

AUDIT AND GOVERNANCE COMMITTEE AGENDA



Thursday 22 November, 2018

at 10.00 am

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

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE

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

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).

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 18 October 2018 (To Follow).

4. AUDIT ITEMS

4.1 Business Continuity – *Assistant Director (Environment and Neighbourhoods Services)*

5. STANDARDS ITEMS

No items.



6. STATUTORY SCRUTINY ITEMS

- 6.1 Health Inequalities Annual Update:-
(a) Covering Report – *Statutory Scrutiny Manager*
(b) Public Health Outcomes Framework – *Interim Director of Public Health*
- 6.2 Needle Exchange – *Interim Director of Public Health*

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

- 7.1 No Items.

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

- 8.1 No Items.

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

- 9.1 Stakeholder briefing – Update on learning disability respite services, October 2018.

10. MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP

- 10.1 To receive the minutes of the meeting held on 3 August 2018.

11. REGIONAL HEALTH SCRUTINY UPDATE

- 11.1 North East Regional Joint Health Scrutiny Committee - No Items
- 11.2 Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee – To receive the minutes of the meeting held on 13 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 Consideration of Investigation Report – SCO1/2018– *Interim Chief Solicitor and Monitoring Officer* (para. 1)

15. ANY OTHER EXEMPT BUSINESS WHICH THE CHAIR CONSIDERS URGENT

For information: -

Date and time of forthcoming meetings –

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

18 OCTOBER 2018

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

Present:

Councillor Brenda Loynes (In the Chair).

Councillors: Ged Hall, Lesley Hamilton and John Tennant.

Co-opted Members:

Mr Stan Cronin, Mr Norman Rollo and Ms Clare Wilson.
Parish Councillor Don Cameron, Greatham Parish Council.

Also Present: Councillor Stephen Thomas, Chair of Adult Services Committee
Chief Inspector Nigel Burnell, Cleveland Police
John Graham, Durham Tees Valley Community Rehabilitation Company
Philip Kerr, North East NHS Independent Complaints Advocacy (ICA)
Julie Parkes, North Tees and Hartlepool NHS Trust
Lindsey Robertson, North Tees and Hartlepool NHS Trust
Karen Hawkins, Hartlepool and Stockton Clinical Commissioning Group
Louise Dunn, Hartlepool and Stockton Clinical Commissioning Group
Judy Gray, Hartlepool Healthwatch

Officers: Peter Brambleby, Interim Director of Public Health
Hayley Martin, Chief Solicitor and Monitoring Officer
Neil Harrison, Head of Safeguarding and Specialist Services
Deborah Clark, Health Improvement Practitioner
Rachel Parker, Community Safety Team Leader
Jayne Gardner, Approved Mental Health Professional Lead
Joan Stevens, Statutory Scrutiny Officer
David Cosgrove, Democratic Services Team

41. Apologies for Absence

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

42. Declarations of Interest

None.

43. Minutes of the meeting held on 20 September 2018

Confirmed.

44. Update – Safer Hartlepool Partnership Performance

The Chair referred to the previous minutes and specifically Minute No. 34 'Safer Hartlepool Partnership Performance' when Members had raised some concerns around the reported crime statistics, the lack of information on convictions and 'crimes solved', and the recording of multiple offences. There had been no Police representative at the meeting, so the Chair had written to Cleveland Police seeking their attendance at this meeting and future meetings when the crime statistics were being discussed.

Chief Inspector Nigel Burnell was present at the meeting to respond to the questions raised. The Chief Inspector indicated that in the past Police performance had been driven by Home Office statistics on detection and prosecution. This had now changed and the Police focus was now centred on the victim. The Chief Inspector did not have any statistical information on detection and prosecution rates but indicated they could be provided.

The Chief Inspector indicated that robbery was an area where the Police placed most focus due to the perceived harm around such crime and arrest rates were around 80% for robbery with a charge rate of around 40%. In relation to the questions around whether the Police were interested in solving crime, the Chief Inspector referred to the high levels of car crime in the 1980's when the arrest rates were relatively small. The biggest impact on that crime had been crime prevention through the installation of immobilisers and deadlock which reduced the ability for that crime to be committed.

The Police now had a more considered approach to crime assessing what could be done to reduce the recurrence of such crime and detection where possible. It was this narrative that had changed the focus of the Safer Hartlepool Partnership towards safeguarding and the reduction of harm. The Police would always want to improve detection but there simply were not the resources to be utilised 'to catch people in the act'.

Members commented that without knowledge of the detection and prosecution rates the crime recording statistics didn't mean much at all on their own. The Chair commented that even if detection rates were low, at least people could see that something was being done. It was hard to convince the public that action was being taken when they reported crime.

The Chief Inspector indicated that there was a focus on 'problem solving' particularly with a focus on youth engagement. Preventing young people from entering into crime in the first place had great long term dividends. There were a lot of instances here knowing the detection rates didn't move us forward.

Members were concerned at the number of instances they were aware of from constituents around reporting crime to the Police and seeing no further action. This disappointing response was creating a belief among many residents that reporting crime to the Police was pointless, as they never did anything anyway. Calling 101 was also very frustrating for many as it took so long to get an answer.

The Chief Inspector indicated that the force was aware of the perception of a poor response from the Police and the Chief Constable was reviewing this issue. The Police did receive hundreds of calls every day and there would be instances where they did get it wrong. The Police were also aware that crime was under-reported but did need to understand the reasons behind that. The Chief Constable had also identified the control room as an area where responses to calls needed to be improved and staffing was being reviewed. The Chief Inspector was also aware from dealing with community groups of the perception of 101 and the poor reporting of crime. Issues could though be reported direct to the Community Safety Team by email or through their own direct number.

In relation to the issue of multiple crimes not being recorded or only the prosecution of only the most serious charge were issues the Chief Inspector believed the Crown Prosecution Service would be more correctly placed to answer as they had their own guidance. In his experience, the Chief Inspector considered that the other charges were not simply being ignored but that the CPS had chosen 'specimen charges'. Members did feel that some of the non-inclusion of certain charges against offenders could cause some distress to the victims of those crimes where charges appeared not to be pursued.

As for the statistics not revealing a true reflection of crime committed, the Chief Inspector considered that the statistics needed to be viewed with some caution. Courts for instance would deal with the circumstances presented to them. The CPS may choose only to focus on that which they could reasonably prove. This didn't mean other charges were not being taken into account; the process was not an exact science.

The Chair thanked the Chief Inspector for his comments but did not feel that the Committee was any further forward in understanding these issues without the details of the charges brought and prosecution rates. The Chair requested that when future reports on crime statistics were being considered by the Committee that it would be valuable to have a Police representative attend to respond to the questions of Members and provide some reassurance.

Recommended

1. That the Chief Inspectors comments be noted.
2. That more detailed information on detection and prosecution rates be

provided to a future meeting.

3. That clarification be sought from the CPS in relation the policy of focusing prosecutions on the most serious offences (where multiple crimes have been committed by an individual).

45. Durham Tees Valley Community Rehabilitation Company Limited – Update Presentation *(Statutory Scrutiny Officer)*

Jon Graham, the Director of Operations from the Durham Tees Valley Community Rehabilitation Company Limited (DTVCR) was present at the meeting and gave a presentation to the Committee informing Members of the work undertaken by the CRC.

The DTVCR representative made the following key points during the presentation: -

- CRC's were established across the country in 2014 and Durham Tees Valley CRC was the only 'not for profit' organisation delivering community rehabilitation in England.
- DTVCR currently supervised and managed around 4,000 medium and low risk only participants, with 400 in Hartlepool.
- The CRC also delivered unpaid work and programmes for the National Probation Service as well DTV cases.
- The purpose of unpaid work was to be both demanding and rehabilitative, and assists in re-integration and must not replace paid employment.
- All Court work was undertaken by the National Probation Service.
- Local delivery has been maintained and the DTVCR had a small but proud voice in CRC landscape and was known for doing the right thing.
- DTVCR had been described positively as an 'Outlier' in the CRC landscape.
- While the organisation was not for profit did not mean it was commercially unaware. Around £500,000 had been invested in service development in the last twelve months, which would continue for the next three financial years.
- The CRC maintained good relationships with various groups and organisations such as the National Probation Service, the Cleveland PCC, and other core partners.
- Professionally qualified Probation Officers (20% of the current staff) undertake the most risky work. Current caseloads were manageable with around 40 cases per member of staff.
- Performance had remained consistently high - minimal service credits. Offender feedback was also very good.
- The prison population was growing. When the probation system was changed, the sentencing powers changed as well. Any prison sentence would now be followed by a period 'on licence' for one year after release. This was resulting in more offenders being given custodial sentences as on release they would get a full year's intervention.

