

AUDIT AND GOVERNANCE COMMITTEE AGENDA



Thursday 14 March 2019

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).

Local Police Representative: Superintendent Alison Jackson.

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

- 3.1 To confirm the minutes of the meeting held on 14 February 2019 (to follow).

4. AUDIT ITEMS

- 4.1 Internal Audit Plan 2018/19 Update - *Head of Audit and Governance*
4.2 Internal Audit Charter - *Head of Audit and Governance*
4.3 Internal Audit Plan 2019/20 - *Head of Audit and Governance*

5. STANDARDS ITEMS

No items.



6. **STATUTORY SCRUTINY ITEMS**

6.1 Preventative Mental Health (Older People's Services) - *Statutory Scrutiny Manager*

(a) Covering Report – Statutory Scrutiny Manager

(b) Evidence from service providers:

- Hartlepool Borough Council (Neil Harrison)
- Promoting Change and Transforming Lives Project (Jon Wright)
- Hartlepool and Stockton NHS Clinical Commissioning Group
- North Tees and Hartlepool NHS Foundation Trust
- Tees Esk and Wear Valley NHS Foundation Trust
- Views from other providers / users (Private and Voluntary and Community Sector organisations)

6.2 Briefing Session - Mental Health Forum - Update - *Statutory Scrutiny Manager (to follow)*

7. **TO RECEIVE THE MINUTES FROM THE MEETING OF THE HEALTH AND WELLBEING BOARD**

No items.

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

No items.

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

No items.

10. **MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP**

No items.

11. **REGIONAL HEALTH SCRUTINY UPDATE**

No items.

12. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

For information: -

Date and time of forthcoming meeting –

Thursday 18 April 2019 at 10.00 am.

www.hartlepool.gov.uk/democraticservices



AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

14 FEBRUARY 2019

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

Present:

Councillor: Brenda Loynes (In the Chair).

Councillors: Rob Cook, Ged Hall, Lesley Hamilton and John Tennant.

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

Also Present: Catherine Andrews, Mazars
Philip Kerr, North East NHS Independent Complaints Advocacy
Christine Fewster, Hartlepool Carers
Judith Gray and Evelyn Leck, Hartlepool Healthwatch

Officers: John Morton, Assistant Director, Finance and Customer Services
Joan Stevens, Statutory Scrutiny Officer
David Cosgrove, Democratic Services Team

84. Apologies for Absence

Apologies for absence were received from Councillor Sandra Belcher and Co-opted Members Mr Norman Rollo and Parish Councillor John Littlefair.

85. Declarations of Interest

None.

86. Minutes of the meeting held on 17 January 2019

Confirmed.

87. Mazars Report- Grant Report *(Assistant Director, Finance and Customer Services)*

The Mazars representative stated that as the Council's appointed Auditor, Mazars had responsibilities to make certification arrangements for specified claims and returns. The only claim or return required for 2017/18 was the Housing Benefit Subsidy return. The certificate states whether the claim had been certified either with or without qualification following amendment

by the Council.

The 2017/18 housing benefit return had been amended and was subject to a qualification letter. The detailed findings, including the extrapolation of errors identified, were reported in Mazars' qualification letter to the Department for Work and Pensions (DWP) of 26 November 2018.

In 2017/18 the Council had processed and claimed over £38m of Housing Benefit Subsidy. Mazars' detailed testing identified two errors relating to incorrect recording of non-dependent income in one case and weekly income in another. Further checking by both Mazars and the Council did not identify any further errors. Based on an extrapolation of the two errors, the non-dependent income error would only be reported as £3,676 and the weekly income error £1,265. For one of the cases, the Council was unable to provide evidence of eligible rent as the case dated back to 1996 and under the Council's data retention policy under the new GDPR rules, it had removed personalised information that was over seven years old from shared computer drives.

The Mazars' representative also reported that the Council was unable to provide a letter to confirm properties included as affordable rent addresses as required by the DWP. Latest guidance from the Ministry of Housing, Communities and Local Government no longer required the Council to prepare this letter, while Mazars' subsidy claim testing still required Mazars to ask for it. It was hoped the national government departments would resolve this issue.

The Mazars' representative stated to members that these issues did not indicate any weaknesses in the Council's arrangements and no action was required. The report also indicated the Mazars final fee for this work for 2017/18 which was £12,765.

The Assistant Director, Finance and Customer Services, reported that the team that process the Housing Benefit Subsidy (£38m) also processed Council Tax Support applications (£12m). These were both very complex areas and it was inevitable that some errors would occur. Staff underwent regular training on the systems involved and there was also quality control sampling. The DWP did accept that there would be an element of error in processing claims and had set a threshold of 0.5% of claims processed for this. What was reported today showed the Council was well below that threshold and should the DWP accept the Mazars report, there would be no further investigation.

A Member questioned the level of Housing Benefit Subsidy and whether this was increase over recent years. The Assistant Director stated that the numbers were declining with the roll-out of universal credit and there were now 3000 fewer households receiving the benefit in Hartlepool. The errors were also questioned and the Mazars representative indicated that the error had been found in an initial sample of the benefit claims examined. A further sample group was then examined, though no further errors were

found. The Assistant Director indicated that the errors found were very small and had to be seen in the context of the DWP's normal threshold for acceptable errors of 0.5% of the sum claimed, in Hartlepool's case that was £190,000. The errors could only be found through the internal quality checking process or through auditing, as was the case here.

Recommended

That the report be noted.

88. Independent Complaints Advocacy Service Update (Statutory Scrutiny Manager)

The representative from the North East NHS Independent Complaints Advocacy gave a presentation to the Committee which focussed on GP complaints outlining the following key points: -

- Of the NHS GP complaints originating in Hartlepool the ICA supported 14% of the complaints (the regional average was 25%) of the total number of complaints between April 2017 and January 2019. 70% of all Hartlepool GP Practices involved with a complaint supported by the ICA service.
- The complaint themes were -
 1. Attitude of staff
 2. Non referral or unwillingness to refer
 3. Misdiagnosis
 4. Failure to diagnose
 5. Communication
 6. Long term conditions
 7. Personal records
 8. Failure to agree to guidelines/processes
- Following a query at the previous presentation the ICA representative stated that a full review of complaints that ended with an Ombudsman referral was carried out and between April 2017 and January 2019, 11% of Hartlepool clients had been referred. The regional average was now 22%. Only 2 cases of the total referred related to GP Practices.

Following a Member question it was indicated that the 14% figure for ICA supported complaints equated to around two GP related complaints per month from Hartlepool from the around 25 per month from across the region. The ICA was unaware of the numbers of complaints upheld. In the NHS processes, complaints either received an explanation or an explanation and an apology. Only three or four GP complaints went as far as the Ombudsman each year.

In response to further Member questions the ICA representative went on to explain that their service was only to support complainants through the procedure not to investigate or draw conclusions. The GP related

complaints tended to have some element of an individual's medical issues. The ICA worked with local Healthwatch groups in supporting complainants. No records were kept as to the split between an individual making the complaint or a family member/friend making the complaint though the ICA representative suggested that potentially $\frac{3}{4}$ were from family members. The ICA representative agreed with Members that many individuals did express concerns that they may be struck off their GP's list if they made a complaint or that it may impact on the services they received. The ICA representative did feel that there was a slight reluctance in Hartlepool for people to push complaints onto the Ombudsman stage though did confirm that all the options were fully explained to people at each stage of the process.

Members asked if the public appeared to know how to complain and how to get a resolution. Members also asked of the GP complaints in Hartlepool were centred on one or a small number of surgeries. The ICA representative didn't feel there were any problems with people knowing how to complain and the ICA did try to raise awareness of their service as much as possible. In terms of GP complaints, the ICA had supported complaints relating to seven surgeries in the town and was working with the remaining surgeries on highlighting the service they provided to patients.

The representative from Hartlepool Carers commented that many of the cares they supported often didn't have the energy to keep pushing at complaints as they were simply too busy and raised the concern that this may be behind the lower numbers of complaints originating in Hartlepool. Members of the public and Healthwatch also supported this view and did feel that more could be done in highlighting the service available through the ICA. The representative from the ICA welcomed the comments and the support for the organisation. The ICA had done some publicity and was looking to more in the near future. Leaflets were available through all GP surgeries and the Community Hubs. The majority of their work was, however, centred around hospitals as that was where the vast majority of the complaints they supported originated. The northern region also now had a deaf advocate to support complainants.

A Member questioned if there had been any complaints relating to Pharmacies/Chemists in the town. Healthwatch representatives commented that they had recently reported on the advice available through pharmacies. The ICA representative indicated that they did use pharmacies to promote their service but received very few complaints across the whole region.

In his closing comments, the ICA representative wished to stress that Independent Complaints Advocacy was not and should not be seen as an enemy of the NHS. If people made complaints to the NHS, then they should be acknowledged with advice/signposting on how to seek support; this was where the ICA came in, not to pressure the NHS but support the complainant through a process and often at a time of distress. The Chair thanked the ICA representative for his presentation and helpful responses

to Member questions and invited the ICA to make a further presentation in six months time to the Committee.

The Statutory Scrutiny Manager indicated that she had received the Healthwatch reports referred to in the discussion and would bring them to the Committee. With Members support the Statutory Scrutiny Manager suggested that she write to Healthwatch asking them to undertake a piece of work in relation to the promotion of the ICA service and how widely the service was known.

Recommended

1. That the North East NHS Independent Complaints Advocacy representative be thanked for his informative presentation and the Committees discussion on that be noted.
2. That the Statutory Scrutiny Manager request that Hartlepool Healthwatch undertake an investigation into the general awareness of the North East NHS Independent Complaints Advocacy service in appropriate venues in Hartlepool.

89. Investigation into the Provision of Preventative Mental Health Services for Hartlepool Residents - Police and Ambulance Services *(Statutory Scrutiny Manager)*

The Statutory Scrutiny Manager reported that it had been intended that representatives from Cleveland Police and the North East Ambulance Services NHS Trust would be present to give presentations to Members. Unfortunately, and at quite late notice, both had had to withdraw and the Statutory Scrutiny Manager indicated that, time allowing, their evidence would be presented to a future meeting.

Recommended

That the Statutory Scrutiny Manager's comments be noted.

90. Investigation into the Provision of Preventative Mental Health Services for Hartlepool Residents - Survey Results *(Statutory Scrutiny Manager)*

The Statutory Scrutiny Manager reported that the meeting on the 25 July 2018 agreed the scope and terms of reference for its investigation into the provision of preventative mental health services in Hartlepool. As part of this process, it was agreed that a comprehensive survey would be undertaken of those who provide and access preventative mental health services in Hartlepool.

The survey ran from the 21 December 2018 to the 31 January 2019 and over this period 95 service users and 10 service providers submitted valuable information for consideration by the Committee. Full details of the results of the survey were set out in appendices to the report and a summary of the key findings had been circulated to Members.

The Statutory Scrutiny Manager commented that it had to be acknowledged that some of the numbers in certain response areas were quite low and it would be, therefore, difficult to draw conclusions from those. Some of the areas also needed further analysis to ascertain what conclusions could be drawn.

It was clear from the responses that the vast majority of the support offered was NHS focussed. It was also clear that better signposting to services and support was required, including using social media more proactively, together with honest assessments of the timescales people would face. The majority of Hartlepool residents were getting, however, the support they needed in Hartlepool.

Members commented on the information included in the appendices as follows: -

- Some of the timescales involved were very concerning with people reporting being in services for eight years.
- The transition from CAMHS into adult mental health services needed to be significantly improved.
- The effects of Universal Credit on people and families was very concerning.
- The support for people in work, including Council staff, was an issue. There were too many people with mental health issues in the work place too worried to seek help for fear it may disadvantage them in the future.
- Members were concerned that the Community Hubs were not being used to their full potential.
- Social Media promotion of services had to be improved across the board.
- The lack of support for people over 65 was raised and would be the focus of the discussions at the next meeting.
- The issues preventing men accessing services in a timely manner was a known and ongoing concern. The right kind of environment needed to be found and reference was made to services like the Hartlepool Men's Shed initiative.

