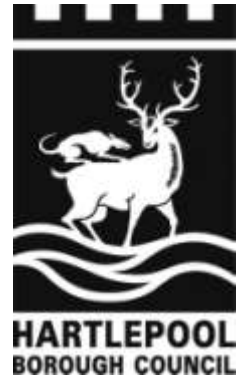


AUDIT AND GOVERNANCE COMMITTEE

AGENDA



Thursday 20 September 2018

at 10.00 am

**in Committee Room B
Civic Centre, Hartlepool.**

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE

Councillors Belcher, Cook, Hall, Hamilton, Loynes, Tennant and Vacancy.

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

Parish Council Representatives: Parish Councillor John Littlefair (Hart) and Parish Councillor Don Cameron (Greatham).

Local Police Representative: Chief Superintendent Alastair Simpson.

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

3.1 To confirm the minutes of the meeting held on 25 July 2018.

4. AUDIT ITEMS

4.1 Update on Compliance with Public Sector Internal Audit Standards - *Head of Audit and Governance*

4.2 Internal Audit Plan 2018/19 Update - *Head of Audit and Governance*

5. STANDARDS ITEMS

No items.

6. STATUTORY SCRUTINY ITEMS

6.1 Safety Hartlepool Partnership Performance – *Director of Regeneration and Neighbourhoods*



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

7.1 To receive the minutes of the meetings held on 25 June 2018.

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

8.1 To receive extracts from the minutes of the meeting held on 30 July 2018.

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

9.1 To receive the minutes of the meetings held on 18 June 2018.

10. MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP

10.1 To receive the minutes of the meetings held on 13 April 2018 and 22 June 2018.

11. NORTH EAST JOINT HEALTH SCRUTINY UPDATE

11.1 To receive the minutes of the meeting held on 21 June 2018.

12. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

13. LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006

EXEMPT ITEMS

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

14. STANDARDS ITEMS

14.1 Complaint Investigation Report – *Interim Chief Solicitor and Monitoring Officer*
(To Follow)

15. ANY OTHER EXEMPT BUSINESS WHICH THE CHAIR CONSIDERS URGENT

For information: - Date and time of forthcoming meetings –

Thursday 18 October 2018 at 10.00 am
Thursday 22 November 2018 at 10.00 am
Thursday 13 December 2018 at 10.00 am
Thursday 17 January 2019 at 10.00 am
Thursday 14 February 2019 at 10.00 am
Thursday 14 March 2019 at 10.00 am
Thursday 18 April 2019 at 10.00 am



AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

25 JULY 2018

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

Present:

Councillor: Brenda Loynes (In the Chair).

Councillors: Paul Beck, Sandra Belcher, Rob Cook, Ged Hall and John Tennant.

Co-opted Members: Mr Stan Cronin and Ms Clare Wilson.

Parish Council Representatives: Parish Councillor J Littlefair (Hart PC)
Parish Councillor D Cameron (Greatham PC)

Also Present: Cameron Waddell and Cath Andrew, Mazars.
Tom Robson and David Hart, NHS England.
David Landis, Public Health England, North East.

Officers: Chris Little, Director of Finance and Policy
Noel Adamson, Head of Audit and Governance
Neil Wilson, Interim Deputy Chief Solicitor and Monitoring Officer
Joan Stevens, Statutory Scrutiny Officer
David Cosgrove, Democratic Services Team

19. Apologies for Absence

Apologies for absence were received from Councillor Lesley Hamilton and Co-opted Member Mr Norman Rollo.

20. Declarations of Interest

None.

21. Minutes of the meeting held on 28 June 2018

Confirmed.

22. Internal Audit Plan 2018/19 Update (*Head of Audit and Governance*)

The Head of Audit and Governance reported on the progress made to date

completing the internal audit plan for 2018/19. The report set out details of the school audits that had been completed together with the recommendations agreed. One primary school audit, Rossmere Primary School, had been judged as Limited Assurance. This was due to the fact that income records had not been maintained for monies received in respect of educational visits, testing identified discrepancies between income records and actual monies banked for both the breakfast and after school clubs and contracts had not been awarded in line with Contract Procedure Rules. Recommendations to mitigate the risks identified had been agreed and a follow up audit would be carried out to ensure satisfactory implementation.

In relation to the internal audits carried out, the Head of Audit and Governance reported that two audits had been judged as Limited Assurance and these related to Risk Management and Disaster Recovery/Business Continuity. The Senior Leadership Team had acknowledged these and had instigated reviews in both areas.

Members expressed their concern at the limited assurance put on the Rossmere Primary School audit and explored the issues with the Head of Audit and Governance. The Head of Audit and Governance agreed that it was a disappointing audit but was confident the new head teacher at the school was addressing the issues and recommendations. The Head of Audit and Governance assured members that there had been no fraud or wrong doing, simply a failure to apply appropriate policies and procedures. The officer was confident the follow-up audit would see the agreed recommendations fully applied.

Members were also concerned at the limited assurance put on both Risk Management and Disaster Recovery/Business Continuity. The Head of Audit and Governance commented that there had been quite a number of changes at the senior management level and the two issues had simply fallen down the agenda. Again, the Head of Audit and Governance was assured that the agreed recommendations were being addressed. Members requested a further update report on the implementation of the recommendations on the two audits to a future meeting.

Recommended

1. That the report be noted.
2. That a further report be submitted to a future meeting updating members on the progress of implementing the recommendations agreed as part of the audits of Risk Management and Disaster Recovery/Business Continuity.

23. Letter to Those Charged With Governance - Compliance with Laws and Regulations / Fraud
(Assistant Director, Finance and Customer Services)

The Head of Audit and Governance reported on the proposed draft response to be submitted on behalf the Committee to the report received from the Director and Engagement Lead of our External Auditor, Mazars, to those charged with governance regarding compliance with laws and regulations and fraud.

Recommended

That the contents of the letter to Mazars outlining how the activities of the Committee comply with the requirements of International Standards for Auditing be approved. The letter was subsequently signed by the Chair.

24. The 2017/2018 Financial Report (Including the 2017/18 Statement of Accounts) (Director of Finance and Policy)

The Director of Finance and Policy reported on the progress of the external audit and the details of the Audit Completion Report and the final audited 2017/18 Financial Report. The draft 2017/18 Financial Report had been submitted to the Committee at its meeting on 28 June 2018 (Min. No. 4 refers). The Financial Report 2017/18 had been circulated to Members ahead of the meeting but after the initial agenda papers and the Director apologised for the late circulation but commented that the new deadlines imposed on audits had imposed some extremely challenging deadlines.

The representatives from Mazars added that there was a full month less to prepare the accounts and two months less to audit the accounts. Mazar's had provided an unqualified conclusion and the audit showed a broadly positive picture with no questions to raise in terms of pensions. There had been some errors around property valuations but these had not been considered materiality and were being addressed in the current financial year. The auditors had received a question from a member of the public around Healthwatch funding which had required a small additional disclosure amendment to the report by the Director of Finance and Policy and an appropriate response had been provided. Members who were aware of the question indicated their concern at its inference and highlighted that no action had been required as a consequence.

Members raised a number of detailed questions around council tax income as part of the council's overall funding which were responded to by the auditors. The external auditors went onto comment that in terms of Value for Money they were assured the appropriate arrangements were in place within the authority for decision making and partnership working and an unqualified Value for Money conclusion was reported by the external

auditors. The external auditors considered the audit had been a smooth process despite the much tighter deadlines and thanked the Director of Finance and Policy and his officers for their support during the audit.

Recommended

1. That the matters raised in Mazars' Audit Completion Report be noted.
2. That the adjustments to the financial statements as set out in the Audit Completion Report be noted.
3. That the Chairman be authorised to sign the Letter of Representation set out in the appendices to the report.
4. That the final 2017/18 Financial Report be approved for publication by the 31st July 2018 statutory deadline.

25. Orthodontic Service Procurement in Cumbria and the North East *(NHS England)*

The Statutory Scrutiny Officer reported that NHS England – North (Cumbria and the North East) would be undertaking a procurement exercise during 2018/19 in relation to the provision of orthodontic services. Clinical provision of orthodontic services was currently delivered across the locality through a number of different service contracts, largely commissioned under Personal Dental Services (PDS) agreements. These contracts were due to come to an end in 2019/2020 and NHS England was required to re-procure these contracts in accordance with Procurement Regulations. A letter has been received by the Chair of the Audit and Governance Committee outlining the process.

Representatives from NHS England and Public Health England, North East were present at the meeting and gave a presentation outlining the procurement process (the focus of which was 85% quality and 15% cost).

The presentation set out : -

- The aim of the overall procurement process i.e. the provision of an equitable and consistent service for patients who are eligible for NHS orthodontic services across Cumbria and the North East;
- A summary of the estimated need for each local area; how it compares with current provision and the capacity needed to meet the estimated need;
- Proposed commissioning intentions to manage the procurement on a regional basis, with contracts to be split into geographical lots which have been informed by the local health needs assessment, natural patient flows and feedback from stakeholder engagement undertaken to date; and

- Details of (ongoing) stakeholder engagement.

Members discussed the ongoing provision of services within Hartlepool and sought assurances that the provision of services under the new contract would remain easily accessible. The NHS representatives confirmed that there was an existing provider of these services on Hartlepool and that upon procurement of the new contract they would have the opportunity to join any other interested parties in submitting a tender. Whilst the process may result in the relocation of the existing service an assurance given that the service would continue to be provided in Hartlepool, with sufficient demand to support a business case for other potential providers within the town.

It was noted that contracts for the provision of other dental services are currently let on an 'in-perpetuity' basis and that there was no intention to review these contracts, as had been done with 'in-perpetuity' contracts for a number of GP practices in the town.

Members were advised in relation to the impact on potential patient numbers as a result of the growth in the number of houses being built in a Hartlepool and were advised that capacity had been included in order to respond to increased housing numbers. In addition to this, NHS England did have the capacity to make in contract changes, should it be required, to respond to any increase in patient numbers.

The Statutory Scrutiny Officer indicated that a further update report would be provided to Members at the appropriate time

Recommended

1. That the report and presentation be noted.
2. That the Committee supported in principle the proposed commissioning intentions in relation to the provision of orthodontic service procurement in Cumbria and the North East.

26. Mental Health (Prevention) Scrutiny Investigation – Scoping Report (*Statutory Scrutiny Officer*)

The Statutory Scrutiny Officer submitted a report setting out proposals to the Committee for the conduct of its forthcoming investigation in to the provision of 'Preventative Mental Health Services in Hartlepool'. The report detailed proposed terms of reference for the investigation which included agreeing a definition of preventative mental health services for the purposes of the investigation; potential areas of enquiry and sources of evidence and a proposed timetable for the investigation which the Officer highlighted would be challenging. The availability of funding from the dedicated Overview and Scrutiny Budget was also referenced.

The Statutory Scrutiny Officer indicated that she would wish to add to the sources of evidence set out in the report the Member Health Forum at the suggestion of Healthwatch. During the debate Members also suggested that the Samaritans be added to the list.

In focussing the investigation, the Statutory Scrutiny Officer suggested to the Committee that the investigation focus on three main strands; services available to Children and Young People, Working Age Adults and Older People. In order to progress the investigation, the Statutory Scrutiny Officer sought some Member nominations to pursue the investigations into the three strands outside of the Committee meetings. The rationale was this was an area where those accessing services were unlikely to feel comfortable in the committee environment but may be able to relate their experiences in small groups.

Members indicated that they would wish to ensure the full diversity of the Hartlepool population was included within the investigation. The Statutory Scrutiny Officer assured Members this would be the case. There were already strong links with various ethnic minority, disabled and LGBT groups in the town and the officer has also developed links with the refugee/asylum seeker community.

Subject to the additions to the sources of evidence set out above, Members supported the proposals set out in the report.

Recommended

1. That the remit of the investigation and the proposed timescale outlined in the report be approved subject to the addition of the Samaritans and the Member Health Forum to the sources of evidence.
2. That the following lead Members assist in the gathering of information from service users and groups, to be fed into the relevant themed meeting of the Committee:
 - Children and Young People – Councillor Hall;
 - Working Age Adults – Councillor Tennant;
 - Older people – Councillors Belcher and Loynes.

27. Periodic Review of The Council's Constitution – Codes and Protocols *(Interim Chief Solicitor)*

The Interim Deputy Chief Solicitor sought views from the Committee in relation to changes to the following Codes and Protocols, prior to their consideration by the Constitution Committee:-

- Code of Conduct for Councillors and Co-opted Members
- Protocol on Member/Officer Relations
- Code of Corporate Governance

The review of the documents was part of a wider review of the Council's Constitution which would be considered by the Constitution Committee. The Interim Deputy Chief Solicitor outlined the main changes in the documents.

Members commented that it was difficult to review the documents without any indication of the changes being proposed. Members sought assurance that the documents submitted to the Constitution Committee would include 'track changes' so that Members could be fully aware of the proposed amendments they were to consider. It was noted that any proposals for amendments to the Constitution would be referred by Constitution Committee to Council.

Recommended

The report was noted without any specific comments from the Committee in light of the lack of indication of the changes being proposed.

28. Any Other Items which the Chairman Considers are Urgent

The Chair wished to record her thanks to the Director of Finance and Policy and his staff and the representatives of Mazars for their input into the audit of accounts and the 2017/18 Financial Report. The new tighter timescales for the process had been a particular challenge for all involved but the success in meeting that challenge and the positive outcome reflected on the Director and his staff's commitment.

The Chair reminded Members of the forthcoming site visit to the Blackburn Maternity Unit on 26th July which was part of the ongoing investigation into Elective Surgery at the University Hospital of Hartlepool Site and High Quality Maternity Services.

