

AUDIT AND GOVERNANCE COMMITTEE

AGENDA



Wednesday 14th March 2018

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 14 February, 2018 (to follow).
4. **AUDIT ITEMS**
 - 4.1 Internal Audit Plan 2017/18 Update – *Head of Audit and Governance*
 - 4.2 Internal Audit Plan 2018/19 – *Head of Audit and Governance*
 - 4.3 Mazars Report- Grant Report – *Assistant Director (Finance and Customer Services)*
5. **STANDARDS ITEMS**
 - 5.1 Review of Local Government Ethical Standards – Stakeholder Consultation – *Chief Solicitor and Monitoring Officer*



6. STATUTORY SCRUTINY ITEMS

- 6.1 APMS Contract – Update – *Representatives from Hartlepool and Stockton-on-Tees Clinical Commissioning Group and representatives from Mackenzie Group Practice*
- 6.2 Independent Complaints Advocacy Service – Presentation - *Contracts Manager, Independent Complaints Advocacy Service*
- 6.3 Care Quality Commission – Update – *Representatives from the Care Quality Commission*

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

- 7.1 To receive the minutes of the meeting held on 19 February 2018.

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

- 8.1 Extract of the minutes of the meeting held on 12 February 2018

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

- 9.1 To receive the minutes of the meeting held on 11 October 2017

10. MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP

- 10.1 To receive the minutes of the meeting held on 8 December, 2017.

11. REGIONAL HEALTH SCRUTINY UPDATE

- 11.1 Minutes of the meeting held on 27 September 2017.

12. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

For information: -

Date and time of forthcoming meetings –

Wednesday 25 April, 2018 at 10.00 am



AUDIT AND GOVERNANCE COMMITTEE

14 March 2018



Report of: Head of Audit and Governance

Subject: INTERNAL AUDIT PLAN 2017/18 UPDATE

1. PURPOSE OF REPORT

- 1.1 To inform Members of the progress made to date completing the internal audit plan for 2017/18.

2. BACKGROUND

- 2.1 In order to ensure that the Audit and Governance Committee meets its remit, it is important that it is kept up to date with the ongoing progress of the Internal Audit section in completing its plan. Regular updates allow the Committee to form an opinion on the controls in operation within the Council. This in turn allows the Committee to fully review the Annual Governance Statement, which will be presented to a future meeting of the Committee, and after review, will form part of the statement of accounts of the Council.

3. PROPOSALS

- 3.1 That members consider the issues within the report in relation to their role in respect of the Councils governance arrangements. Table 1 of the report detailed below, sets out the school audits that have been completed and the recommendations made.

Table 1

Audit	Objectives	Recommendations	Agreed
Kingsley Primary	Ensure school finance and governance arrangements are in line with best practice.	- Staff with purchasing responsibilities should complete declaration of interest forms and disclose any instances where a conflict arises so that the appropriate action can be taken.	Y
		- Governors should complete a Business Interests Declaration Form on an annual basis and reminded of the requirement to complete all information.	Y
		- There should be a separation in duties	Y

Audit	Objectives	Recommendations	Agreed
		<p>within the process that ensures the Head Teacher has authorised transactions.</p> <ul style="list-style-type: none"> - Tender procedures should be adhered to and procurement exercises approved by governors. - The processes in place for accounting for income and expenditure and recording attendance at the breakfast and after school clubs require reviewing to ensure that there is a clear record of attendance, income due and income paid on a weekly basis so that this can be reconciled to income that has been banked and arrears can be evidenced. Follow up of arrears should be undertaken by someone independent of the collection of income. - Receipts should be issued for the Carlton school trip where payment is required. Where a donation is requested for school trips a class list should be used to record payments and this can be used to monitor overall payments received and bankings. - The ICO Model Publication Scheme is approved by the Governing Body. - A record should be maintained of all software installed on devices and checks undertaken on an annual basis to ensure only authorised software is installed. - A formal written constitution document should be in place for the school voluntary fund. - Purchase orders should be raised for all goods and services where appropriate. 	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>
Springwell School	Ensure school finance and governance arrangements are in line with best practice.	<ul style="list-style-type: none"> - Budget monitoring statements should be presented to governors at least termly. Copies of the budget monitoring statements should be retained to provide evidence as to the accuracy of such reports. - The Governing Body should formally adopt a scale of charges which should be reviewed on an annual basis. 	<p>Y</p> <p>Y</p>
St Teresa's Primary	Ensure school finance and governance arrangements are in line with best practice.	<ul style="list-style-type: none"> - The Governing Body should develop an Anti Fraud Corruption Policy. It may consider adopting the HBC Policy to meet the needs of the school. - For security reasons blank cheques should never be pre-signed, and should be stored in a secure manner. - Contract Procedure Rules should be followed when acquiring goods / services in excess of £5000. - All club records should include a brought forward balance, cash taken 	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>

Audit	Objectives	Recommendations	Agreed
		<p>and a carried forward column. All children must be signed in on the daily registers and all cash should be counted and reconciled by two members of staff. Governors should review and approve the club charges.</p> <ul style="list-style-type: none"> - All paid pupil meals should be coded correctly on income analysis reports to ensure the relevant VAT transaction is completed. - The school should provide the auditor with the relevant SLA's/Contracts to confirm who backs up the schools data, both admin and curriculum PC's. - Annual accounts for the private fund are presented to the Governing Body. - The Governing Body should classify its information assets (both electronic and paper based information) and agree a publication scheme (see model publication schemes) and access policy in accordance with the Freedom of Information Act. - Adequate inventory records should be maintained which record all assets over £1000 or those that are of a portable and attractive nature, inventory should be signed and dated. These should be checked annually to ensure assets have not been lost or stolen. - Reconciliation should be completed with discrepancies dealt with in a timely manner to ensure accurate expenditure. - The school should update its published business interests and add the committee structure to the website. - Staff with responsibilities under the Emergency Plan should sign to confirm that they have seen the plan and understand their responsibilities. <p>A timetable should be established to carry out exercises to test / validate the plan. Results of such exercises should be reported to Governors and any lessons learnt incorporated into future emergency planning.</p> <ul style="list-style-type: none"> - The school should consider using the Transaction Logs provided and ensuring that transactions are checked and authorised by 2 cheque signatories prior to authorisation online. 	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>
<p>St Joseph's Primary</p>	<p>Ensure school finance and governance arrangements are in line with best practice.</p>	<ul style="list-style-type: none"> -The Governing Body should develop an Anti Fraud Corruption Policy. It may consider adopting the HBC Policy to meet the needs of the school. -Staff who have the ability to influence purchasing decision (e.g. cheque signatories) should be required to complete a declaration of personal / 	<p>Y</p> <p>Y</p>

Audit	Objectives	Recommendations	Agreed
		pecuniary interests. In the event of conflicting interests, the employee concerned should declare an interest and take no part in the purchasing transaction.	
		-Adequate inventory records should be maintained which record all assets over £1000 or those that are of a portable and attractive nature. These should be checked annually to ensure assets have not been lost or stolen.	Y
		-The school should consider adopting the HBC Model Policy for Information Governance. A copy is provided with this report.	Y
		-Staff with responsibilities under the Emergency Plan should sign to confirm that they have seen the plan and understand their responsibilities. A timetable should be established to carry out exercises to test / validate the plan. Results of such exercises should be reported to Governors and any lessons learnt incorporated into future emergency planning.	Y
		- The Governing Body should classify its information assets (both electronic and paper based information) and agree a publication scheme (see model publication schemes) and access policy in accordance with the Freedom of Information Act.	Y
		- Checks should be undertaken to ensure that pay rates on SIMS agree with Resourcelink.	Y
		- The school should consider using the Transaction Logs provided and ensuring that transactions are checked and authorised by 2 cheque signatories prior to authorisation online.	Y
		- Annual accounts should be presented to Governors.	Y

3.2 In terms of reporting internally at HBC, Internal Audit produces a draft report which includes a list of risks currently faced by the client in the area audited. It is the responsibility of the client to complete an action plan that details the actions proposed to mitigate those risks identified. Once the action plan has been provided to Internal Audit, it is the responsibility of the client to provide Internal Audit with evidence that any action has been implemented by an agreed date. The level of outstanding risk in each area audited is then reported to the Audit and Governance Committee.

3.3 The benefits of this reporting arrangement are that ownership of both the internal audit report and any resulting actions lie with the client. This reflects the fact that it is the responsibility of management to ensure adequate procedures are in place to manage risk within their areas of operation,

making managers more risk aware in the performance of their duties. Greater assurance is gained that actions necessary to mitigate risk are implemented and less time is spent by both Internal Audit and management in ensuring audit reports are agreed. A greater breadth of assurance is given to management with the same Internal Audit resource and the approach to risk assessment mirrors the corporate approach to risk classification as recorded in covalent. Internal Audit can also demonstrate the benefit of the work it carries out in terms of the reduction of the risk faced by the Council.

- 3.4 Table 2 summarises the assurance placed on those audits completed with more detail regarding each audit and the risks identified and action plans agreed provided in Appendix A.

Table 2

Audit	Assurance Level
CCTV Part 2	Satisfactory
Controcc/CareFirst Application	Satisfactory
Registrars	Satisfactory
Concessionary Fares	Satisfactory
Ethics Review	Satisfactory
Serious and Organised Crime Pilot Study Review	Satisfactory
Youth Employment Initiative - Claim 3	Satisfactory
Private Taxi Hire	Satisfactory
Licensing	Satisfactory
Gifts and Hospitalitys	Satisfactory
Creditors	Satisfactory
Council Tax	Satisfactory
Non Domestic Rates	Satisfactory

For Members information, Table 3 below defines what the levels of assurance Internal Audit places on the audits they complete and what they mean in practice:

Table 3

Assurance Level	Meaning
Satisfactory Assurance	Controls are operating satisfactorily and risk is adequately mitigated.
Limited Assurance	A number of key controls are not operating as intended and need immediate action.
No Assurance	A complete breakdown in control has occurred needing immediate action.

- 3.5 As well as completing the audits previously mentioned, Internal Audit staff have been involved with the following working groups:

- Information Governance Group.
- Performance and Risk Management Group.

- 3.6 Table 4 below details the audits that were ongoing at the time of compiling the report.

Table 4

Audit	Objectives
Housing Benefit	Ensure that adequate policies/procedures are in place in relation to administration of the service, claims processing, arrangements for processing changes in claimant's circumstances, payments and the prevention / detection of fraud.
Local Council Tax Support Scheme	Ensure the scheme complies with legislation and that effective arrangements are in place for processing claims.
ITU Child and Adult Provision	Ensure transport services meet service user needs.
Direct Payments	The audit focused on the Direct Payments processes following assessment as well as the arrangements for monitoring use of funds so that the Authority is satisfied that the needs for which it is giving service users Direct Payments are being met.
St Helens Primary	Ensure school finance and governance arrangements are in line with best practice.
Middleton Grange	Ensure adequate procedures are in place to manage all contractual obligations.
Disaster Recovery	Ensure adequate procedures are in place in case of unexpected events occurring.
Computer Audit Network Controls	A network strategy exists and standards and policies are in place to support its delivery.
Attendance Management	Ensure that adequate policies and procedures are in place in relation to reporting, recording and monitoring of sickness absence across departments.
Rift House Primary	Ensure school finance and governance arrangements are in line with best practice.
Procurement	In relation to purchase cards review policy and procedures, permitted usage, restrictions on types of purchases, application process, card distribution and safe custody of cards, transaction process, reconciliation of statements and authorisation controls.
Salaries and Wages	Ensure controls are working appropriately and all legislative requirements are adhered to.
Budgetary Control	Roles and responsibilities of officers and members are clearly defined in relation to the budget setting and budget monitoring processes. Budgets are prepared within the time frame set out in the budget timetable. The timetable is laid out in accordance with statutory requirements / deadlines. An approved, medium /long term financial planning strategy is in place that has considered all potential issues.
Main Accounting System	Ensure identified risks are managed at an acceptable level with regard to legislative and regulatory requirements and financial accounts are accurate and complete.

- 3.7 The work completed and currently ongoing is in line with expectations at this time of year, and audit coverage to date has allowed Mazars to place reliance on the scope and quality of work completed when meeting their requirements under the Audit Code of Practice.

4. RISK IMPLICATIONS

- 4.1 There is a risk that if Members of the Audit and Governance Committee do not receive the information needed to enable a full and comprehensive

review of governance arrangements at the Council, this would lead to the Committee being unable to fulfil its remit.

5. FINANCIAL CONSIDERATIONS

5.1 There are no financial considerations.

6. LEGAL CONSIDERATIONS

6.1 There are no legal considerations.

7. CHILD AND FAMILY POVERTY CONSIDERATIONS

7.1 There are no child and family poverty considerations.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 There are no equality and diversity considerations.

9. STAFF CONSIDERATIONS

9.1 There are no staff considerations.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 There are no asset management considerations.

11. RECOMMENDATIONS

11.1 It is recommended that Members note the contents of the report.

12. REASON FOR RECOMMENDATIONS

12.1 To ensure that the Audit and Governance Committee meets its remit, it is important that it is kept up to date with the ongoing progress of the Internal Audit section in completing its plan.