- Three Hubs were operated in Hartlepool – People’s Centre 4 days p/w, Waverley Project 3 days p/w, and St Joseph’s Church Hall 1 day p/w.
- Unpaid Work (UPW) undertaken included – Waverley Project, Greatham to Graythorp Walkway, Toft Farm Walkway, Seaton Carew Front flowerbeds
- Waverley Project – 18-24’s and IOM (Integrated Offender Management)
- Universal Credit Impact report showed reduced volumes of UPW hours – meaning there was less visibility in the community.
- Hartlepool Court Closure Impact – there was no increase in probation order breaches but the service was monitoring outcomes at Teesside Magistrates Court as it appeared that Teesside was more likely to give custodial sentences.
- Re-offending – There is a small but significant cohort of re-offenders who tend to be white males over 30 with substance misuse issues committing shop theft. The reoffending rate was currently 52%.
- DTVCRC had worked hard to meet its contractual obligations and had done so consistently over the past four years.
- Our implementation of TTG (Through the Gate) services and our positive relationships with the NPS (National Probation Service), were talked about widely as being ‘different’ to other CRCs in a positive way.
- DTVCRC had shown that the contract could work in what we believe was the spirit and manner the MoJ (Ministry of Justice) intended, with the right organisational approach to ‘doing the right thing’ where quality practice was important to positive outcomes.
- DTVCRC had worked hard to engage the staff group, change culture and behaviours and form an identity in this new contractual world.
- It was often difficult to get our voice heard in a system which appeared geared towards the larger CRC providers.
- It was understood that the new contracts when they were to be issued would be for much larger areas and it was likely that the Durham Tees Valley area would be amalgamated with Northumberland.
- Unpaid work in Hartlepool was coordinated with the Council. The intention with UPW was to ensure it was meaningful with some training potential. However, most members of the public wanted to see offenders litter picking or cleaning graffiti.

A Member referred to recent government data which showed that the targets for reducing reoffending were not being met; why was this. The DTVCRC representative commented that the frequency target used was flawed primarily for statistical reasons and the MoJ had agreed to change the calculation. The Member also referred to the recent Public Accounts Committee conclusion that CRCs were performing woefully. The DTVCRC representative commented that the DTVCRC generally had the best service levels in the country and it was acknowledged that DTVCRC was an outlier in terms of contract measures. Reoffending rates had reduced by 2% but it was acknowledged that there was a problem with reoffending in our area.

The Member questioned the issue of payment by results and the financial performance of the CRC. The DTVCRC representative commented that the

CRC was not making a loss but a profit, hence the reinvestment reported earlier. The Members questioned the support given to female offenders. The DTVCRC representative stated that the CRC operated female only reporting centres with a dedicated worker. The proportion of female offenders had increased in recent years from 10% to 20%. The reasons for this were not fully understood and work was underway in that respect. There was a lot of shop theft among female offenders but there was a worrying increase in violent crime and there was a specific programme around those offenders. The Police representative indicated that there was no specific reason that the Police were aware of for this increase. There were a number of societal changes that would need to be examined together with studies of individual offenders to understand the reasons behind the shift in offending.

Recommended

That the Director of Operations from the Durham Tees Valley Community Rehabilitation Company Limited be thanked for his informative presentation and responses to Members questions.

46. Investigation into the Provision of Preventative Mental Health Services for Hartlepool Residents - Setting the Scene *(Statutory Scrutiny Officer)*

The Statutory Scrutiny Officer reported that as Members would recall, the meeting of the Committee on 25 July 2018 agreed the Scope and Terms of Reference for their forthcoming investigation into the provision of preventative mental health services for Hartlepool residents. In setting the scene for the investigation, the Head of Safeguarding and Specialist Services was present at the meeting to outline what services were currently available and the existing demand for them.

The Head of Safeguarding and Specialist Services gave a presentation to the Committee outlining the following key points.

- By 2020 (source Pansi, ONS) the anticipated impact of mental health issues on Hartlepool households would be 24.5% (almost 1 in 4 households) with the following breakdown -

Age 18-64 Common Mental Disorder	8825
Age 18-64 Borderline Personality Disorder	245
Age 18-64 Antisocial Personality Disorder	190
Age 18-64 Psychotic Disorders	219
Age 18-64 2 or more Psychiatric Disorders	3940
- At present about 700 Adults were accessing Adult Mental Health Services in Hartlepool.

- By 2020 (source Poppi, ONS)

Age 65+ with Dementia	1356	
Age 65+ suffering Depression	1627	
Age 65+	515	(almost 1 in 5 Households)
- Public Health England state -
 - Children in low income families 4 times more likely to experience mental health problems.
 - 5% of children aged 5-10 have conduct disorder
 - Increases to 7% as young people approach secondary school age.
- Source Kidscreen (National Emotional Health survey) 2018 -
 - found 10-13% of children and young people experiencing difficulties with mental health
- The Prevention Concordat for Better Mental Health was intended to provide a focus for cross-sector action to deliver an increase in the adoption of public mental health approaches across:
 - Local authorities
 - The NHS
 - Public, private and voluntary, community and social enterprise (VCSE) sector organisations
 - Educational settings
 - Employers
- The Concordat would -
 - Provide a shift towards prevention-focussed leadership and action throughout the mental health system
 - Draw on the expertise of people with lived experience of mental health problems, and the wider community, to identify solutions
 - Promote a prevention-focused approach towards improving the public's mental health
 - Work collaboratively across organisational boundaries and disciplines
 - Will build the capacity and capability across our workforce to prevent mental health problems and promote good mental health.
- The mental health stepped care referral pathway was set out. It included five steps – 1. Self directed support; 2. Facilitated self help; 3. Targeted support; 4. Specialist; and 5 specialised. It was intended that the investigation would focus on the first two steps as these were individual directed. There were lots of community and health bodies involved in these two steps and primary health services are involved in step 2 'facilitated self help'.
- There was a lot of information available through the Hartlepool Now website and the service worked closely with the sport and recreation team. There had been a 'Strictly Mental Health' event organised in conjunction with Hartlepool Healthwatch last week at the Borough Hall when 230 people had attended.
- A mental health event using the Working Together for Change methodology was being organised for 12 December 2018.

A Member referred to the statistic that 31% of people with mental health issues had no formal education qualifications and how this could be addressed. The Head of Safeguarding and Specialist Services

acknowledged that this was particularly high and work did need to be undertaken with Adult Education services to address this. The Waverley Allotments project had been opened up to more groups and over 130 people had been through that but unfortunately that didn't provide any formal qualifications.

A Member referred to the Trade Unions push towards mental health first aiders in the workplace and asked if any were available within the Council. The Approved Mental Health Professional Lead commented that there was mental health first aid training available alongside other mental health training. TEWV were looking to expand peer mentors and the Tees Mental Health Training Hub was offering courses. The mental health first aid course was a good, easy to follow course that provided those attending with confidence in talking to people with mental health issues.

The Chair of the Adult Services Committee indicated that he was also the Council's Mental Health Champion and as such he welcomed the investigation into these services. Healthwatch was receiving increasing reports of people having issues gaining access to mental health services. People will have generally gone through quite a lot coming forward for help and there were still a lot of issues around stigma. Having to wait to access services was then an issue and it had been highlighted that 25% of patients had to wait 3 months or more to access a mental health psychiatrist. This was a real issue in terms of the prevention agenda. The delays in accessing services could lead to a spiralling of issues and symptoms.

The lack of professional psychiatrists was an issue across a wide range of services and the problems in children and young people's mental health services are a well reported issue. The pathways to treatment needed to be smoothed out as Healthwatch was hearing from some of the people it had contact with that they were losing confidence in the system that was supposed to be supporting them.

The Chair acknowledged the comments from the Chair of the Adult Services Committee and indicated the points would be taken forward during the investigation. Members understood that the initial effort to contact a GP on these issues was a very significant step in many peoples' lives.

