



## **Tees Valley Joint Health Scrutiny Committee**

**Date:** Monday 17 June 2019

**Time:** 10.00 am

**Venue:** Council Chamber, Hartlepool Civic Centre, Victoria Road,  
Hartlepool TS24 8AY

Membership: -

Darlington BC: Councillors W Newall, Vacancies x2

Hartlepool BC: Councillors G Hall, B Harrison and B Loynes.

Middlesbrough BC: Councillors A Hellaoui, J McTigue and E Polano.

Redcar and Cleveland BC: Councillors D Reese, N Cooney and S Smith.

Stockton-on-Tees BC: Councillors E Cunningham, C Gamble and L Hall.

### **Agenda**

1. Appointment of Chair
2. Appointment of Vice-Chair
3. Apologies for Absence
4. Declarations of Interest
5. Draft minutes of the meeting of 11<sup>th</sup> March 2019 (Attached)
6. Protocol for the Tees Valley Joint Health Scrutiny Committee (Attached)
7. Work Programme / Meeting Timetable 2019/20 (Attached)
8. Any urgent items which in the opinion of the Chair can be considered.

## **Tees Valley Joint Health Scrutiny Committee**

A meeting of Tees Valley Joint Health Scrutiny Committee was held on Monday, 11th March, 2019.

**Present:** Cllr Lisa Grainge (Chair)(SBC),

Cllr John Tennant (HBC), Cllr Evaline Cunningham (SBC), Cllr Lynn Hall (SBC), Cllr Lorraine Tostevin (DBC), Cllr Eddie Heslop (DBC), Cllr Wendy Newall (DBC), Cllr Ian Jeffrey, Cllr Norah Cooney (R&C BC)

**Officers:** Michael Henderson, Peter Mennear (SBC), Joan Stevens(HBC), Caroline Breheny (MBC)

**Also in attendance:** Karen Hawkins(Darlington and Hartlepool and Stockton CCGs), Julie Bailey, Alex Sinclair (South Tees CCG), Graeme Nivern (South Tees, Darlington and Hartlepool and Stockton CCGs) Leanne McCrindle, Chris Lanigan, Dominic Gardner(TEWV)

**Apologies:** Cllr Eddie Dryden (MBC), Cllr McGee, Cllr Jan Taylor

### **TVH 23/18      Declarations of Interest**

There were no declarations of interest.

### **TVH 24/18      Minutes of the meeting held on 11 December 2018**

The minutes of the meeting held on 11 December 2018 were confirmed as a correct record.

### **TVH 25/18      Tees Esk and Wear Valleys NHS Foundation Trust Quality Account**

Members were reminded that NHS Trusts were under a duty to produce yearly Quality Accounts, which set out:

- what an organisation was doing well;
- where improvements in service quality were required;
- what the priorities for improvement were for the coming year;
- how the organisation had involved service users, staff and others, with an interest in that organization, in determining those priorities for improvement.

Each year the Tees Valley Joint Health Committee had the opportunity to review the performance of Tees, Esk and Wear Valleys NHS Foundation Trust. The Committee was provided with a presentation, at the meeting.

TEWV's draft Quality Account would be produced in mid-April, and this would be provided to Members in due course.

It was explained that, if it agreed, the Joint Scrutiny Committee could provide a statement of assurance to be included in the published version of the Quality Account.

## Discussion:

In relation to the Performance against the core Quality Metrics, Members requested further details regarding comparative information where appropriate.

It was noted that data from the National Patient Survey existed for some of the metrics, and this would be circulated to the Committee.

Members would support more follow up with patients, to further understand the reasons behind responses to questions on how safe they felt on wards, and whether they would recommend the Trust to friends and family. It was noted that this varied due to individual circumstances and different sites.

Members queried the performance in relation to the number of incidents of restraint. The Trust noted that this varied between wards, and was more common within CAMHS, on Teesside, which included the Eating Disorder service which was hosted by the Trust and was one of four such wards in the country. Members received assurances that the use of restraint, in Teesside, aside from the Eating Disorders service was in line with the rest of the Trust.

The Trust was not meeting its targets in relation to average length of stay in Mental Health Services for Older People. It was noted the data varies across the Trust, with some care home capacity issues in the Tees area having an impact.

Members did recognise that the Trust had set itself challenging targets; these were to be achieved over three years and were aspirational.

In terms of its Quality Priorities, it was noted that care planning needed to have a greater focus on the voice of the patient, and the intention was for plans to be written in the patient's own words.

