

# **AUDIT AND GOVERNANCE COMMITTEE**

## **AGENDA**



**Thursday 6 June 2019**

**at 10.00 am**

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

**MEMBERS: AUDIT AND GOVERNANCE COMMITTEE**

Councillors S Akers-Belcher, Black, Hall, Hamilton, Harrison, Loynes and Ward.

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 18 April 2019.
- 4. AUDIT ITEMS**

No items.
- 5. STANDARDS ITEMS**

No items.
- 6. STATUTORY SCRUTINY ITEMS**

- 6.1 Introduction to Scrutiny – *Statutory Scrutiny Manager*
- 6.2 Appointment to Committees / Forums – *Statutory Scrutiny Manager*



**7. OTHER ITEMS FOR DECISION**

- 7.1 Risk Management Framework – *Assistant Director - Corporate Services*
- 7.2 Personnel Sub Committee - *Chief Solicitor and Monitoring Officer*

**8. MINUTES FROM THE RECENT MEETING OF THE HEALTH AND WELLBEING BOARD**

No items.

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

No items.

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

No items.

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

No items.

**12. REGIONAL HEALTH SCRUTINY UPDATE**

No items.

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

For information: -

Dates and times of forthcoming meetings – all to be held in the Civic Centre, Hartlepool.

Thursday 27 June, 2019 at 10.00 am  
Thursday 25 July, 2019 at 10.00 am  
Thursday 5 September, 2019 at 10.00 am  
Thursday 3 October, 2019 at 10.00 am  
Thursday 7 November, 2019 at 10.00 am  
Thursday 5 December, 2019 at 10.00 am  
Thursday 9 January, 2020 at 10.00 am  
Thursday 6 February, 2020 at 10.00 am  
Thursday 12 March, 2020 at 10.00 am



# **AUDIT AND GOVERNANCE COMMITTEE**

## **MINUTES AND DECISION RECORD**

### **18 APRIL 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, and Lesley Hamilton.

Co-opted Members: Mr Norman Rollo.  
Parish Councillor Don Cameron (Greatham)

Also Present: Gavin Barker and Cath Andrew, Mazars

Officers: Chris Little, Director Finance and Policy  
Noel Adamson, Head of Audit and Governance  
Joan Stevens, Statutory Scrutiny Officer  
David Cosgrove, Democratic Services Team

#### **114. Apologies for Absence**

Apologies for absence were received from Councillors Sandra Belcher, Jim Lindridge and John Tennant.  
Co-opted Members Mr Stan Cronin and Ms Clare Wilson

#### **115. Declarations of Interest**

None.

#### **116. Minutes of the meeting held on 28 March 2019**

Confirmed.

#### **117. Mazars Report- Audit Strategy Memorandum** *(Assistant Director, Finance and Customer Services)*

The Mazars representatives presented the Audit Strategy Memorandum for Hartlepool Borough Council for the year ending 31 March 2019. The document summarised Mazars audit approach, highlighting the significant audit risks and areas of key judgements and providing Members with the details of the Mazars audit team. As a fundamental requirement that an

auditor is, and is seen to be, independent of its clients, Section 7 of the document also summarised Mazars considerations and conclusions on their independence as auditors. The Mazars representatives highlighted that the new government timetable for the production of the accounts, and also the reduced time to audit the accounts, did make producing the accounts on time very difficult and the Mazars representative commended officers on the completion of the accounts on time.

Members questioned the financial levels of materiality as outlined in the Memorandum which seemed high, particularly the threshold for reporting to Committee at £171,000. The Mazars representative indicated that the calculation of materiality was an industry standard calculation. Minor errors wouldn't be routinely reported unless they were in a sensitive area. The Director of Finance and Policy stated that errors that would affect the accounts 'bottom line' would always be reported to Members.

### **Recommended**

That the Mazars Annual Audit Strategy Memorandum be noted.

## **118. Mazars Report- Request for Declarations** (*Assistant Director, Finance and Customer Services*)

The Mazars representative reported that International Auditing Standards require auditors to ask management and those charged with governance about arrangements the body has put in place:

- to prevent and detect fraud; and
- to comply with applicable law and regulations.

This requirement applies each year subject to audit.

For Hartlepool Borough Council, Mazars consider the Audit and Governance Committee to be those charged with governance, in line with the scheme of delegation in the Constitution. Mazars had requested responses to the questions detailed in their submitted report and would be grateful for a response at the next committee meeting in June 2019.

To meet this request a report detailing a suggested reply to the questions posed would be brought before Members at June's Audit and Governance Committee meeting for consideration.

### **Recommended**

That the report be noted.

### **119. Role of the Chief Finance Officer (CFO) in Public Service Organisations** *(Director of Finance and Policy)*

The Director of Finance and Policy informed the Committee of the CIPFA statement – ‘The Role of the CFO in Public Service Organisations’, and how the Council complies with this guidance. The Director of Finance and Policy was also the Councils nominated Section 151 Officer who indicated that the arrangements within the Council had remained unchanged over the past twelve months.

#### **Recommended**

The Committee noted that the Director of Finance and Policy had reviewed the CIPFA statement – ‘The Role of the CFO in Public Service Organisations’ and advised Members that the Council complied with these requirements, as detailed in Appendix A to the report.

### **120. Role of the Head of Internal Audit in Local Government** *(Assistant Director, Finance and Customer Services)*

The Director of Finance and Policy informed the Committee of the CIPFA statement – “The Role of the Head of Internal Audit in Local Government”, and within the report demonstrated how the Council complies with this guidance. The Director indicated that the arrangements within the Council had remained unchanged over the past twelve months.

#### **Recommended**

The Committee noted that the Director of Finance and Policy had reviewed the CIPFA statement – “The Role of the Head of Internal Audit in Local Government” and advised the Committee that the Council complied with these requirements as detailed in Appendix A to the report.

### **121. Internal Audit Outcome Report 2018/19** *(Head of Audit and Governance)*

The Head of Audit and Governance reported on his assurance opinion on the adequacy and effectiveness of the Council’s internal control environment. The report also informs members of the outcomes of audit work covering the period April 2018 to March 2019.

The report provided Members with information on the standards of financial administration and management arrangements operating within the Authority together with a progress report on the extent of implementation of audit action plans. Hartlepool Borough Council also provided audit services to Cleveland Fire Authority. In addition to the audits detailed in Appendix A to the report, Internal Audit completed 15 major systems and probity

reviews for the CFA during 2018/19.

Based on the work undertaken during the year 2018/19, the Head of Audit and Governance had reached the opinion that reliance can be placed on the adequacy and effectiveness of internal controls operating across the Council in 2018/19. Given the constant extent of change the Council continues to face, the reduction in resources and the ever increasing diverse nature of the Internal Audit Plan this assurance opinion should be regarded as positive.

However, a number of audits had been assessed as limited assurance over the course of the year and this reflected some weaknesses and evidence of ineffective controls. For this reason this had been raised as a significant governance issue in the 2018/19 Annual Governance Statement.

All of the risks raised within Internal Audit reports had been accepted. All proposed actions made by Management in response to the risk issues had been agreed to be implemented. Full implementation of the agreed actions would realise the benefits of the control improvements detailed in each individual audit report.

Members commented on the use of abbreviations within documents and also sought assurance that where internal audit had given an area a 'limited assurance', this was shared with the external auditors. The Head of Audit and Governance stated this was the case.

### **Recommended**

That the report be noted.

## **122. Annual Governance Statement 2018/19** (*Assistant Director, Finance and Customer Services*)

The Head of Audit and Governance informed Members of the implications to the Council of the Accounts and Audit Regulations (England) 2015 requirement; that the Council publish an Annual Governance Statement (AGS) with the Financial Statements and the action undertaken by the Council to meet its obligations within the scope of the Regulations. The 2018/19 AGS was attached as Appendix A to the report.