The Approved Mental Health Professional Lead indicated that in the year to October, 2350 people had been referred into or supported by the Crisis Team, which was a rise of 200 people over the previous year. There had been no increase in staff. Most people were referred to their GP and many would have medication prescribed. Around a third would be referred for further intervention services. People referred into services often didn't manage to do what they had been advised to do though Hartlepool did have one of the lowest re-referral rates.

The Chair of the Adult Services Committee commented that one of the other major issues was the complicated treatment pathway with many patients saying they frequently didn't understand who was doing what and

where they were going.

The Vice-Chair commented that stigma was one of the biggest issues around mental health. This often prevented many accessing services early and was then reflected in the numbers that needed more input later. The focus on preventative measures was, therefore, essential to help people cope without the need for formal intervention.

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The Chair acknowledged the comments from the Chair of the Adult Services Committee and indicated the points would be taken forward during the investigation. Members understood that the initial effort to contact a GP on these issues was a very significant step in many people's lives.

Recommended

1. That the Head of Safeguarding and Specialist Services be thanked for his informative presentation and responses to Members questions and that the comments be noted.
2. That mental health first aid training should be made available alongside other mental health training and the value of peer mentors was recognised.
3. That the following be considered as part of the investigation how preventative services can help:
 - Close the time gap between referrals and access to mental health professionals;
 - Bridge the gap in accessing services (i.e CAMHS);
 - Address the stigma attached to mental health services; and
 - Provide clarity in treatment pathways and increase understanding.

47. Update on Healthy Weight Strategy (*Interim Director of Public Health*)

The Interim Director of Public Health presented a report updating the Committee on the progress of the Healthy Weight Strategy. The report outlined key local progress together with the key future strategic direction being set by national government. The Interim Director highlighted the key progress made against the three strategic themes and indicated that Hartlepool had one of the highest uptakes in the country on the National Childhood Measurement Screening Programme which meant that the data held was highly accurate.

The strategy was now partway through a ten year programme and the government had now published its second chapter of Childhood Obesity: A plan for Action which set an ambition to half childhood obesity by 2030. The public health profession did feel that the government could have been more ambitious and locally there would be a push towards more work against the target. The Interim Director paid tribute to the work of the Steven Carter, Health Improvement Practitioner, for the enormous amount of work he had undertaken on the strategy before he had left the authority. A new Health Improvement Practitioner would be appointed by the end of the year to continue this important work.

The Vice-Chair commented that the figures for obesity among reception age children was shocking; was this a result of families financial situation. The Interim Director stated that Hartlepool was third highest in the statistics for reception age children and highest for children aged 11 years. The interim Director did feel that finance was one of the reasons, if money was short people did tend to go for the quick fix solution to meals. The simple message was that you don't have to be wealthy to eat healthy. When you assessed where fast food outlets were located it was no surprise that those on lower incomes used them. It did seem to be a generational issue; people cook like their mum and if she didn't, they don't.

Members asked if primary schools were 'on-board' with scheduling enough physical activity. The Interim Director indicated that they were but it was in some instances too late by then, parents needed to take action from day 1. The Vice-Chair indicated that minimising the calorie count of take-away meals was an action that needed to be considered and members also suggested supermarkets not running 2 for 1 or other promotions on high fat foods would help.

The Interim Director commented that a lot of issues did relate to a simple lack on movement; type 2 diabetes could be called a walking deficiency disease. Also dieting was a concern; diets in themselves didn't work but changing your diet could. Many also attributed the internet as a cause of issues among younger people but for older people it was a way of reconnecting and preventing loneliness, so it wasn't always bad. Members referred to the numerous television cookery programmes that often didn't focus on healthy eating and frequently involved adding lots of salt to meals. The Interim Director indicated that advice on salt had recently changed, increasing slightly, though too much was still an issue, particularly for those with high blood pressure. Saturated fats were more of an issue for the wider public; balance was the key word. The Chair commented that with the availability of cheap fresh vegetables in supermarkets people could cook cheap meals from scratch. Much depended on their ability desire to do so but people can eat healthy at low cost.

Recommended

That the update report be noted and the Interim Director of Public Health be

thanked for his comments.

48. **Independent Complaints Advocacy Service - Update Presentation** (*Statutory Scrutiny Officer*)

The Statutory Scrutiny Officer reported that the Committee, at its meeting on the 14 March 2018, was introduced to the work of the ICA, as a provider of free, confidential and independent advocacy support to people wishing to raise a complaint about their NHS funded treatment or care. The Committee noted with interest the level and types of complaints dealt with by the ICA and welcomed the benefits of a support service of this type and requested that an update be provided on a quarterly basis.

Philip Kerr, North East NHS Independent Complaints Advocacy (ICA) gave a presentation to the Committee highlighting the following key points: -

- ICA provides free, confidential and independent advocacy support to people wishing to raise a complaint about their NHS funded treatment or care.
- Who we support:-
 Clients with declared health issues 57%
 Top health issues – Long term disabilities, Mental health , Physical disabilities.
 Clients from Ethnic minorities 8%
- Postcode sources of complaints:
 TS24 - 31%; TS25 - 43%; TS26 - 21%; TS27 - 5%;
- Client profile - Female 64% Male 36% with 68% of Hartlepool Clients report a pre existing health condition.
- Sources of complaints;
 PALS – 38%
 Healthwatch -19%
 Hospital Complaints Dept -18%
 Previous Service User -8%
 Google Search -11%
 Statutory/Voluntary sector -6%
- NHS Complaints Profile: -
 North Tees and Hartlepool Hospitals – 62%
 Primary Care Services -(GP etc) – 31%
 Mental Health Community services -2%
 Out of area Hospitals – 5%
 The regional average for referrals to the Ombudsman is 25% Hartlepool is 5%
- Usage of the service in Hartlepool -
 Monthly Outreach with Healthwatch Hartlepool
 Year on year growth 2017/8 – 2018/9 + 25% (following promotional work with Healthwatch Hartlepool, the Community Hubs, Hartlepool Deaf Centre and Hartlepool Carers)
 0.2 complaints per 1000 population. Regional average 0.26
- Hospital Complaints -

Majority of complaints from Hartlepool residents are against North Tees Hospital.

- The main themes are:-
 - Failure to diagnose
 - Appointment cancellations
 - Multiple aspects of treatment
 - Discharge
 - Misdiagnosis
 - Bereavement issues/communication of end of life care pathways

Members noted the low level of complaints referred to the Ombudsman and questioned if there was a reason behind this wide disparity. The ICA representative indicated that they had reviewed the cases and all had received the same support. Last year the figure referred was 12%. In terms of general numbers of complaints coming forward there was around 35 new cases each month, which was the 'right' number based on a regional comparison.

The Statutory Scrutiny Officer indicated that this update report was six months after the initial presentation to Members in March and questioned if a six monthly update would be more informative than a quarterly update. The Chair and Members supported a twice yearly update. The ICA representative indicated that he would include an update on GP complaints in his next presentation.

Recommended

1. That the update report be noted and the North East NHS Independent Complaints Advocacy representative be thanked for his comments;
2. That the next ICA update focuses on GP complaints.

49. Care Quality Commission Inspection Action Plan progress update (*North Tees and Hartlepool Foundation Trust Representatives*)

The representatives from North Tees and Hartlepool NHS Trust gave a presentation updating the Committee on the work being undertaken within the Trust to meet the recommendations of the last Care Quality Commission's (CQC) inspection of the Trust. The presentation highlighted the following key points –

- NTHFT Inspected CQC under the new regime of inspection at the end of 2017;
- This included an unannounced inspection and 'well-led' inspection
 - 21 to the 23 November 2017 and from the 19 to 21 December 2017.