13. BACKGROUND PAPERS

13.1 Internal Audit Reports.

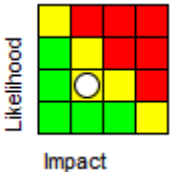
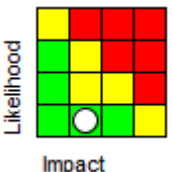
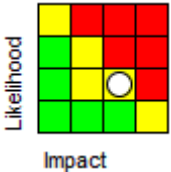
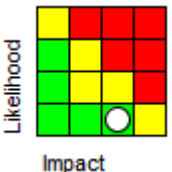
14. CONTACT OFFICER

14.1 Noel Adamson
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Audit	Objective		Assurance Level
CCTV Part 2	The operation and management of the CCTV system complies with British Standards relating to operation and management of CCTV systems (BS 7958 Management & Operation, BS 7499 Static Site Guarding and Mobile Patrol Service)		Satisfactory
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.			

Audit	Objective		Assurance Level
Controcc/CareFirst Application	Ensure adequate controls operate in respect of the management and maintenance of the system.		Satisfactory
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.			

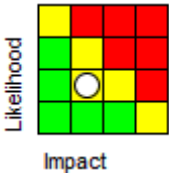
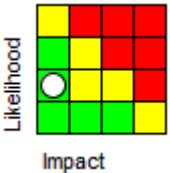
Audit	Objective		Assurance Level
Registrars	Ensure service is provided in line with statutory requirements		Satisfactory
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.			



Audit	Objective		Assurance Level
Concessionary Fares	HBC responsibilities under the Transport Act 2000, amended by the Concessionary Bus Travel Act 2013 are met.		Satisfactory
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
Replacement passes not charged for leading to a loss of income for the Authority. Income is not banked promptly or coded incorrectly.		A monthly report is to be provided by the Contact Centre to Integrated Transport showing the number of replacement passes issued, together with payment information, for reconciliation purposes.	
Data may be lost, unauthorised information shared outside HBC.		Leavers will continue to be removed from the ACT system for Contact Centre and Integrated Transport employees. As an additional security measure, an auto-generated reminder is to be issued to Contact Centre staff every 60 days prompting them to update their log-in details.	





Audit	Objective		Assurance Level
Ethics Review	Ensure the Improvement and Development Agency's (I&DeA) guidance for conducting an ethical governance audit along with other relevant legislation and guidance are met.		Satisfactory
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.			

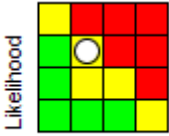

Audit	Objective	Assurance Level	
Serious and Organised Crime Pilot Study Review	Complete the Home Office’s Serious Organised Crime Checklist and Audit Framework reviewing areas of activity that may be exposed to risk from serious organised crime seeking to establish whether there are appropriate and adequate controls in place to mitigate these risks.	Satisfactory	
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.			

Audit	Objective	Assurance Level	
Youth Employment Initiative Claim 3	Provide assurance that grant conditions have been met and data submitted relating to the claim is accurate, have supporting evidence and are in accordance with grant conditions.	Satisfactory	
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.			

Audit	Objective	Assurance Level	
Private Taxi Hire	Ensure contractual arrangements are met and booking and charging processes are adequate.	Satisfactory	
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
Rates for journeys have not been agreed and/or there are insufficient records in place to verify the charges made or to identify under/overcharging so this goes unchallenged.		Passenger Transport Services to identify Budget Holder details and send a report to advise of the journeys taken on each budget code	

<p>Rates for journeys have not been agreed and/or there are insufficient records in place to verify the charges made or to identify under/overcharging so this goes unchallenged.</p>	 <p>Likelihood</p> <p>Impact</p>	<p>There are a few 'historic' bookings made at the start of the service where a booking form may not have been stored. Passenger Transport Services to work with teams to ensure a booking form is complete retrospectively. All bookings require booking form and checked through the invoice process and completed retrospectively when required.</p>	 <p>Likelihood</p> <p>Impact</p>
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Audit	Objective	Assurance Level	
Licensing	Ensure licences are issued in line with statutory guidance.	Satisfactory	
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
<p>Licences may be issued without relevant supporting documentation or under undue influence if arrangements for declaring and managing conflicts of interest are not in place</p>	 <p>Likelihood</p> <p>Impact</p>	<p>This has been raised with Claire McLaren as our thoughts are that this should be part of code of conduct as relates to most other staff.</p>	 <p>Likelihood</p> <p>Impact</p>
<p>Users may be assigned inappropriate levels of access to the APP system.</p>	 <p>Likelihood</p> <p>Impact</p>	<p>We are looking at reviewing all system access levels on APP.</p>	 <p>Likelihood</p> <p>Impact</p>

Audit	Objective			Assurance Level
Gifts and Hospitalities	Ensure effective arrangements are in place to record all gifts and hospitality received. Employees are aware of the processes to follow and comply with such arrangements.			Satisfactory
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
The Authority may be exposed to legal or reputational damage if staff involved in aspects of its work are deemed to not be acting with transparency and fairness.	 <p>Likelihood</p> <p>Impact</p>	A review of the Employee Code of Conduct and associated procedures is currently being undertaken. The issue identified will be considered as part of this review and appropriate controls adopted.	 <p>Likelihood</p> <p>Impact</p>	

Audit	Objective			Assurance Level
Creditors	Ensure ordering, receiving and paying for goods/services are properly authorised and comply with the Authority's financial Procedure Rules.			Satisfactory
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
No unmitigated risk identified.				

Audit	Objective			Assurance Level
Council Tax	Effective arrangements are in place to ensure staff are aware of and comply with legislative requirements.			Satisfactory
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
No unmitigated risk identified.				

Audit	Objective		Assurance Level
Non Domestic Rates	Provide assurance that controls are in place to manage Legislative requirements; Liability; Billing; Collection & Refunds; Recovery & Write Offs; NNDR1 & NNDR3 returns; and Performance Management.		Satisfactory
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.			

AUDIT AND GOVERNANCE COMMITTEE

14 March 2018



Report of: Head of Audit and Governance

Subject: INTERNAL AUDIT PLAN 2018/19

1. PURPOSE OF REPORT

- 1.1 To inform Members of the direction of internal audit activity, and to seek approval of the annual operational Internal Audit Plan for 2018/2019 (Appendix A).

2. BACKGROUND

- 2.1 Under the Accounts and Audit Regulations 2015, the Council must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance. At Hartlepool, the authority for ensuring this responsibility is met has been delegated to the Director of Finance and Policy.
- 2.2 To accord with the new Public Sector Internal Audit Standards (PSIAS) and to assist in ensuring the objectives of Internal Audit are achieved, audit activity must be effectively planned to establish audit priorities and ensure the effective use of audit resources.
- 2.3 Given available audit resources, all aspects of the Council's systems and arrangements cannot be audited in one year. In recognition of this a Strategic Audit Plan has been prepared using a risk model based on the model accredited by the Chartered Institute of Public Finance and Accountancy, which factors include:
- System Factors
 - Managerial and Control environment
 - Value of transactions
 - Volume of transactions
 - Opinion critical
 - May incur legal penalties

- 2.4 The Strategic Audit Plan is produced in a way that ensures all relevant risk areas are covered. This allows the most relevant and comprehensive annual opinion on the Councils control environment to be given to the Audit and Governance Committee. Additionally, the audit plan has been tailored to add value to the Council following a process of discussion and consideration by Corporate Management Team, of their current operational issues.

3. INTERNAL AUDIT RESOURCES 2018/2019

- 3.1 Hartlepool Borough Council Internal Audit establishment consists of a Head of Audit and Governance and 5 FTE audit staff. When taking into account operational costs of providing the service and income generated, the net budget for the provision of Internal Audit is £230,000, which equates to approximately £225 per audit day provided.
- 3.2 A total of 84 planned areas of audit coverage will form the basis of the mainstream Internal Audit work for 2018/19. The plan includes fundamental systems such as salaries, debtors, creditors, risk management etc., which are identified, for the purpose of the plan, as single audits. However, these will include system and probity audits in each or some of the departments, in support of the main system reviews.
- 3.3 In addition to the planned audit work, advice and support will be provided on an ad hoc basis throughout the financial year together with unplanned reactive work wherever necessary and appropriate.
- 3.4 For 2018/19, we are contracted to provide 100 days of audit work to the Cleveland Fire Authority.
- 3.5 Further details are provided in Appendix A of the focus of coverage across the council. In order to support members in the process of reviewing proposed audit coverage, the Better Governance Forum guidance on approving Internal Audit plans is also attached for information. This takes the form of a number of questions members may want to consider when reviewing the plan.

4. DELIVERING THE AUDIT

- 4.1 Regular liaison is an essential feature of an effective and responsive audit function. In this context, Internal Audit will:
- Have frequent meetings with departments to discuss the short term audit program, any current departmental issues which may benefit from an audit review and provide the opportunity to raise any concerns with the audit services provided;

- Following audit reviews agree action plans, identifying responsibilities and timescales for action;
- Carry out follow up work to monitor the effectiveness of management in implementing action plans;
- Ensure action plans are focused on improving controls and delivering benefits to the Council;
- Provide feedback to the Director of Finance and Policy and Members on progress on the audit plan and the outcomes of audit work.

5. INTEGRATION

- 5.1 Although Internal Audit and Mazars carry out their work with different objectives, it is good professional practice that both parties should work closely together, which is a principle that the Council has always been committed to.
- 5.2 The arrangements for ensuring effective joint working are formalised into a Joint Protocol Agreement, which ensured that the overall audit resources are most effectively focused and duplication is minimised.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are no financial considerations.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 8.1 There are no child and family poverty considerations.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 There are no equality and diversity considerations.

10. STAFF CONSIDERATIONS

- 10.1 There are no staff considerations.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 There are no asset management considerations.

12. RECOMMENDATION

- 12.1 It is recommended that Members review and approve the 2018/19 Internal Audit Plan and note the Internal Audit budget for 2018/19 of £230,000.

13. REASON FOR RECOMMENDATIONS

- 13.1 To ensure that the Audit and Governance Committee meets its remit, it is important that it satisfies itself that Internal Audit coverage is adequate and effective.

14. BACKGROUND PAPERS

- 14.1 - Accounts and Audit Regulations 2015
- UK Public Sector Internal Audit Standards (PSIAS).

15. CONTACT OFFICER

- 15.1 Noel Adamson
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Appendix A

Department Name		A/D, Director	18/19
Adults and Community Based Services	Disabled Facilities Grants	Jill Harrison	10
Adults and Community Based Services	Home Care	Jill Harrison	10
Adults and Community Based Services	Integration of Health and Local Government Services	Jill Harrison	10
Adults and Community Based Services	Low Level Support	Jill Harrison	10
Adults and Community Based Services	Millhouse Leisure Centre/Headland Sports Centre/ Brierton	Jill Harrison	5
Adults and Community Based Services	Social Care - Centre For Independent Living	Jill Harrison	5
Adults and Community Based Services	Social Care - Direct Payments	Jill Harrison	10
Adults and Community Based Services	Social Care - Governance Arrangements Personal Budgets	Jill Harrison	10
Adults and Community Based Services	Social Care - Court of Protection	Jill Harrison	10
Chief Executives	Attendance Management	Claire McLaren	5
Chief Executives	Benefits - Housing	John Morton	25
Chief Executives	Budgetary Control	Chris Little	15
Chief Executives	Cash/Bank	Chris Little	10
Chief Executives	Computer Audit	Claire McLaren	50
Chief Executives	Contact Centre	John Morton	5
Chief Executives	Contract Audit	Chris Little	10
Chief Executives	Contract Procedures Rules Review	Chris Little	5
Chief Executives	Council Tax	John Morton	15
Chief Executives	Creditors	John Morton	15
Chief Executives	Data Quality - GDPR	Claire McLaren	20
Chief Executives	Debtors	John Morton	15
Chief Executives	Disaster Recovery	Claire McLaren	10
Chief Executives	Employee Protection/Violence Register	Claire McLaren	5
Chief Executives	Employees Registers of Interest/Gifts and Hospitalitys	Claire McLaren	5
Chief Executives	Fraud Awareness	Chris Little	25
Chief Executives	Health and Safety	Claire McLaren	5
Chief Executives	Information/Data Management Security	Claire McLaren	20
Chief Executives	Loans & Investments	Chris Little	5
Chief Executives	Local Council Tax Support Scheme	John Morton	15
Chief Executives	Main Accounting	Chris Little	15
Chief Executives	Members Allowances/Travel/Subsistence	John Morton	5
Chief Executives	NFI	Chris Little	10
Chief Executives	NNDR	John Morton	15
Chief Executives	Northgate Community Fund	Chris Little	5
Chief Executives	Officers Expenses	John Morton	5
Chief Executives	PIDA	Peter Devlin	5
Chief Executives	Procurement	Chris Little	25
Chief Executives	Risk Management	Claire McLaren	10
Chief Executives	Salaries and Wages	John Morton	15
Chief Executives	V.A.T.	Chris Little	5
Children's and Joint Commissioning	Centre for Excellence in Creative Arts (CECA)	Mark Patton	5
Children's and Joint Commissioning	Centre for Excellence in Teaching and Learning (CETL)	Mark Patton	5
Children's and Joint Commissioning	Clavering Primary School	Mark Patton	5
Children's and Joint Commissioning	Elwick Hall C Of E Primary School	Mark Patton	5
Children's and Joint Commissioning	Eskdale Academy	Mark Patton	5