The Chair wished to record her thanks to all those that had committed the time to complete the survey. The Chair also thanked the Statutory Scrutiny Manager for her work in compiling the report and assessment of the results.

Recommended

That the report and the results of the survey be noted.

91. Investigation into the Provision of Preventative Mental Health Services for Hartlepool Residents - Feedback from Visits (*Statutory Scrutiny Manager*)

The Statutory Scrutiny Officer reported on feedback from visits to voluntary and community providers of help, advice, guidance and signposting to preventative mental health services for Hartlepool residents. During the course of the Committee's discussions on the investigation, Members became aware of the role played by external companies and voluntary and community sector (VCS) groups in help, advice, guidance and signposting to preventative mental health services for Hartlepool residents. An open invitation to participate in the investigation to participate in the investigation was extended to all VCS with a valuable contribution provided at the meeting held on the 17 January 2019. In addition to involvement at formal meetings, Members were keen to hear firsthand the experiences of these individuals who access services and a request was made for any groups / bodies who would be interested in facilitating these discussions. Hartlepool Carers welcomed the opportunity to be involved.

Councillors Hamilton and Lindridge visited Hartlepool Carers on 15 January 2019 and met with a variety of both adults and young people to gain an understanding of their experiences, views and comments and these were summarised in the report. During the visit staff from Hartlepool Carers reported a huge increase in the number of carers presenting to them with mental health issues. Attention was also drawn to the Safe Space Scheme for 5-18 year olds, aimed at supporting families for those who do not meet the CAHMS criteria and providing very early support. However, it was noted that funding for this was to cease in March 2019. Further detailed comments in relation to the CAMHS services were also included in the report.

At the meeting, Councillor Lindridge added that it had been very humbling to hear of the work and commitment of the young carers and he considered that, in light of the great service they provided, more should be done to support their needs. These views were also echoed by Councillor Hamilton who highlighted some of the financial issues raised by some of the young carers and the support they needed with schooling.

A representative from Hartlepool Carers was present at the meeting and thanked the members that had attended their group and for the time to listen to their stories. One of the main actions Hartlepool Carers wished to seek support for was the introduction of a Hartlepool Young Carers card which could provide them with some discounts at various shops and venues in the same fashion as the older carers card. Access and support to transport costs was also a big issue for young carers and any help they could receive would mean a great deal to them.

The Hartlepool Carers representative also highlighted the increasing

numbers of referrals with lots of new carer referrals coming through from people looking after someone with a mental health issue. The decision by the CCG to withdraw the funding for the Safe Space scheme was a major issue for the group and while it was only £26,000 it provided a huge amount of support to young carers.

Members expressed their support for the development of a card scheme for young carers and also recorded their disappointment at the withdrawal of the funding by the CCG.

The Statutory Scrutiny Officer highlighted the concerns around the high levels of young carers that ended up NEET (not in education, employment or training) and suggested that the Committee could indicate its support, via a letter from the Chair, for the Hartlepool Carers approach to GP surgeries seeking support for the 'Carer Aware' training to help break down barriers to 'what is a carer' and identify them before they move into crisis and the Young Carer in Schools Award. This was supported by Members.

Members considered that the services provided by carers in general but specifically young carers saved the NHS huge sums and their service should receive greater acknowledgement and support. Relatively low cost support around carers could mean a great deal to them and help them cope with extremely difficult situations. The support for young carers in this regard was particularly important.

The Chair thanked the Member who had undertaken the visits and also thanked Hartlepool Carers and the young carers for their comments and time.

Recommended

That the report and feedback comments be noted.

92. Final Report - Investigation in to the Provision of High Quality Maternity Services and Elective Surgery at the University Hospital of Hartlepool *(Statutory Scrutiny Manager)*

The Statutory Scrutiny Manager submitted the final report following the extensive investigation into maternity services and elective surgery at University Hospital of Hartlepool (UHH). Subject to the Committee's approval of the recommendations set out in the report, the report would be submitted to the Health and Wellbeing Board at its meeting on 4 March 2019 where representatives from the appropriate partner organisations would be present.

Members commented that this had been a high quality investigation where Members had examined as much information as possible in reaching their

conclusions. Members would like to see the return to UHH of the services that previously existed within the Maternity Unit led by appropriate consultants. Members thanked the Statutory Scrutiny Officer for her support throughout the investigation.

Members expressed their great concerns that without a return of services or much greater use of the existing facilities, the numbers of Hartlepool born children would dwindle, as they had done in recent years, to those few home births or those born in ambulances being transferred from UHH to North Tees Hospital.

The Chair added that the Trust had removed the consultant led service from Hartlepool and they should reinstate that service at the earliest possible opportunity to ensure the retention of services at UHH and to maintain the people of Hartlepool's proud heritage in being born in their home town. The Chair also referred to the visit to the Blackburn maternity unit which showed how a well run, midwife led, maternity hub could be a vibrant centre for young mothers when there was the will to provide such a service.

Recommended

That the Audit and Governance Committee approves the reports contents and recommendations for consideration by the Health and Wellbeing Board, Hartlepool and Stockton NHS Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust.

93. Minutes From Recent Meeting Of Safer Hartlepool Partnership

The minutes of the meeting of the Safer Hartlepool Partnership held on 27 November 2018 were received.

94. Any Other Items which the Chairman Considers are Urgent

None.

The Committee noted that the next meeting of the Committee would be held on Thursday 14 March 2019 at 10.00 am in the Civic Centre.

The meeting concluded at 12.00 noon.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

14 March 2019



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 Pupil Referral Unit audit that has been completed and the recommendations made. The Pupil Referral Unit was judged as Limited Assurance, this is due to the fact that governance arrangements in relation to policies and procedures were not in place. Arrangements for budget monitoring, ordering goods, managing income and benchmarking also needed to be strengthened. 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
Pupil Referral Unit (PRU)	Ensure school finance and governance arrangements are in line with best practice.	- The Management Committee should develop an Anti-Fraud Corruption Policy. It may consider adopting the HBC Policy to meet the needs of the school.	Y
		- The PRU should attempt to bring the website 'live' as soon as is possible and ensure that it has arranged to include all relevant information as required by statute.	Y
		- Staff who have the ability to influence purchasing decisions should be required to complete a declaration of personal / pecuniary interests.	Y
		- A budget for 2018/19 should be agreed and input onto Integra. Regular monitoring of the budget should take place.	Y
		- The PRU should carry out a benchmarking exercise to evaluate performance against similar entities.	Y
		- Specific fund allocation information should be updated annually and relevant statements of usage published on the school's website.	Y
		- Documentation that provides assurance that pre-defined questions are used to interview and score responses should be retained in recruitment files. Panel summary forms should be completed and signed by members of the interview panel. At least one member of the recruitment panel should have attended safer recruitment training.	Y
		- Orders should be raised for all goods / services at the time of procurement and not be raised retrospectively.	Y
		- Checks on the usage of procurement cards should ensure that expenditure incurred is solely for the direct educational benefit of pupils.	Y
		- Income should be recorded on the dates received and not backdated to match records to meals provided.	Y
		- Income should be banked on a regular basis. Given the low value of income collected, bankings should be undertaken on at least a monthly basis.	Y
		- Adequate inventory records should be maintained which record all assets over £1000 or those that are of a portable and attractive nature. These should be checked annually to ensure assets have not been lost or stolen.	Y

Audit	Objectives	Recommendations	Agreed
		- The PRU should consider adopting the HBC Model Policy for Information Governance.	Y
		- The ICO Model Publication Scheme should be approved by the Governing Body.	Y
		- Arrangements for storing cash should be reviewed to ensure that only the safe within the Admin Office is used so that access is restricted to appropriate employees.	Y
		- An Emergency Plan should be developed according to 'Coping with Emergencies' guidance and approved by Governors. A copy of the plan should be communicated to relevant staff and governors who should sign to confirm that they have seen the plan and understand their responsibilities. A timetable should be established to carry out exercises to test / validate the plan. Results of such exercises should be reported to Governors and any lessons learnt incorporated into future emergency planning.	Y
		- The school should register its information systems with the Information Commissioner.	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
Transparency Code	Satisfactory
Council Tax	Satisfactory
IT Security Management	Satisfactory
Resource Link IT System	Satisfactory
Public Interest Disclosure Act	Satisfactory
Creditors	Satisfactory
Car Parking	Limited
Controcc/Carefirst IT System	Limited
Emergency Planning	Satisfactory
Troubled Families Grant	Satisfactory
Employee Protection Register	Satisfactory
Debtors	Satisfactory
Millhouse Leisure Centre	Satisfactory
Brierton Sports Centre	Satisfactory
Headland Sports Centre	Satisfactory
Contract Audit - Framework Agreements	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.

As indicated in table 2, two 'limited assurance' audit reports have been issued and information on these areas is provided in paragraphs 3.5 to 3.6.

- 3.5 Car Parking has been assessed as limited assurance due to the fact that there was no evidence that reviews of the Parking Strategy have been undertaken or publication of an annual report in line with the Secretary of State's Statutory Guidance to Local Authorities on the Civil Enforcement of Parking Contraventions, there was a lack of an annual publication of the Authority's Parking Account since 2014/15 as required by the Transparency Code of Practice and arrangements for the collection of outstanding parking fines are inadequate. Actions have been agreed to mitigate the risks identified and a follow up audit will be completed to ensure that the actions agreed are implemented.

- 3.6 The Controcc/Carefirst IT system has been assessed as limited assurance due to the fact that there was a lack of effective processes surrounding the removal of access for leavers using the system, removing and monitoring external users of the system and monitoring and removing employees moving departments/teams within the authority. A follow up audit will be completed to ensure that the actions agreed are implemented in order to mitigate risk.
- 3.7 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.
- 3.8 Table 4 below details the audits that were ongoing at the time of compiling the report.

Table 4

Audit	Objectives
Building Maintenance Contract	Review the strategic framework; maintenance planning; budgetary control; allocation of works and performance management.
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.
Business Rates	Ensure arrangements in place comply with legislative requirements.
Centre for Excellence in Teaching and Learning	Review procurement arrangements, room booking processes, building access arrangements and inventories.
Salaries	Ensure all payments made are accurate, timely and comply with relevant legislation.
Budgetary Control	Ensure budgetary control process is accurate, timely and complies with relevant legislative requirements.
Mobile Phones	Ensure adequate arrangements are in place to manage mobile phones
Contact Centre - Firmstep	Ensure adequate controls are in place for the management of the system.
Integra IT System	Test controls within the application in relation to passwords, user access set up, access rights and deactivation of accounts.
Centre for Excellence in Creative Arts	Ensure centre is run in line with Council policy and procedures.
Open Spaces	Ensure adequate arrangements are in place to manage budgets and operate in line with Council procedures.
Health and Safety	Ensure arrangements in place comply with legislative requirements.
Free School Meals	Review arrangements that are in place to manage provision in line with council and statutory procedures.
Ground Maintenance	Ensure adequate arrangements are in place to manage budgets and operate in line with Council procedures.
IWorld IT System	Test controls within the application in relation to passwords, user access set up, access rights and deactivation of accounts.
Abandoned Vehicles Fly Tipping	Ensure arrangements in place comply with legislative requirements.

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

4. RISK IMPLICATIONS

- 4.1 There is a risk that if Members of the Audit and Governance Committee do not receive the information needed to enable a full and comprehensive review of governance arrangements at the Council, this would lead to the Committee being unable to fulfil its remit.

5. FINANCIAL CONSIDERATIONS

- 5.1 There are no financial considerations.

6. LEGAL CONSIDERATIONS

- 6.1 There are no legal considerations.

7. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 7.1 There are no child and family poverty considerations.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

- 8.1 There are no equality and diversity considerations.

9. STAFF CONSIDERATIONS

- 9.1 There are no staff considerations.