- Three core services inspected:
 - Emergency Care
 - In Hospital Care
 - Maternity services.
- CQC identified outstanding practice in Maternity services in relation to training.
- In the Emergency department they saw staff going the extra mile for patients and families and their care and support exceeded good care standards.
- Good practice in all areas including
 - direct care provision
 - responding to individual needs of women
 - access and flow across the trust
 - improved Referral to Treatment time
 - improvements in discharge and length of stay lower than the England average for elective and non-elective medical patients
- Well-led element of inspection rated good noting “there was a clear statement of vision, driven by quality and sustainability and those leaders at every level were visible and approachable.”
- The ‘Must Improve’ areas:
 - Compliance with mandatory training (achieved)
 - Improvement to be noted in the Royal College of Emergency Medicine (RCEM) audits (achieved)
 - Maternity Staffing (achieved)
- 11 should improve across the three core areas:
- Emergency Care should:
 - Support compliance with appraisal (achieved)
 - Develop plans to cover leave of registered sick children’s nurses (achieved)
 - Improve on national and local audits (results) (achieved)
 - Manage complaints in line with policy timescales (achieved)
 - Improve processes to reduce numbers of patient who re-attend un-planned (achieved)
 - Ensure areas used for assessing mental health of patients are safe and suitable (achieved)
- In hospital Care should:
 - Support compliance with appraisal (achieved)
 - Ensure clinical supervision is embedded and consistent (achieved)
 - Ensure documentation for mental capacity act assessment and deprivation of liberty safeguards is fully completed (achieved)
 - Manage complaints in line with policy timescales (achieved)
- Maternity should:
 - Consider better access times to antenatal services at Hartlepool (achieved)
 - Local Maternity Services review lead by Director of Nursing
 - Staffing review
 - Aligned contact with Early Bird

- The Trust's Journey to Outstanding would focus on -
 - Continuous quality improvement framework
 - NHSI Culture and Collective Leadership
 - Leadership event with Ted Baker
 - Quarterly engagement with CQC – positive position
 - Well Led review Good Governance Institute
- The next CQC inspection was due in 2019.

A Member asked how the Trust was managing its recruitment and retention of nurses and its reliance on agency staff. The Trust representative commented that at the beginning of the year there had been 90 nursing vacancies. Recruitment had now been centralised and there were monthly recruitment events. As of this month there were only five nursing vacancies across the Trust, the lowest vacancy rate in the country. The Trust was also getting good feedback from the newly recruited staff but in such a competitive market the key was now to retain those staff. Members welcomed the news on recruitment and congratulated the Trust on achieving the level of recruitment reported.

In terms of the inspection Members questioned the notice the Trust received and were any 'mystery shopper' assessments undertaken. The Trust representatives indicated that for the unannounced inspection, the Trust received 20 minutes notice. The Trust also did its own unannounced inspections essentially to ensure procedures were being maintained between CQC inspections. In general the Trust received very little feedback on the day of the inspection. If the inspectors were not satisfied with what they saw on one day, they would come back the following day to reassess. As for the use of mystery shoppers, the Trust representatives were not aware this approach was used.

The Chair referred to the issues around the use of the maternity unit at Hartlepool Hospital and the recent visit by Members and Trust representatives to the Blackburn Maternity Unit. The Trust representatives commented that they were reviewing that model and were looking at the detail of the model in Blackburn. Members were concerned that the number of births in Hartlepool was dropping dramatically with three times as many births recorded as 'elsewhere' (possibly at home) against only four births at the Hartlepool maternity unit. The Trust representatives indicated that they wanted mums to have the safest environment for them and much was around their choice. The model at Blackburn was being investigated further including the numbers that were 'blue lighted' to hospital and the agreement with the ambulance service.

The Statutory Scrutiny Officer highlighted to Members that the survey of maternity services that formed part of the ongoing investigation was still underway and an update report would be brought to Members following the end of the survey on 21 November and an analysis of the results.

Recommended

That the update report be noted and the North Tees and Hartlepool NHS Trust representatives be thanked for their comments.

50. Regulation of Investigatory Powers Act 2000 (RIPA)
(Chief Solicitor and Monitoring Officer)

The Chief Solicitor and Monitoring Officer presented an annual report to members on activities relating to surveillance by the Council and policies under the Regulation of Investigatory Powers Act 2011. The report fulfilled the requirement to report to members under paragraph 4.47 of the Covert Surveillance and Property Interference Revised Code of Practice (August 2018), which states that:

Elected members of a local authority should review the authority's use of the 1997 Act and the 2000 Act and set the policy at least once a year. They should also consider internal reports on use of the 1997 Act and the 2000 Act on a regular basis to ensure that it is being used consistently with the local authority's policy and that the policy remains fit for purpose.

Members had previously been updated via performance and risks reports submitted quarterly to Finance and Policy Committee. However, following a review of the Council's arrangements it was considered more appropriate for use of RIPA provisions to be reported to this Committee. Further reports would be submitted annually whether or not there had been any authorised surveillance.

The report stated that only two RIPA authorisations had been given during 2017/18 in relation to communications data. There had also been no inspection of the Council's procedures by the Investigatory Powers Commissioner's Office (ICPO) in the past year with the last inspection by the previous Office of Surveillance Commissioners (OSC) taking place in 2015. The recommendations from the previous inspection were set out in the report for Members information and the Chief Solicitor indicated that these had largely been implemented but that there was more work to do in relation to raising awareness of RIPA within the Council and establishing a corporate training programme.

The Chief Solicitor indicated that the ICPO had indicated that where authorities used the powers very infrequently they would be subject to a desktop examination of papers following a request by an Inspector or Assistant Surveillance Commissioner for material. The Council have recently received a request from IPCO regarding a 'desktop' examination and await their findings as to whether a full inspection is required.

The Council's RIPA Policy was available on the Council's intranet. The main amendment made had been to include further guidance in relation to the use of social media when carrying out an investigation. No other

amendments were currently proposed other than minor amendments to reflect change in council personnel and references to updated Home Office Guidance.

Recommended

That the report be noted.

51. Appointment to Committees and Forums (*Statutory Scrutiny Officer*)

The Principal Democratic Services Officer reported that the meeting in June made a series of appointments to the various committees and forums where Audit and Governance members had a role but there were a number of vacant positions outstanding. Members were requested, therefore, to nominate representative Councillors from the Committee to the two following positions.

Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee – (Councillors Loynes and Hall appointed) and 1 vacancy.
Safer Hartlepool Partnership as a non-voting observer – 1 vacancy.

Recommended

That Councillor Hall be appointed as the non-voting observer on Safer Hartlepool Partnership.

52. Any Other Items which the Chairman Considers are Urgent

None.

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

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

Minute 54 – (Consideration of Investigation Report - SC01/2018 (Chief Solicitor and Monitoring)) – This item contains exempt information under Schedule 12A Local Government Act 1972 as amended by the Local

Government (Access to Information) (Variation) Order 2006 namely (para.1) information relating to an individual.

54. Consideration of Investigation Report - SC01/2018

(Chief Solicitor and Monitoring) This item contains exempt information under Schedule 12A Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006 namely (para 1 information relating to an individual)

The Chief Solicitor and Monitoring Officer had submitted a report on an investigation into a complaint relating to a member's conduct in accordance with the Members' Code of Conduct and S28(6) of the Localism Act 2011.

Decision

That consideration of the report be deferred to the next meeting of the Committee.

The meeting concluded at 12.35 pm.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

22nd November 2018



Report of: Assistant Director (Environment and Neighbourhoods Services)

Subject: BUSINESS CONTINUITY

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide members with an update on the Councils Business Continuity arrangements, following a report presented to the Committee in July by the Head of Audit and Governance which identified this area as having 'limited assurance'.

2. BACKGROUND

- 2.1 The Civil Contingencies Act (2004) places a statutory duty on Hartlepool Borough Council as a 'Category 1 Responder' :
- To maintain plans for the purpose of ensuring, so far as is reasonably practicable, that if an emergency occurs the person or body is able to continue to perform its functions
- 2.2 A review undertaken by the Council's Internal Audit identified a number of weaknesses within the existing arrangements whereby up to date information is not currently held, agreed or tested.
- 2.3 Consequently a significant amount of work has been progressed to address the concerns highlighted by internal audit, with arrangements having been reviewed to reflect current best practice.
- 2.4 These revised arrangements are currently being roll out across service areas to ensure that accurate up to date information is collected on services / business functions.

3. PROPOSALS/ISSUES FOR CONSIDERATION

- 3.1 It is proposed that work currently being undertaken continues in accordance with the following timeline, to ensure that the information collected is both accurate and consistent across all areas of the Council:

Compilation of service / function information	Nov 18
Formation of Business Continuity plans	Dec 18
Exercising of plans	Mar 19

4. RECOMMENDATIONS

- 4.1 It is recommended that members approve the proposed timetable for updating the Council's Business Continuity arrangements.