Children's and Joint Commissioning	Extol Primary School Academy	Mark Patton	10
Children's and Joint Commissioning	Fens Primary School	Mark Patton	5
Children's and Joint Commissioning	Free School Meals	Mark Patton	5
Children's and Joint Commissioning	Hart Primary School	Mark Patton	5
Children's and Joint Commissioning	High Tunstall Secondary School	Mark Patton	5
Children's and Joint Commissioning	Hubs/New Responsibilities	Paul Edmondson Jones	10
Children's and Joint Commissioning	Jesmond Gardens Primary Academy	Mark Patton	5
Children's and Joint Commissioning	Public Health Contracting Arrangements	Paul Edmondson Jones	15
Children's and Joint Commissioning	Pupil Referral Unit	Mark Patton	5
Children's and Joint Commissioning	Rossmere Primary School	Mark Patton	5
Children's and Joint Commissioning	School Recommendations	Mark Patton	5
Children's and Joint Commissioning	Section 17 Payments	Jane Young	5
Children's and Joint Commissioning	Social Fund Payments	Jane Young	5
Children's and Joint Commissioning	St. Hilds Secondary School	Mark Patton	10
Children's and Joint Commissioning	Stranton Primary School Academy	Mark Patton	5
Children's and Joint Commissioning	Syrian Resettlement Grant	Sally Robinson	5
Children's and Joint Commissioning	Troubled Families Grant	Jane Young	20
Regeneration and Neighbourhood	Adult Education	Andrew Carter	5
Regeneration and Neighbourhood	Building Maintenance/Cleaning Contracts	Tony Hanson	10
Regeneration and Neighbourhood	Car Parking - Income	Tony Hanson	5
Regeneration and Neighbourhood	Catering	Denise Ogden	5
Regeneration and Neighbourhood	Cemeteries & Crematoriums	Tony Hanson	5
Regeneration and Neighbourhood	Community Safety	Denise Ogden	5
Regeneration and Neighbourhood	Economic Development	Andrew Carter	5
Regeneration and Neighbourhood	Emergency Planning	Andrew Carter	5
Regeneration and Neighbourhood	Energy Management	Tony Hanson	5
Regeneration and Neighbourhood	Environmental Enforcement - Abandoned Vehicles/Fly Tipping	Tony Hanson	5
Regeneration and Neighbourhood	Ground Maintenance/Horticulture	Tony Hanson	5
Regeneration and Neighbourhood	Housing Management - Private Lettings	Andrew Carter	5
Regeneration and Neighbourhood	National Driver Offender Rehabilitation Service	Tony Hanson	5
Regeneration and Neighbourhood	Open Spaces	Tony Hanson	5
Regeneration and Neighbourhood	Staff Lottery	Denise Ogden	5
Regeneration and Neighbourhood	Stores	Tony Hanson	10
Regeneration and Neighbourhood	Transport - Fuel Management	Tony Hanson	5
Regeneration and Neighbourhood	Transport - Highways Capital Grant	Tony Hanson	5
Regeneration and Neighbourhood	Transport - Home to School	Tony Hanson	5
Regeneration and Neighbourhood	Transport - Operators License	Tony Hanson	5
Regeneration and Neighbourhood	Waste Data Flow	Tony Hanson	5
Regeneration and Neighbourhood	Youth Employment Initiative Grant	Andrew Carter	20
	ADMINISTRATION		
Corporate	Training/Development		55
Corporate	Administration		75
Corporate	Contingency/Advice/Support/Special Investigations		90
	CFA		100
	TOTAL		1080

Reviewing the Audit Plan

Appendix B

At least once a year, but possibly more frequently, both your internal and external audit teams will ask you to review their audit plans and approve them. If you aren't familiar with audit plans, you may well be asking yourself how to do this and how you can add value. In this article, I will discuss:

- Why draw up an audit plan?
- Who is involved?
- How is the audit plan produced?
- What does the audit plan cover?
- When is the audit plan written?
- Your role in relation to the audit plan

I will finish with a "dashboard" of key questions for you to ask to satisfy yourself that the plan has been drawn up appropriately and will deliver the assurance that you need as an audit committee member. While I concentrate on your role in relation to internal audit, many of these points also relate to external audit.

Why draw up an audit plan?

An audit plan is needed to ensure that your auditors address all the main areas of risk within your organisation and can provide assurance to support your Annual Governance Statement or Statement on Internal Control. At the end of each year the head of internal audit provides an opinion on the effectiveness of the control environment so it is vital that the plan is sufficient to support that opinion. It is also needed to ensure auditors use their limited resources (budget, time, people and expertise) to best effect. Almost inevitably audit needs outstrip audit resources and the plan will help your audit team set its priorities, in discussion with you.

Who is involved?

The audit plan is normally drawn up by the head of internal audit, in consultation with directors and members of the audit team. As the internal audit plans and external audit plans should be aligned, each should consult the other as part of this process.

How is the audit plan produced?

The audit plan is 'risk-based' to address the financial and non-financial risks faced by your organisation and your key priorities. Your organisation's risk register and the effectiveness of risk management will be reviewed to help develop the plan. The plan may also include work to be undertaken on behalf of your external auditor. The identified audits will be balanced against the resources available and the plan drawn up accordingly.

What does the audit plan cover?

The audit plan should show how your internal audit strategy is going to be achieved in accordance with the section's terms of reference. Plans include a combination of planned work and allowances for reactive work. They are always flexible so that they can reflect the changing risks and priorities within your organisation. Plans will also include allowances for "non-chargeable" time.

Planned audit work consists of a series of reviews of different aspects of your organisation's operations. The plan will include some high risk areas, for example areas of significant financial risk or high profile projects or programmes. Or they could be areas where there are concerns about poor performance, fraud or emerging risks. Some higher risk audits may feature annually in audit plans. Other areas, particularly financial systems, may be audited regularly even if they are well controlled because of their significance to the financial statements. The

frequency will usually be agreed with the external auditor. Other parts of the plan will reflect the risks and priorities of the organisation and the judgement of the head of internal audit.

Reactive audit work may include investigations, giving advice, supporting working groups and other such matters. Non-chargeable time includes annual leave, training, administration, team meetings etc. A working year is approximately 260 days. A typical auditor (not a trainee or a manager) will carry out about 200 audit days/year.

When is the audit plan written?

Detailed audit plans normally cover the organisation's financial year, although this is not mandatory. The audit plan is, therefore, generally written a few months before the start of the audit year for approval by the audit committee at the meeting before the start of that year. As the plan has to be flexible, you should be kept informed of minor changes and receive a revised plan for approval if there are any significant changes during the year.

There may also be a strategic plan that outlines the main direction for the audit team over a longer period than a year (perhaps three years). This is particularly useful to understand the wider coverage of risks and controls.

The audit committee's role

The audit committee should be both challenging of the plan and supportive in its delivery. You need to be sure that the organisation's risks and priorities are considered, that the plan is aligned with the audit strategy and terms of reference, that internal and external audit have liaised in drawing up their plans and that your auditors have exercised their independence and have not been unduly influenced by others in deciding what they will or (even more importantly) will not examine. You could review the audit strategy and terms of reference at the same time to ensure that they are still relevant and appropriate.

You also need to consider how the plan relates to other sources of assurance to support the Annual Governance Statement or Statement on Internal Control, for example assurance from the risk management process or management assurances. Taken as a whole, will you get the assurance you need?

Once the plan has been approved, your role is then to monitor activity and outcomes against that plan. Is it being delivered? Is the audit work delivering the expected outcome? You may also need to support your auditors, if they are struggling to get auditee engagement or experience a shortfall in resources. Above all, you are there to get action as a result of audit work.

Key questions to ask:

- 1. Who did the head of internal audit liaise with in drawing up this plan? Did this include external audit?**
- 2. How does this audit plan link to our risk register and our strategic plans?**
- 3. What audits have you left off this plan and why? When do you plan to carry out this work?**
- 4. How does the audit plan fit with other assurance work? Are there any gaps or is there duplication?**

Elizabeth Humphrey

Senior Associate, CIPFA Better Governance Forum

AUDIT AND GOVERNANCE COMMITTEE

14 March 2018



Report of: Assistant Director (Finance and Customer Services)

Subject: MAZARS REPORT- GRANT REPORT

1. PURPOSE OF REPORT

1.1 To inform Members of the Audit and Governance Committee that arrangements have been made for representatives from Mazars to be in attendance at this meeting, to present the content of the Grant Report.

2. BACKGROUND

2.1 This report updates the Audit and Governance Committee on Mazars progress in meeting their responsibilities as the Councils external auditor in relation to certification arrangements for specified claims and returns to Public Sector Audit Appointments.

3. FINDINGS OF MAZARS

3.1 Details of key messages are included in the main body of the report attached as Appendix 1.

4. RISK IMPLICATIONS

4.1 There is a risk that members of the Audit and Governance Committee do not receive the information needed to enable a full and comprehensive review of governance arrangements at the Council, leading to the Committee being unable to fulfil its remit. To mitigate this risk officers ensure members receive all relevant information.

5. FINANCIAL CONSIDERATIONS

5.1 There are no financial considerations.

6. LEGAL CONSIDERATIONS

6.1 There are no legal considerations.

7. CHILD AND FAMILY POVERTY CONSIDERATIONS

7.1 There are no child and family poverty considerations.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 There are no equality and diversity considerations.

9. STAFF CONSIDERATIONS

9.1 There are no staff considerations.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 There are no asset management considerations.

11. RECOMMENDATIONS

11.1 That the Audit and Governance Committee:

- i. Note the report of Mazars.

12. REASON FOR RECOMMENDATIONS

12.1 To ensure the Audit and Governance Committee is kept up to date with the work of the Councils External Auditor.

13. BACKGROUND PAPERS

13.1 Mazars Grant Report.

14. CONTACT OFFICER

14.1 John Morton
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Members of the Audit and Governance Committee
Hartlepool Borough Council
Civic Centre
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Hartlepool
TS24 8AY

2 January 2018

Dear Members

Results of certification work 2016-17

As the Council's appointed auditor, we acted as an agent of Public Sector Audit Appointments (PSAA) who have responsibilities to make certification arrangements for specified claims and returns. For 2016/17 the only claim or return within this regime was the housing benefit subsidy return. This letter reports the findings from this work.

In 2016/17 the prescribed tests for our housing benefits work were set out in the HBCOUNT module and BEN01 Certification Instructions issued by PSAA. For the housing benefit subsidy return, on completion of the specified work we issue a certificate. The certificate states whether the claim has been certified either without qualification; without qualification following amendment by the Council; or with a qualification letter. Where we issue a qualification letter or the claim or return is amended by the Council, the grant paying body may withhold or claw-back grant funding.

The 2016/17 housing benefits return was amended for an error identified by the Council and was not subject to a qualification letter. The table below details our findings.

Claim or return	Value of claim or return	Amended (Note 1)	Qualified
Housing benefit subsidy	£46,809,480	Yes	No

Note 1 Amendments

Internal checks identified the Council had under claimed housing benefit in relation to the two homes adjustment.

The final subsidy claim was increased by £36,040.

I would like to express my thanks for the assistance of the Council's housing benefits team during the certification work.

Fees

PSAA set an indicative fee for our work on the Council's housing benefit subsidy return. This indicative fee, and the final fee charged for 2016/17, is detailed in the table below:

Claim or return	2016/17 indicative fee	2016/17 final fee	2015/16 final fee
Housing benefit subsidy	£13,860	£13,860	£10,297

Yours faithfully

Cameron Waddell
Partner
Mazars LLP

This letter is prepared in the context of the 'Statement of responsibilities of auditors and audited bodies' issued by Public Sector Audit Appointments Ltd. Reports and letters prepared by appointed auditors and addressed to members or officers are prepared for the sole use of the Authority and we take no responsibility to any member or officer in their individual capacity or to any third party.

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AUDIT AND GOVERNANCE COMMITTEE REPORT

14th March 2018



Report of: Chief Solicitor and Monitoring Officer

Subject: REVIEW OF LOCAL GOVERNMENT ETHICAL
STANDARDS - STAKEHOLDER CONSULTATION

1. PURPOSE OF REPORT

- 1.1 To seek the views of Members in relation to the Committee on Standards in Public Life in their stakeholder consultation in undertaking a review of Local Government Ethical Standards. This particular consultation opened on the 29th January, 2018 and closes on the 18th May, 2018. The consultation questions are set out within this report.

2. BACKGROUND

- 2.1 The Committee on Standards in Public Life is an advisory body of government that was initially established in 1994 to advise the Prime Minister on ethical standards in public life. It also has responsibility for conducting inquiries into standards of conduct in public life as well as promoting the 'seven principles' of conduct in public life upon which the Members Code of Conduct is based. The original terms of reference of the Committee was as follows;

'to examine current concerns about standards of conduct of all holders of public office, including arrangements relating to financial and commercial activities, and make recommendations as to any changes in present arrangements which might be required to ensure the highest standards of propriety in public life.'