10. ASSET MANAGEMENT CONSIDERATIONS

- 10.1 There are no asset management considerations.

11. RECOMMENDATIONS

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

12. REASON FOR RECOMMENDATIONS

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

13. BACKGROUND PAPERS

- 13.1 Internal Audit Reports.

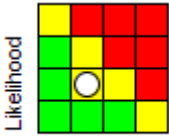

14. CONTACT OFFICER

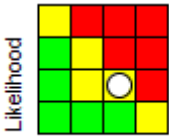

14.1 Noel Adamson
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Tel: 01429 523173





Email: noel.adamson@hartlepool.gov.uk

4.1 Appendix A

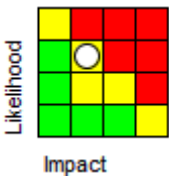
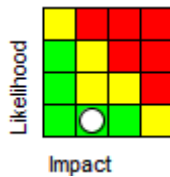
Audit	Objective			Assurance Level
Transparency Code	Provide assurance on the arrangements in place for complying with the Local Government Transparency Code 2015.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
Non-compliance with the Local Government Transparency Code of Practice 2015			Where issues have been identified during the audit the Department responsible will be informed of their obligations in relating to the Transparency Code.	

Audit	Objective			Assurance Level
Council Tax	Ensure this responsibility is being operated in accordance with statutory regulations.			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 continue to be monitored on a regular basis.	

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Audit	Objective	Assurance Level		
IT Security Management	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.	Satisfactory		
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
HBC would have no assurance regarding the security of data held on the IT systems used if there was no documented Security Management Plan, or one was not regularly reviewed to ensure fitness for purpose, was in place and may be subject to fines or litigation from resultant breaches of security.		The Security Management Plan is being replaced by ISO27001 accreditation for Northgate and these changes are to be included via a CCN in the ICT contract. Northgate have achieved ISO27001 certification in October. The legal process has started to include this in the contract.		
If performance metrics cannot be supported by evidence or have not been reported on at all then issues within services provided by Northgate may not be quickly identified and rectified, charges may be inappropriately made, service delivery may be compromised and/or best practice may not be identified and filtered to other service areas where it may bring improvement.		Relevant security PI's are now included in the monthly ops board meeting.		

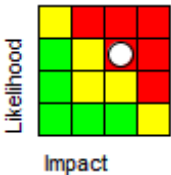
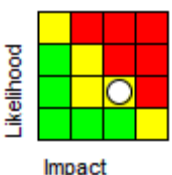
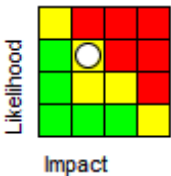
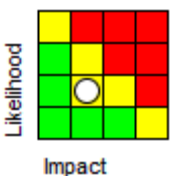
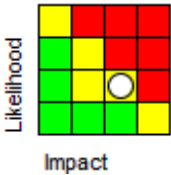
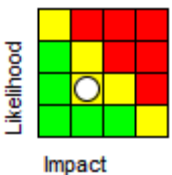
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Audit	Objective			Assurance Level
Resource link IT System	Provide assurance that controls are in place to manage access arrangements, including password controls and that these are working appropriately.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
Data may be lost or corrupted or made available to unauthorised people.			Retention schedule to be reviewed and issued.	

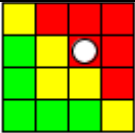
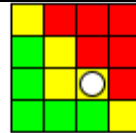
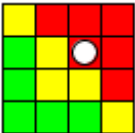
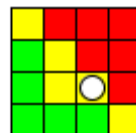
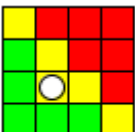
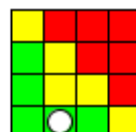
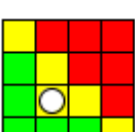
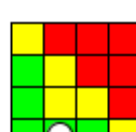
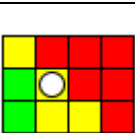
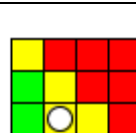
Audit	Objective			Assurance Level
Public Interest Disclosure Act	Ensure that the Authority complies with the Public Interest Disclosure Act 1998.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				

Audit	Objective			Assurance Level
Creditors	Ensure payments system is well controlled.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				



4.1 Appendix A

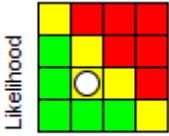
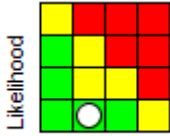
Audit	Objective	Assurance Level		
Car Parking	Effective financial management ensures that budgets are not overspent and CPE operations are run in an efficient, effective and economic manner; Income received in respect of car parking is collected on a regular basis and banked in full and in a prompt manner and that arrangements in place ensure that all income is fully accounted for and accurately processed.	Limited		
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
Effective arrangements may not be in place to enforce traffic contraventions, resulting in potential loss of income.		Reports have been produced and work is being undertaken to identify outstanding debts. We will obtain warrants for those that can still be enforced and they will be passed to the bailiffs for recovery. The computer system is currently being upgraded and checks will be undertaken during the training and implementation to ensure that outstanding debts can be progressed to collection in a timely manner.		
CPE operations may not operate in an efficient, effective and economic manner resulting in budget overspend.		A new procedure is to be introduced for staff to follow to reconcile income and ensure that all income has been received and correctly allocated.		
Procedures in place may not be consistent with legislation.		Checks will be carried out during the training and implementation of the upgrade to the computer system to ensure that reports provide all the information required and the report will then be produced as required.		
CPE operations may not operate in an efficient, effective and economic manner resulting in budget overspend.		Checks will be carried out during the training and implementation of the upgrade to the computer system to ensure that reports provide all the income information required and the report will be produced as required. We will also work with finance to ensure that we are able to provide the expenditure information required.		

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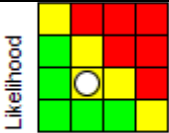
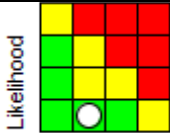

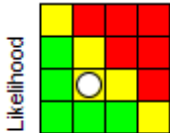




	 <p>Likelihood</p> <p>Impact</p>		 <p>Likelihood</p> <p>Impact</p>
Procedures in place may not be consistent with legislation.	 <p>Likelihood</p> <p>Impact</p>	Checks will be carried out during the training and implementation of the upgrade to the computer system to ensure that reports provide all the information required and the report will be produced as required. A new and updated Parking Strategy will be presented to Neighbourhood Services Committee in 2020.	 <p>Likelihood</p> <p>Impact</p>
Income may not be fully received if effective arrangements are not in place to monitor the collection and banking of cash from pay & display machines.	 <p>Likelihood</p> <p>Impact</p>	A new procedure will be introduced for staff to follow to ensure that audit tickets are correctly documented and the collection schedule is followed and any variances documented.	 <p>Likelihood</p> <p>Impact</p>
Income may not be fully received if effective arrangements are not in place to monitor the collection and banking of cash from pay & display machines.	 <p>Likelihood</p> <p>Impact</p>	Email to be sent to corporate finance clarifying VAT deductions.	 <p>Likelihood</p> <p>Impact</p>
Effective arrangements may not be in place to enforce traffic contraventions.	 <p>Likelihood</p> <p>Impact</p>	The computer system is currently being upgraded. Additional staff are being trained on the system to provide further support and resilience to ensure the system works effectively.	 <p>Likelihood</p> <p>Impact</p>

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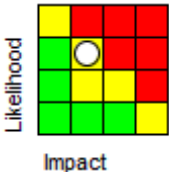
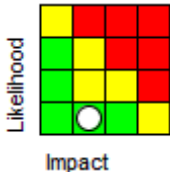
Audit	Objective			Assurance Level
Controccc/Carefirst IT System	Provide assurance that controls are in place to manage access arrangements, including password controls and that these are working appropriately.			Limited
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
Unauthorised access could be gained to the system resulting in erroneous or fraudulent transactions and access to personal information.		 <p>Likelihood</p> <p>Impact</p>	From the 1 st November a new process has been implemented for starters, leavers and movements. Access will be restricted promptly. An additional manual check will be completed every 6 months to ensure the above process is embedded for HBC staff and all external users have the access they require.	 <p>Likelihood</p> <p>Impact</p>

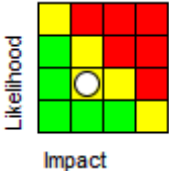
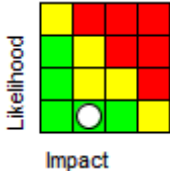
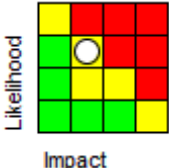
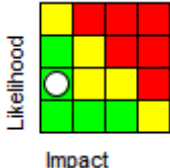
Audit	Objective			Assurance Level
Emergency Planning	Effective arrangements are in place for keeping up to date with legislation/best practice; a Civil Protection Framework is in place to ensure civil protection duties are undertaken in accordance with the Civil Contingencies Act (CCA) and other associated regulations.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
Effective arrangements may not be in place for keeping up to date with legislation/best practice.		 <p>Likelihood</p> <p>Impact</p>	CEPO to ensure (with the lead for exercises) that a report is produced for the LRF detailing the variance between bids received, training and exercising agreed by the training and exercising group and those actually delivered at year end. This report to be embedded within the LRF annual workflow and documented in terms of reference / handbook.	 <p>Likelihood</p> <p>Impact</p>
A Civil Protection Framework may not be in place which ensures civil protection duties are undertaken in accordance with the Civil Contingencies Act (CCA) and other associated regulations.			Ensure that the status of terms of reference is monitored and reported in as an annual indicator with annual confirmation / consultation on the terms of reference. This process to be documented in the LRF Handbook / LRF workflow.	

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	 <p>Likelihood</p> <p>Impact</p>		 <p>Likelihood</p> <p>Impact</p>
Potential financial penalties may be incurred if sensitive/personal information is not adequately protected.	 <p>Likelihood</p> <p>Impact</p>	On receipt of the new guidance North East LRFs working group to be established to produce a single updated Information Sharing Agreement across the North East responders. (Note the action is on an existing work plan following the North East LRF Symposium).	 <p>Likelihood</p> <p>Impact</p>
Category 1 responders may not be able to perform their civil protection duties effectively if emergency plans are not in place and subject to appropriate exercising/testing.	 <p>Likelihood</p> <p>Impact</p>	Training and Exercising Group to ensure that the required debriefs are submitted within agreed timescales and this to be monitored using the tracking sheet, where a debrief is not required this to be recorded. Report to be provided to TBG for assurance as part of the annual exercising report (March). This to be included in the LRF work plan / LRF Handbook	 <p>Likelihood</p> <p>Impact</p>
Category 1 responders may not be able to effectively perform their Civil Protection Duties if they do not have effective Business Continuity Management arrangements.	 <p>Likelihood</p> <p>Impact</p>	CEPO (with support from BCM Lead) to ensure suitable assurance to be sought from the LRF membership against the standards relating to in agency BCM procedures. The response from this to be reported to the strategic board,	 <p>Likelihood</p> <p>Impact</p>





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Audit	Objective			Assurance Level
Troubled Families Grant	Ensure claims are made in line with grant terms and conditions.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
Incorrect data may be recorded resulting in a reduction of grant award.			As previous we are very reliant on information from a multitude of external and internal services, we are improving on the identification of outcomes. As numbers are rising the data trawl/analysis becomes more and more time consuming, it is also testament that the process works very well as Audit are able to identify potential shortfalls enabling us to put it right.	







Audit	Objective			Assurance Level
Employee Protection Register (EPR)	Review EPR policy, EP Working Group, Training, Incidents (entry and review) and Performance Management.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
Staff are not adequately trained to use the EPR effectively which could lead to the potential for incidents not being entered at all or correctly, or to the potential for a member of staff visiting a person or property without the full information about any incidents that have occurred.			Incorporate EPR into corporate induction by February 2019. Develop E-learning course by April 2019. Undertake review of recording of training on Resourcelink for all departments through the RL development group by April 2019.	
Incidents are not entered at all or are entered incorrectly.			Assistant Director, Corporate Services to chair the EPR group from January 2019. Review flowchart, policy and procedure and documentation by December 2019. Sample 10 incidents quarterly to improve consistency and identify any learning from January 2019.	



