

AUDIT AND GOVERNANCE COMMITTEE

AGENDA



Thursday 8th July 2021

at 10.00 am

in the Civic Centre, Hartlepool.

A limited number of members of the public will be able to attend the meeting with spaces being available on a first come, first served basis. Those wishing to attend the meeting should phone (01429) 523568 or (01429) 523193 by midday on Wednesday 7 July 2021 and name and address details will be taken for NHS Test and Trace purposes.

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE

Councillors Ashton, Cook, Feeney, B Loynes, D Loynes, Richardson and Riddle.

Standards Co-opted Independent Members: - Ms Gillian Holbrook, Mr Martin Slimmings and Ms Tracy Squires.

Standards Co-opted Parish Council Representatives: Parish Councillor John Littlefair (Hart) and Parish Councillor Alan O'Brien (Greatham).

Local Police Representative: Superintendent Sharon Cooney.

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

- 3.1 To confirm the minutes of the meeting held on 18 March 2021.

4. AUDIT ITEMS

- 4.1 Mazars Report- Audit Progress Report - *Assistant Director, Finance*
- 4.2 Letter to Those Charged With Governance - Compliance with Laws and Regulations/ Fraud - *Director of Resource and Development*
- 4.3 Internal Audit Plan 2020/21 Update - *Head of Audit and Governance*
- 4.4 Role of the Head of Internal Audit in Local Government - *Director of Resources and Development*
- 4.5 Role of the Chief Finance Officer (CFO) in Public Service Organisations - *Director of Resources and Development*

CIVIC CENTRE EVACUATION AND ASSEMBLY PROCEDURE

In the event of a fire alarm or a bomb alarm, please leave by the nearest emergency exit as directed by Council Officers. A Fire Alarm is a continuous ringing. A Bomb Alarm is a continuous tone. The Assembly Point for everyone is Victory Square by the Cenotaph. If the meeting has to be evacuated, please proceed to the Assembly Point so that you can be safely accounted for.

- 4.6 Internal Audit Outcome Report 2020/21 - *Head of Audit and Governance*
- 4.7 Annual Governance Statement 2020/21 - *Director of Resources and Development*

5. STANDARDS ITEMS

No items.

6. STATUTORY SCRUTINY ITEMS

- 6.1 Covid-19 Update Presentation – *Director of Public Health*
- 6.2 Introduction to Scrutiny - *Statutory Scrutiny Manager*
- 6.3 Selection of Potential Topics for Inclusion in the 2021/22 Statutory Scrutiny Work Programme - *Statutory Scrutiny Manager* (To Follow)
- 6.4 Appointment to Committees / Forums:
 - (i) Annual Appointments to Committees / Forums - *Statutory Scrutiny Manager*
 - (ii) Personnel Sub Committee - *Chief Solicitor and Monitoring Officer*
- 6.5 Dedicated Overview and Scrutiny Budget 2020/21 - Outturn - *Statutory Scrutiny Manager*

Crime and Disorder Scrutiny

No items.

Health Scrutiny

No items.

7. OTHER ITEMS FOR DECISION

- 7.1 Regulation of Investigatory Powers Act 2000 (RIPA) - Quarterly Update - *Chief Solicitor*

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

No items.

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

No items.

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

No items.

10. MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP

No items.



11. REGIONAL HEALTH SCRUTINY UPDATE

No items.

12. DURHAM, DARLINGTON AND TEESSIDE, HAMBLETON, RICHMONDSHIRE AND WHITBY STP JOINT HEALTH SCRUTINY COMMITTEE

No items.

13. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

For information: -

Date and time of forthcoming meetings

Thursday 29 July, 2021 at 2.00 pm

Thursday 9 September, 2021 at 10.00 am

Thursday 7 October, 2021 at 10.00 am

Thursday 11 November, 2021 at 10.00 am

Thursday 16 December, 2021 at 10.00 am

Thursday 13 January, 2022 at 10.00 am

Thursday 10 February, 2022 at 10.00 am

Thursday 17 March, 2022 at 2.00 pm



AUDIT AND GOVERNANCE COMMITTEE MINUTES AND DECISION RECORD 18 MARCH 2021

The meeting commenced at 10.00 am and was an online remote meeting in compliance with the Council Procedure Rules Relating to the holding of Remote Meetings and the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority Police and Crime Panel Meetings) (England and Wales) Regulations 2020.

Present:

Councillor: Ged Hall (In the Chair).

Councillors: Bob Buchan, Tom Cassidy, Lesley Hamilton and Brenda Harrison,

Standards Co-opted Members:
Ms Clare Wilson – Independent Member

Also Present: Councillor T Richardson.
Gavin Barker, Mazars
Lesley Wharton, Chris Tulloch, Keith Wheldon, Rachel Scott,
Louise Johnson, Stephanie El-Malak and Steve Pett – North
Tees and Hartlepool NHS Foundation Trust
Karen Hawkins, Katie McLoed, NHS Tees Valley Clinical
Commissioning Group

Officers: Craig Blundred, Director of Public Health
James Magog, Assistant Director, Finance
Noel Adamson, Head of Audit and Governance
Joan Stevens, Statutory Scrutiny Manager
Angela Armstrong, Scrutiny Support Officer
David Cosgrove, Democratic Services Team

86. Apologies for Absence

Apologies for absence were received from Councillors Marjorie James and Brenda Loynes and Supt Cooney (Cleveland Police).

87. Declarations of Interest

None.

88. Minutes of the meeting held on 11 February 2021

Confirmed.

89. Coronavirus in Hartlepool Update - Presentation
(*Director of Public Health*)

The Director of Public Health presented a detailed update to Members setting out the current situation in Hartlepool. The positive test rate was currently 117 per 100,000, though the Director reported that the most recent figures showed the rate dropping below 100/100,000 but this had to be balanced against the rate for England which was currently 59/100,000 so the situation in Hartlepool was still a cause for concern and people still needed to take precautions. The anticipated spike in case numbers expected after the schools had returned had not materialised. The death rate for Hartlepool was still higher than the national figures.

In relation to testing and vaccinations, the Director stated the testing centres were still operating and a third of the town had now had their first vaccination; which was very encouraging. The Chair raised the issue of a number of European countries having 'paused' their use of the Astra-Zeneca vaccine. The Director stated that this was around the occurrence of some thrombosis being detected in a very small number of patients and seemed to be an over-cautious approach. The message was still for people to attend and have their vaccination when called and the Director stated he had no qualms about receiving the Astra-Zeneca vaccine himself.

Members supported the Director's comments but were concerned that some would still need to be reassured by clear messages from government and the medical profession. The question of testing of school pupils was raised by a Member who sought information on the process and results. The Director stated that at this time there was testing twice weekly for secondary school pupils only. The first three tests were being done at school with tests thereafter being done by pupils at home. Schools had reported that the testing had been challenging simply to set up in time.

The Director highlighted that some people were attending the testing centre for non-symptomatic people when they had symptoms of Covid-19. If people had symptoms they needed to attend one of the appropriate test centres for a PCR test; this was the test for those with symptoms. The non-symptomatic test (that been undertaken in schools) was a lateral-flow test. The test centres were, however, picking up numbers of cases that may have been missed in the past.

Recommended

That the Director of Public Health's update be noted.

90. Mazars Report – Audit Strategy Memorandum
(Assistant Director, Finance)

The Mazar's representative presented the Audit Strategy Memorandum to Members highlighting the key sections and points set out in the memorandum. The Mazar's representative highlighted the timetable set by government for the preparation and publication of audited accounts which had been missed this year but it was reported that only 45% of accounts had met the timetable last year.

The Committee was also informed of changes to the scale of fees which reflected the changes in the new code of audit specifically around the value for money assessment.

The Chair asked if the heavy workloads around Covid-19 had had any effect on the work in producing the accounts and the audit process. The Mazar's representative stated that they had not identified any weaknesses in Hartlepool. Next year's accounts would reflect the significant grants and funding streams allocated to local authorities from central government, so they would be taken into account in the next audit.

Recommended

That the Audit Strategy Memorandum be noted.

91. Mazars Report – Audit Progress Report (Assistant Director, Finance)

The Mazar's representative outlined their responsibilities as the Councils external auditor and also highlights key emerging issues and national reports. The 2019/20 audit was now concluded and the planning and timetable for the 2020/21 audit had been drawn up and agreed with Council officers.

Recommended

That the report be noted.

92. Internal Audit Plan 2021/22 (Head of Audit and Governance)

The Head of Audit and Governance presented the proposed internal audit plan for 2021/22 which was detailed in Appendix 1 to the report. The Head of Audit and Governance set out the resources available within the team for 2021/22 and its budget. It was highlighted that 100 days of audit work would also be provided to Cleveland Fire Authority.

Recommended

That the Internal Audit Plan for 2021/22 as reported, be approved and the budget for the Internal Audit Team of £230,000 for the same period be noted.

93. Internal Audit Plan 2020/21 Update (*Head of Audit and Governance*)

The Head of Audit and Governance reported on the progress of the Internal Audit Plan for 2020/21 updating Members on the most recently completed audits. The report also highlighted the work undertaken by the audit team in support of the payment of the Governments Business Support Grant Scheme and the Discretionary Business Support Grant Scheme using software analysis tools provided by the Government and other Covid-19 related work.

The Chair wished to record his thanks to the team for the good work undertaken in supporting the Covid-19 work and the support provided to local businesses.

Recommended

That the report be noted.

94. Presentation - Draft Quality Accounts 2020/21 – North Tees and Hartlepool NHS Foundation Trust (*Statutory Scrutiny Manager*)

Representatives from North Tees and Hartlepool NHS Foundation Trust presented their Draft Quality Accounts for 2020/21. The presentation outlined performance against the measures for 2020/21 in Patient Safety, Effectiveness of care and Patient Experience. The presentation also detailed the two mortality indicators for the trust; Hospital Standardised Mortality Ratio (HSMR) and Summary level Hospital Mortality Indicator (SHMI). Both indicators, HSMR at 97.12 and SHMI at 99.94, had improved over the previous year's performance. Infection control statistics had also improved over the year for Clostridium difficile (C Difficile) and other infection measures had also improved or remained static.

In relation to Covid-19 it was reported that the mortality statistics next year would reflect the impact of the pandemic. The number of patients currently in hospital with Covid-19 was 52, a significant reduction over recent months.

There was concern in the Trust at the numbers of violent incidents being recorded against staff. Security Staff now reported such incidents direct in

the hospital to ensure all incidents were captured. This was the main reason behind the increase in the statistics – 376 incidents in 2020/21 against 237 incidents in 2019/20 – but this was still a cause for concern and further monitoring.

The Trust representatives indicated that they could respond to any questions from Members by email after the meeting. The Statutory Scrutiny Officer also indicated that any Members comments could be sent to her for the formulation of the third party declaration response form the Council.

Recommended

That the Committee was supportive of the priorities identified for quality improvement within the draft Quality Account for 2021/22 and that delegation be given to the Statutory Scrutiny Officer in consultation with the Chair to formulate views and comments to inform the Committee's Third Party Declaration, to be included in the published version of the Quality Accounts for 2020/21.

95. Assisted Reproduction Unit Update - Update provided by North Tees and Hartlepool NHS Foundation Trust *(Statutory Scrutiny Manager)*

Representatives from North Tees and Hartlepool NHS Foundation Trust and the Tees Valley CCG updated the Committee on the current position in relation to the Assisted Reproduction Unit. It was reported that the storage of the cryopreservation tanks would remain at Hartlepool and there was a team in place to ensure 24 hour monitoring. The Trust was now working closely with South Tees Hospitals NHS Foundation Trust (STHFT) to support delivery of care as close to home as possible for patients. This model was developing and plans had been agreed to enhance the way in which services work together into a Teeswide Collaborative Service.

The collaborative service would ensure long-term resilience and assurance of staffing cover for University Hospital of Hartlepool Embryologist and a streamlined service across the Tees Valley.

Members welcomed the update and thanked all involved in retaining the service for the benefit of people across the area.

Recommended

That the report be noted.

96. The Provision of a Midwife Led Birthing Unit at the University Hospital of Hartlepool – Update provided

by Tees Valley Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust
(Statutory Scrutiny Manager)

Representatives from North Tees and Hartlepool NHS Foundation Trust and the Tees Valley CCG updated the Committee on the work in developing the Midwife led birthing unit at Hartlepool Hospital, now named the Rowan Suite. It was reported in the meeting that 96 women were booked into the Rowan Suite. All low risk women were offered a place at the suite for their birth. It was highlighted that the numbers of low risk women in Hartlepool was much lower (11%) than across the Trust area (30%) as a whole.

Members welcomed the update and were extremely encouraged by the numbers of women booked into the Rowan Suite for their births. The news that women could have their babies born in Hartlepool again was great news and Members thanked the Trust and the staff at the Rowan Suite for all their work in bringing this about. The Trust representative indicated that the first birth in the Rowan Suite had taken place recently and it was hoped to do some publicity with the new mum in the near future. The Trust and the CCG were also looking at some bespoke wrap-around services in Hartlepool for new mums and would share details of these when they were introduced.

Recommended

That the report be noted and welcomed and the North Tees and Hartlepool NHS Foundation Trust and the Tees Valley CCG be congratulated in bringing this service back to Hartlepool Hospital.

97. Integrated Care Strategy (ICS) / Integrated Care Partnership (ICP) Update (Tees Valley Clinical Commissioning Group)

The Tees Valley Clinical Commissioning Group representative provided the Committee with an update report on the consultation document issued by Government on the development of Integrated Care Systems across England and the subsequent government White paper and its parliamentary timetable. The CCG would ensure partners across the Tees Valley were kept up-to-date with the development of the proposals for change and collaboration of services across health providers and local government.

Recommended

That the report be noted.

**98. Regulation of Investigatory Powers Act 2000 (RIPA)
– Quarter 4 Update** (*Chief Solicitor*)

The Principal Democratic Services Officer reported, in accordance with the policies under the Regulation of Investigatory Powers Act 2011, that there had been no requests for RIPA authorisations requested in the quarter to the date of this meeting.

Recommended

That the report be noted.

99. Minutes from the Recent Meeting of the Health and Wellbeing Board held on 7 December 2020

Received.

100. Minutes from the Recent Meeting of the Safer Hartlepool Partnership held on 22 January 2021

Received.

101. Any Other Items which the Chairman Considers are Urgent

The Chairman noted that this was the last meeting of the municipal year and thanked Members, officers and representatives from partner organisations for their input and support during meetings this year. The Chair noted that the Vice-Chair, Councillor Lesley Hamilton had indicated that she would not be standing in the forthcoming elections and he thanked her for her support as vice-chair of the Committee. Councillor Hamilton thanked the Chair for his comments and thanked the officer's for their support during her appointment as vice-chair. The Chair wished good luck to those that were standing in the elections and extended his thanks and best wishes to those who were not standing and retiring from the Council.

Independent Standards Co-opted Member Claire Wilson also indicated that she would be retiring from her role at the end of the municipal year and thanked Members and Officers for their support during what had at times been a very eventful role as an Independent Member on the Committee. The Chair and Members expressed their thanks to Claire Wilson and wished her well for the future.

The meeting concluded at 12.12 pm

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

8 July 2021



Report of: Assistant Director, Finance

Subject: MAZARS REPORT- AUDIT PROGRESS
REPORT

1. PURPOSE OF REPORT

- 1.1 To inform Members of the Audit and Governance Committee that arrangements have been made for representatives from Mazars to be in attendance at this meeting, to present the content of the report Audit Progress Report.

2. BACKGROUND

- 2.1 This report updates the Audit and Governance Committee on Mazars progress in meeting their responsibilities as the Councils external auditor. It also highlights key emerging issues and national reports which may be of interest to the Audit and Governance Committee.

3. FINDINGS OF MAZARS

- 3.1 Details of key messages are included in the main body of the report attached as Appendix 1.

4. RISK IMPLICATIONS

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

5. FINANCIAL CONSIDERATIONS

- 5.1 There are no financial considerations.

6. LEGAL CONSIDERATIONS

6.1 There are no legal considerations.

7. CHILD AND FAMILY POVERTY CONSIDERATIONS

7.1 There are no child and family poverty considerations.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 There are no equality and diversity considerations.

9. STAFF CONSIDERATIONS

9.1 There are no staff considerations.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 There are no asset management considerations.

11. RECOMMENDATIONS

11.1 That the Audit and Governance Committee:

i. Note the report of Mazars.

12. REASON FOR RECOMMENDATIONS

12.1 To ensure the Audit and Governance Committee is kept up to date with the work of our External Auditor.

13. BACKGROUND PAPERS

13.1 Mazars Update Report.

14. CONTACT OFFICER

14.1 James Magog
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Audit Progress Report

Hartlepool Borough Council

June 2021



1. Audit progress
2. National publications

01

Section 01: **Audit progress**

Audit progress

Purpose of this report

This report provides the Audit and Governance Committee with an update on progress in delivering our responsibilities as your external auditors and also includes, at Section 2, for your information, a summary of recent national reports and publications.

2019/20 audit

Public Sector Audit Appointments (PSAA) Limited has recently confirmed its agreement of the fee variations related to the 2019/20 audit. We will arrange for billing in due course.

2020/21 audit

As members of the Audit and Governance Committee will recall, we presented our Audit Strategy Memorandum for 2020/21, dated 19 February 2021, to the last meeting on 28 March 2021.

At the time it was prepared, the planned timeline for completion of the audit was in accordance with the revised timetable for completion announced by MHCLG of the end of September 2021. We did alert members to the pressures we were experiencing in terms of recruitment and retention, and the continuing impact of the pandemic, particularly in light of the 2020/21 timetable for audit completion moving to 30 September 2021, whereas the timetable for 2019/20 had been 30 November 2020.

We have continued to experience difficulties and we have a backlog of work, resource difficulties, further departures of staff and difficulties with recruitment and retention.

Our latest plan is that we will still be able to complete the opinion audit to the end of September 2021 timetable, but we would point out that the time scale is extremely tight, there is little room for manoeuvre and there is a risk to meeting this timetable. We will keep management and the Audit and Governance Committee informed as we work through these difficulties. This is all subject to receipt of Pension Fund assurances from the auditor of Teesside Pension Fund, which members of the Audit and Governance Committee will recall led to a delay in the completion of the 2019/20 audit.

Depending on our progress in the coming months, we may choose to report on VFM at a later date, in accordance with the revised guidance issued by the NAO, and explained on page 16 of this report.

Audit progress

As you are aware, the difficulties we are experiencing reflect the significant challenges in the local audit sector and are being experienced nationally by all audit firms working within the local audit regime. These issues were set out in the independent review by Sir Tony Redmond into the effectiveness of external audit and transparency of financial reporting in local authorities which reported on 8 September 2020 and the National Audit Office (NAO) publication, *Timeliness of Local Auditor Reporting on Local Government in England, 2020* published on 16 March 2021.

Redmond concluded that the “local audit market is very fragile” and highlighted that 40% of 2018/19 audits had failed to meet the reporting timetable of 31 July 2019.

The position worsened in 2019/20 in part due to the pandemic. The NAO report highlights that only 45% of 2019/20 audits met the 30 November 2020 deadline, which had been extended as a result of the Covid-19 pandemic. Some of the relevant underlying weaknesses were summarised in the NAO report as follows:

14 The COVID-19 pandemic has exacerbated problems which already existed within the local audit landscape. Our previous reports and consultation with the sector identified several long-standing problems within local audit. There is insufficient staff with the relevant qualifications, skills and experience in both local finance teams and firms serving the local audit sector, and a net loss of qualified staff from both. The requirements of International Financial Reporting Standards, along with the increased expectations from the Financial Reporting Council (FRC) following the high-profile corporate failures such as Carillion, have combined to produce a significant increase in audit work, such as on asset and pensions valuations, which local authorities found less useful. The relative lack of attractiveness of the audit of local public bodies, compared with alternative audit opportunities available to staff, has contributed to a high staff turnover level.]

Mazars has avoided the worst of these difficulties in the last two audit years (2018/19 and 2019/20) but we are now experiencing similar problems to the other audit firms.

One of the Government’s responses to the Redmond Review has been to extend the audit timetable for 2020/21 audits to 30 September 2021 on the grounds that 31 July is unrealistic at the current time. However, this is two months earlier than last year’s timetable of 30 November and fails to account for the continuing impact of the pandemic. The working restrictions imposed on all of us by Covid-19 has meant that work is taking longer to complete and this has also led to a backlog of 2019/20 audit work.

Our priority is to deliver a high quality audit and where we are unable, for reasons beyond our control, to work to the shorter timetable our only option is to deliver the work at a later date. We are actively recruiting new staff but they are unlikely to resolve the issues this year, although the steps we are taking will help prevent a recurrence in future years.

02

Section 02:

National publications

National Publications

	Publication/update	Key points
Chartered Institute of Public Finance and Accountability (CIPFA)		
1.	Consultation on stronger Prudential Code	CIPFA is consulting on the Prudential Code, including proposals to strengthen the requirements for commercial investments.
2.	Fraud and Corruption Tracker	CIPFA's latest information has been published.
3.	CIPFA Bulletin 06 – Application of the Good Governance Framework 2020/21	Provides updated guidance and takes into account the introduction of the CIPFA Financial Management Code 2019 during 2020/21.
4.	CIPFA Bulletin 09: Closure of the 2020-21 Financial Statements, 30 April 2021	This bulletin provides guidance for local government bodies on a range of issues that may need to be considered as part of their 2020-21 accounts preparation.
Ministry of Housing, Communities and Local Government (MHCLG)		
5.	MHCLG's Consultation on amendments to the Accounts and Audit Regulations 2015	Consultation closed on the 1 st March 2021; the Accounts deadline was set as 31 July 2021 and Audit deadline of 30 September 2021.
6.	MHCLG - Methodology for allocating £15 million to local bodies and review of Appointing Person regulations, 20 April 2021	£15 million in additional funding in 2021/22 towards external audit fees. Consultation on amending the timescale for setting fee scales.
7.	MHCLG - Local authority financial reporting and external audit: Spring update, 19 May 2021	A new regulator, the Audit, Reporting and Governance Authority (ARGA), to replace the FRC, preferred system leader. Public Sector Audit Appointments (PSAA) role to continue into next national procurement.
National Audit Office (NAO)		
8.	Local government finance in the pandemic, March 2021	The report found that the Department's successful monthly collection of data and continued intensive engagement with the sector provided a good evidence base to underpin the financial and other support provided by government.

National Publications

	Publication/update	Key points
National Audit Office (NAO)		
9.	Timeliness of local auditor reporting in England, 2020	The report is based on published data, the views of local authority finance directors, key stakeholders in the audit landscape, and audit firms.
10.	Public service pensions	This report outlines how the public service pensions landscape has changed since the Hutton Review and highlights key challenges for the future.
11.	NAO Updated Guidance for Auditors, April 2021	Revised guidance for VFM arrangements work under the new Code of Audit Practice, including extended deadlines, and updated guidance on consideration of going concern in the public sector context.
12.	NAO Report – <i>Initial learning from the government’s response to the COVID-19 pandemic, May 2021</i>	Latest NAO report on learning from the government response to the pandemic.

NATIONAL PUBLICATIONS

CIPFA

1. CIPFA consults on a stronger Prudential Code, January 2021

CIPFA has launched a consultation on proposals to strengthen the Prudential Code, following growing concerns over local government commercial property investments. The Prudential Code is a professional code of practice that aims to ensure local authorities' financial plans are affordable, prudent and sustainable. To date, the provisions in the Code have not prevented a minority of councils from taking on disproportionate levels of commercial debt to generate yield. The proposed changes are intended to prevent future misinterpretations of the Code and strengthen the necessary regard to its provisions to protect local decision making and innovation. The consultation will be open for 10 weeks and responses must be submitted by 12 April 2021.

<https://www.cipfa.org/about-cipfa/press-office/latest-press-releases/cipfa-consults-on-stronger-local-government-prudential-code>

2. Fraud and corruption Tracker, February 2021

The latest CIPFA Fraud and Corruption Tracker (CFaCT), which includes local government data between 1 April 2019 and 31 March 2020, provides a baseline illustration about the prevalence of grant fraud in the public sector, just before unprecedented levels of COVID-19 grant funding for councils were released by the government in March of last year. The report follows previous warnings from the National Crime Agency and other law enforcement bodies of an increase in cases related to suspected COVID-19 grant fraud. Valued at an estimated loss of £36.6m, the report reveals only 161 instances of grant fraud occurred in 2019/20.

The report also shows that council tax continued to be the largest area of identified fraud for councils, with more than 30,600 cases totalling £35.9m in 2019/20. This year, 32% of respondents also stated their organisation had been a victim of a Distributed Denial-of-Service (DDOS)/hacking attack in the last 12 months, a 5% increase from the previous year. Survey respondents also expressed concern about councils' inability to tackle usual areas of fraud due to resource being re-directed into the processing and review of COVID-19 business grants.

<https://www.cipfa.org/about-cipfa/press-office/latest-press-releases/grant-fraud-represented-less-than-of-uk-public-sector-fraud-pre-pandemic>

NATIONAL PUBLICATIONS

CIPFA

3. CIPFA Bulletin 06, Application of the Good Governance Framework 2020/21, February 2021

This bulletin covers the impact of the continuing COVID-19 pandemic on governance in local government bodies and the requirements of the Delivering Good Governance in Local Government Framework 2016 CIPFA and Solace (the Framework). It also takes into account the introduction of the CIPFA Financial Management Code 2019 (FM Code) during 2020/21.

<https://www.cipfa.org/policy-and-guidance/cipfa-bulletins/cipfa-bulletin-06-application-of-the-good-governance-framework-202021>

4. CIPFA Bulletin 09: Closure of the 2020-21 Financial Statements, 30 April 2021

Auditors will wish to be aware that CIPFA have published Bulletin 09: Closure of the 2020-21 Financial Statements. This bulletin provides guidance for local government bodies on a range of issues that may need to be considered as part of their 2020-21 accounts preparation.

Hot topics include accounting for grant funding in the pandemic, accounting for dedicated schools grant deficits and accounting for collection fund surpluses and deficits in 2020/21.

<https://www.cipfa.org/policy-and-guidance/cipfa-bulletins/cipfa-bulletin-09-closure-of-the-202021-financial-statements>

NATIONAL PUBLICATIONS

MHCLG

5. MHCLG's Consultation on amendments to the Accounts and Audit Regulations 2015, February 2021

MCHLG has consulted on its proposed changes to the accounts publication deadline for 2020/21 and 2021/22.

The draft regulations includes provisions, at regulation 2 to change the publication deadline for principal authorities from 31 July to 30 September as proposed in recommendation 10 by the Redmond review, but for 2 years - 2020/21 and 2021/22. The intention is for the amended deadline to be reviewed after that period when it will be clearer as to whether the audit completion rate has improved.