- 2.2 The Committee in its initial report published in 1995 established 'the seven principles of public life' (known as the 'Nolan Principles') which covered the following;

- **Selflessness** – holders in public office should act solely in terms of the public interest. They should not do so to gain financial or other benefits for themselves, their family or their friends.

- **Integrity** – holders of public office should not place themselves under any financial or any other obligations to outside individuals or organisations that might seek to influence them in the performance of their official duties.
- **Objectivity** – in carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards or benefits, holders of public office should make choices on merit and not on personal judgement.
- **Accountability** - holders of public officer are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- **Openness** – holders of public office should be as open as possible for all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
- **Honesty** – holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interests.
- **Leadership** – holders of public office should promote and support these principles by leadership and example.

2.3 These ‘seven principles’ were later expanded through The Relevant Authorities (General Principles) Order, 2001 which also incorporated the principles of; respect for others, duty to uphold the law and stewardship.

2.4 This Order was provided for through the provisions of the Local Government Act, 2000, which introduced a new ‘Ethical Framework’ for relevant authorities. That legislation also introduced a ‘Model Code of Conduct’ with a duty for a person who is a member or co-opted member of the relevant authority to comply with that code (Section 52 refers). The Local Government Act 2000 also established a statutory committee known as a ‘Standards Committee’ which had the following functions;

- Promoting and maintaining high standards of conduct by the members and co-opted member of the Authority, and
- Assisting members and co-opted members of the Authority to observe the Authority’s Code of Conduct.

2.5 In addition to those general functions, the Standards Committee also have the following specific functions;

- Advising the Authority on the adoption or revision of a Code of Conduct,
- Monitoring the operation of the Authority’s Code of Conduct; and
- Advising, training or arranging to train members and co-opted members of Authority on matters relating to the Authority’s Code of Conduct.

2.6 There is also the establishment of the Standards Board for England which provided oversight and guidance on the operation of the ethical standards regime in relation to relevant authorities. Although, the Standards Board for England did appoint ‘Ethical Standards Officers’ to investigate matters of

complaint (where there were allegations of member misconduct), a local determination process was introduced in 2008, wherein an Authority's Monitoring Officer discharged this role.

3. **LOCALISM ACT, 2011**

3.1 In 2010, the Coalition Government announced that they felt that the 'present system of safeguards is ineffective' and further that 'the Government will abolish the Standards Board regime'. The resulting Localism Act, 2011, has a 'duty to promote and maintain high standards of conduct' by members and co-opted members of an Authority (Section 27 refers). Rather than a 'model Code of Conduct', relevant authorities were free to adopt a local code provided it was consistent with the seven general principles of;

- **Selflessness**
- **Integrity**
- **Objectivity**
- **Accountability**
- **Openness**
- **Honesty**
- **Leadership**

3.2 There was also a requirement to register 'disclosable pecuniary' and other interests and whilst there was the creation of a new criminal offence of failing to register/ disclose relevant interests (Section 34) there was a movement away from a sanctions based system to that based on 'actions'. Such actions where there was a finding of fault on behalf of a member could amount to; an apology being issued, training being required, conciliation/mediation between the parties etc. It was also a requirement that a relevant authority must have 'arrangements' for dealing with complaints alleging member misconduct. Further, these 'arrangements' must include the provision for the appointment of at least one Independent Person. That individual must have their appointment approved by a majority of members of the Authority, following a response to an advertised position and following submission of an application. Whereas previously, an Independent Member of the Standards Committee had the ability to vote upon matters, these new positions of Independent Persons are wholly advisory.

3.3 In the 'new guidance' to help Councillors with the new transparency agenda (August, 2012) it was indicated;

'The new arrangements reflect the Government Policy that elected representatives should continue to declare financial interests in an open and transparent way, to avoid conflicts of interest especially on issues such as planning applications or financially benefitting from the issuing of Council Contracts'.

3.4 The main issue that has caused some consternation in the operation of the ethical standards regime of the Localism Act, is the inability to apply sanctions such as disqualification and suspension, where a member has infringed the

Code of Conduct. It was indicated previously by the then Department for Communities and Local Government that they would issue a consultation upon the operation of the Members Code of Conduct but thus far this consultation has not yet appeared. Members will be aware that there was a consultation (upon which a response was provided) which covered potential changes to the ‘disqualification criteria’ for standing for office as a local Councillor or as an Elected Mayor of a Combined Authority. The Committee on Standards in Public Life now seek the views of all public stakeholders in this present consultation so that they can undertake their own reporting to ensure that there are in place robust standards arrangements which safeguards democracy and maintains high levels of ethical conduct within local government.

4. TERMS OF REFERENCE

4.1 The terms of reference for the review are to:

1. Examine the structures, processes and practices in local government in England for:
 - a. Maintaining codes of conduct for local councillors;
 - b. Investigating alleged breaches fairly and with due process;
 - c. Enforcing codes and imposing sanctions for misconduct;
 - d. Declaring interests and managing conflicts of interest; and
 - e. Whistleblowing.
2. Assess whether the existing structures, processes and practices are conducive to high standards of conduct in local government;
3. Make any recommendations for how they can be improved; and
4. Note any evidence of intimidation of councillors, and make recommendations for any measures that could be put in place to prevent and address such intimidation.

5. CONSULTATION QUESTIONS

5.1 The Committee invites responses to the following consultation questions.

- a. Are the existing structures, processes and practices in place working to ensure high standards of conduct by local councillors? If not, please say why.
- b. What, if any, are the most significant gaps in the current ethical standards regime for local government?

Codes of conduct

- c. Are local authority adopted codes of conduct for councillors clear and easily understood? Do the codes cover an appropriate range of behaviours? What examples of good practice, including induction processes, exist?
- d. A local authority has a statutory duty to ensure that its adopted code of conduct for councillors is consistent with the Seven Principles of Public Life and that it includes appropriate provision (as decided by the local authority) for registering and declaring Councillors interests. Are these requirements appropriate as they stand? If not, please say why.

Investigations and decisions on allegations

- e. Are allegations of Councillor misconduct investigated and decided fairly and with due process?
 - i. What processes do local authorities have in place for investigating and deciding upon allegations? Do these processes meet requirements for due process? Should any additional safeguards be put in place to ensure due process?
 - ii. Is the current requirement that the views of an Independent Person must be sought and taken into account before deciding on an allegation sufficient to ensure the objectivity and fairness of the decision process? Should this requirement be strengthened? If so, how?
 - iii. Monitoring Officers are often involved in the process of investigating and deciding upon code breaches. Could Monitoring Officers be subject to conflicts of interest or undue pressure when doing so? How could Monitoring Officers be protected from this risk?

Sanctions

- f. Are existing sanctions for Councillor misconduct sufficient?
 - i. What sanctions do local authorities use when councillors are found to have breached the code of conduct? Are these sanctions sufficient to deter breaches and, where relevant, to enforce compliance?
 - ii. Should local authorities be given the ability to use additional sanctions? If so, what should these be?

Declaring interests and conflicts of interest

- g. Are existing arrangements to declare councillors interests and manage conflicts of interest satisfactory? If not please say why.
 - i. A local Councillor is under a legal duty to register any pecuniary interests (or those of their spouse or partner), and cannot participate

in discussion or votes that engage a disclosable pecuniary interest, nor take any further steps in relation to that matter, although local authorities can grant dispensations under certain circumstances. Are these statutory duties appropriate as they stand?

- ii. What arrangements do local authorities have in place to declare Councilor's interests, and manage conflicts of interest that go beyond the statutory requirements? Are these satisfactory? If not, please say why.

Whistleblowing

- h. What arrangements are in place for whistleblowing, by the public, councillors, and officials? Are these satisfactory?

Improving standards

- i. What steps could *local authorities* take to improve local government ethical standards?
- j. What steps could *central government* take to improve local government ethical standards?

Intimidation of local councillors

- k. What is the nature, scale, and extent of intimidation towards local councillors?
- i. What measures could be put in place to prevent and address this intimidation?

6. RECOMMENDATIONS

6.1 It is recommended that the Committee;

- Note the stakeholder consultation undertaken through the Committee on Standards in Public Life and
- That the Committee provides comment in relation to this consultation exercise and delegates authority to the Chief Solicitor and Monitoring Officer in consultation with the Chair of the Audit and Governance Committee to finalise a response.

7. CONTACT OFFICER

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AUDIT AND GOVERNANCE COMMITTEE

14 March 2018



Report of: Statutory Scrutiny Officer

Subject: APMS CONTRACT - UPDATE

1. PURPOSE OF REPORT

- 1.1 To introduce representatives from NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) and the Mackenzie Group Practice who will be present at today's meeting to provide the Committee with an update on the APMS contract.

2. BACKGROUND INFORMATION

- 2.1 At the Audit and Governance Committee meeting held on 21 June 2017, Members received an update from the CCG and the Mackenzie Group Practice on the APMS contract. The minutes of the meeting are attached at **Appendix A** for reference.
- 2.2 The Committee, at the meeting held on 21 June 2017, requested a further update on the implementation of the merger of the practices and the new contract. Therefore, representatives from the CCG and the Mackenzie Group Practice will be in attendance at today's meeting to provide the Committee with an update.

3. RECOMMENDATIONS

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

BACKGROUND PAPERS

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

- (a) Minutes from the Audit and Governance Committee held on 21 June 2017.

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

6. APMS Contract - Update *(Representatives from Hartlepool and Stockton-on-Tees Clinical Commissioning Group)*

The representative from the Hartlepool and Stockton-on-Tees Clinical Commissioning Group gave a presentation to the Committee updating Members of the outcome of the procurement procedure for the APMS (Alternative Provider Medical Services) contract which had led to a successful bid from the McKenzie Group Practice to provide the services for the Fens, Wynyard Road and Hartfields surgeries. The mobilisation period ahead of the commencement of service on 1 July had commenced on 7 April.

Meetings had been held with the new provider to clarify the service provision and meetings had also be held with existing providers to arrange the hand over procedures. The CCG had also responded to patient queries in relation to the change in services both directly with individuals and through collective patient update letters.

Dr Carl Parker from the McKenzie Group Practice gave a presentation to the Committee updating Members on the progress so far in implementing the new contract including the meetings held with the patient participation groups at Fens, Wynyard and Hartfields. The Group had responded to patient concerns in relation to the changeover of services and telephone access and a letter was to be sent to all patients with information and frequently asked questions. The McKenzie Group Practice would, after the mergers, be providing services to over 27,000 people in Hartlepool, and substantial increase from the current 20,000 patients. The Group considered that this gave an opportunity to provide a sustainable and resilient service.

Meetings had been held with staff at the three sites around the changes to contracts of employment and other issues. Formal measures letters had been issued to all appropriate staff on 1 June. Issues with premises and the closure of Fens had also to be dealt with.

One of the services being transferred was the violent patients' service which would be based at Wynyard Road. This would probably require some building alterations that would need to be discussed with the premises operator.

One of the major concerns related to the merger of IT systems which were out of the hands of the Group. While all three practices used the same operating system, final integration would not be finalised with the national provide until 15 November for Fens and Wynyard Road and 27 November for Hartfields. Until those dates, online services would not be able to be offered to all the new patients until 1 December.

The staffing requirements for the new patients had been agreed as part of the contract arrangements and would include the transfer of 2 wte GP's, 4.39 wte nurses (1.73 wte practice nurses, 0.5 wte specialist nurse, 2.16 nurse practitioners), 4.46 wte receptionists and 1 full time supervisor. (wte

– whole time equivalent.) There was no definite confirmation of which staff would transfer to the Group and this would not be known until 30 June. The services at Wynyard Road and Hartfields would be stand alone services, but the back office functions and service resilience would be provided by the whole McKenzie Group.

The new staffing arrangements would include 2 service managers, 6 GP partners, 28 receptionists, 2 secretaries, 1 full time IT officer, 1 full time PA, 1 full time officer dealing with patient service issues, 3 Meds Team members, 1 nurse manager, 7 advanced nurse practitioners, 11 practice nurses, 4 wte health care assistants, 1 practice supervisor, 1 specialist respiratory nurse, and 1 practice pharmacist. The savings to provide the efficiencies across the new partnership would come from reducing management and concentrating on front line medical staff. The practice was currently working on ensuring the continuity of phone lines, continuity of IT systems and the centralisation of home visit arrangements.

The Chair thanked Dr Parker for the informative update. The Chair did express his concerns that the new practice would effectively be providing GP services to nearly a third of the entire town and he was apprehensive at one practice caring for so many people. The Chair also expressed concerns at the merging of the IT systems and questioned if there was any back up to those arrangements. Dr Parker commented that the IT systems were resilient; they were a national system.

The Chair referred to the violent patient service that was returning to the town to be based at Wynyard Road and asked if arrangements would be in place to separate such patients. Dr Parker indicated that they had looked at the safety issues for staff. It had been identified that Friday was the one day the surgery was the only user within the building at Wynyard Road, so the decision had been taken to run that surgery on that day. There was, however, no service model to follow as the previous service had been run out of town and it been possible to control violent patient appointments as most had to have transport arranged. There was a similar service in Sunderland which had a complete separation from other services. At Wynyard Road there were concerns about the waiting area and some initial discussion had started with the building owners on the potential of creating a separate entrance. The CCG representative commented that there was an element of rehabilitation for such patients within the services provided to them. The Chair acknowledged the comments but still wished to register his concern in relation to the safety of other patients.

