Hartlepool
Borough Council

Audit and Governance Committee Agenda

3 November 2026

Time: 10am

Location: Council Chamber, Civic Centre

Members: Audit and Governance Committee

Councillors Anderson, Bailey-Fleet, Dunbar (VC), Gaiety, Hall, B Harrison, Hughes, Jorgeson (C), Little and Storey

Standards Co-opted Independent Members: - Martin Slimings and David Whitmore

Standards Co-opted Parish Council Representatives: Parish Councillor Keith Malcolm (Wynyard) and Parish Councillor Glen Murphy (Headland)

Local Police Representative

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1. Apologies for absence

2. To receive any declarations by members

3. Minutes

3.1. To confirm the minutes of the meeting held on 22 September 2026.

4. Audit Items

4.1. Revised Annual Internal Audit Plan 2026/27 – *Head of Internal Audit*

CIVIC CENTRE EVACUATION AND ASSEMBLY PROCEDURE

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5. Standards Items

5.1. None.

6. Statutory Scrutiny items

6.1. None.

Health scrutiny issues

6.2 Maternity Services Update -

(i) Covering report – *Scrutiny and Legal Support Officer*
(ii) Verbal update – *Managing Director, University Hospital Tees*

Crime and Disorder issues

6.3 Community Cohesion Investigation – next steps – *Scrutiny and Legal Support Officer*

7. Other items

7.1. Regulation of Investigatory Powers Act 2000 – Quarter 2 update – *Director of Legal, Governance and HR*

8. Minutes from recent meetings for receipt by the committee

8.1 Health and Wellbeing Board – 16 July 2026.
8.2 Finance and Policy Committee relating to Public Health issues – None.
8.3 Tees Valley Health Scrutiny Joint Committee – 23 July 2026.
8.4 Safer Hartlepool Partnership – None.
8.5 Tees Valley Area Integrated Care Partnership – None.
8.6 Regional Health Scrutiny – None.
8.7 Durham, Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee – None.

9. Any other items which the chair considers urgent

For information

Date of next meeting – 1 December 2026

CIVIC CENTRE EVACUATION AND ASSEMBLY PROCEDURE

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Hartlepool
Borough Council

Audit and Governance Committee Minutes and Decision Record

22 September 2026

Meeting commenced

Time: 10am

Location: Council Chamber, Civic Centre, Hartlepool

Present:

Councillor: Michael Jorgeson (In the Chair)

Councillors: Anderson, Dunbar (VC), Hall and B Harrison

Standards Co-opted Members:
Martin Slimings – Independent Member
David Whitmore - Independent Member
Parish Councillor Glen Murphy (Headland)

Also present: Nasir Alkobir, Forvis/Mazars

Officers: James Magog, Director of Finance, IT and Digital
Catherine Magog, Head of Internal Audit
Sylvia Pinkney, Assistant Director (Regulatory Services)
Scott Campbell, Head of Service (Policy, Performance & Programmes)
Marnie Ramsey, Head of Community Hubs and Wellbeing
Catherine Grimwood, Performance and Partnerships Manager
Phil Gleaves, Youth Justice Service Manager
Joan Stevens, Democratic Services and Statutory Scrutiny Manager
Gemma Jones, Scrutiny and Legal Support Officer

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22. Apologies for Absence

Apologies were received from Councillor Sue Little and Parish Councillor Kane Forrester.

23. Declarations of Interest

None.

24. Minutes

Minutes from 23 June 2026 and 14 July 2026 – confirmed.

25. Treasury Management Strategy Update - *Director of Finance, IT and Digital Services*

The Director of Finance, IT and Digital Services presented the Treasury Management Strategy update to the Committee. It was noted that the purpose of the report was to provide a review of Treasury Management activity for 2025/26 and provide an update for the first quarter review of 2026/27.

Members' attention was drawn to the table in section 5.11 of the report showing the treasury management position for the council as at the 31 March 2026. It was noted that the net borrowing position was £56.6m with investments totalling £24.9m.

It was explained that the Council continues to keep under review the most opportune approach to borrowing. Given the increase in interest rates experienced since 2022, no long-term borrowing has been entered into to ensure that the Council was not exposed to increased costs at a time of volatility and relatively high interest rates.

It was noted that the total investments had decreased by just under £20m from the previous year. This was due to the progression of the capital programme and the use of reserves to balance the budget. As a result of this Members were advised that the Council's borrowing approach may need to adapt. While long-term borrowing remains the preferred option, some shorter-term borrowing may be required to manage risk. This will be kept under review, with the aim of minimising costs to the revenue budget. It was anticipated that no new borrowing would occur until 2027/28.

Returning to the table in section 5.11 in the report, a Member queried the decrease in total investments and the increase in the net borrowing position. The Director explained that total investments decreased year on year due to a combination of planned work for the capital programme and the depletion of reserves to support the budget.

Recommended

i) Members noted the 2025/26 Treasury Management Outturn detailed in section 5 and Appendix A; and

ii) Members noted the 2026/27 Treasury Management 1st Quarter position detailed in section 6.

26. Risk Management Update - *Chief Executive*

The Director of Finance, IT and Digital Services provided Members with an update on risk management and shared the councils current strategic risk register. The approach to risk management and risk framework was highlighted and Members were advised this was regularly reviewed.

In the discussion that followed Members queried the measures in place to mitigate potential risks and a discussion was held around cyber security. Members were advised by the Director whilst robust safeguards were in place to manage the threat of cyber security including training for all staff and regular cyber safety campaigns, there was no room for complacency. It was noted that this issue remained something that was carefully monitored given the high and increasing risk

Recommended

i) Members noted the risk management update and provided comments/ challenge on the council's risk management activity and progress including the current Strategic Risk Register.

27. Internal Audit Charter, strategy and Plan 2026/27 Update - *Head of Internal Audit*

The Head of Internal Audit informed Members of the direction of Internal Audit activity. Due to new Committee membership the Internal Audit Charter, Strategy and Annual Internal Audit Plan 2026/2027 was re-presented for information.

A Member queried if the audit plan could still be delivered given the recent retirement of the previous Head of Audit and Governance and the subsequent restructure. The Head of Internal Audit advised that a mid-year review of this plan takes place every September. This review considers whether any additional risks should be included and whether certain risk areas could be removed from the current scope or deferred to next year's plan. Alternative audit methodologies are also considered to ensure they are completed in the most efficient and effective manner. This review would also consider the reduced capacity of the audit team.

Members were advised that a reduction in audit capacity did not always mean a reduction in coverage. It was noted that a report detailing the changes to the plan following this review would be presented to the November Committee meeting.

Recommended

i) Members reviewed and approved the Internal Audit's Charter and Strategy.
ii) Members reviewed and approved the 2026/27 Internal Audit Plan and noted the Internal Audit budget for 2026/27 of £229,976.

28. Internal audit plan 2026/27 Quarter 1 update - *Head of Internal Audit*

Members were informed of the progress made to date in completing the Internal Audit Plan 2026/27. Members were asked to note that since the 30th June 2026 further progress has been made against the plan and this would be reported in the Quarter 2 Update at the December 2026 Audit and Governance Committee meeting.

Recommended

i) Members noted the contents of the report.

29. Global internal audit standards essential conditions for boards and senior management – *Head of Internal Audit*

The Head of Internal Audit noted that the purpose of the report was to ask Members to note the Essential Conditions as set out in the Institute of Internal Auditors Global Internal Audit Standards.

Members were advised that a resource pack, including the essential conditions, would be made available and were offered the opportunity to attend a briefing session on the matter. Members welcomed and accepted this offer.