5. REASONS FOR RECOMMENDATIONS

- 5.1 To put in place robust arrangements for business continuity within a structured framework and address the concerns raised by the recent audit.

6. BACKGROUND PAPERS

- 6.1 Audit and Governance Committee agenda, 25th July 2018, Item 4.1 Internal Audit Plan 2018/19 Update (page 25)

7. CONTACT OFFICER

- 7.1 Tony Hanson
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Audit and Governance Committee

22 November 2018



Report of: Statutory Scrutiny Manager

Subject: HEALTH INEQUALITIES ANNUAL UPDATE -
COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To introduce the Interim Director of Public Health Department, who will be present at today's meeting to provide an update in terms of health inequalities in Hartlepool.

2. BACKGROUND INFORMATION

- 2.1 The publication of the Health Profile for Hartlepool in 2009 highlighted that female life expectancy in the Town equated to the worst in England, this generated significant media interest; nationally through the Radio 4 programme 'Woman's Hour' and locally via the Evening Gazette and Hartlepool Mail newspapers.
- 2.2 On the 6 October 2009, the former Health Scrutiny Forum received a report by the Acting Director of Health Improvement into Female Life Expectancy in Hartlepool, Members agreed:-
- "That the Forum [will continue] to monitor the issue of health inequalities in the town and on doing this receive an update report on an annual basis focussing on those specific wards causing concerns in relation to life expectancy of women."
- 2.3 Subsequently, the Interim Public Health Department will be in attendance today to provide a report on Hartlepool's current level of performance within Public Health England's (PHE) Public Health Outcomes Framework (PHOF).

3. RECOMMENDATIONS

- 3.1 That Members note the report, and outcome indicators contained within it, seeking clarification on any relevant issues where felt appropriate.

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

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

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

AUDIT AND GOVERNANCE COMMITTEE

22nd November 2018



Report of: Interim Director of Public Health

Subject: PUBLIC HEALTH OUTCOMES FRAMEWORK

1. PURPOSE OF REPORT

- 1.1 The report is designed to inform the committee of the current level of performance of Hartlepool within Public Health England's (PHE) Public Health Outcomes Framework (PHOF).

2. BACKGROUND

- 2.1 The PHOF is a set of indicators collated and presented by PHE to highlight local authority performance across the full spectrum of public health. The framework is split into 5 sections, overarching indicators, and wider determinants of health, health improvement, health protection, and healthcare and premature mortality. The "overarching" indicators look at the length and quality of life for the population, while the other sections look at the levels of performance on elements that can affect the lives of the population. Each section will be explored separately.

3. PROPOSALS/ISSUES FOR CONSIDERATION

- 3.1 There are six "overarching" indicators, all relating to life expectancy, and in all of them Hartlepool sits in the worst performing quarter in England. Healthy life expectancy at birth, for both male and female, are the two indicators in this section where Hartlepool ranks lowest. Within Hartlepool the gap in healthy life expectancy between the least deprived and the most deprived is 17.2 years for males and 14.9 years for females.
- 3.2 Wider determinants of health is a significantly larger section, with 36 populated indicators, within which Hartlepool is in the worst performing quarter for 9 indicators and the best performing quarter for 6 indicators. Days lost due to sickness absence and percentage of offenders who re-offend are outliers, as Hartlepool has the highest rate in England. Days lost to sickness absence, and its partner indicator, at least one day off in the previous week, have both seen a large rise in the last 6 years of reporting. Days lost has increased by 56% and those taking at least one day off by 67%, an increase of two thirds.

- 3.3 Children in low income families, both under 16s and all dependent children under 20, are indicators where Hartlepool is ranked low. Both of these indicators have seen their rate fall over the 10 year data collection period, but at a lower rate than the England average, meaning that the current gap between England and Hartlepool is larger than it was in 2006.
- 3.4 The percentage of people aged 16-64 in employment in Hartlepool is 63.1%, which not only places Hartlepool firmly in the lowest quarter, it is the lowest rate in the north east. Again the rate for Hartlepool has improved over the reporting period, but at a slower rate than the England average.
- 3.5 Hartlepool is performing well on the gap in employment rate between the overall employment rate and those with a learning disability, and those in contact with secondary mental health services. For both of these indicators Hartlepool has the highest (ie best) rate in England. Hartlepool has been consistently better than the England rate for both of these indicators, and for the gap in employment for those with a long term health condition, for the entirety of the data collection period. While it must be noted that Hartlepool's low overall employment rate gives it a relatively low target for those groups, it is still a positive to be above the England average for such a sustained period of time.
- 3.6 Hartlepool has relatively high levels of social inclusion among adult social care users and adult carers. Both rates are well in the top quarter of local authorities in England, however both rates are only slightly above 50%, at 55.1% and 55.0% respectively. Hartlepool also has low levels of 16-17 year olds not in education, employment or training, with a rate of 4.8%, compared with an England average of 6% and a national high of 44.8%.
- 3.7 The Health improvement section has 48 populated indicators of which Hartlepool is in the lowest quarter for 23 indicators and in the highest performing quarter for 4 indicators.
- 3.8 Breastfeeding initiation is one of two indicators in this section where Hartlepool is the worst performing authority in England. Hartlepool has seen a decline of 11.7% in its breastfeeding initiation rate in the last two years, from 49.6% to 37.9%. In the same period both the England and north east averages have increased by 0.2%.
- 3.9 Portions of fruit and vegetables consumed by adults accounts for the other indicator where Hartlepool has the lowest rate in the country. In Hartlepool 49.6% of adults eat 5 portions of fruit or vegetables a day. This means that fewer than one in two people are getting their recommended portions of fruit and vegetables daily. This is a decline of 4.4% on the previous year, and compares to an England average that has increased from its previous rate, from 56.8% to 57.4%. The average number of portions of fruit consumed daily in Hartlepool is 2.26, this is the lowest in England, and for vegetables is 2.43.

- 3.10 Deaths from drug misuse is another area of poor performance for Hartlepool. There has been an increasing trend for three years in Hartlepool for death from drug misuse, moving away from a position of statistical similarity with the England average. During this period the gap between Hartlepool and England has increased nearly tenfold and Hartlepool's rate has nearly trebled. The recent needs assessment conducted under the auspices of the Health and Wellbeing Board, and the completely re-worked service specification which followed it, should reverse this trend.
- 3.11 Hartlepool's under 18 conceptions rate is the second highest in England. Hartlepool had experienced a declining (ie improving) trend in under 18 conceptions for 9 years from 2006 to 2014. Hartlepool's rate was statistically similar to the England average. However in the following two years Hartlepool has seen a marked increase in its under 18 conception rate, increasing back up to levels not seen since 2012, at the same time the England average continued to decline.
- 3.12 Health protection has 24 populated indicators, of which Hartlepool is in the lowest quarter for 6 indicators and the highest quarter for 2 indicators. This section has 17 populated indicators for vaccination coverage. Of these Hartlepool is missing the acceptable target on 8 indicators and the World Health Organisation (WHO) target on 15 indicators, only MMR for one dose at five years old and Dtap/IPV/Hib at two years old met the WHO target. The HPV vaccination for females at 13-14 years old, shingles at 70 years old and flu at 2-3 years old all have particularly low uptake rates. The HPV vaccination rate fell by nearly half, and the shingles vaccination fell by just over a quarter from the previous year.
- 3.13 Outside of vaccinations, the Chlamydia detection rate and incidence of TB were better than the national average. However antibiotic prescribing for Hartlepool was above the national average, though this is reducing, and doing so at a faster rate than England.
- 3.14 Healthcare and premature mortality has 28 indicators, of which Hartlepool is in the lowest quarter for 19 indicators and in the highest quarter for 1 indicator. Hartlepool is below the national average and in the lowest quarter for the mortality rate from causes considered preventable, and the under 75 mortality rate from all cardiovascular diseases, cancer, cancer considered preventable, liver disease, liver disease considered preventable, respiratory disease and respiratory disease considered preventable. Of these 8 indicators only 3, under 75 mortality from cancer, liver disease and liver disease considered preventable, are not on a negative trend. Excess winter deaths, for both all ages and for 85+, are low ranked indicators for Hartlepool and have seen increases in the latest figures, though both remain statistically similar to the England average. The indicator in the top quarter for Hartlepool in this section is dementia diagnosis rate, which has been better than the England average for both years of data collection.