Members commented that the demand being placed on officers due to the austerity budget cuts had been intense and how officers were being supported was a concern. The Director of Finance and Policy stated that he found considerable support through the team he worked with and that ethos operated through his department. The work in preparing the accounts to meet the statutory deadlines did place significant pressure on staff, particularly with the new shorter deadlines and the fact that there were four bank holidays within this period that reduced the number of working days available. There was also support from elected Members together

with an acknowledgement that 'we' were all trying to do as much as possible with less resources. Members sought details of the reduction in staffing resources.

Members discussed the costs of the forthcoming elections and the European Parliament elections and sought details of the costs associated with the elections which the Director indicated he would supply to Members after the meeting.

**Recommended**

That the 2018/19 Annual Governance Statement be approved.

## **123. Regional Health Scrutiny Update**

The Statutory Scrutiny Manager informed members that at a regional level there were ongoing discussions on the potential reconfiguration of regional health scrutiny. It was likely that regional scrutiny would reflect the Accountable Care Systems Committees with an overall reduction in the number of meetings reducing the call on the time of Members and officers. An update would be provided to Members when the reconfiguration was completed.

**Recommended**

That the report be noted.

## **124. Any Other Items which the Chairman Considers are Urgent**

The Statutory Scrutiny Manager introduced Angela Armstrong as the new Scrutiny Support Officer. Angela Armstrong replaced Laura Stones who was now Legal and Data Protection Officer. Members welcomed Angela Armstrong and indicated their thanks to Laura Stones for her work previously in the role.

In closing the meeting, the Chair thanked Members for their attendance and input at meetings during the year. The Chair also thanked officers and attendees from the various external organisations for their input and particularly thanked the Statutory Scrutiny Manager, Joan Stevens, for her support during the year.

The meeting concluded at 10.50 am.

CHAIR

# AUDIT AND GOVERNANCE COMMITTEE

6 June 2019



**Report of:** Statutory Scrutiny Manager

**Subject:** INTRODUCTION TO SCRUTINY

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## 1. PURPOSE OF REPORT

- 1.1 To provide an overview of the role and functions of the Audit and Governance Committee in fulfilling its statutory scrutiny responsibilities

## 2. BACKGROUND INFORMATION

- 2.1 Within the Council's Constitution, responsibility for the authority's statutory scrutiny functions is delegated to the Audit and Governance Committee. These statutory scrutiny functions relate to the areas of health and crime and disorder.

### **Statutory Health Scrutiny**

- 2.2 In fulfilling the requirements of the Health and Social Care Act 2012, the Council has a statutory responsibility to review and scrutinise matters relating to the planning, provision and operation of health services at both local and regional levels. In doing this, local authorities not only look at themselves (i.e. in relation to public health), but also at all health service providers and any other factors that affect people's health.
- 2.3 The Audit and Governance Committee will review / scrutinise and make reports with recommendations to the Council (and / or Finance and Policy Committee where appropriate), a 'responsible person' (that being relevant NHS body or health service provider) and other relevant agencies about possible improvements in service in the following areas:-
- (i) health issues identified by, or of concern to, the local population;
  - (ii) proposed substantial development or variation in the provision of health services in the local authority area (except where a decision has been taken as a result of a risk to safety or welfare of patients or staff);
  - (iii) the impact of interventions on the health of local inhabitants;



- (iv) an overview of delivery against key national and local targets, particularly those which improve the public's health;
- (v) the development of integrated strategies for health improvement; and
- (vi) The accessibility of services that impact on the health of local people to all parts of the local community.

**Additional Responsibilities:**

- Recommend to Council that a referral be made to the Secretary of State where there are concerns over insufficient consultation on major changes to services.
- Participates in, and develops, the Tees Valley Joint Health Scrutiny Committee and other joint arrangements with neighbouring authorities.

- 2.4 Health Scrutiny Regulations enable the Committee to request the attendance of 'a responsible person' to answer questions. The responsible person is under a duty to comply with these requests.

A responsible person - NHS body or relevant health service provider.

NHS bodies – NHS Foundation Trusts, Clinical Commissioning Groups, NHS England, all NHS Trusts including acute or hospital trusts, mental health and learning disability trusts, ambulance trusts and care trusts.

Relevant service providers - Private, independent or third sector providers delivering services under contract to the NHS or to the local authority.

**Statutory Crime and Disorder Scrutiny**

- 2.5 In fulfilling the requirements of the Police and Justice Act 2006, the Council has a statutory responsibility to establish a Crime and Disorder Scrutiny Committee with the power to review or scrutinise decisions made or other action taken by the Safer Hartlepool Partnership. This function is fulfilled through the Audit and Governance Committee, which has responsibility for:-

- (i) Scrutiny of the work of the partners (insofar as their activities relate to the partnership itself);
- (ii) The review or scrutiny of decisions made or other action taken in connection with the discharge, by responsible authorities, of their crime and disorder functions (in this context responsible authorities means the Council, the Police, the Fire Authority and the Health Bodies) and make reports or recommendations to the Council or the appropriate Policy

Committee with regard to the discharge of those functions. Key areas for review or scrutiny being:

- Policy development – including in-depth reviews;
  - Contribution to the development of strategies;
  - Holding to account at formal hearings; and
  - Performance management.
- (iii) Making reports and recommendations to the Council or to the appropriate Policy Committee on any local crime and disorder matter (as defined by section 19 of the Police and Justice Act 2006) which has been referred to it by a Member of the Council as a Councillor Call for Action.

### **3. RECOMMENDATIONS**

3.1 The Audit and Governance Committee is requested to note the report.

### **BACKGROUND PAPERS**

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

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# AUDIT AND GOVERNANCE COMMITTEE

6 June 2019



**Report of:** Statutory Scrutiny Manager

**Subject:** APPOINTMENT TO COMMITTEES / FORUMS

## 1. PURPOSE OF THE REPORT

1.1 To confirm appointments to the following Committees / Forums:-

- (a) Tees Valley Joint Health Scrutiny Committee
- (b) Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee
- (c) North East Regional Health Scrutiny Committee
- (d) North East Regional Joint Member / Officer Scrutiny Network
- (e) Health and Wellbeing Board as a non-voting official observer
- (f) Safer Hartlepool Partnership as a non-voting observer

## 2. BACKGROUND INFORMATION

2.1 Tees Valley Joint Health Scrutiny Committee - The Tees Valley Joint Health Scrutiny Committee comprises of the following Local Authorities, Hartlepool Borough Council, Stockton-on-Tees Borough Council, Redcar and Cleveland Borough Council and Darlington Borough Council. The Committee facilitates the exchange of information about planned health scrutiny work and shares information and outcomes from local health scrutiny reviews. The Committee also considers proposals for scrutiny of regional or specialist health services in order to ensure that the value of proposed health scrutiny exercises is not compromised by lack of input from appropriate sources and that the NHS is not over-burdened by similar reviews taking place in a short space of time. A full copy of the Committees Terms of Reference is attached at **Appendix A**.

2.2 The membership of the Joint Committee is made up of three Members from each Local Authority. The Committee is requested to appoint three Members to take up these positions (Labour - 1, Independent Union and Conservative - 1, Socialist Labour – 1) and select one of these Members to take up the position of Chair.