Recommended

i) Members noted the contents of the report and agreed to the proposed schedule of self-assessment review of the standards and essential conditions.
ii) That a briefing session be arranged on this matter for Members to attend at a future date.

30. Audit and Governance Committee self-assessment 2025/26 – *Head of Internal Audit*

The purpose of the report was for Members to note the annual self-assessment of the Audit and Governance Committee's performance for 2025/26. Members were advised the Audit and Governance Committee is required to evaluate its effectiveness annually in accordance with best practice. For 2025/26, the Audit and Governance Committee was requested to note the Self-assessment of good practice, which incorporates the key principles set out in CIPFA's Position Statement and Guidance.

A Member queried if the External Audit or Central Government had input into the self-assessment results presented for 2025/26. The Head of Internal Audit confirmed that as the previous Head of Audit and Governance had completed the self-assessment, they had no direct knowledge of what input had been included. However, Members were advised it was unlikely that either body had provided input into the self-assessment.

It was highlighted that the self-assessment (including the Essential Conditions referred to in item 29) for 2026/27 would be undertaken by the Head of Internal Audit. This would take place during the period December 2026 to February 2027 with results being discussed with the Chair of the committee before being presented to the Committee in March 2027.

Recommended

i) Members noted the contents of the report.

31. Youth Justice Strategic Plan 2026-2027 – *Executive Director of Children's Services*

The Youth Justice Service Manager was in attendance to present the Youth Strategic Justice Plan which was appended to the report. The objectives and priorities were outlined for 2026/27 and Member's attention was drawn to education, training and employment, violence against women and girls and improved health outcomes. Members were advised that the Virtual Head of School had been newly appointed to improving educational outcomes.

The Governance, leadership and partnership arrangements were highlighted. Members were advised there was an intention to expand the membership from the voluntary and community sector. Post 16 provision including local opportunities for children leaving school and entering further education were also discussed.

Members were informed of progress made towards previous strategic priorities including re-offending, early and targeted intervention and restorative justice and victims. It was noted that young victims were offered wrap around support in schools and schools were informed of matters relating to the victim.

Reflecting on performance for the previous year, Members were pleased to hear that there had been a reduction in the number of first-time offenders.

In the discussion that followed Members raised several points in relation to the plan, this included: -

- The Committee praised the quality of the plan and the extensive detail it provided.
- A Member welcomed the plans to address the educational gap that young people may face and the intention to involve more voluntary organisations.
- A query was raised regarding the exploitation of young people, and it was highlighted that Cleveland Police undertakes extensive work to disrupt this criminal activity. It was further noted that these efforts are supported through a multi-agency approach, involving close collaboration with social care and other partner agencies, to safeguard young people and address exploitation.
- A Member raised concerns with regards to misinformation and the impact of social media.
- A Member queried the timescales for referrals into the National Referral Mechanism (NRM), noting the potential impact on sentencing when a child first appears before the court. It was acknowledged that referral times had improved, although some delays remained.
- The Committee expressed its sadness regarding a road traffic incident that had occurred in Redcar in August 2026.
- The Youth Justice Service Manager explained that work continues in the area to tackle motor vehicle offences.
- A Member commented that it was important for a young person's social worker to attend court hearings wherever possible and noted that continuity of support is enhanced when a child is supported by the same social worker over time. It was explained that due to capacity and demand this was not always possible.

The Committee expressed its thanks for the report.

Recommended

i) Members noted the progress made in delivering the local Youth Justice Plan (2025–2026).

ii) Approved the draft local Youth Justice Plan (2026–2027) for consultation prior to the final plan being presented to the Children's Services Committee in November 2026.

32. Strengthening Community Cohesion in Hartlepool – Scoping Report – *Scrutiny and Legal Support Officer*

The Scrutiny and Legal Support Officer presented the scoping report into the Strengthening Community Cohesion in Hartlepool investigation. The purpose of the report was to make proposals to Members for the conduct of the forthcoming investigation into community cohesion in Hartlepool. Baseline evidence would also be introduced as part of the initial stages of the Committee's investigation.

Members were advised that background information was provided within the report with the Head of Service (Policy, Performance & Programmes) and the Head of Community Hubs and Wellbeing in attendance to provide a presentation on Community cohesion from a Hartlepool perspective.

The report included the aims and terms of reference of the investigation with the aim being –

> *To examine the Council's approach to community cohesion, resilience and a sense of belonging, including how this contributes to improved community safety, health and wellbeing, economic opportunity and pride in place outcomes.*

Further areas of enquiry were also identified including key areas of focus that Members may wish to consider. This included community cohesion and community safety, governance, leadership and a Cohesion in All Policies Approach. It was proposed the investigation could also explore national policy, best practice and future direction.

The presentation delivered to Members included an overview of what community cohesion means in practice and in the context of Hartlepool. Evidence was also provided that had informed the community cohesion strategy. The priorities in the strategy were also discussed as well as the current work being undertaken in Hartlepool. Governance, performance and impact monitoring was also outlined.

Within the presentation Members noted the following points –

- Community Cohesion is a cross-cutting topic and a broader view had needed to be taken to better understand the key challenges.
- Community Cohesion was described as the social glue that held communities together and was not about everyone agreeing with each other all the time.
- A Community Cohesion Strategy had been developed in recognition that a short-term response alone was not sufficient to address the issues identified.

- Strengths and assets included the towns front line workers, active community groups, and strong partnership working.
- The work of the Pride in Place programme in relation to community cohesion was also outlined.
- Challenges had included tackling the dissemination of misinformation.
- Funding for Community Cohesion Workers was due to end; however, the short-term initiative had delivered some positive outcomes.
- It was highlighted that success could not be measured by simple metrics but that case studies had highlighted some real positive examples.
- Hartlepool had been recognised nationally for the work in this area and had featured in national guidance.

In the discussion that followed Members suggested that experts from 'Belong' could be invited to speak at this committee on this matter. It was confirmed that this could be a consideration along with extending invitations to community action groups and the voluntary sector in the town.

Reflecting on the one-year funding allocated for the Community Cohesion Officers, concerns were expressed that the timescale was too short for roles of this nature. Members were advised that there was hope that additional funding would be secured to support similar initiatives in the future. This included the possibility of a Community Champion role, although no decisions had been made as yet.

Reflecting on the community cohesion work in Hartlepool the Head of Service (Policy, Performance & Programmes) acknowledged that, despite numerous challenges, a community-led approach had been key to strengthening community cohesion. Officers highlighted that efforts to build resilience within communities were beginning to yield positive results.

Recommended

i. Members considered the proposed aims, terms of reference and areas of enquiry as detailed in section 4 and 8 of this report and;
ii. Members received the information provided, as part of the first stage of the investigation.

33. Minutes from recent meetings for receipt by the committee

Noted.

34. Any other business which the Chairman considers urgent

It was highlighted to Members that there were vacancies on the Safer Hartlepool Partnership and Health and Wellbeing Board for a non-voting observer.

It was agreed that Councillor B Harrison would take the position of non-voting observer for the Safer Hartlepool Partnership. Councillor Hall would take the position of non-voting observer on the Health and Wellbeing Board.

The meeting concluded at: 11.40am

CHAIR

Hartlepool Borough Council

Audit & Governance Committee

3 November 2026

Report of: Head of Internal Audit

Subject: REVISED ANNUAL INTERNAL AUDIT PLAN 2026/27

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1. Council Plan Priority

Hartlepool will be a place:
where people live healthier, safe and independent lives. (People)
that is connected, sustainable, clean and green. (Place)
that is welcoming with an inclusive and growing economy providing opportunities for all. (Potential)
with a Council that is ambitious, fit for purpose and reflects its community. (Organisation)

2. Purpose of Report

2.1. To update the Committee on the outcome of the half-year review of the Annual Internal Audit Plan 2026/27 and to present the updated Annual Internal Audit Plan 2026/27 for approval.