The Chair questioned how many GPs would be working at the Hartfields practice as a lot of elderly residents relied on that surgery. Dr Parker indicated there would be a GP at that surgery for three days a week but a full range of services would be provided through the use of nurse practitioners. The practice had a shortage of GPs, which it was trying to address and it had recently taken on a new GP partner and hoped to have another GP partner in the near future. The practice also had a long term

locum and overall was only one GP short of what it considered a full complement of doctors.

A Member questioned if the whole of the service was being provided by only six GPs. Dr Parker indicated that there were six GP partners but that the practice also employed a number of locums. A Member questioned if patients would see an improvement in waiting times for appointments. Dr Parker commented that at this point the practice could not predict the level of demand from the new patients as they did not have full access to their computer records and would not until the transfer date on 1 July.

A Member questioned the potential impact on pharmacies due to the changes in the practices. Dr Parker indicated that which pharmacy a patient used was up to them as an individual and the Group had no intention of operating a pharmacy.

A Member expressed concern at the apparent slowness in the transfer of IT records etc. The CCG representative indicated that the merger of systems could not be commenced until the contract had been awarded it was then in the hands of the national team as to when that then happened. Dr Parker shared Members frustrations but indicated that until the contract was in place nothing could be commenced. Members also sought assurance that appointments would still be managed appropriately prior to the online system coming in place. Dr Parker stated that the three appointment systems would be fully operational, it was the online booking system that would be delayed in implementation until later in the year.

A Member questioned if an update could be provided on the merger of the practices and the new contract in six months time following an assessment with patients and staff as to whether the arrangements were working well. Dr Parker commented that the Group worked on the basis of responding to patients demands quickly and did anticipate that the new practice services would develop/amend quite significantly over the first six months and would be happy to bring an update report if Members so wished.

A Member sought clarification on the issue of redundancies through the merger of the practices. Dr Parker indicated that there would be a limited number of redundancies which would include two supervisors and one nurse. The Group had been managing vacancies over recent months to reduce the impact but until the contract started it was difficult to assess the true demand on services.

A member of the public commented on the IT systems transfers and the issuing of repeat prescriptions. Dr Parker commented that the only issue in terms of functionality of IT systems was the online booking service; other elements, such as prescriptions would not be affected. The member of the public also commented on the functionality of the IT systems and was concerned at how there appeared to have issues on the sharing of information. Dr Parker commented that the issues had been picked by the national team. The Chair suggested that the member of the public should be put in contact with the national team.

The Chair thanked the representatives for their update.

The Chair added that he had been made aware of some very positive public feedback on the transfer of the urgent care services to the Hospital site and requested that they be shared with the CCG and the Trust. The only slight concerns that had been raised related to signage on the site which the Chair did feel needed to be resolved at the earliest possible opportunity. A Member of the public raised a concern in the issuing of appointments through the 111 system and the availability of out of hours doctors. The CCG representative indicated that some of the issues were known and were being addressed.

Recommended

1. That the report and discussions be noted.
2. That a further update on the implementation of the merger of the practices, and the new contract, be presented to the Committee in six months time.

AUDIT AND GOVERNANCE COMMITTEE

14 March 2018



Report of: Statutory Scrutiny Officer

Subject: INDEPENDANT COMPLAINTS ADVOCACY SERVICE

1. PURPOSE OF REPORT

- 1.1 To introduce the Contacts Manager from the North East NHS Independent Complaints Advocacy Service (ICA), who will be in attendance at today's meeting to provide the Committee with a presentation on this service.

2. BACKGROUND INFORMATION

- 2.1 The ICA provides free, confidential and independent advocacy support to people wishing to raise a complaint about their NHS funded treatment or care. The Contracts Manager will be in attendance at today's meeting to provide a presentation on this service, which will cover the following:-

- (a) The various ways in which the ICA could help;
- (b) Partnership working;
- (c) The complaints process; and
- (d) The types of complaints dealt with by the ICA

3. RECOMMENDATIONS

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

BACKGROUND PAPERS

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

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

AUDIT AND GOVERNANCE COMMITTEE

14 March 2018



Report of: Statutory Scrutiny Officer

Subject: CARE QUALITY COMMISSION - UPDATE

1. PURPOSE OF REPORT

- 1.1 To introduce representatives from the Care Quality Commission (CQC) who will be in attendance at today's meeting to provide the Committee with an update on the work of the Care Quality Commission.

2. BACKGROUND INFORMATION

- 2.1 The CQC is the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve. The CQC register care providers; monitor, inspect and rate services; take action to protect people who use services; and speak with their independent voice, publishing their views on major quality issues in health and social care¹.
- 2.2 Representatives from the Care Quality Commission will be in attendance at today's meeting to provide the Committee with an update on their current work of in relation to health services.

3. RECOMMENDATIONS

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

BACKGROUND PAPERS

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

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

¹ <http://www.cqc.org.uk/about-us/our-purpose-role/who-we-are>

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

19th February 2018

The meeting commenced at 9.00 am in the Civic Centre, Hartlepool

Present:

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

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillor Buchan
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Andrea Jones
Director of Children’s and Joint Commissioning Services, Hartlepool Borough Council – Sally Robinson
Director of Adult and Community Based Services, Hartlepool Borough Council, Jill Harrison
Representatives of Healthwatch - Margaret Wrenn and Ruby Marshall

Other Members:

Representative of the NHS England – Dr Tim Butler
Representative of Hartlepool Voluntary and Community Sector – Karen Gibson as substitute for Tracy Woodall
Representative of Tees, Esk and Wear Valley NHS Trust – Dominic Gardner
Representative of North Tees and Hartlepool NHS Trust – Julie Gillon
Representative of Cleveland Police, Jason Harwin

Also in attendance:- L Allison and J Gray, Healthwatch

Officers: Joan Stevens, Statutory Scrutiny Officer
Amanda Whitaker, Democratic Services Team

38. Apologies for Absence

Councillor Thomas
Interim Director of Public Health, Hartlepool Borough Council - Dr Paul Edmondson-Jones
Representative of GP Federation – Fiona Adamson

Cllr Ray Martin-Wells, Chair of Audit and Governance Committee (minute 43 refers)

39. **Declarations of interest by Members**

Councillor Christopher Akers-Belcher reaffirmed his interest as Manager of Healthwatch Hartlepool.

40. **Minutes**

- (i) The minutes of the meeting held on 4 December 2017 were confirmed. There were no matters arising from the minutes
- (ii) The minutes of the meeting of the Children's Strategic Partnership held on 22 November 2017 were received

41. **CQC Local System Review – Action Plan** *(Director of Adult and Community Based Services)*

The report provided the Board with an update regarding the Care Quality Commission's Local System Review in Hartlepool, which was published in December 2017, and the action plan that had been developed in response to the identified areas for improvement within the report.

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 would form 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 was managed. A notification had been received on 4 July 2017 advising that Hartlepool had been identified as one of the first twelve areas to be reviewed.

The Board was advised that the review process had involved submission of a Local System Overview Report, a two day on-site visit from members of the review team in September 2017 and a five day on-site visit from the whole review team in October 2017. A wide range of system leaders and partners had been involved in the review process including health and social care commissioners and providers, Healthwatch and voluntary sector organisations. The draft report had been shared with system leaders in late November to provide an opportunity for any factual accuracy issues to be addressed. A Local Summit had been held on Thursday 7 December 2017 where the CQC had presented the report and work had begun to develop an action plan in response to the areas for improvement that had been identified. The final report had been published on the CQC website on Friday 8 December 2017, a copy of which was appended to the report. Following the review, partners within the local system were required to develop an action plan for submission to the Department of Health. It was expected that implementation and monitoring of the action plan would be overseen by the local Health & Wellbeing Board. The action plan for Hartlepool had been developed by key partners and submitted to the Department of Health in January 2018. A copy of the action plan was appended to the report.

Following presentation of the report, the Chair expressed appreciation, on behalf of the Board, to those who had been involved in the Local System Review.

Decision

The Board:

- noted the outcome of the Care Quality Commission local system review for Hartlepool;
- noted the agreed action plan that has been developed in response to the report; and
- agreed to receive an update on implementation of the action plan at the first meeting of the Health & Wellbeing Board in the 2018/19 municipal year.

42. Better Care Fund 2017/18: Quarter 3 Update *(Director of Adult and Community Based Services)*

The report provided the background to the National Conditions and performance measures associated with the Better Care Fund. Performance reports were submitted to NHS England on a quarterly basis. The Q3 return (covering the period October – December 2017) had been submitted in January 2018 and had confirmed that all national conditions continued to be achieved, as well as providing analysis of performance data which was summarised in the report.

The Chair highlighted that the report referred to data indicating that approximately 75% of people had no ongoing social care needs after a reablement intervention. Clarification was sought on how that data compared to previous data. The Director undertook to include trend data in the quarter 4 update to the Board.

With regard to the reduction in non-elective admissions from care homes, a Board Member sought clarification of the impact of winter pressures. The Director advised that quarter 3 information was not yet available from the NHS but would be included in the next update report.

Decision

The Board noted progress made since the last update in terms of performance.

43. Delayed Transfers of Care *(Audit and Governance Committee)*

The Board received an update on information presented to the Audit and Governance Committee regarding the current position in relation to Delayed Transfers of Care.

Board Members were reminded that on 19 September 2016, the Board had been notified of North Tees and Hartlepool Foundation Trust's (FT) intention to review the way in which monthly delayed transfers of care were recorded following a review of NHS England guidance on 'Monthly Delayed Transfers of Care: Situation Reports' and direct discussions with NHS England. The Board had referred the matter to the Audit and Governance Committee for further investigation.

Between the period October 2016 - December 2016, the Committee had considered the referral and on the 8 December 2016 had agreed that actions taken had satisfactorily resolved the initial concerns raised by the Board and that the matter required no further exploration. It was, however, agreed that an update would be provided to the Audit and Governance Committee in March 2017 regarding each of the actions taken. This update had been presented to the Committee on the 23 March 2017, with confirmation that overall performance in relation to delayed transfers of care had improved significantly in recent months. It was also noted that the position was expected to improve further over the next year as two proposed new care home developments become operational. On this basis, the Committee had agreed that no further action was required in relation to the referral at this time. It was noted also that returns would continue to be reviewed on a monthly basis, with the Council monitoring of all delays that are attributed to social care, to ensure that all possible actions are taken to facilitate timely and safe discharges from hospital. The Committee's decision had been noted by the Board at its meeting on the 26 June 2017, with a request that a further report be submitted to the Board on the outcome of the Committee's monitoring of delayed transfers of care (minute no. 4 refers). In accordance with this request, a copy of the update report, considered by the Committee at its meeting on the 24 January 2018, was appended to the report, details of which were noted by the Committee (Minute No. 89 refers).

The Chair suggested that future updates could be included in update reports relating to the Hartlepool Matters Action Plan.

In response to concerns expressed by a Healthwatch representative regarding transfers of care to West View Lodge, the Director of Adult and Community Based Services explained that rehabilitation and transitional beds were commissioned at West View lodge as part of intermediate care pathways. The Healthwatch representative highlighted an example of when a patient had not been given a choice in relation to their transfer from hospital to West View Lodge. The Chair highlighted the patient choice policy and the Director and North Tees and Hartlepool Trust representative undertook to investigate the issue and feedback to the Healthwatch representative outside of the meeting.

Decision

The Board noted the current positive position in relation to Delayed Transfers of Care and agreed that future updates would be included in Hartlepool

Matters Plan reports to the Board.

Meeting concluded at 9.20 a.m.

CHAIR

Finance and Policy Committee – 12 February, 2018

EXTRACT

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

Type of decision

Budget and Policy Framework.

Purpose of report

The purpose of the report was to present to the Committee the final draft of the Joint Hartlepool Health and Wellbeing Strategy (JHWS) for agreement and subsequent submission to Council for adoption.

Issue(s) for consideration

The Public Health Specialist outlined the development of the JHWS over recent months and the consultation that had been undertaken in developing the finalised document.

The draft Strategy had been approved by the Health and Wellbeing Board (HWB) on the 4 December 2017 for referral to Full Council and to Hartlepool and Stockton Clinical Commissioning Group Governing Board for formal approval. The HWB recognised the need to incorporate any views or comments expressed by the Hartlepool and Stockton Clinical Commissioning Group Governing Body (30 January 2017), and today's Finance and Policy Committee, in the intervening period. On this basis, the HWB delegated authority to the Chair of the HWB, in conjunction with the Interim Director of Public Health, to make any final additions / changes to the Strategy, prior to its formal approval.

The Hartlepool and Stockton Clinical Commissioning Group (CCG) Governing Body considered the draft strategy at its meeting on 30 January 2018 and approved for it to go to the CCG Governing Board on 27 March 2018 for formal approval.

The Chair noted that as he had indicated at the recent meeting of the Safer Hartlepool Partnership, a report providing a full overview of the drug and alcohol preventative services in Hartlepool would be submitted to a future meeting of this Committee. The Chair wished to record his and Members appreciation of the work that officers had undertaken in the development of the Strategy. The following decision was approved unanimously.