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Audit	Objective			Assurance Level
Debtors	Review procedures to ensure all debts due are raised, reviewed and collected promptly.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				

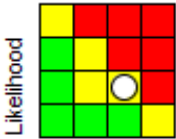



Audit	Objective			Assurance Level
Millhouse Leisure Centre	Review system access; income including vending machine income; procurement & purchase card transactions; staffing; health & safety; and performance management.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
The Service Level Agreement which has been entered into by the Centre is not of benefit to the Authority and full analysis was not performed prior to entering into the agreement. Expected income from the contractor is not being received or amounts are not at the agreed level.			Income from vending machines will be reviewed as part of the monthly budget monitoring meetings with the Finance Officer to ensure all expected income has been received and is correctly coded to the relevant facility	
Staffing levels are not consistent with services provided leading to potential overspend.			Timesheets are checked against hours worked and signed to say they are accurate by the member of staff. This is then checked and countersigned by two managers.	
Inadequate stock records are maintained which may result in the loss, theft and/or misappropriation of goods.			Stock is sometimes put into reception without a stock sheet being completed - this means the stock isn't added to the system. Staff are to be reminded of the correct process to be followed to ensure the stock levels	

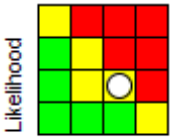
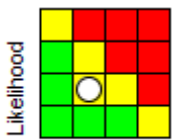
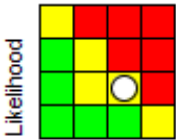

4.1 Appendix A

		are correct.	
Without adequate controls, all income due to the Authority may not be received or promptly and accurately recorded.		Issue with staff mistakes to be raised with all staff in a team meeting as well as on an individual basis in 1:1 meetings. Staff who continually make mistakes will be put through the disciplinary process.	
Without adequate controls, all income due to the Authority may not be received or promptly and accurately recorded.		All price rates are shown on the price list and are adhered to. Although member and concession rates are not shown separately on the system reports we can still find this information by going through the XN system and analysing individual customer bookings to determine the band they have been allocated. The 2019 price list (effective from 1 January 2019) is to be updated to include all fees charged inclusive of special deals and presented to DMT for approval.	



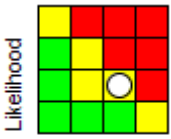

Audit	Objective		Assurance Level
Brierton Sports Centre	Review system access; income including vending machine income; procurement & purchase card transactions; staffing; health & safety; and performance management.		Satisfactory
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
Without adequate controls, all income due to the Authority may not be received or promptly and accurately recorded.		Booking forms will be double checked to ensure all correct/required information has been completed. Monthly checks of all charges will be undertaken by management prior to invoices being raised.	

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Without adequate controls, all income due to the Authority may not be received or promptly and accurately recorded.	 Likelihood Impact	All price rates are shown on the price list and are adhered to. Although member and concession rates are not shown separately on the system reports we can still find this information by going through the XN system and analysing individual customer bookings to determine the band they have been allocated.	 Likelihood Impact
The Service Level Agreement which has been entered into by the Centre is not of benefit to the Authority and full analysis was not performed prior to entering into the agreement. Expected income from the contractor is not being received or amounts are not at the agreed level.	 Likelihood Impact	Income from vending machines will be reviewed as part of the monthly budget monitoring meetings with the Finance Officer to ensure all expected income has been received and is correctly coded to the relevant facility.	 Likelihood Impact

Audit	Objective			Assurance Level
Headland Sports Centre	Review system access; income including vending machine income; procurement & purchase card transactions; staffing; health & safety; and performance management.			Satisfactory
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
Without adequate controls, all income due to the Authority may not be received or promptly and accurately recorded.	 Likelihood Impact	The 2019 price list (effective from 1 January 2019) is to be updated to include all fees charged and presented to DMT for approval.	 Likelihood Impact	
Without adequate controls, all income due to the Authority may not be received or promptly and accurately recorded.	 Likelihood Impact	All price rates are shown on the price list and are adhered to. Although member and concession rates are not shown separately on the system reports we can still find this information by going through the XN system and analysing individual customer bookings to determine the band they have been allocated.	 Likelihood Impact	

4.1 Appendix A

Audit	Objective	Assurance Level		
Contract Audit - Framework Agreements	The use of framework agreements is made clear in council policies and procedures and are used consistently in line with Council policy and legislation.	Satisfactory		
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
Council employees may be unaware of the procedures to follow in relation to framework agreements leading to inconsistencies in their use and procurement legislation not being complied with.		Links and documents to be reviewed with appropriate dates.		
Non-compliance with council policies and procedures in relation to framework agreements which may lead to non-compliance with procurement legislation.		Procedures will be updated to ensure employees contact Corporate Procurement for training on the use of Framework Agreements. Once the Framework has ended supplier will be removed or suspended from Integra if appropriate.		

AUDIT AND GOVERNANCE COMMITTEE

14 March 2019



Report of: Head of Audit and Governance

Subject: INTERNAL AUDIT CHARTER

1. PURPOSE OF REPORT

- 1.1 To enable Members to consider and approve the updated Internal Audit Charter attached as Appendix A to the report.

2. BACKGROUND

- 2.1 The standards for internal audit services in local government are set by the Chartered Institute of Public Finance and Accountancy (CIPFA). From 1 April 2013 CIPFA, together with other standard setters across the public sector, adopted new standards for internal audit. These standards comply with the international standards issued by the Institute of Internal Auditors (IIA) and they replace the Code of Practice for Internal Audit in Local Government in England and Wales (2006). Since the standards were adopted CIPFA has issued further guidance in the form of an application note. The application note includes a checklist to assist internal audit practitioners to review and update working practices.
- 2.2 The objectives of the Public Sector Internal Audit Standards (PSIAS) are to;
- define the nature of internal auditing within the UK public sector;
 - set basic principles for carrying out internal audit work;
 - establish a framework for providing internal audit services, which add value to the organisation being audited, leading to improved organisational processes and operations;
 - establish the basis for the evaluation of internal audit performance so as to help deliver ongoing improvements.
- 2.3 The PSIAS defines internal audit as follows.
“Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic,

disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.”

- 2.4 The PSIAS recognises that the provision of assurance services is the primary role for internal audit in the UK public sector. This role requires the chief audit executive (in this Authority the Head of Audit and Governance), to provide an annual internal audit opinion based on an objective assessment of the framework of governance, risk management and control.
- 2.5 To comply with the PSIAS, HBC is required to adopt an audit charter setting out the purpose, authority and responsibility of internal audit.

3.0 INTERNAL AUDIT CHARTER

- 3.1 The charter is effectively the terms of reference for Internal Audit and fulfils the following roles:
- Establishes the responsibilities and objectives of Internal Audit.
 - Establishes the organisational independence of Internal Audit.
 - Establishes the accountability and relationships between the Head of Audit and Governance and those charged with governance.
 - Recognises that internal audits remit extends to the entire control environment.
 - Require and enables the Head of Audit and Governance to deliver an annual audit opinion.
 - Establishes Internal Audits right of access to all records, assets, personnel and premises, including those of partner organisations, and its authority to obtain such information and explanations as it considers necessary to fulfil its responsibilities.

4. RECOMMENDATIONS

- 4.1 The recommendations of the report are that:
- (i) Members consider and approve the updated Internal Audit Charter.

5. REASON FOR RECOMMENDATIONS

- 5.1 To ensure that the Audit and Governance Committee meets its remit, it is important that it receives assurance that the Internal Audit is provided in accordance with professional standards and guidelines.

6. BACKGROUND PAPERS

- 6.1 Public Sector Internal Audit Standards.

7. CONTACT OFFICER

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INTERNAL AUDIT CHARTER

HARTLEPOOL BOROUGH COUNCIL**INTERNAL AUDIT CHARTER****1 Introduction**

- 1.1 There is a statutory duty on Hartlepool Borough Council (HBC) to maintain an adequate and effective internal audit of its accounting records and of its system of internal control. The Accounts and Audit (England) Regulations 2015 also require that internal audit is undertaken in accordance with proper practices. The Chartered Institute of Public Finance and Accountancy (CIPFA) is responsible for setting standards for proper practice for local government internal audit in England.
- 1.2 From 1 April 2013 CIPFA adopted new Public Sector Internal Audit Standards (PSIAS) compliant with the Institute of Internal Auditors' (IIA) International Standards. The PSIAS and CIPFA's local government application note for the standards represent proper practice for internal audit in local government. This charter sets out how internal audit at HBC will be provided in accordance with this proper practice.
- 1.3 This charter should be read in the context of the wider legal and policy framework which sets requirements and standards for internal audit, including the Accounts and Audit Regulations, the PSIAS and application note, and HBC's constitution, regulations and governance arrangements.

2 Definitions

- 2.1 The standards include reference to the roles and responsibilities of the "board" and "senior management". Each organisation is required to define these terms in the context of its own governance arrangements. For the purposes of the PSIAS these terms are defined as follows at HBC.

"Board" – the Audit and Governance Committee fulfils the responsibilities of the board in relation to internal audit standards and activities.

"Senior Management" – in the majority of cases, the term senior management in the PSIAS should be taken to refer to the Director of Finance and Policy in his role as s151 officer and the Assistant Director (Finance and Customer Services). This includes all functions relating directly to overseeing the work of internal audit. In addition, senior management may also refer to the Chief Executive and Chief Solicitor, acting individually or collectively in their statutory roles at HBC.

- 2.2 The standards also refer to the "chief audit executive". This is taken to be the Head of Audit and Governance.

3 Application of the standards

3.1 The PSIAS defines internal audit as follows.

“Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.”

3.2 HBC acknowledges the mandatory nature of this definition and confirms it reflects the purpose of internal audit. HBC also requires that the service be undertaken in accordance with the code of ethics and standards set out in the PSIAS.

4 Scope of internal audit activities

4.1 The scope of internal audit work will encompass HBC’s entire control environment, comprising its systems of governance, risk management, and control.

4.2 The scope of audit work also extends to services provided through partnership arrangements, irrespective of what legal standing or particular form these may take. The Head of Audit and Governance, in consultation with all relevant parties and taking account of audit risk assessment processes, will determine what work will be carried out by the internal audit service, and what reliance may be placed on the work of other auditors.

5 Responsibilities and objectives

5.1 The Head of Audit and Governance is required to provide an annual report to the Audit and Governance Committee. The report will be used by the Committee to inform its consideration of HBC’s annual governance statement. The report will include:

- the Head of Audit and Governance’s opinion on the adequacy and effectiveness of HBC’s framework of governance, risk management, and control;
- any qualifications to the opinion, together with the reasons for those qualifications (including any impairment to independence or objectivity);
- any particular control weakness judged to be relevant to the preparation of the annual governance statement;
- a summary of work undertaken to support the opinion including any reliance placed on the work of other assurance bodies;
- an overall summary of internal audit performance and the results of the internal audit service’s quality assurance and improvement programme;
- a statement on conformance with the PSIAS.

5.2 To support the opinion the Head of Audit and Governance will ensure that an appropriate programme of audit work is undertaken. In determining what work to undertake the internal audit service will:

- adopt an overall strategy setting out how the service will be delivered in accordance with this Charter;
- draw up an indicative risk based audit plan on an annual basis which takes account of the requirements of the Charter, the strategy, and proper practice.