3. Background

3.1. Following the retirement of the previous Head of Audit and Governance and the subsequent restructure of the Internal Audit team, over 100 available audit days in the 2627 annual internal audit plan have been lost. The original Annual Internal Audit Plan 2627 was 55 days overscheduled compared to resources available.

3.2. A mid-year review takes place every September and the Annual Internal Audit Plan is revised to reflect the risk assessment at that time. Audits can be deferred or removed at this review, and additional audits added, along with reviewing the ongoing audits for coverage/audit methodologies/approaches.

4. Proposals

4.1. The tables below show the revisions made to the plan and their reasons.

4.2. Additions to the plan (30 days)

Audit	Revision	Reason
Transformation - Governance	Added	Failure of the transformation program is a significant risk
Transformation – Project Management	Added	Not managing the individual projects within the overall transformation program is a risk
Budgetary Control	Added days to the existing audit	Coverage of the new in year savings program, and the new spend restrictions monitoring

4.3. Audits deferred or removed from the plan (100 days)

Audit	Revision	Reason
Training (covering legislation changes)	Deferred for discussion for inclusion in future audit plans	Change of approach to reviewing strategic controls
Children's Safeguarding Board – Governance	Removed from plan	Appointed independent person sits on board and produces annual report. Also member of HBC staff responsible for ensuring compliance
Planning and Building Control	Deferred for discussion for inclusion in future audit plans	Risk Assessment score close to threshold for not including
Domestic Abuse Act (Adults and Public Health AND Domestic Abuse Act (Children's Services)	Removed from plan	Compliance with the Domestic Abuse Act is covered during other service process audits
Employee Protection Register	Removed from plan	Previous audit assurance 2526 was – limited – so automatically added to plan for 2627. However the agreed actions have

		implementation dates due during the 2627 plan year so further audit at this time is not best use of time
Emergency Duty Team – credit cards	Deferred for discussion for inclusion in future audit plan	Process not in place to review – will consider for future audit plans
Better Care Fund	Deferred for discussion for inclusion in future audit plans	Previous audit agreed actions have implementation dates during the 2627 plan year
IT Assurance Map	Deferred to 2728 plan	Change of approach to IT audit planning
Museums	Removed from plan	Previous audit assurance 2526 was – limited – so automatically added to plan for 2627. However the agreed actions have implementation dates due during the 2627 plan year so further audit at this time is not best use of time
Procurement	Deferred to 2728 plan	Additional time to allow new procedures to bed in before reviewing
IT Project Management	Deferred to 2728 plan	Revised approach to IT audit planning
Core Learning Skills Grant	Removed from plan	No grant declaration to sign off
Warm Homes Grant	Removed from plan	No grant declaration to sign off

4.4. Audits retained in the plan (238 days)

Audit	Comments
Council Tax	Revision of audit methodology
NNDR	Revision of audit methodology
Loans and Investments	Revision of audit methodology
Main Accounting	Revision of audit methodology
Controcc Application	No change
Carefirst Application	No change
iWorld Application	No change
Firmstep Application	No change
NEC DM Application	No change
ICS Liquidlogic Application	No change
Network Access Application	No change

Statutory Renters Rights (New Legislation)	No change
Crisis Resilience Fund	No change
Housing Advice and Homelessness	No change
Health and Safety	No change
Officers Expenses	Revision of audit methodology
LUF	No change
Insurances	No change
Capital Program – Highlight Contract closure on build	No change
Commissioning of Children in Care Placements	No change
IT AI Project Management	No change
Risk Management	
Fraud Awareness	No change
GP Health Checks	No change
Performance Management – Children's	No change
Recruitment, Retention and Selection	No change
Drugs and Alcohol Contract	No change
External Client audit provision	No Change

4.5. The table below shows the revised Annual Internal Audit Plan 2026/27 days for the period October 2026 to March 2027

Audit Plan	Days
Available work days (pre-deductions)	390
Deductions: Carry forward from Q1 and Q2 Non-Project Time Project Time (as detailed above)	 63 133 268
Over/(Under) Resourced	(74)

4.6. As per the calculation at table 2.6 there is a shortfall of 74 days for which there is currently no resource available. In order to comply with Accounts and Audit regulations 2015 and the Global Internal Audit Standards 2024, the Head of Internal Audit must ensure that the audit coverage is adequate and effective enough to enable an annual opinion and annual governance statement to be provided. It is the opinion of the Head of Internal Audit that without additional resource to complete the shortfall we cannot fully comply with this requirement.

4.7. On the basis that additional resource cannot be obtained from outside the organisation without significant cost and training time commitments, a

request has been submitted and approved for 35 days of overtime. There will still be an in year saving after overtime as the section is holding a vacant post open for the remainder of the year. There will remain un-resourced audit coverage of 39 days which will either be carried forward into the 2027/28 plan year, or may be resolved by in year savings on audits completed.

4.8. The Chief Executive and ELT have been briefed on the outcome of the mid-year review of the Annual Internal Audit Plan 26/27, and the revised Annual Internal Audit Plan 2627 has been presented to them (13th October 2026). The Chief Executive and ELT support the changes made and the revised Annual Internal Audit Plan 2627.

5. Other Considerations/Implications

Risk Implications	There is a risk that Members of the Audit and Governance Committee do not receive the information needed to enable a full and comprehensive review of governance arrangements at the Council, leading to the Committee being unable to fulfil its remit.
Financial Considerations	None
Subsidy Control	N/A
Legal Considerations	N/A
Single Impact Assessment	N/A
Staff Considerations	N/A
Asset Management Considerations	N/A
Environment, Sustainability and Climate Change Considerations	N/A
Consultation	Not Required

6. Recommendations

6.1. It is recommended that the Audit & Governance Committee support and approve the revisions to the Annual Internal Audit Plan 2026/27.

7. Reasons for Recommendations

7.1. To comply with the Accounts and Audit regulations 2015 and the Global Internal Audit Standards 2024.

8. Background Papers

8.1. Background Papers:

- Accounts and Audit Regulations 2015
- Global Internal Audit Standards (GIAS) 2024
- Previously presented papers – Internal Audit Charter, Strategy and Plan 2026/27 September 2026

9. Contact Officers

Catherine Magog

Head of Internal Audit

Email: catherine.magog@hartlepool.gov.uk

Hartlepool Borough Council

Audit and Governance Committee

3 November 2026

Report of: Scrutiny and Legal Support Officer

Subject: MATERNITY SERVICES UPDATE – COVERING REPORT

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1. Council Plan Priority

Hartlepool will be a place:
where people live healthier, safe and independent lives. (People)

2. Purpose of Report

2.1. To update the Audit and Governance Committee on the current position of maternity services at the University Hospital of Hartlepool, including the Rowan Suite midwifery-led maternity unit.

3. Background

3.1. At the Health and Wellbeing Board meetings on 29 September 2025 and the 16 February 2026 Members were advised of a temporary pause in the delivery of babies by the Continuity of Care Team (within the Rowan Unit).

3.2. This temporary closure was due to significant staffing pressures dating back to May 2025.

3.3. Members of the Board were advised that the re-opening of the Rowan Suite was due to take place over a three-phased period between January 2026 and June 2026.