The draft regulations also enable principal bodies to publish their draft accounts for inspection, linked to the later publication deadline, by removing the fixed period for public inspection, to say instead that the draft accounts must be published on or before the first working day of August. This will allow authorities and audit firms more flexibility to schedule their audits in line with the later publication deadline but, importantly, will not prevent them from being signed off earlier. This mirrors the approach taken in the Accounts and Audit (Amendment) (Coronavirus) Regulations 2020.

MCHLG's consultation closed on 1 March 2021.

6. MHCLG - Methodology for allocating £15 million to local bodies and review of Appointing Person regulations, 20 April 2021

The Ministry of Housing, Communities & Local Government (MHCLG) announced as part of its response to the Redmond Review, that it would provide £15 million in additional funding in 2021/22 towards external audit fees and the development of the proposed new standardised statement of service information and costs. The department has now launched a short, four-week consultation, seeking views on the on the methodology for allocating these funds to local bodies.

<https://www.gov.uk/government/consultations/consultation-on-allocation-of-15-million-to-local-bodies-for-audit/redmond-review-response-changes-to-the-audit-fees-methodology-for-allocating-15-million-to-local-bodies>

Running alongside this, the department has also launched a separate six-week consultation on the implementation of changes to the fee setting process for principal bodies set out in the Local Audit (Appointing Person) Regulations 2015. The consultation primarily seeks views on amending the timescale for setting fee scales, enabling the appointing person to consult on and approve a standardised additional fee, and for such payments to be made in year rather than at the completion of the audit.

<https://www.gov.uk/government/consultations/amendments-to-local-audit-fee-setting-arrangements>

NATIONAL PUBLICATIONS

MHCLG

7. MHCLG - Local authority financial reporting and external audit: Spring update, 19 May 2021

In December 2020, MHCLG delivered its response to the Redmond Review. This report details the actions already taken to implement the Redmond Review recommendations, and also sets out the government's thinking on the recommendations relating to systems leadership.

In March 2021 the government published a White Paper setting out its plans to reform corporate audit, reporting and governance. The White Paper set out details of how the government proposes to establish a new regulator, the Audit, Reporting and Governance Authority (ARGA), to replace the FRC. It also set out government plans to create a new audit profession that is distinct from the accountancy profession, and to encourage competition in the market for audit of large listed companies. We have looked at options for local audit in the context of these wider reforms.

In this context, it is our view that ARGA, the new regulator being established to replace the FRC, would be best placed to take on the local audit system leader role.

The Department welcomes the changes made in the latest Code of Audit Practice in relation to VFM reporting. Until recently, the Code required auditors to give a binary opinion on whether the proper arrangements were in place. However, this was revised in the recent update to the Code, which now requires auditors to provide a narrative statement on the arrangements in place. The department welcomes this change, as it is our view that the binary value for money judgement required under the previous Code did not provide sufficient information for taxpayers or local bodies, particularly in a context where the complexity and commercialisation of local authority finances has increased. The new value for money requirements in the updated Code including a new commentary on governance, arrangements for achieving financial sustainability, and improving economy, efficiency and effectiveness - should help to address this.

MHCLG has confirmed that PSAA is the organisation best placed to act as the appointing body, including overseeing the next procurement of audit contracts. There is a balance to be struck between cost and quality. Historically, there were concerns that fees were too high and it was right that real savings were delivered for the taxpayer following the abolition of the Audit Commission. However, the context has changed since 2014, including the structure of the market, plus new obligations and the complexity of the work. It is striking that local audit scale fees reduced by 40% between 2014/15 and 2018/19, while central government and FTSE100 fees have increased by 20%. We have been working closely with PSAA in recent months to develop our plans for allowing greater flexibility to reflect additional costs in audit fees, and are allocating £15m to local bodies to help with this and the additional requirements associated with implementing Redmond's recommendations.

<https://www.gov.uk/government/publications/local-authority-financial-reporting-and-external-audit-spring-update/local-authority-financial-reporting-and-external-audit-spring-update>

NATIONAL PUBLICATIONS

National Audit Office

8. Local government finance in the pandemic, March 2021

The NAO published its report *Local government finance in the pandemic* in March 2021. Local authorities in England have made a major contribution to the national response to the pandemic. This has in turn placed significant pressure on finances, which in many cases were already under strain. The report examines if MHCLG's approach to local government finance in the COVID-19 pandemic enabled the Department to assess and fund the costs of the new services which local authorities have been asked to deliver. It also examines whether the Department fulfilled its responsibilities in securing financial sustainability across the sector. The report focuses on:

- the financial health of the sector before the pandemic and the financial impact of the pandemic in 2020/21;
- action taken by the government to support the sector in 2020/21, including its effectiveness; and
- action taken by government to support the sector's financial sustainability in 2021/22.

The report found that the Department's successful monthly collection of data and continued intensive engagement with the sector provided a good evidence base to underpin the financial and other support provided by government. Action by the Department and wider government to support the sector averted system-wide financial failure at a very challenging time and means that the Department managed the most severe risks to value for money in the short term.

However, the financial position of local government remains a cause for concern. Many authorities will be relying on reserves to balance their 2020/21 year-end budgets. Despite continuing support into 2021/22, the outlook for next year is uncertain. Many authorities are setting budgets for 2021/22 in which they have limited confidence, and which are balanced through cuts to service budgets and the use of reserves.

<https://www.nao.org.uk/report/local-government-finance-in-the-pandemic/>

NATIONAL PUBLICATIONS

National Audit Office

9. NAO Report – Timeliness of local auditor reporting in England, 2020

On 16 March, the NAO published its report Timeliness of local auditor reporting on local government in England, 2020. Since 2015, the Comptroller and Auditor General (C&AG) has been responsible for setting the standards for local public audit in England, through maintaining a Code of Audit Practice and issuing associated guidance to local auditors. This report sets out the:

- roles and responsibilities of local auditors and national bodies to the local audit framework in England; and
- facts relating to the decline in the timeliness of delivering audit opinions on local government in England and the main factors contributing to that decline in timeliness.

The report is based on published data, the views of local authority finance directors, key stakeholders in the audit landscape, and audit firms. The report also considers the impact on central government. Given the increasing financial challenge and service pressures on local authorities since 2010, local councils need strong arrangements to manage finances and secure value for money.

The report concludes that the position for 2019/20, with 55% of local authorities failing to publish audited accounts by 30 November, is concerning, given the important part that external audit plays in assurance over taxpayers' money both centrally and locally.

Since the NAO reported on local authority governance and audit in 2019, and despite efforts by the various organisations involved in the local audit system and by the Ministry of Housing, Communities and Local Government, the report concludes that the situation has worsened. The increase in late audit opinions, concerns about audit quality and doubts over audit firms' willingness to continue to audit local authorities all highlight that the situation needs urgent attention, which will require co-operation and collaboration by all bodies involved in the local audit system, together with clear leadership from government.

<https://www.nao.org.uk/report/timeliness-of-local-auditor-reporting-on-local-government-in-england-2020/?slide=1>

NATIONAL PUBLICATIONS

National Audit Office

10. NAO Report – public service pensions, March 2021

As an employer, the government provides public service employees with access to occupational pension schemes. As at 31 March 2020, there were more than 8 million members of four of the largest public service pension schemes (the armed forces, civil service, NHS and teachers' pension schemes), of which 2.8 million were retired and receiving pension benefits and 5.2 million were either current or former employees. Around 25% of pensioners and 16% of the working-age population are members of a public service pension scheme.

In general, public service pensions have become more expensive over time as the number of people receiving them has increased, owing to more members entering retirement and living longer. This trend applies across public and private pensions and is consistent with international experience. In 2010 the government established the Independent Public Service Pensions Commission, chaired by Lord Hutton (the Hutton Review) to undertake a fundamental structural review of public service pensions. Following the Hutton Review final report in March 2011, and a period of negotiations with trade unions representing public service employees, the government introduced reforms intended to manage the future costs of providing pensions.

Public service pensions are a notable benefit to public servants. HM Treasury focuses on the affordability of these pensions and who pays for them. The total costs of providing pensions have been increasing over time, reflecting increasing numbers of pensioners. The government's pension reforms over recent years have contained the rise in future taxpayer costs by making pensions less generous and by increasing contributions from employees. However, taxpayer funding has increased and it will take decades for the full effects of the 2011/2015 reforms to be seen in the government's affordability measure. The balance of taxpayer funding has shifted from central payments by HM Treasury to employer contributions by departments and organisations to ensure that employers bear the consequences of their employment decisions.

However, HM Treasury needs to monitor more than just affordability. Government's approach to protecting those nearest retirement has been ruled unlawful and will cost time and money to resolve. The government's reforms also take no account of pensions as a recruitment and retention tool, with pensions continuing to be relatively inflexible; the only real choice for most employees is to stay in the scheme or opt out altogether.

<https://www.nao.org.uk/report/public-service-pensions/>

NATIONAL PUBLICATIONS

National Audit Office

11. NAO Updated Guidance for Auditors, April 2021

In April 2021, the Comptroller and Auditor General (C&AG) approved and published updated auditor guidance:

Auditor Guidance Note 03 (AGN 03) - Auditors' Work on Value for Money Arrangements. This has been updated to enable auditors to give their opinion on the financial statements if they have not yet completed all their VFM arrangements work (where there is no material impact on the opinion), including the approach to reporting any further issues if necessary by exception when auditors issue their certificate. The AGN also introduced revised deadlines for the Auditor's Annual Report, which includes the new commentary on VFM arrangements, of up to 3 months after issuing the audit opinion.

Auditor Guidance Note 07 (AGN 07) – Auditor Reporting. This was updated to bring it into line with AGN 03 as above.

Supplementary Guidance Note 01 (SGN 01) - Going Concern – Auditors' responsibilities for local public bodies. The SGN focus is primarily on *Practice Note (PN) 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, (Revised 2020)*, setting an expectation that auditors will follow the approach it sets out. This recognises that going concern in the public sector context includes the concept of the 'continued provision of services' and the legislative basis for public services, which means that the circumstances that will give rise to a material uncertainty in going concern are relatively limited and rare, and would normally require legislative changes. This view is also reflected in the CIPFA Code, which recognises that the financial statements are prepared on a going concern basis.

The NAO guidance does, however, highlight the wider issue of financial sustainability and funding for public services. Management will still need to undertake a going concern assessment, and disclose an appropriate narrative within its financial statements in relation to the impact of the pandemic and pressures on funding, and disclose any potential material uncertainties should they exist.

All of the NAO auditor guidance is publicly available at this link: <https://www.nao.org.uk/code-audit-practice/guidance-and-information-for-auditors/>

NATIONAL PUBLICATIONS

National Audit Office

12. NAO Report – *Initial learning from the government's response to the COVID-19 pandemic, May 2021*

The NAO has recently published its *Initial learning from the government's response to the COVID-19 pandemic* report, which is part of a programme of work the NAO is undertaking to support Parliament in its scrutiny of government's response to COVID-19. The report finds that the COVID-19 pandemic has stress-tested the government's ability to deal with unforeseen events and potential shocks. Government has often acted at unprecedented speed to respond to a virus which has caused dramatic disruption to people's lives, public service provision and society as a whole. Government had to continue to deliver essential public services, while reprioritising resources to deliver its response to the COVID-19 pandemic and supporting staff to work from home. In its response, government has had to streamline decision-making, work across departments and public bodies and use a range of delivery structures.

Departments will need to reflect on the lessons learned to ensure that they capitalise on the benefits and opportunities these new ways of working have brought.

This report draws out learning from the reports that we have published to date, as well as other work we have published that covered the COVID-19 pandemic. It sets out this learning across six themes:

- risk management;
- transparency and public trust;
- data and evidence;
- coordination and delivery models;
- supporting and protecting people; and
- financial and workforce pressures.

The NAO will continue to draw out learning from the government's response to the pandemic from our future work.

The full report is available from the NAO website. <https://www.nao.org.uk/wp-content/uploads/2021/05/Initial-learning-from-the-governments-response-to-the-COVID-19-pandemic.pdf>

Contact

Mazars

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Mazars is an internationally integrated partnership, specialising in audit, accountancy, advisory, tax and legal services*. Operating in over 90 countries and territories around the world, we draw on the expertise of 40,400 professionals – 24,400 in Mazars' integrated partnership and 16,000 via the Mazars North America Alliance – to assist clients of all sizes at every stage in their development.

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AUDIT AND GOVERNANCE COMMITTEE

8th July 2021



Report of: Director of Resource and Development

Subject: LETTER TO THOSE CHARGED WITH
GOVERNANCE - COMPLIANCE WITH LAWS AND
REGULATIONS/ FRAUD

1. PURPOSE OF REPORT

- 1.1 To inform Members of the proposal to reply to the report received from the Director and Engagement Lead of our External Auditor, Mazars, to those charged with governance regarding compliance with laws and regulations and fraud.

2. BACKGROUND

- 2.1 In carrying out the annual accounts audit, Mazars have to demonstrate compliance with International Standards for Auditing (UK and Ireland). The Standard requires Mazars to gain each year, an understanding of how the Committee exercises oversight of management's processes for identifying and responding to the risks of fraud and the internal controls established to mitigate them.
- 2.2 Mazars must also gain a general understanding of the legal and regulatory framework applicable to the audited body and how the audited body is complying with that framework. After gaining a general understanding auditors need to undertake audit procedures to help identify instances of non-compliance with those laws and regulations where this impacts on preparing the financial statements. This includes:
- Enquiring of management whether they have complied with all relevant laws and regulations;
 - Written representation from management that they have disclosed to the auditor all known actual or possible areas of non-compliance; and
 - Enquiring with "those charged with governance" whether they are aware of any possible instances of non-compliance.

3. AUDIT AND GOVERNANCE COMMITTEE RESPONSE

- 3.1 Attached as Appendix A is a letter to Mazars from the Chair of the Committee detailing how the committee has complied with the requirements of International Standards for Auditing.

4. RISK IMPLICATIONS

- 4.1 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.

5. FINANCIAL CONSIDERATIONS

- 5.1 There are no financial considerations.

6. LEGAL CONSIDERATIONS

- 6.1 There are no legal considerations.

7. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 7.1 There are no child and family poverty considerations.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

- 8.1 There are no equality and diversity considerations.

9. STAFF CONSIDERATIONS

- 9.1 There are no staff considerations.

10. ASSET MANAGEMENT CONSIDERATIONS

- 10.1 There are no asset management considerations.

11. RECOMMENDATION

- 11.1 It is recommended that Members agree the contents of the letter to Mazars outlining how the activities of the Committee comply with the requirements of International Standards for Auditing.

12. REASON FOR RECOMMENDATIONS

- 12.1 To ensure that in order for Mazars to comply with legislative requirements, those charged with governance supply the requested information.

13. BACKGROUND PAPERS

- 13.1 Letter to Those Charged With Governance - Compliance with Laws and Regulations/ Fraud

14. CONTACT OFFICER

- 14.1 Chris Little
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Appendix A

Cllr Rob Cook

Audit and Governance Committee Chair
Civic Centre
Hartlepool
TS24 8AY

Tel: 01429 266522
www.hartlepool.gov.uk
Our Ref:
Your Ref:

08.07.21

Gavin Barker,
Director, Public Services,
Mazars,
Salvus House,
Aykley Heads,
Durham.
DH1 5TS.

Dear Gavin,

Further to your report to those charged with governance – Request for Declarations; in relation to understanding how Mazars gains assurance from management, I have outlined below in the answers to the questions posed, how the Audit and Governance Committee exercise oversight of the processes in place to prevent and detect fraud and gains assurance that all relevant laws and regulations are complied with.

1) Questions about arrangements for preventing and detecting fraud

How does the Authority assess the risk that the financial statements may be materially misstated due to fraud?

As the Audit and Governance Committee we review the Council's Financial Statements and take advice from both officers' internally and externally regarding the accounting statements and processes in place to ensure they are a true and fair view of the Council's financial position. A rigorous targeted quality assurance review of the final accounts and financial statements is undertaken by the Council's accounting staff who prepare the statements, supported by the Director of Resources and Development, to ensure that they are not subject to material misstatement. Financial reports are subject to a quarterly review which is scrutinised by Corporate Management Team. Key systems e.g. Creditors, Debtors, Business Rates, Council Tax are robust and subject to annual internal audit reviews to significantly eliminate any risk of fraud. The Committee gain assurance from Internal Audit reports each quarter.

Is the Authority aware of management's process for identifying and responding to the risks of fraud generally and specific risks of misstatement in the financial statements and if so what are these processes?

We are regularly updated in relation to issues regarding potential fraud and review and approve the Council's Anti-Fraud and Corruption Strategy. The Audit and Governance Committee review and approve the Council's Code of Corporate Governance and also the Council's Risk Management Strategy. As an independent committee of the Council, the Audit and Governance Committee can at any time seek explanation from any officer of the Council regarding issues it considers. A rigorous targeted quality assurance review of the final accounts and financial statements is undertaken by the Council's accounting staff who prepare the statements, supported by the Director of Resources and Development, to ensure that they are not subject to material misstatement. Financial reports are subject to a quarterly review which is scrutinised by Corporate Management Team. Key systems e.g. Creditors, Debtors, Business Rates, Council Tax are robust and subject to annual internal audit reviews to significantly eliminate any risk of fraud. The Committee gain assurance from Internal Audit reports each quarter.

Is the Authority aware of the arrangements in place for management to report about fraud to the Authority and if so what are these arrangements?

We considered Internal Audit Plan 2020/21 Updates. Due to the unprecedented response to the Pandemic, normal committee arrangements were not in place, however, update reports were still reviewed by the Committee during the year which allowed members to be kept up to date with the ongoing progress of the Internal Audit section in completing its annual audit plan. These reports allowed the Committee to review the outcomes of all completed internal audit reports and comment upon any areas of concern.

Is the Authority aware of the arrangements management have in place, if any, for communicating with employees, lay members, partners and stakeholders regarding ethical governance and standards of conduct and behaviour and if so what are these arrangements?

The Council has strong corporate governance arrangements in place in relation to the risk of fraud. Internal audit has reviewed these arrangements in line with CIPFA and National Fraud Authority guidance to identify and respond to fraud risk areas.

Does the Authority have knowledge of actual or suspected fraud, including any entries made in the accounting records that you believe or suspect are false or intentionally misleading and if so is it aware of what actions management is taking to address it?

The Committee is aware of fraud perpetrated against the Council in respect of benefit claims and the Council's participation in the National Fraud Initiative data matching exercise and the role of the Benefit Fraud Investigator. The Committee does not suspect fraud may be occurring in other areas within the Authority and is satisfied that adequate arrangements are in place to tackle suspected fraud.

The Committee is not aware of any entries made in the accounting records of the authority that we believe or suspect are false or intentionally misleading. We do not believe any assets, liabilities or transactions have been improperly included or omitted from the accounts of the Council. The Committee takes assurance from both its internal and external audit coverage of the Council's accounting records and is satisfied that sufficient checks and balances are in place.

What arrangements are in place for the Authority to oversee management arrangements for identifying and responding to the risks of fraud and the establishment of internal control?

The Committee is satisfied that the Council has adequate governance arrangements in place in relation to its internal control environment and gains assurance from the work of its internal and external auditors. The Council has a well-established and publicised Whistleblowing Policy in place as well as an up to date Anti-Fraud and Corruption plan. Employees are expected to report all instance of suspected fraud and corruption and are encouraged to do so.

The Committee also approved an amended Internal Audit Plan for 2020/21 which was necessary to respond to the substantial change in risk the Council faced during the course of the year. As a Committee we are not aware of any breaches of internal control during 2020/21, and will consider those significant governance issues highlighted in the Annual Governance Statement in the context of our knowledge and understanding of the Council over the financial year.

2) Questions about arrangements for complying with law and regulations responsibilities

Has management provided a clear statement which confirms its consideration of relevant laws and regulations and its compliance with them?

The Council's Monitoring Officer monitors all current and new legislation, ensuring adequate arrangements are in place to enable compliance. The Council has in place a robust management performance and reporting regime which helps monitor the achievement of objectives including compliance with laws and regulations. There is also a comprehensive internal audit regime which provides independent assurance.

How does the Authority satisfy itself that all relevant laws and regulations are being complied with?

The Committee considered Internal Audit Plan 2020/21 updates. These reports were reviewed by the Committee during the year which allowed members to be kept up to date with the ongoing progress of the Internal Audit section in completing its annual audit plan. These reports allowed the Committee to review the outcomes of all completed internal audit reports and comment upon any areas of concern. The Committee also receives assurance via the work of the Monitoring Officer through regular update reports. These reports, along with other updates from senior officers at the Council, provide satisfactory assurance that all relevant laws and regulations are being complied with.

Is the Authority aware of any instances of non-compliance with laws or regulations?

Members of the Audit and Governance Committee are active in other areas of Council activity and bring that knowledge and experience to the Audit and Governance Committee in relation to the Council's operation. The Audit and Governance Committee reviews performance and risk management arrangements in place through the work of Internal Audit and other reports received and is not aware of any non-compliance with relevant laws or regulations during 2020/21.

Has management provided a list of litigation and claims?

The Committee is not aware of any new significant litigation or claims or changes to any existing litigation / claim that would affect the financial statements.

Has an assessment been made of the outcome of the litigation or claim and its estimate of the financial implications, including costs involved? Has the reasonableness of management's assessments been considered and additional information provided to the auditor where necessary?

The Committee is not aware of any significant litigation or claims that would affect the financial statements.

3) Questions about the appropriateness of the going concern assumption

Has a report been received from management forming a view on going concern?

Reports and information have been provided to the Committee over the course of the year, including reviewing the Council's Financial Statements and Annual Governance Statement.

Are the financial assumptions in that report (e.g. future levels of income and expenditure) consistent with the strategic business plan and the financial information provided to the Authority throughout the year? If not, does the report contain a clear explanation, with supporting evidence, for the assumptions used, and are those assumptions appropriate? This should include written evidence of agreed income and expenditure for major funding streams.

Having reviewed the reports and information provided to the Committee over the course of the year, including reviewing the Council's Financial Statements and Annual Governance Statement, the Committee has no significant doubt as to the Council's ability to continue as a going concern. The Committee is aware of the approved budget strategy for 2021/22 with reliance on the use of the Budget Support Fund and one off Government Grant funding. Whilst the impact of COVID in 21/22 remains uncertain there is a presumption that the Council will continue to be supported if necessary at a time of national emergency.

Are the implications of statutory or policy changes appropriately reflected in the business plan, financial forecasts and report on going concern?

The Council's Monitoring Officer monitors all current and new legislation, ensuring adequate arrangements are in place to enable compliance. The Council has in place a robust management performance and reporting regime which helps monitor the achievement of objectives including compliance with laws and regulations. There is also a comprehensive internal audit regime which provides independent assurance.

Have there been any significant issues raised with the Authority during the year (e.g. adverse comments raised by internal and external audit regarding financial performance or significant weaknesses in systems of financial control, or significant variances to activity levels compared to those planned), which could cast doubts on the assumptions made?

There have been no significant issues raised with the Audit and Governance Committee during the year that cast doubt on financial assumptions made when forming a view on the going concern assumption. There is also a comprehensive internal and external audit regime which provides independent assurance.

Has an analysis been undertaken of the Authority's projected or actual performance against its financial plan? If so, is it robust and does it identify any areas of potential concern? Where there are potential concerns what action is being taken to address those areas of potential weakness?

Members of this Committee are fully apprised of the Council's financial position via the Director of Resources and Developments reporting of the in-year financial position and medium term financial plan to the Finance and Policy Committee and Council, and also the report presented to this Committee by your auditors concerning the positive Value for Money Opinion in the Annual Audit Letter. There have been no significant issues raised with the Audit and Governance Committee during the year that cast doubt on financial assumptions made when forming a view on the going concern assumption.

Does the organisation have sufficient staff in post, with the appropriate skills and experience, particularly at senior management level, to ensure the delivery of the organisation's objectives? If not, what action is being taken to obtain those skills?

The organisation has sufficiently skilled and experienced staff to deliver the Council's objectives, The Senior Management was restructured during 2020/21 and all posts are filled. Generally, for staff appointments robust recruitment process is in place to ensure suitably experienced and qualified staff are appointed. Appropriate support and training is provided to all staff in the organisation. The Committee considers those posts dealing with all aspects of procurement and cash handling to be high risk. The Committee takes assurance from the fact that support and training is provided to staff and that the Council has sufficiently skilled and experienced staff to deliver the Council's objectives.

4) Questions about the consideration of related parties

What controls are in place to identify, authorise, approve and account for and disclose related party transactions and relationships?

The Committee is aware that the Council is required to disclose material transactions with bodies or individuals that have the potential to control or influence the Council or to be controlled or influenced by the Council. Procedures are in place to update details of these interests which are recorded in the Register of Members' Interest. This document is open to public inspection at the Civic Centre during office hours and available on the Council's website. Training is provided to Members in this area to ensure a shared understanding of expectations exist.

Members of the Corporate Management Team are required to provide an annual declaration of interest and to keep this under review during the year. These declarations are reviewed annually. Detailed notes explaining the nature of any related party transactions are recorded in the Council's Statement of accounts.

Can you confirm that you have disclosed to the auditor the identity of the entity's related parties and all the related party relationships of which you are aware:

The Committee can confirm it has disclosed to the auditor the identity of the Council's related parties and all the related party relationships of which it is aware and is not aware of any related party relationships or transactions that could give rise to instances of fraud.

Can you confirm that you have appropriately accounted for and disclosed such relationships and transactions in accordance with the requirements of the framework?

The Committee can confirm that it is assured that adequate arrangements are in place for the recording and declaration of any relationships or interests that may raise cause for concern and any such disclosures are appropriately accounted for and disclosed in accordance with the requirements of the framework.

Yours Faithfully

Cllr Rob Cook

Audit and Governance Committee Chair

AUDIT AND GOVERNANCE COMMITTEE

08 July 2021



Report of: Head of Audit and Governance

Subject: INTERNAL AUDIT PLAN 2020/21 UPDATE

1. PURPOSE OF REPORT

- 1.1 To inform Members of the progress made to date completing the internal audit plan for 2020/21.

2. BACKGROUND

- 2.1 In order to ensure that the Audit and Governance Committee meets its remit, it is important that it is kept up to date with the ongoing progress of the Internal Audit section in completing its plan. Regular updates allow the Committee to form an opinion on the controls in operation within the Council. This in turn allows the Committee to fully review the Annual Governance Statement, which will be presented at this meeting of the Committee, and after review, will form part of the statement of accounts of the Council.

3. PROPOSALS

- 3.1 That members consider the issues within the report in relation to their role in respect of the Councils governance arrangements. Table 1 of the report detailed below, sets out the school audits that have been completed and the recommendations made. Recommendations to mitigate the risks identified have been agreed and a follow up audit will be carried out to ensure satisfactory implementation.