4. RECOMMENDATIONS

- 4.1 The committee is asked to note these outcome indicators.

5. REASONS FOR RECOMMENDATIONS

- 5.1 This review of outcomes is intended to inform the public, our partner organisations and our own officers to address their contributions towards reversing the adverse trends and maintain the improving trends.

6 STAFFING ISSUES

- 6.1 Nil directly.

7 RISKS

- 7.1 Missed life chances for the population and reputational risk for the council and partners in health and wellbeing.

8. CHILD AND FAMILY POVERTY ISSUES

- 8.1 Nil directly but draws attentions to needs and gaps.

9. INEQUALITY ISSUES

- 9.1 Nil directly but draws attention to needs and gaps.

10. CONTACT OFFICER

- 10.1 *Peter Brambleby/Pat Riordan*

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AUDIT AND GOVERNANCE COMMITTEE

22 November 2018



Report of: Interim Director of Public Health

Subject: NEEDLE EXCHANGE

1. PURPOSE OF REPORT

1.1 The purpose of this report is to update members on the current process in relation to the Needle Exchange (NX) and how we can make changes to reduce the number of used needles and drug paraphernalia found in community spaces. This report will include the following:-

- Current Provision
- Pharmacies
- Discarded Needles
- Improvements Needed
- Future Delivery

2. BACKGROUND

2.1 There has been a NX in Hartlepool for a number of years now in varying different settings. Over time there have been number changes to how this service has been delivered from a mobile service to static within the Treatment Service as part of the wider Harm Minimisation Service for clients.

2.2 The current NX provision is delivered via contracts with the following Pharmacies in Hartlepool.

- Boots Pharmacy (Marina)
- Lloyds Pharmacy (Park Road)
- Headland Pharmacy
- Seaton Pharmacy

2.3 The idea was to give client's access to NX in their local area; we also have other pharmacies that are willing to come on board, which would broaden access throughout the town. However this is not without its issues of which we need to address. There has been a noticeable increase in discarded drug paraphernalia over the last two years, especially in the grounds of certain pharmacies that are now at the point of conducting daily patrols to remove

such litter from their premises. However we are also aware of other areas within the town with the same issues. There is also a telephone number in Hartlepool Borough Council that people can call to have litter removed within 2 hours. We are sure that if their call outs were monitored it would reflect this increase.

3. PROPOSALS/ISSUES FOR CONSIDERATION

3.1 As part of a recent Needs Assessment for the whole Substance Misuse Service it has been identified that the NX needs to be broadened into a Harm Minimisation Service to meet the needs of the clients. This service would not only incorporate the NX but would address many other issues including but not limited to:

- Safer Injecting Techniques
- Blood Borne Virus (BBV) Awareness
- Overdose Awareness
- Wound Care
- Information, Advice and Guidance
- Signposting into GP's
- Encouragement into Treatment

3.2 A Harm Minimisation Service would encourage Pharmacies to run alongside to give more options to clients. This would also take the pressure of the pharmacies who by default are currently acting as drug workers without the wider harm minimisation knowledge. This puts added pressure on the wider service the pharmacy delivers on the whole.

3.3 A full Harm Minimisation Service would also enhance the service we can offer to our clients, and encourage more people into treatment, with:

- Trained existing staff to enable us to build relationships with clients as part of the service.
- A potential single point of contact for all the pharmacies that support this service which would take the pressure off the pharmacy staff. This would make it easier to have one central order point for stock replenishment and monitoring of returns.
- The potential of Pharmacies offering a NX facility out of hours for evenings and weekends.
- The ability for us to work with clients to explain the importance of exchanging their needles in a safe environment and the consequences of not doing so.

- More control over how many NX Packs are distributed and allow monitoring against return in a more effective way. This in turn should reduce the number of discarded paraphernalia in our community.

3.4 On this basis, the potential of serving notice on the current pharmacy NX contracts (to end 31 August 2019) and incorporating them in a broader harm reduction service, as part of the new service specification and tenders being prepared to the same deadline, is being considered. Pharmacies providing the existing service would then be invited to participate again.

4. RECOMMENDATIONS

4.1 That the update be noted and clarification sought where required.

5. REASONS FOR RECOMMENDATIONS

5.1 To provide the Audit and Governance Committee with an update in relation to the Needle Exchange Service, following a request from an elected Member.

6. CONTACT OFFICER

6.1 Peter Brambleby
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Stakeholder briefing – Update on learning disability respite services, October 2018

<http://www.hartlepoolandstocktonccg.nhs.uk/news/projects/transforming-care-review-respite-services-people-learning-disabilities-complex-needs/>

Following a formal public consultation in February 2018, NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) and NHS South Tees CCG agreed to make changes to learning disability respite services, to ensure an enhanced model of services offering choice, whilst continuing to maintain a bed base at Bankfields Court in Middlesbrough and Aysgarth in Stockton.

Since this decision was made, the CCGs have been working closely with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) to support the development of a new model of respite services. To ensure equity and as consulted upon this includes refining the allocations process and weighting tool, it is really important to the CCGs that this element is developed with input from patients, families and carers and the CCGs have engaged families to support this.

To ensure continuity in service whilst these developments are undertaken and in recognition of families being able to plan future respite provision, the CCGs have recently written to patients, families and carers to confirm that they can now book respite stays until the end of September 2019, with days allocated based on current allocations, pro-rated from January 2019 to September 2019.

The CCGs will continue to provide updates, and will communicate the outcome of the Secretary of State referral once this is confirmed.

ENDS

SAFER HARTLEPOOL PARTNERSHIP MINUTES AND DECISION RECORD

3 August 2018

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

Present:

Councillor: Christopher Akers-Belcher (In the Chair)
Councillor Jim Lindridge
Denise Ogden, Director of Regeneration and Neighbourhoods
Barry Copping, Office of Police and Crime Commissioner for Cleveland
Chief Inspector Nigel Burnell, Chair of Youth Offending Board
John Bentley, Safe in Tees Valley
Simon Weastell, Cleveland Fire Authority
Chris Joynes, Thirteen Group
Sally Robinson, Director of Children's and Joint Commissioning Services

Also Present:

Rachelle Kipling, Office of Police and Crime Commissioner for Cleveland
Alison Peavor, was in attendance as substitute for Jean Golightly

Officers: Kate Ainger, Research Officer, Hartlepool Community Safety Team
Phil Hepburn, Community Safety Operations Manager
Denise Wimpenny, Principal Democratic Services Officer

11. Apologies for Absence

Apologies for absence were submitted on behalf of Ann Powell, Head of Cleveland Area, National Probation Service, John Graham, Director of Operations, Durham Tees Valley Community Rehabilitation Company, Tony Hanson, Assistant Director, Environment and Neighbourhood Services, Hartlepool Borough Council, Chief Superintendent Alastair Simpson, Cleveland Police and Jean Golightly, Director of Nursing and Quality, NHS Hartlepool and Stockton on Tees CCG.

12. Declarations of Interest

None.

13. Minutes of the meeting held on 22 June 2018

Confirmed.

14. Matters Arising from the Minutes

Minute 9 – Safer Hartlepool Partnership Performance

With regard to the request at the last meeting that a report be submitted to a future meeting outlining the work undertaken with troubled families in Hartlepool and the consequent impact on crime, clarification was sought in terms of the timescales for submission of this report. The Director of Regeneration and Neighbourhoods advised that a report would be presented to the October meeting.

15. Prevent Update – Contest Strategy 2018 *(Director of Regeneration and Neighbourhoods)*

Purpose of report

To update the Partnership following the Government's review of its counter-terrorism strategy.

Issue(s) for consideration

The Director of Regeneration and Neighbourhoods reported on the background to the Prevent Strategy and statutory duty and responsibilities upon local councils for embedding and co-ordinating Prevent activity in their local area. The 2018 Contest Strategy would be underpinned by the introduction of new legislation that would seek to amend existing terrorism legislation to enable earlier disruption using investigations, longer prison sentences and stronger management of terrorist offenders following their release.