In relation to the outstanding vacancies on committees / forums related to the Audit and Governance Committee it was agreed that a letter be sent to Members of the Committee seeking nomination to the remaining vacancies.

The meeting concluded at 11.40 am.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

20 September 2018



Report of: Head of Audit and Governance

Subject: UPDATE ON COMPLIANCE WITH PUBLIC
SECTOR INTERNAL AUDIT STANDARDS

1. PURPOSE OF REPORT

- 1.1 To update and inform Members of the progress made complying with Public Sector Internal Audit Standards (PSIAS) and the result of the self-assessment peer review carried out.

2. BACKGROUND

- 2.1 The Relevant Internal Audit Standard Setters (RIASS) have adopted this common set of Public Sector Internal Audit Standards (PSIAS) from 1 April 2017. The PSIAS encompass the mandatory elements of the Institute of Internal Auditors (IIA) International Professional Practices Framework (IPPF) as follows:
- Definition of Internal Auditing
 - Code of Ethics, and
 - International Standards for the Professional Practice of Internal Auditing.
- 2.2 Additional requirements and interpretations for the UK public sector have been inserted in such a way as to preserve the integrity of the text of the mandatory elements of the IPPF.
- 2.3 The overarching principle borne in mind when all potential public sector interpretations and/or specific requirements were considered was that only the minimum number of additions should be made to the existing IIA Standards. The criteria against which potential public sector requirements were judged for inclusion were:
- where interpretation is required in order to achieve consistent application in the UK public sector
 - where the issue is not addressed or not addressed adequately by the current IIA Standards, or

- where the IIA standard would be inappropriate or impractical in the context of public sector governance (taking into account, for example, any funding mechanisms, specific legislation etc.)

3. IMPACT ON HBC INTERNAL AUDIT

- 3.1 The Audit and Governance Committee was provided with an update regarding Internal Audit's compliance with PSIAS in 2013. Internal Audit undertook a review of practices and procedures against the PSIAS's when these were issued and whilst largely compliant, an action plan was developed to ensure full compliance within the timescale allowed.
- 3.2 The main action to be undertaken was an independent external peer review of Internal Audits compliance with PSIAS. This is a mandatory exercise that has to be carried out once every five years. The PSIAS has six core standards with three hundred areas of compliance across these standards. A self-assessment was undertaken and then externally peer reviewed by Stockton and Darlington Internal Audit Service. As part of the process evidence of compliance across the PSIAS has to be provided.
- 3.3 Attached as Appendix A is the final report produced by Stockton and Darlington Internal Audit Service and I'm pleased to report that the outcome is:
- "It is my opinion that the service conforms with the standards in all significant aspects and is free to state as much in all of its communications"
- 3.4 An action plan was developed as part of the peer review and this highlighted minor areas of improvement that could be undertaken by Internal Audit to strengthen procedures. All these recommendations have been agreed as detailed in Appendix A.

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 that Internal Audit has been subject to an independent external peer review of PSIAS and is found to comply.

12. REASON FOR RECOMMENDATIONS

12.1 To ensure that the Audit and Governance Committee is kept up to date with all issues that are relevant to the pursuance of its remit.

13. BACKGROUND PAPERS

13.1 Internal Audit PSIAS Self-Assessment.
PSIAS – Applying the IIA International Standards to the UK Public Sector.
PSIAS Peer Review.

14. CONTACT OFFICER

14.1 Noel Adamson
Head of Audit and Governance
Civic Centre
Victoria Road
Hartlepool
TS24 8AY
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Appendix A

Internal Audit Report

Peer Review

Report Status: **FINAL**

Date of Issue: 23 August 2018

Auditor: Andrew Barber CPFA – Audit & Risk Manager
Stockton Borough Council

Distribution: Noel Adamson – Head of Audit and Governance
Audit Committee

Executive Summary

This review was designed to establish the level of compliance with the Public Sector Internal Audit Standards demonstrated by Hartlepool Borough Council's in-house internal audit service. I can confirm that the review was undertaken by a fully qualified member of the Chartered Institute of Public Finance and Accountancy who is external to Hartlepool Borough Council with extensive internal audit experience.

The format of the review was a validation of a self-assessment and supporting evidence. It is my opinion that the service conforms with the standards in all significant aspects and is free to state as much in all of its communications.

Summary of Conclusions:

The points identified during audit testing can be summarised as follows:

- The service has a strategy in place which establishes the aims and objectives the service therefore demonstrating compliance with the standards. The strategy could be enhanced by being more forward and establishing how the service will be developed moving forward.
- A definition that meets statutory requirements is in place and has been agreed by members.
- Core principles are embedded throughout all documentation in place to manage the service.
- Auditors are required to abide by a code of conduct which so deals with declarations of interest in compliance with code requirements.
- The requirements of the standards in respect of Purpose, Authority & Responsibility as well as independence and objectivity are being complied with.
- The service is delivered with full regard to due professional care.
- A Quality Assurance and Improvement Programme (QAIP) is in place but this could be strengthened by including areas for future development.
- A plan of work is agreed at the start of the year using an appropriate risk assessment. To demonstrate the appropriateness of the coverage it would be useful to include a more strategic plan to show which areas are not covered in the current plan and when they are likely to be covered.
- The full audit portfolio and risk assessment should ensure adequate overall coverage, with the exception of specialist ICT audit coverage.
- Audits are scoped prior to commencement and agreed with the client.
- The results engagements are reported upon to an appropriate level of detail.

Audit Opinion:

FULL ASSURANCE - A sound system of internal controls is currently being applied which will ensure the system achieves its objectives. Whilst not essential there may still be scope for these controls to be enhanced in some areas.

Recommendations:

The following recommendations (where applicable) have been made to management all of which require agreement and an action plan agreed to implement.

- | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | The audit charter/strategy should be presented annually to the audit committee. The strategy should include areas for future development. |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------|

- | | |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 | The set of performance indicators should be expanded upon to include other qualitative information, specifically client satisfaction. |
| 3 | The service needs to have a system in place to understand the audit risks associated with specialist ICT processes that may require the service to procure additional expertise. |
| 4 | The audit planning report could include indicative plans future years to demonstrate the adequacy of overall coverage. |

Detailed Findings:

Testing was undertaken on a sample basis of the controls in place to manage key risks. The full results of testing are detailed below and a conclusion on the overall management of the risk is provided.

Mission of Internal Audit

A mission statement has been agreed to establish the service's aspirations

- The strategy in place covers a number of key factors:
- Purpose of the service establishing statutory requirements.
- Status of the service including rights of access.
- Delivery of the service addressing resourcing needs and risk assessment.
- Reporting and monitoring arrangements.
- The strategy primarily focusses on current service delivery and could be enhanced further by outlining future developments such as the assurance mapping exercise that is being undertaken.

The strategy in place meets the requirements of the standards in terms of outlining the mission of internal audit.

Definition of Internal Auditing

A definition should be agreed.

- An appropriate definition is included in the strategy and charter.
- The definition is reported alongside the audit plan and is therefore approved alongside the plan.

The service complies with the standard.

Core Principles for the Professional Practice of Internal Audit

The service should abide by a core set of principles in accordance with appropriate professional practice.

- All associated documentation from strategies to charters to codes of conduct clearly define expectations when it comes to complying with professional practice.

The service complies with the requirements of the standard in terms of demonstrating the core principles of professional practice.

Code of Ethics

A suitable code of ethics should be in place.

- Employees sign up to the HBC employee code of conduct.
- A system for declaring interests, personal relationships and gifts and hospitality are in

place.

The service complies with the requirements set out in the standards.

Attribute Standards

Purpose, Authority and Responsibility should be defined demonstrating independence, objectivity and due professional care. The service should operate a Quality, Assurance and Improvement Programme.

- Purpose, Authority and Responsibilities are set out in a number of key documents including but not limited to the council constitution.
- Appropriate arrangements are in place to provide the service with independence including appropriate reporting lines to all levels of management.
- Due professional care is embedded in all documentation with auditors signing up to an appropriate code of conduct.
- The service has a number of PIs in place. Whilst the service does gather client satisfaction information results are not included in service's PIs. As has already been stated there scope to include future development information such as assurance mapping.

The service complies with all relevant attribute standards.

Performance Standards

To ensure the service is delivered efficiently and effectively.

- The service has in place an audit universe which is risk assessed and used to determine the annual plan. The service recognises it lack some expertise in relation to specialist ICT audit work and that it would have to procure this expertise if required. There are no specialist ICT audit areas included in the universe and these are therefore not risk assessed. The service would need a process in place for understanding when they will need this additional expertise.
- With the exception of the ICT coverage discussed earlier the overall audit universe is sufficient to enable the service to meet its objectives.
- The service has a comprehensive scoping document in place which is agreed prior to the start of the audit with the client to ensure it meets all party's requirements.
- At the end of the audit engagement a comprehensive report is produced. The report gives an opinion, details the work undertaken including positive and negative findings. Where risks are identified these are documented and clients are required to provide feedback on how the risk will be managed. The risks before and after are assessed and scored.

Overall the service has appropriate arrangements to ensure it meets its aims and objectives and compliance with all statutory requirements.

No.	Recommendation	Priority	Risk & Implications	Action Plan	Implementation Date	Responsible Officer	Status
1	The audit charter/strategy should be presented annually to the audit committee. The strategy should include areas for future development.	Medium	Confirmation that the aims and objectives of the service are in accordance with organisation expectations.	Will present to Audit and Governance Committee on an annual basis.	December 2018	Noel Adamson	Agreed
2	The set of performance indicators should be expanded upon to include other qualitative information, specifically client satisfaction.	Low	The QAIP may not be comprehensive enough.	Will revise and expand PI's to encompass client satisfaction measures and consider other qualitative measures that could be included.	April 2019	Noel Adamson	Agreed
3	The service needs to have a system in place to understand the audit risks associated with specialist ICT processes that may require the service to procure additional expertise.	Medium	If the service does not fully understand the entire environment coverage may not be adequate.	Will review IT audit coverage to establish gaps within current provision with a view to procuring computer audit expertise if needed.	April 2019	Noel Adamson	Agreed
4	The audit planning report could include indicative plans future years to demonstrate the adequacy of overall coverage.	Low	Members do not fully understand the entire scope and are not able to put the current plan into perspective.	Will review planning process to include indicative plans for future years to ensure completeness when reporting to Members.	April 2019	Noel Adamson	Agreed

Recommendation Priority Methodology:

Priority	Definition
CRITICAL	Actions that must be taken immediately to manage significant risks that are likely to prevent the Authority achieving one or more of its corporate objectives.
HIGH	Actions that should be taken as a matter of priority due to the issues identified posing a substantial risk to the achievement of service/system objectives.
MEDIUM	Required actions to reduce the risk of systems failing to achieve their objectives.
LOW	Beneficial to the improvement of internal controls, which will support the achievement of objectives.

AUDIT AND GOVERNANCE COMMITTEE

20 September 2018



Report of: Head of Audit and Governance

Subject: INTERNAL AUDIT PLAN 2018/19 UPDATE

1. PURPOSE OF REPORT

- 1.1 To inform Members of the progress made to date completing the internal audit plan for 2018/19.

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. Recommendations to mitigate the risks identified have been agreed and a follow up audit will be carried out to ensure satisfactory implementation.

Table 1

Audit	Objectives	Recommendations	Agreed
St Hilda's Secondary	Ensure school finance and governance arrangements are in line with best practice.	- The school should seek confirmation from the ICT Managed Service Provider that effective arrangements are in place to prevent unauthorised software from being installed on school IT systems.	Y
		- Annual accounts that have been signed off by an independent examiner should be presented to the Governing	Y

Audit	Objectives	Recommendations	Agreed
		Body. - Any income collected away from the school office should be banked and checked to source documents by Finance Staff to verify that all income due has been received, has been banked promptly and intact.	Y
		- Once available the school should carry out a benchmarking exercise for this financial year using the DfE Teachernet benchmarking website to evaluate performance against similar schools.	Y
		- The school should ratify its Major Incident / Emergency Plan. Once done the policy should be circulated to the relevant staff members who have responsibilities under the policy. The plan should then be subject to testing / exercises with debrief reports of such documented and any lessons learnt reported to the Governing Body and incorporated into a revised plan.	Y
		- Contract Procedure Rules should be followed when acquiring goods / services in excess of £5000.	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
Creditors	Satisfactory
Debtors	Satisfactory
Fuel Management	Satisfactory
Council Tax	Satisfactory
National Non Domestic Rates	Satisfactory
Landfill/Recycling	Satisfactory
Economic Development	Satisfactory
Members Allowances	Satisfactory
Obesity Management	Satisfactory
Integra Application	Satisfactory
Salaries and Wages	Satisfactory
Iclipse Application	Satisfactory
Attendance Management	Satisfactory
New Homes Bonus	Satisfactory
Building Cleaning Contract	Satisfactory
Cemetery and Crematorium	Satisfactory
I T Strategy	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 details the audits that were ongoing at the time of compiling the report.