Decision

That the final draft of the joint Hartlepool Health and Wellbeing Strategy be approved for subsequent submission to full Council for approval and adoption.

PUBLICATION DATE: 22 FEBRUARY 2018

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

11 October 2017

PRESENT -**Representing Darlington Borough Council:**

Councillors Newall (in the Chair), J Taylor and L Tostevin.

Representing Hartlepool Borough Council:

Councillor Cook.

Representing Middlesbrough Borough Council:

Councillors E Dryden and J McGee.

Representing Redcar and Cleveland Council:

Councillor I Jeffrey.

Representing Stockton-on-Tees Borough Council:

Councillors E Cunningham, L Grainge and L Hall.

APOLOGIES – Councillor B Harrison (Hartlepool Borough Council) and Councillor D Rooney (Middlesbrough Council)

OFFICERS IN ATTENDANCE – K Graves (Darlington Borough Council), L Stones (Hartlepool Borough Council), C Breheny (Middlesbrough Borough Council), A Pearson (Redcar and Cleveland Borough Council), P Mennear (Stockton-On-Tees Borough Council).

EXTERNAL REPRESENTATIVES –**Middlesbrough Borough Council –**

J Chidanyika, Public Health Advanced Practitioner.

North East Ambulance Service (NEAS) –

M Cotton, Director of Communications and Engagement.

Tees Esk and Wear Valley Foundation Trust –

David Brown, Director of Operations for Teesside.

12. DECLARATIONS OF INTEREST – There were no declarations of interest reported at the meeting.

13. MINUTES – Submitted – The Minutes (previously circulated) of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 20 July 2017.

RESOLVED – That, with the addition of Joint Work of the Prison Service and TEWV in relation to the Mental Health of Prisoners to the Work Programme, the Minutes be approved as a correct record.

14. MATTERS ARISING – There were no matters arising.

15. SUICIDE PREVENTION PLANS WITHIN THE TEES VALLEY – Joe Chidanyika, Public Health Advanced Practitioner, Middlesbrough Borough Council gave a PowerPoint presentation outlining both the Tees Suicide Prevention Strategic Plan 2016/17 to 2020/21 and Darlington's Suicide Prevention Plan and, in doing so, advised Members that suicides were not only due to poor emotional health but were complex often having many factors including social and health inequalities with people often being reluctant to access services due to the stigma involved.

Multi-agency working was key to preventing suicides and the Tees Suicide Prevention Taskforce currently has 43 active Task Force members from 20 organisations on Teesside including, Fire Brigade, Police, Prisons and Cruse Bereavement Care.

The projected cost to the North East economy of suicide in 2012 was £410.8 million, £1.67m per case, with many cases being preventable. The Preventing Suicide in England: a cross government Strategy to save lives is a national, all age prevention Strategy that identifies six key areas, to support the overall objective of the Strategy, to reduce the suicide rate and provide better support for those bereaved or affected by suicide.

Details were provided on how Teesside was addressing the key areas of the Strategy which are to reduce the risk of suicide in key high-risk groups; tailor approaches to improve mental health in specific groups; reduce access to the means of suicide; provide better information and support to those bereaved or affected by suicide; support the media in delivering sensitive approaches to suicide and suicidal behaviour; and support research, data collection and monitoring.

It was highlighted that groups at high risk of suicide comprised young men between 20 and 59 years of age and specific occupational groups including doctors, nurses, farmers and armed forces. The Tees Mental Health Training Hub offered a range of accredited mental health training to organisations or groups working with members of the public across Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-on-Tees to raise mental health awareness and ensure employers become more proactive and sign post their employees to services.

The approach to improve public mental health needs to be applied across the life course, starting from pre-birth all the way to the older age groups and should include a blended approach that combines universal with targeted approaches especially for high risk and vulnerable groups. It was reported that 40 per cent of people who take their own lives were not previously known to Agencies; that the number of people with long term conditions in Tees Valley was high; and that the BME community presented its own challenges. The key point was to get people to talk, ensure a referral to the correct services and break the cycle of regular presenting at A&E Departments.

One of the most effective ways to prevent suicide is to reduce access to high-lethality means of suicide and it was reported that the methods most amenable to intervention include hanging and strangulation, self-poisoning, high risk locations and those on the rail and underground networks. Work is ongoing with the Samaritans, British Transport Police and Network Rail to reduce suicide on railways; local hotspots are being identified using the suicide prevention audit and early alert system; and pharmacy leads are encouraging the return of unused medication.

Bereavement support is key for family and friends bereaved by a suicide as they are at increased risk of mental health and emotional problems and may be at higher risk of suicide themselves. In the Tees Valley an early alert system will be re-established to allow the suicide prevention taskforce to monitor patterns of suicide and instigate prevention and early intervention at the earliest opportunity. Consideration also needs to be given to children who may need help from an early age which will help to prevent issues as the child gets older. It was stated that there was no longer an 18 month delay of information from the Coroner relating to suicide and as such support can be quickly put in place to help the family bereaved by a suicide.

Particular reference was made to the media's influence on behaviour and attitudes and to compelling evidence that media reporting and portrayals of suicide can lead to copycat behaviour, especially among young people and those already at risk. With the increasing popularity of social media further work needs to be done to make this safer especially for young people who can easily be influenced or affected by information communicated through these channels. The stigma of mental health had a negative impact on a person who was feeling suicidal and work has been undertaken with the media to ensure sensible reporting and promotion of mental health services.

The National Strategy supports research, data collection and monitoring and intelligence and surveillance of suicides. Self-harm and mental health are the foundations of suicide prevention efforts and across the Crisis Concordat all data is shared. There are a number of agencies that collect self-harm data with Tees admissions for self-harm being among some of the highest in the Country and further analysis is required to help inform targeted preventative action.

It was reported that the Police take away people attempting suicide but they actually need support, James Cook A&E Department had 52 presenters who had attempted suicide with trends changing and people getting younger. It was acknowledged that self-harmers could lead to suicide if the correct help and support was not provided. Bullying was also an issue for young people with three recent suicides in Stockton being attributed to bullying. The cases treated at James Cook were approximately 50 per cent male and 50 per cent female, which was different to the overall data that showed deaths from suicide were 2.8 male deaths for every female death and this indicated more analysis of the data would be useful.

Details of the suicide prevention governance arrangements across the Tees Valley were provided and Members were informed that the Teesside Suicide Prevention Partnership Network was being actively built and included lollipop ladies and hairdressers.

It was queried whether there was any protocol for people who have attended or provided traumatic services and it was reported that it was now standard to have an auto-referral to the Psychosis Team. It was again reiterated that there was a stigma around mental health and some professionals thought it could be looked upon badly if they had suicidal thoughts. Work was ongoing with Cleveland Police who were trained in Talk Down and it was recognised that first responders to a traumatic situation needed support.

Concerns were expressed that GP's couldn't sleep due to possible mistakes made and that three of the high risk suicide locations were in Redcar. Reference was also made to the Marmot Review in relation to austerity, the difficulties faced by some people and to life expectancy in Redcar getting worse. Concerns were also voiced that benefits had been capped, Universal Credit had added to debt worries and that suicide rates in prisons were alarming. In relation to young women, body image was a material factor in self-harming with suicide rates in Universities and schools being high especially during April and May exam time.

Clarification was sought on how the £1.67m cost per suicide case was calculated; how a suicide impulse would pass and why the strategic plan made reference to this; how mental health issues could be addressed in a growing ethnically diverse population; and whether further controls would deter cyber bullying.

Committee also requested more up to date statistics on means of suicides with a gender split, how some key risk groups were disproportionately affected locally such as farm workers, doctors and nurses, an updated response regarding the local picture around impact of austerity and welfare reforms on suicide.

David Brown of Tees, Esk and Wear Valleys Foundation Trust reported that re-energising the Task Force had been fantastic and whilst there was better information now than there had ever been there were huge numbers of self-harmers and it was difficult to identify potential suicides. He also reported that there was a real commitment to train people to highlight suicides and multi-agencies were now used to engage with individuals to ensure support can be provided. Members also noted that 40 per cent of children now start school without having reached development milestones and this could cause problems later in life.

RESOLVED (a) That the thanks of this Scrutiny Committee be extended to Joe Chidanyika for his interesting and informative presentation.

(b) That the work of the Suicide Prevention Taskforces be supported.

(c) That the wider determinants and their impacts relating to suicide be addressed by the Taskforces.

(d) That the Teesside Suicide Prevention Action Plan be submitted to a meeting of this Scrutiny Committee in twelve months.

16. NEAS QUARTERLY REPORT, UPDATE FROM CQC REVIEW AND IMPLEMENTATION OF NEW AMBULANCE STANDARDS – The Assistant Director of Communications and Engagement provided Scrutiny Committee with a PowerPoint presentation outlining Progress and Improvements in NEAS, Challenges Still to Overcome, Performance and New Ambulance Response Standards.

It was reported that since 2013/14 Hear and Treat callouts had increased by 96 per cent; See and Treat had increased by 15 per cent; See Treat and Convey had decreased by 25 per cent; and See and Convey to an Emergency Department had decreased by four per cent. Overall the number of serious calls was not much greater, increases had occurred in relation to long term conditions and the complexity of patients and although a patient was not necessarily taken to an A&E Department there was a need to support patients no matter what service was requested.

In relation to NHS 111 calls being referred to an Emergency Department, Committee was informed that investment from Commissioners had resulted in an assessment service with nurses in the 111 Control Room and specialists on call who could provide help, for example, on a weekend, pain relief could be given for a dental problem with an appointment being made with a Dentist for Monday. Currently being piloted was a Dental Hub although this was reliant on Dentist availability.

Since October 2014 to June 2017 the number of staff that would recommend NEAS as a place to work had increased from over 20 per cent to over 80 percent, a clear indication that morale amongst staff had vastly improved.

Due to funding of £3.4m from Commissioners, an additional £1.50 per head of North East population, the workforce numbers had increased by 42 additional paramedics, 42 additional Emergency Care Technicians, an expanded Integrated Urgent Care Hub with specialist staff including GP's and additional Advanced Practitioners. These measures would also provide an extra seven ambulances. It was further reported that benchmarking relating to staff turnover was very low and the vacancy rate was now coming down.

In order to reduce sickness absence rates, support mechanisms had been introduced with an objective to achieve five per cent target. The two main reasons for sickness absence were stress and musculoskeletal, however, investments had been made into an in-house Occupational Health Team and Counselling Services for paramedics attending traumatic incidents and NEAS was working with Trade Unions to address sickness absence.

Members noted the handover delays at the regional Trusts and, following a question by Councillor Dryden, Committee was reassured that there had never been an issue at James Cook Hospital and although there had been possible spike days of between nine and twelve ambulances queuing this was not a regular occurrence.

The Committee was advised that an inspection by the CQC had been undertaken in November 2016 and NEAS had received a 'Good' rating. CQC had stated that NEAS had a lot of to be proud of and there were clearly many areas of good practice.

Inspectors also found a general culture of passion and enthusiasm at the Trust and it was clear that everyone's first priority was the patient.

In relation to reference costs which indicate the cost-effectiveness of an NHS Service Members noted that, although NEAS operated at the lowest funding of £89 during 2015/16, it had received a rating of 'Good'. The North East also had the lowest urgent and emergency income per head of population of £27.7 whilst on the South East Coast income was £36.6 per head. If NEAS received additional funding it would be able to provide more ambulances and paramedics.

Current response time standards for Red 1 and 2 (funded) and Green 1 to 4 (non-funded) calls were highlighted and, following a question, it was confirmed that Redcar and Cleveland were struggling although rural areas were worse as they received fewer calls and the response rates would not be able to meet the standard.

Ambulance performance standards have not changed for over forty years and have always measured response time and not clinical outcome of the patient which has led to the inefficient use of ambulances and the knock-on effect of 'hidden waits'. The new standards will ensure that the best clinical outcome for patients is the most appropriate response and not the fastest response. These standards are significant especially as 999 call volumes have increased by 60 per cent nationally in the past decade.

During Quarter 1 of 2017/18 there had been 29,922 red incidents which had been responded to within eight minutes and the rise in red incidents, serious non-breathing patients, gave NEAS concerns.

Councillor Jeffrey queried whether obesity had an impact on the service and was advised that patients presented with various conditions including diabetes, cancer and COPD and any one of those conditions could be exacerbated but not necessarily due to obesity.

All North East CCG's performed better on Red 1 than the National Average of 75 per cent, Darlington 80 per cent, Hartlepool 87 per cent, Middlesbrough 82 per cent, Stockton-on-Tees 82 per cent and Redcar and Cleveland 70 per cent. Although still above the NEAS Trust wide average, Red 2 performance was declining with last month's performance being Darlington at 69 per cent, Hartlepool 67 per cent, Middlesbrough 62 per cent, Redcar and Cleveland 53 per cent and Stockton-on-Tees 65 per cent.

Under the new system of Ambulance Performance Standards call handlers will have more time, in minute segments up to four minutes, to determine the need of the caller. It is expected that the new system will provide early identification of life-threatening conditions, particularly cardiac arrest, and also free up more vehicles and staff to respond to emergencies. Clinicians have developed a set of Questions to determine the Nature of Call and this is being piloted in some, not all, services. Formal performance monitoring by the regulators of new standards will be from April 2018.