2.3 In order to inform Members, the Committee will meet quarterly on the below dates:

- 17 June 2019 (10am till 12noon)
- 2 September 2019 (10am till 12noon)
- 4 December 2019 (10am till 12noon)
- 5 March 2020 (10am till 12noon)

- 2.4 Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee - The Sustainability and Transformation Partnership (STP) replaced the Better Health Programme in developing health services to meet patient needs now and in the future with constantly improving health and social care delivered in the best place. Commissioners want to make sure that:
- We improve results for patients;
  - Care is of the same high standard wherever, and whenever it is provided;
  - Services have the resources to be sustainable for the next 10 -15 years;
  - We can provide services across 7 days a week where necessary;
  - We make services easier for patients to understand and use;
  - We improve life expectancy and quality of life for everyone in Darlington, Durham and Tees.
- 2.5 The programme aimed to continue improving the services available in Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby but in doing so, key challenges have been identified including:
- The changing health needs of local people;
  - Meeting recommended clinical standards;
  - Availability of highly trained and skilled staff;
  - High quality seven-day services;
  - Providing care closer to home; and
  - Making the best use of our money.
- 2.6 The Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee was established in 2017, as the body through which it is proposed that the respective Local Authorities respond to consultations as part of the STP process. A full copy of the Committees Terms of Reference is attached at **Appendix B**.
- 2.7 Going forward, the Committee is asked to note that STP's have now evolved into Integrated Care Systems (ICSs), which are 'autonomous systems in which local bodies take collective responsibility for the health and social care of their populations within a defined budget'. Integrated Care Partnerships (ICPs) have also been established under ICS's, as bodies through which providers can work collaboratively, rather than competing to build on the new care models programme and pre-existing collaborations between services.
- 2.8 On this basis, the Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP has now evolved into the South Integrated Care Partnership (ICP), the purpose of which is to be 'a new type of even closer collaboration, whereby NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve'.
- 2.9 To reflect this, the title of the Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee is to change in the coming year to the 'Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby ICP Joint Health Scrutiny Committee'. However, in

the meantime, the Committee is requested to appoint three members to the Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee. The Committee meeting a minimum of four times a year, with its first meeting for 2019/20 to be held on the 12<sup>th</sup> June 2019 at 2.00pm.

- 2.10 These appointments need to reflect the Council's political balance (Labour - 1, Independent Union and Conservative - 1, Socialist Labour - 1) and will carry over to the newly renamed Joint Committee.
- 2.11 It is also requested that consideration be given as to whether the Hartlepool wishes to submit a nomination to be considered as Chair or Vice-Chair of this Committee.
- 2.12 North East Regional Health Scrutiny Committee - The North East Regional Committee comprises the following Local Authorities, Darlington Borough Council, Durham County Council, Gateshead Council, Hartlepool Borough Council, Middlesbrough Council, Newcastle upon Tyne City Council, North Tyneside Council, Northumberland County Council, Redcar and Cleveland Borough Council, South Tyneside Council, Stockton-on-Tees Borough Council and Sunderland City Council. The Committee scrutinises issues around the planning, provision and operation of health services in and across the North-East region.
- 2.13 The membership of the Joint Committee is made up of one member from each Local Authority. The Committee is requested to note that Full Council on the 21 June 2019 appointed the Chair of the Audit and Governance Committee (Cllr Hall) as the Council's representative on the North East Regional Health Scrutiny Committee.
- 2.14 Meeting of this Committee are to be held as and when required and a copy of the Committee's Terms of Reference is attached at **Appendix C**.
- 2.15 North East Regional Joint Member / Officer Scrutiny Network - The North East Regional Joint Member / Officer Scrutiny Network provides a forum for elected members who have a role within the scrutiny function to meet, make useful contacts with other members and officers, and to share 'experiences'. The network provides a mechanism:-
  - (a) to share information on, for example: scrutiny best practice; outcomes of scrutiny investigations; benchmarking; service planning; performance indicators; conference feedback and funding streams.
  - (b) To share ideas on improving scrutiny processes and enhancing effectiveness.
  - (c) to provide a mechanism to facilitate personal and professional development.
  - (d) to provide a conduit between the North East authorities and the Centre for Public Scrutiny for sharing up-to-date information, which would include inviting speakers to talk about recent national policy developments.
- 2.16 The Committee is requested to appoint one Member to this body.

- 2.17 Health and Wellbeing Board - There is a position on the Health and Wellbeing Board for a non-voting official observer, who will be invited along to the Health and Wellbeing Board meetings to observe at the meeting and update the Audit and Governance Committee following each Board meeting. The Board meets on a quarterly basis.
- 2.18 Safer Hartlepool Partnership - There is a position on the Safer Hartlepool Partnership for a non-voting observer, who will attend the meetings of the Safer Hartlepool Partnership to observe at the meeting and update the Audit and Governance Committee following each Partnership meeting. The Chair has expressed a wish to attend the Partnership meetings and the Committee is, therefore requested to nominate the Chair as the Committee's observer. The Partnership meets six times a year.

### 3. RECOMMENDATIONS

#### 3.1 That:-

- (a) Members note the appointment of the Chair of the Audit and Governance Committee (Cllr Hall) to the Regional Health Scrutiny Committee;
- (b) Members agree three nominations for the Tees Valley Joint Health Scrutiny Committee (Labour - 1, Independent Union and Conservative - 1, Socialist Labour – 1);
- (c) From the three appoints to the Tees Valley Joint Health Scrutiny Committee, one be appointed to the position of Chair;
- (d) Members agree three nominations (Labour - 1, Independent Union and Conservative - 1, Socialist Labour – 1 (one of which must be the Chair of the A&G Committee)) to the Durham, Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee;
- (e) Members agree one nomination to the North East Regional Joint Member / Officer Scrutiny Network;
- (f) Members agree one nomination to the Health and Wellbeing Board as a non-voting official observer; and
- (g) Members agree one nomination to the Safer Hartlepool Partnership as a non-voting observer.

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## **BACKGROUND PAPERS**

HBC Constitution Part 7; Appointments to Outside organisations and other bodies.





**Appendix A****Protocol / Terms of Reference for the Tees Valley Health Scrutiny Joint Committee**

1. This protocol provides a framework for carrying out scrutiny of regional and specialist health services that impact upon residents of the Tees Valley under powers for local authorities to scrutinise the NHS outlined in the NHS Act 2006, as amended by the Health and Social Care Act 2012, and related regulations.
2. The protocol will be reviewed as soon as is reasonably practicable, at the start of each new Municipal year. Minor amendments to the protocol that do not impact on the constitutions of the constituent Tees Valley Authorities will be determined by the Joint Committee at the first meeting in each Municipal year. An amended protocol, following agreement from the Tees Valley Health Scrutiny Joint Committee will be circulated for information to:-

**Tees Valley Local Authorities**

3. Darlington; Hartlepool; Middlesbrough; Redcar and Cleveland; Stockton-on-Tees (each referred to as either an “authority” or “Council”).

**NHS England Area Teams**

4. Durham, Darlington and Tees Area Team

**NHS Foundation Trusts**

5. County Durham and Darlington Trust; North Tees and Hartlepool Trust; South Tees Hospitals Trust; Tees, Esk & Wear Valleys NHS Trust; North East Ambulance Service.

**Clinical Commissioning Groups**

6. Darlington; Hartlepool and Stockton-on-Tees; South Tees;

**Tees Valley Health Scrutiny Joint Committee**

7. A Tees Valley Health Scrutiny Joint Committee (“the Joint Committee”) comprising the five Tees Valley Authorities has been created to act as a forum for the scrutiny of regional and specialist health scrutiny issues which impact upon the residents of the Tees valley and for sharing information and best practice in relation to health scrutiny and health scrutiny issues.

**Membership**

8. When holding general meetings, the Joint Committee will comprise 3 Councillors from each of the Tees Valley Local Authorities (supported by appropriate Officers as necessary) nominated on the basis of each authority’s political proportionality, unless it is determined by all of the constituent Local Authorities that the political balance requirements should be waived.