Table 4

Audit	Objectives
Transparency Code	Provide assurance on the arrangements in place for complying with the Local Government Transparency Code 2015.
Local Council Tax Support Scheme	Ensure the scheme complies with legislation and that effective arrangements are in place for processing claims.
Building Maintenance Contract	Review the strategic framework; maintenance planning; budgetary control; allocation of works and performance management.
Security Management Computer Audit	This audit review seeks to establish whether Northgate Information Systems (NIS) has developed and maintained a Security Management Plan which includes an Information Security Management System (ISMS) as detailed in the contract agreed.
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.
Centre for Independent Living	The audit will cover the following processes: client personal spends; income; bistro; room bookings & charging; petty cash; procurement cards; health & safety; staffing; data security; physical security and inventory.
Millhouse and Headland Leisure Centres	Review system access; income including vending machine income; procurement & purchase card transactions; staffing; health & safety; and performance management.
Centre for Excellence in Teaching and Learning	Review procurement arrangements, room booking processes, building access arrangements and inventories.
Local Council Tax Support Scheme	Ensure that the scheme complies with legislation and that effective arrangements are in place to ensure that the scheme is financially viable and the Council is adequately protected from financial risks arising from changes in circumstances which lead to the scheme costing more than planned.
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.
Workshops	The objectives of the audit are to ensure that all vehicles receive necessary maintenance within prescribed timescales. Stock held is held at sufficient levels to ensure that the correct parts are available when required. Stock is held in a secure manner.
Officers Expenses	Ensure that up to date Policy / procedures are in place that define procedures for processing and approving claims for reimbursement of employee expenses incurred. Arrangements in place ensure that claims are valid, accurate, and appropriately authorised and the scheme is operated in line with legislative requirements and other HBC policies.
Empty Home Scheme	The objectives of the audit are to ensure that effective project management arrangements are in place, including the reporting of outcomes for the previous empty homes scheme, a consistent approach to selecting and procuring empty houses is in place which ensures that Local / national objectives are achieved, improvement works are carried out in accordance with agreed specifications within budget and time constraints, effective and responsive property management ensures the prompt identification of appropriate tenants, effective monitoring ensures that the scheme is delivered in accordance with Homes and Community Agency funding conditions and expectations, processes in place ensure that the terms and conditions of the grant funding are complied with.

- 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

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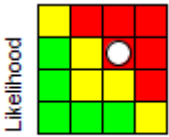

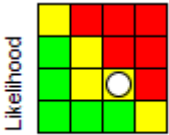
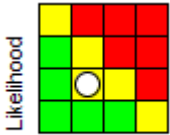

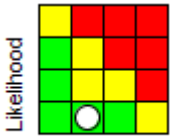


Email: noel.adamson@hartlepool.gov.uk

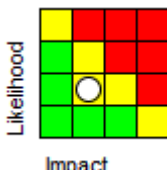
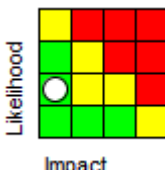
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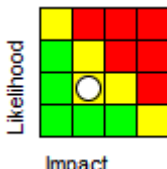

Audit	Objective			Assurance Level
Creditors	Systems and procedures in place for ordering, receiving and paying for goods and services ensure that the supplies of goods and services are properly authorised and comply with the Authority's Financial Procedure Rules.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				

Audit	Objective			Assurance Level
Debtors	Ensure the correct person/organisation is charged the correct amount, at the correct time and is only charged for those goods and/or services they have procured/received and are as per the agreement made, payments are received in full and correctly processed on the debtors system and recovery action is in accordance with the agreed procedures.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				


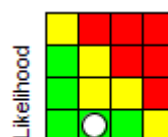
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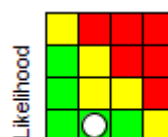
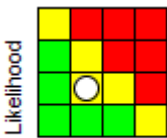
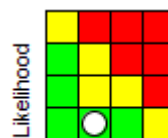
Audit	Objective	Assurance Level		
Fuel Management	Ensure all income is fully received for services provided and income generating activities are maximised in respect of services provided to commercial properties.	Satisfactory		
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
The Fuel Management System in place may not be capable of minimising consumption and assuring the security of fuel in an effective manner. Reporting mechanisms in place may not provide details of fuel usage accurately and completely.	 <p>Likelihood</p> <p>Impact</p>	Access rights to be reviewed to ensure only Fleet Officers have full access and other users access level only as necessary.	 <p>Likelihood</p> <p>Impact</p>	
The Fuel Management System in place may not be capable of minimising consumption and assuring the security of fuel in an effective manner. Reporting mechanisms in place may not provide details of fuel usage accurately and completely.	 <p>Likelihood</p> <p>Impact</p>	A CCTV camera is designed to patrol and cover fuel bay. The camera pole is installed and wiring connected however, the camera is not functional at present. A work order has been issued by HBC NS Internal works who hold the maintenance budget to get this issue resolved by Chubb by replacing the analogue camera with a new digital model which will communicate with the wider Tofts Farm Depot CCTV system.	 <p>Likelihood</p> <p>Impact</p>	
Fuel may be misappropriated. Inadequate recording of fuel used may lead to inaccurate recharges.	 <p>Likelihood</p> <p>Impact</p>	More detailed monthly recharge records are being maintained and recorded electronically on a spreadsheet/database as discussed.	 <p>Likelihood</p> <p>Impact</p>	
Fuel may not be used in an efficient manner and may be prone to theft if there is inadequate monitoring of consumption.	 <p>Likelihood</p> <p>Impact</p>	Introduce random fuel monitoring/usage analysis reports, detail and findings given to relevant service Managers on a monthly basis.	 <p>Likelihood</p> <p>Impact</p>	

Audit	Objective	Assurance Level	
Council Tax	Effective arrangements are in place to ensure all payments received in respect of Council Tax are identified promptly and accurately posted to individual accounts. Systems in place monitor the Council Tax collection rate. Refunds are valid, accurate and appropriately authorised.	Satisfactory	
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
Ineffective collection may lead to failure to maximise revenue or errors in posting amounts received to the correct accounts.		Credit balance reports will be monitored on a monthly basis.	

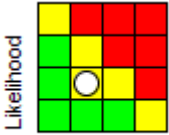
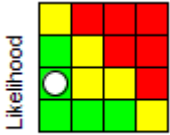




Audit	Objective	Assurance Level	
National Non Domestic Rates	Provide assurance that controls are in place to manage the following areas and that those controls are working appropriately: Legislation; Liability; Billing; Collection & Refunds; Recovery & Write Offs and NNDR1 & NNDR3 returns.	Satisfactory	
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
Payments may be allocated to the incorrect accounts and account adjustments may be incorrectly made.		Credit balance reports will be monitored on a monthly basis. The liable party with significant credits will be investigated and refunds, were required, will be processed.	

4.2 Appendix A

Audit	Objective	Assurance Level		
Recycling/Landfill	Ensure service is complying with legislative requirements. Trade waste and refuse processes and transactions will be reviewed along with the contracts between the Authority/Tees Valley and appointed recycling companies.	Satisfactory		
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
The Authority may be incorrectly charged if the details on the ticket are not correct. HBC could be charged for another company's vehicle.		Confirm with staff that all weight bridge tickets must be signed.		

Audit	Objective	Assurance Level		
Economic Development	Review will include: Procedures, Grant processing & approval, Grant payments, Grant recovery, Monitoring, Budget and Data Security.	Satisfactory		
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
Without adequate monitoring arrangements grants may be used for purposes other than those set out in the grant award terms and conditions.		All outstanding monitoring reviews will be completed up to date. All grants paid are eligible for monitoring at 6 months with a further review at 1 year to maintain relationship with the business. All 6 month monitoring reviews are reported back to Grant Panel for final sign off that confirms the grant as completed.		
Without clear policies grants may not be awarded fairly. The awarding of grants may not be in line with the overall aims and objectives of the local authority.		A full review will be undertaken of the Hartlepool Grants to assess fit for purpose.		

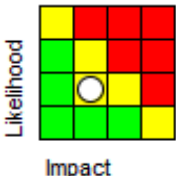
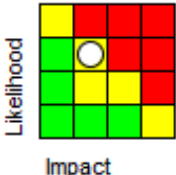
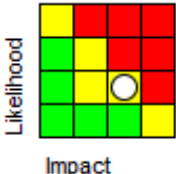
4.2 Appendix A

Audit	Objective	Assurance Level		
Members Allowances	To ensure that payments made in respect of allowances and expenses incurred are paid in accordance with the rates approved by Council and the Independent Remuneration Panel and are bona fide; and records are maintained in a secure manner to enable claims to be validated and that allowances and expenses are published in line with legislative requirements.	Satisfactory		
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
Reputational damage to the Council and/or individuals if allowances are not paid in accordance with agreed scales or are not bona fide.	 <p>Likelihood</p> <p>Impact</p>	Members Services will continue to issue reminders to all Councillors on a regular basis to encourage timely submission of claims. NB. Changes to the Allowance Scheme should see a reduction in number of claims made.	 <p>Likelihood</p> <p>Impact</p>	
Reputational damage to the Council and/or individuals if allowances are not paid in accordance with agreed scales or are not bona fide.	 <p>Likelihood</p> <p>Impact</p>	Wherever possible rates within those specified in the Constitution will be accessed.	 <p>Likelihood</p> <p>Impact</p>	
Reputational damage to the Council and/or individuals if allowances are not paid in accordance with agreed scales or are not bona fide.	 <p>Likelihood</p> <p>Impact</p>	Wherever possible, all transactions to be supported by an authorisation (emails acceptable) prior to expenditure being incurred.	 <p>Likelihood</p> <p>Impact</p>	

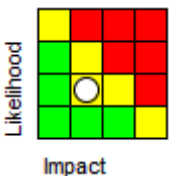

Audit	Objective	Assurance Level		
Obesity Management	Ensure local policies and strategies in place are aligned to national guidance.	Satisfactory		
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
No unmitigated risk identified.				

4.2 Appendix A




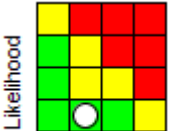


Audit	Objective	Assurance Level
Integra Application	Provide assurance that risks associated with the access arrangements for the system are adequately managed.	Satisfactory
Risk Identified	Risk Level prior to action implemented	Action Agreed
No unmitigated risk identified.		

Audit	Objective	Assurance Level
Salaries and Wages	Ensure controls are working appropriately and all legislative requirements are adhered to.	Satisfactory
Risk Identified	Risk Level prior to action implemented	Action Agreed
Employees pay may not be accurate, complete and authorised.		We will revisit sectional procedures to identify reasons for error and ensure appropriate controls are established.
Deductions from pay may not be correct or appropriately authorised.		To review processes and assess whether any further deductions are incorrect. Errors will be corrected.
The Council may not comply with the requirements of the Local Government Transparency Code 2015		An exercise to publish 2017/18 data in respect of the Local Transparency Code will soon be commencing. Once completed working papers will be provided to Internal audit.

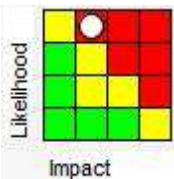
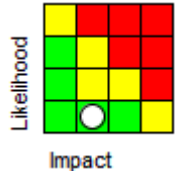
Audit	Objective			Assurance Level
Iclipse	Provide assurance that risks associated with the access arrangements for the system are adequately managed.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				

Audit	Objective			Assurance Level
Attendance Management	Ensure that adequate policies and procedures are in place in relation to reporting, recording and monitoring of sickness absence across departments.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
<p>Non-compliance with the sickness absence reporting procedure may result in the absence being determined as unauthorised absence resulting in the non-payment of Occupational & Statutory Sick Pay and/or disciplinary action being taken.</p> <p>Non-compliance with GDPR.</p>			<p>The development of ResourceLink offers opportunities to record key parts of a process and store employee documentation in a consistent format. There are plans to develop the Leave Management module – Phase 2 for sickness absence management to be launched by April 2019. This will require managers to record and store data which can then be monitored effectively and meet General Data Protection Regulations. Following the implementation of Phase 2 Leave Management we will also review and develop reporting and escalation processes which will assist with management accountability.</p>	

4.2 Appendix A

<p>A fair and consistent approach to sickness absence management may not be in place</p>	 <p>Likelihood</p> <p>Impact</p>	<p>The development of ResourceLink offers opportunities to record key parts of a process and store employee documentation in a consistent format. There are plans to develop the Leave Management module – Phase 2 for sickness absence management to be launched by April 2019. This will require managers to record and store data which can then be monitored effectively and meet General Data Protection Regulations. Following the implementation of Phase 2 Leave Management we will also review and develop reporting and escalation processes which will assist with management accountability.</p>	 <p>Likelihood</p> <p>Impact</p>
<p>Without return to work meetings there may be no assurance that the employee is well enough to return to work or receive adequate support to enable them to carry out their duties. Sickness levels may not be monitored and issues identified that can be rectified to improve individuals attendance records.</p>	 <p>Likelihood</p> <p>Impact</p>	<p>The development of ResourceLink offers opportunities to record key parts of a process and store employee documentation in a consistent format. There are plans to develop the Leave Management module – Phase 2 for sickness absence management to be launched by April 2019. This will require managers to record and store data which can then be monitored effectively and meet General Data Protection Regulations. Following the implementation of Phase 2 Leave Management we will also review and develop reporting and escalation processes which will assist with management accountability.</p>	 <p>Likelihood</p> <p>Impact</p>
<p>Data/information is not held securely.</p>	 <p>Likelihood</p> <p>Impact</p>	<p>The development of ResourceLink offers opportunities to record key parts of a process and store employee documentation in a consistent format. There are plans to develop the Leave Management module – Phase 2 for sickness absence management to be launched by April 2019. This will require managers to record and store data which can then be monitored effectively and meet General Data Protection Regulations. Following the implementation of Phase 2 Leave Management we will also review and develop reporting and escalation processes which will assist with management accountability.</p>	 <p>Likelihood</p> <p>Impact</p>

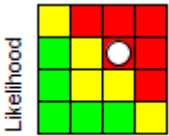
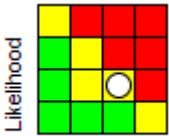
4.2 Appendix A

Audit	Objective	Assurance Level		
New Homes Bonus	The Council Tax Base is correctly reported to ensure that the New Homes Bonus is correctly calculated, data used to report Affordable Homes is accurate and complete and funding is received in full and used for the purposes intended.	Satisfactory		
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
There may be no means of verifying that all Grant due to the Council in respect of Affordable Homes has been received if the number of Units used in the calculation cannot be verified.			<p>The contact list for new affordable housing completions and disposals (requested quarterly) will be expanded to include all registered providers (RP's) developing in the borough, including Hartlepool Borough Council. RPs will also be asked to provide details on purchase and repair completions in addition to new build.</p> <p>A separate record of new affordable housing acquired through purchase and repair will be maintained for future recording. This will also record any affordable housing disposals.</p> <p>Any units converted from market to affordable will be recorded on the housing database using the notes box and tenure tick box.</p>	

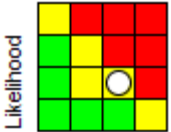
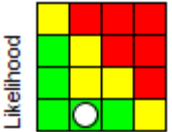



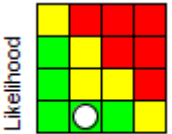
Audit	Objective	Assurance Level		
Building Cleaning	Ensure adequate policies and procedures, risk assessments, training, service monitoring, vehicles/machinery/equipment/ materials, finance and performance monitoring arrangements are in place.	Satisfactory		
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				

4.2 Appendix A

Audit	Objective	Assurance Level
Cemetery and Crematorium	Audit will cover legislation/regulation, fees & charges and income generation, expenditure, petty cash and cash security/handling procedures, maintenance schedules, risk assessments and performance monitoring.	Satisfactory
Risk Identified	Risk Level prior to action implemented	Action Agreed
No unmitigated risk identified.		