New Standards now specify that every case counts and there are no targets. The average response time is seven minutes although this could be anywhere between four and ten minutes. Rural areas will still have a longer response time but these will

become the exception. Scrutiny was advised that NEAS will never achieve 100 per cent but 90 per cent was achievable.

A detailed description was given of all new Ambulance Standards Call Type Category together with call definition, time to take a decision and at what point the clock was stopped.

At 82 per cent, NEAS was above the national average of 74 per cent of the number of patients who have suffered a specific type of heart attack and required a 'stent' fitted to free a blockage in their heart within two and a half hours of their 999 call. It was stressed that the service relied on patients to make the call early to ensure they had the best chance.

At 49 per cent, NEAS was below the national average of 52 per cent of the number of patients who have suffered a confirmed stroke and eligible for treatment with a clot-busting drug within 60 minutes of a 999 call.

The Director of Communications and Engagement stated that NEAS was working to ensure that it had the best model for its patients, looking at its data for 999 calls and establishing what response was needed to ensure the standards were met. The data also indicated the vehicle and staff needs for the service and in this regard a report was to be prepared around Christmas with a view to meeting with Commissioners. The Director of Communications and Engagement said that while there were no national standards for staffing levels in the ambulance service, NEAS believed that the current staffing mix needed to change from 55 per cent paramedics and 45 per cent non-paramedics to a ratio closer to 70 per cent paramedics and 30 per cent non-paramedics.

New standards were beginning to be implemented and NEAS had been given dispensation to fully implement up to March 2018, however, it was believed that more time was required as it takes two years to get paramedics and nine months to build an Ambulance.

Following a question from the Chair it was confirmed that St. John's Ambulances, trained to technician level, were still operating on a reduced level although were still part of the Trusts plans for surge periods.

It was clarified that the paramedic profession had changed, a Foundation Degree was now required and the profession attracted special status especially in relation to immigration. Collaboration with the Fire Service commenced a year ago as a co-responder if a defibrillator was required and that service was closer to the patient. This support was withdrawn for all of England following Union concerns although as the Cleveland Fire Service have been following this procedure for ten years they have continued.

During Holiday periods (Christmas and New Year), demand is high and all staff, including Managers, are fully on board, rotas are kept at 100 per cent although on New Year's Day this is 110 percent but demand will still exceed. Some regions also attract tourists and seasonal demands will fluctuate.

It was confirmed that the NEAS contract was shared between the eight CCG's that cover the North East region with four lead commissioners and that it was important to have conversations with all individual commissioners. NHS England was exploring a Single Operating Model for the commissioning of ambulance services but more details were required.

RESOLVED – (a) That the thanks of this Scrutiny Committee be extended to the Director of Communications and Engagement for his informative and interesting presentation.

(b) That a further report be submitted to a future meeting of this Scrutiny Committee once the new Ambulance Standards are embedded.

SAFER HARTLEPOOL PARTNERSHIP MINUTES AND DECISION RECORD

8 December 2017

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

Present:

Councillor: Christopher Akers-Belcher (In the Chair)
Councillor Steve Thomas
Clare Clark, Head of Community Safety and Engagement
Chief Superintendent Alastair Simpson, Cleveland Police
John Bentley, Safe in Tees Valley
Steve Johnson, Cleveland Fire Authority
Chris Joynes, Thirteen Group

Mal Suggitt was in attendance as substitute for Chief Inspector Nigel Burnell, Esther Mireku as substitute for Paul Edmondson-Jones, Trina Holcroft as substitute for Jean Golightly, John Bagley as substitute for Julie Allan, Ian Armstrong as substitute for John Graham and Danielle Swainston as substitute for Sally Robinson

Also present: Lisa Oldroyd, Commissioner's Officer for Crime Offending and Justice

Officers: Rachel Parker, Community Safety Team Leader
Denise Wimpenny, Principal Democratic Services Officer

37. Apologies for Absence

Apologies for absence were submitted on behalf of Denise Ogden, Director of Regeneration and Neighbourhoods, Hartlepool Borough Council, Paul Edmondson-Jones, Interim Director of Public Health, Hartlepool Borough Council, Chief Inspector Nigel Burnell, Cleveland Police, Julie Allan, National Probation Service, John Graham, Durham Tees Valley Community Rehabilitation Company and Sally Robinson, Director of Children's and Joint Commissioning Services, Hartlepool Borough Council.

38. Declarations of Interest

None.

39. Minutes of the meeting held on 20 October 2017

Confirmed.

40. Reducing Re-Offending Group Update *(Commissioner's Officer for Crime, Offending and Justice)***Issue(s) for consideration**

A representative from the Police and Crime Commissioner's Office in Cleveland, who was in attendance at the meeting, provided the Partnership with an update on the work of the Reducing Re-offending Group. The update included a presentation which focussed on the following issues:-

- Local Criminal Justice Partnership Vision
- Local Criminal Justice Board developing a draft plan to be presented to the Partnership in the New Year
- Cleveland and Durham Reducing Re-Offending Plan
- Vision, remit and membership of the Group
- Details of the latest re-offending statistics for Cleveland from the Ministry of Justice
- Details of the latest re-offending data for Hartlepool showed re-offending rates of 39.3%
- Current and future key areas of work:-
 - Early intervention to divert people away from the Criminal Justice System
 - Mapping the Offender Journey
 - Integrated Offender Management
 - Links between employment, offending and re-offending
 - Measures in place to support individuals back into employment
 - Pathways out of offending including developments to strengthen family ties, access to stable accommodation, restorative justice, full rollout of Universal Credit, Homelessness Reduction Act 2017 and Introduction of New Inspection Framework – Probation and Youth Offending Service

A query was raised as to whether a breakdown was available of re-offending rates of both the Community Rehabilitation Company and National Probation Service as a comparator. Members were advised that whilst it was not possible to breakdown such data at the present time, this was something that could be explored and linked into the integrated offender management system. The Chair commented that local data

demonstrated that the statistics presented for 2015 were not reflective of the current picture and was pleased to note the positive results arising from the integrated offender management approach. The Chair acknowledged the significant level of work that had been undertaken to date and emphasised the need to widen that scope to ensure a continued reduction in re-offending rates.

The representative responded to further queries raised in relation to the presentation. Clarification was provided regarding the arrangements in place to reduce the number of first time entrants to the youth justice system and it was noted that more work was needed to understand the longer term impact of this issue, the outcome of which could be reported to a future meeting of the Partnership.

The Chair thanked the representative for an informative presentation.

Decision

That the contents of the presentation and comments of Members be noted.

41. Operation Endurance (*Chief Inspector Nigel Burnell, Hartlepool Neighbourhoods Policing Team*)

Issue(s) for consideration

The Partnership received a comprehensive presentation by a representative from Hartlepool's Neighbourhoods Policing Team. Partnership Members were advised of the background to the roll out of Operation Endurance across Cleveland and Durham to combat anti-social behaviour around motor vehicles and quad bikes. The presentation included details of the programme in terms of the following:-

- Various methods of tackling this issue
- Main findings of the programme
- Importance of intelligence information
- Section 59 of Road Traffic Act provides powers to cease bikes if used in an anti-social behaviour manner
- Close working with petrol stations in relation to raising awareness and to be mindful of who they sell petrol to
- Utilising social media to encourage people not to do it
- Figures are positive for Hartlepool compared to neighbouring authorities

- Future work includes building upon community intelligence to reduce the amount of anti-social behaviour attached to this issue

The Chief Superintendent reiterated that the purpose of Operation Endurance was to reduce off road vehicle related nuisance and anti-social behaviour and develop a consistent approach across all forces in relation to this issue. A communications programme would be developed in 2018 to build upon intelligence information. Members were advised of the limited resources available to tackle issues of this type and that providing additional police road bikes to pursue offenders was not the answer.

The potential problems associated with this issue were debated at length. Concerns were expressed in relation to observations that had been witnessed in wards and nearby beaches of young people in charge of potentially dangerous machines and the impact on local communities as a result. In response to a query raised regarding the age profile of individuals committing these type of offences, the Chief Superintendent agreed to explore this issue and provide feedback to the Partnership following the meeting.

Partnership Members placed emphasis upon the need for an effective communications campaign with the public to raise awareness of the legalities around this issue and the zero tolerance approach by the police. It was suggested that the communications campaign should include messages to parents not to waste their money on machines that potentially could be ceased. The importance of encouraging honest and open dialogue with the public to enable the police to utilise their powers effectively was also highlighted.

Decision

- (i) That the contents of the presentation and comments of Members be noted.
- (ii) That the Chief Superintendent explore the age profile of individuals committing these type of offences and provide feedback to the Partnership following the meeting.

42. Anti-Social Behaviour Awareness Day (*Director of Regeneration and Neighbourhoods*)

Purpose of report

1. To provide feedback to the Safer Hartlepool Partnership on the Anti-Social Behaviour Awareness Day (ASBAD)
2. To consider the forthcoming ASBAD event in March 2018 and potential support from SHP Partners.

Issue(s) for consideration

The Community Safety Team Leader presented the report which provided the background to the Anti-Social Behaviour Awareness Day which was undertaken on behalf of the Safer Hartlepool Partnership. Details of previous events were included in the report including the young people targeted for involvement, the aims of the event and the range of organisations who participated in delivering interactive sessions. Feedback on previous events had been received with 100% of teachers involved in the event enjoying it and praising the organisation and delivery of the event and it was noted that the Life Choices and Youth Court scenes had been the favourite event of the majority of teachers.

An analysis of student feedback had shown that 97% of students had enjoyed the event and had also identified the Life Choices and Youth Court scenes as their favourite. In comparison to teachers, fewer students (68%) had considered anti-social behaviour to be a problem in their local area. In terms of event outcomes, more than 95% of the young people at the event stated they had a greater understanding of anti-social behaviour and its impact as a result of attending the event.

It was proposed that given the continued success of ASBAD, a further event would be delivered in 2018 between the 19th and 23rd March. Details of the sessions that would be delivered during this event were provided, as set out in the report.

In relation to the 1,065 Year 8 pupils from across the secondary schools in Hartlepool who had attended the ASBAD event in 2017, the Chair questioned whether the target audience should include younger students given that youth offending/anti-social behaviour activities appeared to be prevalent from an earlier age. The Head of Community Safety and Engagement indicated that the Youth Offending Board were collating data on anti-social behaviour in young people which could be utilised to establish the target audience for the event.

Decision

- (i) That the contents of the report and comments of Members be noted and be utilised to inform the development of the event.
- (ii) The Partnership supported the delivery of the event in March 2018 and suggested that the data collated by the Youth Offending Board, in relation to anti-social behaviour in young people, be utilised to establish the target audience for the event.

43. **Case Study: Neighbourhood Safety and Partnership Working** (*Chief Inspector of Neighbourhoods*)

Purpose of report

To update the Partnership on a recent case study to demonstrate how community safety partners work together to problem solve neighbourhood safety issues.

Issue(s) for consideration

A representative from Cleveland Police, who was in attendance at the meeting, presented the report which provided the background to the Partnership's request to review the level of partnership working to address concerns regarding the issue of youth anti-social behaviour in the north of Hartlepool.

A case study covering the period 1 September 2017 to 31 October 2017 had been undertaken in a defined area of Hartlepool, feedback from which was provided, as detailed in the report. It was noted that there had been no further incidents reported by the victims referred to in the case study since 7 September, and the young people involved had not been identified as being responsible for any further anti-social behaviour in the wider area.

In conclusion, it was reported that whilst the case study demonstrated that partnership working was embedded in Hartlepool and was key to the prevention of crime and disorder, substance misuse, offending and re-offending, it was acknowledged that further improvements could be made in terms of feedback to the wider community and addressing overlap in resources.

In the discussion that followed Members welcomed the report and emphasised the need for feedback to Elected Members as well as the wider community. It was suggested that future case studies should also feed into local community groups and should be rotated in different areas of the town.

Decision

- (i) That the contents of the report and comments of Members be noted.
- (ii) That future case studies be rotated in different areas of the town.
- (iii) That feedback from future case studies be provided to Elected Members and local community groups.

44. **White Ribbon Campaign** (*Interim Director of Public Health*)

Purpose of report

To provide the Partnership with an overview of the White Ribbon Campaign and the requirements for organisational accreditation.

Issue(s) for consideration

It was reported that one of the key actions identified in the Domestic Abuse Action Plan was to investigate what would be required for Hartlepool to become a White Ribbon Town. There were several different strands to the campaign and to achieve the “White Ribbon Council” award local authorities must complete a number of specific actions, as set out in the action plan, attached at Appendix A.

One key element of the White Ribbon Campaign was the use of male Ambassadors to act as positive role models and take a stand against all male violence towards women and girls. Members were referred to the key actions for Ambassadors, as set out in the report. An initial draft action plan had been developed, a copy of which was appended to the report. There was a registration fee of £500 for the two year accreditation period and it was anticipated that this would be met from existing Council budgets.