3.4. A report was submitted to the Health Wellbeing Board on 16 February 2026 to outline the trusts position in relation to this matter (see **appendix 1**). This report included the workforce position, interim birth options and future provision.

3.5. The topic of maternity services in Hartlepool was considered as a potential area of investigation by the Audit and Governance Committee at its meeting on the 14 July 2026 (see **appendix 2**). Whilst not selected for an in-depth scrutiny review, Members were keen to receive a future update on this matter.

3.6. This item is of ongoing interest to the Committee. As the last update was provided to the Health and Wellbeing Board on 16 February 2026, it is considered timely to present a further update.

3.7. A representative from University Hospital Tees will be in attendance to provide a verbal update on this matter.

4. Recommendations

4.1. The Committee is asked to note the update on maternity services in Hartlepool.

5. Reasons for Recommendations

5.1. To ensure that Members are informed of the current position regarding maternity services in Hartlepool, including developments relating to the Rowan Suite.

6. Background Papers

6.1. Health and Wellbeing Board agenda and reports for 29 September 2025 and the 16 February 2026.

6.2. Audit and Governance Committee agenda and reports for the 14 July 2026.

7. Contact Officers

Gemma Jones – Scrutiny and Legal Support Officer
Legal, Governance and Human Resources Department
Email: Gemma.Jones@hartlepool.gov.uk
Tel: 01429 284171

NHS
University Hospitals Tees

Birth choice: Rowan Suite, University Hospitals Hartlepool

Purpose of the Report

To update the Local Authority Health and Wellbeing Board on the suspension of births at UHH, workforce position, interim birth options, timeline, and the planned on-call model reopening of Rowan Suite

Background to the Temporary Suspension

Births at UHH were temporarily suspended in May 2025 due to significant staffing pressures affecting safe provision of intrapartum, antenatal and postnatal care. Continued workforce pressures led to an extension into January 2026.

Current Workforce Position

The service has seen some reduction in workforce pressures such as sickness and absence and has successfully recruited into the current midwifery vacancies. Community midwifery stabilisation remains a priority before intrapartum services can resume.

Interim Birth Options

Homebirth is offered for all uncomplicated pregnancies. Women choosing hospital, births are supported to use low-dependency and waterbirth rooms at North Tees.

Future Provision at Rowan Suite

Birth provision for uncomplicated pregnancies will be offered though with a different workforce model than previously offered. Workforce modelling, escalation and transfer pathways will be defined.

Phase 1 (Jan–Apr 2026): Stabilisation, return-to-work support, engagement, plan training

Phase 2 (April - May 2026): Confirm model and governance approval

Phase 3 (June 2026): implement birth availability option for Rowan Suite, UHH

Engagement and Partnership Working

Engagement events with service users and staff are to be planned to understand what is important for expectant families to shape and influence future maternity services, supported by the Maternity and Neonatal Voice Partnership/

We ask for ongoing work with system partners to enhance community wellbeing and maternity outcomes: prevention and early intervention for population health

Appendix 2

Topic:

Maternity Services in Hartlepool

Background Information

The provision of maternity services for Hartlepool residents from the University Hospital Hartlepool (UHH) has been a long-standing issue, considered by the Audit and Governance Committee (as part of this Health overview and scrutiny responsibilities) and Health and Wellbeing Board. The most recent discussions related to the temporary cessation of deliveries at the Rowan Unit.

Provisional scope:
- Update on maternity services from the UHH
- Update on the cessation of services from the Rowen Unit (timescale for reopening)
- Where Hartlepool mothers are being referred to for the delivery of babies
- Future plans for the delivery of maternity services across the Tees Valley and UHH

Previous consideration:
- Scrutiny investigation (2019) followed by updates
- Health and Wellbeing Board updated on the cessation of services (2025)

Options for consideration:
- Single meeting / focused session (ICB have agreed to come to a meeting to provide an update – date TBC)

AREAS FOR CONSIDERATION	**PICK Scoring System** (Suggestion score)
Public Interest – the concerns of local people should influence the issues chosen **Score** / **Measure** 0 – no public interest 1 – low public interest 2 – medium public interest 3 – high public interest	**3** (Raised by Members in response to public comments)
Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area **Score** / **Measure** 0 – no impact 1 – low impact 2 – medium impact 3 – high impact	**2**

Appendix 2

Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals

Score	Measure
0	'Green' on or above target performance
1	'Amber',
2	low performance 'Red'

1

Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort

Score	Measure
0	Already dealt with/ no priority
1	Longer term aspiration or plan
2	Need for review acknowledged and work planned elsewhere
3	Need for review acknowledged

2

TOTAL SCORE: 8

Hartlepool Borough Council

Audit and Governance Committee

3 November 2026

Report of: Scrutiny and Legal Support Officer

Subject: COMMUNITY COHESION INVESTIGATION – NEXT STEPS

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1. Council Plan Priority

Hartlepool will be a place:
where people live healthier, safe and independent lives. (People)

2. Purpose of Report

2.1. To consider and determine the future direction of the Committee's Community Cohesion investigation.

3. Background

3.1. The Audit and Governance Committee at its meeting on the 14 July 2026 concluded the process for identification of its 2026/27 work programme. The Committee agreed to select Community Cohesion in Hartlepool as a topic of investigation.

3.2. The aims and terms of reference for the investigation are detailed in **appendix 1.**

3.3. At Full Council on the 15th October 2026 Members voted to implement the transition to a Leader and Cabinet model of governance on the 10th December 2026.

3.4. This matter has implications for the Committee's future work programme. With only two meetings remaining in the current scrutiny cycle before 10th December 2026 (3rd November and 1st December), there is insufficient time available to complete a full investigation.

4. Proposals

4.1. Members are asked to consider how they wish to proceed with the investigation. Members may wish to –

i) Conclude the review based on the evidence gathered to date and maintain a watching brief on future developments relating to the Community Cohesion Strategy.
ii) Receive the information as a one-off update and note the contents of the report, with no further scrutiny activity planned at this stage.
iii) Recommend that the successor Committee includes the topic in its future work programme.

5. Recommendations

5.1. That the Committee consider the options presented and determine the future direction of the Community Cohesion investigation.

6. Reasons for Recommendations

6.1. The Committee has gathered initial evidence on this topic; however, there are insufficient meetings remaining in the current cycle to undertake a full scrutiny review. Members are therefore asked to agree the future direction of the investigation.

7. Background Papers

7.1. Reports and minutes of the Audit and Governance meeting on the 14 July 2026.

8. Contact Officers

Gemma Jones – Scrutiny and Legal Support Officer
Legal, Governance and Human Resources Department
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Appendix 1

Community Cohesion Investigation

Aims and terms of reference

The aim and terms of reference for the investigation are:-

Aim - *To examine the Council's approach to community cohesion, resilience and a sense of belonging, including how this contributes to improved community safety, health and wellbeing, economic opportunity and pride in place outcomes. This will include how this work supports responses to anti-social behaviour, hate crime, reoffending and serious violence across Hartlepool.*

The **Terms of Reference** for the investigation are:-

a) To examine the current state of community cohesion in Hartlepool, including the key challenges, strengths, achievements and factors shaping community relations, and the context underpinning the Hartlepool Cohesion Strategy.
b) To review the implementation of the Hartlepool Cohesion Strategy and assess whether appropriate arrangements are in place to measure, monitor, evaluate and report the impact of cohesion activities to residents, stakeholders and decision-makers.
c) To examine the contribution of community cohesion initiatives and partnership activity to improving community safety, including prevention and reduction of anti-social behaviour, hate crime, reoffending and serious violence.
d) To consider the experiences and perceptions of residents and communities in relation to community cohesion, resilience and belonging, and how these inform the Council's priorities and approach.
e) To review the effectiveness of the Council's and its partners' arrangements for identifying, monitoring and responding to community concerns, tensions and emerging risks, including the impact of false or misleading information.
f) To assess whether current leadership, governance, performance management and accountability arrangements provide effective oversight and delivery of the Council's community cohesion agenda.
g) To consider the benefits, risks and practical implications of adopting a "community cohesion and resilience in all policies" approach across the Council and its partner organisations.
h) To review whether the staffing, funding, skills and resources available are sufficient to support the successful delivery of the Hartlepool Cohesion Strategy and the achievement of its intended outcomes.
i) To identify opportunities to strengthen local policy and practice through consideration of national policy developments, emerging expectations and examples of good practice from other local authority and partnership areas.