Audit	Objective	Assurance Level
IT Strategy	Ensure organisation and governance structures, executive leadership and support, strategic and operational planning, monitoring and review and service delivery and measurement are in place.	Satisfactory
Risk Identified	Risk Level prior to action implemented	Action Agreed
The absence of a formal member approved IT Strategy (or one that is not fit for purpose) could leave the organisation open to: technology being applied ineffectively, poor value for money, under/overfunding for IT based on actual need/requirements/technologies available, IT not being seen as a managerial issue, appearance that IT is not supported by management, staff unclear about the direction of IT for their service area when evaluating service changes.	 <p>Likelihood</p> <p>Impact</p>	Review and Develop new ICT strategy based on strategic requirements identified departmentally and corporately. Gain approval for new strategy at CMT then disseminate to staff
The IT Strategy may not be fully implemented in a timely manner resulting in aims and objectives not being achieved. The strategy may not be in line with the organisations aims and objectives and developments in technology and working practices.	 <p>Likelihood</p> <p>Impact</p>	Ensure current ICT provision and strategy continues to underpin the needs of the organisation through discussions at DMT/CMT. Feed any variance into Strategy Review process. CICT Departmental Leads to liaise with DMT. C McLaren to raise at CMT.

4.2 Appendix A

<p>The absence of a formal member approved IT Strategy (or one that is not fit for purpose) could leave the organisation open to: technology being applied ineffectively, poor value for money, under/overfunding for IT based on actual need/requirements/technologies available, IT not being seen as a managerial issue, appearance that IT is not supported by management, staff unclear about the direction of IT for their service area when evaluating service changes.</p>		<p>Review proposed strategy with the Director of Finance and Policy prior to submission at CMT.</p>	
<p>Unclear IT and operational organisational structures could promote resource mismanagement and conflicting activities and possible misalignment with resources and operational objectives. Unclear communication channels between IT leaders and organisational unit leaders can lead to a lack of an effective planning and monitoring system.</p>		<p>New ICT strategy to be discussed and agreed by appropriate elected members and Leader of the council.</p>	
<p>The IT strategy may not be delivered effectively if there is no group/ person responsible for implementation, who reviews and monitors an action plan and reports the results (positive and negative) to senior managers/members, and who communicates the strategy to staff.</p>		<p>Agreed strategy to be published on the HBC intranet and publicised for staff to review.</p>	

AUDIT AND GOVERNANCE COMMITTEE

20th September 2018



Report of: Director of Regeneration and Neighbourhoods

Subject: SAFER HARTLEPOOL PARTNERSHIP
PERFORMANCE

1. PURPOSE OF REPORT

- 1.1 To provide an overview of Safer Hartlepool Partnership performance for Quarter 1 – April 2018 to June 2018 (inclusive).

2. BACKGROUND

- 2.1 The Community Safety Plan (Year 2) 2017-20 outlines the Safer Hartlepool Partnership strategic objectives, annual priorities and key performance indicators 2018-19.

3. PERFORMANCE REPORT

- 3.1 The report attached (**Appendix A**) provides an overview of Safer Hartlepool Partnership performance during Quarter 1, comparing current performance to the same time period in the previous year, where appropriate.
- 3.2 In line with reporting categories defined by the Office for National Statistics (ONS), recorded crime information is presented as:

Victim-based crime – All police-recorded crimes where there is a direct victim. This victim could be an individual, an organisation or corporate body. This category includes violent crimes directed at a particular individual or individuals, sexual offences, robbery, theft offences (including burglary and vehicle offences), criminal damage and arson.

Other crimes against society - All police-recorded crimes where there are no direct individual victims. This includes public disorder, drug offences, possession of weapons and other items, handling stolen goods and other miscellaneous offences committed against the state. The rates for some crime types within this category could be increased

by proactive police activity, for example searching people and finding them in possession of drugs or weapons

4. PROPOSALS

- 4.1 No options submitted for consideration other than the recommendations.

5. EQUALITY AND DIVERSITY CONSIDERATIONS

- 5.1 There are no equality of diversity implications.

6. SECTION 17

- 6.1 There are no Section 17 implications.

7. RECOMMENDATIONS

- 7.1 The Audit and Governance Committee note and comment on partnership performance in Quarter 1.

8. REASONS FOR RECOMMENDATIONS

- 8.1 The Audit and Governance Committee has within its responsibility to act as the Councils Crime and Disorder Committee and in doing so scrutinise the performance management of the Safer Hartlepool Partnership.

9. BACKGROUND PAPERS

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

Safer Hartlepool Partnership – Community Safety Plan (Year 2) 2017-20

10. CONTACT OFFICERS

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**Safer Hartlepool Performance Indicators
Quarter 1 April-June 2018**Strategic Objective: Reduce Crime & Repeat Victimisation

Indicator Name	Baseline 2017/18	Local Directional Target 2018/19	Current Position Apr 18 - Jun 18	Year to Date 2018/19	Actual Difference	% Difference
All Recorded Crime	10769	Reduce	2803	2803	84	3.1%
Residential Burglary	880	Reduce	190	190	-6	-3.1%
Vehicle Crime	1259	Reduce	196	196	-75	-27.7%
Shoplifting	1534	Reduce	437	437	25	6.1%
Local Violence	2431	Reduce	753	753	148	24.5%
Repeat Cases of Domestic Violence – MARAC	33.25%	Reduce	Awaiting info	Awaiting info		

Strategic Objective: Reduce the harm caused by Drugs and Alcohol

Indicator Name	Baseline 2017/18	Local Directional Target 2018/19	Current Position Apr 18 - Jun 18	Year to Date 2018/19	Actual Difference	% Difference
Number of substance misusers going into effective treatment – Opiate	659	3% increase (TBC)	642	642	45	7.5%
Proportion of substance misusers that successfully complete treatment - Opiate	6.8%	12% (TBC)	6.1%	6.1%	0.002	3.4%
Proportion of substance misusers who successfully complete treatment and represent back into treatment within 6 months of leaving treatment	26.5%	10% (TBC)	25.9%	25.9%	-0.081	-23.8%
Reduction in the rate of alcohol related harm hospital admissions	Data unavailable	Data unavailable	Data unavailable	Data unavailable		
Number of young people found in possession of alcohol	8	Reduce	0	0	0	0%

Strategic Objective: Create Confident, Cohesive and Safe Communities

Indicator Name	Baseline 2017/18	Local Directional Target 2018/19	Current Position Apr 18 - Jun 18	Year to Date 2018/19	Actual Difference	% Difference
Anti-social Behaviour Incidents reported to the Police	6801	Reduce	1650	1650	-126	-7.1%
Deliberate Fires	416	Reduce	127	127	-47	-27%
Criminal Damage to Dwellings	627	Reduce	138	138	3	2.2%
Hate Incidents	176	Increase	38	38	-17	-30.9%

Strategic Objective: Reduce Offending & Re-Offending

Indicator Name	Baseline 2017/18	Local Directional Target 2018/19	Current Position Apr 18 - Jun 18	Year to Date 2018/19	Actual Difference	% Difference
Re-offending rate of young offenders*	Data not available	Reduce	Data not available	Data not available		
First-Time Entrants to the Criminal Justice System	40 (TBC)	Reduce	2	2	-5	-71.4%
Offences committed by Prolific & Priority Offenders	Data not available	Data not available	Data not available	Data not available		
Number of Troubled Families engaged with	769	1000	785	785	245	45.4%
Number of Troubled Families where results have been claimed	368	700	414	414	184	80%

* Re-offending figure is based on Cohort tracking – new cohort starts every quarter and this cohort (i.e. of Young Persons) is then tracked for a period of 12 months. Example: Jul 2015 to Jun 2016 and tracked until end of Jun 2017

Recorded Crime in Hartlepool April 18 – June 18

The Office for National Statistics (ONS) has developed a new approach to presenting crime statistics to help ensure a clearer, more consistent picture on recorded crime for the public.

Previously, national organisations (i.e. ONS, HMIC, and the Home Office through the police.uk website) have taken slightly different approaches to the way that they categorise groups of crime types and to the labels they use to describe those categories.

Following a public consultation, a new crime “tree” (the crime types organised into a logic tree format, see link below) has been devised and this will now be used on the crime and policing comparator to present recorded crime and solved crime information.

Victim-based crime

All police-recorded crimes where there is a direct victim. This victim could be an individual, an organisation or corporate body. This category includes violent crimes directed at a particular individual or individuals, sexual offences, robbery, theft offences (including burglary and vehicle offences), criminal damage and arson.

Publicly Reported Crime (Victim Based Crime)					
Crime Category/Type	Apr 17 - Jun 17	Apr 18 – Jun 18	Year to Date	Change	% Change
Violence against the person	605	753	753	148	24.5%
Homicide	0	0	0	0	0%
Violence with injury	232	252	252	20	8.6%
Violence without injury	373	287	287	-86	-23.1%
Sexual Offences	74	52	52	-22	-29.7%
Rape	19	19	19	0	0%
Other Sexual Offences	55	33	33	-22	-40%
Robbery	27	21	21	-6	-22.2%
Business Robbery	6	2	2	-4	-66.7%
Personal Robbery	21	19	19	-2	-9.5%
Acquisitive Crime	1429	1305	1305	-124	-8.7%
Burglary - Residential	196	190	190	-6	-3.1%
Burglary – Business and Community	102	92	92	-10	-9.8%
Bicycle Theft	56	39	39	-17	-30.4%
Theft from the Person	12	19	19	7	58.3%
Vehicle Crime (Inc Inter.)	271	196	196	-75	-27.7%
Shoplifting	412	437	437	25	6.1%
Other Theft	380	332	332	-48	-12.6%
Criminal Damage & Arson	388	347	347	-41	-10.6%
Total	2523	2478	2478	-45	-1.8%

Other crimes against society

All police-recorded crimes where there are no direct individual victims. This includes public disorder, drug offences, possession of weapons and other items, handling stolen goods and other miscellaneous offences committed against the state.

The rates for some crime types within this category could be increased by proactive police activity, for example searching people and finding them in possession of drugs or weapons.