In response to a query raised, Members were advised that the award criteria required the Council to nominate at least 4 male Ambassadors to take the actions of the campaign forward and it was recommended that they be recruited from a range of service areas and staff levels. The following nominations were received:-

Councillor Steve Thomas – Hartlepool Borough Council
Chief Inspector Nigel Burnell – Cleveland Police

Given the number of substitute Members present, the Chair suggested that a letter be sent to all partner organisations to seek Ambassador nominations from each partner.

Decision

- (i) That the contents of the report be noted.
- (ii) The following Ambassador appointments were agreed:-

Councillor Steve Thomas - Hartlepool Borough Council
Chief Inspector Nigel Burnell - Cleveland Police

- (ii) That a letter be distributed to all partner organisations seeking

nominations from each partner organisation for an Ambassador to take the actions of the campaign forward.

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

Purpose of report

To provide an overview of Safer Hartlepool Partnership performance for Quarter 2 – July 2017 to September 2017 (inclusive).

Issue(s) for consideration

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

Partnership Members discussed issues arising from the report. The potential reasons why crime figures had increased in the last year were debated. In relation to the increase in sexual offences in Hartlepool, a Member commented that this was potentially as a result of individuals being encouraged to report crimes as well as the increase in the number of people reporting historical crime.

In response to a query regarding the accuracy of the figures relating to the reduction in the number of young people found in possession of alcohol, the Partnership was advised that the information set out in the report was an accurate reflection of the data available and clarification was provided as to how the figures were recorded. It was highlighted that whilst the figures suggested a reduction in under-age drinking in the streets, it was acknowledged that under-age drinking was still a problem nationally as well as locally.

Decision

That the Quarter 2 performance figures be noted.

46. Chair's Concluding Remarks

The Chair took the opportunity to thank Partnership Members for their attendance and contributions and to wish everyone a Merry Christmas and best wishes for the New Year.

47. Date and Time of Next Meeting

The Chair reported that the next meeting would be held on Friday 9 February 2018 at 10.00 am.

The meeting concluded at 11.30 am.

CHAIR

NORTH EAST JOINT HEALTH SCRUTINY COMMITTEE

MINUTES

27 SEPTEMBER 2017

The meeting commenced at 11.00 am in the Civic Centre, Hartlepool

Present:

Chair: Councillor Ray Martin-Wells, Hartlepool Borough Council

Darlington Borough Council: Councillor Newall

Gateshead Borough Council: Councillor Green

Newcastle City Council: Councillor Mendelson

Redcar and Cleveland Borough Council: Councillor Watts

Stockton Borough Council: Councillor Povey

Also Present: Mark Cotton and Caroline Thirlbeck, North East Ambulance Service

Officers: Karen Christon, Newcastle City Council
Peter Mennear, Stockton-on-Tees Borough Council
Stephen Gwilym, Durham County Council
Angela Frisby, Gateshead Borough Council
Alison Pearson, Redcar and Cleveland Borough Council
Joan Stevens, Scrutiny Manager (HBC)
Angela Armstrong, Principal Democratic Services (HBC)

50. Apologies for Absence

Durham County Council: Councillor Robinson

Newcastle City Council: Councillor Taylor

Stockton Borough Council: Councillor Grainge

51. Declarations of Interest

None.

52. Minutes of the meeting held on 28 June 2017

Confirmed.

53. NEAS – Performance Update including the New National Ambulance Response Times – Presentation by representatives from the North East Ambulance Service

The representatives from the North East Ambulance Service (NEAS) gave a presentation to the Committee reviewing the past year's performance of the service. The presentation included the following key points –

- There was now integrated 111 and 999 call handling. This allowed a speedier transition between the two call types when necessary. Some staff were trained to deal with both calls while others had chosen to stay with their own specialist area.
- The service was integrating emergency care and transport services. This would mean, for example, a stroke victim that doesn't need a paramedic attendance would be transported to hospital by other staff that that could administer oxygen and reassurance.
- There was wider access to health experts in the control room, including mental health professionals.
- The service had seen an increase of 94% in the number of patients that were cared for without sending an ambulance.
- Calls referred to the Emergency Department decreasing.
- This was the only region where the ambulance service call handlers can make bookings direct into a GP surgery. Presently, there was access to 90% of GP practices across the region. For the remaining 10% they were either on different IT systems or those that don't want to be involved. NEAS has been recognised and nominated for an award for this service.
- NEAS has a new Chief Executive and new directors appointed to the board to guide NEAS through the transformation of the service.
- NEAS has made a commitment to staff on health and wellbeing. Psychological and physiotherapy services were both available to staff.
- NEAS was to hold its first annual award ceremony at Hardwick Hall later in the year.
- The Board had acknowledged the concerns about the moral of staff and a recent 'friends and family' test survey showed that 80% of staff recommended it as good place to work.
- There had been a restructuring of management, particularly around the call centres and there were now managers working a 24/7 rota system to support staff.
- NEAS were seeing a decrease in numbers of patients going into hospital as a result of a call – this was against national trends.
- The past problems of vacancies had been addressed although a gap now exists as the service had an additional £3.9m for staff allocated by government. The service was phasing that budget in as does take time to increase the establishment of paramedics. There were currently 44 vacancies, 42 of which were the 'new' posts. NEAS was looking to be at full establishment by April 2019.

- There was now a low turnover of staff. This supports the separate independent evidence through the staff survey.
- It was not all good news – NEAS has highest sickness absence rate of an ambulance service in country at 6.9%. The two main reasons for sickness were muscular-skeletal and stress.
- The results of the ‘friends and families’ test showed that 93% rated 111 service as good.
- A clinical assessment had shown that integrating the 111 and 999 services will improve performance and efficiency.
- NEAS was working with local universities on the training of new paramedics. The service had recently employed an additional 23 paramedics from Poland to assist with the shortfall in numbers. 102 paramedics had been employed from the courses at Teesside and Sunderland Universities.
- The issues around handover delays had improved. Currently NEAS had had national team in to review processes in this regard.
- The recent CQC rating was ‘Good’ – NEAS was only 1 of 3 ambulance trusts with that rating.
- Funding remained an issue. NEAS was allocated £10 less per patient than some services in south. If funded to same level, an additional £26m would be allocated on top of the current £110m annual funding.
- NEAS currently had one of the lowest ratios of paramedics. The increased funding would give the service the ability to have a more paramedics on ambulances.

The representative from Redcar and Cleveland Borough Council commented that there were issues with the time first responders were getting to calls in the rural areas of East Cleveland. Local media had reported that NEAS was failing to respond within the national targets. This was now likely to be affected further with the ending of the trial of using fire fighters as first responders. The NEAS representative stated that the targets were measured across the whole Trust area and rural areas did present a significant challenge. NEAS did work with other agencies to provide first responders to patients. There had been an arrangement with the Fire Brigade to be community first responders but that had come to an end following a challenge by the Fire Brigade Union. That trial had never been about performance targets but patient service. Arrangements in the rural areas of East Cleveland would remain.

NEAS was concerned that the new national standards would have an impact on rural areas. Response rates in rural areas were invariably longer; roads were often more challenging reducing speeds. There were also simply fewer people living there which statistically meant fewer incidents. This had an effect because if there were 20 incidents in rural communities in a month, each was worth ‘more’ in terms of the statistics over 20 calls in an urban area where it was much easier to meet the targets and there were many more calls. There had been a review into response times between urban and rural areas that showed that while in rural areas the 7 minute target was not being met, the 90 minute average was, as rural calls were much less likely to be diverted than urban calls.

The Chair referred to the Fire Brigade pilot and asked when ‘did the clock stop’ on a call attended by fire fighters as first responders; when they arrived or when the ambulance arrived. The NEAS representatives stated that it was when the first responder arrived. The Chair indicated that he had written to the Chief Executive of NEAS when the news of the ending of the trial with the Fire Brigade had come out. The Chair stated that he did not wish to apportion any blame for the ending of the Fire Brigade pilot but did want to know what contingency there was in place of fire fighters as first responders. The Chair had indicated that he had supported the pilot not because of response times but because of the improved outcomes for patients. Cleveland Fire Brigade staff had attended over 2000 incidents and must have had some effect on outcomes; some lives must have been saved.

The NEAS representatives stated that they recognised the service that the Fire Brigade had provided. There were to be further meetings on this issue in the forthcoming week. Fire Brigade resources were never dispatched without there being a follow-up ambulance. NEAS was looking to increase the number of community first responders it had and was looking at Northumberland initially before moving on down through the area. The service was also looking to its own staff to be community first responders, where appropriate, and a number were receiving appropriate training.

The Chair stated that he wished to record his congratulations to NEAS on nearly achieving the full staffing compliment of paramedics just before the additional finance had been provided. The Chair was concerned at the loss of the Fire Brigade Pilot and the lack of a backup plan within NEAS. The NEAS representative stated that the Trust’s main focus for some time had been reaching a full complement of staff. The service would be looking towards discussing the potential of retained fire fighters being first responders and increasing the number of volunteer first responders within rural communities. The service was also undertaking some modelling work to ensure its fleet was optimally deployed. The new standards were also going to have a significant effect but there had been a national issue on the guidance around the new targets.

The Newcastle City Council representative commented on the increasing deployment of defibrillators in the community and the lack of any concise list of where they were. Newcastle was doing some work on mapping those available within the city which may be valuable to link in with NEAS in the future. In relation to 111 and 99 calls being integrated, the representative questioned whether that could lead to a delay in a call being referred as a 999 call. Also, was there a link into the online patient records within the NEAS call centre.

In relation to patient records the NEAS representative stated that where permission had been granted by the patient, they could access summary health records. The records were quite limited but there were processes in place to extend that and the North East was quite advanced in that work.

All NEAS call handlers started as 111 handlers and were then trained for 999 calls if they wished to do both. This gave an advantage of an increased number of 999 call handlers in emergency situations. NEAS believed that the approach did allow calls to the wrong service to be dealt with much more seamlessly.

In relation to defibrillators, NEAS had a record of all those in public buildings but not those in private buildings. If someone needed a defibrillator in an emergency, call handlers could direct people to the nearest unit they had record of but the incident may be outside a bank or in a shopping centre that had a unit which the service did not know about. If there was a legal requirement to register them, that would help.

The Chair referred to the access to 90% of GP surgeries in the North East that NEAS had to make direct appointments for callers and was concerned at the 10% that weren't 'signed up' and suggested that support from this Committee may assist and indicated that he would be happy to write on behalf of the Committee to those other GPs to seek their support. This was supported unanimously by the Members present.

The issue of response times was pursued further by the Committee with concern expressed at the response times across Durham County. Reference had been made to new modelling of services and locations of ambulances and paramedics and there was concern that response times could deteriorate until the new model was implemented. The NEAS representatives indicated that they did not anticipate any patient harm prior to the completion of the new service model. The 'clock stopped' on emergency calls once the most appropriate responder arrived at an incident, not the first. What was not known was whether the service had sufficient responders. NHS England was allowing a period of grace until the end of March to implement and bed in the new service model but NEAS did not believe that it would be completed by then; if more paramedics were required for example, they took two years to train.

A Member questioned further the use of defibrillators in the community and their use by untrained members of the public; could harm be caused by their use on a patient with a pacemaker for example. The NEAS representative indicated that the machines had written instructions but also gave verbal instructions. The machine would read the patients vital statistics and would not 'shock' them if it read a sustained heartbeat for example. Members of the public could also use manual heart massage until emergency services arrived.

Decision

1. That the performance update be noted.
2. That the Chair write on behalf of the Committee to those GP Surgeries across the north east that had not allowed NEAS access to their patient records and patient booking systems to reconsider their position in light of the benefits to patients of doing so.

54. Update on the Establishment of a Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan Joint Health Scrutiny Committee

The representative from Gateshead Borough Council updated the Joint Committee on the process of the Service Transformation Plan (STP) consultation exercise. There was to be a joint scrutiny committee to review the STP as there were likely to be some significant service changes arising from its proposals. This would be a cross boundary joint committee and it was understood that in the south of the STP area, the joint scrutiny committee would build upon the existing Better Health Programme Joint Committee. It was anticipated that the first meeting would be held in around a month's time.

The Chair noted the update and indicated that this Committee would retain the right to refer any changes to the Secretary of State should that be required.

Decision

That the report be noted.

55. Any Other Business

The Chair indicated that he had been informed of two additional matters.

1. Premature Births

The Statutory Scrutiny Officer reported that all babies born at under 27 weeks gestation in the North Tees and Hartlepool and South Tees NHS Trust areas would now be cared for at James Cook University Hospital in Middlesbrough. The Trust had agreed that this would be in the best interests of patients. This would affect around 20 babies a year and a view was sought from Committee as to whether an implementation plan was required and progressed monitored.

The Chair suggested that service change should be supported and the numbers monitored and reported to the Joint Committee.

2. Congenital Heart Disease

The Statutory Scrutiny Officer reported that NHS England had recently completed a consultation exercise on Congenital Heart Disease services. NHS England was still awaiting some information from provider Trusts before it could submit its final recommendations to their Public Board meeting in late November. It had been hoped that a report would have come to the Joint Committee meeting in November but would now be reported to the February meeting.

The meeting noted the report.

Date and time of next meeting:

23 November 2017 at 10.00 am, Hartlepool Civic Centre

The meeting closed at 12.40 pm.

CHAIR