Service provision for substance misuse was now more fragmented and often delivered through third sector providers. Although TEWV was no longer the provider of these services, the increase in patients with a dual diagnosis of substance misuse affecting their mental health, has led to the Trust to improve its links with the service providers, and rebuild its expertise on these issues. This was a particular issue in the Tees area, and pathways of care were being reviewed. Substance misuse services were also being recommissioned across Tees.

The most overt issues were linked with drug use rather than alcohol.

The Trust was continuing to review its Urgent Care services and this priority had been suggested by its Local Authority stakeholders. The Crisis Suite at Roseberry Park was seen as innovative practice.

Both ambulance services covered by the Trust were due to have the facility to see whether patients they attend have mental health crisis plans in place. Mental health nurses were located in the police control and there was positive acute liaison relationships in place.

The NHS Long Term Plan committed to looking further at this issue and localities were to take forward more joint working.

RESOLVED that:

1. a statement be produced to reflect Member comments on TEWV's performance.
2. a draft statement be circulated to the Committee, with final agreement delegated to Chair and Vice-Chair..

**TVH  
26/18**

### **Task and Finish Group - Roseberry Park**

Members were provided with a draft report, prepared by the Joint Committee's Task and Finish Group, that had examined the impact of works at Roseberry Park, particularly with regard to the affect the works had had on service delivery, patients, their families, carers and staff.

The Chair of the Task and Finish Group, Councillor Ian Jeffrey, introduced the report to the Joint Committee.

It was explained that the Group had spoken with members of staff, carers, and had sought views from interested parties including the Clinical Commissioning Groups (CCGs), Adult Social Care, and Members of Parliament. All concerned had recognised the seriousness of the initial situation, the potential for serious harm to patients and staff, and the need to find a remedy.

In relation to service delivery, Members had found that, through the efforts of the Trust and its staff, the situation had been well managed, with the impact on service users, and their families, minimized, as far as possible.

Members had been particularly impressed by the efforts and approach of staff associated with the affected wards, with all feedback to the Group indicating that the teams had gone above and beyond, in their continued delivery of care.

The Group had agreed that the commitment of staff represented the best of public service. The Group was also clear that this situation should never have arisen in the first place, and would support all efforts to make sure that other services were not affected in this way, both locally and across the country.

It was noted that the Chancellor had announced, as a part of the 2018 Budget, that future public investment projects would no longer be funded via Private Finance Initiatives. Whatever future funding arrangements were agreed, nationally, the Group highlighted the need to ensure that any future building projects, in the NHS, were both safe and high quality, and delivered in a financially sustainable way.

RESOLVED that:

1. the Group's appreciation of the commitment of the Trust's staff, at Roseberry Park, be supported by the Joint Committee and forwarded to the relevant Teams, by the Trust;
2. the Tees Valley Joint Health Committee receive updates on the progress of the works at Roseberry Park.
3. the widest possible distribution of the report be undertaken, including circulation to local Members of Parliament, Local Authorities, the Secretary of State for Health and Shadow Secretary of State for Health.

**TVH  
27/18**

### **Clinical Commissioning Group Updates**

Members were reminded that, at the September meeting of the Joint Committee, an update had been provided on the local GP workforce. A range of work on primary care sustainability was discussed and it was agreed to consider the issues in more detail, at a future meeting. During discussion, reference had been made to additional NHS funding that had been announced, at national level, and Members had requested further details of the local allocations, for this funding, when available.

Given the above, Members were provided with presentations on Primary Care Sustainability and the new funding allocation for the NHS.

#### **Primary Care Sustainability**

Members were provided with details of:

- GP Staffing Levels.
- GPs who were eligible for retirement in the next 10 years.
- Average number of Patients per GP
- GP Vacancies

The Joint Committee was informed of schemes that had been developed to assist with primary care sustainability, including:

- Practice Manager development
- Behavioural health coaching
- GP retention programme
- General Practice Resilience Programme
- on line consultations

The Committee considered details of Primary Care Networks which were a major part of the NHS's long term Plan. The Networks would bring general practices together, to work at scale, and were expected to be established by 1 July 2019.

Discussion/Issues raised by members:

- It was recognized that fewer people were training, with the intention of being GPs. HEE was working to change this trend and work was on going to attract

GPs to the North East.

- Primary Care Networks (PCNs) had to make sense in terms of their geography and the population they served. Services had to wrap around the communities within the PCN.
- PCNs would be monitored by the CCG.
- PCN contracts would require them to deliver seven specific national services. Integrated Community based teams and community and mental health services would configure their services around network boundaries.

#### Finance

Members were provided with comprehensive information about the allocation of £20.5 billion to address current financial pressures, demand growth and new priorities.