Police Generated Offences					
Crime Category/Type	Apr 17 - Jun 17	Apr 18 – Jun 18	Year to Date	Change	% Change
Public Disorder	87	185	185	98	112.6%
Drug Offences	61	73	73	12	19.7%
Trafficking of drugs	17	12	12	-5	-29.4%
Possession/Use of drugs	44	48	48	4	9.1%
Possession of Weapons	15	19	19	4	26.7%
Misc. Crimes Against Society	33	48	48	15	45.5%
Total Police Generated Crime	196	325	325	196	65.8%
TOTAL RECORDED CRIME IN HARTLEPOOL	2721	2803	2803	82	3%

Recorded Crime in Cleveland April 18 – June 18

Publicly Reported Crime Apr 18 - Jun 18										
Crime Category/Type	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop
Violence against the person	753	8.3	900	6.7	1654	12.1	1497	8.0	4804	8.7
Homicide	0	0.0	1	0.0	3	0.0	0	0.0	0	0.0
Violence with injury	252	2.8	304	2.3	516	3.8	468	2.5	1540	2.8
Violence without injury	287	3.2	316	2.4	650	4.8	560	3.0	1813	3.3
Sexual Offences	52	0.6	105	0.8	170	1.2	145	0.8	472	0.9
Rape	19	0.2	36	0.3	56	0.4	47	0.3	158	0.3
Other Sexual Offences	33	0.4	69	0.5	114	0.8	98	0.5	314	0.6
Robbery	21	0.2	10	0.1	59	0.4	31	0.2	121	0.2
Business Robbery	2	0.0	2	0.0	6	0.0	3	0.0	13	0.0
Personal Robbery	19	0.2	8	0.1	53	0.4	28	0.1	108	0.2
Acquisitive Crime	1305	14.3	1227	9.2	2258	16.6	1948	10.4	6738	12.3
Domestic Burglary	190	4.7	224	3.8	361	6.3	242	3.1	1017	4.3
Other Burglary	92	1.0	69	0.5	153	1.1	57	0.3	371	0.7
Bicycle Theft	39	0.4	28	0.2	125	0.9	83	0.4	275	0.5
Theft from the Person	19	0.2	15	0.1	71	0.5	38	0.2	143	0.3
Vehicle Crime (Inc Inter.)	196	2.2	250	1.9	304	2.2	334	1.8	1084	2.0
Shoplifting	437	4.8	314	2.3	687	5.0	754	4.0	2192	4.0
Other Theft	332	3.6	327	2.4	557	4.1	440	2.3	1656	3.0
Criminal Damage & Arson	347	3.8	533	4.0	693	5.1	636	3.4	2209	4.0
Total	2478	27.2	2775	20.7	4834	35.5	4257	22.6	14344	26.1

Police Generated Offences Apr 18 - Jun 18										
Crime Category/Type	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop
Public Disorder	185	2.0	162	1.2	396	2.9	280	1.5	1023	1.9
Drug Offences	73	0.8	40	0.3	150	1.1	81	0.4	344	0.6
Trafficking of drugs	12	0.1	9	0.1	31	0.2	16	0.1	68	0.1
Possession/Use of drugs	48	0.5	68	0.5	99	0.7	91	0.5	306	0.6
Possession of Weapons	19	0.2	14	0.1	33	0.2	29	0.2	95	0.2
Misc. Crimes Against Society	48	0.5	68	0.5	99	0.7	91	0.5	306	0.6
Total Police Generated Crime	325	3.6	284	2.1	678	5.0	481	2.6	1768	3.2
TOTAL RECORDED CRIME	2803	30.8	3059	22.8	5512	40.5	4738	25.2	16112	29.3

Anti-social Behaviour in Hartlepool April 18 – June 18

Incident Category	Apr 17 - Jun 17	Apr 18 – Jun 18	Year to Date	Change	% Change
AS21 - Personal	551	512	512	-39	-7.1%
AS22 - Nuisance	1185	1091	1091	-94	-7.9%
AS23 - Environmental	36	47	47	11	30.6
Total	1772	1650	1650	-122	-6.9%

Incident Category	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop
AS21 - Personal	512	5.6	553	4.1	738	5.4	826	4.4	2629	4.8
AS22 - Nuisance	1091	12.0	1439	10.7	2094	15.3	1896	10.1	6520	11.9
AS23 - Environmental	47	0.5	68	0.5	58	0.4	79	0.4	252	0.5
Total	1650	18.1	2060	15.4	2890	21.1	2801	14.9	9401	17.1
Quarterly Year on Year Comparison	Reduced by 7.1%		Reduced by 18.8%		Reduced by 17.8%		Reduced by 15%		Reduced by 15.5%	

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

25 June 2018

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

Present:

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

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors Buchan, Harrison and Thomas

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

Interim Director of Public Health, Hartlepool Borough Council - Dr Peter Brambleby

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

Other Members:

Representative of Tees, Esk and Wear Valley NHS Trust – Dominic Gardner

Representative of North Tees and Hartlepool NHS Trust – Julie Parkes (as substitute for Julie Gillon)

Representative of GP Federation – Fiona Adamson

Also in attendance:-

Graeme Niven, Chief Finance Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Judy Gray, Healthwatch

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

1. Apologies for Absence

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Nick Timlin

Representatives of Healthwatch - Ruby Marshall

Representative of the NHS England – Dr Tim Butler

Representative of Cleveland Police - Jason Harwin

Representative of North Tees and Hartlepool NHS Trust – Julie Gillon

2. Declarations of interest by Members

Councillor Akers-Belcher and Councillor Thomas reaffirmed interests as employees of Healthwatch Hartlepool.

3. Minutes

- (i) The minutes of the meeting held on 5 March 2018 had been circulated for confirmation.

With reference to minute 52 – Review of Mental Health and Wellbeing Services for Children and Young People - the representative of the Tees, Esk and Wear Valley NHS Trust highlighted an omission from the minutes and referred to his comments at the meeting that the referral rate in Hartlepool was higher than anywhere else in the country.

The minutes were confirmed, subject to the minutes being amended to include the above comments.

- (ii) The minutes of the meeting of the Children's Strategic Partnership held on 31 January 2018 were received.

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

The report provided the Board with an update on progress against the action plan that had been developed following the Care Quality Commission's Local System Review in Hartlepool. The Board was reminded that the Care Quality Commission had undertaken a Local System Review in Hartlepool in September / October 2017. The final report had been published on the CQC website on 8 December 2017 following a Local Summit on 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. Following the review, the local system had been required to develop an action plan for submission to the Department of Health in January 2018. This had been reported to the Board in February 2018 and it was noted that implementation and monitoring of the action plan would be overseen by the Board, which involved representatives from all of the key partners. The document, appended to the report, summarised progress to date against the agreed actions.

Decision

The Board noted progress against the action plan and agreed to receive a further update on implementation of the action plan in December 2018.

5. Hartlepool and Stockton-on-Tees Financial Plan 2018/19 *(Clinical Commissioning Group)*

The Board received a presentation by Graeme Niven, Chief Finance Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group, which addressed the following issues:-

- Allocations – currently the CCG is below its fair share of allocation by approximately 1%. The allocation is split into three areas, programme for patient care, primary care delegated for GP practices and running costs for the management of the CCG.
- Summary financial plan – Expenditure is planned based on increasing population, increased age profile and an increase in disease prevalence. Planned expenditure included expected inflationary increases and for other investment based on the NHSE expectations. The demands for services exceeded the allocations received and the CCG had, therefore an efficiency plan.
- Efficiency plan – the key areas for efficiency plans are in acute spend, prescribing in primary care and continuing healthcare.
- Risk and mitigations – The efficiency plan had to be risk assessed with mitigations identified to manage the identified risks.

Board Members discussed issues arising from the presentation. Representatives of the Clinical Commissioning Group responded to issues raised by Board Members including the implications of the CCG having 'financial recovery' status. The background to the cost of continuing health care was debated by a number of Members. The representative of the Clinical Commissioning Group highlighted the prevention agenda to keep people well and living in their own homes for longer. The work undertaken by Healthwatch was highlighted together with the significance of Better Care Funding. The support for lobbying to be as wide as possible, for increased funding, was appreciated. The Chief Finance Officer responded to a question from the Chair of the Board regarding the impact on the budget of the vacant space in the One Life Centre. Clarification was provided also in relation to the lease on the property and an explanation was provided regarding unspent prevention funding provided to the voluntary sector which had been addressed through the provisions of a recurring budget for Hartlepool and Stockton. In response to concerns regarding use of public buildings for confidential mental health discussions with patients, assurance were provided by the representative of the Tees, Esk and Wear Valley NHS Trust.

Decision

The presentation, and issues arising from the presentation, were noted.

6. **Health Status Update – Presentation** *(Interim Director of Public Health)*

The Board received a presentation by the Interim Director of Public Health which provided an update in relation to the health status of the Hartlepool population. Recent outcome updates had been circulated in terms of the Child Health Profile (June 2018) and Public Health Outcomes Framework: Spine Charts. The presentation addressed the following:-

- Breastfeeding initiation statistics
- School readiness: the percentage of children achieving a good level of development at the end of reception class (Hartlepool)
- Mortality rate from causes considered preventable (Hartlepool)
- Life expectancy and affluence
- Length of Life versus quality of life
- Myth-busting: Prevention.
- JSNA “deep dive”: substance misuse, including alcohol

Board Members discussed issues arising from the presentation including reasons for the breast feeding initiation statistics. Board Members sought assurances regarding availability of breast feeding support and public attitude towards breast feeding including breast feeding in public places. The Interim Director of Public Health responded to concerns expressed at the meeting regarding the unacceptable wide gap in life expectancy in the town and the number of years of ill health before end of life highlighted by the presentation. Board Members discussed also the screening programmes uptake with agreement that attending at screening appointments should be encouraged.

Decision

The Board noted the presentation.

7. **Joint Health and Wellbeing Strategy (2018-2025) – Implementation And Monitoring Update** *(Interim Director of Public Health)*

The report sought approval to a revised process for the implementation and monitoring of the Joint Health and Wellbeing Strategy (2018-2025) which had been approved by Full Council and the Governing Body of the Hartlepool and Stockton on Tees Clinical Commissioning Group, in March 2018. As part of the Strategy, five ‘Deep Dive’ project areas had been identified: A series of output / outcome measures had been also identified, against which implementation of the JHWS was to be monitored. As part of the process, it had been agreed that each meeting of the Board would consider progress against a single deep dive area, as detailed in the table set out in the report. This was to be followed by the presentation of an annual ‘baseline’ report, as part of the Board’s annual Face the Public Event. Further to the decision of the Board on the 5 March 2018, it was clear that the level and complexity of

the work required to effectively progress the output/outcome measures for each deep dive area would be significant. On this basis, it was recommended that the Board focus its attentions on one specific deep dive area per Municipal year, allowing sufficient time for a detailed piece of work to be undertaken as follows:-

Health & Wellbeing Board Meeting	Deep Dive Project Areas
2018/19	Reduce Drug and Alcohol Harm
2019/20	Dying Well / Voluntary Sector and Community Assets
2020/21	Improving Mental Health and Wellbeing
2021/22	Reduce Health Inequalities

Subject to approval of the reviewed process, the Board was asked to consider the potential process for consideration of progress against the output / outcome measures relating to the 'Reduce Drug and Alcohol Harm' deep dive area. In going forward, it would be necessary to identify appropriate lead committees / bodies and officers to progress the desired outcome and output measures (as detailed in the JWHS and potentially added during consideration of the deep dive area by the Board). Nominations are sought in order to fill the positions as detailed in the table set out in the report.

Decision

- (i) The Board agreed the reviewed process for the implementation and monitoring of the JWHS, as detailed in the report, and the selection of 'Reducing Drug and Alcohol Harm' as the deep dive area for consideration by the Board in 2018/19.
- (ii) The review process, as outlined in the report, was approved.
- (iii) It was agreed that nominations for the appropriate lead committees / bodies; lead officer and partner representatives to progress the desired outcome and output measures be forwarded immediately following the meeting.
- (iv) That, in response to a referral from the Safer Hartlepool Partnership on the 9th February 2018 (minute number 52 refers), the provision of a report to the Finance and Policy Committee be deferred until October 2018, to allow the inclusion of feedback from the Board in relation to the wider provision of drug and alcohol preventative services.

8. Better Care Fund 2017/18: Q4 Performance Update (Director of Adult & Community Based Services)

The report provided the background to the Better Care Fund reporting arrangements and summarised the National Conditions and performance

measures. Performance reports were submitted to NHS England on a quarterly basis. The Q4 return covering the period January – March 2018 had been submitted in April 2018 and had confirmed that all national conditions continued to be achieved. An analysis of performance data had also been provided which was summarised in the report.

It was reported at the meeting that despite a challenging target there had been a considerable improvement with regard to delayed transfers of care from hospital. It was also noted that targets in relation to care home admissions and non elective admissions to hospital had been achieved in 2017/18. The Director highlighted that the national Better Care Support Team had visited the Integrated Discharge Team the previous week and had provided very positive feedback about the work being undertaken locally to integrate services and improve outcomes for older people.

Decision

The Board retrospectively approved performance reports in relation to the Better Care Fund.

9. North East Culture Partnership *(interim Director of Public Health)*

The Board considered a letter, appended to the report, which had been received from the NECP for the addition of an ‘observer’ representative from the arts and cultural sector to its future Board meetings. It was highlighted at the meeting that there was a lot of cultural development work being undertaken and that it could be beneficial, therefore, for a separate meeting to be held with officers who do not sit on the Board.

Decision

- (i) The Board accepted the request for a representative from the arts and culture sector to the board to be a representative on the Board.
- (iii) The Board agreed that it would be beneficial for the nominated representative to meet with officers, who do not sit on the Board.

Meeting concluded at 11.50 a.m.

CHAIR

FINANCE AND POLICY COMMITTEE

MINUTES AND DECISION RECORD

30 JULY 2018

EXTRACT

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

Present:

Councillor Christopher Akers Belcher (In the Chair)

Councillors: Stephen Akers-Belcher, Paddy Brown, Tom Cassidy, Kevin Cranney, Brenda Harrison, Ann Marshall, Shane Moore, Leisa Smith and Stephen Thomas.

Also Present: Chief Inspector Nigel Burnell, Cleveland Police

Officers: Hayley Martin, Interim Chief Solicitor
Chris Little, Director of Finance and Policy
Denise Ogden, Director of Regeneration and Neighbourhoods
Chris Parkin, Head of Finance, Regeneration and Neighbourhoods
Laura Stones, Scrutiny and Legal Support Officer
Steve Hilton, Public Relations Officer
David Cosgrove, Democratic Services Team

27. Integrated Working – Neighbourhood Safety Group Update *(Director of Regeneration and Neighbourhoods)*

Type of decision

Non-Key Decision.

Purpose of report

To receive a progress update in relation to implementation of the integrated place based community safety model agreed by the Finance and Policy Committee in October 2017.

Issue(s) for consideration

The Director of Regeneration and Neighbourhoods submitted a review covering the first three months of operation following the official launch of the integrated place based community safety model at the Safer Hartlepool Partnership Face the Public Event on 26 February 2018. The review

identified that the model approved by the Finance and Policy Committee in October 2017 had largely been implemented as intended and within the anticipated timescale. It captured some early benefits whilst also identifying areas for improvement/further development.

Decision

1. The Committee noted the contents of the 'interim review' into the 'integrated place based community safety model.'
2. The Committee noted that the Safer Hartlepool Partnership's Neighbourhood Safety Group would continue to oversee the development of the model in line with the recommendations outlined in the review.
3. That the Finance and Policy Committee receive the outcome of a full review into the place based integrated community safety model to take place in 2019/20 with a completion date of December 2020.