The Counter-Terrorism and Border Security Bill 2017-2019 was currently at the Committee stage in the House of Commons which would introduce legislative changes, details of which were set out in the report. The Partnership was advised that the Local Prevent Operational Group would consider the impact that any legislative changes may have on the delivery of Prevent activity in Hartlepool, the outcome of which would be reported to a future meeting of the Partnership.

Decision

That the contents of the report, be noted.

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

Purpose of report

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

Issue(s) for consideration

The report provided an overview of the Partnership's performance during Quarter 1, as set out in an appendix to the report. Information as a comparator with performance in the previous year was also provided. In presenting the report, the Research Officer highlighted salient positive and negative data and responded to queries in relation to crime figures by type.

Partnership Members discussed issues arising from the report. The Chair was pleased to note the decrease in crime figures generally as a comparator with the previous year, referring to reductions in vehicle crime, anti-social behaviour and hate crime incidents. The Police and Crime Commissioner highlighted that an analysis of hate crime incidents was being undertaken which included the Crown Prosecution Service carrying out additional work around prosecutions to identify when hate crime incidents were occurring, the outcome of which would be shared with Partnership Members in due course.

The Chair of the Youth Offending Board commented on the work carried out by the police in relation to problem solving and it was hoped that a sustained reduction in all areas of hate crime would continue and would be reflected in the next reporting period.

The Chair requested that future performance reports should include accumulative totals as well as 6 monthly figures to enable comparators to be made during the various reporting periods.

Decision

- (i) That the Quarter 1 performance figures be noted and comments of Members be noted and actioned as appropriate.
- (ii) That feedback from the analysis of Hate Crime incidents be reported to a future meeting of the Partnership.
- (iii) That future performance reports include accumulative totals as well as 6 monthly figures to enable comparators to be made during the various reporting periods.

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

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 presented the report which provided background information to the development of a 'place based integrated service delivery model' between community safety partners in Hartlepool.

Following implementation of the model in February 2018, an interim review of the Hartlepool Integrated Community Safety Model, attached at Appendix 2, had been undertaken which covered the first three months of operation. The review identified that the model had largely been implemented as intended and within the anticipated timescales. A number of benefits had been identified as a result of bringing the teams together, details of which were set out in the report.

The Chair of the Youth Offending Board, who was responsible for leading the new team, provided an update in relation to the benefits of the new working arrangements:-

- Improved problem solving as a result of daily briefings and early identification of risk
- Identifiable efficiencies
- Improved exchange of intelligence as a result of co-location
- Core team benefiting from broader knowledge and expertise
- The Team Around the Individual approach had also improved co-ordination on the ground in relation to managing individuals with complex needs

In the discussion that followed Partnership Members welcomed the report and spoke in support of the initiative. The Police and Crime Commissioner for Cleveland highlighted that Hartlepool was leading the way in terms of integrated working and was keen to share such good practice with other partnership areas.

In response to clarification sought, the Partnership was provided with examples of the positive feedback that had been received from staff in relation to the new working arrangements.

With regard to areas for improvement, it was acknowledged that there was little evidence of any planned joint work or operations in relation to known or emerging vulnerable localities. Emphasis was placed upon the need to improve communication with Elected Members in terms of sharing planned ward activities to enable Members to feed information of this type into community groups and ward surgeries. The importance of effectively publicising the positive work that was ongoing in Hartlepool with the public was highlighted. The various methods of communicating such information were discussed including the option to utilise a low level Members' Seminar or Ward bulletins.

A Member commented on the importance of engaging with young people in schools at an early stage to address any negative behaviours. The issues associated with gaining access to schools were highlighted. The Police and Crime Commissioner advised the Partnership that discussions were ongoing in relation to a pilot around anti-social cycling activities, an update of which would be provided to a future meeting of the Partnership.

In response to comments made regarding the need to promote activity in community hubs, the Partnership was advised that plans were in place to address low turnout in community hubs which included posts being scheduled on social media and a feature to be included in the next round of Hartbeat. Clarification was provided in relation to the role of the Neighbourhood Safety Group in terms of monitoring issues raised by Partnership Members.

Clarification was provided in response to further queries raised in relation to restorative processes and the various interventions to support the social and emotional wellbeing of children and young people.

In concluding the debate the Chair took the opportunity to convey the Partnership's thanks for a comprehensive report and was pleased to note the early benefits for Hartlepool as a result of the new working arrangements.

Decision

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

18. Date and Time of Next Meeting

The Chair reported that the next meeting would be held on Friday 12 October 2018 at 10.00 am.

The meeting concluded at 10.35 am.

CHAIR

**Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby
STP Joint Health Scrutiny Committee**

At a Meeting of **Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee** held in The Council Chamber, Civic Centre, Hartlepool on **Wednesday 13 June 2018 at 2.00 pm**

Present:

Councillors J Robinson and R Bell (Durham County Council)
Councillors J Clark and H Moorhouse (North Yorkshire County Council)
Councillors N Cooney and R Goddard (Redcar and Cleveland Borough Council)
Councillors L Grainge and L Hall, (Stockton-on-Tees Borough Council)

In Attendance

Councillor C Dickinson (North Yorkshire County Council)

Officers

Peter Mennear (Stockton-on-Tees Borough Council)
Joan Stevens (Hartlepool Borough Council)
Alison Pearson (Redcar and Cleveland Council)
Daniel Harry (North Yorkshire County Council)
Stephen Gwilym (Durham County Council)
Caroline Breheny, Edward Kunonga and Hayley Coleman (Middlesbrough Borough Council)

Trust and CCG Representatives

Alan Foster, STP Lead and Chief Executive – North Tees and Hartlepool NHS Foundation Trust
Mary Bewley, Head of Communications and Engagement, North of England Commissioning Support
Janet Probert, Chief Officer, Hambleton, Richmondshire and Whitby Clinical Commissioning Group
Stewart Findley, Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group

Apologies

Councillors W Newall J Taylor and L Tostevin (Darlington Borough Council)
Councillor J Chaplow (Durham County Council)
Councillor B Brady and E Dryden (Middlesbrough Council)
Councillor J Blackie (North Yorkshire County Council)
Councillors M Ovens (Redcar and Cleveland Borough Council)
Councillor S Bailey (Stockton-on-Tees Borough Council)

1 Appointment of Chair

Councillor John Robinson (Durham County Council) was appointed as Chair of the Committee.

2 Appointment of Vice Chair

Councillor L Hall (Stockton Borough Council) was appointed as Vice Chair of the Committee.

3 Substitute Members

None.

4 To receive any declarations of interest by members

None recorded.

5 Minutes

Agreed that the minutes of the meeting held on 17 January 2018 be confirmed and signed by the Chair as a correct record subject to the inclusion of more detailed reference to the discussions that had taken place in respect of the development of a 3 centre acute hospitals model and that an associated press release on this be published jointly within a reasonable timescale.

6 Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP - Update

Councillor Robinson referenced a recent press article in the Northern Echo which detailed discussions that had taken place at a meeting of North Yorkshire County Council regarding the future of health service provision at James Cook University Hospital, Middlesbrough; University Hospital North Tees, Stockton and Darlington Memorial Hospital. He stated the article suggested that key services would be retained at Darlington Memorial Hospital and this had raised issues with the DDTHRW STP Joint OSC members given their previous request for appropriate communications to be issued by the STP lead/Commissioners in respect of the development of the three acute hospitals model that had been discussed at the Committee's meeting in January 2018.

In response, Mr Foster indicated that he had been disappointed in the press coverage on this issue and suggested that this may have been inaccurate. He stated that the press statement asked for by the Committee in January had not been issued because of difficulties that had occurred in getting all representatives to sign up to any press release. He introduced Mary Bewley, Head of Communications and Engagement, North of England Commissioning Support to members and indicated that an updated position statement in respect of the development of the STP/Better Health Programme and Integrated Care System

would be published on 14 June 2018. This will be circulated to Local Authority Chief Executives; Directors of Adult and Children's services and Directors of Public Health along with Health Scrutiny members and Health and Wellbeing Board representatives.

Mr Foster then gave a presentation to members which set out proposals for the development of an Integrated Care System for the North East and Cumbria which included associated leadership structures and governance proposals.