Table 1

Audit	Objectives	Recommendations	Agreed
Grange Primary	Ensure school finance and governance arrangements are in line with best practice.	- The Governing Body should classify its information assets (both electronic and paper based information) and agree a publication scheme (see model publication schemes) and access policy in accordance with the Freedom of Information Act.	Y
		- The school should have an emergency plan which is subject to testing / exercises with debrief reports of such	Y

Audit	Objectives	Recommendations	Agreed
		documented and any lessons learnt reported to the Governing Body and incorporated into a revised plan. - Records should be maintained by the school of all software loaded onto desktop machines / laptops etc. Regular software audits should be undertaken by the school to ensure that unauthorised software has not been installed on machines and that the number of software licences retained agrees to the software loaded onto machines.	Y

3.2 In terms of reporting internally at HBC, Internal Audit produces a draft report which includes a list of risks currently faced by the client in the area audited. It is the responsibility of the client to complete an action plan that details the actions proposed to mitigate those risks identified. Once the action plan has been provided to Internal Audit, it is the responsibility of the client to provide Internal Audit with evidence that any action has been implemented by an agreed date. The level of outstanding risk in each area audited is then reported to the Audit and Governance Committee.

3.3 The benefits of this reporting arrangement are that ownership of both the internal audit report and any resulting actions lie with the client. This reflects the fact that it is the responsibility of management to ensure adequate procedures are in place to manage risk within their areas of operation, making managers more risk aware in the performance of their duties. Greater assurance is gained that actions necessary to mitigate risk are implemented and less time is spent by both Internal Audit and management in ensuring audit reports are agreed. A greater breadth of assurance is given to management with the same Internal Audit resource and the approach to risk assessment mirrors the corporate approach to risk classification as recorded in covalent. Internal Audit can also demonstrate the benefit of the work it carries out in terms of the reduction of the risk faced by the Council.

3.4 Table 2 summarises the assurance placed on those audits completed with more detail regarding each audit and the risks identified and action plans agreed provided in Appendix A.

Table 2

Audit	Assurance Level
Iclipse IT System	Satisfactory
Recruitment	Satisfactory
Non Domestic Business Rates	Satisfactory
Payroll System	Satisfactory
Working From Home Policy	Satisfactory
Education Costs - Additional Dedicated Home to School and College Transport Covid Grant	Satisfactory
Education Costs - Wellbeing for Education Return - Education Psychology Covid Grant	Satisfactory

Emergency Assistance Council Tax Hardship Fund Covid Grant	Satisfactory
Emergency Assistance - Support Rough Sleepers Covid Grant	Satisfactory
Contain Outbreak Management Fund Covid Grant	Satisfactory
Payment Systems - Bottom-line/ Commercial Banking System	Satisfactory
Emergency Active Travel Fund Covid Grant	Satisfactory
Community Safety Safer Hartlepool Partnership	Satisfactory
School Services - Capital Programme	Satisfactory

For Members information, Table 3 below defines what the levels of assurance Internal Audit places on the audits they complete and what they mean in practice:

Table 3

Assurance Level	Meaning
Satisfactory Assurance	Controls are operating satisfactorily and risk is adequately mitigated.
Limited Assurance	A number of key controls are not operating as intended and need immediate action.
No Assurance	A complete breakdown in control has occurred needing immediate action.

- 3.5 As well as completing the audits previously mentioned, Internal Audit staff have been involved with the following working groups:
- Information Governance Group.
 - Performance and Risk Management Group.
- 3.6 Internal Audit staff have also provided support in the payment of the Governments Business Support Grant Scheme and the Discretionary Business Support Grant Scheme using software analysis tools provided by the Government. This has enabled the status of all Limited Companies who are eligible to be reviewed. This support extended to providing detailed analysis of all businesses who applied for the Governments Discretionary Business Support Grant Scheme, providing a consistent basis for the equitable payment of grants to those who were eligible. Support continues to be provided in the most recent Government Local Restriction Support Grants, across the different elements of grant available, again using software analysis tools provided by the Government to determine the status of all Limited Companies who are eligible.
- 3.7 Internal Audit, in conjunction with the Payments Team, have also analysed all payments made as part of the Governments Business Support programme via an external credit reference agency provided by the National Fraud Initiative programme. This has given additional assurance around Bank Account details provided by all grant recipients. Internal data matching has been developed to ensure any anomalies when paying multiple grants to applicants are identified and investigated.
- 3.8 Internal Audit staff have also volunteered to be trained to play a role in any local system of track and trace that is implemented by the Council. It was felt

that the skills possessed by the team would be appropriate to allow them to effectively carry out and provide support in this role.

- 3.9 Table 4 below details the audits that were ongoing at the time of compiling the report.

Table 4

Audit	Objectives
Information Protection Policy	Ensure adequate policies/procedures are in place in line with statutory requirements.
Youth Employment Initiative Grant	Terms and conditions of the grant funding are compiled with.
Health and Safety	Ensure adequate policies/procedures are in place in line with statutory requirements.
Cash/Bank	Ensure clearly defined procedures are in place for the collection and banking of income and procedures for collecting income via the Internet & Cash Office are adequate and effective. All cash collections are promptly, completely and accurately recorded in the Authority's systems.
Computer Audit – Virus Checker Defence Systems	Arrangements are in place that ensure adequate security arrangements are in place in respect of defence against malicious IT attack.
Emergency Assistance - Test and Trace Covid Support Grant	Terms and conditions of the grant funding are compiled with.
Food and Essential Supplies Covid Grant	Terms and conditions of the grant funding are compiled with.
LA Compliance and Enforcement Covid Grant (aka Surge Enforcement Fund)	Terms and conditions of the grant funding are compiled with.
Care Home Infection Control Covid Grant	Terms and conditions of the grant funding are compiled with.

4. RISK IMPLICATIONS

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

5. FINANCIAL CONSIDERATIONS

- 5.1 There are no financial considerations.

6. LEGAL CONSIDERATIONS

- 6.1 There are no legal considerations.

7. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 7.1 There are no child and family poverty considerations.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 There are no equality and diversity considerations.

9. STAFF CONSIDERATIONS

9.1 There are no staff considerations.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 There are no asset management considerations.

11. RECOMMENDATIONS

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

12. REASON FOR RECOMMENDATIONS

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

13. BACKGROUND PAPERS

13.1 Internal Audit Reports.

14. CONTACT OFFICER


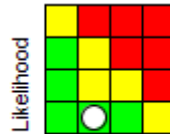
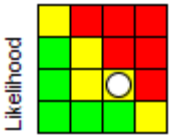
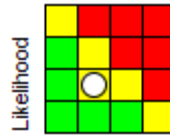
14.1 Noel Adamson
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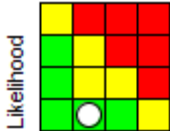






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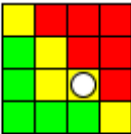
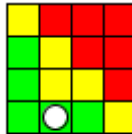
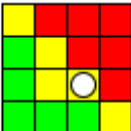
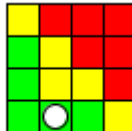
Appendix A

Audit	Objective			Assurance Level
Iclipse IT System	Ensure adequate IT controls are in operation.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				

Audit	Objective			Assurance Level
Recruitment	Ensure adequate policies/procedures are in place in line with statutory employment requirements.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
Without an up to date agreed strategy, policy and procedures it will not be possible to demonstrate that current recruitment legislation and the authority's strategic aims have been considered and effective procedures put in place to ensure compliance.		 Likelihood Impact	To review the current Recruitment Policy	 Likelihood Impact
Staff may not be aware of their responsibilities in relation to recruiting staff leading to non-compliance with HBC Policies and Procedures and possible breach of legislation. Staff may not be treated consistently in relation to standards of work if different parts of the organisation are working to different versions of HR policies and staff may not be trained to meet the changing requirements of their role and the organisation's objectives.		 Likelihood Impact	Review of manager guidance to ensure that this is reflective of the document retention periods together with guidance on secure disposal of recruitment documentation. Include within the manager guidance information to advise recruiting managers that random checks may be carried out.	 Likelihood Impact

A recruitment exercise could commence without the required budget and authorisation to fill the post, resulting in additional budget pressures.	 <p>Likelihood</p> <p>Impact</p>	Follow up with Service Development to establish response from Software Provider. Review, identify and introduce where necessary a method of identifying decisions taken outside of the agreed recruitment process e.g. evidence of authorisation to fill a post.	 <p>Likelihood</p> <p>Impact</p>
Non-compliance with Data Protection legislation (including GDPR) may result in data loss and large fines imposed, reputational damage and distress to individuals.	 <p>Likelihood</p> <p>Impact</p>	Review of manager guidance to ensure that this is reflective of the document retention periods together with guidance on secure disposal of recruitment documentation. Include within the manager guidance information to advise recruiting managers that random checks may be carried out.	 <p>Likelihood</p> <p>Impact</p>
Procedures in place for selecting candidates for interview and appointing the successful candidate may not be adhered to, leading to the employment of people without the necessary skills, qualifications and experience.	 <p>Likelihood</p> <p>Impact</p>	Action Review the existing process to seek Manager confirmation that proof of ID and qualifications were evidenced by the Manager at interview and any gaps in employment explored with the candidate. Identify a method of evidencing how these pre-employment checks were undertaken if it was not at interview.	 <p>Likelihood</p> <p>Impact</p>
Without an effective performance management process it will not be possible to ensure the processes are working effectively and consistently across the organisation.	 <p>Likelihood</p> <p>Impact</p>	No action at present. The recruitment process is management led and the time taken to recruit is very much dependent upon the timing of actions undertaken by management.	 <p>Likelihood</p> <p>Impact</p>

Audit	Objective			Assurance Level
Non Domestic Business Rates	The correct liable party has been identified and informed of the amount due. Liabilities are correctly calculated and adequate & appropriate reviews take place to ensure that any reliefs have been correctly awarded.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				

Audit	Objective			Assurance Level
Payroll System	Ensure correct payments are made to employees in the correct manner on time and in line with statutory guidance.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
Inaccurate payroll parameter data will result in incorrect payments being made.		<div><div>Likelihood</div><div>Impact</div></div>	Process has recently changed because of increased working from home. These online documents will be amended to include an area for Entered, Checked and Authorised status which will be completed going forward.	<div><div>Likelihood</div><div>Impact</div></div>
The Authority may not comply with the requirements of the Local Government Transparency Code 2015.		<div><div>Likelihood</div><div>Impact</div></div>	Information for March 2020 has been produced but not updated on the website. I will arrange for this to be updated. At the latest this will be in conjunction with the March 2021 update which I will ask VG to complete once the Pensions Returns have been issued.	<div><div>Likelihood</div><div>Impact</div></div>

Audit	Objective			Assurance Level
Working From Home Policy	Provide assurance that the change in working practices i.e. home working, has not resulted in an increase in risk of non-compliance with HBC Information Governance Framework and associated policies, and GDPR and Data Protection legislation through security breaches.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				

Audit	Objective			Assurance Level
Education Costs - Additional Dedicated Home to School and College Transport Covid Grant	Terms and conditions of the grant funding are compiled with.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				

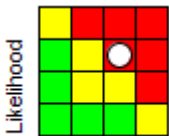
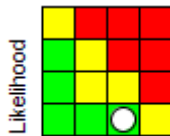
Audit	Objective			Assurance Level
Education Costs - Wellbeing for Education Return - Education Psychology Covid Grant	Terms and conditions of the grant funding are compiled with.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				

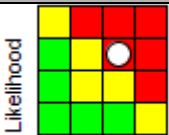
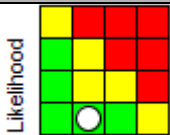
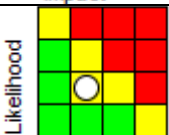
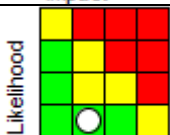
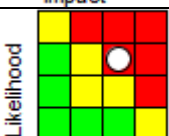
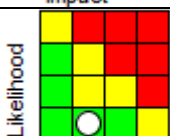
Audit	Objective			Assurance Level
Emergency Assistance Council Tax Hardship Fund Covid Grant	Terms and conditions of the grant funding are compiled with.			Satisfactory
Risk Identified	Risk Level prior to action implemented	Action Agreed		Risk Level after action implemented
No unmitigated risk identified.				

Audit	Objective			Assurance Level
Emergency Assistance - Support Rough Sleepers Covid Grant	Terms and conditions of the grant funding are compiled with.			Satisfactory
Risk Identified	Risk Level prior to action implemented	Action Agreed		Risk Level after action implemented
No unmitigated risk identified.				

Audit	Objective			Assurance Level
Contain Outbreak Management Fund Covid Grant	Terms and conditions of the grant funding are compiled with.			Satisfactory
Risk Identified	Risk Level prior to action implemented	Action Agreed		Risk Level after action implemented
No unmitigated risk identified.				

Audit	Objective			Assurance Level
Payment Systems - Bottom-line/ Commercial Banking System	Review procedures for processing various methods of payments from key source systems to ensure that all payments made are bona fide, are made in the correct amounts to the correct recipients and are subject to appropriate checks and authorisation.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				

Audit	Objective			Assurance Level
Emergency Active Travel Fund Covid Grant	Terms and conditions of the grant funding are compiled with.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
Payment of the grant may be withdrawn, reduced or clawed back if terms and conditions associated with the funding are not complied with.		 <p>Likelihood</p> <p>Impact</p>	Additional capital expenditure has now been charged, with the remaining expenditure anticipated by the end of March 2021. Some projects require planning permission, which has delayed timescales slightly.	 <p>Likelihood</p> <p>Impact</p>

Audit	Objective			Assurance Level
Community Safety Safer Hartlepool Partnership	Ensure Safer Hartlepool Partnership operates in line with statutory and local guidance.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
The Partnership may not have appropriate strategic plans in place resulting in non-compliance with the Crime and Disorder Act 1998.		 Likelihood Impact	That the Constitution be reviewed and updated to reflect the statutory responsibilities of the partnership. That all statutory plans are presented to and monitored by the partnership.	 Likelihood Impact
Non-compliance with the Crime and Disorder Act 1998.		 Likelihood Impact	Officers will remind partners of the need for their representative to hold a senior position within their organisation.	 Likelihood Impact
There may be no information sharing protocol to define arrangements for sharing information resulting in Non-compliance with partnership statutory obligations.		 Likelihood Impact	That the information sharing protocol is approved.	 Likelihood Impact

Audit	Objective			Assurance Level
School Services - Capital Programme	Ensure formal governance arrangements are in place to ensure the use of capital funding allocations is approved and subject to regular scrutiny.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				

AUDIT AND GOVERNANCE COMMITTEE

08 July 2021



Report of: Director of Resources and Development

Subject: ROLE OF THE HEAD OF INTERNAL AUDIT IN
LOCAL GOVERNMENT

1. PURPOSE OF REPORT

- 1.1 To inform Members of the CIPFA statement – “The Role of the Head of Internal Audit in Local Government”, and to demonstrate how the Council complies with this guidance.

2. BACKGROUND

- 2.1 The Statement describes the role of the Head of Internal Audit (HIA) in local government. CIPFA believes the HIA occupies a critical position in a local authority, helping it to achieve its objectives by giving assurance on its internal control arrangements and playing a key role in promoting good corporate governance. Local authorities need to know that they have strong arrangements for controlling their resources and for delivering their objectives. CIPFA believes that HIA's have a unique role to play here. They are senior managers whose business is objectively assessing these arrangements and the risks that authorities face and giving appropriate assurances. HIA's must also provide leadership, promoting good governance and helping authorities to address future challenges.
- 2.2 HIA's need to review the whole system of control, both financial and non-financial, and focus on the areas where assurance is most needed. The HIA also has to give an annual opinion on the adequacy and effectiveness of the control environment; this is used by Chief Executives as a primary source of evidence for their annual governance statement.
- 2.3 HIA's must also be able to show that they can meet the needs of stakeholders such as Chief Executives and Audit Committees, adding value by helping to improve services whilst retaining their objectivity. They also need to work well with partners and other auditors. Authorities should see the Statement as best practice and use it to assess their HIA arrangements to drive up audit quality and governance arrangements.

3. THE KEY ROLE PLAYED BY THE HIA

- 3.1 Internal audit is one of the cornerstones of effective governance. The HIA is responsible for reviewing and reporting on the adequacy of the authority's control environment, including the arrangements for achieving value for money. Through the annual internal audit opinion and other reports the HIA gives assurance to the Leadership Team and others, and makes recommendations for improvement.
- 3.2 The HIA's role is a unique one, providing objective challenge and support and acting as a catalyst for positive change and continual improvement in governance in all its aspects. The role is particularly important when authorities are facing uncertain or challenging times. Fulfilling the role requires a range of personal qualities. The HIA has to win the support and trust of others, so that he/she is listened to, and the HIA's role as a critical friend means that sometimes difficult messages must be given and acted on. It is these expectations, combined with the professional, personal and leadership skills required, that have shaped the CIPFA Statement on the role of the HIA in Local Government.
- 3.3 **Primary audience**
The primary audience for this Statement is those who rely on the HIA's assurances – the Leadership Team and the Audit and Governance Committee. CIPFA recommends that they should examine their own authority against this Statement to satisfy themselves that they have effective HIA arrangements in place.
- 3.4 **Local government context**
CIPFA has drawn up a separate Statement for local government because of the statutory responsibility of specific post holders regarding internal audit and governance. In local government the 'Section 151' officer (the Chief Financial Officer or CFO) is a statutory post as is the Monitoring Officer (often the Head of Legal Services) and the Head of Paid Service (often the Chief Executive). The HIA needs to work well with these post holders and lines of responsibility need to be clear.
- 3.5 The Statement sets out the five principles that define the core activities and behaviours that belong to the role of the HIA in local government and the organisational arrangements needed to support them. Successful implementation of each of the principles requires the right ingredients in terms of:
- the organisation;
 - the role; and
 - the individual.

For each principle the Statement sets out the governance arrangements required within an authority to ensure that HIAs are able to operate effectively and perform their core duties. The Statement also sets out the core responsibilities of the HIA. Summaries of personal skills and professional standards then detail the leadership skills and technical expertise authorities can expect from their HIA. These include the requirements of CIPFA and the other professional bodies' codes of ethics and professional standards to which the HIA as a qualified professional is bound. The personal skills described have been aligned with the most appropriate principle, but in many cases support other principles as well.

3.6 **Demonstrating compliance**

The Statement supports CIPFA's work to strengthen governance, risk management and internal audit across public services. It is intended to allow the Leadership Team of a local authority to benchmark its existing arrangements against a defined framework.

- 3.7 CIPFA recommends that authorities use the Statement as the framework to assess their existing arrangements and that they should report publically on compliance to demonstrate their commitment to good practice. CIPFA also proposes that authorities should report publicly where their arrangements do not conform to the compliance framework in this Statement, explaining the reasons for this, and how they achieve the same impact.

4. **CIPFA STATEMENT ON THE ROLE OF THE HIA IN LOCAL GOVERNMENT**

The Head of Internal Audit in a local authority plays a critical role in delivering the authority's strategic objectives by:

1 – objectively assessing the adequacy and effectiveness of governance and management of risks, giving an evidence-based opinion on all aspects of governance, risk management and internal control; and

2 – championing best practice in governance and commenting on responses to emerging risks and proposed developments.

To perform this role the Head of Internal Audit must:

3 – be a senior manager with regular and open engagement across the organisation, particularly with the Leadership Team and with the Audit Committee;

4 – lead and direct an internal audit service that is resourced appropriately, sufficiently and effectively; and

5 – be professionally qualified and suitably experienced.

5. PROCESS FOLLOWED

- 5.1 The review is undertaken annually in line with best practice requirements. Appendix A of the report details how the Council ensures that the requirements of the statement are met. Details of the requirements of the statement are outlined along with how the arrangements in place at the council satisfy those requirements.

6. RISK IMPLICATIONS

- 6.1 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.

7. FINANCIAL CONSIDERATIONS

- 7.1 There are no financial considerations.

8. LEGAL CONSIDERATIONS

- 8.1 There are no legal considerations.

9. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 9.1 There are no child and family poverty considerations.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

- 10.1 There are no equality and diversity considerations.

11. STAFF CONSIDERATIONS

- 11.1 There are no staff considerations.

12. ASSET MANAGEMENT CONSIDERATIONS

- 12.1 There are no asset management considerations.

13. RECOMMENDATION

- 13.1 It is recommended that Members
- i) Note that I have reviewed the CIPFA statement – “The Role of the Head of Internal Audit in Local Government” and can advise Members that the Council complies with these requirements as detailed in Appendix A.

14. REASON FOR RECOMMENDATIONS

- 14.1 To ensure that the Audit and Governance Committee meets its remit, it is important that it is kept up to date with current best practice in relation to the information it receives from officers.

15 BACKGROUND PAPERS

- 15.1 CIPFA statement – “The Role of the Head of Internal Audit in Local Government” (2019 Edition).

16. CONTACT OFFICER

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How the Five Principles Are Met

Principle 1 – The head of internal audit (HIA) plays a critical role in delivering the organisation’s strategic objectives by objectively assessing the adequacy and effectiveness of governance and management of risks, giving an evidence-based opinion on all aspects of governance, risk management and internal control.

Governance requirements	HBC Arrangements	Core HIA responsibilities	HBC Arrangements	Personal skills and professional standards	HBC Arrangements
Set out the responsibilities of the leadership team for internal audit	<i>Role of HIA enshrined in the Constitution, Audit Charter and Audit Strategy as agreed by members and reflected in the Audit Manual.</i>	Ensure that internal audit’s work is risk-based and aligned to the organisation’s strategic objectives and will support the annual internal audit opinion	<i>Comprehensive audit planning, monitoring and review process in place in compliance with PSIAS.</i>	Give clear, professional and objective advice	<i>Leads by example in approach with Directors and other senior managers that Internal Audit function role is to help achieve organisations objectives, whilst ensuring compliance with best practice and legislative requirements.</i>
Establish an internal accountability and assurance framework including how internal audit works with other providers of assurance	<i>Code of Corporate Governance agreed by the Audit and Governance Committee And adopted by Council. Audit Charter and Strategy agreed by Audit Committee, Audit section compliant with PSIAS.</i>	Identify where internal audit assurance will add the most value or do most to facilitate improvement	As above.	Report on what is found, without fear or favour	<i>Reporting arrangements agreed with management based on a shared understanding of requirements.</i>
Set out how the framework of assurance supports the annual governance statement and	<i>Officer working group set up to compile AGS of which HIA is a member but does not lead.</i>	Produce an evidence-based annual internal audit opinion on the overall adequacy and effectiveness of the organisation’s	As above.	Demonstrate integrity to staff and others in the organisation.	<i>Relationships with key officers detailed in agreed protocols i.e. Relationship between Director of Resources and Development</i>

4.4

Governance requirements	HBC Arrangements	Core HIA responsibilities	HBC Arrangements	Personal skills and professional standards	HBC Arrangements
identify internal audit's role within it. The HIA should not be responsible for the statement		framework of governance, risk management and control.			(DRD) and Assistant Director Finance (ADF) and IA. Relationships built up over a number of years.
Set out the responsibilities of the HIA and ensure the independence of the role is preserved. If additional responsibilities are taken on then appropriate safeguards should be put in place	<i>Role of HIA enshrined in the Constitution, Audit Charter and Audit Strategy as agreed by members and reflected in the Audit Manual.</i>			Exercise sound judgement in identifying weaknesses in the organisation's control environment and a balanced view on how significant these are.	<i>Experience gained over 28 year Internal Audit career. HIA CPD tailored to requirements of the role.</i>
Ensure internal audit is independent of external audit	<i>As above</i>			Work well with others with specific responsibilities for internal control, risk management and governance including (as appropriate to the sector) the chief executive, chief legal officer, chief financial officer, audit committee, non-executive directors and elected representatives	<i>Relationships with key officers detailed in agreed protocols i.e. Relationship between DRD and ADF and IA. Relationships built up over a number of years.</i>
Establish clear lines of reporting of the HIA to the leadership team and to the audit committee	<i>Relationships with key officers detailed in agreed protocols i.e. Relationship between DRD and ADF.</i>			Work positively and constructively, influencing the leadership team, audit committee and others to ensure the HIA's recommendations are	<i>As above</i>

Governance requirements	HBC Arrangements	Core HIA responsibilities	HBC Arrangements	Personal skills and professional standards	HBC Arrangements
				implemented.	
Ensure the HIA reports in their own right and that the annual internal audit opinion and report are issued in the name of the HIA	<i>Role and independence of HIA enshrined in the Constitution, Audit Charter and Audit Strategy as agreed by members and reflected in the Audit Manual.</i>			Be a role model – dynamic, determined, positive and robust. They should demonstrate resilient leadership and the ability to inspire confidence and exemplify high standards of conduct.	<i>Experience gained over 28 year Internal Audit career. HIA CPD tailored to requirements of the role.</i>
Ensure the internal audit charter and plan are approved by the audit committee in accordance with the PSIAS	<i>Audit Charter and Audit Strategy agreed by members, PSIAS compliance independently reviewed.</i>				

Principle 2 – The HIA in a local authority plays a critical role in delivering the authority’s strategic objectives by giving an objective and evidence based opinion on all aspects of governance, risk management and internal control.