Hartlepool Borough Council

Audit and Governance Committee

3 November 2026

Report of: Director of Legal, Governance and HR

Subject: REGULATION OF INVESTIGATORY POWERS ACT 2000 – QUARTER 2 UPDATE

1. Council Plan Priority

Hartlepool will be a place:
where people live healthier, safe and independent lives. (People)
that is connected, sustainable, clean and green. (Place)
that is welcoming with an inclusive and growing economy providing opportunities for all. (Potential)
with a Council that is ambitious, fit for purpose and reflects the diversity of its community. (Organisation)

2. Purpose of Report

2.1. To provide Members with a quarterly update on the Council's use of surveillance powers and its policies under the Regulation of Investigatory Powers Act 2000 (RIPA).

2.2 Hartlepool Borough Council has powers under the Regulation of Investigatory Powers Act 2000 to conduct authorised covert surveillance where this is necessary and lawful.

2.3 This report is presented to Members in accordance with paragraph 4.47 of the *Covert Surveillance and Property Interference Revised Code of Practice (August 2018)*, which states that:

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

2.4 Since 1 November 2012, local authorities may only exercise their powers under RIPA to prevent or detect criminal offences that carry a custodial sentence of at least six months, unless the investigation relates to the underage sale of alcohol or tobacco (not applicable to this Council). These amendments came into force on 1 November 2012.

2.5 Examples of cases where authorisation may be sought include serious criminal damage, unlawful or dangerous waste dumping, and serious or persistent benefit fraud. Any surveillance must satisfy the tests of necessity and proportionality. The 2012 amendments mean that authorisations cannot be granted for lower-level offences such as littering, dog control, or fly-posting.

2.6 All RIPA authorisations require both internal approval by a designated Authorising Officer and external approval by a Magistrate. Where the Council seeks to undertake directed surveillance or use a Covert Human Intelligence Source (CHIS), an application must be made to a single Justice of the Peace.

2.7 During Quarter 2 there have been no authorisations under the RIPA legislation.

Communications Data	Nil
CHIS	Nil
Directed Surveillance	Nil

3. Recommendations

3.1. That the quarterly report be noted.

4. Reasons for Recommendations

4.1. To enable the Council to monitor and oversee the use of the powers under the RIPA effectively and in accordance with statutory requirements and relevant guidance.

5. Contact Officers

Hayley Martin, Director of Legal, Governance and HR

hayley.martin@hartlepool.gov.uk

Hartlepool Borough Council

Health and Wellbeing Board

Minutes and Decision Record

16 July 2026

Meeting commenced

Time: 10:00 am

Location: Council Chamber, Civic Centre, Hartlepool

Present:

Karen Hawkins (VC) (In the Chair)

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors Darby, B Harrison and Jorgeson.
Representative of North-East and North Cumbria Integrated Care Board (NENC ICB) – Karen Hawkins
Director of Public Health, Hartlepool Borough Council – Chris Woodcock
Interim Assistant Director of Education - Fiona Stobbs
Representatives of Healthwatch – Christoper Akers-Belcher and Margaret Wrenn

Other Members:
Representatives of Hartlepool Voluntary and Community Sector – Sandra Britten (Alice House Hospice) and Nicola Haggan (Alice House Hospice)
Representative of Tees, Esk and Wear Valleys NHS Trust - Jamie Todd

Also in Attendance:
Councillor Sue Little
Councillor Rob Stevenson
Natalie Frankland – Health Transformation Lead, Lets Connect
Katie McLeod - Deputy Director of Delivery, NENC ICB

Officers:
Joan Stevens – Democratic Services and Statutory Scrutiny Manager
Gemma Jones – Scrutiny and Legal Support Officer

1. Apologies for Absence

Apologies were received from Councillor Dunbar, Councillor Roy, Christine Fewster, Neil Atkinson, Sarah Nevison and Lisa Adams.

2. Declarations of Interest

None.

3. Minutes

Minutes from 16 February 2026 – confirmed.

4. Health and Wellbeing Board Peer Review - Review of Health Protection Board Terms of Reference – *Director of Public Health*

The Director of Public Health provided an update on the Local Government Association (LGA) peer review of the Health and Wellbeing Board (HWB). The responsibilities and functions of the HWB were summarised in the report. Members were advised that a time of significant and complex change had recently taken place, with the Health and Care Act 2022 introducing major reforms to the NHS landscape, and a greater focus on 'place' level activity.

The Peer review outcomes were listed within the report and highlighted key opportunities for the HWB, they were -

- Support from members for reviewing and resetting how the board works to maximise impact.
- The HWB has the potential to play a stronger strategic leadership role in the system and to be at the forefront of reducing inequalities, neighbourhood health and integration and pride in place.
- Hartlepool benefits from strong partnership relationships and goodwill across organisations and the VCSE.
- Community and partnership voices shape the Joint Local Health and Wellbeing Strategy (JHWS) and reducing inequalities is at the heart of the strategy.

Common areas of challenge were outlined including the potential of the statutory requirements of the HWB to inadvertently direct the capacity of the board.

The review findings enabled HWB partners to develop some initial concepts for future HWB operations via an informal workshop. Concepts included far fewer strategic priorities and the endeavour to minimise duplication and maximise participation. Members were advised that there was a consensus for the HWB to move from a transactional to a transformational way of working.

A proposed governance structure for the HWB was also presented to Members. This set out plans for two development groups reporting to the Board, each aligned to a key local priority requiring a strategic partnership approach to achieve desired outcomes. The proposed focus areas for these groups were Changing Futures and Neighbourhood Health.

In the discussion that followed Members of the HWB raised the following points –

- The importance of partner attendance at HWB meetings was emphasised to ensure strong engagement and effective representation from all partner organisations.
- The importance of the continued involvement from partners from the voluntary and community sector.
- The potential to strengthen links with other HWBs on issues affecting the Tees Valley and the wider region.
- Greater emphasis being placed on patient voice and lived experience, with opportunities for the public to contribute to and inform the process.

The Chair highlighted the value of undertaking a peer review. The Chair commented that an independent assessment of how effective and constructive the HWB is would support the Board in identifying areas for improvement and help inform its future development.

Decision

i) The progress towards the improved governance approach and partnership commitment to the Health and Wellbeing Board was noted.
ii) The strategic priorities of Changing Futures and Neighbourhood Health were agreed.

5. Embedding Neighbourhood Health: Integration, Collaboration and Transformation – Presentation - *Deputy Director of Delivery – Tees Valley Local Delivery Team*

Members of the Board received a presentation on Embedding Neighbourhood Health, a new initiative focused on creating integrated care services that deliver personalised care closer to where people live. The six core components of Neighbourhood Health were outlined and included within this were; population health management, modern general practice, integrated intermediate care and urgent neighbourhood services.