Tees Valley Joint Health Scrutiny Committee

A meeting of Tees Valley Joint Health Scrutiny Committee was held on Monday, 18th June, 2018.

Present: Cllr Lisa Grainge (Chair), Cllr Evaline Cunningham, Cllr Lynn Hall (Stockton on Tees B.C.); Cllr Newall, Cllr J.Taylor, Cllr L.Tostevin (Darlington B.C.); Cllr J.Tennant (Hartlepool B.C.); Cllr J.McGee (Middlesbrough Borough Council); Cllr N.Cooney, Cllr I.Jeffrey (Redcar & Cleveland B.C.).

Officers: P.Mennear, N.Hart (Stockton on Tees B.C.); A.Pearson (Redcar & Cleveland B.C.), W.Newall (Darlington B.C.), J.Stevens (Hartlepool).

Also in attendance: N/A

Apologies: Cllr Biswas, Cllr Hamilton, Cllr Belcher.

TVH 1/18 Appointment of Chair for 2018-19

In accordance with the Committee's agreed Protocol, nominations were sought for the position of Chair of the Committee for the Municipal Year 2018/19.

RESOLVED that Cllr Grainge be appointed Chair of the Committee for the Municipal Year 2018/19.

TVH 2/18 Declarations of Interest

There were no Declarations of Interest declared.

TVH 3/18 Appointment of Vice-Chair for 2018-19

In accordance with the Committee's agreed Protocol, nominations were sought for the position of Vice Chair of the Committee for the Municipal Year 2018/19.

It was noted that in accordance with the Committee's protocol, nominations for the position of Vice Chair for this Municipal Year should come from Hartlepool B.C., however, they were not in a position, currently, to confirm their nomination and therefore it was proposed that the matter be deferred until the next meeting.

RESOLVED that appointment of the Vice Chair for the Municipal Year be deferred until the next meeting.

TVH 4/18 Minutes of the meeting held on 18th April 2018

RESOLVED that the minutes of the meeting held on 18th April 2018 be agreed as a correct record.

TVH 5/18 Committee Protocol and Terms of Reference

The Committee were invited to note the agreed protocol and Terms of Reference for the Committee.

It was noted that the rotation of Chair position should be amended to reflect that the position would rotate as follows:-

- Stockton (current)
- Hartlepool
- Redcar & Cleveland
- Middlesbrough
- Darlington

RESOLVED that the Committee Protocol and Terms of Reference be noted, subject to the proposed amendment to the order of rotation of the Chair position.

**TVH
6/18**

Work Programme

Consideration was given to the proposed Work Programme for the Committee for the 2018/19 Municipal Year.

The proposed programme essentially consisted of the following:-

Standing Items:-

- Monitoring of the North East Ambulance Service
- Tees, Esk and Wear Valleys NHS Foundation Trust – Performance and Quality Account

Additional Items:-

- Roseberry Park – Task and Finish Review of Impact of PFI scheme and remedial works on services
- Breast Cancer Screening / Cancer Mortality (nb. this was deferred from the work programme last year)
- Tees Suicide Prevention Plan – 1 Year Update

NHS Service Changes:-

- Re-commissioning of IAPT Services– Updates
- Respite Opportunities and Short Breaks for people with Complex Needs and Learning Disabilities and/or Autism - Monitoring (nb. details of this process to be agreed following the result of Referral to the Secretary of State by Redcar and Cleveland, and Middlesbrough Councils).

It was noted that Middlesbrough Health Scrutiny Panel had undertaken work on breast radiology services and this could be shared with the Joint Committee at the appropriate time.

Members referred to the following other issues that were of concern currently that were potentially deserving of being added to the Committee's Work Programme for review:-

- i) Durham, Tees Valley & Hambleton and Richmondshire Sustainability Transformation Plan;
- ii) Number of G.P.'s;
- iii) Changes to Urgent Care Services;
- iv) Recent NHS funding announcements;

v) Mental Health of Young People.

With regard to i) above, it was noted that a Regional STP Joint Scrutiny Committee had been established and was already meeting to fulfil the scrutiny role regarding the proposals contained within. It was proposed however that an update on its progress be shared with this Tees Valley Joint Scrutiny Committee following the meeting.

It was acknowledged that these potential additional topics for the Work Programme would place a considerable demand on the Committee's capacity, and therefore it was proposed that an initial Position Statement for each be prepared and be considered at the next meeting.

With regard to v) Mental Health of Young People, it was noted that this would feature within the TEWV Performance and Quality Account update and therefore the Trust could be asked to provide more detailed information in this regard.

It was suggested that it may also assist the Committee's capacity if it were provided with details of each Tees Valley Authorities Health Scrutiny Work Programme, along with the Regional Health Scrutiny Work Programme.

RESOLVED that:-

1. The proposed Work Programme for this Committee, as outlined, be approved.
2. An update be circulated to members of this Committee on progress made to date regarding the work of the separate Joint Scrutiny Committee overseeing the work of the Durham, Tees Valley & North Yorkshire Sustainability Transformation Plan.
3. Copies of each of the Tees Valley Authorities Health Scrutiny Work Programmes be forwarded to the Scrutiny Officer (Stockton), and the Regional Health Scrutiny Work Programme be also obtained in order that a composite Work Programme can be shared with this Committee at its next meeting..
4. An initial Position Statement regarding the following suggested additional Work Programme topics be prepared and be considered at the next meeting:-
 - Number of G.P's;
 - Changes to Urgent Care Services;
 - Recent NHS funding announcements.
5. TEWV Trust be requested to include specific information regarding the Mental Health of Young People in the Tees Valley within their Performance and Quality Account update is presented to this Committee.

approach to a Task & Finish review to understand the impact of works at Roseberry Park on service users and service delivery.

Members were reminded that since its opening in 2010, a range of serious defects had been identified within the hospital premises, including fire safety concerns, and there had since been an ongoing process of discussion and adjudication between the Trust and contractors. This was now the subject of an ongoing legal action which any review should be mindful of, and the Trust were committed to a major programme of site rectification works. It was noted that the impact on services included the relocation of Mental Health Services for Older People to Sandwell Park in Hartlepool; and the development of a decant block on site to facilitate repair work.

It was proposed that a Task & Finish Group be established comprising a minimum of 1 member from each local authority, with the following aims:-

- a) To receive an update from Tees Esk & Wear Valleys Trust on the progress in maintaining service continuity in light of the requirement to undertake remedial work;
- b) To consider the impact on service delivery and service users.

It was suggested that evidence should be gathered from:-

- a) Tees Esk & Wear Valleys NHS Foundation Trust;
- b) Local Authority Social Care Services;
- c) Service users and representatives (where appropriate);
- d) C.C.G.

RESOLVED that a Task & Finish Group be established comprising a minimum of 1 member from each local authority and its proposed remit be approved.

SAFER HARTLEPOOL PARTNERSHIP MINUTES AND DECISION RECORD

13 April 2018

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
Chief Inspector Nigel Burnell, Chair of Youth Offending Board
Ann Powell, National Probation Service
John Bentley, Safe in Tees Valley
Chris Joynes, Thirteen Group
Jean Golightly, NHS Hartlepool and Stockton on Tees CCG

Esther Mireku, Acting Consultant in Public Health was in attendance as substitute for Paul Edmondson-Jones and Jeanne Trotter was in attendance as substitute for Barry Coppinger

Also present: Alison Peavor, NHS Hartlepool and Stockton on Tees CCG

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

58. Apologies for Absence

Apologies for absence were submitted on behalf of Councillor Steve Thomas, Hartlepool Borough Council, Denise Ogden, Director of Regeneration and Neighbourhoods, Hartlepool Borough Council, Paul Edmondson-Jones, Interim Director of Public Health, Hartlepool Borough Council, Barry Coppinger, Office of Police and Crime Commissioner for Cleveland, John Graham, Durham Tees Valley Community Rehabilitation Company and Steve Johnson, Cleveland Fire Authority.

59. Declarations of Interest

None.

60. Minutes of the meeting held on 9 February 2018

Confirmed.

61. Local Criminal Justice Board Plan 2018-2020 *(Office of the Police and Crime Commissioner)*

Purpose of report

To present the Local Criminal Justice Plan 2018-2020.

Issue(s) for consideration

The Criminal Justice Programme Lead from the Office of the Police and Crime Commissioner for Cleveland, who was in attendance at the meeting, provided the Partnership with the background to the review of the Local Criminal Justice Board in 2016, when it was agreed that the Cleveland and Durham Office of the Police and Crime Commissioner would work together to pursue a vision for end to end justice that discouraged silo working and delivered positive outcomes for victims as well as preventing offending and reoffending.

Members were provided with a detailed and comprehensive presentation in relation to the development of a Local Criminal Justice Plan (2018-2020), attached at Appendix A, which set out how the Partnership aimed to achieve the vision.

The presentation included an overview of the key priorities and actions within the Criminal Justice Plan to assist in achieving the Local Criminal Justice Partnership's vision and improve outcomes in the Local Criminal Justice System. The presentation focussed on the following key issues:-

- To bring together Criminal Justice Organisations
 - Police
 - Youth Offending Service
 - CPS
 - Courts
 - Community Rehabilitation
 - National Probation Service
 - Prisons
- The Journey – Working in Step Joint Inspection Report
 - recommended a local review of local partnership arrangements to lead improvements to the efficiency and effectiveness of the Criminal Justice System at a local level
- Outcome of Review
 - provided the LCJB with a clear strategic vision:-

“ to ensure people have confidence in a local criminal justice system which supports victims, rehabilitates offenders and reduces reoffending and delivers value for money”

- Statement of Intent – March 2017
- Local Criminal Justice Partnership Plan – January 2018
 - Outcomes and Objectives
- Current Projects
 - Better case management
 - IDVA in remand court
 - Hate Crime
 - Victim and Witness Groups
 - Reducing Reoffending Groups
- Developed performance frameworks for 3 main areas of work:-
 - Effectiveness and Efficiency
 - Victims and Witnesses
 - Reoffending
- Next Steps
 - Delivering the Plan
 - Communicating deeply with agencies
 - Performance framework to be published in Spring/Summer 2018
 - Relationships continue to deepen and be given care and attention

The Chair raised a number of queries in relation to the Criminal Justice Performance Framework and highlighted the benefits of the framework being shared with the Partnership following its development. Clarification was sought in relation to how the Partnership could assist in achieving the objectives included within the plan in terms of aligning community priorities to strategic needs and identifying an appropriate target audience from a prevention/deterrent element. The Criminal Justice Programme Lead advised that information of this type should be identified via performance reports and it was envisaged that Partnerships would feed information into the Reducing Reoffending Task and Finish Groups.

The Criminal Justice Board's reliance on data being provided by organisations to feed into performance reports was highlighted. The Chair placed emphasis upon the need for clarity in terms of the type of data/information needed from the Council and partner organisations within the Community Safety Partnership to feed into achieving the objectives of the Plan. Partnership Members were advised that the performance framework was currently very much in the developmental stage and there was representation from local authority members on performance groups as well as an analyst from the Police and Crime Commissioner's Office to co-ordinate the process and contributions to performance reports.

The representative responded to further issues raised arising from the presentation. In concluding the debate, the Chair requested that the performance framework, once developed, be presented to a future meeting of the Partnership to enable a better understanding of the requirements of the Partnership.

The Chair thanked the Criminal Justice Programme Lead for an informative presentation.

Decision

- (i) The contents of the presentation and comments of Members were noted.
- (ii) That the Criminal Justice Performance Framework, once finalised, including clarification on the requirements of the Partnership, be presented to a future meeting of the Partnership.

62. Strategic Assessment January 2017 – December 2017 *(Director of Regeneration and Neighbourhoods)*

Purpose of report

To receive the Strategic Assessment January 2017 to December 2017.

Issue(s) for consideration

The Head of Community Safety and Prevention introduced the report which provided background information in relation to the Partnership's statutory responsibility to undertake an annual Strategic Assessment to identify and address the community safety issues that impacted upon and mattered to the community.

The Strategic Assessment contained information to aid understanding of the priority community safety issues identified for and by the communities of Hartlepool including what had changed over the last year, what work the Partnership was doing as well as how the Partnership measured effectiveness and future challenges.

An executive summary of the Strategic Assessment was attached to the report which provided an overview of the key findings from the Strategic Assessment and proposed priorities as well as a reminder of the objectives and priorities that had been set the previous year. The assessment would assist the Partnership in setting any new and emerging priorities that could be included in the Community Safety Plan Year 2, the first draft of which

would be presented to the Partnership in June 2018.

In support of the report, the Community Safety Team leader, who was in attendance at the meeting, provided a detailed and comprehensive presentation which provided an overview of the key findings of the Strategic Assessment 2017:-

- Strategic Objectives 2017 - 2020
- Annual Priorities 2017-18
- Recorded Crime in Hartlepool
- Performance figures as a comparator with previous year
- Anti-Social Behaviour incidents
- Deliberate Fires
- Substance Misuse
- Offending and Reoffending by type
- Victims
- Community Perceptions
- Vulnerable Localities
- Snapshot of SHP Activity During 2017
- Proposed SHP Task Groups

Proposed Strategic Objectives 2017-2020

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

Proposed Annual Priorities 2017-18

- Reduce acquisitive crime
- Safeguard individuals and families from domestic violence and abuse
- Substance Misuse
- Reduce anti-social behaviour
- Support vulnerable victims experiencing crime and anti-social behaviour
- Reduce re-offending

Following conclusion of the presentation and a brief comfort break, discussion ensued which included the following issues:-

- (i) The representative from Thirteen Group commented on the opportunity to include anti-social behaviour data collated by Thirteen in future reports. The Community Safety Team Leader indicated that systems could be established to include such information and arrangements would be made to pursue this further following the meeting.
- (ii) The Director of Nursing and Quality for Hartlepool and Stockton on

Tees Clinical Commissioning Group welcomed the information contained within the assessment and was also keen to contribute in terms of providing health information for inclusion in future assessment reports.