9. The terms of office for representatives will be one year from the date of their Authority's annual council meeting. If a representative ceases to be a Councillor, or wishes to resign from the Joint Committee, the relevant council shall inform the Joint Committee secretariat and a replacement representative will be nominated and shall serve for the remainder of the original representative's term of office.
10. To ensure that the operation of the Joint Committee is consistent with the Constitutions of all Tees Valley Authorities, those Authorities operating a substitution system shall be entitled to nominate substitutes. Substitutes (when not attending in place of the relevant Joint Committee member, and exercising the voting rights of that member) shall be entitled to attend general or review meetings of the Joint Committee as non-voting observers in order to familiarise themselves with the issues being considered.
11. The Joint Committee may ask individuals to assist it on a review by review basis (in a non-voting capacity) and may ask independent professionals to advise it during a review.
12. The quorum for general meetings of the Joint Committee shall be 6, provided that 3 out of 5 authorities are represented at general meetings. The quorum for Tees-wide review meetings, in cases where some Authorities have chosen not to be involved, shall be one third of those entitled to be present, provided that a majority of remaining participating authorities are represented. Where only 2 authorities are participating both authorities must be represented.
13. The Joint Committee will conduct health reviews which impact upon residents of the whole of the Tees Valley. If however one or more of the Councils decide that they do not wish to take part in such Tees-wide reviews, the Joint Committee will consist of representatives from the remaining Councils, subject to the quorum requirements in paragraph 12.
14. Where a review of a 'substantial development or variation' will only affect the residents of part of the Tees Valley, Councils where residents will not be affected will not take part in any such review. In such cases, the Joint Committee will liaise with the Councils where residents will be affected, in order to assist in establishing a separate joint body (committee) to undertake the review concerned. The composition of the committee concerned may include representatives from other Local Authorities outside the Tees Valley, where the residents of those Authorities will also be affected by the proposed review. The chairmanship, terms of reference, member composition, procedures and any other arrangements which will facilitate the conducting of the review in question will be matters for the joint body itself to determine.
15. It is accepted, however, that in relation to such reviews, the relevant constituent authorities of the committee concerned may also undertake their own health scrutiny reviews and that the outcome of any such reviews will inform the final report and formal consultation response of the committee.

### **Chair and Vice-Chair**

16. The Chair of the Joint Committee will be rotated annually between the Tees Valley Authorities in the following order:-

Stockton  
Hartlepool  
Redcar & Cleveland  
Middlesbrough  
Darlington

17. The Joint Committee shall have a Vice-Chair from the Authority next in rotation for the Chair. At the first meeting of each municipal year, the Joint Committee shall appoint as Chair and Vice-Chair the Councillors nominated by the relevant Councils. If the Chair and Vice-Chair are absent from a meeting, the Joint Committee shall appoint a member to act as Chair for that meeting. The Chair will not have a second or casting vote.
18. Where the Authority holding the Chair or Vice-Chair has chosen not to be involved in a Tees-wide review, the Chair and Vice-Chair of the Joint Committee for the duration of that review will be appointed at a general meeting of the Joint Committee.

### **Co-option of other local authorities**

19. Where the Joint Committee is to conduct a Tees-wide scrutiny review into services which will also directly impact on the residents of another local authority or authorities outside the Tees Valley, that authority or authorities will be invited to participate in the review as full and equal voting Members.

### **Terms of Reference**

20. The Joint Committee shall have general meetings involving all the Tees Valley authorities:-
  - To facilitate the exchange of information about planned health scrutiny work and to share information and outcomes from local health scrutiny reviews;
  - To consider proposals for scrutiny of regional or specialist health services in order to ensure that the value of proposed health scrutiny exercises is not compromised by lack of input from appropriate sources and that the NHS is not over-burdened by similar reviews taking place in a short space of time.
21. The Joint Committee will consider any proposals to review regional or specialist services that impact on the residents of the whole Tees Valley area. The aim will be for the Joint Committee to reach a consensus on the issues to be subject to joint scrutiny, but this may not always be possible. In these circumstances it is recognised that each council can conduct its own health scrutiny reviews when they consider this to be in the best interests of their residents.

22. In respect of Tees Valley-wide reviews (including consideration of substantial developments or variations), the arrangements for carrying out the review (eg whether by the Joint Committee or a Sub-Committee), terms of reference, timescale, outline of how the review will progress and reporting procedures will be agreed at a general meeting of the Joint Committee at which all Tees Valley Authorities are represented.
23. The Joint Committee may also wish to scrutinise services provided for Tees Valley residents outside the Tees Valley. The Joint Committee will liaise with relevant providers to determine the best way of achieving this.
24. The basis of joint health scrutiny will be co-operation and partnership within mutual understanding of the following aims:-
  - to improve the health of local people and to tackle health inequalities;
  - ensuring that people's views and wishes about health and health services are identified and integrated into plans and services that achieve local health improvements;
  - scrutinising whether all parts of the community are able to access health services and whether the outcomes of health services are equally good for all sections of the community.
25. Each Local Authority will plan its own programme of health scrutiny reviews to be carried out locally or in conjunction with neighbouring authorities when issues under consideration are relevant only to their residents. This programme will be presented to the Joint Committee for information.
26. Health scrutiny will focus on improving health services and the health of Tees Valley residents. Individual complaints about health services will not be considered. However, the Joint Committee may scrutinise trends in complaints where these are felt to be a cause for concern.

### **Administration**

27. The Joint Committee will hold quarterly meetings. Additional meetings may be held in agreement with the Chair and Vice-Chair, or where at least 6 Members request a meeting. Agendas for meetings shall be determined by the secretariat in consultation with the Chair.
28. Notice of meetings of the Joint Committee will be sent to each member of the Joint Committee five clear working days before the date of the meeting and also to the Chair of the constituent authorities' relevant overview and scrutiny committees (for information). Notices of meetings will include the agenda and papers for meetings. Papers "to follow" will not be permitted except in exceptional circumstances and as agreed with the Chair.
29. Minutes of meetings will be supplied to each member of the Joint Committee and to the Chairs of the constituent authorities' relevant overview and scrutiny committees (for information) and shall be confirmed at the next meeting of the Joint Committee.

30. Meetings shall be held at the times, dates and places determined by the Chair.

### **Final Reports and Recommendations**

31. The Joint Committee is independent of its constituent Councils, Executives and political groups and this independence should not be compromised by any member, officer or NHS body. The Joint Committee will send copies of its final reports to the bodies that are able to implement its recommendations (including the constituent authorities). This will include the NHS and local authority Executives.
32. The primary objective is to reach consensus, but where there are any matters as regards which there is no consensus, the Joint Committee's final report and formal consultation response will include, in full, the views of all constituent councils, with the specific reasons for those views, regarding those matters where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.
33. The Joint Committee will act as a forum for sharing the outcomes and recommendations of reviews with the NHS body being reviewed. NHS bodies will prepare Action Plans that will be used to monitor progress of recommendations.

### **Substantial Developments or Variations to Health Services**

34. The Joint Committee will act as a depository for the views of its constituent authorities when consultation by local NHS bodies has under consideration any proposal for a substantial development of, or variation in, the provision of the health service across the Tees Valley, where that proposal will impact upon residents of each of the Tees Valley Local Authorities.
35. In such cases the Joint Committee will seek the views of its constituent authorities as to whether they consider the proposed change to represent a significant variation to health provision, specifically taking into account:-
- changes in accessibility of services
  - impact of proposal on the wider community
  - patients affected
  - methods of service delivery
36. Provided that the proposal will impact upon residents of the whole of the Tees Valley, the Joint Committee will undertake the statutory review as required under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013. Neighbouring authorities not normally part of the Joint Committee, may be included where it is considered appropriate to do so by the Joint Committee. In accordance with paragraph 22, the Joint Committee will agree the arrangements for carrying out the Review.
37. Where a review does not affect the residents of the whole of the Tees Valley the provisions of paragraphs 14 and 15 will apply and the statutory review will be conducted accordingly.

38. In all cases due regard will be taken of the NHS Act 2006 as amended by the Health and Social Care Act 2012, and the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013.