Governance requirements	HBC Arrangements	Core HIA responsibilities	HBC Arrangements	Personal skills and professional standards	HBC Arrangements
Establish top level commitment to the principles of good governance, recognising its importance for achieving strategic objectives	<i>Role and independence of HIA enshrined in the Constitution, Audit Charter and Audit Strategy as agreed by members and reflected in the Audit Manual.</i>	Work with others in the organisation to promote and support good governance	<i>Relationships with key officers detailed in agreed protocols i.e. Relationship between DRD and ADF and IA. Relationships built up over a number of years.</i>	Provide leadership by giving practical examples of good governance that will inspire others	<i>Relationships built up over a number of years backed up by regular meetings, 1-2-1s with key officers.</i>
Set out the HIA’s role in good governance and how this fits with the role	<i>Role of HIA enshrined in the Constitution, Audit Charter and Audit Strategy as agreed by</i>	Help the organisation understand the risks to good governance	<i>All aspects of governance arrangements covered in the annual Internal Audit Plan as agreed by</i>	Deploy effective facilitating and negotiating skills	<i>Experience gained over 28 year Internal Audit career. Professional guidance followed in</i>

4.4

Governance requirements	HBC Arrangements	Core HIA responsibilities	HBC Arrangements	Personal skills and professional standards	HBC Arrangements
of others	<i>members and reflected in the Audit Manual. Code of Corporate Governance outlines responsibilities with regard to governance arrangements.</i>		<i>management and the Audit and Governance Committee.</i>		<i>relation to promoting good governance.</i>
Recognise and support the role internal audit can play in providing advice and consultancy internally	<i>Role of HIA enshrined in the Constitution, Audit Charter and Audit Strategy as agreed by members and reflected in the Audit Manual. Code of Corporate Governance outlines responsibilities with regard to governance arrangements.</i>	Give advice to the leadership team and others on the control arrangements and risks relating to proposed policies, programmes and projects	<i>Arrangements ensure internal audit has knowledge of all major projects, programmes and policy initiatives.</i>	Build and demonstrate commitment to supporting continuous improvement of the organisation.	As above
Ensure that the HIA has the opportunity to advise on or provide assurance on all major projects, programmes and policy initiatives	<i>Internal Audit plan encompasses partnership arrangements and processes ensure internal audit has knowledge of all major projects, programmes and policy initiatives.</i>	Promote the highest standards of ethics and standards across the organisation based on the principles of integrity, objectivity, competence and confidentiality	<i>Leads by example in approach with Directors and other senior managers that Internal Audit function role is to help achieve organisations objectives, whilst ensuring compliance with best practice and legislative requirements.</i>		
Establish clear lines of reporting to the Leadership Team and to the Audit Committee where the HIA has significant concerns.	<i>Role of HIA enshrined in the Constitution, Audit Charter and Audit Strategy as agreed by members and reflected in the Audit Manual. Rights of access to key members and officers detailed.</i>	Demonstrate the benefits of good governance for effective public service delivery and how the HIA can help	As above		
Take account of the HIA's advice in new and developing systems	<i>Role of HIA enshrined in the Constitution, Audit Charter and Audit Strategy as agreed by</i>	Offer advisory or consulting services where appropriate	<i>Role of HIA enshrined in the Constitution, Audit Charter and Audit Strategy as agreed by</i>		

Governance requirements	HBC Arrangements	Core HIA responsibilities	HBC Arrangements	Personal skills and professional standards	HBC Arrangements
	<i>members and reflected in the Audit Manual.</i>		<i>members and reflected in the Audit Manual. Any consultancy/advisory role would be in line with these protocols.</i>		
		Give advice on risk and internal control arrangements for new and developing systems, including major projects, programmes and policy initiatives whilst maintaining safeguards over independence.	<i>Internal Audit plan encompasses partnership arrangements and processes ensure internal audit has knowledge of all major projects, programmes and policy initiatives.</i>		

Principle 3 – The HIA in a local authority must be a senior manager with regular and open engagement across the authority, particularly with the Leadership Team and with the Audit Committee.

Governance requirements	HBC Arrangements	Core HIA responsibilities	HBC Arrangements	Personal skills and professional standards	HBC Arrangements
Designate a named individual as HIA in line with the principles in this Statement. The individual could be someone from another organisation where internal audit is contracted out or shared. Where this is the case then the roles of the HIA and the client manager must be clearly set out in the contract or	<i>HIA designated individual employed within the Authority.</i>	Ensure the internal audit charter clearly establishes appropriate reporting lines that facilitate engagement with the leadership team and audit committee	<i>Protocols in place and enshrined in Internal Audit Charter and Strategy that facilitate engagement with the leadership team and audit committee.</i>	Network effectively to raise the profile and status of internal audit.	<i>Relationships built up over a number of years backed up by regular meetings, 1-2-1s with key officers.</i>

4.4

Governance requirements	HBC Arrangements	Core HIA responsibilities	HBC Arrangements	Personal skills and professional standards	HBC Arrangements
agreement.					
Ensure that where the HIA is an employee that they are sufficiently senior and independent within the authority's structure to allow them to carry out their role effectively and be able to provide credibly constructive challenge to the Management Team.	<i>HIA senior manager within the Finance function reporting directly to the ADF with access to key officers as detailed in the Internal Audit Strategy Charter and Councils Constitution.</i>	Escalate any concerns about maintaining independence through the line manager, chief executive, audit committee and leadership team or external auditor as appropriate	<i>Role and independence of HIA enshrined in the Constitution, Audit Charter and Audit Strategy as agreed by members and reflected in the Audit Manual.</i>	Adopt a flexible style, being able to collaborate and advise but also able to challenge as appropriate.	<i>Experience gained over 28 year Internal Audit career. HIA undergoes CPD tailored to requirements of the role. Regular 1-2-1s with ADF in order to support development in all areas.</i>
Engage constructively with the HIA and facilitate their role throughout the organisation	<i>HIA senior manager within the Finance function reporting directly to the ADF. Regular liaison with senior management.</i>	Contribute to the review of audit committee effectiveness, advising the chair and relevant managers of any suggested improvement	<i>HIA regular attendee of Audit and Governance Committee providing advice and guidance when necessary.</i>	Build productive professional relationships both internally and externally	<i>As above</i>
Ensure the audit committee terms of reference includes oversight of internal audit including the monitoring of adherence to professional standards	<i>Audit and Governance Committee established in line with CIPFA guidelines.</i>	Consult stakeholders, including senior managers and non-executive directors/elected representatives on internal audit plans	<i>Approval and consultation process for the Internal Audit plan ensures that it adds value to the organisation. HIA responsible for facilitating this process via AD's, CMT and the Audit and Governance Committee.</i>	Work effectively with the leadership team and audit committee, showing political awareness and sensitivity	<i>As above</i>
Ensure the HIA's reporting relationship with the audit committee and its chair as set	<i>Role of HIA enshrined in the Constitution, Audit Charter and Audit Strategy as agreed by members and reflected in the Audit Manual.</i>			Be seen to be objective and independent but also pragmatic where appropriate	<i>Leads by example in approach with Directors and other senior managers that Internal Audit function role is to help achieve</i>

4.4

Governance requirements	HBC Arrangements	Core HIA responsibilities	HBC Arrangements	Personal skills and professional standards	HBC Arrangements
out in the internal audit charter is applied					<i>organisations objectives, whilst ensuring compliance with best practice and legislative requirements.</i>
Ensure the organisation's governance arrangements give the HIA: – direct access to the chief executive, other leadership team members, the audit committee and external audit; and – attendance at meetings of the leadership team and management team when the HIA considers this to be appropriate	<i>Role of HIA enshrined in the Constitution, Audit Charter and Audit Strategy as agreed by members and reflected in the Audit Manual. Rights of access to key members and officers detailed.</i>			Build productive relationships both internally and externally.	<i>Relationships built up over a number of years backed up by regular meetings, 1-2-1s with key officers.</i>
Set out unfettered rights of access for internal audit to all papers and all people in the organisation, as well as appropriate access in arms-length bodies	<i>Councils Constitution details access arrangements for Internal Audit, reflected in the Audit Manual.</i>			Work effectively with the Leadership Team and Audit Committee with political awareness and sensitivity.	<i>Experience gained over 28 year Internal Audit career. HIA undergoes CPD tailored to requirements of the role. Regular 1-2-1s with ADF in order to support development in all areas.</i>
Set out the HIA's responsibilities relating to partners including collaborations and	<i>Major ventures undertaken detail rights of access to Internal Audit for governance opinion purposes.</i>			Be seen to be objective and independent but also pragmatic where appropriate.	<i>As above</i>

Governance requirements	HBC Arrangements	Core HIA responsibilities	HBC Arrangements	Personal skills and professional standards	HBC Arrangements
outsourced and shared services					

Principle 4 – The HIA in a local authority must lead and direct an internal audit service that is resourced to be fit for purpose.

Governance requirements	HBC Arrangements	Core HIA Responsibilities	HBC Arrangements	Personal skills and professional standards	HBC Arrangements
Provide the HIA with the status, resources, expertise and systems necessary to perform their role effectively	<i>Role of HIA enshrined in the Constitution, Internal Audit Strategy and Charter details the resource implications and responsibilities for ensuring they are met.</i>	Lead and direct the internal audit service so that it meets the needs of the organisation and external stakeholders and fulfils professional standards	<i>Experience gained over 28 year Internal Audit career. HIA undergoes CPD tailored to requirements of the role. Regular 1-2-1s with ADF in order to support development in all areas.</i>	Demonstrate leadership and be an ambassador for internal audit.	<i>Relationships built up over a number of years backed up by regular meetings, 1-2-1s with key officers. HIA undergoes CPD tailored to requirements of the role i.e. CIPFA Certificate in Investigatory Practices.</i>
Ensure the audit committee contributes to a performance framework for the HIA and the internal audit service and takes action as appropriate	<i>As above</i>	Demonstrate how internal audit adds value to the organisation	<i>Annual and quarterly reports to the Audit and Governance Committee.</i>	Create, communicate and implement a vision for the internal audit service.	<i>HIA has a clear understanding of these issues and is committed to continuous improvements. These issues addressed through performance appraisal.</i>
Ensure an external review of internal audit quality is carried out at least once every five years in accordance with PSIAS	<i>PSIAS compliance monitored vis senior management. Constant review by ADF via performance monitoring and appraisal system.</i>	Determine the resources, expertise, qualifications and systems for the internal audit service that are required to meet internal audit's objectives	<i>HIA has a clear understanding of these issues and is committed to continuous improvements.</i>	Create a customer focused internal audit service	<i>HIA has a clear understanding of these issues and is committed to continuous improvements.</i>
Ensure the audit	<i>As above</i>	Inform the leadership	<i>Internal Audit Strategy</i>	Establish an open culture,	<i>HIA mentors audit staff</i>

4.4

Governance requirements	HBC Arrangements	Core HIA Responsibilities	HBC Arrangements	Personal skills and professional standards	HBC Arrangements
committee provides support for and participates in the quality assurance and improvement programme as set out in PSIAS.		team and audit committee as soon as they become aware of insufficient resources to carry out a satisfactory level of internal audit, and the consequence for the level of assurance that may be given	<i>and Charter details the processes to be followed as agreed by Audit and Governance Committee.</i>	built on effective coaching and a constructive approach.	<i>undertaking regular team meetings to facilitate discussion. Role on various working groups ensures topics are discussed and disseminated.</i>
		Ensuring that the professional and personal training needs for staff are assessed and seeing that these needs are met.	<i>Professional guidance implemented in respect of training needs and development issues are addressed.</i>	Promote effective communication within internal audit, across the broader organisation and with external stakeholders.	<i>HIA has a clear understanding of these issues and is committed to continuous improvements.</i>
		Developing succession plans and helping staff with their career progression.	<i>As above</i>	Manage and coach staff effectively	<i>CIPFA “Excellent Auditor Framework” implemented within section for all training and development needs.</i>
		Establishing a quality assurance and improvement programme that includes: ensuring that professional internal audit standards are complied with; reviewing the performance of internal audit and ensuring that the service provided is in line with the expectations and needs of its stakeholders; providing	<i>CIPFA guidance in relation to continuous improvement followed.</i>	Comply with professional standards and ethics	<i>Professional standards and ethics outlined within Audit Manual and also bound Public Sector Internal Audit Standards.</i>

4.4

Governance requirements	HBC Arrangements	Core HIA Responsibilities	HBC Arrangements	Personal skills and professional standards	HBC Arrangements
		an efficient and effective internal audit service – demonstrating this by agreeing key performance indicators and targets with the line manager and Audit Committee; annually reporting achievements against targets; putting in place adequate ongoing monitoring and periodic review of internal audit work and supervision and review of files, to ensure that audit plans, work and reports are evidence based and of good quality; ensuring that any internal auditors declare any interests that they have; seeking continuous improvement in the internal audit service.			
		Keeping up to date with developments in governance, risk management, control and internal auditing, including networking with other HIA's and learning from them, implementing improvements where appropriate.	<i>Member of Technical Information Service, CIPFA NE IA Group, North East Fraud Forum and National Anti Fraud Network in order to ensure up to date with current best practice and ideas.</i>		

Governance requirements	HBC Arrangements	Core HIA Responsibilities	HBC Arrangements	Personal skills and professional standards	HBC Arrangements
				Require the highest standards of ethics and standards within internal audit based on the principles of integrity, objectivity, competence and confidentiality.	<i>As above as well as procedures for the identification and recording of conflicts of interest are detailed in the Audit Manual.</i>

Principle 5 – The HIA in a local authority must be professionally qualified and suitably experienced

Governance requirements	HBC Arrangements	Core HIA responsibilities	HBC Arrangements	Personal skills and professional standards	HBC Arrangements
Appoint a professionally qualified HIA whose core responsibilities include those set out in the PSIAS as well as under the other principles in this statement and ensure that these are properly understood throughout the organisation	<i>Job description and recruitment process ensure only appropriately qualified and experienced individuals considered.</i>	Be a full member of an appropriate professional body and have an active programme for personal professional development	<i>HIA has 24 years' post qualification experience and sound understanding of public service governance arrangements and its regulatory environment.</i>	Demonstrate a range of skills including communicating, managing and influencing, as well as an understanding of IT and consultancy.	<i>HIA undergoes CPD tailored to requirements of the role as well as mentoring by ADF. HIA qualified with CIPFA in 1997.</i>
Ensure that the HIA has the skills, knowledge, experience and resources to perform effectively in the role	<i>As above, monitoring and mentoring role undertaken by ADF in his role as Deputy Section 151 officer ensures compliance.</i>	Adhere to professional internal audit and ethical standards (and where appropriate accounting and auditing standards)	<i>As above</i>	Understand and have experience of strategic objective setting and management.	<i>HIA undergoes CPD tailored to requirements of the role as well as mentoring by ADF.</i>
Support continuing professional development of the HIA.	<i>HIA undergoes CPD tailored to requirements of the role as well as mentoring by ADF.</i>			Understand the internal audit and regulatory environment applicable to public service	<i>HIA has 24 years' post qualification experience and sound understanding of public</i>

4.4

Governance requirements	HBC Arrangements	Core HIA responsibilities	HBC Arrangements	Personal skills and professional standards	HBC Arrangements
				organisations.	<i>service governance arrangements and its regulatory environment.</i>
				Demonstrate a comprehensive understanding of governance, risk management and internal control.	<i>HIA has held a variety of position within Local Government, before appointment as HIA in 2008, including Group Auditor at HBC and Head of Audit at a district council.</i>
				Undertake appropriate development or obtain relevant experience as appropriate in order to demonstrate an understanding of the full range of the authority's activities and processes.	<i>HIA member of CIPFA for 24 years and is bound by all relevant professional and personal requirements as well as all internal training requirements.</i>

AUDIT AND GOVERNANCE COMMITTEE

08 July 2021



Report of: Director of Resources and Development

Subject: ROLE OF THE CHIEF FINANCE OFFICER
(CFO) IN PUBLIC SERVICE ORGANISATIONS

1. PURPOSE OF REPORT

- 1.1 To inform Members of the CIPFA statement – ‘The Role of the CFO in Public Service Organisations’, and how the Council complies with this guidance. As Director of Resources and Development, I am the Councils nominated Section 151 Officer.

2. BACKGROUND

- 2.1 The role of the CFO is a fundamental building block of good corporate governance and the Local Government Act 1972 (section 151) requires ‘every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that one of their officers has responsibility for the administration of those affairs’. This statutory requirement is reinforced by the Local Government and Housing Act 1989 (section 6) which requires that the Section 151 officer is a qualified accountant and a member of an accountancy body approved by the Secretary of State.
- 2.2 The two critical aspects of the CFO’s role are stewardship and probity in the use of resources; and performance, extracting the most value from the use of those resources. The CFO, as the organisation’s most senior executive role charged with leading and directing financial strategy and operations, occupies a pivotal role, both for external stakeholders and within the Leadership Team. CFOs everywhere have a responsibility to ensure that their organisations control and manage money well, and that strategic planning and decision making are supported by sound analysis.
- 2.3 In the public service context, CFOs must also meet the demands of openness and accountability in decision making, balance competition for limited resources across a range of worthwhile objectives, deliver value for money and safeguard taxpayers’ money. Delivering these requires a range of personal qualities, as well as support from both the finance function and the organisation as a whole. It is these expectations, combined with the personal qualities and leadership skills

needed for them to be met, that have shaped the CIPFA Statement on the Role of the CFO in Public Service Organisations (the statement).

- 2.4 The Statement sets out the five principles that define the core activities and behaviours that belong to the role of the CFO in public service organisations and the organisational arrangements needed to support them. Successful implementation of each of the principles requires the right ingredients in terms of:

- The Organisation;
- The Role: and
- The Individual.

- 2.5 For each principle the Statement sets out the governance arrangements required within an organisation to ensure that CFOs are able to operate effectively and perform their core duties. The Statement also sets out the core responsibilities of the CFO role within the organisation. Many of the day-to-day responsibilities may in practice be delegated or in some authorities may even outsource, but the CFO should maintain oversight and control. Summaries of personal skills and professional standards then detail the leadership skills and technical expertise organisations can expect from their CFO. These include the key requirements of CIPFA and the other professional accountancy bodies' codes of ethics and professional standards to which the CFO as a qualified professional is bound. The personal skills described have been aligned with the most appropriate principle, but in many cases can support other principles as well.

3. CIPFA STATEMENT ON THE ROLE OF THE CFO IN PUBLIC SERVICE ORGANISATIONS

3.1 The CFO in a public service organisation:

- 1** is a key member of the Leadership Team, helping it to develop and implement strategy and to resource and deliver the organisation's strategic objectives sustainably and in the public interest;
- 2** must be actively involved in, and able to bring influence to bear on, all material business decisions to ensure immediate and longer term implications, opportunities and risks are fully considered, and alignment with the organisation's financial strategy; and
- 3** must lead the promotion and delivery by the whole organisation of good financial management so that public money is safeguarded at all times and used appropriately, economically, efficiently and effectively.

To deliver these responsibilities the CFO:

- 4 must lead and direct a finance function that is resourced to be fit for purpose; and
- 5 must be professionally qualified and suitably experienced.

3.2 Appendix A of the report details how the Council ensures that the requirements of the statement are met.

4. RISK IMPLICATIONS

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

5. FINANCIAL CONSIDERATIONS

5.1 There are no financial considerations.

6. LEGAL CONSIDERATIONS

6.1 There are no legal considerations.

7. CHILD AND FAMILY POVERTY CONSIDERATIONS

7.1 There are no child and family poverty considerations.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 There are no equality and diversity considerations.

9. STAFF CONSIDERATIONS

9.1 There are no staff considerations.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 There are no asset management considerations.

11. RECOMMENDATION

11.1 It is recommended that Members:

- i) note that I have reviewed the CIPFA statement – ‘The Role of the CFO in Public Service Organisations’ and can advise Members that the Council complies with these requirements as detailed in Appendix A.

12. REASON FOR RECOMMENDATIONS

- 12.1 To ensure that the Audit and Governance Committee meets its remit, it is important that it is kept up to date with best practice in relation to the information it receives from officers.

13. BACKGROUND PAPERS

- 13.1 CIPFA Statement on the Role of the CFO in Public Sector Organisations.

14. CONTACT OFFICER

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Appendix A

How the Five Principles Are Met

Principle 1 – The CFO is a key member of the Leadership Team, helping it to develop and implement strategy and to resource and deliver the organisation's strategic objectives sustainably and in the public interest.

Governance requirements	HBC Arrangements	Core CFO responsibilities	HBC Arrangements	Personal skills and professional standards	HBC Arrangements
Set out a clear statement of the respective roles and responsibilities of the Leadership Team and its members individually.	Constitution, Delegated Powers, Job Descriptions in place and clearly define roles and responsibilities.	Contributing to the effective leadership of the organisation, maintaining focus on its purpose and vision through rigorous analysis and challenge.	Corporate Management Team role, delegated powers. Director of Resources and Development (DRD) leads on all financial matters and ensures Finance and Policy Committee and Corporate Management Team (CMT) buy-in in to Medium Term Financial Strategy and supporting strategies. DRD is also Deputy Managing Director.	Role model, energetic, determined, positive, robust and resilient leadership, able to inspire confidence and respect, and exemplify high standards of conduct.	Actively engaged in the Leadership and Management Development Programme (LMDP). Provides training regarding financial issues to members and staff. Mentors senior finance staff and has regular Finance Management Team meetings and 1 to 1 meeting with senior finance staff.
Ensure that the CFO reports directly to the Chief Executive and is a member of the Leadership Team with a status at least equivalent to other members.	DRD reports directly to Managing Director. Has regular 1 to 1 meetings with Managing Director. Is a member of Corporate Management Team. DRD is also Deputy Managing Director.	Contributing to the effective corporate management of the organisation, including strategy implementation, cross organisational issues, integrated business and resource planning, risk management and	See Above	Adopt a flexible leadership style, able to move through visioning to implementation and collaboration/consultation to challenge as appropriate.	See Above.

		performance management.			
If different organisational arrangements are adopted, explain the reasons publicly, together with how these deliver the same impact.	Not applicable - see Above	Supporting the effective governance of the organisation through development of – corporate governance arrangements, risk management and reporting framework; and – corporate decision making arrangements.	Responsible for the provision an adequate and effective Internal Audit service. Key role in formulating the Annual Governance Statement and Code of Corporate Governance.	Build robust relationships both internally and externally.	See Above. Regular meetings with Directors and other senior managers facilitate establishment of robust relationships. Active member of Tees Valley Strategic Finance Officers Group, ANEC Finance Group and CIPFA Municipal Treasurers Group. Regular meetings with external auditors.
Determine a scheme of delegation and reserve powers, including a formal schedule of those matters specifically reserved for collective decisions by the Board, and ensure that it is monitored and updated.	Constitution and Scheme of Delegation in place.	Leading or promoting change programmes within the organisation.	Key role in Business Transformation Programme and Service Delivery Options.	Work effectively with other Leadership Team members with political awareness and sensitivity.	Member of CMT. Regular contact with all members including Leader, Policy Committee Chairs and Audit and Governance Committee.
Ensure that organisation's governance arrangements allow the CFO: – to bring influence to bear on all	Constitution and Scheme of Delegation in place as well as defined reporting arrangements.	Leading development of a medium term financial strategy and the annual budgeting process to ensure financial balance and a monitoring process to ensure its	Responsibility for Medium Term Financial Strategy (MTFS) and budgetary control processes matters and ensuring Members and Corporate Management Team	Support collective ownership of strategy, risks and delivery.	Member of CMT. Represented on Performance and Risk Management Group. Member of Annual Governance Statement Group.

material business decisions; and – direct access to the Chief Executive, other Leadership Team members, the Audit Committee and external audit.		delivery.	(CMT) buy-in in to Medium Term Financial Strategy and supporting strategies, such as Business Transformation Programme.		
Review the scope of the CFO's other management responsibilities to ensure financial matters are not compromised.	Review of corporate financial management through Business Transformation Programme has focused CFO role on core financial management to ensure an effective strategy is developed and implemented to address the financial challenges facing the Council over the next few years.	Ensuring the medium term financial strategy reflects joint planning with partners and other stakeholders.	Wide consultation undertaken with all relevant stakeholders.	Address and deal effectively with difficult situations.	Peer review carried out by Managing Director. Ongoing review of skills via LMDP.
Assess the financial skills required by members of the Leadership Team and commit to develop those skills to enable their roles to be carried out effectively.	Overarching Leadership and Management Development Programme (LMDP).			Implement best practice in change management and leadership.	Ongoing development through LMDP/ and peer review/mentoring. Involvement in SDO reviews.
				Balance conflicting pressures and needs, including short and longer term trade-offs.	Responsibility for Medium Term Financial Strategy (MTFS) and budgetary control processes.

4.5

Demonstrate strong commitment to innovation and performance improvement.	Key role in Business Transformation Programme and Service Delivery Options.
Manage a broad portfolio of services to meet the needs of diverse communities.	Responsible for full range of financial services aligned with corporate priorities and needs through MTFS.
Maintain an appropriate balance between the deeper financial aspects of the CFO role and the need to develop and retain a broader focus on the environment and stakeholder expectations and needs.	See Above.
Comply with the IFAC Code of Ethics for Professional Accountants, as implemented by local regulations and accountancy bodies, as well as other ethical standards that are applicable to them by reason of their professional status. The fundamental principles set out in the Code are integrity, objectivity, professional competence and due care, confidentiality, and	Professional standards integral to role. Commitment to Professional CPD and LMDP.

professional behaviour. Impartiality is a further fundamental requirement of those operating in the public services.	
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Principle 2 – The CFO must be actively involved in, and able to bring influence to bear on, all material business decisions to ensure immediate and longer term implications, opportunities and risks are fully considered, and alignment with the organisation’s overall financial strategy.

Governance requirements	HBC Arrangements	Core CFO responsibilities	HBC Arrangements	Personal skills and professional standards	HBC Arrangements
Establish a medium term business and financial planning process to deliver the organisation’s strategic objectives, including: – a medium term financial strategy to ensure sustainable finances; – a robust annual budget process that ensures financial balance; and – a monitoring process that enables this to be delivered.	MTFS in place, monitoring arrangements and role of Council, Policy and Finance Committee and Audit and Governance Committee enshrined in the Constitution.	Responsibility for financial strategy: Agreeing the financial framework with sponsoring organisations and planning delivery against the defined strategic and operational criteria.	Responsibility for the production, implementation and monitoring of the MTFS.	Implement appropriate management, business and strategic planning techniques.	Responsibility for MTFS and budgetary control processes.
Ensure that professional advice on matters that have financial implications is available and recorded well in	The reporting of key decisions is enshrined within the Constitution.	Maintaining a long term financial strategy to underpin the organisation’s financial viability within the agreed performance	See Above.	Link financial strategy and overall strategy.	Responsibility for MTFS and budgetary control processes.

advance of decision making and used appropriately.		framework.			
Ensure that those making decisions are provided with information that is fit for the purpose – relevant, timely and giving clear explanations of financial issues and their implications.	See Above	Implementing financial management policies to underpin sustainable long-term financial health and reviewing performance against them.	Responsibility for the production, implementation and monitoring of Financial Procedure Rules (FPRs) and Standing Orders.	Demonstrate a willingness to take and stick to difficult decisions – even under pressure.	Key role in Business Transformation Programme and Service Delivery Options.
		Appraising and advising on commercial opportunities and financial targets.	Budget monitoring process and Budget Strategy, key decision advice.	Take ownership of relevant financial and business risks.	Represented on Performance and Risk Management Group. Member of Annual Governance Statement Group
		Developing and maintaining an effective resource allocation model to deliver business priorities.	See Above	Network effectively within the organisation to ensure awareness of all material business decisions to which CFO input may be necessary.	Member of CMT. Regular contact with Managing Director, Directors, other senior officers, members, Trade unions,
		Co-ordinating the planning and budgeting processes.	See Above. Annual budget timetable well established and enshrined in constitution.	Role model persuasive and concise communication with a wide range of audiences internally and externally.	See Above. Externally represent Council in meeting with Business sector and various resident groups/ad –hoc budget consultation events.
		Influencing decision making: Ensuring that	Budget Strategy and monitoring process, key decision advice in relation	Provide clear, authoritative and impartial professional advice and	Addressed in MTFS and associated presentation to Finance and Policy

opportunities and risks are fully considered and decisions are aligned with the overall financial strategy.	to financial and governance matters.	objective financial analysis and interpretation of complex situations.	Committee and other groups. Ongoing development through LMDP and management review/mentoring.
Providing professional advice and objective financial analysis enabling decision makers to take timely and informed business decisions.	Key decision advice in relation to financial and governance matters.	Apply relevant statutory, regulatory and professional standards both personal and organisational.	See Above.
Ensuring that the organisation's capital projects are chosen after appropriate value for money analysis and evaluation using relevant professional guidance.	Member of Capital Programme Board.	Demonstrate a strong desire to innovate and add value.	
Checking, at an early stage, that innovative financial approaches comply with regulatory requirements.	Close working relationship with CMT ensure early involvement with innovative approaches to services and financial arrangements to ensure compliance with regulatory requirement and proposals are based on robust business cases.	Challenge effectively, and give and receive constructive feedback.	Ongoing development through LMDP and management review/mentoring. 1 to 1 meetings with Managing Director and key financial staff.
Financial information for decision makers: Monitoring and reporting on financial performance that is linked to related	Budget Strategy and monitoring process, key decision advice in relation to financial and governance matters.	Operate with sensitivity in a political environment.	Ongoing development through LMDP and peer review/mentoring. Regular contact with members, TU's local

performance information and strategic objectives that identifies any necessary corrective decisions.	Corporate Plan aligned with financial PI's.		business and the community.
Preparing timely management accounts.	Final Accounts timetable.		
Ensuring the reporting envelope reflects partnerships and other arrangements to give an overall picture.	Effective and wide ranging consultation process in place.		