It was noted that the NHS would receive average financial growth of 3.4% over 5 years but had to return to balances over the same period and create a minimum of 1.1% productivity growth per annum.

Other commitments, associated with receiving the additional money, included reducing growth in demand through better integration and prevention, reduction of unwarranted variation in performance, better use of existing assets and capital investment to drive transformation.

Details of how changes in formula and other factors, such as pace of change, would affect allocation to the local STP and CCGs was provided to the Committee. Members also received details of overall, total place based allocations across CCG core allocations, Primary Care and Specialized Commissioning.

Discussion /areas highlighted by members:

- members queried the weighting placed on allocations and were informed that deprivation was a factor, as was population projections. Population growth in the local area was less than other areas nationally and this was reflected in the allocation.
- the Committee recognized that the NHS had to deliver a number of asks and it could not achieve them in isolation. Strong, local, joint working would be essential to success.

RESOLVED that the update and discussion be noted.

**TVH  
28/18**

#### **Committee Work Programme**

Members noted the Committee's Forward Plan for 2018/2019.

### **Protocol 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 (eg 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.

# TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

17 June 2019

**Report of:** Statutory Scrutiny Manager

**Subject:** WORK PROGRAMME / MEETING TIMETABLE 2019-20

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## 1. PURPOSE OF REPORT

- 1.1 To seek consideration of the Committee's work programme for 2019-20.

## 2. WORK PROGRAMME 2019/20

- 2.1 The Committee is required to agree its work programme for 2019-20 and in doing so consider matters that are of a Tees Valley and sub-regional nature. A number of issues have been introduced to the Committee's agenda as standing items. These include monitoring of the performance of the North East Ambulance Service, and consideration of the Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account. The latter ensures that the Committee is able to consider the Account and Trust performance, with a view to providing a statement of assurance on behalf of the area.

- 2.2 In addition to these standing items, Members need to retain capacity to consider:-

i) Ongoing issues in relation to:

- Respite and Short Breaks Update / Monitoring (following outcome of referrals to Sec. of State)
- Direct Access to Hearing Services - Contract Award
- Recommissioning of IAPT - Contract Award
- Roseberry Park – Ongoing monitoring of remedial works

ii) Outstanding issues form 2018/19 in relation to:

- Breast Cancer Screening / Cancer Mortality
- Suicide and the Criminal Justice System

iii) Issues that may arise during the year (for example, proposals for NHS service changes) that the Committee may need to be briefed on and/or respond to; and

iv) Topics they may wish to consider during the year on a pro-active basis.

2.3 Members of the Committee may also have additional suggestions to put forward, and it should be noted that there is the potential for the referral of topics from individual local authorities during the year.

2.4 Work programmes of constituent Local Authority Health Scrutiny Committees will be circulated in due course to enable Members to share best practice, identify common themes, and avoid duplication.

### 3. PROPOSED SCHEDULE OF MEETINGS

3.1 In consultation with the chair the following programme of meetings is put forward for 2019/20:

17 June 2019  
2 September 2019  
13 December 2019  
13 March 2020

3.2 All the meetings will start at 10am and the venue will be the Council Chamber, Hartlepool Civic Centre, Victoria Road, Hartlepool.

### 4. WORK PROGRAMME / MEETING TIMETABLE

4.1 Once the work programme is agreed, suggested items will be allocated to appropriate meetings, however, a suggested timeframe is outlined below based on the topic suggestions to date.

Committee Date	Items
17 June 2019	Appointment of Chair and Vice Chair  Terms of Reference  Work Programme / Meeting Timetable  Local and regional health scrutiny work programmes
2 September 2019	Re-commissioning of Improving Access to Psychological Therapies (IAPT) Services - Contract Award  Respite and Short Breaks Update / Monitoring (following outcome of referrals to Sec. of State)

	Direct Access to Hearing Services - Contract Award
13 December 2019	NEAS Performance Update  TEWV - Half-yearly Quality Account progress  Roseberry Park – Ongoing monitoring of remedial works
13 March 2020	TEWV - Quality Account  Breast Cancer Screening / Cancer Mortality ( <i>nb. this was deferred from the work programme last year</i> )  Suicide and the Criminal Justice System

### 3. RECOMMENDATIONS

3.1 That Members agree a work programme for 2019-20.

### BACKGROUND PAPERS

No background papers were used the preparation of this report.

**Contact Officer:-** Joan Stevens – Statutory Scrutiny Manager  
Chief Executive's Department – Legal Services  
Hartlepool Borough Council  
Tel: 01429 284142  
Email: joan.stevens@hartlepool.gov.uk