5.3 In undertaking this work, the responsibilities of the internal audit service will include:

- providing assurance to the Committee and senior management on the effective operation of governance arrangements and the internal control environment operating at HBC;
- objectively examining, evaluating and reporting on the probity, legality and value for money of HBC's arrangements for service delivery;
- reviewing HBC's financial arrangements to ensure that proper accounting controls, systems and procedures are maintained and, where necessary, for making recommendations for improvement;
- helping to secure the effective operation of proper controls to minimise the risk of loss, the inefficient use of resources and the potential for fraud and other wrongdoing;
- acting as a means of deterring all fraudulent activity, corruption and other wrongdoing; this includes conducting investigations into matters referred by Members, officers, and the public and reporting findings of those investigations to the relevant officers and Members as appropriate for action;
- advising HBC on relevant counter fraud and corruption policies and measures.

5.4 The Head of Audit and Governance will ensure that the service is provided in accordance with proper practice as set out above and in accordance with any other relevant standards – for example HBC policy and/or legal or professional standards and guidance.

5.5 In undertaking their work, internal auditors should have regard to:

- the code of ethics in the PSIAS;
- the codes of any professional bodies of which they are members;
- standards of conduct required by HBC;
- the Committee on Standards in Public Life's *Seven Principles of Public Life*.

6 Organisational independence

6.1 It is the responsibility of senior management to maintain effective systems of risk management, internal control, and governance. Auditors will have no responsibility for the implementation or operation of systems of control and

will remain sufficiently independent of the activities audited to enable them to exercise objective professional judgement.

- 6.2 Audit advice and actions agreed will be made without prejudice to the rights of internal audit to review and make further recommendations on relevant policies, procedures, controls and operations at a later date.
- 6.3 The Head of Audit and Governance will put in place measures to ensure that individual auditors remain independent of areas they are auditing for example by:
- rotation of audit staff;
 - ensuring staff are not involved in auditing areas where they have recently been involved in operational management, or in providing consultancy and advice.

7 Accountability, reporting lines, and relationships

- 7.1 In its role in providing an independent assurance function, Internal Audit has direct access to Members and senior managers and can report uncensored to them as considered necessary. Such reports may be made to the:
- Council or any committee (including the Audit and Governance Committee);
 - Chief Executive;
 - Director of Finance and Policy – (s151 officer);
 - Monitoring Officer;
 - Assistant Director (Finance and Customer Services).
- 7.2 The Director of Finance and Policy (as s151 officer) has a statutory responsibility for ensuring HBC has an effective system of internal audit in place. In recognition of this, a protocol has been drawn up setting out the relationship between internal audit and the Director of Finance and Policy.
- 7.3 The Head of Audit and Governance will report independently to the Audit and Governance Committee on:
- proposed allocations of audit resources;
 - any significant risks and control issues identified through audit work;
 - his/her annual opinion on HBC's control environment.
- 7.4 The Head of Audit and Governance will informally meet in private with members of the Audit and Governance Committee, or the committee as a whole as required. Meetings may be requested by committee members or the Head of Audit and Governance.
- 7.5 The Audit and Governance Committee will oversee (but not direct) the work of internal audit. This includes commenting on the scope of internal audit work and approving the annual audit plan. The committee will also protect and

promote the independence and rights of internal audit to enable it to conduct its work and report on its findings as necessary.

8 Fraud and consultancy services

- 8.1 The primary role of internal audit is to provide assurance services to HBC. However, the service may also be required to undertake fraud investigation and other consultancy work to add value and help improve governance, risk management and control arrangements.
- 8.2 The prevention and detection of fraud and corruption is the responsibility of management. However, all instances of suspected fraud and corruption should be notified to the Head of Audit and Governance, who will decide on the course of action to be taken in consultation with the relevant principal officer and/or other advisors (for example human resources). Where appropriate, cases of suspected fraud or corruption will be investigated by internal audit.
- 8.3 Where appropriate, internal audit may carry out other consultancy related work. The scope of such work will be determined in conjunction with relevant principal officers and/or service managers and be subject to HBC contract procedure rules and budgetary management arrangements. Such work will only be carried out where there are sufficient resources and skills within internal audit and where the work will not compromise the assurance role or the independence of internal audit. Details of all significant consultancy assignments completed in the year will be reported to the Audit and Governance Committee.

9 Resourcing

- 9.1 As part of the audit planning process the Head of Audit and Governance will review the resources available to internal audit, to ensure that they are sufficient to meet the requirements to provide an opinion on HBC's control environment. Where resources are judged to be insufficient, recommendations to address the shortfall will be made to the Director of Finance and Policy, and to the Audit and Governance Committee.

10 Rights of access

- 10.1 To enable it to fulfil its responsibilities, HBC gives internal auditors the authority to:
- enter all HBC premises or land, at any reasonable time;
 - have access to all data, records, documents, correspondence, or other information - in whatever form - relating to the activities of HBC;
 - have access to any assets of HBC and to require any employee of HBC to produce any assets under their control;
 - be able to require from any employee or Member of HBC any information or explanation necessary for the purposes of audit.

- 10.2 Principal Officers and service managers are responsible for ensuring that the rights of internal audit staff to access premises, records, and personnel are preserved, including where HBC's services are provided through partnership arrangements, contracts or other means.

11 Review

- 11.1 This charter will be reviewed periodically by the Head of Audit and Governance. Any recommendations for change will be made to the Director of Finance and Policy and the Audit and Governance Committee for approval.

AUDIT AND GOVERNANCE COMMITTEE

14 March 2019



Report of: Head of Audit and Governance

Subject: INTERNAL AUDIT PLAN 2019/20

1. PURPOSE OF REPORT

- 1.1 To inform Members of the direction of internal audit activity, and to seek approval of the annual operational Internal Audit Plan for 2019/2020 (Appendix A).

2. BACKGROUND

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

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

3. INTERNAL AUDIT RESOURCES 2019/2020

- 3.1 Hartlepool Borough Council Internal Audit establishment consists of a Head of Audit and Governance and 5 FTE audit staff. When taking into account operational costs of providing the service and income generated, the net budget for the provision of Internal Audit is £230,000, which equates to approximately £225 per audit day provided.
- 3.2 A total of 77 planned areas of audit coverage will form the basis of the mainstream Internal Audit work for 2019/20. The plan includes fundamental systems such as salaries, debtors, creditors, risk management etc., which are identified, for the purpose of the plan, as single audits. However, these will include system and probity audits in each or some of the departments, in support of the main system reviews.
- 3.3 In addition to the planned audit work, advice and support will be provided on an ad hoc basis throughout the financial year together with unplanned reactive work wherever necessary and appropriate.
- 3.4 For 2019/20, we are contracted to provide 100 days of audit work to the Cleveland Fire Authority.
- 3.5 Further details are provided in Appendix A of the focus of coverage across the council. In order to support members in the process of reviewing proposed audit coverage, the Better Governance Forum guidance on approving Internal Audit plans is also attached for information. This takes the form of a number of questions members may want to consider when reviewing the plan.

4. DELIVERING THE AUDIT

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

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

5. INTEGRATION

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

6. FINANCIAL CONSIDERATIONS

- 6.1 There are no financial considerations.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 8.1 There are no child and family poverty considerations.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 There are no equality and diversity considerations.

10. STAFF CONSIDERATIONS

- 10.1 There are no staff considerations.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 There are no asset management considerations.

12. RECOMMENDATION

- 12.1 It is recommended that Members review and approve the 2019/20 Internal Audit Plan and note the Internal Audit budget for 2019/20 of £230,000.

13. REASON FOR RECOMMENDATIONS

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

14. BACKGROUND PAPERS

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

15. CONTACT OFFICER

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Appendix A

Department Name		A/D, Director	19/20
			Days
Adults and Community Services	Carlton Centre	Gemma Ptak	5
Adults and Community Services	Disabled Facilities Grant	John Lovatt	5
Adults and Community Services	Home Care	John Lovatt	10
Adults and Community Services	Hubs	Gemma Ptak	5
Adults and Community Services	Millhouse /Headland / Brierton Sports Centres	Gemma Ptak	10
Adults and Community Services	Public Health Grant Overheads	Pat Riordan	5
Adults and Community Services	Public Health Grant Healthy Weight, Obesity, Healthy Lives	Pat Riordan	5
Adults and Community Services	Public Health Services Children and Young People Aged 0-19	Pat Riordan	5
Adults and Community Services	Social Care - Centre for Independent Living (CIL)	John Lovatt	5
Adults and Community Services	Social Care - Direct Payments	John Lovatt	10
Adults and Community Services	Sport England Families Fund	Gemma Ptak	5
Adults and Community Services	Summerhill/Café	Gemma Ptak	5
Adults and Community Services	Syrian Resettlement Grant	Pat Riordan	10
Chief Executives	Attendance Management	Claire McLaren	15
Chief Executives	Benefits - Housing	John Morton	25
Chief Executives	Budgetary Control	Chris Little	15
Chief Executives	Cash/Bank	Chris Little	5
Chief Executives	Communication - Mobile Phones	Claire McLaren	5
Chief Executives	Computer Audit	Claire McLaren	50
Chief Executives	Council Tax	John Morton	15
Chief Executives	Creditors	John Morton	15
Chief Executives	Data Quality - GDPR	Claire McLaren	20
Chief Executives	Debtors	John Morton	15
Chief Executives	Employee Code of Conduct	Claire McLaren	10
Chief Executives	Fraud Awareness	Chris Little	25
Chief Executives	Health and Safety	Claire McLaren	10
Chief Executives	Independent Safety Advisory Group (ISAG)	Claire McLaren	5
Chief Executives	Information/Data Management Security	Claire McLaren	20
Chief Executives	Job Evaluation Process	Claire McLaren	5
Chief Executives	Local Council Tax Support Scheme	John Morton	15
Chief Executives	Main Accounting	Chris Little	15
Chief Executives	Members Allowances/Travel/Subsistence	Chris Little	5
Chief Executives	Members Code of Conduct	Haley Martin	5
Chief Executives	NFI	Chris Little	10
Chief Executives	NNDR	John Morton	15
Chief Executives	Officers Expenses	John Morton	5
Chief Executives	Procurement	Chris Little	25
Chief Executives	Recruitment, Selection and Retention	Claire McLaren	10
Chief Executives	Risk Management	Claire McLaren	10
Chief Executives	Salaries and Wages	John Morton	15
Chief Executives	Training	Claire McLaren	5
Chief Executives	Transparency Code of Practice	Claire McLaren	5
Chief Executives	V.A.T.	Chris Little	5
Children's and Joint Commissioning	Agency Residential Placements	Jane Young	10
Children's and Joint Commissioning	Centre for Excellence in Creative Arts (CECA)	Mark Patton	5
Children's and Joint Commissioning	Children Services Capital Programme	Mark Patton	10
Children's and Joint Commissioning	Discretionary Housing Payments	Danielle Swainston	5
Children's and Joint Commissioning	Extol Primary School Academy	Mark Patton	15

Children's and Joint Commissioning	Grange Primary School	Mark Patton	5
Children's and Joint Commissioning	Greatham C Of E Primary School	Mark Patton	5
Children's and Joint Commissioning	Looked After Children - Agency Fostering Placements	Jane Young	10
Children's and Joint Commissioning	One Stop Shop	Mark Patton	10
Children's and Joint Commissioning	Pupil Referral Unit (P.R.U.)	Mark Patton	5
Children's and Joint Commissioning	Sacred Heart Primary School	Mark Patton	5
Children's and Joint Commissioning	School Recommendations	Mark Patton	5
Children's and Joint Commissioning	Special Educational Needs	Mark Patton	10
Children's and Joint Commissioning	Springwell Special School	Mark Patton	5
Children's and Joint Commissioning	St. Begas Primary School	Mark Patton	5
Children's and Joint Commissioning	St. Hilds Secondary School	Mark Patton	10
Children's and Joint Commissioning	Throston Primary School	Mark Patton	5
Children's and Joint Commissioning	Troubled Families Grant	Jane Young	20
Children's and Joint Commissioning	Ward Jackson Primary School	Mark Patton	5
Regeneration and Neighbourhoods	Burn Valley Recycling Centre	Tony Hanson	5
Regeneration and Neighbourhoods	Car Parking - Income	Tony Hanson	10
Regeneration and Neighbourhoods	Close Circuit TV	Tony Hanson	10
Regeneration and Neighbourhoods	Contract Audit	Tony Hanson	10
Regeneration and Neighbourhoods	Disaster Recovery/Business Continuity	Tony Hanson	10
Regeneration and Neighbourhoods	Highways - Repairs and Maintenance	Tony Hanson	10
Regeneration and Neighbourhoods	Hire of Community Halls	Andrew Carter	5
Regeneration and Neighbourhoods	Localism Act - Community Infrastructure Levy	Andrew Carter	5
Regeneration and Neighbourhoods	Housing Management - Private Lettings	Andrew Carter	10
Regeneration and Neighbourhoods	National Driver Offender Rehabilitation Scheme	Tony Hanson	10
Regeneration and Neighbourhoods	Routes to Work	Andrew Carter	5
Regeneration and Neighbourhoods	Staff Lottery	Denise Ogden	5
Regeneration and Neighbourhoods	Stores/Joiners Shop	Tony Hanson	10
Regeneration and Neighbourhoods	Transport - Workshops	Tony Hanson	10
Regeneration and Neighbourhoods	Youth Employment Initiative Grant	Andrew Carter	20
	ADMINISTRATION		
Corporate	Training/Development		55
Corporate	Administration		75
Corporate	Contingency/Advice/Support/Special Investigations		90
	CFA		100
	TOTAL		1090
	Holidays		155
	Contingency		25
	Bank Holidays		40

Reviewing the Audit Plan

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

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

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

Why draw up an audit plan?

