been circulated.

Decision

- (i) The results of the recent consultation exercise were noted;
- (ii) The Board approved the final draft of the Joint Health and Wellbeing Strategy (JHWS) for consultation in October 2017; and
- (iii) The Board gave approval of any final additions / changes prior to consultation being delegated to the Chair, in conjunction with the Interim Director of Public Health.

19. **Care Quality Commission Appreciative Review** (*Assistant Director – Adult Services*)

The Board was provided with information regarding the Care Quality Commission's programme of appreciative reviews in 2017/18, and Hartlepool's involvement in the programme. Following the announcement of additional funding for social care in the Spring 2017 budget, work had been undertaken nationally to develop performance measures associated with this allocation, which formed part of the Improved Better Care Fund. The measures, which included Delayed Transfers of Care, aimed to assess patient

flow and how the interface between health and social care services is managed. Based on an assessment of these indicators, areas had been identified that were perceived to be experiencing particular challenges, where there had not been any other form of intensive support initiated. The Care Quality Commission (CQC) had been asked to undertake appreciative reviews in these areas. A notification had been received on 4 July 2017 advising that Hartlepool had been identified as one of the first twelve Local Authority areas to be reviewed. Confirmation of the review was received on 31 July 2017 and the date for the five day 'on-site' element of the Hartlepool review had been confirmed as Monday 9 October – Friday 13 October 2017.

The methodology for the review was appended to the report. Key staff from health and social care would be involved in data analysis and information gathering in readiness for the six week preparation phase where documents and information were shared with the CQC, prior to the five day site visit which would involve partners across health and social care. The Local System Overview Information Request was appended to the report also. During the site visit inspectors would meet with a range of people including commissioners, providers of services, frontline staff, people who use services and carers, local Healthwatch organisations and third sector organisations. Inspectors would also review cases and meet with senior leaders from across health and social care organisations within the locality. The review would focus on a range of Key Lines of Enquiry, which were detailed by way of appendix. Following completion of the on site visit, feedback would be provided regarding the outcome of the review. This would be focused on identifying good practice and areas where improvements could be made and would be confirmed in a letter to the Chair of the Board.

The Board was advised that following the completion of all twenty reviews, it was expected that a report would be published nationally that summarised the issues identified and shared the learning regarding improvements that could be made in local areas. Key issues including background, scope, process and next steps would be covered in the accompanying presentation.

Decision

The Board noted that:

- the CQC will be undertaking a programme of appreciative reviews in 2017/18 and that Hartlepool has been identified as one of the first twelve Local Authority areas to be reviewed;
- this is a review of the local health and social care system and key stakeholders and partners will be expected to participate in the review; and
- the outcome of the review will be reported to a future meeting of the Health & Wellbeing Board.

20. Any Other Items which the Chairman Considers are Urgent

It was 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.

21. Health and Wellbeing Board - Representation

A letter which the Council's Chief Executive had received from the Chief Executive of North Tees and Hartlepool NHS Foundation Trust had been tabled at the meeting. The letter referred to discussion at a recent Board of Directors meeting in respect of health and wellbeing arrangements. The Chief Executive of the Trust had requested that the representation of the Trust on the Board be reconsidered. Board Members expressed their strong support for a Trust representative on the Board, with particular emphasis on the importance of partnership working in relation to the Sustainability and Transformation Partnership, Better Health Programme and Hartlepool Matters.

Decision

That Board supported the request for a representative from the North Tees and Hartlepool NHS Foundation Trust to be re-appointed to the Health and Wellbeing Board.

22. Financial Resources

A Member of the public commented that expenditure across organisations should be co-ordinated to ensure that financial resources are effectively used across all partners / bodies, and that funding decisions do not impact negatively on, the delivery of shared outcomes required to improve the health and wellbeing of Hartlepool.

Meeting concluded at 11.35 a.m.

CHAIR

SAFER HARTLEPOOL PARTNERSHIP MINUTES AND DECISION RECORD

15th September 2017

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

Present:

Chief Superintendent Alastair Simpson, Cleveland Police (In the Chair)

Councillor: Steve Thomas
Denise Ogden, Director of Regeneration and Neighbourhoods
Chief Inspector Nigel Burnell, Chair of Youth Offending Board

Libby Griffiths was in attendance as substitute for Kay Glew (Thirteen Group),

Trina Holdcroft was in attendance as substitute for Jean Golightly (Hartlepool and Stockton on Tees Clinical Commissioning Group),

Rachelle Kipling was in attendance as substitute for Barry Coppinger (Office of Police and Crime Commissioner for Cleveland),

Andy Robinson was in attendance as substitute for Steve Johnson (Cleveland Fire Authority),