Principle 3 – The CFO must lead the promotion and delivery by the whole organisation of good financial management so that public money is safeguarded at all times and used appropriately, economically, efficiently, and effectively.

Governance requirements	HBC Arrangements	Core CFO responsibilities	HBC Arrangements	Personal skills and professional standards	HBC Arrangements
Make the CFO responsible for ensuring that appropriate advice is given on all financial matters, for keeping financial records and accounts, and for maintaining an effective system of financial control.	Delegated Powers, FPRs and Standing Orders enshrined within Constitution.	Promotion of financial management: Assessing the organisation's financial management style and the improvements needed to ensure it aligns with the organisation's strategic direction.	Strategic direction reflected in MTFS.	Generate 'buy-in' to, and support delivery of, good financial management across the organisation.	Achieved through detailed involvement of Finance and Policy Committee and CMT in development of financial management strategy and procedures for ensuring good financial management arrangements are in place.
Ensure that systems and processes for financial administration, financial control and protection of the organisation's	Delegated Powers, FPRs and Standing Orders enshrined within Constitution. Audit and Governance Committee in line with legislative arrangements.	Actively promoting financial literacy throughout the organisation.	Allocation of named financial leads to support named budget holders promotes close working relationship and ensure financial management arrangements are	Develop and sustain partnerships, and engage effectively in collaboration.	Involvement in regional finance meetings to ensure collaboration where required.

resources and assets are designed in conformity with appropriate ethical standards and monitor their continuing effectiveness in practice.			effective. Influencing force behind LMDP.		
Address the organisation's arrangements for financial and internal control and for managing risk in Annual Governance Reports.	Delegated Powers, FPRs and Standing Orders enshrined within Constitution. Audit and Governance Committee in line with legislative arrangements. Internal Audit Section adequately resourced.	Value for money: Challenging and supporting decision makers, especially on affordability and value for money, by ensuring policy and operational proposals with financial implications are signed off by the finance function.	Advisory role in terms of CMT and all key committee decisions in respect of financial matters.	Deploy effective facilitation and meeting skills.	Advisory role in CMT. Attendance and advisory at internal and external meetings including committee meetings.
Publish annual accounts on a timely basis to communicate the organisation's activities and achievements, its financial position and performance.	Delegated Powers and Final Accounts process.	Developing and maintaining appropriate asset management and procurement strategies.	Key member of Capital Programme Board and Corporate Procurement Group.	Build and demonstrate commitment to continuous improvement and innovative, but risk-aware, solutions.	Key role in Business Transformation Programme and Service Delivery Options.
Maintain and resource an effective internal audit function.	Audit and Governance Committee remit and effective internal audit assessment carried out annually.	Managing long term commercial contract value.		Place stewardship and probity as the bedrock for management of the organisation's finances.	Budget Strategy and monitoring process, key decision advice in relation to financial and governance matters. Corporate Plan aligned

					with financial PI's.
Develop and maintain an effective Audit Committee.	Audit and Governance Committee role and responsibility enshrined in Constitution. Regular training of Audit and Governance Committee members.	Safeguarding public money: Applying strong internal controls in all areas of financial management, risk management and asset control.	Direct line management responsibility for all audit matters.		
Ensure that the organisation makes best use of resources and that taxpayers and/or service users receive value for money.	Delegated Powers relating to Budget Strategy and Budget Monitoring Process.	Establishing budgets, financial targets and performance indicators to help assess delivery.	Budget Strategy and Budget Management Process aligned to corporate plan.		
Embed financial competencies in person specifications and appraisals.	Corporate competencies framework, job descriptions and person specifications.	Implementing effective systems of internal control that include standing financial instructions, operating manuals, and compliance with codes of practice to secure probity.	Direct line management responsibility for all audit matters, FPR's and Standing Orders.		
Assess the financial skills required by managers and commit to develop those skills to enable their roles to be carried out effectively.	See Above	Ensuring that delegated financial authorities are respected.	Performance review mechanisms PI's, Direct line management responsibility for all audit matters.		
		Promoting arrangements to identify	Performance and Risk Management Group, Line		

	and manage key business risks, including safeguarding assets, risk mitigation and insurance.	management responsibility for Insurance matters.
	Overseeing of capital projects and post completion reviews.	Direct line management responsibility for capital accounting and member of Capital Programme Board.
	Applying discipline in financial management, including managing cash and banking, treasury management, debt and cash flow, with appropriate segregation of duties.	Direct line management responsibility for all audit matters, FPR's and Standing Orders. DRD personally involved in development and implementation of Treasury Management strategy.
	Implementing appropriate measures to prevent and detect fraud and corruption.	Direct line management responsibility for all audit matters, FPR's and Standing Orders. Money Laundering Reporting Officer (MLRO) responsibilities.
	Establishing proportionate business continuity arrangements for financial processes and information.	Corporate lead on Business Continuity.
	Ensuring that any partnership arrangements are underpinned by clear	Direct line management responsibility for all audit matters, FPR's and Standing Orders.

and well documented internal controls.	
Assurance and scrutiny: Reporting performance of both the organisation and its partnerships to the board and other parties as required.	Performance review mechanisms PI's, Direct line management responsibility for all audit matters.
Supporting and advising the Audit Committee and relevant scrutiny groups.	Regular attendance enshrined in job specification.
Preparing published budgets, annual accounts and consolidation data for government-level consolidated accounts.	Responsibility for the production, implementation and monitoring of the MTFS, publishing budget information on Council Tax leaflet and Hartbeat. Responsible for preparing accounts and consolidated government returns.
Liaising with the external auditor.	Direct line management responsibility for all audit matters. Regular meeting with external auditor.

Principle 4 – The CFO must lead and direct a finance function that is resourced to be fit for purpose.					
Governance requirements	HBC Arrangements	Core CFO responsibilities	HBC Arrangements	Personal skills and professional standards	HBC Arrangements
Provide the finance function with the resources, expertise and systems necessary to perform its role effectively.	Delegated Powers, FPRs and Standing Orders enshrined within Constitution.	Leading and directing the finance function so that it makes a full contribution to and meets the needs of the business.	Direct line management responsibility for all corporate financial matters.	Create, communicate and implement a vision for the finance function.	Responsibility for the production, implementation and monitoring of the MTFS. Regular 1 to 1 with senior finance officers
Ensure there is a line of professional accountability to the CFO for finance staff throughout the organisation.	Structural makeup enshrined in Delegated Powers. FPRs and Standing Orders enshrined within Constitution.	Determining the resources, expertise and systems for the finance function that are sufficient to meet business needs and negotiating these within the overall financial framework.	Delegated powers regarding all financial and governance matters.	Role model a customer focussed culture within the finance function.	Leads by example in approach with Directors and other senior managers that finance function role is to help achieve organisations objectives, whilst ensuring compliance with best practice and legislative requirements.
		Implementing robust processes for recruitment of finance staff and/or outsourcing of functions.	See Above. Recruitment follows corporate proceeds and based on job descriptions and person specification.	Establish an open culture, built on effective coaching and a “no blame” approach.	Regular 1 to 1 meetings with senior finance staff. Open door policy for all staff. DRD accepts responsibility for actions of all team members and encourages staff to use learn from experiences in a ‘no blame’ environment.
		Reviewing the performance of the finance function and	Council Plan reviewed and monitored. 1 to 1 meetings with senior	Promote effective communication within the finance department,	Finance Management Team meetings for internal communication.

4.5

ensuring that the services provided are in line with the expectations and needs of its stakeholders.	finance manager and regular performance appraisals.	across the broader organisation and with external stakeholders.	All finance staff briefing as and when appropriate. Presentations to external groups as appropriate. Article in Heartbeat.
Seeking continuous improvement in the finance function.	Departmental plans constantly monitored. Key role in BTP.	Apply strong project planning and process management skills.	
Identifying and equipping finance staff, managers and the Leadership Team with the financial competencies and expertise needed to manage the business both currently and in the future.	1 to 1 meetings with finance managers. Full engagement of CMT in development of financial strategies. Lead officer in financial aspects of LMDP.	Set and monitor meaningful performance objectives for the finance team.	Corporate appraisal system in place. Regular 1-2-1's
Ensuring that the Head of Profession role for all finance staff in the organisation is properly discharged.	Delegated Section 151 responsibilities enshrined in Constitution. All finance staff report directly to DRD.	Role model effective staff performance management.	Mentor key finance staff across the Division/regular 1-2-1's. Encourage CPD involvement.
Acting as the final arbiter on application of professional standards.	See Above	Coach and support staff in both technical and personal development.	As above.
		Promote high standards of ethical behaviour, probity, integrity and honesty.	Mentor key finance staff across the Division/regular 1-2-1's. Encourage CPD involvement.
		Ensure, when necessary, that outside expertise is	Actively seek professional expertise

called upon for specialist advice not available within the finance function.	where needed i.e. Treasury management, complex taxation issues etc.
Promote discussion on current financial and professional issues and their implications.	Mentor key finance staff across the Division/regular 1-2-1's. Encourage CPD involvement.

Principle 5 – The CFO in a public service organisation must be professionally qualified and suitably experienced.

Governance requirements	HBC Arrangements	Core CFO responsibilities	HBC Arrangements	Personal skills and professional standards	HBC Arrangements
Appoint a professionally qualified CFO whose core responsibilities include those set out under the other principles in this Statement and ensure that these are properly understood throughout the organisation.	Constitution and delegated powers in operation. Job description and person specification for DRD.			Be a member of an accountancy body recognised by the International Federation of Accountants (IFAC), qualified through examination, and subject to oversight by a professional body that upholds professional standards and exercises disciplinary powers.	DRD is member of CIPFA and meets CPD requirements.
Ensure that the CFO has the skills, knowledge, experience and resources to perform effectively in both the financial and non-financial areas of their role.	See Above.			Adhere to international standards set by IFAC on: – ethics – Continuing Professional Development.	As above.

Demonstrate IT literacy.	DRD has required IT skills for role and is able to manage and challenge the departmental IT experts to ensure they are able to effectively discharge their responsibilities.
Have relevant prior experience of financial management in the public services or private sector.	DRD qualified with CIPFA in 1993 and has held a variety of position with Hartlepool, before appointment as DRD in 2020 was Director of Finance and Policy in 2016, was appointed CFO in 2010. Roles include Chief Accountant and ACFO (Corporate Finance). Since 1996 the current DRD has acted as lead finance officer for financial services provided to Cleveland Fire Authority (CFA) and in April 2014 was appointed Treasurer to the CFA.
Understand public service finance and its regulatory environment.	DRD has 28 years' post qualification experience and sound understanding of public service finance and its regulatory environment.

4.5

Apply the principles of corporate finance, economics, risk management and accounting.	See above
Understand personal and professional strengths.	DRD has a clear understanding of these issues and is committed to continuous improvements. These issues addressed through performance appraisal.
Undertake appropriate development or obtain relevant experience in order to meet the requirements of the non-financial areas of the role.	DRD role has been refocused on core financial responsibilities to ensure financial challenges faces the Council can be managed. DRD has clear understanding of no-financial areas affecting his role.

AUDIT AND GOVERNANCE COMMITTEE

8 July 2021



Report of: Head of Audit and Governance

Subject: INTERNAL AUDIT OUTCOME REPORT
2020/21

1. PURPOSE OF REPORT

- 1.1 This report provides members with the Head of Audit and Governance assurance opinion on the adequacy and effectiveness of the Council's internal control environment.
- 1.2 The report also informs members of the outcomes of audit work covering the period April 2020 to March 2021.

2. BACKGROUND

- 2.1 This report provides accountability for Internal Audit delivery and performance and allows Members to monitor the application of the delegated authority for ensuring an effective and satisfactory internal audit function.
- 2.2 The Public Sector Internal Audit Standards (PSIAS) established in 2013 are the agreed professional standards for internal audit in local government. PSIAS was the Code under which the Internal Audit Service operated during 2020/2021. It sets out the requirement for the Head of Audit and Governance to report to officers and the Audit and Governance Committee to help inform their opinions on the effectiveness of the Internal Control environment in operation within the Council.
- 2.3 All auditors are instructed to declare if they have any links to the subject matter of any audits undertaken or relationships with auditees that could compromise the impartiality or objectivity of the work undertaken. If a declaration is made that auditor would play no role in any further work in that area.
- 2.4 The lockdown measures imposed by the Government on 23rd March have had a fundamental impact on how Hartlepool Borough Council operates. This has led to a fundamental change in the risks the

organisation faces in terms of the services it delivers and the nature of that service delivery.

- 2.5 This fundamental change in risk has meant that in order for the Internal Audit section to fulfil its statutory role of providing an independent opinion on the governance arrangements in operation at the Council, a reassessment of its annual plan was needed. This is a rare occurrence and reflects the enormity of the challenges that the Council has faced since lockdown was announced.
- 2.6 Information for Members on the standards of financial administration and management arrangements operating within the Authority is detailed in this report, together with a progress report on the extent of implementation of audit action plans. The consideration and effective implementation of audit action plans is fundamental in ensuring effective financial stewardship and robust financial systems, controls and procedures.
- 2.7 This report also details the performance of Internal Audit in 2020/21 on a range of key performance indicators.
- 2.8 Hartlepool Borough Council also provides audit services to Cleveland Fire Authority. In addition to the audits detailed in Appendix A, Internal Audit completed 15 major systems and probity reviews for the CFA during 2020/21.

3. AUDIT INPUTS 2020/21

- 3.1 There were 1085 audit days allocated at 01.04.20 to planned and responsive activities during 2020/21.
- 3.2 The impact of COVID-19 on all the public services has been considerable and for internal auditors it has raised the question of whether they will be able to undertake sufficient internal audit work to gain assurance during 2020/21. This is a key consideration to fulfil the requirement of the PSIAS so I can issue an annual opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. This opinion is in turn one of the sources of assurance that the public body relies on for its annual governance statement.
- 3.3 Staffing resources were as anticipated, however, due to the effects of COVID-19 three audit staff were seconded to support the local track and trace system one day a week, with the support provided proving to be very effective. The provision of this support was reflected in the reassessment of the annual plan and the internal audit section was still able to review all high-risk functions and a balanced program of work covering all Council departments was achieved for 2020/21.

4. OUTCOMES

- 4.1 The Chartered Institute of Public Finance (CIPFA) has issued guidance to Internal Auditors regarding Local Government Bodies Head of Internal Audit Annual Opinions which addressed the risk of a limitation of scope. I have taken this guidance into account when providing the committee with my opinion detailed below.
- 4.2. Based on the work undertaken during the year 2020/21, my opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control is that reliance can be placed on the adequacy and effectiveness of internal controls operating across the Council in 2020/21. This opinion, however, must exclude those school audits that the internal audit section were unable to carry out as there is insufficient assurance available for me to offer reasonable assurance in this area. This limitation of scope has arisen because of the practicalities of carrying out these audits during the Covid-19 lockdown in a way that was safe for internal audit staff and of those at the schools involved. To avoid similar limitations in future the Audit and Governance Committee has agreed to include those schools that were not undertaken as part of the 2020/21 internal audit plan to be covered as part of internal audit work in 2021/22.
- 4.3 Appendix A schedules all the planned audits undertaken in 2020/21. At the time this report was completed end of year work was being finalised on Cash/Bank, however, sufficient reliance could be placed on testing completed for the purposes of the 2020/21 audit opinion
- 4.4 All of the risks raised within Internal Audit reports have been accepted. All proposed actions made by Management in response to the risk issues, have been agreed to be implemented. Full implementation of the agreed actions will realise the benefits of the control improvements detailed in each individual audit report.
- 4.5 No system of control can provide absolute assurance against material misstatement or loss, nor can Internal Audit give that assurance; this statement is intended to provide reasonable assurance. These risks are reflected in the audit plan and are the subject of separate reports issued during the course of 2020/21.

5. FOLLOW UP

- 5.1 Audit reports are issued to auditees following a discussion of any audit findings and risks. Each report includes an Action Plan developed by management and agreed with Internal Audit, recording:
- Action taken to revise systems, procedures and operating arrangements;
 - A timescale for introducing the action plan improvements.

- 5.2 In accordance with PSIAS, a system of follow up of agreed action plans is in operation to monitor what action has been taken by management in response to audit work. During 2020/21, all audits completed, that had reached the date when a follow up was due, have been the subject of follow up activity.

This position is positive and indicates a commitment by management to further improve controls and financial systems throughout the Authority. Further follow up work is planned in 2021/22 for those actions not yet implemented.

6. MONITORING INTERNAL AUDIT PERFORMANCE

- 6.1 Internal Audit is committed to the delivery of a quality service, which accords with the UK PSIAS, and to being responsive to the needs of service departments. In common with other central service providers, a number of core performance indicators for Internal Audit Services have been determined for 2020/21. Performance against these targets is detailed below:

Internal Audit Performance Indicators

Indicator	Target Set for 2020/21	Actual Performance 2020/21
Completion of fundamental systems audits provides assurance that financial procedures are operating effectively.	90%	92%
In addition to the managing auditor reviews, quality reviews of Teammate working paper files and evidence by the Head of Audit and Governance to ensure compliance with the standards laid down in Codes of Practice and adopted in the Internal Audit Manual.	10%	10%
Percentage of Audit Reports issued within 10 working days of audit completion.	87.5%	100%
Percentage of Action Plans followed up within 6 months of completion of the audit.	100%	100%
Annual Report to Members by 30 th July following year-end.	30.07.21	08.07.21

- 6.2 As per PSIAS requirements, an External Assessment of HBC Internal Audit must be completed once every five years. The PSIAS has six core standards with three hundred areas of compliance across these standards. A self-assessment was undertaken and then externally peer reviewed by Stockton and Darlington Internal Audit Service. The external assessment concluded:

“It is my opinion that the service conforms with the standards in all significant aspects and is free to state as much in all of its communications”

7. RISK IMPLICATIONS

- 7.1 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.

8. FINANCIAL CONSIDERATIONS

- 8.1 There are no financial considerations.

9. LEGAL CONSIDERATIONS

- 9.1 There are no legal considerations.

10. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 10.1 There are no child and family poverty considerations.

11. EQUALITY AND DIVERSITY CONSIDERATIONS

- 11.1 There are no equality and diversity considerations.

12. STAFF CONSIDERATIONS

- 12.1 There are no staff considerations.

13. ASSET MANAGEMENT CONSIDERATIONS

- 13.1 There are no asset management considerations.

14. RECOMMENDATION

- 14.1 That Members note the contents of the report.

15. REASONS FOR RECOMMENDATIONS

- 15.1 The information in the report allows members of the committee to review the opinion of the Head of Audit and Governance and fulfils the statutory requirement of the Head of Audit and Governance.

16. BACKGROUND PAPERS

- 16.1 Internal Audit Reports;
Internal Audit Quarterly Updates;
CIPFA Code of Practice for Internal Audit in Local Government;

UK Public Sector Internal Audit Standards (PSIAS 2013).

17. CONTACT OFFICER

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Appendix A

Summary of Internal Audit Planned Work Undertaken for 2020/21

Audit	Assurance Level
I World IT System	Satisfactory
Council Tax	Satisfactory
Business Rates	Satisfactory
Risk Management	Satisfactory
Creditors	Satisfactory
Centre for Independent Living	Satisfactory
Highways - Repairs and Maintenance	Satisfactory
Disabled Facilities Grants	Satisfactory
Section 17 Payments	Satisfactory
Benefits	Satisfactory
Agency Residential Payments	Satisfactory
St Hilds Secondary	Satisfactory
Integra IT System	Satisfactory
Leisure Centres	Satisfactory
Main Accounting System	Satisfactory
Burn Valley Recycling Centre	Satisfactory
Budgetary Control System	Satisfactory
Resource Link IT System	Satisfactory
Members Allowances	Satisfactory
Debtors	Satisfactory
ESF Community Grant Fund	Satisfactory
Youth Employment Initiative Grant	Satisfactory
Troubled Families Grant	Satisfactory
Staff Lottery	Satisfactory
BIS	Satisfactory
Procurement	Satisfactory
Benefits	Satisfactory
Budgetary Control System	Satisfactory
Council Tax	Satisfactory
Creditors	Satisfactory
Debtors	Satisfactory
Covid - Test & Trace Support Payment Scheme	Satisfactory
Loans and Investments	Satisfactory
Local Council Tax Support Scheme	Satisfactory
Main Accounting System	Satisfactory
VAT	Satisfactory
Troubled Families Grant	Satisfactory
Sport England Families Fund	Satisfactory
Grange Primary School	Satisfactory
Ward Jackson Primary	Satisfactory
St Begas Primary	Satisfactory
Iclipse IT System	Satisfactory
Recruitment	Satisfactory
Non Domestic Business Rates	Satisfactory
Payroll System	Satisfactory
Working From Home Policy	Satisfactory

Education Costs - Additional Dedicated Home to School and College Transport Covid Grant	Satisfactory
Education Costs - Wellbeing for Education Return - Education Psychology Covid Grant	Satisfactory
Emergency Assistance - Council Tax Hardship Fund Covid Grant	Satisfactory
Emergency Assistance - Support Rough Sleepers Covid Grant	Satisfactory
Contain Outbreak Management Fund Covid Grant	Satisfactory
Payment Systems - Bottom-line/ Commercial Banking System	Satisfactory
Emergency Active Travel Fund Covid Grant	Satisfactory
Community Safety Safer Hartlepool Partnership	Satisfactory
School Services - Capital Programme	Satisfactory

AUDIT AND GOVERNANCE COMMITTEE

08 July 2021



Report of: Director of Resources and Development

Subject: ANNUAL GOVERNANCE STATEMENT
2020/21

1. PURPOSE OF REPORT

1.1 To inform Members of the implications to the Council of the Accounts and Audit Regulations (England) 2015 requirement; that the Council publish an Annual Governance Statement (AGS) with the Financial Statements and the action undertaken by the Council to meet its obligations within the scope of the Regulations. The 2020/21 AGS is attached as Appendix A.

1.2 The report considers the following areas:

- Why the Council needs an AGS,
- Who is responsible,
- How the AGS was produced.

2. WHY

2.1 To clearly demonstrate to stakeholders, that the Council has adequate arrangements in place to ensure that it effectively manages and controls its financial and operational responsibilities in accordance with acknowledged best practice. Paragraphs 2.2 to 2.3 detail positive benefits to the Council of achieving this end.

2.2 Statutory Requirement

The Accounts and Audit Regulations require that: “the Council ensures that its financial management is adequate and effective and that there is a sound system of internal control which effectively facilitates its functions and which includes arrangements for the management of risk. The Council shall conduct a review at least once a year of the effectiveness of its internal controls and shall include a statement on internal control with any statement of accounts it is obliged to publish”.

2.3 Good Governance

Production and publication of an AGS are the final stages of an ongoing review of internal control and are not activities which can be planned and viewed in isolation. Compilation of an AGS involved the Council in:

- Reviewing the adequacy of its governance arrangements,
- Knowing where it needs to improve those arrangements, and
- Communicating to users and stakeholders how better governance leads to better quality public services.

3. WHO

3.1 Corporate Responsibility

The Council's system of internal control must reflect its overall control environment, not just financial, which encompasses its organisational structure. Internal control is a corporate responsibility and the scope of internal control accordingly spans the whole range of the Council's activities and includes controls designed to ensure:

- The Council's policies are put into practice and its values are met,
- Laws and regulations are complied with,
- Required processes are adhered to,
- Financial statements and other information are accurate and reliable,
- Human, financial and other resources are managed efficiently and effectively, and
- High quality services are delivered efficiently and effectively.

3.2 Contributors to the AGS

- Audit and Governance Committee
- CMT
- Director of Resources and Development
- Assistant Director Finance
- Monitoring Officer
- External Auditors and other Review Bodies
- Internal Audit and
- Management.

4. HOW

4.1 Having established a system of internal control, it is then necessary to consider which of these controls are key in mitigating against significant risk. By obtaining assurance on the effective operation of these key controls the Council is able to conclude on the effectiveness of the systems and identify where improvement is needed.

The review of internal control and AGS assurance gathering included:

- Establishing obligations and objectives,
- Identifying principal risks,
- Identifying and evaluating key controls to manage risks,
- Obtaining assurances on the effectiveness of controls,
- Evaluating assurances,
- Action planning to correct issues and continuously improve.

4.2 In practice the Council already had most of the necessary internal controls in place, what was required was to incorporate them into a framework for producing an AGS that met the requirements of the Regulations. In order to do this the Council has:

- Identified roles and responsibilities,
- Provided training,
- Gone through a process of establishing objectives, identifying risks and recording controls,
- Gathered and retained evidence for inspection,
- Drafted the AGS.

4.3 The AGS will form part of the Councils Statement of Accounts and will be publicised and available on the Councils Website or by request to the Councils Contact Centre.

4.4 In order to support members in the process of approving the Annual Governance Statement the Better Governance Forum has provided briefing papers for Audit and Governance Committee members in public sector bodies. The briefing paper is attached after the statement for members consideration in relation to issues they may want assurance on regarding the content and process followed in producing the statement. This committee report has been drafted in such a way as to answer the questions posed within the Better Governance Forum Briefing.

5. RISK IMPLICATIONS

5.1 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.