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

Who is involved?

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

How is the audit plan produced?

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

What does the audit plan cover?

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

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

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

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

When is the audit plan written?

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

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

The audit committee's role

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

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

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

Key questions to ask:

1. Who did the head of internal audit liaise with in drawing up this plan? Did this include external audit?

2. How does this audit plan link to our risk register and our strategic plans?

3. What audits have you left off this plan and why? When do you plan to carry out this work?

4. How does the audit plan fit with other assurance work? Are there any gaps or is there duplication?

Elizabeth Humphrey

Senior Associate, CIPFA Better Governance Forum

AUDIT AND GOVERNANCE COMMITTEE

14 March 2019



Report of: Statutory Scrutiny Manager

Subject: INVESTIGATION INTO THE PROVISION OF
PREVENTATIVE MENTAL HEALTH SERVICES FOR
HARTLEPOOL RESIDENTS: OLDER PEOPLE
SERVICES

1. PURPOSE OF REPORT

- 1.1 To inform Members that as part of the next stage of the Committees investigation into the provision of preventative mental health services for Hartlepool residents, evidence at today's meeting will focus on the provision of preventative mental health services for older people.

2. BACKGROUND INFORMATION

- 2.1 Members will recall that at the meeting of this Committee on the 25th July 2018, the Scope and Terms of Reference for the investigation were agreed. This was followed by an initial 'setting the scene' presentation on the 18th October 2018.
- 2.2 The Committee will at today's meeting focus on the provision of preventative mental health services for older people, with evidence from the following partners, providers and commissioners:-
- i) **Hartlepool Borough Council (Neil Harrison | Head of Safeguarding & Specialist Services)**
 - ii) **Promoting Change and Transforming Lives Project** (Jon Wright, Promoting Change and Transforming Lives Project Coordinator)
 - iii) **Hartlepool and Stockton NHS Clinical Commissioning Group** (Karen Hawkins - Director of Commissioning and Transformation)
 - iv) **North Tees and Hartlepool NHS Foundation Trust** (Julie Parkes, Interim Director of Operations)
 - v) **Tees Esk and Wear Valley NHS Foundation Trust** (Shaun Mayo (Head of Service MHSOP) and Dr Hashim Mohammed (Clinical Director))

2.3 In addition to the above, an invitation has also been extended to organisations and groups from the private and voluntary and community sector to participate in discussions.

2.4 In providing their evidence, each provider has been asked to assist the Committee in:

i) Gaining a clear understanding of the:

- Preventative mental health services currently provided for Hartlepool residents, their usage / demand and the effectiveness of pathways in facilitating access to them;
- Challenges facing the provision of these services (now and in the future) and proposals identified to respond to them; and
- Views of service providers and users on the services provided and consider any suggestions for improvements.

ii) Considering:

- The role for community bases assets in the provision of preventative mental health services (what is currently available and what examples of good practice may exist elsewhere);
- Progress against the proposed actions outlined in the Implementation Plan for the Hartlepool Joint Health and Wellbeing Strategy; and
- What is being done to challenge the stigma of mental health and what is the impact of these services.

3. RECOMMENDATION

3.1 It is recommended that the Members of the Audit and Governance Committee consider the evidence presented and seek clarification on any relevant issues where required.

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BACKGROUND PAPERS

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

- (i) Report of the Statutory Scrutiny Officer entitled 'Preventative Mental Health Services in Hartlepool' Presented to the Audit and Governance Committee on 25 July 2018

ADULT AND COMMUNITY BASED SERVICES COMMITTEE

7 February 2019



Report of: Director of Adult and Community Based Services

Subject: SUPPORT FOR PEOPLE LIVING WITH DEMENTIA

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required – for information.

2. PURPOSE OF REPORT

2.1 This report provides the Adult and Community Based Services Committee with a further update regarding support for people living with dementia in Hartlepool, following a report in December 2017.

3. BACKGROUND

- 3.1 Dementia is one of the most pressing issues relating to older people. It is a range of symptoms including memory loss, mood change and problems with communication and reasoning that are brought about by diseases that damage the brain, such as Alzheimer's disease. It is progressive and at present there are no cures, although there are evolving treatments that can slow the progress of the disease and sustain people for longer.
- 3.2 The National Dementia Strategy: Living Well with Dementia was launched in 2009 and highlighted the need for early diagnosis and treatment as it was estimated that only a third of people with dementia received an accurate and timely diagnosis.
- 3.3 Significant inroads have been made nationally to increase dementia diagnosis rates. Locally dementia diagnosis was chosen as a local indicator within the Better Care Fund Plans for 2015/16 and 2016/17 and the current diagnosis rate is approximately 85%, which is one of the highest rates regionally and nationally.

3.4 The underlying reasons for people with dementia not being identified and formally diagnosed early include:

- lack of information;
- lack of awareness and confidence in dealing with people living with dementia, by both the general public and medical and support staff; and
- the fact that dementia remains a subject that many people find hard to talk about, much like cancer was 15 – 20 years ago. Everyone knows someone who has it or is affected by it but doesn't talk about it.

3.5 The number of those anticipated to be living with dementia by 2030 is significant; the table below shows the steady anticipated increase with an estimated 54% total increase by 2030.

Hartlepool - Dementia - all people	2017	2018	2020	2025	2030
People aged 65-69 predicted to have dementia	68	66	65	72	83
People aged 70-74 predicted to have dementia	121	127	140	129	149
People aged 75-79 predicted to have dementia	188	182	187	257	250
People aged 80-84 predicted to have dementia	322	325	335	332	450
People aged 85-89 predicted to have dementia	322	339	361	400	417
People aged 90 and over predicted to have dementia	240	240	26	357	447
Total population aged 65 and over predicted to have dementia	1,261	1,278	1,356	1,546	1,794

4. NATIONAL DEVELOPMENTS

4.1 The National Dementia Strategy - Living Well with Dementia, aims to ensure significant improvements are made to dementia services across three key areas:

- improved awareness;
- earlier diagnosis and intervention; and
- higher quality of care.

Implementation of the Strategy's key objectives requires activity at a local level. The objectives are set out below:

Objective	
1	Improving public and professional awareness and understanding of dementia.
2	Good-quality early diagnosis and intervention for all
3	Good-quality information for those with diagnosed dementia and their carers
4	Enabling easy access to care, support and advice following diagnosis
5	Development of structured peer support and learning networks
6	Improved community personal support services

7	Implementing the Carers' Strategy
8	Improved quality of care for people with dementia in general hospitals
9	Improved intermediate care for people with dementia
10	Considering the potential for housing support, housing-related services and Telecare to support people with dementia and their carers
11	Living well with dementia in care homes
12	Improved end of life care for people with dementia
13	An informed and effective workforce for people with dementia
14	A joint commissioning strategy for dementia
15	Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers
16	A clear picture of research evidence and needs
17	Effective national and regional support for implementation of the Strategy

4.2 The Prime Minister's Challenge on Dementia 2020 includes a number of actions that are designed to make a real difference to the lives of people with dementia and their families and carers by 2020. Regionally North East ADASS (Association of Directors of Adult Social Services) has made a commitment to the following four key actions:

- GPs playing a leading role in ensuring co-ordination and continuity of care for people with dementia.
- Every person diagnosed with dementia having meaningful care following diagnosis.
- All NHS staff having received training on dementia appropriate to their role, including newly appointed healthcare assistants and social care workers undergoing training as part of the Care Certificate.
- National and local government taking a leadership role with all government departments and public sector organisations becoming dementia friendly and all tiers of local government being part of a local Dementia Action Alliance.

5. HARTLEPOOL POSITION

5.1 As reported in December 2017, the work of the North of Tees Dementia Collaborative continues to focus on improving the care of people living with dementia. The Collaborative is now in its sixth year and includes representation from a wide range of partners. A list of members of the Collaborative is attached as **Appendix 1**.

5.2 Since the last update the Collaborative has continued to share and spread learning and ensure a community focussed approach. Areas of work include:

- Continuing to extend the membership to new organisations;
- Promoting a change agent culture within organisations, with identified improvement leads;
- Embedding and sustaining the changes agreed to date;
- Supporting change in new areas identified by one or more partners;

- Linking with the Better Care Fund work strands;
- Spreading elements of the work that would benefit other areas;
- Collating knowledge on good practice in other areas;
- Maximise joint working by establishing links with the South of Tees Dementia Collaborative, North East Dementia Alliance, Clinical Network Northern England and North East Dementia Hub.

5.3 The ongoing focus on dementia created by the Collaborative ensures there is now a common understanding of the issues and the need for change regarding support for people living with dementia and their carers. The initial steps in making Hartlepool more dementia friendly are continuing.

5.4 Since the last update the Collaborative has undertaken a wide range of projects including:-

- Quality Improvement Systems Leaders Course – key personnel from the Community Liaison Service (TEWV) and Occupational Therapy Team (TEWV) reviewing areas such as improving the use of sleep technology, OT requests and pathways for referrals.
- Filming with individuals and their carers focussing on hints and tips following diagnosis with dementia, the previous video made has received 1600+ hits on YouTube.
- Dementia Research Projects and identification of Dementia Champions.
- Dementia Celebration Events including Dementia Awareness Week, World Alzheimer's Day.

This list is not exhaustive but aims to give a flavour of the types of projects that the Collaborative enables individuals living with dementia in Hartlepool and their carers the opportunity to be involved with.

The Collaborative is a virtual community of professionals who have, through a collaborative approach, aligned strategic priorities linked to dementia to benefit the wider community. Part of the success of the Collaborative has been the role of a project lead, funded by statutory partners most recently by Hartlepool Borough Council, Stockton on Tees Borough Council and Tees Esk & Wear Valley NHS Mental Health Trust (TEWV). From April 2019 this project lead will no longer be funded but the focus on dementia and the work of the Collaborative will be maintained through identified leads in each of the organisations involved. , Hartlepool will continue to support the Collaborative through the Joint Commissioning Unit.

The Collaborative is a self-sustaining group with many initiatives embedded into mainstream activities and will continue to meet quarterly as currently established with administration support being shared by partners.