The presentation also outlined actions for 2026/27 and as well as plans for a longer-term reform. The key outcomes and benefits were discussed such as more care closer to home, cutting hospital admissions and faster discharge and follow-up. The neighbourhood health framework was provided and included how this would be delivered and what this would mean operationally. Challenges and opportunities were also outlined.

In the discussion that followed Members raised concerns about the availability of GP appointments, hospital discharge delays for those needing care packages and the availability of emergency and health services in Hartlepool.

The Chair acknowledged the importance of the points raised. The Chair noted that this initiative would focus on how changes could be implemented to improve services through greater integration and collaboration between health services, the voluntary and community sector, and wider social care partners. It was also noted that the GP

Federation was represented on the HWB, and that patient representatives and other key stakeholders would play an important role in co-designing new ways of working.

A Member welcomed the new initiative and commented on the need to change the perception that hospitals are the sole providers of care. The Chair echoed this point and advised that this was an opportunity to reframe how care is provided. Engagement would continue to build this narrative.

A Healthwatch representative discussed the importance of public engagement in relation to neighbourhood health, particularly ensuring that people with accessibility needs and those experiencing challenges such as drug and alcohol dependency were able to participate in and contribute to the process.

The Chair commented that this was about all partners linking into programmes of work and described the initiative as a whole system focus approach. The Healthwatch Representative commented that this was a great opportunity for partners to challenge each other and bring about solution focussed change.

Decision

i) Members noted the content of the presentation.

6. Changing Futures Presentation - *Assistant Director of Early Intervention, Performance and Commissioning*

The Director of Public Health outlined the UK government initiative aimed at improving outcomes for adults experiencing multiple disadvantage. The programme aims to work with people with multiple and complex needs who have two or more overlapping issues including –

- homelessness
- substance use
- poor mental health
- domestic abuse
- involvement with the criminal justice system

The Director of Public Health advised that people with complex needs often face underlying challenges such as trauma, communication difficulties, poverty and stigma. It was noted that these factors contributed to poorer health outcomes, including a lower life expectancy and a greater reliance on healthcare services.

It was reported to Members that many services, teams and partnerships were working with this cohort. Each were trying to resolve the individual challenges, whilst recognising the many other competing challenges which they may not have the capacity or remit to resolve. Outcome challenges were highlighted within the presentation and what was working well.

In the discussion that followed Members asked how many people in Hartlepool would be in this cohort. It was estimated to be around 300 people. A Member noted

that there were some fantastic agencies working with people in the town and highlighted the benefits of peer support and those services that employed people with lived experience.

A member asked whether the initiative involved working with young people. It was clarified that the programme was aimed at adults; however, it was noted that learning from the initiative could help inform future support and preventative work for younger people.

Decision

i) Members noted the content of the presentation.

7. Better Care Fund Update - *Executive Director of Adult Services & Public Health*

The Deputy Director of Delivery (NENC ICB) presented the 2025/26 Better Care Fund (BCF) Plan and provided an update on performance for 2025/26. It was noted the Hartlepool BCF plan was appended to the report. The plan outlined key performance indicators, and it was noted that all performance targets for 2025/26 were achieved. A summary of performance against targets was noted in the report.

Decision

i) The Health and Wellbeing Board noted the submission of the Hartlepool Better Care Fund Plan for 2026 – 2027 and the achievement of all 2025/26 performance targets for the national metrics.

8. Healthwatch Hartlepool Annual Report - *Chief Executive - Healthwatch Hartlepool*

The Chief Executive of Healthwatch Hartlepool presented the Healthwatch Hartlepool published annual report for 2025/26. The report provided an overview of the diverse work that Healthwatch Hartlepool had been involved in throughout the year. Staffing and funding for Healthwatch Hartlepool was also discussed.

The report highlighted key projects and work carried out with partners, areas of work included –

- Primary Care Access
- Winter care
- WorkWell
- Palliative Care
- NHS Digital
- Mental Health and Rehabilitation
- University Hospital of Tees

Future priorities were outlined, with the top three being cardiovascular disease, supporting the NENC ICB work on Modern General Practice and the Cancer Patient Experience Project.

Members highlighted the importance of the work of Healthwatch Hartlepool in giving a voice to the residents of Hartlepool, particularly regarding the issue of Dementia.

The Chair echoed this and thanked Healthwatch Hartlepool for their significant engagement with the public and to recognise the staff and volunteers for their dedicated professionalism in ensuring the voices of residents are heard.

Decision

i) Members of the Health & Wellbeing Board commented on and noted the Healthwatch Hartlepool Annual Report 2025/2026.

9. Hartlepool Community Mental Health Transformation – Let's Connect Hartlepool

This item was noted for information.

10. Any other business which the chair considers urgent

None.

The meeting concluded at:

Time: 12pm

CHAIR

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE (TVJHS)

A meeting of the Tees Valley Joint Health Scrutiny Committee (TVJHS) was held on Thursday 23 July 2026.

PRESENT:	Councillors D Jackson, D Branson, J Kabuye, N Anderson, D Bruce, M Jorgeson, C Cawley, M Besford, J Coulson and L Hall
ALSO IN ATTENDANCE:	K Lawson (NENC ICB) S Mayo and D Morris (TEWV) J Bromiley and M Neligan (UHT)
OFFICERS:	C Jones, SLightwing, H Miller, J Stevens and G Woods
APOLOGIES FOR ABSENCE:	Councillors N Johnson, M Layton, H Scott, S Crane and B Hunt

12 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

13 **APPOINTMENT OF VICE CHAIR 2026/27**

Members were reminded that the appointment of Vice Chair for 2026/27 had been deferred from the previous meeting. As the position should be appointed from Darlington Borough Council for the 2026/27 municipal year, and all Darlington Members had submitted apologies for absence, Members agreed to defer consideration of the appointment to the next meeting.

RESOLVED that:

1. Consideration of the appointment of Vice Chair for 2026/27 be deferred to the next meeting of the Committee.

14 **MINUTES OF THE MEETING HELD ON 2 JUNE 2026**

A Member advised that an action arising from the discussion on the University Hospitals Tees Quality Account 2025/26 had been omitted from the minutes. The action related to a request for further information regarding a breakdown of deaths across North Tees and South Tees hospital sites.

It was agreed that the omitted action would be recorded and that the requested information would be pursued with University Hospitals Tees and reported back to the Committee when available.

RESOLVED that:

1. The minutes of the meeting held on 2 June 2026 be approved as a correct record, subject to the inclusion of the additional action outlined above.

15 **ACCESSING SPECIALIST COMMUNITY PERINATAL MENTAL HEALTH SERVICES**

The Committee received a presentation from representatives of the North East and North Cumbria Integrated Care Board (ICB) and Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) regarding access to Specialist Community Perinatal Mental Health Services across the Tees Valley.

Members were advised that Specialist Community Perinatal Mental Health Services provided assessment, treatment and support for women experiencing severe and complex mental health difficulties during pregnancy and following childbirth. The service also provided pre-conception advice, specialist prescribing support and psychological interventions and worked closely with maternity, primary care and wider health services.

The Committee heard that the service formed part of a wider perinatal and maternal mental health pathway, with specialist support available through Maternal Mental Health Services, Specialist Community Perinatal Mental Health Teams and Mother and Baby Units. Members were advised that NHS England had established Maternal Mental Health Services to bridge gaps between maternity and psychological support services, including support for birth trauma, severe fear of childbirth and perinatal loss.