6. FINANCIAL CONSIDERATIONS

6.1 There are no financial considerations.

7. LEGAL CONSIDERATIONS

7.1 There are no legal considerations.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

8.1 There are no child and family poverty considerations.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

9.1 There are no equality and diversity considerations.

10. STAFF CONSIDERATIONS

10.1 There are no staff considerations.

11. ASSET MANAGEMENT CONSIDERATIONS

11.1 There are no asset management considerations.

12. RECOMMENDATIONS

12.1 That Members review and approve the attached 2019/20 Annual Governance Statement.

13. REASONS FOR RECOMMENDATIONS

13.1 In order for members to fulfil the remit of the committee it is important they review and approve the Annual Governance Statement in the context of all reports and information received over the course of the municipal year.

14. BACKGROUND PAPERS

14.1 Accounts and Audit Regulations 2015;
CIPFA/Solace Good Governance Framework;
Internal Audit Opinion/Reports;
External Audit Reports.

15. CONTACT OFFICER

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HARTLEPOOL BOROUGH COUNCIL **ANNUAL GOVERNANCE STATEMENT**

1 Scope of Responsibility

- 1.1 Hartlepool Borough Council is responsible for ensuring that:
- Its business is conducted in accordance with the law and proper standards,
 - Public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.
- 1.2 The Council also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.
- 1.3 In discharging these overall responsibilities, Hartlepool Borough Council is also responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, which includes arrangements for the management of risk.
- 1.4 The Council has approved and adopted a code of corporate governance, which is consistent with the principles of the CIPFA/SOLACE *Delivering Good Governance in Local Government Framework 2016*. A copy of the code is on our website at www.Hartlepool.gov.uk or can be obtained from the Councils Contact Centre. This statement explains how the Council has complied with the code and also meets the requirements of the Accounts and Audit (England) Regulations 2015, Part 2 6(1) (a), which requires the Council to conduct a review at least once a year of the effectiveness of its system of internal control and include a statement reporting on the review with the statement of accounts. Regulation 6(1) (b) of the Accounts and Audit (England) Regulations 2015, require that for a local authority that statement is an Annual Governance Statement (AGS).

2 The Purpose of the Governance Framework

- 2.1 The governance framework comprises the systems and processes, and culture and values, by which the Council is directed and controlled and its activities through which it accounts to, engages with and leads the community. It enables the Council to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate services and value for money.

- 2.2 The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can, therefore, only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the Council's policies, aims and objectives, to evaluate the likelihood of those risks being realised and to manage them efficiently, effectively and economically. The governance framework has been in place at the Council for the year ended 31st March 2021 and up to the date of approval of the statement of accounts.
- 2.3 In order to facilitate the completion of the Statement, an officer working group has been formed and a programme of work developed. To ensure that the Statement has been given sufficient corporate priority and profile, the working group included both the Director of Resources and Development, the Assistant Director (Finance) and the Assistant Director (Corporate Services). As part of the process regular updates have been given to the Performance and Risk Management Officer Group and the Corporate Management Team (CMT).

3 Significant Governance Issues Update from 2019/20 Statement

- 3.1 Progress has been made over the course of 2020/21 to actively manage and address issues identified as part of the 2019/20 process. This approach ensures the Council actively manages these issues. The table below identifies action that has been taken to mitigate the areas identified.

Issue Raised	Action Undertaken
Delivery of Council Plan, revised Performance Management Framework and Medium Term Financial Strategy. The sustainability of services, level of performance and the continuing need to achieve housing growth.	<p>A strategic multiyear approach to financial management is embedded with a revised savings programme for 2019/20 and 2020/21 implemented. Member's seminars and staff communication strategy in conjunction with budget monitoring and defunding budgets at decision point have been implemented. Project planning and management reporting to Finance and Policy Committee and CMT have all been implemented.</p> <p>During 2020/21 the Council managed the financial impact of Covid on services costs and income through the early forecasting of the impact – which was unprecedented in terms of the range of impacts and the financial value. This position was kept under regular review and a robust strategy implemented to manage the position. The strategy reflected the phased announcement of one off Government</p>

	<p>financial support. The Council managed the impact within available resources.</p> <p>The Council Plan 2020/21 – 2022/23 was agreed by Finance and Policy Committee on 9th March 2020 and was due to be considered by Council on 19th March 2020. Due to the restrictions imposed in relation to the COVID-19 pandemic the Council meeting did not go ahead as planned and adoption of the Council Plan was therefore deferred to be considered later in the 2020/21 municipal year. In summer 2020 following a wide-ranging engagement exercise a Covid Recovery Plan was developed and agreed by Finance and Policy Committee on 13th August 2020. This has taken the place of the Council Plan in 2020/21. As the challenges that the Borough faces have changed and evolved from those identified at the start of 2020 the Council Plan agreed by Finance and Policy Committee in March 2020 was reviewed and updated to reflect the impact of the pandemic on the Borough and a new Council Plan 2021/22 – 2023/24 was agreed by Finance and Policy Committee on 15th February 2021 and adopted by Council on 25th February 2021.</p>
Managing corporate risk areas.	<p>Assistant Director liaison ensures actions are implemented for all risks identified as part of the audit process. Follow up processes ensure that for all risk identified mitigating actions are embedded in a timely manner.</p> <p>The Strategic Risk Register for the Council was presented to Finance and Policy Committee in August 2019 has been reviewed and updated during the 2020/21 municipal year. This includes the key risks facing the organisation and the delivery of the Council Plan. Risks are reviewed as part of the Council's Performance Management Framework.</p>
Delivery of Regeneration/ Capital Programme on time and budget in line with key Council objectives.	<p>Responsibility for delivery of schemes allocated to senior officers with Project Management Boards established. Regular progress and budget monitoring undertaken through the Capital Programme Board, chaired by Managing Director.</p>
All out elections leading to a potential lack of experience or knowledge if a significant	<p>Arrangements to implement review will be enacted once issues around coronavirus pandemic and certainty around elections are</p>

number of new members are elected for the first time.	established.
Implementation of senior management structure review	The new structure has now been fully implemented and is fully operational.
Covid 19 Virus effecting the health and wellbeing of the Borough, service delivery and the financial stability of the Council.	Dedicated Corporate Management Team response team setup to co-ordinate and manage the Council's strategic response, including implementation of national guidance at a local level. Emergency plans implemented. New functions established delivering vital services within the borough including Community Testing Hubs and Local Track and Trace. Vulnerable people and businesses supported in line with Government guidance and local solutions. Safe working arrangements implemented at the Council in line with Government advice including online virtual meetings and home working. Financial implications and risks are being managed and monitored. Communication strategy implemented.

4 The Governance Framework

4.1 The key elements of the Council's Governance Framework are as follows:

Hartlepool Borough Council has adopted a Constitution, which sets out how the Council operates, how decisions are made, the procedures that are followed to ensure that these decisions are efficient and transparent, and sets out the terms of reference for the Committee structure. The Constitution was developed in accordance with the Local Government Act 2000 and it sets out the delegated responsibilities to key officers such as the Monitoring Officer and Section 151 Officer.

In accordance with the Council's Constitution at Article 14, the Monitoring Officer continues to monitor and review the operation of the Constitution to ensure that the aims and principles of the Constitution are given full effect. A report to the Constitution Committee on 25 November 2019 addressed issues which had arisen since the previous review reported to Full Council on 21 March. A further report was submitted to the Constitution Committee on 27 January which addressed issues raised in relation to the Articles, Procedure Rules and Referrals by Full Council.

Officer Decision Records continue to be published on the internet and Officer Guidance has been circulated in relation to Key Decision Forward Plan Consultation to give clarity to officers on when and how consultation should be undertaken on Key Decision matters to be considered by Policy Committees.

A programme of Members' Seminars has been developed by the Corporate Management Team (CMT) to ensure Members are updated/briefed on key strategic issues.

- 4.2 Effective procedures to identify, evaluate, communicate, implement, comply with and monitor legislative change exist and are used. Legal Division procedures exist for monitoring new legislation, advising relevant departments, and members where appropriate. Workforce Services policies identify suitable recruitment methods and ensure appropriate job descriptions exist for legal staff. A corporate induction session is now in place and is held approximately every 4 weeks. This is aimed at new employees within the Authority but is also open to any existing member of staff who would benefit from a refresher. The Assistant Director for Corporate Services opens every session which ensures Chief Officer presence and support. This forms one part of a new corporate induction programme which is being developed to include a wider range of information for new employees. Departments have responsibility to provide induction training specific to their departmental needs.
- 4.3 Committee terms of reference are included in the constitution. A procedure is in place to ensure that all Committee agendas, minutes and supporting material are available to all staff on the Council's intranet, and to the public on the Council's Internet site.
- 4.4 The constitution contains financial and contract procedure rules, and code of conduct for Members, which have been formally approved. Financial procedure rules have been updated and agreed by Council and contract procedure rules have also been updated to take into account new procurement procedures and legislative requirements. The constitution is available to all employees on the intranet and to the public on the Internet. A register of gifts and hospitality is maintained for Members and Officers. The Authority has a Treasury Management Strategy that was approved by Audit and Governance Committee on 10th December 2020 and referred to Council for approval on for the financial year 2021/22. The approved Treasury Management Strategy includes the Investment and Borrowing strategies in compliance with revised CIPFA Prudential Code, CIPFA Treasury Management Code of Practice and Ministry of Housing, Communities and Local government (HCLG) guidance. The Audit and Governance Committee is responsible for ensuring effective scrutiny of the Treasury Management Strategy and policies before making any necessary recommendations to Council. The Director of Resources and Development reports to the Audit and Governance Committee how the Council's financial arrangements conform to the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2010).

- 4.5 The full range of Member committees regularly meet to review specific policy areas, to consider plans, reports and progress of the Council.
- 4.6 Human Resources has drawn up policies to ensure suitably qualified employees are employed in key areas. Supporting terms and conditions of employment for all employees cover all aspects of good employment. Induction courses for key new officers and all new Members incorporate suitable training on corporate governance issues according to responsibilities and there is a general staff awareness programme in place.
- 4.7 An updated Code of Conduct for Employees has been approved, published and communicated to all employees. An updated Health and Safety Policy was approved by Finance and Policy Committee on 14th January 2019 and a Communication Strategy implemented to ensure general awareness. The Council has also implemented a programme of Health and Safety Leadership Training for senior managers.
- 4.8 The Council has an ongoing programme of monitoring and reviewing arrangements in place in respect of the operation of its key partnerships. A framework of reporting by exception to Corporate Management Team operates and Internal Audit provides audit coverage of partnership arrangements.
- 4.9 The Council has a three-year Council Plan that sets out the Council's ambitions for the Borough. Unfortunately, due to the restrictions imposed in relation to the COVID-19 pandemic the Council meeting which was due to consider the new Council Plan did not go ahead as planned and adoption was therefore deferred to be considered later in the 2020/21 municipal year. In summer 2020 following a wide-ranging engagement exercise a Covid Recovery Plan was developed and agreed by Finance and Policy Committee on 13th August 2020. This has taken the place of the Council Plan in 2020/21 and the Council's performance management arrangements have focused on this with consideration of progress regularly at CMT with reports to Finance and Policy Committee. As the challenges that the Borough faces have changed and evolved from those identified at the start of 2020 the Council Plan was reviewed and updated to reflect the impact of the pandemic on the Borough and a new Council Plan 2021/22 – 2023/24 was agreed by Finance and Policy Committee on 15th February 2021 and adopted by Council on 25th February 2021.
- 4.10 A Data Quality framework is in place with Internal Audit conducting a targeted annual review of PIs. The Council's Performance Management Framework includes information relating to departmental and officer responsibility for the collation of data, target setting and addressing performance issues. The Framework also includes action plans, risks and performance indicators enabling clearer links between corporate, departmental and service planning outcomes, actions, risks and PIs.

- 4.11 Key policies such as the Corporate Complaints, Comments and Compliments Procedure, Proceeds of Crime (Money Laundering), Whistle Blowing Policy and Counter Fraud and Corruption Policy have been developed and approved for use across the whole Authority. The policies are available to employees via the intranet. The Council is a member of the National Anti-Fraud Network and takes part in regular National Fraud Initiative reviews and the North East Fraud Forum. The Council has updated its Fraud and Corruption Strategy in line with CIPFA Code of Practice on Managing the Risk of Fraud and Corruption.
- 4.12 The Council agreed new Risk Management Framework on 24th June 2019. The new Framework builds upon the previous one and reflects best practice. It has simplified the Council's approach, provided further clarity to officers about how risk should be considered within the Council and demonstrates the added value of appropriate risk management. A Strategic Risk Register has been identified within the performance management framework and changes are reported to Elected Members regularly through the monitoring of the Council Plan.
- 4.13 The Risk Management Framework and an Officer Toolkit are available to all staff via the intranet. Key staff have undergone appropriate training and departmental risk champions lead on communicating the process to all relevant staff in their departments.
- 4.14 There is corporate support at senior management level for development of Risk Management with risk assessment procedures published and training given to officers. Risk introduction/refresher sessions are offered as and when individual departments/teams require them. Each department also has a risk co-ordinator.
- 4.15 The Finance and Policy Committee is responsible for ensuring the consideration of risk across and for reviewing the progress made in the management of strategic risks. The Audit and Governance Committee is responsible for reviewing the effectiveness of risk management arrangements and providing comment and challenge on risk management activity and progress. Risks and control measures relating to the Council Plan are analysed within performance reports to help ensure that risk and performance reporting are linked. The Council Plan and performance framework is considered as part of the preparation of the AGS.
- 4.16 The Council's Corporate Strategy and Performance Team hold information on the Council's Strategic Risks. Risk registers are also maintained for significant projects. Officers that manage risks are notified that risks need to be reviewed and progress is monitored on a quarterly basis through the service planning process. Departments have access to a central funding pot for risk management to assist in the financing of risk mitigation.

- 4.17 The General Data Protection Regulation (GDPR) is European legislation and replaces the Data Protection Act in the UK. This was designed to harmonise data privacy laws across Europe, to protect and empower all EU citizens' data privacy and to reshape the way organisations across the region approach data privacy and security. In order to ensure compliance the Council has completed information audits identifying all personal data held, including a lawful basis for processing the data. Privacy notices have been developed and are available on the Council's website. All policies and procedures have been updated to ensure GDPR compliance and staff have received specific GDPR training. The Information Governance Group meets regularly to discuss GDPR compliance.
- 4.18 The Council has long-standing, nationally and regionally recognised emergency planning arrangements through the Cleveland Emergency Planning Unit (CEPU). The Council's Emergency Management Response Team (EMRT) meets bi-monthly and contributes to the makeup of the Council's Major Incident Plan which is tested annually.
- 4.19 Responsibility for updating and implementing Corporate Business Continuity has transferred to the Assistant Director (Environment and Neighbourhood Services). A significant amount of work has been progressed to address the concerns highlighted by internal audit with arrangements having been reviewed to reflect current best practice. These revised arrangements have been rolled out across each Council department to ensure that accurate up to date information is held to assist in the recovery of services, should it be necessary. Tests are planned to ensure that these plans are fit for purpose and any lessons learnt from these exercises will be incorporated into future plans.
- 4.20 The Equality Act 2010 came into force on 1st October, 2010 and brought together over 116 separate pieces of legislation into one single Act. The Act provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. The Act covers the 9 protected characteristics – age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion/belief, gender and sexual orientation.
- 4.21 The Public Sector Equality Duty (PSED) is supported by "specific duties" to assist public bodies to achieve the aims of the general duty. Under the specific duties, the Council must:
- Publish equalities information to demonstrate its compliance with the Equality Duty by the 31st January each year; and
 - Develop and publish equality objectives by 6th April, 2012 and then every four years.
- 4.22 In order to demonstrate our compliance with the above requirements, we have produced a Workforce Equality Information Report 2019/20 to demonstrate the progress that the Council has made to date. We are

aware that there are gaps in our data and are working to provide more information in an accessible format. On that basis the report is regularly updated. Our latest equality objectives were agreed by Council as part of the Council Plan 2017/18 – 2019/20 mid-term review on 9th October 2018.

- 4.23 Equality issues must influence the decisions reached by public bodies - in how they act as employers; how they develop, evaluate and review policy; how they design, deliver and evaluate services, and how they commission and procure from others. We do this by considering impacts on equality as an integral part of our decision-making process and this is reflected in reports to Committees in the Equality & Diversity Considerations section and through our use of Equality Impact Assessments.
- 4.24 Internal Audit reports on a regular basis to the Audit and Governance Committee on the effectiveness of the organisation's system of internal control. Recommendations for improvement are also made and reported on. Internal Audits performance is measured against standards agreed by management and Members. Internal Audit reporting arrangements have been formalised and strengthened as part of the review of financial procedure rules. Internal Audit have undergone an external inspection carried out By Stockton Borough Council and are now fully compliant with Public Sector Internal Audit Standards (PSIAS) and can report as such on all correspondence.
- 4.25 Other review bodies external to the Council also make regular reports on efficiency, effectiveness and compliance with regulations. Ofsted has rated the overall effectiveness of the Council's Children's Services as 'Good'. The most recent ILACS inspection which took place in July 2018 rated Hartlepool CS as 'good' overall and 'outstanding' in the experiences and progress of children in care and care leavers. Most childcare providers and schools are rated "good" or "outstanding". A CQC Local System Review of services for older people in October 2017 identified multiple examples of good practice and found that a multidisciplinary integrated approach provided a proactive and solution focused service that improved people's experiences. A review of progress in January 2019 reported that the direction of travel continued to be positive with services better integrated and new pathways implemented. These changes have delivered significant improvements in performance in relation to delayed transfers of care and the proportion of people having their needs assessed in a hospital setting. Survey feedback from both people who use services and carers continues to be positive with satisfaction rates comparing favourably regionally and nationally. Over 90% of services that are commissioned for adults with care and support needs are rated 'good' by CQC with no services rated inadequate. An Ofsted inspection of Adult Education in December 2017 rated the service as good. Hartlepool Connect has achieved the Customer Service Excellence standard.

In their 2019/20 Annual Audit Letter, Mazars, the Councils External Auditor, issued an unqualified opinion on the financial statements and value for money conclusion at the Council.

5 Review of Effectiveness

- 5.1 The Council has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by the work of the executive managers within the Council who have responsibility for the development and maintenance of the governance environment, the Head of Audit and Governance's annual report, and also by comments made by the external auditors and other review agencies and inspectorates.
- 5.2 The process that has been applied in maintaining and reviewing the effectiveness of the system of internal control includes:
- Corporate Management Team agreed process for the review of the internal control environment. The risk inherent in meeting departmental objectives and the controls to mitigate those risks are recorded as part of the corporate service planning process at a departmental level. This has brought together risk management, control identification and the process for compiling the evidence needed to produce the AGS. This enables managers to provide documented evidence regarding the controls within their service units as part of the service planning process. The controls in place are designed to negate the identified and recorded risks of not achieving service, departmental or corporate objectives. In order to ensure adequate controls are in place the procedures, processes and management arrangements in place to mitigate identified risks and the officers responsible for them are also documented. Gaps in controls can be addressed as part of the regular reviews of departmental risks and control measures.
 - Director of Resources and Development – reports to the Audit and Governance Committee how the Council's financial arrangements conform to the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2010).
 - Internal Audit – the Council has the responsibility for maintaining and reviewing the system of internal control and reviewing annually Internal Audit. In practice, the Council, and its External Auditors, takes assurance from the work of Internal Audit. In fulfilling this responsibility:

- Internal Audit has reviewed its procedures in line with PSIAS and following an independent external assessment is fully compliant.
- Internal Audit reports to the Section 151 Officer and Audit and Governance Committee.
- The Head of Audit and Governance reports to the Audit and Governance Committee how the Council's financial arrangements conform to the governance requirements of the CIPFA Statement on the Role of the Head of Internal Audit (2019).
- The Head of Audit and Governance provides an independent opinion on the adequacy and effectiveness of the system of internal control, quarterly update reports and an annual internal audit performance report to the Audit and Governance Committee.
- Internal audit plans are formulated from an approved risk assessment package and Internal Audit continues to provide assurance across a broad range of Council activities and functions through the audits it completes.
- External Audit – in their annual audit letter, comment on their overall assessment of the Council. It draws on the findings and conclusions from the audit of the Council.
- Other review and assurance mechanisms: for example, Department of Education, Care Quality Commission, Ofsted, HMI Probation and Service Excellence.

5.3 We have been advised on the implications of the result of the review of the effectiveness of the governance framework by the Audit and Governance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

6 **Significant Governance Issues**

6.1 The following significant governance issues have been identified:

No	Issue	Action	Timescale	Responsible Officer
1	Delivery of Council Plan, revised Performance Management Framework and Medium Term Financial Strategy. The sustainability of services, level	The approved 2021/22 MTFS included the use of reserves which enabled the budget to be set. This strategy provides a period of financial stability to support recovery from the Covid pandemic. The report also highlighted the significant	2021/22 – 2023/24	CMT

	of performance and the continuing need to achieve housing growth.	<p>deficit deferred to 2022/23 and the ability to reduce this by increasing Council Tax in 2022/23 – including the deferred Adult Social Care precept.</p> <p>The MTFS recognises the budget position for 2022/23 to 2024/25 will be the most challenging financial years the Council has ever faced. Detailed proposals for addressing the deficits in the next three years will be developed during 2021/22. This strategy will be supported using reserves to support the phased implementation of the savings plan and to fund the one off costs of achieving savings. A new three year Council Plan has been adopted in February 2021, taking into account the impact of the financial challenges facing the Council. Performance will be reported regularly to CMT and Finance and Policy Committee.</p>		
2	Delivery of Regeneration/ Capital Programme on time and budget in line with key Council objectives.	Responsibility for delivery of schemes allocated to senior officers. Project Management Boards to be embedded with training provided. Regular progress and budget monitoring undertaken through the capital programme management group and the Councils Capital Programme Board, chaired by the Director. Regular updates provided to members.	2021/22	CMT

3	All out elections leading to a potential lack of experience or knowledge if a significant number of new members are elected for the first time.	CMT to address risk through general member induction training. A programme of member training events has been scheduled on key corporate issues. Regular update reports will be provided to committees over the course of the municipal year.	2021/22	CMT
4	Covid 19 Virus effecting the health and wellbeing of the Borough, service delivery and the financial stability of the Council.	Dedicated Corporate Management Team response team setup to co-ordinate and manage the Council's strategic response, including implementation of national guidance at a local level. Following a wide-ranging engagement exercise a Covid Recovery Plan was developed and agreed by Finance and Policy Committee on 13 th August 2020. Emergency plans implemented. New functions established delivering vital services within the borough. Vulnerable people and businesses supported in line with Government guidance and local solutions. Safe working arrangements implemented at the Council in line with Government advice. Financial implications and risks are being managed and monitored. Communication strategy implemented.	2021 onwards.	CMT

6.2 We propose over the coming year to take steps to address the above matters to further enhance our governance arrangements. We are satisfied that these steps will address the need for improvements that

were identified in our review of effectiveness and will monitor their implementation and operation as part of our next annual review.

Signed on behalf of Hartlepool Borough Council:

.....
Managing Director

.....
Chair of Audit and Governance Committee

Reviewing the Annual Governance Statement or Statement on Internal Control

What is an Annual Governance Statement (AGS)?

The AGS is a public statement, normally included with your statement of accounts, which explains how your organisation manages its governance and control arrangements. They are produced by both public and private sector organisations.

What does my organisation need to have?

Confusingly not all public bodies have the same requirement! While CIPFA recommends that all local government bodies in the UK have an Annual Governance Statement, this is only a statutory requirement in England and Northern Ireland. Welsh authorities have a Statement on Internal Control although an AGS is likely to be required from 2010/11 as the Welsh Assembly Government have consulted on this. In Scotland authorities are required to have a Statement on Internal Financial Control. Central government bodies and health authorities are all required to have a Statement on Internal Control.

What's included in these statements?

Although the names are different, there are many similarities between these statements as they all evolved out of the Statement on Internal Financial Control. And there are common features in all good statements. A good statement is open and honest, stating what works well and where improvements are needed. It includes a plan, showing who is responsible for taking action and when they will take action by. It also outlines progress against previous action plans. Whilst the focus of an SIFC is on financial controls, the other statements cover the full range of internal controls and the AGS covers wider governance matters such as ethics and leadership too. The statement summarises the key processes for delivering good systems of control and governance and indicates who is responsible for what. Processes are likely to include internal audit activity, risk management, performance management and other types of review and challenge. Responsibility lies with management, especially senior management, and the audit committee has an important role to play in providing challenge and oversight.

What does the Audit Committee do?

The audit committee has an on-going role in delivering good governance. Every time it reviews an audit report (internal or external) or holds an officer to account for his or her action (or inaction), it is helping to deliver good governance. In relation to the statement itself, the audit committee should take a robust and challenging approach, ensuring that:

- The statement reflects the organisation and is an honest self-assessment. Members should review evidence and challenge it where they believe it to be inaccurate or incomplete.
- They have sufficient assurance from enough separate parts of the organisation (this is known as 'triangulation' in audit circles) to be confident that, where controls and governance are deemed to be good, they are good and, where weaknesses are identified, the statement contains an accurate assessment of those weaknesses.
- The statement itself is well written and would be understood by someone with no knowledge of your organisation. In other words, it should be in plain English, with no jargon and it should include sufficient explanations.
- The action plan addresses all identified problem areas, including those identified in previous years where actions remain incomplete. Actions should be SMART (specific, meaningful, allocated, realistic and timely).

What makes for good governance?

Good practice approaches include:

- Creating and regularly reviewing a vision and direction for your organisation so that everyone understands what they are there to deliver.
- Indicating the level of service to be delivered – you can't be excellent at everything so what will you concentrate on and what can be good enough?
- Board / Member and officer roles are clearly defined, with schemes of delegation and codes of practice/conduct, so that everyone understands what they should and should not be doing.
- Having standing orders, financial regulations and guidance notes so that everyone knows what procedures are to be followed.
- A robust, challenging and supporting audit committee to provide oversight and review.
- Arrangements to ensure that you comply with laws and regulations and identify and act on changes promptly.
- Appropriate and flexible whistle-blowing arrangements.
- Methods to identify and act on officer and member development needs.
- Excellent and open communication with your community.
- Ways to ensure good governance in all your partnerships.
- Promotion of the values of good governance and ethical standards.

How do you draw up a good statement?