6. RAISING AWARENESS OF DEMENTIA IN HARTLEPOOL

- 6.1 There is sustained activity in Hartlepool to raise awareness of the impact of living with dementia predominantly through the continued success of the Dementia Advisory Service, commissioned by the Council, hosted at The Bridge and delivered by the Hospital of God.
- 6.2 The Bridge, located at Villiers Street in the town centre provides a drop in service and information centre for those living with dementia and their carers.
- 6.3 Dementia Friends Information Sessions continue to be a very effective means of assisting interested individuals, and particularly customer-facing staff, to become more aware of the issues faced by people with dementia and their carers. These sessions are delivered on a regular basis from The Bridge but are also delivered across the town by Dementia Champions -sessions are often delivered at events, in work places or for small groups.
- 6.4 There is a continuous programme of increasing Dementia Awareness through Dementia Friends sessions, registered numbers are as follows:

Dementia Champions (people who can deliver sessions to others)	30
Completed sessions	418
Dementia Friends	4,294
Digital Friends (completed session online)	747

- 6.5 Dementia Awareness Week ran from 21 – 25 May in 2018 and remains the main celebratory and awareness raising event in the year. Many local organisations come together to host events, fundraise or attend.

Events held last year included:

- Celebration Event at the Borough Hall incorporating the very successful Tea Dance;
- Carers Awards Evening
- Busking at Morrisons;
- Dementia based Story & Rhyme Sessions at Libraries; and
- Move a Memory Mile walk at Ward Jackson Park.

These were many other awareness raising and signposting information sessions with a total of 21 scheduled events on the timetable. Over 555 people engaged with the various events and £1,166 was raised for Dementia Hartlepool Charity Fund.

7 HARTLEPOOL AS A DEMENTIA FRIENDLY COMMUNITY

- 7.1 Following successful accreditation as a Dementia Friendly Community (DFC) in September 2015 Hartlepool as a DFC has gone from strength to strength helped by the focal point of The Bridge within the town centre. There are over 50 organisations registered as dementia friendly and many local organisations

have published their pledges on the Dementia Friendly Hartlepool (DFH) page of Hartlepool Now (further information can be found in **Appendix 2**).

- 7.2 The volunteers of DFH meet regularly to encourage, promote and plan how the community can engage with others to support residents who are living with dementia. The steering group that originally engaged in creating Dementia Friendly Hartlepool has now applied for charitable status to enable fund raising and is chaired and has formal terms of reference adopted by the group, members can be found in **Appendix 2**. The charity has independent trustees who oversee the use of funds raised for the charity and a process has been designed to gather feedback on the benefits of funds provided. Currently funds held by the charity are approximately £9,000.
- 7.3 The group has ensured that those committing to be part of DFH make pledges in at least one of the 7 category areas:
- Arts, Culture & Leisure
 - Businesses & Shops
 - Children, Young People & Schools
 - Community, Voluntary & Faith
 - Emergency Services
 - Health & Social Care
 - Housing & Transport

This enables the group to be able to identify which areas to prioritise for development.

- 7.4 DFH has grown because of the involvement of people living with dementia. Our Voice Matters is a group of people living with dementia that meets monthly and is registered with DEEP (Dementia Engagement & Empowerment Project) UK. The group regularly promote DFH with leaflet drops and by asking local shops and cafes to sign up to become Dementia Friendly. Through this work large supermarkets now support the development of DFH and support with fundraising activities.
- 7.5 In October the DEEP group visited Botton Village in the North York Moors which is a therapeutic setting for around 230 adults with a learning disability. The group, who all have experience of living with dementia, were invited along to give some advice on how they can make sure the Botton services are suitable to support people who develop memory problems and dementia. The transport costs were paid for with DFH funds.
- 7.6 The work carried out linking to DFH continues to be recognised. The Sport and Physical Activity Team won the community engagement award for their work “Discovering Dementia Through Play” at the Council’s Celebrating Achievement event on 30 November 2018. This is a rolling programme of work with local schools to raise awareness of dementia with children and help them understand how it affects them and their families.

- 7.7 Owing to the links with DFH and its charitable status the Sport and Physical Activity Team has been able to apply to Sport England for a grant from a new fund, the Ageing Active Fund. The fund has been created in the acknowledgement that inactivity among the over 55s is responsible for as many deaths as smoking. The grant will be used to increase participation in physical activity; particularly aimed at programmes that are suitable for those living with dementia.
- 7.8 DFH has impacted on the local community working with organisations and groups and there is also a real increase in awareness from individuals who want to help. In February a local resident, Barbara Forman, invited friends and family to her home for afternoon tea. A tombola was held and initially the event raised £521 for DFH, which was then increased by a local charity to £750. Another local group Creative Minds raised £164 through a music and afternoon tea event. These are just some examples of the increased activity around awareness and the impact having a local dementia charity has had.
- 7.9 As part of the pledges made locally the Council has made progress around its pledge to incorporate Dementia Friends training as part of the induction programme – the whole programme is under review currently and Dementia Friends training will be available routinely for new employees. Dementia Champion training is being sourced and willing volunteers recruited to enable an in-house approach to training staff. There are representatives of the council at the DFH steering group covering most of the pledge areas. Individual officers regularly attend events and the corporate communications team is part of the planning for Dementia Action Week 2019, plans are in place for brochures to be designed and distributed chronicling the events during the week to raise awareness. The commitment from the communications team also enables a social media approach using the Council's networks.
- 7.10 As reported in the last update funding was identified from the Improved Better Care Fund to support capital expenditure in care homes, which many providers used to support improvements for those living with dementia. A separate report was submitted to the Adult & Community Based Service Committee in January 2019 and was very positively received.

8. FUTURE DEVELOPMENTS

8.1 Active Ageing

As described in 7.9 a grant to the value of £5,200 has been received to increase physical activity for the over 55s with a specific focus on those living with dementia. The grant application at **Appendix 3** sets out the aims of the project and the detail involved.

As part of the project there is a requirement to carry out evaluation which will provide vital data on the impact and will provide an insight on further ways to help those living with dementia live fulfilling lives. A further update will be provided to Committee following the completion of the project.

9. RISK IMPLICATIONS

- 9.1 There are no risk implications associated with this report.

10. FINANCIAL CONSIDERATIONS

- 10.1 There are no financial considerations associated with this support. The North of Tees Dementia Collaborative is supported financially by the Council and the Dementia Advisory Service is supported through the Better Care Fund pooled budget. One off capital projects have been funded through the Improved Better Care Fund.

11. LEGAL CONSIDERATIONS

- 11.1 There are no legal considerations associated with this report.

12. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 12.1 There are no child and family poverty considerations associated with this report.

13. EQUALITY AND DIVERSITY CONSIDERATIONS

- 13.1 The development of support for people with dementia and their carers, and the Dementia Friendly Hartlepool initiative aim to ensure that people with dementia are treated equitably.

14. STAFF CONSIDERATIONS

- 14.1 There are no staff considerations associated with this report.

15. ASSET MANAGEMENT CONSIDERATIONS

- 15.1 There are no asset management considerations associated with this report.

16. RECOMMENDATIONS

- 16.1 It is recommended that the Adult and Community Based Services Committee note the developments in relation to support for people with dementia and their carers and receive further progress reports as appropriate.

17. REASONS FOR RECOMMENDATIONS

- 17.1 The growing number of people with dementia and society's ability to support them is one of the biggest issues facing the developed world in the 21st century. This is set against a sustained period of reducing resources available within health and social care.
- 17.2 Hartlepool as a Dementia Friendly Community remains a key priority for the Council and its partners.

18. CONTACT OFFICER

Jeanette Willis
Head of Strategic Commissioning – Adult Services
Tel: 01429 523774
Email: Jeanette.willis@hartlepool.gov.uk

Members of the North of Tees Dementia Collaborative

The Funding Partners in the Collaborative are:-

- Hartlepool Borough Council
- Stockton on Tees Borough Council
- Tees, Esk and Wear Valleys NHS Foundation Trust

Statutory Partners are:

- Hartlepool and Stockton on Tees Clinical Commissioning Group
- North Tees and Hartlepool NHS Foundation Trust
- North East Commissioned Support (NECS)
- North East Ambulance Service
- NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group
- Redcar & Cleveland Borough Council
- South of Tees Dementia Collaborative
- LPC (Pharmacies)

In addition, a number of organisations, including those from the independent and voluntary sector have been involved including:

- Age UK
- Alzheimer's Society
- Catalyst
- Clevearc
- Sanctuary Housing
- Hartlepool Carers
- Hartlepool Healthwatch
- Hospital of God at Greatham
- Royal Voluntary Services
- Red Cross
- The ARC
- PCP/Healthwatch
- Joseph Rowntree Foundation
- Thirteen Group
- Stockton Healthwatch
- Sanctuary (Carers Organisation Stockton)
- TeesActive
- Aapna
- Five Lamps
- Avalon
- Education for Opportunities
- Alliance Psychology
- Approach Training Safely
- Hill Care
- Tristar Homes
- Three Rivers
- Safe In Tees Valley (Police Cadets)
- Music in Hospitals
- Groundworks

- Hand in Hand Care
- Wellburn House
- Home Group
- Cut Above
- South View Care Home, (Barchester)
- Rosedale Lodge
- Comfort Call
- Carewatch Hartlepool

Steering Group - Dementia Friendly Hartlepool

- Hartlepool Borough Council
- Dementia Collaborative
- Hospital of God
- Joseph Rowntree
- Tilly Bailey & Irving
- Hartlepool Carers
- Carewatch
- Healthwatch Hartlepool
- Approach Training Safely
- Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust

Organisations who have listed pledges on Hartlepool Now:

- Cleveland Fire Service
- Brierton Lodge Care Home
- Hart Medical Practice
- The Galleries Cafe
- Families First
- Regent Travel
- English Martyrs School
- Barclays
- The Copper Kettle
- St James Church
- Hartlepool Borough Council
- Citizens Advice
- Havelock Grange Practice
- Gainford Care Home
- Thirteen Group
- Santander
- Alice House Hospice
- Dots Place 2017
- Costa Coffee
- Cleveland Police
- Headland Baptist Church
- Groundwork
- Healthwatch
- EDF Energy
- Cut Above
- Age Inspiration
- Whitfields General Store
- West View Lodge Care Home
- Newcastle Building
- West View Millennium
- Age UK Teesside
- Mylife Living Assistance
- High Tunstall College of Science

- Carewatch
- Hartlepool United FC
- Healthways Chemist
- Florians Florist
- Brus Bakers
- West View Pharmacy
- North Tees And Hartlepool NHS Trust
- TEWV NHS Trust
- Hast CCG
- Dementia Collab
- Hartlepool Carers
- Approach Training Safely
- Clayfields Pharmacy
- Incontrolable
- Middleton Grange
- Seaton Surgery
- Tilley Bailey & Irving
- TMJ Legal Services



GETTING THE INACTIVE ACTIVE IN TEES VALLEY

GRANT APPLICATION FORM (For Internal Use Only)

Prior to completion please ensure that TVCF have a copy of:

- The latest accounts
- The governing document
- Latest Bank Statement

TVCF Reference Number:	
Organisation Name and Address:	Dementia Friendly Hartlepool Unit 2B Sovereign House Brenda Road Hartlepool TS25 1NN
Main Contact:	Corrine Walsh
Telephone Number:	07958 125060
Email Address:	corinne.walsh@nhs.net
Type of Organisation and any Registration Number (e.g. Companies House, Charity number, ClubMark number):	Charity
Brief Description of Organisation (150 words maximum)	Dementia Friendly Hartlepool aims to develop Hartlepool as a nationally recognised dementia friendly community. We want to ensure that people living with dementia are able to remain active and involved in their communities. Our work will help the local community be aware of and understand more about dementia. People living with dementia and their carers will be able to live life well and able to seek the help and support they need and access a range of opportunities which have previously been seen as inaccessible.