### **Principles for Joint Health Scrutiny**

39. The health of Tees Valley residents is dependent on a number of factors including the quality of services provided by the NHS, the local authorities and local partnerships. The success of joint health scrutiny is dependent on the members of the Joint Committee as well as the NHS.
40. The local authorities and NHS bodies will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial and/or disclosable pecuniary interests will be declared in all cases in accordance with the code of conduct and Localism Act 2011.
41. The scrutiny process will be open and transparent in accordance with the Local Government Act 1972 and the Access to information Act 1985 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be considered in private and only if the Joint Committee so decide. Papers of the Joints Committee can be posted on the websites of the constituent authorities as determined by each authority.
42. Different approaches to scrutiny reviews may be taken in each case. The Joint Committee will seek to act as inclusively as possible and will take evidence from a wide range of opinion including patients, carers, the voluntary sector, NHS regulatory bodies and staff associations. Attempts will be made to ascertain the views of hard to reach groups, young people and the general public.
43. The Joint Committee will work to continually strengthen links with the other public and patient involvement bodies such as local HealthWatch.
44. The regulations covering health scrutiny require any officer of an NHS body to attend meetings of health scrutiny committees. However, the Joint Committee recognises that Chief Executives and Chairs of NHS bodies may wish to attend with other appropriate officers, depending on the matter under review. Reasonable time will be given for the provision of information by those asked to provide evidence.
45. Evidence and final reports will be written in plain English ensuring that acronyms and technical terms are explained.
46. The Joint Committee will work towards developing an annual work programme in consultation with the NHS and will endeavour to develop an indicative programme for a further 2 years. The NHS will inform the secretariat at an early stage on any likely proposals for substantial variations and developments in services that will impact on the Joint Committee's work programme. Each of the Tees Valley authorities will have regular dialogue

with their local NHS bodies. NHS bodies that cover a wide geographic area (e.g. mental health and ambulance services) will be invited to attend meetings of the Joint Committee on a regular basis.

47. Communication with the media in connection with reviews will be handled in conjunction with each of the constituent local authorities' press officers.





## Appendix B

### **Durham Darlington Teesside Hambleton Richmondshire and Whitby STP Joint Committee**

#### **Terms of Reference**

1. To consider the draft Durham Darlington Teesside Hambleton Richmondshire and Whitby STP (hereafter called STP).
2. To consider proposals for substantial development and variation to health services as contained in and/ or developed from the STP and as proposed by the following:
  - a) Darlington Clinical Commissioning Group (CCG);
  - b) Durham Dales, Easington and Sedgefield CCG;
  - c) Hartlepool and Stockton-on-Tees CCG;
  - d) South Tees CCG;
  - e) Hambleton Richmondshire and Whitby CCG.
3. To consider the following in advance of the formal public consultation:
  - The aims and objectives of the STP, the constituent workstreams therein including those proposals formerly developed as part of the Better Health Programme;
  - The plans and proposals for public and stakeholder consultation and engagement;
  - Any options for service change identified as part of the STP including those considerations made as part of any associated options appraisal process.
4. To consider the STP's substantive proposals during the period of formal public consultation, and produce a formal consultation response, in accordance with the protocol for the Joint Health Scrutiny Committee and the consultation timetable established by the relevant NHS Bodies.
5. In order to be able to formulate and provide views to the relevant NHS bodies on the matters outlined above, the Joint Committee may:-
  - a) Require the relevant NHS Bodies to provide information about the proposals the subject of the consultation with the constituent local authorities and the Joint Committee; and
  - b) Require an officer of the relevant NHS Bodies to attend meetings of the Joint Committee, in order to answer such questions as appear to them to be necessary for the discharge of their functions in connection with the consultation.
6. To ensure the formal consultation response of the Joint Committee includes, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well

as the constituent authorities' views in relation to those matters where there is a consensus.

7. To oversee the implementation of any proposed service changes agreed as part of the STP/Better Health Programme process.
8. The Joint Committee does not have the power of referral to the Secretary of State.

### **Joint Health Overview and Scrutiny Committee of:**

**Darlington Borough Council, Durham County Council, Gateshead Council, Hartlepool Borough Council, Middlesbrough Council, Newcastle upon Tyne City Council, North Tyneside Council, Northumberland County Council, Redcar and Cleveland Borough Council, South Tyneside Council, Stockton-on-Tees Borough Council and Sunderland City Council**

### **TERMS OF REFERENCE AND PROTOCOLS**

#### **Establishment of the Joint Committee**

1. The Committee is established in accordance with section 244 and 245 of the National Health Service Act 2006 (“NHS Act 2006”) and regulations and guidance with the health overview and scrutiny committees of Darlington Borough Council, Durham County Council, Gateshead Council, Hartlepool Borough Council, Middlesbrough Council, Newcastle upon Tyne City Council, North Tyneside Council, Northumberland County Council, Redcar and Cleveland Borough Council, South Tyneside Council, Stockton-on-Tees Borough Council and Sunderland City Council (“the constituent authorities”) to scrutinise issues around the planning, provision and operation of health services in and across the North-East region, comprising for these purposes the areas covered by all the constituent authorities.
2. The Committee will hold two full committee meetings per year. The Committee’s work may include activity in support of carrying out:
  - (a) Discretionary health scrutiny reviews, on occasions where health issues may have a regional or cross boundary focus, or
  - (b) Statutory health scrutiny reviews to consider and respond to proposals for developments or variations in health services that affect more than one health authority area, and that are considered “substantial” by the health overview and scrutiny committees for the areas affected by the proposals.
  - (c) Monitoring of recommendations previously agreed by the Joint Committee.

For each separate review the Joint Committee will prepare and make available specific terms of reference, and agree arrangements and support, for the enquiry it will be considering.

### **Aims and Objectives**

3. The North East Region Joint Health Overview and Scrutiny Committee aims to scrutinise:
  - (a) NHS organisations that cover, commission or provide services across the North East region, including and not limited to, for example, NHS North East, local primary care trusts, foundation trusts, acute trusts, mental health trusts and specialised commissioning groups.
  - (b) Services commissioned and/or provided to patients living and working across the North East region.
  - (c) Specific health issues that span across the North East region.

Note: Individual authorities will reserve the right to undertake scrutiny of any relevant NHS organisations with regard to matters relating specifically to their local population.

4. The North East Region Joint Health Overview and Scrutiny Committee will:
  - (a) Seek to develop an understanding of the health of the North East region's population and contribute to the development of policy to improve health and reduce health inequalities.
  - (b) Ensure, wherever possible, the needs of local people are considered as an integral part of the commissioning and delivery of health services.
  - (c) Undertake all the necessary functions of health scrutiny in accordance with the NHS Act 2006, regulations and guidance relating to reviewing and scrutinising health service matters.
  - (d) Review proposals for consideration or items relating to substantial developments/substantial variations to services provided across the North East region by NHS organisations, including:

- (i) Changes in accessibility of services.
  - (ii) Impact of proposals on the wider community.
  - (iii) Patients affected.
- (e) Examine the social, environmental and economic well-being responsibilities of local authorities and other organisations and agencies within the remit of the health scrutiny role.

### **Membership**

5. The Joint Committee shall be made up of 12 Health Overview and Scrutiny Committee members comprising 1 member from each of the constituent authorities. In accordance with section 21(9) of the Local Government Act 2000, Executive members may not be members of an overview and scrutiny committee. Members of the constituent local authorities who are Non-Executive Directors of the NHS cannot be members of the Joint Committee.
6. The appointment of such representatives shall be solely at the discretion of each of the constituent authorities.
7. The quorum for meetings of the Joint Committee is one-third of the total membership, in this case four members, irrespective of which local authority has nominated them.

### **Substitutes**

8. A constituent authority may appoint a substitute to attend in the place of the named member on the Joint Committee. The substitute shall have voting rights in place of the absent member.

### **Co-optees**

9. The Joint Committee shall be entitled to co-opt any non-voting person as it thinks fit to assist in its debate on any relevant topic. The power to co-opt shall also be available to any Task and Finish/Working Groups formed by the Joint Committee. Co-option would be determined through a case being presented to the Joint Committee or Task and Finish Group/Working Group, as appropriate. Any supporting information regarding co-option should be made available for consideration by Joint Committee members at least 5 working days before a decision is made.