- Review and map your assurance framework to make sure that it covers all areas, including the hard to reach ones such as partnerships, and that you do not have any duplication in assurance.
- Obtain wide engagement – not just the head of audit or governance doing everything, but getting mini-governance or assurance statements from directors and heads of service that contribute to the overarching statement and/or setting up a working group to develop the statement.
- Be open and honest – it's about improvement and adding value, not about looking good.
- Be prepared to challenge yourself and look for areas for improvement, perhaps by benchmarking or comparing yourself with other organisations.
- Compare the assurances received to the strategic risk register. Are there any high risk areas that have not been adequately covered?
- Look for any inconsistencies or discrepancies. For example, has assurance been provided that there are no significant problems in an area but you have conflicting evidence from elsewhere (audit, risk, performance, complaints, fraud, etc)?
- Check progress against action plans during the year so problems can be dealt with quickly and governance becomes part of the way we do things round here, not just a once-a-year activity.
- Ensure that the action plan is widely known and understood in the organisation and beyond so that those charged with action are held to account and delivery is more likely.

Key questions to ask:

1. What process has the organisation gone through to gather evidence to support the AGS? Has it involved staff from across the organisation?

2. Have assurance statements already gone through a process of challenge and review prior to presentation to the audit committee? What did this show?

3. Does the action plan flow out of the statement and identify the major issues we need to address as an organisation?

4. Does the action plan include actions outstanding from previous years, prioritised as necessary?

5. How will the action plan be communicated to staff, stakeholders and the public?

AUDIT AND GOVERNANCE COMMITTEE

8th July 2021



Report of: Statutory Scrutiny Manager

Subject: INTRODUCTION TO SCRUTINY

1. PURPOSE OF REPORT

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

2. BACKGROUND INFORMATION

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

Statutory Health Scrutiny

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

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

Additional Responsibilities:

- Recommend to Council that a referral be made to the Secretary of State where there are concerns over insufficient consultation on major changes to services; and
- Participate in, and develop, joint arrangements with neighbouring authorities the Tees Valley Joint Health Scrutiny Committee (including the Tees Valley Joint Health Scrutiny Committee and North East Joint Health Scrutiny Committee).

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

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

NHS bodies – All NHS Trusts including acute or hospital trusts, mental health and learning disability trusts, ambulance trusts and care trusts.

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

Statutory Crime and Disorder Scrutiny

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

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

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

- Policy development – including in-depth reviews;
- Contribution to the development of strategies;
- Holding to account at formal hearings; and
- Performance management.

(iii) Making reports and recommendations to the Council or to the appropriate Policy Committee on any local crime and disorder matter (as defined by section 19 of the Police and Justice Act 2006) which has been referred to it by a Member of the Council as a Councillor Call for Action.

3. RECOMMENDATIONS

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

BACKGROUND PAPERS

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

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AUDIT AND GOVERNANCE COMMITTEE

8th July 2021



Report of: Statutory Scrutiny Manager

Subject: SELECTION OF POTENTIAL TOPICS FOR
INCLUSION IN THE 2021/22 STATUTORY SCRUTINY
WORK PROGRAMME

1. PURPOSE OF REPORT

1.1 To:-

- i) Outline the process for the determination of the Overview and Scrutiny Work Programme for the 2021/22 Municipal Year; and
- ii) Seek consideration of potential topics for inclusion into the Statutory Scrutiny Work Programme for the 2021/22 Municipal Year.

2. STATUTORY SCRUTINY WORK PROGRAMME 2021/22

- 2.1 The Council's Audit and Governance Committee has responsibility for two areas of statutory scrutiny. These two areas are health and crime and disorder.
- 2.2 Each year Overview and Scrutiny identifies, implements and completes an annual work programme as a means of fulfilling its responsibilities. Members are asked to consider the development of the 2021/22 Work Programme, identifying potential topics for investigation and indicative timeframes covering both areas of statutory scrutiny.
- 2.3 As part of this process, it is important to focus resources / committee time, and allow sufficient time to respond to other issues. On this basis, work programmes have in the past generally focused on one primary investigation and Members are asked to bear this in mind in the selection of a topic(s). It is also suggested that Members retain capacity for consideration of:
 - Emerging issues - on an ad hoc basis; and
 - Mandatory / required topics - These topics are either statutory requirements, or have been agreed by the Committee in previous years. Details of these are outlined in **Appendix A**.
- 2.4 As a guide to the Committee in identifying a suitable topic(s) for investigation, the provision of a PICK scoring system has provided beneficial in previous years.

The PICK matrix has again been applied against each of the suggested topics with advisory scoring applied against 4 areas:

- public interest;
- impact;
- council performance and efficiency; and
- keep in context.

2.5 An explanation of the scoring system is attached as **Appendix B**.

2.6 **Crime and Disorder Statutory Scrutiny**

2.7 In considering the development of a potential work programme item relating to **crime and disorder** issues, Directors, Policy Committee Chairs and Members have been approached for topic suggestions. On the basis of discussions, and in meeting the requirements of crime and disorder committee legislation, the below topics have been suggested as potential items for consideration by the Committee in relation to crime and disorder. Please note that these are in addition to the mandatory items outlined in **Appendix A**.

CRIME AND DISORDER TOPIC(S)	Directors / Officers	Councillors	Matrix Score
Cleveland Police Authority's response to serious crime: <ul style="list-style-type: none"> - Performance in tackling serious crime; - Treatment of the public when instances are reported; and - Negative effect on the Council as a partner in the joint Community Safety Team. <p>For further details see Appendix C.</p> <p><i>Please note that this topic was carried forward from 2020/21, with the approval of the Committee, for consideration as a topic for the 2021/22 work programme. No deadline for consideration requested for consideration of the topic.</i></p>		X	8
Acquisitive Crime <p>For further details see Appendix D</p>		X	4
Poor lighting and its impact on Crime <p>For further details see Appendix E</p>		X	2

Neighbourhood Watch Scheme / use of CCTV For further details see Appendix F		X	3
Investigate the Introduction of a Borough wide / large scale landlord licensing scheme For further details see Appendix G		X	8
Public Health Approach to Violent Crime For further details see Appendix H	X		7
Council Highways Policy - Traffic Management / Flow and its impact on residents		X	Not available

Health Statutory Scrutiny

- 2.8 In considering the development of a potential work programme item relating to **health** issues, suggested topics have been sought from Directors, Policy Committee Chairs, HealthWatch, the Tees Valley Clinical Commissioning Group, North Tees and Hartlepool NHS Foundation Trust (NTHFT) and Members.
- 2.9 In addition to the mandatory topic outlined in Appendix A, the below health related topics have been suggested as potential items for consideration by the Committee.

HEALTH TOPIC(S)	Directors / Officers	Tees Valley Clinical Commissioning Group	North Tees and Hartlepool NHS Foundation Trust	Healthwatch	Councillors	Other	Matrix Score
Encouraging Physical Activity (For further details see Appendix I)					X		6
Child Poverty For further details see Appendix J					X		9

<p>Accessibility to services for those with disabilities and lifelong conditions</p> <p>A review of Council regeneration & development activity and accessibility to services for those with disabilities and lifelong conditions to ensure that any barriers, physical, procedural or otherwise, which may inhibit access to services and day to day living are identified, so that reasonable adjustments can be made.</p> <p>Hartlepool's Joint Strategic Needs Assessment - Long Term Conditions Working Well - Health Hartlepool Borough Council</p> <p><i>No deadline for consideration has been set as part to the referral and no previous investigations have been undertaken.</i></p>						X	N/A Council Referral – Required to consider
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- 2.10 In considering potential work programme items for 2019/20, Members may also wish to update the 3 year rolling work programme for this Committee. The establishment of the rolling work programme is considered best practice as outlined in the health scrutiny guidance. This is to enable local partners to be aware in advance of forthcoming priorities of the Audit and Governance Committee.

ROLLING HEALTH SCRUTINY WORK PROGRAMME	Matrix Score
Diet, Nutrition and Diabetes (For further details see Appendix K)	7
Healthy Eating / Obesity (For further details see Appendix L)	8

- 2.11 In setting the Work Programme for 2021/22 consideration also needs to be given to Budget and Policy Framework documents, which will be presented to the Committee during the course of the year (see over the page).

BUDGET AND POLICY FRAMEWORK ITEMS	ESTIMATED TIMETABLE FOR CONSIDERATION
Joint Health and Wellbeing Strategy 2018 - 25	N/A
Community Safety Plan 2020-21	October 2021 (Consultation)
Youth Justice Strategic Plan 2019-21	TBC

2.12 Consideration may also be given to the:

- Council Plan (attached at **Appendix M**) to raise potential areas for consideration. They could range from areas already identified as suitable for development or areas where the specific performance is of concern.
- Tees Valley Clinical Commissioning Group's (CCG) Annual Report 2020/21 (<https://teesvalleyccg.nhs.uk/wp-content/uploads/sites/9/2021/06/Tees-Valley-CCG-2020-21-Annual-Report-and-Accounts.pdf>). The Performance section of the report describes the CCG's work and assesses how they have performed over the last year.
- Healthwatch Work Programme which for 2021 includes:-
 - Maternity provision in Hartlepool
 - Revisiting Discharging procedures
 - Quality of care of those living with dementia

2.13 Having considered the above information, alongside the various topics suggestions, the Committee is advised to be cautious in setting an overly ambitious Work Programme. To assist in this, the **Appendix N** maps this year's Audit and Governance Committee meetings alongside issues already identified for consideration in **Appendix A**.

2.14 It is suggested that the application of a standard template for time allocations should be treated with caution as when scoping a subject a number of complexities may arise, therefore the anticipated duration should be allocated to the subjects on an individual basis. Consideration should also be given to the range of options available for consideration of topics, including:

- Full year (in depth) investigations;
- Time limited (focused / lighter touch) investigations;
- Amalgamation of topics where appropriate;
- One off briefing sessions / reports; and
- Timing of investigations (potentially to later in the year) or rolling forward for consideration as part of the Work Programming process for the following year. This may help investigations fit better with other work being undertaken in terms of topics.

2.15 Once the Committee has identified its Scrutiny topics, anticipated time frames need to be applied. It is recognised that the Committee's workload needs to be managed carefully, with due consideration given to the allocation of appropriate time to allow effective exploration of the identified health and crime and disorder

topics. In order to assist in achieving this, it is suggested that the Committee considers the potential value of establishing working/ task and finish groups to carry out work relating to the topics.

- 2.16 Evidence gathered by the groups outside of the normal scheduled Committee meetings, could then be reported back to the full Committee, maximising the use of resources and time, assisting in the collection of evidence to inform investigations and helping manage the duration of formal meetings. To assist in consideration of this suggestion, Members views are to be fed into discussions at today's meeting, including potential groupings, for consideration by the Committee.

3. RECOMMENDATIONS

3.1 The Audit and Governance Committee is requested to:

- (a) consider the wide range of information detailed within this report to assist in the determination of its 2021/22 Work Programme, utilising the tables provided;
- (b) consider choosing a maximum of one / two topics for the coming year, which will allow for flexibility in its work programme for emerging issues and referrals;
- (c) consider the items on the rolling programme and agree whether to maintain the current items or remove / add topics; and
- (d) consider the working group proposal (as detailed in Section 2.15), to assist in the collection of evidence and effectively manage the duration of formal Audit and Governance Committee meetings.

4. REASONS FOR RECOMMENDATIONS

- 4.1 To develop an effective Audit and Governance Work Programme which will to complement the work of other bodies.

BACKGROUND PAPERS

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

- (i) Community Safety Plan
file:///C:/Users/ceadjw/Downloads/17.12.20_Council_Agenda_1.pdf (11(a)(1) APPENDIX 1)
- (ii) [North-East-and-North-Cumbria-ICS-booklet.pdf \(nhsjoinourjourney.org.uk\)](https://nhs.uk/our-journey/north-east-and-north-cumbria-ics-booklet.pdf)
- (iii) Tees Valley Clinical Commissioning Group's (CCG) Annual Report 2020/21
(<https://teesvalleyccg.nhs.uk/wp-content/uploads/sites/9/2021/06/Tees-Valley-CCG-2020-21-Annual-Report-and-Accounts.pdf>)

- (iv) Hartlepool Joint Health and Wellbeing Strategy (2018-2025) -
https://www.hartlepool.gov.uk/info/20015/social_care_and_health/685/joint_health_and_wellbeing_strategy
- (v) Hartlepool's Joint Strategic Needs Assessment (JSNA) -
<https://www.hartlepool.gov.uk/jsna>

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Health Items

ITEM TO BE CONSIDERED	Details	Estimated Timetable for Consideration by the Forum
Increased awareness of ICS / ICP changes and potential mergers	<p>The North East and North Cumbria (NENC) Integrated Care System (ICS) is a regional partnership between the NHS, local authorities and others, taking collective responsibility for resources, setting strategic objectives and care standards, and improving the health of the 3.1 million people it serves. The NHS Long Term Plan published in January 2019 sets out clear expectations for all Integrated Care Systems.</p> <p>The ICS is a collaboration of NHS commissioners and providers, and our partners, and not a new organisation with statutory powers. The majority of work is focused in places and neighbourhoods; but, alongside this, the ICS provides a mechanism to build consensus on those issues that need to be tackled at scale.</p> <p>The NENC ICS is focussed on ‘at scale’ priorities that multiplies our collective impact around overarching clinical strategy and clinical networks, strategic commissioning (e.g. for ambulance services) and shared policy development. It is supported by four Integrated Care Partnerships (ICPs).</p> <p>In Hartlepool, Stockton on Tees, Darlington, Middlesbrough, and Redcar & Cleveland, NHS organisations have come together, working with local authorities, to lead and plan care for their population in a coordinated way as the Tees Valley Integrated Care Partnership (ICP).</p> <p>Tees Valley Clinical Commissioning Group (CCG) is one of the NHS partners in the NENC ICS who have agreed to work together at scale where it makes most sense to do so, and to protect and emphasise the importance of ‘place’ – local accountability to local populations and the ability to respond to local needs. We will be working across three levels of scale:</p> <ul style="list-style-type: none"> • Place – populations of circa 150,000 to 500,000 people will be the main focus for partnership working between the NHS and local authorities. In these areas, Primary Care Networks (providing services to populations of circa 30,000-50,000 people) will support collaboration between GP practices, social care, other community based care providers and voluntary sector organisations. • Integrated Care Partnerships (ICPs) – populations of around one million (with the exception of North Cumbria, which has unique geographical and demographic features), focused on collaboration across NHS hospital trusts, to ensure safe and sustainable services. • Integrated Care System – a population of circa 3.1 million people, focussed on ‘at scale’ activity that achieves efficiencies. 	Ongoing process with Members seminar on the 12 July 2021

Pharmaceutical Needs Assessment (PNA) Refresh	A&G part of statutory consultation process for comment on the draft PNA	Jan / Feb 2022
North Tees & Hartlepool NHS Foundation Trust Quality Account	Annual reflection on Quality Account and contribution towards the next years Quality Account priorities for North Tees and Hartlepool NHS Foundation Trust (NTHFT).	March 2022
Director of Public Health – Annual Report	Annual Report produced by the Director of Public Health	October 2021
Tees, Esk and Wear Valleys NHS Foundation Trust – Quality Account	Annual reflection on Quality Account and contribution towards the next years Quality Account priorities for Tees, Esk and Wear Valleys NHS Foundation Trust.	March 2022
North East Ambulance Service - Quality Account	Annual reflection on Quality Account and contribution towards the next years Quality Account priorities for the NEAS.	March 2022
Independent Complaints Advocacy Update	Complaints Update	September 2021

Crime and Disorder Items

ITEM TO BE CONSIDERED	Details	Estimated Timetable for Consideration by the Forum
Community Safety Partnership	Details of the quarterly performance monitoring reports of the Safer Hartlepool Partnership be presented to the Audit and Governance Committee on a regular basis.	Q1 – 7 th October 2021 Q2 – 16 th December 2021 Q3 – 17 th March 2022 Q4 – TBC
Community Safety Plan		October 2021 (Consultation)
RIPA (Regulatory of Investigatory Powers Act 2000)	Annual and Quarterly Updates	June 2021 October 2021 (Annual) January 2022 March 2022

Appendix B**PICK Priority Setting****P for Public Interest**

Members' representative roles are an essential feature of Scrutiny. They are the eyes and ears of the public, ensuring that the policies, practice and services delivered to the people of the District, by both the Council and external organisations, are meeting local needs and to an acceptable standard. The concerns of local people should therefore influence the issues chosen for scrutiny. This could include current issues. For example, dignity is consistently cited as a high priority for service users (e.g. Mid Staffordshire Enquiry, care in Winterbourne hospital) and scrutiny committees are well placed to influence the agenda locally and drive forward better quality services). Members themselves will have a good knowledge of local issues and concerns. Surgeries, Parish Councils, Residents Associations and Community Groups are all sources of resident's views. Consultation and Surveys undertaken by the Council and others can also provide a wealth of information.

I for Impact

Scrutiny is about making a difference to the social, economic and environmental well-being of the area. Not all issues of concern will have equal impact on the well-being of the community. This should be considered when deciding the programme of work, giving priority to the big issues that have most impact. To maximise impact, particularly when scrutinising external activity, attention should also be given to how the committee could influence policy and practice. Sharing the proposed programme of reviews with Members, officer and key partners will assist this process.

C for Council Performance

Scrutiny is about improving performance and ensuring the Council's customers are served well. With the abolition of external inspection regimes, scrutiny has an even more important role to play in self regulation. Members will need good quality information to identify areas where the Council, and other external organisations, are performing poorly. Areas where performance has dropped should be our priority. As well as driving up Council performance, scrutiny also has an important role in scrutinising the efficiency and value for money of Council services and organizational development.

K for Keep in Context

To avoid duplication or wasted effort priorities should take account of what else is happening in the areas being considered. Is there another review happening or planned? Is the service about to be inspected by an external body? Are there major legislative or policy initiatives already resulting in change? If these circumstances exist Members may decide to link up with other approaches or defer a decision until the outcomes are known or conclude that the other approaches will address the issues. Reference should also be made to proposed programmes of work in the Council's plans and strategies

Appendix B

PICK Scoring System

- **P**ublic 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

- **I**mpact: priority should be given to the issues which make the biggest difference to the social, economic and environmental well-being of the area

Score	Measure
0	no impact
1	low impact
2	medium impact
3	high impact

- **C**ouncil 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 the current Efficiency, Improvement and Transformation Programme.

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

- **K**eep in Context: work programmes must take 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 worked planned elsewhere
3	Need for review acknowledged

Each topic will be scored under each category as indicated above. Where a category is not applicable, no score will be given.

Topic: Cleveland Police Authority response to serious crime (including reporting)

Details of Referral (as provided by the individual or body) - Investigation into the Cleveland Police Authority's response to serious crime:

- Performance in tackling serious crime;
- Treatment of the public when instances are reported; and
- Negative effect on the Council as a partner in the joint Community Safety Team.

The inability of Cleveland Police inability to and their treatment of the public is affecting the Council's reputation.

Last year Cleveland Police was rated inadequate overall and in three key areas by Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS), which scrutinised its ability to reduce crime and keep people safe, operate efficiently, as well as the way it treats the public and its workforce. They also stated in the report that the force doesn't appropriately prioritise crime prevention.

There appears to be a lack of strategic direction, and the force doesn't allocate enough resources to prevention work. I am concerned that they are failing to respond appropriately to vulnerable people, including children and is missing opportunities to safeguard them / exposing them to risk. Below is an article from the guardian. Other articles and confirmed in the body of the actual report state that the force was responsible for treating the public unfairly and falsifying statements/evidence. <https://www.theguardian.com/uk-news/2019/sep/27/cleveland-police-branded-failing-in-all-areas-by-inspectors>

This would give us an opportunity to have a call to action and rally the public to get involved and provide real life examples of crimes and their personal experiences of dealing with the police.

Deadline requested for consideration of the topic - None
Previous A&G Investigations - None

Background Information

Inspection and review details:

- Link to 2018/19 inspection - [Cleveland - PEEL Assessment 2018/19 - HMICFRS \(justiceinspectorates.gov.uk\)](https://www.justiceinspectorates.gov.uk/cleveland-peel-assessment-2018-19-hmicfrs/)
- Cleveland-integrated-vulnerability-inspection-post-inspection-review (see **Appendix C(i)**)

Safer Hartlepool Partnership Data and Scoring Matrix – See over the page

Appendix C

Crime Category/Type	Oct18 – Sep19	Oct19 – Sep20	Change	% Change
Violence against the person	4,106	4,143	37	1
Homicide	3	0	-3	-100.00
Death or injury due to driving	0	1	1	-
Violence with Injury	986	940	-46	-4.7
Violence without Injury	1,414	1,531	117	8.3
Stalking and Harassment	1,703	1,671	-32	-1.9
Sexual Offences^[1]	294	341	47	16.0
Rape	116	123	7	6.0
Other Sexual Offences	178	218	40	22.5
Robbery	101	78	-23	-22.8
Robbery - Personal	76	63	-13	-17.1
Robbery - Business	25	15	-10	-40.0

AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen.	2 Medium public interest
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.	2 Medium impact
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.	2 Red - Low performance
Keep in Context – work programmes must take into account what else is happening in other areas, to avoid duplication or wasted effort.	2 Need for review acknowledged and work planned elsewhere

TOTAL SCORE: 8

^[1] 28% of offences recorded in the assessment period were historical offences i.e. occurred before October 2018.



Integrated vulnerability inspection post-inspection review

Cleveland Police

Contents

Introduction	1
The 2017–2019 inspections conducted by HMICFRS	2
Our 2020 post-inspection review	5
Post-inspection review detailed findings: initial contact and response	8
Recommendations from the reports of the 2017–2019 inspections	8
Summary of post-inspection review findings	9
Post-inspection review detailed findings: assessment and help	13
Recommendations from the reports of the 2017–2019 inspections:	13
Summary of our post-inspection review findings	14
Post-inspection review detailed findings: crime recording	18
Recommendations from the reports of the 2017–2019 inspections	18
Summary of our post-inspection review findings	18
Post-inspection review detailed findings: investigation	21
Recommendations from the reports of the 2017–2019 inspections	21
Summary of our post-inspection review findings	21
Post-inspection review detailed findings: child investigations	25
Recommendations from the reports of the 2017–2019 inspections	25
Summary of our post-inspection review findings	25
Post-inspection review detailed findings: decision-making with partners	28
Recommendations from the reports of the 2017–2019 inspection	28
Summary of our post-inspection review findings	28
Post-inspection review detailed findings: managing suspects and offenders	30
Recommendations from reports of the 2017–2019 inspection	30
Summary of our post-inspection review findings	30
Post-inspection review detailed findings: police detention	33

Recommendations from reports of the 2017–2019 inspection	33
Summary of our post-inspection review findings	33
Next steps	36
<u>Explanatory notes</u>	<u>37</u>

Introduction

Between 2017 and 2019, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) carried out three inspections of Cleveland Police:

- [National Child Protection Inspection \(NCPI\) \(2017\)](#)
- [Crime Data Integrity \(CDI\) \(2018\)](#)
- [Police Effectiveness, Efficiency and Legitimacy \(PEEL\) \(2019\)](#)

A common strand in the findings from these inspections is the force's ability to protect vulnerable people, including children. Between the three reports, we gave the force two causes of concern, along with multiple recommendations and areas for improvement.

In November 2020, a year after the PEEL inspection was published, we returned to review the progress the force had made in responding to the open recommendations from all three inspections that specifically relate to how the force protects vulnerable people.

This is a bespoke inspection of how the force is responding to, assessing, safeguarding, investigating and protecting vulnerable victims. This is the first time that we have brought together multiple types of inspection to review the progress the force is making in a single area. The review included:

- an examination of force policies, strategies and other documents;
- an audit of calls, incident logs and case files, including child protection cases and vulnerable adult cases, that related specifically to the areas for improvement set out in the previous inspection reports (this audit looked at case files from June to August 2020);
- interviews with officers and staff;
- some 'reality testing' of the force's processes and speaking to some staff doing this work where this could be done remotely without extracting them from their work.

This inspection took place during the COVID-19 lockdown period. So that our inspectors could continue to inspect, the force provided remote access to incident and crime-recording systems, investigation files, telephone recordings and body-worn video footage.

This report outlines our findings from our 2020 post-inspection review.

The 2017–2019 inspections conducted by HMICFRS

Our 2017 NCPI inspection

In May 2017, we inspected how well Cleveland Police was keeping children under the age of 18 safe.

While some of the findings were encouraging, we identified weaknesses in the force's approach to child protection and made seven recommendations.

We found that:

- the force was committed to protecting children. Protecting vulnerable people was a priority for the force and the police and crime commissioner (PCC) and was reflected in the police and crime plan.
- the chief constable, his chief officer team and the PCC all had a strong commitment to child protection. In 2016, the force conducted an internal review of demand, which led to the allocation of additional resources for those departments responsible for child protection. The review also prompted significant changes to the governance and oversight arrangements that shape the force's approach to child protection and vulnerability.
- overall, work being done by the force was improving outcomes for vulnerable children, and its focus on vulnerability was translating into positive action for its child protection work.

However, HMICFRS also discovered some weaknesses in the force's approach to child protection.

- Inspectors found that investigations often lacked evidence of supervision. This contributed to drift in the investigations and inconsistent outcomes for children.
- We were concerned about the force's response to those children reported missing. HMICFRS assessed several cases of missing children and found a failure to properly assess risk or undertake prompt and effective enquiries to locate children – many of whom were reported missing on a regular basis.
- The force needed to improve its approach to children detained in custody, who are often vulnerable and have complex needs. HMICFRS could find no evidence, in any of the cases we examined, of referrals being made to children's social care services for an assessment of safeguarding needs to be undertaken. In addition, in none of the cases where children were charged with an offence and denied bail were they transferred to alternative accommodation provided by the local authority. This means that children are being unnecessarily detained in police custody.
- During the course of the inspection, we examined a total of 81 cases where children were identified as being at risk. The force's practice in 15 of these was assessed as good, in 42 as requiring improvement and in 24 as inadequate. This demonstrated how there were still areas where improvement was required to ensure that the quality of the service the force provides to those children in need of help and protection is consistent and of the appropriate quality. Better recording of decisions taken, the rationale for these decisions and the actions agreed as a result would help the force to achieve this improvement.

We conducted a post-inspection review of these recommendations in July 2018, and further reviewed them during our PEEL inspection in May 2019. All seven remain open.

Our 2018 CDI inspection

In March 2018, we inspected how well Cleveland Police recorded crimes and placed the victim at the forefront of its crime-recording decisions.

The force was judged to be inadequate and was given a 'cause of concern' and associated recommendations.

We found that the force:

- achieved good levels of recording accuracy for reported sexual offences, including rape crimes;
- was good at recording crimes of modern slavery;
- was good at recording crimes reported directly to its protecting vulnerable people teams;
- had improved its processes for cancelling crimes, leading to good performance in this area;
- had implemented most of the recommendations set out in our [2014 report](#); and
- had made good progress against a national action plan developed to improve crime recording by police forces.