Members were informed that the Integrated Care Board had increased investment in perinatal and maternal mental health services, with 2,435 women accessing services during 2025/26, exceeding the planned trajectory for the year. The Committee also heard that additional funding had been provided to support specialist community perinatal mental health services across Tees Valley and the development and delivery of Maternal Mental Health Services across both North and South Tees.

The Committee received an overview of the Specialist Community Perinatal Mental Health Service in Tees Valley, which provided support for women during pregnancy and for up to 12 months following birth, extending to 24 months where an identified therapeutic intervention was required. Members were advised that the multi-disciplinary team included psychiatry, nursing, psychology, occupational therapy and support worker roles.

Information was provided regarding referral pathways, service performance and examples of good practice. The Committee heard that the service delivered specialist assessments, psychological therapies, parent-infant interventions, prescribing advice and support for partners. Members were also advised of the service's role in training and supporting wider health and care services, safeguarding activity and collaborative working with maternity services, local authorities and voluntary sector partners.

The Committee received information regarding patient feedback and lived experience, which highlighted the positive impact of specialist perinatal mental health support and the importance of early intervention, access to appropriate support and reducing stigma associated with mental ill-health during the perinatal period.

The Committee also heard from an individual with lived experience of the service, who shared their experience following the loss of a baby during a previous pregnancy and the support subsequently received from the Specialist Community Perinatal Mental Health Service during a later pregnancy and following the birth of their child. Members heard how the service had provided continuity of care, personalised support, therapeutic interventions and practical advice throughout their recovery journey. The individual described the service as having had a significant positive impact on their mental health and wellbeing and advised that they now support the service as an Involvement Member, helping to share lived experiences and promote awareness of perinatal mental health support.

Members were advised that future challenges included falling birth rates, increasing patient complexity, neurodiversity, missed appointments and the continued development of Maternal Mental Health Services. The next steps for the service included raising awareness of perinatal mental health, further developing involvement groups and extending the Tees Valley service offer to support women for up to 24 months postnatally where appropriate.

A Member referred to the prevalence data presented and queried whether a further demographic breakdown of the figures was available. Representatives advised that additional information relating to the demographics of those accessing the service could be provided following the meeting.

A Member queried whether there were any plans to provide Mother and Baby Unit provision closer to home, noting that the current unit was based in Northumberland and may be difficult for some families to access. Representatives advised that only a small number of women required admission to a Mother and Baby Unit and that investment in community perinatal mental health services had helped to reduce demand for inpatient care. It was noted that the regional Mother and Baby Unit had eight beds. In response to a further query regarding the proportion of women from Tees Valley requiring admission to the unit, representatives agreed to provide this information following the meeting.

A Member queried whether the joint clinic model, whereby women could be seen by both an obstetrician and the Perinatal Mental Health Service, was available at North Tees as well as

South Tees. Representatives advised that the arrangement was currently operating as a pilot at South Tees. It was explained that there was an aspiration to expand this model more widely, and that close working arrangements were already in place with lead midwives and obstetric colleagues.

A Member queried whether Health Visitors were involved in the referral process, expressing concern that since the pandemic fewer home visits were taking place and that support appeared to be increasingly centred around clinics and community venues. The Member also sought information regarding the number of referrals received from Health Visitors. Representatives advised that Health Visitors continued to be involved in referrals to the service, with 42 referrals having been received from Health Visitors. Members were informed that the majority of interventions delivered by the service were home-based and that support was provided by a multidisciplinary team, including Clinical Nurse Specialists and psychologists.

A Member referred to the information regarding support for research opportunities and sought clarification on what this involved. Representatives advised that the service's psychology team supported and promoted opportunities for research relating to perinatal mental health. It was noted that further information on this work could be provided to Members following the meeting.

A Member queried what actions were being taken to raise awareness of the service. Representatives advised that awareness was promoted through a range of methods, including the use of QR codes, local media activity and engagement with maternity colleagues. Members were informed that a key focus of the service was to reduce the stigma associated with perinatal mental ill-health and encourage women to seek support.

In response to a query regarding waiting times following referral, representatives advised that referrals were triaged on the same day where possible, or the following morning for referrals received later in the day. Members were informed that the service aimed to undertake assessments within 28 days; however, where an individual was in crisis, referrals could be made via the Crisis Team and the aim was for patients to be seen within three days.

A Member queried whether demand for the service was increasing or decreasing. Representatives advised that demand had continued to increase and agreed to provide further information regarding service activity levels following the meeting.

A Member queried whether there was a dedicated crisis telephone line for the service. Representatives advised that the service could be contacted via its office number during working hours and that out-of-hours support was available through NHS 111. Members were informed that there was a low threshold for accessing specialist perinatal mental health support where concerns were identified.

The Chair thanked the representatives for their presentation and responses to Members' questions. The Chair also thanked the individual with lived experience for sharing their experience of the service.

RESOLVED that:

1. The information provided be noted.
2. Additional information requested during the meeting be circulated to Members following the meeting.

16 **UNIVERSITY HOSPITALS TEES (UHT): CASE FOR CHANGE AND STRATEGY**

The Committee received a presentation from the Deputy Chief Executive and Chief Strategy Officer, and the Associate Director, Group Strategy, University Hospitals Tees NHS Foundation Trust (UHT), regarding the organisation's Case for Change and overall strategy. Members were advised that the presentation provided an update on progress since the Committee's consideration of the emerging strategy in December 2025, together with an overview of the key drivers for change and the potential future model of care.

The Committee heard that UHT had developed a Case for Change which set out the rationale for transforming services across the organisation. Members were informed that the Case for Change had received support from partner organisations, including Integrated Care Boards,

NHS England and the North East and Yorkshire Clinical Senate, and that work had commenced on the development of a Pre-Consultation Business Case.

Representatives outlined a number of challenges facing the organisation, including increasing demand for services, variation in performance, workforce sustainability, estate issues and financial pressures. Members were advised that, without significant change, additional inpatient bed capacity would be required in future years. The Committee heard that workforce challenges, recruitment difficulties in a number of specialist areas and an increasing elderly population were also contributing factors driving the need for service transformation.

The Committee was advised that the condition of the North Tees hospital estate remained a significant challenge, with substantial backlog maintenance requirements and increasing costs associated with maintaining the existing buildings. Members also heard that financial pressures across the organisation required the delivery of significant efficiencies over the coming years.

Information was provided regarding UHT's ‘Caring Better Together’ strategy, which was based around three principal shifts. These included increasing the delivery of care closer to patients' homes and within community settings, maximising activity within surgical hubs at Hartlepool and Northallerton, and exploring the potential consolidation of some specialist acute services where this would improve sustainability and patient outcomes.

The Committee heard that future proposals may include the expansion of community-based services, increased use of Hospital at Home models, the development of neighbourhood health services, and further transformation of outpatient services through greater use of digital solutions and patient-initiated follow-up arrangements.

Members were advised that opportunities were also being explored in respect of acute, specialist and tertiary services. Potential areas for further development included cardiovascular services, cancer services, neurosciences and major trauma services, with the aim of reducing the need for patients to travel outside the Tees Valley area to access specialist treatment.

The Committee received information regarding public engagement activity undertaken by UHT. Members heard that extensive engagement had taken place with local communities through surveys and listening events. Key themes identified through the engagement process included concerns regarding transport and access to services, communication between healthcare providers, waiting times and the need for more joined-up care pathways.

Representatives advised that no decisions had been taken regarding any future service changes. Members were informed that any proposals would be subject to the required assessment, approval, engagement and consultation processes. The next stage of the process would involve the development of a Pre-Consultation Business Case setting out potential options for consideration.