### **Formation of Task and Finish/Working Groups**

10. The Joint Committee may form such Task and Finish/Working Groups of its membership as it may think fit to consider any aspect or aspects within the scope of its work. The role of any such Group will be to consider the matters referred to it in detail with a view to formulating recommendations on them for consideration by the Joint Committee. The precise terms of reference and procedural rules of operation of any such Group (including number of members, chairmanship, frequency of meetings, quorum etc.) will be considered by the Joint Committee at the time of the establishment of each such Group. The Chair of a specific Task and Finish Group will act in the manner of a Host Authority for the purposes of the work of that Task and Finish Group, and arrange and provide officer support for that Task and Finish Group. These arrangements may differ if the Joint Committee considers it appropriate. The meetings of such Groups should be held in public except to the extent that the Group is considering any item of business that involves the likely disclosure of exempt information from which the press and public could legitimately be excluded as defined in Part 1 of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006.
11. The Chair of the Joint Health Overview and Scrutiny Committee may not be the Chair of a Task and Finish Group.

### **Chair and Vice-Chairs**

12. The Chair of the Joint Committee will be drawn from the membership of the Joint Committee, and serve for a period of 12 months, from a starting date to be agreed. A Chair may not serve for two consecutive twelve-month periods. The Chair will be agreed through a consensual process, and a nominated Chair may decline the invitation. Where no consensus can be reached then the Chair will be nominated through a ballot system of one Member vote per Authority only for those Members present at the meeting where the Chair of the Joint Health Overview and Scrutiny Committee is chosen.
13. The Joint Committee may choose up to two Vice-Chairs from among any of its members, as far as possible providing a geographic spread across the region. A Vice-Chair may or may not be appointed to the position of Chair or Vice-Chair in the following year.

14. If the Chair and Vice-Chairs are not present, the remaining members of the Joint Committee shall elect a Chair for that meeting.
15. Other than any pre-existing arrangements within their own local authority, no Special Responsibility Allowances, or other similar payments, will be drawn by the Chair, Vice Chairs, or Tasking and Finish Group Chairs in connection with the business of the Joint Committee.

### **Host Authority**

16. The local authority from which the Chair of the Joint Committee is drawn shall be the Host Authority for the purposes of this protocol.
17. Except as provided for in paragraph 10 above in relation to Task and Finish Groups, the Host Authority will service and administer the scrutiny support role and liaise proactively with the other North East local authorities and the regional health scrutiny officer network. The Host Authority will be responsible for the production of reports for the Joint Committee as set out below, unless otherwise agreed by the Joint Committee. An authority acting in the manner of a Host Authority in support of the work of a Task and Finish Group will be responsible for collecting the work of that Group and preparing a report for consideration by the Joint Committee.
18. Meetings of the Joint Committee may take place in different authorities, depending on the nature of the enquiry and the potential involvement of local communities. The decision to rotate meetings will be made by members of the Joint Committee.
19. Documentation for the Joint Committee, including any final reports, will be attributed to all the participating member authorities jointly, and not solely to the Host Authority. Arrangements will be made to include the Council logos of all participating authorities.

### **Work planning and agenda items**

20. The Joint Committee may determine, in consultation with health overview and scrutiny committees in constituent authorities, NHS organisations and partners, an annual work programme. Activity in the work programme may be carried out by the Joint Committee or by a Task and Finish/Working Group under the direction of the Joint Committee. A work programme may be informed by:
  - (a) Research and information gathering by health scrutiny officers supplemented by presentations and communications.
  - (b) Proposals associated with substantial developments/substantial variations.
21. Individual meeting agendas will be determined by the Chair, in consultation with the Vice-Chairs where practicable. The Chair and Vice-Chairs may meet or conduct their discussions by email or letter.
22. Any member of the Joint Committee shall be entitled to give notice, with the agreement of the Chair, in consultation with the Vice-Chairs, where practicable, of the Joint Committee, to the relevant officer of the Host Authority that he/she wishes an item relevant to the functions of the Joint Committee to be included on the agenda for the next available meeting. The member will also provide detailed background information concerning the agenda item. On receipt of such a request (which shall be made not less than five clear working days before the date for despatch of the agenda) the relevant officer will ensure that it is included on the next available agenda.

### **Notice and Summons to Meetings**

23. The relevant officer in the Host Authority will give notice of meetings to all Joint Committee members, in line with access to information rules of at least five clear working days before a meeting. The relevant officer will send an agenda to every member specifying the date, time and place of each meeting and the business to be transacted, and this will be accompanied by such reports as are available.



### **Attendance by others**

24. The Joint Committee and any Task and Finish/Working Group formed by the Joint Committee may invite other people (including expert witnesses) to address it, to discuss issues of local concern and/or to answer questions. It may for example wish to hear from residents, stakeholders and members and officers in other parts of the public sector and shall invite such people to attend.

### **Procedure at Joint Committee meetings**

25. The Joint Committee shall consider the following business:
- (a) Minutes of the last meeting (including matters arising).
  - (b) Declarations of interest.
  - (c) Any urgent item of business which is not included on an agenda but the Chair agrees should be raised.
  - (d) The business otherwise set out on the agenda for the meeting.
26. Where the Joint Committee wishes to conduct any investigation or review to facilitate its consideration of the health issues under review, the Joint Committee may also ask people to attend to give evidence at Joint Committee meetings which are to be conducted in accordance with the following principles:
- (a) That the investigation is conducted fairly and all members of the Joint Committee be given the opportunity to ask questions of attendees, and to contribute and speak.
  - (b) That those assisting the Joint Committee by giving evidence be treated with respect and courtesy.
  - (c) That the investigation be conducted so as to maximise the efficiency of the investigation or analysis.

### **Voting**

27. Any matter will be decided by a simple majority of those Joint Committee members voting and present in the room at the time the motion is put. This will be by a show of hands or if no dissent, by the affirmation of the meeting. If there are equal votes for and against, the Chair or other person chairing the meeting will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote.

### **Urgent Action**

28. In the event of the need arising, because of there not being a meeting of the Joint Committee convened in time to authorise this, officers administering the Joint Committee from the Host Authority are generally authorised to take such action, in consultation with the Chair, and Vice-Chairs where practicable, to facilitate the role and function of the Joint Committee as they consider appropriate, having regard to any Terms of Reference or other specific relevant courses of action agreed by the Joint Committee, and subject to any such actions being reported to the next available meeting of the Joint Committee for ratification.

### **Final Reports and recommendations**

29. The Joint Committee will aim to produce an agreed report reflecting a consensus of its members, but if consensus is not reached the Joint Committee may issue a majority report and a minority report.
- (a) If there is a consensus, the Host Authority will provide a draft of both the conclusions and discursive text for the Joint Committee to consider.
  - (b) If there is no consensus, and the Host Authority is in the majority, the Host Authority will provide the draft of both the conclusions and discursive text for a majority report and arrangements for a minority report will be agreed by the Joint Committee at that time.
  - (c) If there is no consensus, and the Host Authority is not in the majority, arrangements for both a majority and a minority report will be agreed by the Joint Committee at that time.
  - (d) In any case, the Host Authority is responsible for the circulation and publication of Joint Committee reports. Where there is no consensus for a final report the Host Authority should not delay or curtail the publication unreasonably.

The rights of the health overview and scrutiny committees of each local authority to make reports of their own are not affected.

30. A majority report may be produced by a majority of members present from any of the local authorities forming the Joint

Committee. A minority report may be agreed by any *[number derived by subtracting smallest possible majority from quorum: e.g. if quorum is 4, lowest possible majority is 3, so minority report requires 1 members' agreement]* or more other members.