- (iii) In response to comments expressed regarding the benefits of including performance data as a comparator with other local authorities in future assessments, the Community Safety Team Leader reported that whilst the Executive Summary document presented to the Partnership did not include such information, performance information as a comparator with similar groups was included within the Strategic Assessment document, an extract of which would be circulated to Partnership Members following the meeting.
- (iv) Further discussion ensued regarding the type of information that could be included from partner organisations in future assessments including data from victim care advice services. The Chair suggested that discussions be held outside the meeting in terms of including such information in future Strategic Assessment reports.
- (v) Members were pleased to note the positive outcomes in relation to drug and alcohol misuse and the Chair took the opportunity to thank the various Sub-Groups for their invaluable support and contributions to achieving these outcomes.
- (vi) The Chair commented on the misunderstandings that anti-social behaviour was a youth related problem when it was predominantly an adult related issue.
- (vii) The Chair was pleased to report the success of the recent annual Face the Public Event which had been very well attended.
- (viii) Clarification was provided in response to further issues/queries raised in relation to the Strategic Assessment.

The Partnership took the opportunity to thank the Community Safety Team Leader as well as all members of the team involved in production of the Strategic Assessment.

Decision

- (i) That the Strategic Assessment and proposed annual priorities 2018-19 be agreed.
- (ii) That discussions, as outlined above, be utilised to assist in setting the strategic priorities for the Community Safety Plan 2017-20 (Year 2).

- (iii) That an extract of performance information, as a comparator with similar groups, be circulated to Partnership Members following the meeting.
- (iv) That discussions be held following the meeting regarding the type of information that could be included in future Strategic Assessments from partner organisations.

63. Date and Time of Next Meeting

The Chair reported that this was the last meeting in the current municipal year and the next meeting would be scheduled in due course, details of which would be provided in the new municipal year.

The meeting concluded at 11.20 am.

CHAIR

SAFER HARTLEPOOL PARTNERSHIP MINUTES AND DECISION RECORD

22 JUNE 2018

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

Present:

Councillor Christopher Akers-Belcher (In the Chair)

Councillor Jim Lindridge.

Also present: Denise Ogden, Director of Regeneration and Neighbourhoods,
Hartlepool Borough Council
Clare Clark, Head of Community Safety and Engagement, Hartlepool
Borough Council
Chief Superintendent Alastair Simpson, Neighbourhood Partnership and
Policing Command, Cleveland Police
Chief Inspector Nigel Burnell, Chair of Youth Offending Board
Ian Armstrong, Durham Tees Valley Community Rehabilitation
Company
Ian Dixon, Cleveland Fire Authority
John Bentley, Voluntary and Community Sector Representative, Chief
Executive, Safe in Tees Valley
Libby Griffiths, Thirteen Group
A Peavor, Hartlepool and Stockton on Tees Clinical Commissioning
Group
Sally Robinson, Director of Children's and Joint Commissioning Services,
Hartlepool Borough Council

Jill Harrison, Director of Adult and Community Based Services
Martin Booth, Justice First

Officers: Rachel Parker, Community Safety Team Leader
David Cosgrove, Democratic Services Team

1. Apologies for Absence

Gill Alexander, Chief Executive, Hartlepool Borough Council
Peter Brambleby, Interim Director of Public Health, HBC
Barry Coppinger, Office of Police and Crime Commissioner for Cleveland
John Graham, Director of Operations, Durham Tees Valley Community
Rehabilitation Company
Simon Weastell, District Manager, Cleveland Fire Authority
Chris Joynes, Director of Customer Support, Thirteen Group
Jean Golightly, Director of Nursing and Quality, Hartlepool and Stockton on
Tees Clinical Commissioning Group

2. **Declarations of Interest**

None.

3. **Retirement of Clare Clark**

The Chair indicated that this meeting would be the final meeting attended by Clare Clark, Head of Community Safety and Engagement within Borough Council before her retirement at the end of the month. The Chair wished to record his thanks for the all the support he had received from Ms Clark during his time as Chair of the Partnership. Members echoed the Chair's sentiments.

4. **Minutes of the meeting held on 13 April, 2018**

Confirmed.

5. **Justice First – (*Justice First Manager*)**

Purpose of report

To receive a presentation from Justice First on their work with refugees and asylum seekers.

Issue(s) for consideration

Martin Booth, Fundraising Assistant with Justice First, gave a presentation to the Partnership outlining the work it undertook in Hartlepool in coordination with the Mary Thompson Fund and Tees Valley of Sanctuary. The presentation outlined the following key points: -

According to Article 1 of the 1951 United Nations Convention Relating to the Status of Refugees, a refugee is "someone who has a well-founded fear of being persecuted for reasons of race, nationality, religious belief, political opinion or membership of a particular social group; is outside the country of his or her nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country."

An asylum seeker is someone who has applied to be recognised as a refugee and is waiting for a decision. The right to seek asylum is enshrined in international law. It is recognised that using false documents is sometimes necessary to flee a country. There is no such thing as an "illegal" asylum seeker.

A Migrant is someone who crosses a border voluntarily for reasons like employment or education. Should a migrant elect to return home they

would continue to receive the protection of their government.

An Immigrant is someone who chooses to leave voluntarily, to live elsewhere – usually permanently.

An Illegal immigrant is someone who crosses a border and intentionally avoids informing the authorities.

Asylum seekers and refugees came from all walks of life and may be fleeing their home country due to war, conflict, political, religious and sexual discrimination.

The situation of asylum seekers on the Mediterranean island of Chios was highlighted showing the different countries they were fleeing. This was an island that Mr Booth had worked as an aid worker.

Those asylum seekers that reached Britain still faced many obstacles such as language barriers. Many were educated and qualified people but those qualifications may not be recognised in the UK. Most will have been working before they left their home and didn't want to be on benefits.

World-wide 65.3 million people have been forced to flee their homes and are either refugees, asylum seekers or internally displaced persons; 5 million of those in 2016 alone. Developing countries now host over 86% of all the refugees (70% 10 years ago) and an average of 42,500 persons were forced to flee their homes every day in 2014.

There were just under 32,500 claims for asylum in the UK last year; compared to Germany (442,000), Sweden (156,000), and France (74,000). Most refugees were in countries that neighbour conflict countries: Turkey, Pakistan, Lebanon, Iran, Ethiopia, Jordan and now Bangladesh. 86% of refugees are hosted by the poorest countries, leaving just 14% across the rest of the world. Only 0.32% of UK population were refugees.

The major source countries of refugees across the world were Syria, Afghanistan, Somalia, South Sudan, Sudan, DRC and now Myanmar.

People Seeking Asylum in Teesside in 2017 - Stockton: 892; Redcar and Cleveland: 44; Middlesbrough: 600; and Hartlepool: 188.

Justice First staff and volunteers help asylum seekers to assess their own case and if they have reasonable prospect of mounting an appeal they are helped to collect the evidence that they need. If an appeal is accepted legal aid and state assistance is re-instated and they are supported emotionally and practically.

The Mary Thompson Fund was a hardship fund established in 2001 for asylum/sanctuary seekers and to help settle refugees. The fund provided weekly cash and food from base in Stockton with funds coming mostly from donations from local people and organisations; around £30,000 - £40,000

each year. The fund aimed to be flexible and provide a quick response. The fund applied for small grants to cover admin costs, so that every penny donated goes to people in need.

Justice First helped people refused asylum to re-engage with the legal process and also emotional and practical support. It would refer people to other agencies who can help and provided an outreach venue for the Red Cross, the Mary Thompson Fund, and local immigration solicitors. Justice First also undertook awareness raising and lobbying and worked in partnership with other organisations supporting asylum seekers.

In Hartlepool, Justice First had worked with a total number of 42 clients plus 19 dependants supported over the last three years. Currently the group was engaged with 20 clients and 19 dependants. All of these clients were supported by the Home Office. Four of these clients were successfully referred to a solicitor and were represented by them. The presentation also outlined a case study of a family in Hartlepool and the work of a volunteer with the group.

Justice First promoted the work of Tees Valley of Sanctuary in Hartlepool among twenty three other partner organisations and High Tunstall School were working to be recognised as a School of Sanctuary.

Mr Booth thanked the Council for its contribution of £5000 to support the fund over each of the next two years. This, together with support from other local authorities was valuable contribution to the organisation.

The Chair thanked Mr Booth for the presentation and stated that he and the Partnership respected the work undertaken by Justice First in supporting those asylum seekers and refugees that were now making Hartlepool their home.

Decision

That the presentation be noted.

6. Safer Hartlepool Partnership Terms of Reference – Membership Refresh *(Director of Regeneration and Neighbourhoods)*

Purpose of report

To consider a refresh of the Safer Hartlepool Partnership Terms of Reference to reflect changes in membership.

Issue(s) for consideration

The Head of Community Safety and Engagement reported that following discussion at the Safer Hartlepool Partnership development day held in 2017 the refreshed Terms of Reference also now includes Hartlepool Borough Councils Director of Adult and Community Based Services and the Assistant Director, Environment and Neighbourhood Services as additional members. It was proposed that reference to the Chair of the bench of Hartlepool Magistrates be removed following the closure of Hartlepool Magistrates Court.

In the Terms of Reference the Leader of the Council is the Chair of the Safer Hartlepool Partnership with the Vice Chair of the Partnership being agreed on an annual basis who must be from one of the responsible authorities other than the Council.

Decision

1. That the Partnership approves the refresh of the Terms of Reference in order to reflect changes to the Safer Hartlepool Partnership Membership as outlined in Appendix A to the report.
2. That the Partnership approves the inclusion of the Borough Council's Director of Adult and Community Based Services and the Assistant Director, Environment and Neighbourhood Services as new members to the Partnership
3. That the Partnership agrees not to invite a representative from Teesside Magistrates to become a member of the Partnership.
4. That the Partnership approves the Chief Superintendent of Neighbourhoods and Partnerships continuing in the role of Vice Chair for the new municipal year.

7. Community Safety Plan 2017-20 (Year 2) *(Director of Regeneration and Neighbourhoods)***Purpose of report**

To consider the annual refresh (Year 2) of the 2017-20 Safer Hartlepool Partnership Community Safety Plan.

Issue(s) for consideration

The Director of Regeneration and Neighbourhoods reported that following presentation and discussion of the key findings within the annual strategic

assessment to the Safer Hartlepool Partnership in April 2018 a draft version of the refreshed Community Safety Plan (Year 2) was submitted for the Partnership's consideration. Subject to approval the Community Safety Plan would be considered by the Council's Finance and Policy Committee prior to being considered for adoption by full Council.

The Chair highlighted that Substance Misuse Policy was to be considered by the Health and Wellbeing Board as a priority area this year. Further reports would, therefore, come back to the Partnership as appropriate.

The following recommendations were approved unanimously.

Decision

1. That the Partnership approves the draft Community Safety Plan 2017-20 (Year 2).
2. That the Partnership approves the Task/Sub Group reporting timetable.
3. That the Borough Council's Director of Children's and Joint Commissioning Services be appointed as Chair of the Domestic Abuse Group.

8. Acquisitive Crime Task Group Update *(Durham Tees Valley Community Rehabilitation Company)*

Purpose of report

To receive an update report on the work of the Acquisitive Crime Task Group.

Issue(s) for consideration

The Head of Community Safety and Engagement reported that following the establishment of the Task Group in March 2018 the group had investigated the potential impact of the government's welfare reforms and the implementation of Universal Credit on acquisitive crime. The detailed update report was submitted for the Partnership's consideration.

Chief Superintendent Simpson asked if the further work being undertaken by the Task Group would be reported back to the Partnership. The Chair requested that any important additional information be circulated directly to Partners when/if available.

Decision

1. That the report be noted; and
2. That any significant additional information from the Task Group be circulated to the Partnership as and when appropriate.

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

Purpose of report

To provide an overview of Safer Hartlepool Partnership performance for Quarter 4 – January 2018 – March 2018 (inclusive).

Issue(s) for consideration

The Community Safety Team Leader commented on the detailed statistics included with the report which showed that all recorded crime, except vehicle crime, had shown an increase over the quarter. This was, however, the lowest increase over the four Police Districts. Bicycle and vehicle crime had reduced significantly following a campaign around garden crime encouraging households to ensure sheds and gardens were locked. While no targeting bicycle crime specifically, most bicycle thefts were from homes.

There had been a reduction in recorded anti-social behaviour of around 17% with a significant reduction in nuisance anti-social behaviour. There had also been a reduction in the numbers of deliberately set fires, though this was partially attributed to the very wet weather earlier in the year.

The Community Safety Team Leader also highlighted that the number of first time entrants to the criminal justice system had also reduced significantly with only three new entrants to the system in the quarter.

The Chair commented that while there was an overall increase in recorded crime there were a number of positives that should be focussed on. It was suggested that to assist further the good work that had been done on bicycle crime, some work with schools encouraging school children to lock their bikes particularly during the school holidays. In relation to the deliberate fires it was questioned as to whether the recent high profile fires were due to accidents or arson. Chief Inspector Burnell commented that suggestion to work with schools would be taken forward. Much of the success in the bicycle crime figures had been due to reuniting stolen bikes with their owners. There was a sub group working on deliberately set fires which was also working with owners of vulnerable buildings to ensure the Police and Fire Brigade had up-to-date key holder information. The Fire Brigade representative indicated that officers were working with the Police

in investigating deliberately set fires.