A Member referred to the performance variation data presented and queried how the figures compared to national performance. Representatives advised that, in relation to cancer waiting times, performance was broadly below the national standard. It was clarified that the purpose of the presentation was to highlight the variation in performance between North Tees and South Tees services. Members heard that variations could arise for a number of reasons, including service capacity, local protocols and policies, workforce availability and demand pressures. Representatives added that, whilst variations in performance existed nationally, the close geographical proximity of the two hospital sites highlighted opportunities to reduce variation and improve consistency across services.

A Member queried the factors contributing to recruitment challenges across the organisation. Representatives advised that recruitment was influenced by a range of factors, including the attractiveness of the area to prospective healthcare professionals. Members heard that wider economic growth and development across Teesside played an important role in supporting recruitment and retention, and that the Trust sought to contribute to making the area an attractive place for people to live and develop their healthcare careers.

A Member queried the rationale for operating under a group model rather than alternative organisational arrangements. Representatives advised that a range of options had been considered, including retaining separate organisations. Members heard that the current group model included joint Board and leadership arrangements, together with greater alignment of

senior and clinical leadership structures. Representatives explained that one of the key benefits of the group model was the ability to address workforce challenges through a more integrated approach across both sites. It was further noted that working collectively enabled the organisation to strengthen its position nationally and provided a stronger voice in discussions relating to healthcare services and workforce recruitment.

A Member expressed concern regarding the information presented in relation to workforce sickness absence, recruitment challenges and planned workforce reductions, commenting that these appeared contradictory. The Member queried why difficulties in recruiting staff existed when the organisation was seeking to reduce its workforce and suggested that increased staffing levels could reduce reliance on bank staffing. The Member also raised concerns regarding the proposed transformation of outpatient services and the potential impact on communities in East Cleveland, highlighting existing transport difficulties and limited access to local services.

In response, representatives advised that both recruitment challenges and workforce reduction requirements could exist concurrently. It was explained that recruitment difficulties were concentrated within specific clinical specialties, whilst the Trust was also required to reduce overall expenditure.

Representatives advised that the intention was not to reduce frontline clinical roles and that patient safety would remain a key consideration throughout the transformation process. Representatives further advised that transport and access issues formed a key theme of the public engagement activity and would continue to be considered as proposals were developed.

A Member raised concerns regarding transport and parking, commenting that both continued to present challenges for patients. The Member queried whether a future hospital development could be located on a more central site with improved transport links and suggested that this should be a key consideration in any future plans.

In response, representatives advised that the programme to redevelop the North Tees hospital estate remained at an early stage and that a range of options continued to be considered, including redevelopment of the existing site, development of an alternative site, or wider reconfiguration of acute services. Members heard that potential site options had been identified, although no decisions had been taken and any redevelopment would take a number of years to progress.

Representatives acknowledged the concerns raised regarding transport and advised that specialist procedures may need to be delivered from designated specialist sites in the future; however, wherever possible, pre-assessment appointments, follow-up care and other elements of treatment would continue to be provided closer to patients' homes. It was further noted that patient transport arrangements formed part of the ongoing work being considered as proposals were developed.

A Member welcomed the introduction of DEXA scanning provision at the Diagnostic Centre, noting that this had previously been raised through local scrutiny arrangements and provided patients with an additional option closer to home. The Member also welcomed the acknowledgement of estate issues at the University Hospital of North Tees and emphasised the need for investment in a new hospital facility. Reference was made to workforce capacity within lung health services, the condition of the estate, declining numbers of operations, and the importance of recognising the links between health outcomes, digital access and transport. The Member further commented that waiting times remained an important area for scrutiny and that some residents felt increasingly disillusioned with local healthcare services.

In response, representatives welcomed the positive feedback regarding the introduction of DEXA scanning services. Members heard that clear communication with patients, particularly in relation to appointments and follow-up care, remained a key priority for the Trust. Representatives advised that further performance information could be provided if required and noted that temporary theatre closures were symptomatic of the condition of parts of the estate. It was explained that work continued on both short-term solutions to maintain service delivery and longer-term plans for estate redevelopment to support future generations of patients.

A Member referred to the closure of Accident and Emergency services in Hartlepool and commented that residents had been expecting significant hospital investment for a number of

years. Whilst supporting the ambition to improve services, the Member queried the estimated cost of a new hospital and how continued expenditure on repairs to existing buildings could be justified. Concern was also expressed regarding the length of time taken to progress redevelopment proposals.

In response, representatives acknowledged the frustrations expressed regarding the pace of estate redevelopment. Members heard that NHS England had requested that plans for the redevelopment of the University Hospital of North Tees be considered as part of a wider strategic approach to healthcare provision across the area. Representatives advised that securing funding remained a key challenge and that the cost of a major redevelopment programme was likely to be between £1 billion and £2 billion.

The Member reiterated concerns regarding the timescales involved. Representatives acknowledged the concerns raised and advised that there was now a clear mandate and impetus to progress the development work. Members heard that future service models were likely to involve care being delivered differently, with some services provided closer to home where appropriate.

A Member queried whether the Trust's use of digital healthcare models, including virtual wards, had been successful. Representatives advised that there were currently approximately 127 virtual ward beds in operation and that the Trust's ambition was to expand virtual care to the equivalent of 500 beds. Members heard that virtual wards were most appropriate for patients with less acute or critically ill conditions and formed part of the wider ambition to provide more care in community settings.

A Member queried whether there were any plans to relocate fertility services. Representatives advised that no decisions had been taken and that all proposals remained at an exploratory stage. Members heard that one potential option being considered was the development of a single hub model for fertility services. In response to a further query, representatives confirmed that any proposals requiring consultation would be brought through the appropriate engagement and consultation processes.

A Member sought further information regarding the neighbourhood health model and the Trust's involvement in its development. Representatives advised that each local authority area had established partnership arrangements involving General Practice, NHS providers, Tees, Esk and Wear Valleys NHS Foundation Trust, community partners and the Integrated Care Board. Members heard that these arrangements were helping to define and develop neighbourhood health models and identify which diagnostic and healthcare services could be delivered more effectively within local communities.

The Committee was advised that work was currently being undertaken within Stockton to test aspects of the model, particularly in relation to people aged between 50 and 64 with multiple long-term conditions. Members also heard about the development of a Care Coordination Centre, which had been piloted previously to support patients in accessing alternatives to acute hospital care where appropriate.

In response to a query regarding the next stages of the programme, representatives advised that it was anticipated that further detail would be available by December 2026. Members heard that the intention was to complete the Pre-Consultation Business Case and agree an approach to public consultation, subject to the necessary approvals. It was anticipated that greater clarity would then be available regarding the specific proposals requiring consultation.

The Chair thanked the representatives from University Hospitals Tees NHS Foundation Trust for their presentation and responses to Members' questions.

RESOLVED that:

1. The information provided be noted.
2. Any additional information requested during the meeting be circulated to Members following the meeting.

17 **WORK PROGRAMME 2026/2027**

The Committee considered the Work Programme for 2026/27. During discussion, Members agreed that updates on Integrated Care Board (ICB) Recruitment and Retention, Maternity Services and Drug and Alcohol Services, should be scheduled into the future work programme. Members also requested that a written update be obtained from the Joint Director of Public Health (South Tees) regarding national vaping legislation and policy developments.

RESOLVED that:

1. The Work Programme be noted.
2. Items on ICB Recruitment and Retention, Maternity Services and Drug and Alcohol Services be included in the future work programme.
3. A written update on national vaping legislation and policy developments be requested from the Joint Director of Public Health (South Tees)

18 **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

There were no items certified as urgent by the Chair.