6.1 (b)

APPENDIX 3

Do you have a website/Facebook page/podcast/ YouTube video that you would like us to look at to get further information on your organisation and the work you do?	https://www.hartlepoolnow.co.uk/pages/home/dementia-friendly-hartlepool https://www.facebook.com/DFHpool/																																		
Location of activity e.g. Stockton, Hartlepool)	Hartlepool Borough.																																		
How many people do you expect to benefit from the project?	320																																		
Please select any beneficiary group that will benefit from this grant?	<table border="0"> <tr> <td>Alcohol / Drug addiction</td> <td><input type="checkbox"/></td> <td>Men</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>BME groups</td> <td><input type="checkbox"/></td> <td>Women</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Carers</td> <td><input checked="" type="checkbox"/></td> <td>Long-term Unemployed</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Disadvantaged / Low Income</td> <td><input checked="" type="checkbox"/></td> <td>Homeless</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Offenders / Ex-offenders / At risk</td> <td><input type="checkbox"/></td> <td>NEETS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Families, Parents, Lone parents</td> <td><input type="checkbox"/></td> <td>People with mental health issues</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Lesbian, Gay, Bi-sexual & Transgender</td> <td><input type="checkbox"/></td> <td>People with Physical Health difficulties</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>People with Weight / Obesity issues</td> <td><input checked="" type="checkbox"/></td> <td>Refugees / Asylum Seekers/Migrants</td> <td><input type="checkbox"/></td> </tr> </table>			Alcohol / Drug addiction	<input type="checkbox"/>	Men	<input checked="" type="checkbox"/>	BME groups	<input type="checkbox"/>	Women	<input checked="" type="checkbox"/>	Carers	<input checked="" type="checkbox"/>	Long-term Unemployed	<input type="checkbox"/>	Disadvantaged / Low Income	<input checked="" type="checkbox"/>	Homeless	<input type="checkbox"/>	Offenders / Ex-offenders / At risk	<input type="checkbox"/>	NEETS	<input type="checkbox"/>	Families, Parents, Lone parents	<input type="checkbox"/>	People with mental health issues	<input checked="" type="checkbox"/>	Lesbian, Gay, Bi-sexual & Transgender	<input type="checkbox"/>	People with Physical Health difficulties	<input checked="" type="checkbox"/>	People with Weight / Obesity issues	<input checked="" type="checkbox"/>	Refugees / Asylum Seekers/Migrants	<input type="checkbox"/>
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	EQUIPMENT (PLEASE LIST)	£300	physical activity and reading opportunities (£300 per event inclusive of room hire, staffing, authors and key speakers). Pop up table tennis kits x 3 £170 Boccia Balls £130
	ROOM HIRE	£1,500	60 hours x £20 = £1,200 60 hours x £5 = £300
	SWIMMING POOL	£600	24 hours x £25 = £500
	TRAINING	£2,452	Boccia Leaders Award £480 CSLA Level 2 x 12 participants x £31 per person = £372 Functional movement training x 16 participants x £100 = £1,600
	MARKETING / PROMOTION	£300	Leaflet design and printing £200 Facebook target ads £60 (£15 per quarter) Business cards printing £40
	INCENTIVES	£1,500	Active cards x 80 x £12 = £960 enabling reduced access to all leisure facilities in the town allowing for continued participation within main stream activities. Merchandise £240 for branded water bottles £300 worth of free passes for various activities inclusive of various activities including Leisure Facilities, Outdoor Activities and Sailing.
	PROJECT TOTAL	£12,172	
	MATCH FUNDING	£5,180	
	COACHING	£1,440	
	FACILITY HIRE	£750	
	TRAINING	£1,840	
	MARKETING	£150	
	INCENTIVES	£1,000	

	<p>FUNDING REQUESTED</p> <p>£6,992</p>
<p>Do you have funding for the project from any other source, if so how much and who from?</p>	<p>Additional funding will be provided from Dementia Friendly Hartlepool to help support the project along with in kind contributions relating to coaches, facility hire and training/development.</p>
<p>What sport or physical activity will your project involve?</p>	<p>The project will involve a variety of different activities based on consultation and inclusive of boccia, new age kurling, chair based exercise, social dance, table tennis, swimming and walking football/netball to name all but a few. Additional to this a range of events would take place in Community Hubs engaging with authors around raising awareness of physical activity and dementia, these events have proved extremely popular in the past and activity sessions post would be linked and take place each quarter equating to 4 events over the course of the project.</p>
<p>Project Idea (Please describe the project that you are seeking funding for)</p> <p>Please specify how your project will identify and target those that are currently inactive</p>	<p>The project will run for a 12 month period initially; however, following the funding will be sustained long term through support from Dementia Friendly Hartlepool. The key focus of the funding will be to introduce a variety of tailored accessible physical activity opportunities for those living with Dementia, wider families and friends in addition to providing delivery in care/residential homes.</p> <p>In 2017 an array of taster sessions linked to wider events took place during Dementia Awareness Week in May. Activities varied from boccia, kurling, dancing, chair aerobics and table tennis to name all but a few. This provision was extremely well received by those in attendance with feedback stating physical activity was not for them and had previously been inaccessible prior to this week. Further comments identified participants felt as though they had a new lease of life. Following the success of the taster sessions and consultation a 'Live Well' programme was piloted at Brierton Sports Centre, for a six week period, this initiative engaged with 16 people that were previously inactive and saw 100% attendance throughout the duration of the programme. Key successes included an attendee living with Dementia, volunteering on a weekly</p>

6.1 (b)

APPENDIX 3

	<p>basis for Hartlepool Borough Council, Active Cards purchased for all participants who have since accessed leisure facilities and mainstream activity in addition to booking courts for badminton and table tennis. Additionally, the social aspect after each session, where participants had a tea/coffee and a chat worked well and this saw participants exchanging contact details and meeting outside of the session.</p> <p>National research has identified that leading a physically active lifestyle can have a significant impact upon wellbeing, especially of those living with dementia. Activity is beneficial for physical and mental wellbeing; however, at present is not fully accessible to the people of Hartlepool that are reluctant to engage with facilities such as this target audience. Also, from research conducted by Dementia Friendly Hartlepool, it found that 55% of people in which had accessed the services had never taken part in physical activity but the majority would like the opportunity to part take in dance, bowls and a variety of other sports/activities, which would be incorporated into a comprehensive programme.</p> <p>Further conducted consultation identified that the ‘Live Well’ sessions were of interest and something participants from care/residential homes and the Bridge (who offer support and advice on Dementia) would like to access, although transport and additional costs associated were a barrier. As part of this proposal we would like to take the activity out to the people of Hartlepool by offering blocks of 6 week provision for different established groups/residential homes whereby opportunities were currently limited or in most cases nonexistent. This links to work carried out with Care Watch, Hartlepool Hospital of God, Joseph Rowntree Foundation and Thirteen Housing Group to ensure delivery is targeted to appropriate participants identified as inactive, with poor mental health and their families, support workers and friends. Further activity would be pool based and come in the forms of Dementia Friendly swimming which would be for not only those living with dementia but also their extended families and support workers. Delivery would take place within Mill House Leisure Centre with 4 blocks of 6 weeks over the course of the project.</p> <p>Alongside provision quarterly events would take place providing all attendees with the opportunity to meet others and take part in fun competitions. Further events would be scheduled and take place within Community Hubs linking community cohesion, increased activity opportunities and awareness of Dementia to local residents. Monitoring and evaluation would take place throughout with utilisation of the Tanita Body Composition scales in addition to measuring impact in relation to social isolation, physical and mental wellbeing.</p> <p>Supplementary to the physical activity delivery, Community Connectors and Lifestyle Intervention Officers would offer healthy lifestyle group sessions, and one to one MI (motivational Interviewing) appointments (where necessary) twice each quarter along with socially prescribing participants to other services which were of benefit.</p>
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6.1 (b)

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How will you sustain the project once the funding has ended?	The project will be self sustained once the funding has ended through up skilling staff to deliver specific elements of the project, the continuation of in kind contributions from relevant organisations such as Hartlepool Borough Council, Tees Esk and Wear Valley NHS Trust, Hartlepool Hospital of God and the Joseph Rowntree Foundation. Additionally, Dementia Friendly Hartlepool will continue to financially support the project and invest monies raised as part of wider events. Aside from this the group would continue to look to source supplementary funding where applicable.
Will you be working with any other partners or groups to help you deliver the project?	A variety of partners will play a key role in ensuring the project is delivered effectively; these include Hartlepool Borough Council, Tees Esk and Wear Valley NHS Foundation, Care Watch, Joseph Rowntree Foundation, Thirteen Group, Hartlepool Carers, Ground Works NE, in addition to a range of Community Voluntary organisations.
What is the expected age of the people who will benefit from your project?	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div>Children (5-13) <input style="width: 50px;" type="text"/></div> <div>Teens (14-19) <input style="width: 50px;" type="text"/></div> <div>Young Adults (20-25) <input style="width: 50px;" type="text"/></div> <div>Adults (26-54) <input style="width: 50px; text-align: center;" type="text" value="50"/></div> <div>Older Adults (55+) <input style="width: 50px; text-align: center;" type="text" value="270"/></div> <div>All ages <input style="width: 50px; text-align: center;" type="text" value="320"/></div> </div> <p>This number is inclusive of engagement with support workers, families and friends also.</p>
Does your project overcome any specific need? If so what.	The project overcomes a variety of specific needs including improved physical and mental wellbeing which within the target audience is currently identified as poor. Provision is to be targeted at a population with limited to no levels of physical activity due to awareness and perceived barriers relating to cost, transport and confidence. The project will additionally impact positively on individual development with volunteering and training opportunities linked to the long term potential of creating employment. Furthermore, delivery and engagement will have an extremely positive influence on social isolation and offer opportunities to integrate the target population into the wider community.

How many weeks do you expect the project to run for?	0-6 weeks <input type="checkbox"/> 6-12 weeks <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-9 months <input type="checkbox"/> 9-12 months <input checked="" type="checkbox"/>										
Please identify which of Sport England's outcomes your project meets and explain? For example: The project will improve the health and wellbeing of residents within a care home	<table border="0"> <tr> <td>Physical Wellbeing</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Individual Development</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Mental Wellbeing</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Social & Community Development</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Economic Development</td> <td><input type="checkbox"/></td> </tr> </table> <ul style="list-style-type: none"> Physical wellbeing – the project aims to improve the physical health and wellbeing of a specific population by supporting these individuals to stay physically active by providing bespoke opportunities. Mental wellbeing – poor mental health is prevalent within the target audience. By supporting them to remain physically active in their communities it is hoped this will improve mental wellbeing and help people to manage these conditions. Individual development – the project aims to provide training and development opportunities to those individuals who wish to develop further and offer opportunities to become champions/ambassadors for this population group linked to Hartlepool Borough Council's Volunteer package. Social and community development – the project aims to boost social cohesion and integration among this population group and the wider community and breakdown social isolation within the target population. 	Physical Wellbeing	<input checked="" type="checkbox"/>	Individual Development	<input checked="" type="checkbox"/>	Mental Wellbeing	<input checked="" type="checkbox"/>	Social & Community Development	<input checked="" type="checkbox"/>	Economic Development	<input type="checkbox"/>
Physical Wellbeing	<input checked="" type="checkbox"/>										
Individual Development	<input checked="" type="checkbox"/>										
Mental Wellbeing	<input checked="" type="checkbox"/>										
Social & Community Development	<input checked="" type="checkbox"/>										
Economic Development	<input type="checkbox"/>										
Do you need any advice or support to make your project work?	Support in regards to detailed evaluation would be helpful – access to any additional systems. Currently have relevant databases, access to Survey Monkey, report systems etc. Also, any marketing and communication ideas would assist in ensuring promotion is maximised.										

6.1 (b)

APPENDIX 3

If yes, please rank which of the following would be most beneficial to you? (1 being the most beneficial and 6 the least)	Training Need	1 to 6 ranking
	How to recruit and keep volunteers and coaches	3
	How to use social media to promote your activities	
	Governance and Codes of Conduct e.g. DBS checks, Keeping People Safe	6
	How to keep accounts and financial information – how to set fees etc.	
	How to run a successful event?	5
	Behaviour Change	
	Monitoring and Evaluation	3
	Sports Funding	
	Any other suggestions (please specify below)	
Assessor Comments		