Danielle Swainston was in attendance as substitute for Sally Robinson (Director of Children's and Joint Commissioning Services)

Officers: Rachel Parker, Community Safety Team Leader
Jo Stubbs, Democratic Services Officer

22. Apologies for Absence

Apologies were submitted by Councillor Christopher Akers-Belcher, John Bentley (Safe in Tees Valley), Barry Coppinger (Police and Crime Commissioner), Clare Clark (Head of Community Safety and Engagement), Kay Glew (Thirteen Group), Jean Golightly (NHS Hartlepool and Stockton on Tees CCG), John Graham (Durham Tees Valley Community Rehabilitation Company), Steve Johnson (Cleveland Fire Authority) and Sally Robinson (Director of Children's Services)

23. Declarations of Interest

None

24. Minutes of the meeting held on 11th August 2017

Minutes approved. The Director of Regeneration and Neighbourhoods advised members that the performance report presented at the last meeting had resulted in some media interest. She suggested that in the future members and officers should be more prepared to respond to media enquiries following meetings. The Chair asked that a statement be prepared in advance of the reporting of performance statistics to future meetings. The Director also highlighted some misreporting of the statistics specifically that the increase had been annual rather than over a 2 month period. She had also noted that this had included the reporting of hate crime which could be seen as a positive.

25. Youth Justice Strategic Plan 2017-2019 (*Director of Children's and Joint Commissioning Services*)

Purpose of report

To consult with members on the Youth Justice Strategic Plan and provide recommendations to go to Council in October.

Issue(s) for consideration

The report provided background information regarding the purpose of the Youth Justice System together with details of the role and functions of the Youth Offending Services.

Members were advised of the following key strategic objectives that the Youth Offending Service and broader Youth Justice Partnership would focus on during 2017-2019:-

- Re-offending
- Early Intervention and Prevention
- Remand and Custody
- Risk and Safety & Wellbeing (ASSETplus)
- Restorative Justice
- Effective Governance
- Voice of the young people
- Extremism and PREVENT Strategy

Key risks had also been identified including secure remand costs and implementation of ASSETplus. It was also highlighted that the Youth Justice Board Grant had been reduced over the last few years and further cuts would leave the service unsustainable.

Councillor Thomas highlighted problems with anti-social behaviour in the De Bruce Ward caused by a small group of young people. In these

situations home life was often a factor and he stressed the importance of agencies working together to address these issues at the earliest possible opportunity in order to prevent problems escalating in later years. The Assistant Director (Childrens) concurred with this, saying school heads shared these concerns. A pilot scheme aimed at improving locality partnerships was due to start in the North Area with schools keen to become involved as soon as possible. The representative of the Police and Crime Commissioner asked that they be involved as a financial contributor. The Director asked the Community Safety Team Leader to provide information on the various ward issues to the Assistant Director.

The Representative for Hartlepool and Stockton on Tees CCG requested that child sex exploitation figures be broken down into male and female victims saying that a lot of male victims would prefer to be seen as offenders due to embarrassment. The Assistant Director advised that this was covered in ASSETplus.

The Cleveland Fire Authority representative referred to a presentation on car crime and driving dangerously and suggested this could be modified for young people. The Assistant Director agreed that this could be utilised when looking at anti-social car crime.

The Chair was interested in needs assessment specifically an analytical approach looking at causes and attempting to identify children who might be at risk of offending in later years as early as possible. The Assistant Director confirmed that this type of work was already underway and would be discussed with the town's heads in October. The Chair indicated he would be happy to take part in any discussions in terms of identifying the current needs assessment.

The Chair referred to increases in re-offending. The Assistant Director accepted the need to stop young people offending at all in order to break this cycle and suggested a future Youth Justice Board meeting be themed around this issue. The Chair also requested that data on the court system, including first time entrants, re-offenders and court disposals, be separated for ease of reference.

Members recommended the following amendments or additions to the Plan:

- That the level of discussion and interaction between the Young Offending Service, Police and Crime Commissioner and young people be explored
- That the possibility of a joint SNA be explored
- That data be presented in such a way as to increase understanding
- That work be undertaken utilising facebook and other social media

The Chair queried whether agencies were sharing intelligence correctly in

order to intervene as early as possible. The Assistant Director felt this was something which fell under the remit of the Children's Strategic Partnership which was due to consider the Children and Young People's Plan the following week. The Chair suggested that the instances of anti-social behaviour previously raised by Councillor Thomas be used as a case study. The Community Safety Team Leader advised that these specific issues had been raised at a focus meeting the previous week and anti-social behaviour officers were actively seeking to engage with the young people involved. She would speak to the officers involved and provide the chair with an update. Councillor Thomas indicated that a residents meeting was scheduled for the following week, the Assistant Director confirmed that a representative would be happy to attend albeit information on specific young people would not be shared. The Chair acknowledged this and asked the Chair of the Youth Offending Board to liaise with the Assistant Director regarding who should be involved from her perspective. Councillor Thomas indicated residents were more interested in how anti-social behaviour was addressed strategically rather than on an operational level.