The Chair considered that the new integrated community safety team was proving its worth and indicated that he would like to include some of the positive news in his next Leader's Bulletin.

It was questioned as how the work with troubled families was impacting on crime figures. The Chair suggested that a report on this important area of work would be helpful for a future meeting.

The repeat incidents of domestic violence was raised with concern expressed at the potential increase in incidents during the world cup. Chief Superintendent Simpson stated that there was additional provision and support for victims for domestic abuse, which was unfortunately a part of police officers regular business.

A member referred to the public perception around acquisitive crime where people often feel the police were not doing enough. The success around bicycle crime for example needed to be better communicated with the public, particularly through social media. The Chair agreed and suggested that some additional work through the Communications Team should be undertaken.

The issue of the nuisance caused by off-road motor cycles was raised. The Police representatives indicated that Operation Endurance was continuing to tackle this issue but there were difficulties in identifying bikes and riders. The operation was as much about education as it was seizing bikes and Hartlepool did have fewer reports of these incidents than the other districts. The Police did require as much intelligence as they could get from the public and they would take reports through social media as well. It was a misconception that officers should chase after those causing a nuisance; it was much better to focus on where the bikes were kept. The Chair commented that it would be useful to have a link from the Council's own website and social media to the Police to help in improving reporting.

The issue of Community Payback by offenders was discussed with concern being expressed at the lack of visibility of the 'pay-back'. The public needed to see that this was happening to alley the perception that it was a soft option. The Durham Tees Valley Community Rehabilitation Company representative agreed that much of their work was poorly advertised. The Chair agreed that there were similar anxieties expressed in his ward and requested that the Durham Tees Valley Community Rehabilitation Company should give a presentation to the Partnership outlining the work done and also to allow a discussion on how to better integrate some of the 'pay-back' work with Neighbourhood Services and how to improve the information sharing with the public.

The Durham Tees Valley Community Rehabilitation Company representative was asked if it was correct that Hartlepool offenders were often transferred to 'pay-back' schemes outside of Hartlepool. The

representative stated that this did happen at times to allow work to be managed appropriately but for no other reason than that. There were also a number of placements in local charity shops so offenders were paying back in Hartlepool.

Decision

1. That the report be noted.
2. That a report be submitted to a future meeting outlining the work undertaken with troubled families in Hartlepool and the consequent affect on crime.
3. That a report / presentation be received from the Durham Tees Valley Community Rehabilitation Company on the Community Payback Scheme's operation in Hartlepool.

10. Any Other Items which the Chairman Considers are Urgent

None.

The meeting noted that the next meeting would be held on Friday 3 August 2018 at 10.00 am in the Civic Centre, Hartlepool.

The meeting concluded at 11.00 am.

CHAIR

NORTH EAST JOINT HEALTH SCRUTINY COMMITTEE

MINUTES

21 JUNE 2018

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

Present:

Hartlepool Borough Council: Councillor Brenda Loynes

Newcastle City Council: Councillor Taylor

South Tyneside Council: Councillor Brady

Also Present: County Councillor L J Rickerby as substitute for County Councillor Watson (Northumberland County Council)
County Councillor A Patterson as substitute for County Councillor J Robinson (Durham County Council)
Councillor Povey as substitute for Councillor Grainge (Stockton-on-Tees Borough Council).

Felicity White, County Durham and Darlington NHS Trust
Paul Davey, County Durham and Darlington NHS Trust
Sue Jacques, County Durham and Darlington NHS Trust
Paul Dunlop, City Hospital Sunderland
Sean Fenwick, City Hospital Sunderland
Lorraine Nelson, City Hospital Sunderland
Rebecca Elliott, City Hospital Sunderland
Penny Gray, NHS England
Julie Turner, NHS England
Clair White, Durham Dales, Easington and Sedgefield CCG

Officers: Joan Stevens, Scrutiny Manager (HBC)
Stephen Gwilym (DCC)
Peter Mennear (SBC)
Paul Baldesera (STC)
David Cosgrove, Principal Democratic Services (HBC)

1. Apologies for Absence

Darlington Borough Council: Councillor Newall
Durham County Council: Councillor Robinson
Gateshead Borough Council: Councillor Green
Northumberland County Council: Councillors Alan Sambrook
Redcar and Cleveland Borough Council: Councillor Kay
Stockton Borough Council: Councillor Grainge

2. Declarations of Interest

None.

3. Appointment of Chair and Vice-Chair

Nominations for the position of Chair and Vice-Chair were sought from the meeting.

It was proposed and seconded that Councillor McCabe, South Tyneside Council be appointed as Chair for the ensuing year. This was agreed by the Joint Committee without dissent.

It was proposed and seconded that Councillor Robinson, Durham County Council be appointed as Vice-Chair for the ensuing year. This was agreed by the Joint Committee without dissent.

In the absence of both Councillor McCabe and Robinson, a Chair for this meeting was sought from the members present. It was proposed and seconded that Councillor Loynes be appointed as Chair for this meeting.

Councillor Loynes in the Chair.

4. Minutes of the meeting held on 15 February, 2018

The Statutory Scrutiny Officer (HBC) highlighted an amendment to the minutes in that at Minute No. 59 'Specialist Services Update – Neonatal Intensive Care', Sunderland provide the NICU for babies born *over* 26 weeks gestation for the whole region. This amendment to be reflected in the recommendations.

With the above amendment, the minutes were confirmed.

5. Terms of Reference for the North East Joint Health Scrutiny Committee

The terms of reference for the Joint Health Scrutiny Committee were presented to the Committee.

RESOLVED

That the terms of reference be approved.

6. Work Plan for the 2018/19 Municipal Year

The proposed work plan for the Joint Committee for the forthcoming year was presented to Members. It was suggested that any proposals / amendments from members be forwarded to South Tyneside Council.

RESOLVED

That the work plan be approved.

7. Durham County Council - Adults Wellbeing And Health Overview And Scrutiny Committee - Member Feedback / Recommendations On NHS England's Proposed Review Of Specialised Vascular Services Across The North East – *Durham County Council Representative*

The North East Joint Health Scrutiny Committee on the 15 February 2018 received an update from the North East and North Cumbria Specialist Commissioning Unit outlining progress in relation to the North East Vascular Service Review, following implementation of the recommendations from the Vascular Society of Great Britain and Ireland in 2016.

The Committee agreed that 'discussions would be noted and the proposals reconsidered after consideration by Durham County Council's health scrutiny committee, and provision of the consultation responses and business case to this Committee' (minute number 60 refers).

At a meeting of the Durham County Council's Adults Wellbeing and Health Overview and Scrutiny Committee held on Friday 1 June 2018, consideration was given to a report and presentation regarding proposals by NHS England to reconfigure specialised and some non-specialised vascular services in North East England.

Representatives of NHS England's specialised commissioning team, County Durham and Darlington Foundation Trust, City Hospitals Sunderland NHS Foundation Trust, North East Commissioning support and both of the County Durham Clinical Commissioning Groups attended to speak about the proposals including the rationale for change, the independent evaluation of options undertaken by the Vascular Society of Great Britain and the recommended option of the third centre providing specialised vascular services at Sunderland Royal Hospital rather than at University Hospital North Durham.

The representatives from Durham County Council stated that their members had great concerns as to the move of services from Durham to Sunderland particularly on the increased distances that a significant proportion of Durham's residents would be required to travel for treatment. It was these concerns that had driven the committee's discussions and the following recommendations had been put forward from Durham for consideration by this Joint Committee: -

- 1) The clinical case for the reduction from 4 to 3 specialised vascular services centres in the North East is accepted by Durham County Council's Adults Wellbeing and Health Overview and Scrutiny

Committee;

- 2) The rationale for the selection of Sunderland Royal Hospital as the third regional specialised vascular services centre is disputed from a geographical perspective as this would leave almost half of County Durham more than an hour's travel away from specialised vascular services;
- 3) The County Council's Adults Wellbeing and Health Overview and Scrutiny Committee believes that the proposals constitute a substantial development and significant variation in health services and that statutory consultation is required under Section 244 of the NHS Act 2006, particularly in respect of the decision of the location of the third regional centre for specialised vascular services between University Hospital North Durham and Sunderland Royal Hospital; and
- 4) The proposed communication and engagement activity in respect of the proposed review needs to be widened to ensure that the whole population of County Durham have the opportunity to provide their views on the proposals given the significant impact upon Durham of the preferred option.

The Durham representatives stated that they were, therefore, seeking the support of the joint committee, specifically in relation to recommendation 3 that this was a significant variation in health service provision which required statutory consultation.

There were comments expressed by other local authority representatives that while acknowledging the situation for Durham, for most other local authority areas the proposals made no change to service delivery for their residents.

A letter was tabled at the meeting that had been received from Professor Stansby at the Freeman Hospital, Newcastle which made reference to the issue of delivering the Vascular Services at Newcastle and the recruitment of appropriate specialists. Members questioned how this issue would affect the delivery of the proposed changes in vascular services for people in the northern part of the region. The health representatives present commented that there would be no direct impact on services to residents but there were some issues in recruiting. The health representatives indicated that they understood the comments being made and indicated that the geography of the area had been considered. The position of the Board was, however, to support the three centre model based on Newcastle, Sunderland and Middlesbrough.

The representative from Northumberland County Council considered that it would be difficult to give any support for the recommendations until the impact on Northumberland residents had been explored by their scrutiny committee. It was acknowledged, however, that Northumberland residents

would still receive their services through Newcastle as at present.

The Durham representatives remained of the view that they considered this a substantial variation of service with a significant impact on a large proportion of Durham residents. It was suggested that the way forward may be for Durham to pursue the matter independently as Northumberland had indicated they intended to do.

The NHS England representatives stated that they had asked the Trusts to undertake a rapid self assessment on the changes. NHS England were conscious of the distances some patients may be required to travel and indicated that they would welcome the opportunity to go back to Durham's scrutiny committee and report back on those findings.

The Trust representatives indicated that they had examined the services in detail before the proposals for the realignment were determined. One of the issues they considered were not being fully understood was not that services couldn't be provided at Durham but it was an issue of collocated services such as renal services. Renal patients were already travelling to Sunderland for those services. Vascular services ideally required collocated renal services.

The travel issues were well understood but they would not affect all of the 600 patients that would be affected by the change in location from Durham to Sunderland. With reference to the letter tabled in the meeting, it was acknowledged that Vascular specialists were proving difficult to appoint; the situation was similar with specialist radiologists. If services were not collocated it would prove even harder to appoint such specialist staff.

Other representatives considered the Durham recommendations and indicated that the nub of the issue was whether each area considered the changes to be substantial. This was simply not the case for the majority of members of the Joint Committee. The Joint Committee's protocol had to be followed and on this issue a significant variation in health services requiring statutory consultation under Section 244 of the NHS Act 2006 could not be supported for the region. The matter could, however, be argued from Durham's perspective as being such and it would, therefore, be appropriate to allow Durham (and potentially Northumberland) to pursue the matter.

In terms of the individual recommendations submitted by Durham, there was unanimity on recommendation 1 but not on the remaining three.

RESOLVED

1. The Joint Committee accepted the clinical case for the reduction from 4 to 3 specialised vascular services centres in the North East.
2. The Joint Committee recognised the variation in impact, in terms of the detail of the proposals across each North East local authority area, and agreed that it would not be possible for the Joint Committee to

submit a co-ordinated response to NHS England.

3. The Joint Committee, therefore, referred the formulation, and submission, of a response to NHS England to each Local Authority, where appropriate.

8. Specialist Services Update (Neonatal Intensive Care) - Update Letter from the Chair

It was reported that the initial proposals for the Neonatal Intensive Care had been discussed in detail by the North East Joint Health Scrutiny Committee on the 17th December 2015. Following a number of progress reports, a further presentation was considered by the Committee on the 15 February 2018 (minute number 49 refers).

The Joint Committee agreed that 'subject to support from Stockton Borough Council, following their individual consideration on the proposals, the Committee had no objection to the proposals for changes to the provision of neo-natal services, as detailed in the presentation to members.

Following the meeting of the 15th February 2018, the Chair of the North East Health Scrutiny Committee received confirmation from Stockton Borough Council that the matter had been considered, on the 13th March 2018, by its Adult Social Care and Health Select Committee. Stockton's Select Committee had agreed that they had been provided with sufficient assurance in relation to the proposals and had agreed that no further action required by than at that time. In addition to this, the Chairman had received confirmation from the North Tees and Hartlepool NHS Foundation Trust that they agree that the proposals were the right thing to do in terms of the provision of services for this group of babies from the University Hospital of North Tees. Over and above these proposals, the Trust remained committed to the provision of a vibrant Special Care Baby Unit (SCBU) / model, ensuring the sustainability of remaining services from the University Hospital of North Tees as they go forward.

n the basis of the above, and in accordance with decision of the 15th February 2018, the Chairman of the North East Joint Health Scrutiny Committee confirmed, in writing to NHS England, that the Committee has no objection to the proposals for changes to the provision of neo-natal services. A copy of the former Chair's letter was submitted for Members information.

RESOLVED

That the report be noted.

9. Chairman's urgent items

None.

10. Any Other Business

The representative from Stockton-on-Tees Borough Council indicated that the Tees Valley Joint Health Scrutiny Committee had recently met to consider its workload for the coming year. The officer indicated that he would share the work programme with other authorities to ensure there was no duplication of workload. Other officers welcomed the suggestion and South Tyneside agreed to receive and share any work programmes across the region to the same end.

11. Date and Time of Next Meeting

To be confirmed.

The meeting closed at 10.45 am.

CHAIR