Mr Foster reported upon the context for the NHS within the North East and Cumbria, referencing the fact that the NHS Cycle is driven by poorer population health as a starting point leading to an overdependence on hospitals. NHS Funding is drawn away from prevention and preventative services which stops the causes of poor health from being addressed. Ill health within the region also contributes to worklessness, poor productivity and lower economic growth. The associated opportunity cost is poorer health outcomes in areas such as life expectancy at birth; smoking related deaths; under 75 mortality from cardiovascular disease and cancer.

In setting out the case for change, Mr Foster stated that the NE and Cumbria had a long established geography with highly interdependent clinical services. The vast majority of patient flows stay within the area and there is a history of joint working and a unanimous commitment from NHS organisations to establish an Integrated Care System across the North Eats and Cumbria. However, he stressed that the 2012 Health and Social Care Act had led to fragmentation across the health system making system wide decision making difficult. This coupled with significant financial gaps, service sustainability issues and poor health outcomes had led to further challenges.

The proposed changes would see the replacement of three STPs across the North East and Cumbria with a single Integrated Care system which would provide a single leadership, decision making and self-governing assurance framework for the area. Joint financial management arrangements would be established with an aspiration to devolve control of key financial and staffing resources. The ICS would set the overarching clinical strategy, standards, pathways and workstreams to reduce variation across services and would also hold Integrated Care Partnerships to account for the delivery of NHS England's Five Year Forward View outcomes.

4 Integrated Care Partnerships (ICPs) would sit underneath the ICS and will be commissioned to deliver integrated primary, community and acute care in accordance with the agreed ICS strategy as well as ensuring that a critical mass of service workload would sustain vulnerable acute services within their geography.

Mr Foster stated that the clear goal was to keep NHS finance and jobs in the North East in the face of existing staffing challenges. He referenced the recently announced commitment nationally to recruit 5000 additional GPs and the importance of being able to recruit and retain staff from abroad in the face of current visa restrictions and the impact of Brexit.

In discussing the 4 Integrated Care Partnerships across the North East and Cumbria, members noted that there would be a Joint CCG Committee covering the whole of the ICS and a CCG Committee in Common for each of the ICPs. At this

point in time, it was reported that the exact footprint for each of the ICPs was not yet known.

Mr Foster stated that sitting below the ICPs would be placed based commissioning arrangements including health and social care integration at a locality level which would involve CCG and Local Authority joint working and commissioning.

Members were informed that the options for service planning and delivery that had been considered thus far included:-

ICS – Across Cumbria and the North East

Strategic Commissioning

- Population Health Management
- Commissioning of specialised acute services
- 111 and Ambulance Services
- Shared policies, service standards and pathway redesign

System Wide Co-ordination

- Transformation programmes
- Urgent and Emergency Care
- Joint Financial Planning
- Strategic Communications and key public health messages
- ICT, Data Management and Digital Care
- Workforce planning including recruitment and harmonised training

ICP – Sub Regional Arrangements

- Commissioning, contracting and performance management of acute hospital services
- Acute services reconfiguration, improvement and clinical networks

Place based Integration – At CCG Local Authority level

- Public & political engagement and consultation
 - o Health and Wellbeing Boards
 - o Overview and Scrutiny committees
 - o GP representative bodies
- Relationships with local public and third sector
- Commissioning of
 - o GP services
 - o Community Services
 - o Health and Social Care integration
 - o Local pharmacy services
- Local workforce development
- Safeguarding children and adults

In considering the associated governance process, members sought assurances that Overview and Scrutiny arrangements across the ICS/ICP structures were

robust and appropriate. Mr Foster indicated that any proposals for service change under the new structure would be subject to statutory scrutiny arrangements as required under the Health and Social Care Act 2012.

The Committee then considered the headline clinical strategy produced by NHS England. He indicated that this was driven by extensive clinical engagement and informed by insights from population health management. It proposed a shift of emphasis of care to prevention and early intervention in the community.

Key strands within the strategy included:-

- Collaboration and networking of acute services around four centres of population;
- Service consolidation and organisational change only where necessary;
- CNE-wide solutions for Pathology and Radiology;
- Building on CNE-wide coordination arrangements: UEC Vanguard & Cancer Alliance;
- Developing new models of primary care to meet the needs of an ageing population;
- Industrialising our approach to prevention focused on screening for atrial fibrillation and osteoporosis;
- Delivery of an ambitious 'No Health without Mental Health' programme

Members then considered those acute hospital services across Cumbria and the North East which are considered to be "vulnerable". These included specialised services (Neonatology; Vascular; Breast symptomatic and screening; Hyper acute stroke; Interventional radiology and Neurosciences); core services (General Radiology; Pathology; Obstetrics; Emergency, general and paediatric surgery; Emergency Departments and Acute Gastroenterology and planned endoscopy) and more localised service pressures (Ophthalmology; Rheumatology; Dermatology; Clinical Haematology; Urology and Anaesthetics).

Reference was made to the discussion earlier in the meeting regarding the pressures facing County Durham and Darlington FT; North Tees and Hartlepool NHS FT and South Tees Hospitals NHS FT in respect of their ability to deliver 24/7 acute services across multiple hospital sites and the development of a 3 acute hospital site model in the DDTHRW footprint which was formerly part of the Better Health Programme and had been discussed at the Committee's meeting in January. Mr Foster suggested that the ability to deliver such an option was dependent upon a commitment to networking of clinicians across the three trusts and that to date no consensus across the Trusts had been reached on how this might be achieved.

Concern was also expressed regarding the potential impact of any proposed changes to acute services at the Friarage hospital, Northallerton. This was being compounded by the absence of any firm service proposals for Darlington Memorial Hospital. Janet Probert, indicated that whilst options for service improvements at the Friarage were being developed, there were some obvious areas of interdependency between the Friarage and Darlington Memorial Hospitals which at the moment cannot be progressed. Mary Bewley suggested that CCG Accountable

officers needed to liaise with one another across the footprint to ensure that information can be brought back to members on what is being developed.

During the discussion which followed Councillors expressed further concern at the apparent lack of progress in respect of the development of the 3 acute hospital site model discussed in January and also the press article published by the Northern Echo which had suggested that previously reported plans to set up 2 specialist emergency hospitals within the STP footprint had been dropped. Members suggested that the Committee was no further forward in this respect. Mr Foster again reiterated that there had been no consensus reached by clinicians across the three FTs on the development on the model which explained the lack of progress. Janet Probert also stressed that the issue was not only about an individual set of specialty services being discussed but also the inter-dependencies between them that was proving difficult to resolve.

In response to Councillor Hall, Mr Foster stated that the impact of the delay in developing the 3 centre model on the existing STP workstreams varied from one to another. For example such a delay would not compromise the ongoing work of the digitisation workstream but would have an enormous impact on the transport workstream. He assured members that Hospitals would not close but suggested that they may be used differently in the future.

Stewart Findlay, Chief Clinical Officer, DDES CCG reiterated that commissioners were frustrated that a position where an acceptable acute services model for consultation had not yet been reached and expressed further concerns at the potential impact of such a delay on the future viability of existing services across the DDTHRW footprint. He also stressed that less than 10% of NHS activity occurs in acute hospitals.

Councillor Bell referenced ongoing concerns that have been expressed regarding the availability of key staff to deliver acute services and the finance required for this. He asked if an increase in funding would alleviate the problem and was advised that his was not the case. Cllr Clark also referred to the recently announced Health Care professional “fast track” programme by the Secretary of State for Health and Social Care and asked if the STP programme was included in this initiative. Mr Foster indicated that he was unsure of the progress of this initiative.

The Committee considered the options available to seek progress on the issues discussed, not least the 3 acute hospital site model, and it was suggested that the Chairman write to the Chief Executives of County Durham and Darlington FT; North Tees and Hartlepool NHS FT and South Tees Hospitals NHS FT asking them to attend a future meeting of the Committee to discuss this issue further and seek clarity on the progress being made in this respect.

Agreed that the report and presentation be noted and the Chairman of the DDTHRW Joint OSC write to the Chief Executives of County Durham and Darlington FT; North Tees and Hartlepool NHS FT and South Tees Hospitals NHS FT asking them to attend a future meeting of the Committee to discuss this issue further and seek clarity on the progress being made in this respect.

7 Chairman's urgent items

None.

8 Any other business

None.

9 Date and time of next meeting

To be confirmed.

The meeting ended at 3.45 pm.