Decision

That the concerns around anti-social behaviour in North Hartlepool be the subject of a case study to assess joint working between Children's social care, Youth Offending Service, Community Safety services and local residents (and their representatives).

That the following additions or amendments to the Youth Justice Strategic Plan be presented to Children's Services Committee:

- The level of discussion and interaction between the Young Offending Service, Police and Crime Commissioner and young people be explored
- The possibility of a joint SNA be explored
- Increasing re-offending rates be presented as an area of risk, to be the subject of specific action by the Youth Offending Service Board with feedback to the Children's Strategic Partnership
- Data presentation be amended to increase understanding, specifically by inclusion of pre-CJ disclosure outcomes alongside FTE and Re-offending data.
- Work be undertaken utilising facebook and other social media

26. Community Safety Strategy 2017-2020 (Final Draft) (Director of Regeneration and Neighbourhoods)

Purpose of report

To present and seek approval of the final draft of the Community Safety Plan 2017-2020.

Issue(s) for consideration

The report set out the background to the statutory responsibility of Community Safety Partnership's to develop and implement a three year Community Safety Strategy setting out how it intended to address crime and disorder, substance misuse and re-offending issues in Hartlepool. In June members had approved the draft strategy for consultation. This had subsequently taken place with over 250 residents as part of the Safer Hartlepool Partnership 'Face the Public' activities held during October/November 2016. Further discussions had also taken place at the recent Safer Hartlepool Partnership development day and the draft plan had also been considered by the Audit and Governance Committee, Finance and Policy Committee and Community Forums.

The Strategic objectives for the 3 years were included as were the annual priorities for 2017-2018. Consultation showed that the public wanted the Partnership to focus on activities to address anti-social behaviour, improvements in community engagement and crime prevention. The Community Forums had also emphasised the need to concentrate on crime prevention, suggesting that community safety events take place as "pop up shops" in high footfall areas such as the Middleton Grange Shopping Centre.

Progress made against the plan would be managed and monitored by the Partnership through monitoring of Sub-Group Actions Plans.

The Assistant Director (Childrens) queried the inclusion of the Youth Justice Board Chair on the membership of the Partnership contained within the Plan. The Director of Regeneration and Neighbourhoods advised that this was an error and confirmed that the membership details would be re-checked.

Decision

That the final draft of the Community Safety Plan be approved subject to any necessary amendments to the membership of the Safer Hartlepool Partnership contained within it.

27. Your Say, Our Future: Community Safety *(Director of Regeneration and Neighbourhoods)*

Purpose of report

To consider the Safer Hartlepool Partnership annual Strategic Assessment and 'Face the Public Event' in developing year 2 of the Community Safety Plan (2017-2020)

To consider rebranding the Safer Hartlepool Partnership's 'Face the Public' event under the Council's 'Your Say, Our Future' programme from 2018 onwards.

Issue(s) for consideration

Since their introduction in 1998 by the Crime and Disorder Act Community Safety Partnerships have a statutory responsibility to develop and implement a three year Community Safety Plan setting out how they intend to address crime and disorder, substance misuse and re-offending issues. Community Safety Partnerships are made up of representatives from the six responsible authorities including the Local Authority, Police, Fire Brigade and National Probation Service. One of their statutory duties is to consult with local residents and organisations on community safety priorities including an annual 'Face the Public' event. This had traditionally been held in October or November of each year however as the final draft of the Community Safety Plan was only being considered by the Partnership at this meeting, and given the level of public involvement in the consultation, it was suggested that the annual event be pushed back to February 2018. This would coincide with the launch of the 'Integrated Hartlepool Community Safety Team'. It was also proposed that in future this event become part of the Council's 'Your Say, Our Future' programme thereby enabling a two-way conversation with the local community and better communication.

Decision

1. That the proposed timescale and arrangements for developing the strategic assessment in relation to year 2 of the Community Safety Plan 2017-2020.
2. That the Face the Public Event form part of the Council's Your Say Our Future programme from 2018 onwards.

28. Substance misuse sub-group update (*Interim Director of Public Health*)

The Chair noted that nobody was present from Public Health. He asked that the report be deferred and the Chair be advised as to the reason for non-attendance.

Decision

That the item be deferred and the Chair contacted regarding the reason for non-attendance.

The meeting concluded at 10:55.

CHAIR