31. For the purposes of votes, a “report” shall include discursive text and a list of conclusions and recommendations. In the context of paragraph 29 above, the Host Authority will incorporate these into a “final report” which may also include any other text necessary to make the report easily understandable. All members of the Joint Committee will be given the opportunity to comment on the draft of the final report. The Chair in consultation with the Vice-Chairs, where practicable, will be asked to agree to definitive wording of the final report in the light of comments received. However, if the Chair and Vice-Chairs cannot agree, the Chair shall determine the final text.
32. The report will be sent to *[name of the NHS organisations involved]* and to any other organisation to which comments or recommendations are directed, and will be copied to NHS North East, and to any other recipients Joint Committee members may choose.
33. The *[name of the NHS organisations involved]* will be asked to respond within 28 days from their formal consideration of the Final Report, in writing, to the Joint Committee, via the nominated officer of the Host Authority. The Host Authority will circulate the response to members of the Joint Committee. The Joint Committee may (but need not) choose to reconvene to consider this response.
34. The report should include:
  - (a) The aim of the review – with a detailed explanation of the matter under scrutiny.
  - (b) The scope of the review – with a detailed description of the extent of the review and it planned to include.
  - (c) A summary of the evidence received.
  - (d) An evaluation of the evidence and how the evidence informs conclusions.

- (e) A set of conclusions and how the conclusions inform the recommendations.
- (f) A list of recommendations – applying SMART thinking (Specific, Measurable, Achievable, Realistic, Timely), and how these recommendation, if implemented in accordance with the review outcomes, may benefit local people.
- (g) A list of sources of information and evidence and all participants involved.

### **Timescale**

- 35. The Joint Committee will hold two full committee meetings per year, and at other times when the Chair and Vice-Chairs wish to convene a meeting. Any three members of the joint committee may require a special meeting to be held by making a request in writing to the Chair.
- 36. Subject to conditions in foregoing paragraphs 29 and 31, if the Joint Committee agrees a report, then:
  - (a) The Host Authority will circulate a draft final report to all members of the Joint Committee.
  - (b) Members will be asked to comment on the draft within a period of two weeks, or any other longer period of time as determined by the Chair, and silence will be taken as assent.
  - (c) The Chair and Vice-Chairs will agree the definitive wording of the final report in time for it to be sent to *[name of the NHS organisations involved]*.
- 37. If it believed that further consideration is necessary, the Joint Committee may vary this timetable and hold further meetings as necessary. The *[name of the NHS organisations involved]* will be informed of such variations in writing by the Host Authority.

### **Guiding principles for the undertaking of North East regional joint health scrutiny**

38. The health of the people of North East England is dependent on a number of factors including the quality of services provided by the NHS, the local authorities and local partnerships. The success of joint health scrutiny is dependent on the members of the Joint Committee as well as the NHS and others.
39. Local authorities and NHS organisations will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial interests will be declared in all cases in accordance with the Members' Code of Conduct of each constituent authority.
40. The scrutiny process will be open and transparent in accordance with the Local Government Act 1972 and the Freedom of Information Act 2000 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be considered in private. The Host Authority will manage requests and co-ordinate responses for information considered to be confidential or exempt from publication in accordance with the Host Authority's legal advice and guidance. Joint Committee papers and information not being of a confidential nature or exempt from publication may be posted on the websites of the constituent authorities as determined by each of those authorities.
41. Different approaches to scrutiny reviews may be taken in each case. The Joint Committee will seek to act as inclusively as possible and will take evidence from a wide range of opinion including patients, carers, the voluntary sector, NHS regulatory bodies and staff associations, as necessary and relevant to the terms of reference of a scrutiny review. Attempts will be made to ascertain the views of hard to reach groups, young people and the general public.
42. The Joint Committee will work to continually strengthen links with the other public and patient involvement bodies such as PCT patient groups and Local Involvement Networks, where appropriate.
43. The regulations covering health scrutiny allow an overview and scrutiny committee to require an officer of a local NHS body to

attend before the committee. This power may be exercised by the Joint Committee. The Joint Committee recognises that Chief Executives and Chairs of NHS bodies may wish to attend with other appropriate officers, depending on the matter under review. Reasonable time will be given for the provision of information by those asked to provide evidence.

44. Evidence and final reports will be written in plain English ensuring that acronyms and technical terms are explained.
45. Communication with the media in connection with reviews will be handled in conjunction with the constituent local authorities' press officers.

### **Conduct of Meetings**

46. The conduct of Joint Committee meetings shall be regulated by the Chair (or other person chairing the meeting) in accordance with the general principles and conventions which apply to the conduct of local authority committee meetings.
47. In particular, however, where any person other than a full or co-opted member of the Joint Committee has been allowed or invited to address the meeting the Chair (or other person chairing the meeting) may specify a time limit for their contribution, in advance of its commencement which shall not be less than five minutes. If someone making such a contribution exceeds the time limit given the Chair (or other person chairing the meeting) may stop him or her.
48. The Chair (or other person chairing the meeting) may also structure a discussion and limit the time allowed for each agenda item and questioning by members of the Joint Committee.

# AUDIT AND GOVERNANCE COMMITTEE

6<sup>th</sup> June 2019



**Report of:** Assistant Director - Corporate Services

**Subject:** RISK MANAGEMENT FRAMEWORK

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## 1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to seek Audit and Governance Committee's confirmation that the new proposed Risk Management Framework for the Council provides adequate assurance and their agreement for it to go forward to Finance and Policy Committee for approval.

## 2. BACKGROUND

- 2.1 The current Risk Management Framework for the Council was developed with Gallagher Bassett and has been in place with only minor reviews since 2011. In the preparation of the Council Plan 2017-2020 it was identified that the Framework and how it was being implemented across the organisation were in need of review. This need was further confirmed following a limited assurance audit from Internal Audit in June 2018.

## 3. PROPOSED RISK MANAGEMENT FRAMEWORK

- 3.1 Effective risk management is vital if the organisation is to successfully achieve its aims and deliver effective and efficient services. If the risks facing the organisation are not fully understood then we cannot be sure that the actions we are taking to reduce or mitigate against those risks are the most effective and financially efficient. The need for effective risk management is of even greater importance in the current environment of reducing budgets and increasing demand. In order for the importance of risk management to be appreciated by the wider workforce, senior leaders and elected members have a critical role to play as figureheads to drive this forward.
- 3.2 The new proposed Risk Management Framework is included as appendix 1. This Framework builds upon the previous one and reflects best practice. It has simplified the Council's approach, provided further clarity to officers about how risk should be considered within the Council and demonstrates

the added value of appropriate risk management. Throughout the development of the proposed Framework the Head of Internal Audit has been involved providing feedback in order to ensure that the new Framework provides the required level of assurance and responds effectively to the concerns raised through the internal audit report.

- 3.3 In addition to the new Framework an officer toolkit has been developed to provide a handy guide for officers leading them step by step through the risk process and aims to ensure consistency in the process. A review of the Council's risk register will be undertaken and training and support will be provided to officers across the organisation to ensure that risks are recorded and reported appropriately.

#### **4. RECOMMENDATIONS**

- 4.1 Audit and Governance Committee is requested to confirm that the proposed Risk Management Framework as set out in appendix 1 provides adequate assurance and to agree for it to go forward to Finance and Policy Committee for approval.

#### **5. REASONS FOR RECOMMENDATIONS**

- 5.1 One of the functions of the Audit and Governance Committee is to consider the overall effectiveness of the Council's approach to risk management and to seek assurance that action is taken on risk related issues identified by internal and external audit. The internal audit review of Risk Management in June 2018 was assessed as limited assurance and this new Risk Management Framework has been developed in response to the findings identified in that report.

#### **6. BACKGROUND PAPERS**

- 6.1 None

#### **7. CONTACT OFFICER**

- 7.1 Claire McLaren  
Assistant Director - Corporate Services  
[claire.mclaren@hartlepool.gov.uk](mailto:claire.mclaren@hartlepool.gov.uk)  
Tel: 01429 523003



# Hartlepool Borough Council Risk Management Framework



## Forward by Chair of Finance and Policy Committee and Chief Executive

Hartlepool Borough Council recognises that effective risk management strategies, systems and processes support organisations in meeting their objectives. The Council delivers a wide range of services to the people of Hartlepool and this inevitably means we need to identify and manage risk.

We are committed to adopting best practice to manage risk in order to maximise opportunities in the achievement of our outcomes and priorities.

The Council strives to manage risk in the most effective and efficient way as this will support our objective of delivering the best possible services to our residents within the available resources.

*PCTURES AND SIGNATURES TO FOLLOW*

**Leader of the Council and Chief Executive**



# Our Vision Statement

**To embed the identification and management of risk in order to support the achievement of our strategic priorities.**

## WHY DO WE DO IT?

**Regulatory Requirement:** Organisations need to manage risks arising from the delivery of services and to do this in a way which protects people and resources. These requirements are specifically addressed in the Accounts and Audit Regulations which require authorities to produce an Annual Governance Statement (AGS) which is attached to our Annual Accounts. This sets out the processes we have in place for managing the most significant risks to the achievement of our priorities. Our risk management processes are an integral part of the AGS.

**Reassurance:** We need to demonstrate to the public, elected members and senior managers that we have a structured approach to risk management, which is embedded into our planning and reporting cycles and decision making processes at all levels.

Risks need to be taken in order to improve and move Hartlepool Borough Council forward to meet the challenges currently facing local authorities such as government budget cuts, increasing demand on services and changing customer expectations. Our risk management process needs to ensure compliance with regulatory requirements, provide assurance to members and the senior management team and contribute to efficient and effective service delivery resulting in the achievement of our desired and documented outcomes.



# Benefits of an embedded risk management system

Reduces the level of risk which threatens the delivery of our vision and objectives

Improves decision making at all levels of the organisation

Helps improve the use of valuable and limited resources

Increases willingness and confidence in embarking on innovative projects

Provides confidence that partnership activities are soundly and effectively conducted with clear objectives and outcome monitoring arrangements

Improves the management and delivery of organisational change

Protects the organisation's reputation by demonstrating we have robust and effective risk management arrangements

Ensures that suitable mitigation arrangements are in place to transfer or reduce the impact of unavoidable risks



# Aims and Measurable Outcomes

**Our aim is to have risk aware employees throughout the organisation, trained in the basics of risk management who:**

- Identify risk and opportunity at every level of the organisation in everything they do, including projects, partnerships, policies and strategies;
- Recognise risks from a variety of sources to give the most informed view;
- Evaluate risks and take reasonable action to mitigate those which are considered to be above the organisations appetite;
- Communicate risk information so it forms part of the decision making process;
- Demonstrate that risks have been considered and proportionate action taken;
- Use risk management as an enabler to move the Council forward and take on challenges that are well managed.



## Our measurable outcomes will be:

To design and provide appropriate training to all staff;

To provide a risk framework that supports the recording of risks and their internal controls and allows for the communication, monitoring/management and reporting of risks

To define the Authority's risks appetite and ensure that all risks at whatever level are managed within it

To reduce, where necessary, the amount of risk faced by the Authority

To provide independent assurance that Hartlepool Borough Council's Risk Management Framework is followed



## Roles and Responsibilities – Elected Members

### Finance and Policy Committee

- Agree the Risk Management Framework following review by the Audit and Governance Committee.
- Review progress in the management of strategic risks
- Ensure consideration of risk

### Audit and Governance Committee

- Review the Risk Management Framework to confirm it provides the necessary assurance and forward to Finance and Policy Committee for agreement
- Review the effectiveness of risk management arrangements
- Provide comment and challenge on risk management activity and progress



# Roles and Responsibilities – Senior Management

## Corporate Management Team and Senior Leadership Team

- Overall accountability for risk management across the organisation including ensuring the strategic risk register is a live and up to date record of current risk exposure.
- Overall accountability for risk management across the organisation including ensuring the strategic risk register is a live and up to date record of current risk exposure.
- Establish a control environment and culture where risk can be effectively assessed and managed.
- Regularly discuss and review the strategic risk register and associated risk reports including horizon scanning to identify emerging risks.
- Ensure risk is appropriately considered in items that require political and management direction and decision.





## Roles and Responsibilities – Senior Leaders

### Director of Finance and Policy (Section 151 Officer)

- Overall accountability for the effective delivery of the organisation's risk management function in accordance with best practice.
- Ensure risk management features as part of the organisations proper administration to protect the authority from financial and reputational risk.

### Departmental Management Teams

- Ensure adherence with the risk management framework.
- Champion the benefits of effective risk management
- Take ownership for risks within their function and ensure risk registers are regularly discussed, reviewed, updated and escalated as appropriate
- To support the departmental risk coordinator to drive forward the risk management framework within their function

### Heads of Service

- Record and manage risks effectively in their service area, in accordance with the risk management framework.
- Where necessary escalate risks to Departmental Management Teams.
- Ensure their staff have appropriate understanding and training on risk management.
- Champion the benefits of risk management across their service and communicate the corporate approach to managing risk



## Roles and Responsibilities – Employees

### Employees

- Manage risk as part of their role and report risks to their managers
- Maintain awareness of risks, their impact, including costs, and feed these through the adopted risk management process.

### Head of Audit and Governance

- Provide independent assessment of the risk management framework..
- Support the implementation and operation of the risk management framework across the Council.
- Provide oversight, challenge and assurance that risk is being effectively managed.



# Roles and Responsibilities – Employees

## Performance and Risk Management Officer Group

- Overall accountability for risk management across the organisation including ensuring the strategic risk register is a live and up to date record of current risk exposure.
- Overall accountability for risk management across the organisation including ensuring the strategic risk register is a live and up to date record of current risk exposure.
- Establish a control environment and culture where risk can be effectively assessed and managed.
- Regularly discuss and review the strategic risk register and associated risk reports including horizon scanning to identify emerging risks.
- Ensure risk is appropriately considered in items that require political and management direction and decision.



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# AUDIT AND GOVERNANCE COMMITTEE

6 JUNE 2019



**Report of:** Chief Solicitor and Monitoring Officer

**Subject:** PERSONNEL SUB COMMITTEE

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## 1. PURPOSE OF REPORT

- 1.1 To seek the appointment of Elected Members to a Personnel Sub Committee.

## 2. BACKGROUND

- 2.1 Previously the appointment of Elected Members to Personnel Sub Committees, was drawn from the overall membership of the Audit and Governance Committee on a rota basis as and when a meeting was required. Within Part 3 of the updated Constitution approved by Council on 21 March 2019 it was agreed that Personnel Sub Committee's membership would be fixed at the commencement of the Municipal Year and would comprise three Elected Members of the Audit and Governance Committee.
- 2.2 The Constitution does not stipulate which Elected Members should be included on the Personnel Sub Committee; i.e. the involvement of the Chair and/or Vice-Chair is not a pre-requisite. In terms of the political balance of the Personnel Sub Committee, while that would be 'ideal', as the membership is being drawn from only the seven Elected Members of the Audit and Governance Committee, this may not be fully possible. Based on the political balance of the Council, the Sub Committee would ideally be comprised of; Labour - 1, Independent Union and Conservative - 1, Socialist Labour – 1

## 3. PROPOSALS/ISSUES FOR CONSIDERATION

- 3.1 In order to comply with the requirements of the updated Constitution, the Committee is requested, therefore, to appoint three Elected Members to the Personnel Sub Committee and to determine which of those Elected Members will act as Chair.

- 3.2 There is a pressing necessity that the Committee appoints the Personnel Sub Committee early in the Municipal year as there are already a number of outstanding personnel matters for which the Sub Committee will be required to hear. Meetings will need to be called very quickly following appointment of this Sub-Committee. Sitting as a member of this Sub Committee will often entail undertaking hearings within strict timescales. Hearings can last most of a day and often longer. Elected Members are urged to consider this when putting themselves forward for nomination. Appropriate training will be arranged for any Member that has not previously received such training.

#### **4. RECOMMENDATIONS**

- 4.1 The Committee is requested to appoint three Elected Members to the Personnel Sub Committee for the ensuing Municipal Year and to nominate one of those Elected Members as Chair.

#### **5. REASONS FOR RECOMMENDATIONS**

- 5.1 To comply with the requirements of the updated Council Constitution.

#### **6. BACKGROUND PAPERS**

- 6.1 Part 3 of the Council's Constitution.

#### **7. CONTACT OFFICERS**

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