However, Cleveland Police officers and staff too often failed to make correct crime-recording decisions at the first opportunity when dealing with reports of violent crime, especially in cases of domestic abuse. This was due to deficiencies in the force's crime-recording processes, insufficient understanding of crime-recording requirements, and limited supervision to correct the decisions of officers and staff and improve standards from the outset. This meant that the force was letting too many victims down.

We found unacceptable standards in the following areas:

- The force was under-recording violent crimes.
- The process for identifying domestic violence incidents as crimes and assessing the correct closure of such incidents within the force control room did not support accurate crime recording.
- The force was not recording crimes within the 24 hours permitted.
- The force needed to improve the extent to which it collected information regarding the effect of criminality on identifiable groups within communities, in particular groups with identifiable protected characteristics (e.g. gender, sexuality or ethnicity).

Those failings were a consequence of officers and staff not always understanding their responsibilities for crime recording, compounded by deficiencies in the processes for crime recording within the force and inconsistent and limited supervision of crime-recording decisions.

Our 2019 PEEL inspection

In May 2019, we inspected how well Cleveland Police was protecting vulnerable people, as part of a broader PEEL inspection. The force was judged to be inadequate and was given a cause of concern and associated recommendations that relate to the service provided to those who are vulnerable.

We found that Cleveland Police was failing to respond appropriately to vulnerable people, including children. We raised serious concerns that the force was leaving vulnerable victims at risk. The force had high levels of repeat victimisation but wasn't considering the cumulative effect, and there were too many examples of the force:

- not identifying vulnerable victims;
- not providing any response to vulnerable victims, or providing a significantly delayed response;
- not fully assessing and safeguarding vulnerable victims including children; and/or
- not adequately investigating cases with low levels of vulnerability.

The force's approach to vulnerability was unclear. There was no vulnerability strategy or overall approach that the workforce understood. It analysed some patterns of offending against vulnerable victims but didn't use this knowledge well. Training for some of the workforce in how to identify and assess vulnerability had helped their understanding.

The force had made changes to try and manage its demand. But in doing so it was creating unnecessary risks in how it:

- deals with non-emergency calls;
- responds to vulnerable victims, particularly victims of domestic abuse;
- assesses victims of domestic abuse and associated children; and
- manages reports of missing children.

It had plans to improve its call handling, but these plans didn't fully address all the problems.

The force didn't make effective and consistent use of protective powers and measures to safeguard vulnerable victims. It wasn't making disclosures under [Clare's Law](#) and [Sarah's Law](#) promptly, and it wasn't making sufficient use of [domestic abuse protection notices](#). This was despite the high number of repeat incidents and the increase in domestic abuse incidents overall.

The force worked well with partners to assess, respond to and safeguard victims. There were mental health and domestic abuse practitioners in the force control room. The multi-agency approach in the north of the force to safeguard children was effective. But a similar approach in the south of the force hadn't started.

During this PEEL inspection, we reviewed all the recommendations relating to our previous national child protection inspections (NCPI) of Cleveland Police. Disappointingly, the force hadn't made enough progress for any of those recommendations to be signed off.

Directly after our PEEL inspection, as a result of enduring concerns about the performance of Cleveland Police, a decision was taken to engage the force in our [formal monitoring process](#) through which there is an increased level of scrutiny of a force.

Throughout this process, the force has prioritised the improvements it needs to make in assessing, safeguarding and investigating incidents and crimes that involve vulnerable people.

Our 2020 post-inspection review

Summary of findings

Since our last inspection, the force has appointed a new executive team and senior leaders, and has started a significant programme to implement changes across the whole organisation. As part of this, it has prioritised how it deals with vulnerable people, particularly victims of domestic abuse, and started to develop its overall approach to vulnerability. In January 2020, the force launched its vulnerability strategy, which focuses on “protecting vulnerable people in our communities with the objective of creating a vulnerability-centred approach to policing”. Implementation of this strategy is overseen by a strategic governance meeting, and the force is starting to restructure and change its ways of working to better protect vulnerable people.

During this inspection, we found that the force has made progress in most areas relating to the protection of vulnerable people, but it needs to continue to improve to achieve a good standard of service. We recognise the scale of the task for the force, and that some areas will take longer to address. However, we remain concerned about the limited progress made in some areas, despite the force’s efforts to improve.

Our findings from our review of open recommendations follow the victim’s journey from initial contact and response through to the detention of other people, including children.

Initial contact and response

The level of service when someone calls the force for help has improved, as has the initial assessment of the call, which informs the correct grading of the response. The force has also improved its prioritisation of vulnerable victims to get to them as quickly as possible, and is getting better at managing its incident queues. While we are pleased to see this progress, there are still too many victims, including victims of domestic abuse, whose risk grading means that they should be responded to within an hour, but who are left waiting.

Officers are better at identifying vulnerable people and understand the need to assess the risk to them so that appropriate support and safeguarding can be sought. We found that the content of these referrals needs to continue to improve so that partner agencies and the force have enough information to decide what support is required.

The initial response to most children who go missing remains poor and, while we found notable improvement in some of the investigations of children who go missing regularly, not all of these cases are investigated further once the child is found.

Assessment and help

We found that more risk assessments are being submitted when officers attend incidents involving vulnerable victims, and that they are being submitted more often for children in custody or who go missing from home, so that appropriate support can be sought from partner agencies. This is a positive development.

The timeliness of sharing information with partners has improved for support to be sought through multi-agency partnership arrangements now in place across the force area. However, too often, child strategy meetings are not being held when they should be.

Crime recording

We are pleased with the significant improvement the force has made in its overall recording of reported crime. The force has increased its workforce's knowledge and understanding of crime-recording requirements, supported by good governance and audit. The force has made only marginal improvements to its poor recording standards for violent crime, particularly for domestic abuse-related crimes such as coercive controlling behaviour, harassment and stalking, and many serious crimes involving anti-social behaviour (ASB) are not being recorded or investigated.

Investigations

The overall quality of investigations has not yet improved. We found that less than half the force's investigations are of a good overall standard, which is similar to our findings in 2019. This was evident across all types of investigations, but more apparent this time in complex investigations involving vulnerable adults and children. While the force has made several changes to its systems and processes, at the time of inspection, these had not yet resulted in the improvement expected.

Officers have improved the way they engage with victims, making contact regularly and providing updates. There are better relationships between officers and victims in cases of domestic abuse, and a significant improvement in gaining the support of victims to progress prosecutions and bring offenders to justice, which safeguards them and the wider public.

Managing suspects and offenders

The force is better at catching criminals, and making robust interventions and more timely arrests. It is prioritising suspects, who haven't yet been arrested, and wanted offenders, through its daily management meetings and regular review by police managers. It has improved its use of legal powers to prevent re-offending, through an increased arrest rate, the use of conditional bail and better use of [domestic violence protection notices](#) (DVPNs).

Police detention

Children who are detained by the force may also be vulnerable. We found that too often children are spending the night in custody because of delays in the arrival of an 'appropriate adult' to deal with their needs. For children who are charged and refused bail, we found that officers and staff correctly request secure accommodation, but too often this cannot be provided by statutory partners.

Overall, we are not yet seeing the improvements we expect in how the force responds to, assesses, safeguards and investigates cases involving vulnerable children, including domestic abuse cases, missing children, and child abuse and exploitation. This remains a concern.

The force is better at identifying, assessing, protecting and supporting victims of domestic abuse. It has changed its processes to focus on these victims after we found in 2019 that it was putting them at risk because levels of repeat victimisation were high, it was failing to identify victims as vulnerable and to fully assess and safeguard them, and it wasn't providing any response at all to some victims. The positive changes we found this year, with the force's vulnerability desk and better officer engagement with victims, are starting to reduce the number of victims who are suffering from domestic abuse multiple times. The force acknowledges that it needs to continue with this positive progress to achieve a good overall standard and improve its investigation of domestic abuse-related crimes.

This inspection took place during the COVID-19 tier restrictions, during which many of the force's officers and staff had to change the way they work. In addition, the force has a significant lack of capacity and capability, from its frontline officers to its specialist investigators, and officers and staff have to work long hours to maintain levels of service to the public. This has been further affected by social distancing requirements, resulting in limited face-to-face training and skills development of officers and staff. The early findings from this inspection have been shared with the force and it has responded positively to ensure that aspects identified during this inspection are included within its programme of change.

Post-inspection review detailed findings: initial contact and response

Recommendations from the reports of the 2017–2019 inspections

For initial contact and response, we recommended that Cleveland Police ensures that:

- at the point of contact, for the purpose of crime recording, greater emphasis is placed on the initial account of victims and that victims are believed following a deployment (CDI);
- call handling staff can draw together all available information from police systems to better inform their response and risk assessment (PEEL);
- staff are aware of the significance of drawing together all available information from police systems, including information about people who pose a risk to children, better to inform risk assessments (NCPI);
- conversations between call handlers and callers are summarised accurately in the incident log and the full facts are communicated to officers on which to base crime-recording decisions (CDI);
- officers and staff can identify vulnerable people and repeat victims effectively (PEEL);
- officers promptly attend incidents involving vulnerable people, and any regrading of incidents is based on a structured and recorded risk assessment with supervisory oversight (PEEL);
- the grading process for incidents is improved (CDI);
- staff are aware of their responsibilities for protecting children who are reported missing from home, particularly those cases where it is a regular occurrence (NCPI); and
- all children managed within VEMT (now CET) have a trigger plan (PEEL).

We recommended that training is provided on:

- the importance of first account of the victim, malicious communications, harassment and public order (CDI);
- the need to record as full an account from the caller making it clear when an incident amounts to a crime (CDI); and
- the need to fully communicate all available information to officers deployed (CDI).

Summary of post-inspection review findings

Call handling

The force's control room, where calls are received, was managed by a private provider until May 2019 when it transferred back to the force. Since then, the force has restructured the control room, increased the number of staff who work there, and recruited and trained these staff.

The standard of call handling has improved

In this inspection, we found that the majority of calls are answered promptly, and callers receive a polite, professional and empathetic service from the call handler. Call handlers also provide callers with appropriate advice about how to keep safe until an officer can attend, and how to preserve evidence.

Domestic abuse victims can now contact the force silently in an emergency situation. The force conducted a mass 'text burst', which was sent to known high-risk victims of domestic abuse, where a secure mobile number exists, providing them with detail of how to contact the police and make use of the Silent Solution 55 approach. The Silent Solution system enables a 999 mobile caller who is too scared to make a noise or speak to press 55 when prompted, which informs police they are in a genuine emergency situation.

Understanding of the importance of recording a full account from the victim has improved

Call handlers have received training on the importance of recording the first account given by the victim. We found that the call log is an accurate reflection of the call in most cases. However, call handlers do not always question the caller about the full circumstances, or about any wider context relevant to vulnerability.

Control room staff are better at identifying risk and this is reflected in the grading of the incident

Call handlers have now been trained to use a structured risk assessment ([THRIVE](#)) to properly assess the risk to the caller or victim. We found that in the majority of cases the risk assessment reflects the content of the call, and the grading of the response is appropriate to the level of risk. The force has changed its policy so that any re-grade of an incident now requires a rationale to be documented, and must be authorised by a supervisor. We found that very few incidents were being re-graded, and those that were had rationale recorded, but half lacked any supervisory oversight.

Officers and staff are better at identifying vulnerability, but more needs to be done to effectively identify repeat victims

In 81 percent of the case files we looked at, vulnerable victims were identified correctly, which is an improvement on what we found in 2019. However, this means that one in five victims are still not being correctly identified as vulnerable. We also found that, in some calls, the brief questions asked by the call handler did not fully explore the victim's vulnerability or wider context, so the full circumstances were not learned or recorded. The force now monitors this through regular audits of its calls.

The identification of repeat victims has improved, though it still lags behind overall identification of vulnerable victims – only 64 percent of repeat victims are being identified and recorded.

Call handlers do not yet have access to all the relevant police systems, which means they don't have all the information they need to fully complete a structured risk assessment

Assessments are completed based on the content of the call, but call handlers cannot access wider information in police systems to fully assess the risk to the victim. For example, they cannot access information about the suspect to understand if they pose a threat, or assess the risk from and to other people or children associated with the incident or caller.

This means that the risk assessment is only as good as the information that is presented to the call handler, and so the officer responding to the incident will not have all the facts they need. This in turn is likely to affect any assessment they make and their decisions about recording crimes and safeguarding. While we recognise that the force plans to introduce a newer version of an existing product, known as 'ICE', to provide better information, this still won't give access to the full range of information required.

The force is better at assessing the vulnerability of, and risk to, victims of domestic abuse, including repeat victims

In our 2019 report, we were concerned that the force had high levels of repeat victims and wasn't considering the cumulative effect of numerous incidents on the same victim. We also found too many examples of repeat vulnerable victims not being identified as such.

A 'vulnerability desk' has been created within the control room, which has made a positive impact. It focuses on victims of domestic abuse, and is staffed by police officers with experience of identifying vulnerability and safeguarding victims, and whose role is to support call handlers in understanding vulnerability better. The desk's role is specifically focused on improving the experience for victims of domestic abuse when they call the force for help, and ensuring that they receive an appropriate response. These officers have access to all force systems and are better able to make a full assessment of risk, including the cumulative effect, based on all the information known about the victim, suspect and other people in the household, including children. As a result, these victims are being prioritised and officers have more comprehensive information when attending incidents. The role of this desk had been limited to

domestic abuse, but during our inspection we found that it had just started to support incidents where rape was reported.

The force is starting to see the positive effect of this process, and there has been a reduction in the number of domestic abuse repeat victims, which the force has communicated is its priority.

Call handler training has commenced

Training for staff working in the control room has been reviewed and new staff are being trained prior to starting their role. However, existing staff don't have a training day built into their shift pattern, which is a legacy from when they worked for a private provider. This is intended to change in January 2021 when they start a new shift pattern that includes a built-in training day. This change should result in further improvement.

Some online training about stalking and harassment has been provided but staff haven't yet received training in malicious communications and public order. Additional training has been delayed because of the COVID-19 situation and social distancing requirements.

Deployment and response

The force has recruited additional frontline officers to fill the vacancies we saw in 2019. It has also begun recruitment as part of the Home Office's 'uplift programme', which provides funding to increase police officer numbers. This will mean an additional 200 officers by the end of 2020/21 in Cleveland. Most of these officers have now been recruited, which means that, like many forces, nearly half of Cleveland Police's response function is now made up of student officers. This presents challenges not only for the officers themselves but for the force as a whole in terms of how best to deploy officers with limited experience. An effective supervision and development programme for these new officers will enable the force to make the most of the opportunity provided by this increase in the workforce.

A new shift pattern for all response officers was designed to provide a more timely response to victims, particularly those who are most vulnerable and need urgent help. This was created based on the force's understanding of incident demand, but was implemented in May 2020 during the first COVID-19 lockdown that unexpectedly changed the type and volume of incidents being reported.

The response to incidents involving vulnerable people, including victims of domestic abuse, has improved. However, further improvement is required

In the majority of cases we reviewed, we found a consistent approach to allocating incidents to the appropriate team. Cases involving vulnerable people are primarily allocated to response officers.

We also found that the monitoring of incident queues has improved, and victims of domestic abuse and other types of vulnerability are being prioritised. This means that vulnerable victims are receiving a more timely and appropriate response than we found in 2019. However, there are still too many vulnerable victims who have to wait too long for a response.

We saw some incidents being upgraded through positive intervention by supervisors and the vulnerability desk to ensure a more appropriate response. But we also found that delays in responding to incidents is having an impact on the subsequent investigation, where some victims are left waiting for hours or days, with little or no supervision of the incident.

The force's response to missing children remains poor

It is taking too long for officers to respond to children who regularly go missing. When a child is identified as high risk, requiring an immediate emergency response, there is a more prompt response in most cases and positive work to try and locate the child. However, too often there are delays in looking for children who are not assessed as very high risk and require a response within an hour. And valuable information about children who go missing regularly is not being shared with response officers. The force should have 'trigger plans' to provide background about these children and where to look for them.

When a child is found, or returns home, officers usually visit and speak to them. However, this is usually just a simple check to make sure that they are safe and well. Officers should conduct a full 'prevention interview'. Interviews with children at this stage can provide important information about the reasons why they are running away, particularly when this is happening frequently.

'Return home' interviews are the responsibility of the local authority. In the cases we audited, we saw no evidence of the force receiving information from these interviews. Therefore, intelligence that would inform trigger plans, reports of crimes or other information, could be being missed.

We also found that when children are reported missing, the use of language within force records is still not appropriate. We saw phrases such as "he can keep himself safe" or reference to a child being "street wise".

All this suggests that officers do not yet fully understand the link between children going missing and their being exploited or exposed to other risks.

Post-inspection review detailed findings: assessment and help

Recommendations from the reports of the 2017–2019 inspections

We recommend that Cleveland Police ensures:

- effective completion of a structured risk assessment (PEEL);
- officers always record their observations of a child's behaviour and demeanour at domestic abuse incident (NCPI);
- that staff are aware of the need to pass information about people who pose a risk to children on to other agencies (NCPI);
- referrals for ongoing safeguarding are made at the appropriate time (PEEL);
- the force improves its work with partner organisations in relation to sharing information and safeguarding through a multi-agency safeguarding hub (first issued in PEEL 2015);
- it supplies the information people need and are entitled to under the provisions of [Clare's Law](#) and [Sarah's Law](#) (PEEL); and
- the force must take immediate action to ensure that there is sufficient supervision of domestic abuse cases assessed as having a standard level of risk (PEEL).

We recommended that Cleveland Police immediately undertakes a review, together with children's social care services and other relevant agencies, to ensure that the force is fulfilling its statutory responsibilities as set out in [Working Together to Safeguard Children](#). As a minimum, this should include:

- the assessment of risk, how information is shared and the development of joint protective plans (NCPI).

Summary of our post-inspection review findings

Officers better understand the need to assess the risk to vulnerable people, but more detail is required for decision-making

In cases involving vulnerable victims, including children, officers are required to complete a public protection notice (PPN), which includes sections to assess victims of domestic abuse, vulnerable adults and children. The information recorded about the victim is used to make an assessment of risk to the adult or child. The attending officer then makes their own assessment, which is reviewed by their supervisor. People who are assessed as being most vulnerable, including any child who is identified, have a secondary review by the force's protecting vulnerable people (PVP) hub. This is then shared with partner agencies.

We found an increase in the number of PPNs being submitted for vulnerable people, and more focus on the quality of the entries being made by officers through dip samples being undertaken within the force.

We also found improved oversight when the level of risk on a PPN is re-graded. These now have improved oversight by the force's PVP hub and are reviewed daily to ensure that the assessment of risk is correct before the information is referred to partners.

We are pleased to find that the force is no longer completing risk assessments without seeing the victim or others in the household. In 2019, the force was doing this over the phone as part of a telephone investigation, based on an ongoing national pilot to assess whether this was an effective way to manage demand. However, Cleveland Police was not part of this pilot, which was being done in a controlled environment and had not reported its findings.

The recording of the behaviour and demeanour of children, despite efforts, remains inconsistent

All children who are associated with a household where domestic abuse has occurred are required to be risk assessed for their own safety and wellbeing. Basic details of the child must be recorded on the PPN, including:

- the child's name, address and age;
- the name of their primary carer and GP; and
- the name of their school if they are of school age.

Officers are now better at recognising the risk to children, and more children are now being identified at the scene of domestic abuse incidents, when detained in custody, and when they go missing from home.

The force has gone to some effort to encourage officers to record children's concerns and views. It has provided guidance to officers on completing a PPN 'through the eyes of a child', and regularly reviews the quality of PPNs when a child is identified, picking up on common mistakes and communicating these back to officers. The force has developed the mnemonic 'CHERISH' to help frontline officers more accurately capture

a child's experience – 'Correct children, Hear the voice, Extra mile, Right residence, Investigator's eye, School setting, Health providers'.

However, despite this improvement, officers are still not consistently taking the time and care to record the circumstances and potential risk experienced by children living in households where domestic abuse is happening. The child's demeanour, concerns and experiences are often not captured. The information that is recorded is often not detailed enough to inform decision making, and important factors about cumulative risk based on the history of incidents is frequently not provided.

Some children are being identified by partner agencies as a result of an adult referral in the same household. While this acts as a safety net for some children living in domestic abuse households, it is still the responsibility of the attending officer to record this child as being at the address, speak to them and assess them properly.

When a child is identified, the quality of the PPN is regularly monitored to ensure that all relevant details are included. The PVP hub oversees all cases that are high risk, medium risk and those where children are already identified.

The oversight of domestic abuse cases assessed as 'standard risk' and the assessment of cumulative risk remains inconsistent

In our 2019 report, we found that there was limited oversight of domestic abuse cases assessed as 'standard risk' and that the force had no way of assessing the cumulative risk to adults and children who experience many incidents, because frontline supervisors did not have the necessary time to do the full range of research required.

In our recent inspection, we found that reviewing standard-risk PPNs was still the responsibility of frontline supervisors, who mostly ratify what the officer has written, often with no further input or research recorded. We also found that sergeants are lowering the risk assessment without any understanding of whether this is the right thing to do. The lack of oversight of standard-risk PPNs remains a concern.

More positively, we found that all referrals where children are already identified are subject to a secondary review by the force's PVP hub. In addition, repeat victims who have suffered more than three occurrences of domestic abuse within six months, or four or more occurrences in 12 months, are also reviewed centrally. This means in these cases there is more opportunity for the cumulative or escalating risk to be captured.

The force has immediate plans for a more integrated approach to safeguarding, which means all domestic abuse assessments will be reviewed centrally by the relevant safeguarding hub.

The timeliness of referrals to partners for ongoing safeguarding has improved

We found that how promptly PPNs are shared with partners has generally improved. Officers can now complete a PPN remotely via their mobile device, which allows them to refer vulnerable people directly to support services, and to submit them for ongoing help and safeguarding in a timelier way.

Partners also told us that they are starting to see improvements in how quickly PPN referrals are shared through the multi-agency safeguarding arrangements.

The force is quicker at sharing information with schools about children of school age who are living in domestic abuse households. It has invested in additional staff to support its [Operation Encompass](#) process to do this.

Multi-agency safeguarding arrangements are in place across the force area for children and young people

The force contributes to well-established [multi-agency arrangements](#) through its children's hub in the north of the force area, covering the local authority areas of Hartlepool and Stockton.

It has since worked with partners to set up a similar joint arrangement with two local authorities in the south of the force area to allow for improved information sharing and safeguarding decisions. This joint arrangement started in June 2019, but it was subsequently affected by the two local authorities working in different ways. The force still has multi-agency safeguarding arrangements in place with these local authorities, but it has had to invest more of its resources to facilitate this change.

At the time of inspection, the force was changing its own internal processes to allow for better integration with partners. From December 2020, its internal PVP hub will be integrated into the multi-agency arrangements to allow for further joint working. While we have not been able to inspect the effectiveness of this recent change, we will do so as part of our continuous assessment.

The force has improved its sharing of information with partners about children at risk, but it doesn't always record enough detail or hold a strategy discussion

We found that information is now usually shared more often and more promptly with partners. However, the quality of these referrals is mixed – sometimes the paperwork is incomplete, often leaving out the views and experience of the child. Children's social care services make an assessment based on the content of these referrals, so decisions about intervention are often based on incomplete information.

This was particularly evident in the domestic abuse cases we reviewed that involved children. We didn't see any that resulted in a strategy discussion even when we would have expected there to be one.

The local authorities do not routinely report the decision they have made to the force. As a result, there is no opportunity to provide further information or challenge the decision, and consequently opportunities to intervene are being missed.

The force is poor at recording the ethnicity of children – in almost half the cases we reviewed this wasn't recorded. This means that the force is unable to accurately assess how ethnicity affects risk to children, or to monitor whether it treats children equitably.

Information sharing for the highest risk cases of domestic abuse is inconsistent

The force participates in a [multi-agency risk assessment conference](#) (MARAC), where the highest-risk domestic abuse cases are discussed between partners so that a co-ordinated safety plan can then be created. We found good representation from agencies and local support organisations at the meeting we observed. While this represents good joint working with partners, we also found that there were additional safeguarding actions and tactics that could have been explored during the meeting but weren't. The force is one partner of many who are involved in the MARAC process. However, the process is not fully owned by the force. A strategic MARAC group has recently been re-formed (following an 18-month period within which it did not meet) and has commissioned a review of the whole MARAC process by [SafeLives](#).

The force is now quicker at supplying information that people need and are entitled to under the provisions of Clare's Law and Sarah's Law

The force has reviewed its processes for both [Clare's Law](#) and [Sarah's Law](#) disclosures to members of the public. Members of the public can now request a disclosure using an online form on the force's website. Requests are now managed by a dedicated officer who risk assesses them to ensure that anyone who may need to be safeguarded receives this information within 24 hours. When a disclosure about a person is appropriate, these are now provided without delay, and the recording of these requests on force systems has improved.

We recognise that the force is involved in, and has access to, other partnership arrangements to gain support and help for vulnerable people. These don't feature in this report because they are not part of our inspection and not part of the recommendations we have issued to the force. They include, but are not limited to, partnership arrangements such as Team around the Individual, Team around the Family, Transformation Challenge and the Future for Families programme.

Post-inspection review detailed findings: crime recording

Recommendations from the reports of the 2017–2019 inspections

We recommended that:

- the force improves its process for the supervision of the closure of incident records, ensuring that this includes a check of compliance with the crime-recording rules and that sufficient supervisory knowledge and capacity exists to do so (CDI);
- victims are believed following deployment (CDI); and
- the force should immediately improve how it collects diversity information from victims of crime and how it uses this to inform compliance with its equality duty (CDI).

Summary of our post-inspection review findings

The force has improved its processes and increased the knowledge and understanding of its workforce, supported by good governance and audit

We found that the force has appropriate arrangements in place. An accredited force crime and incident registrar oversees crime-recording standards, interprets the crime-recording rules and assigns outcomes. They have direct access to a chief officer who is responsible for the force's crime performance. The chief officer has oversight through a strategic crime-recording group that is responsible for driving improvement. A range of guidance, awareness-raising publications, videos and drop-in sessions have been made available to officers and staff to improve their knowledge and understanding. A comprehensive audit programme also helps the force to understand where it needs to improve.

While we couldn't assess the knowledge and understanding of frontline officers during our remote inspection by speaking to them directly, their application of crime recording in the files we reviewed shows that these have increased. This is noteworthy.

The force has made promising improvements to its recording of crime

We found that the force's overall recording of crime has improved since 2018, but further improvement is still required.

Our audit of crimes found that the force now records 89.9 percent of crime (with a confidence interval of ± 2.6 percent). This is a statistically significant improvement.

There has also been a notable improvement in the force's recording of sexual offences, with a recording rate of 97.1 percent (confidence interval \pm 2.9 percent).

In the recording of reports of rape, we reviewed 43 crimes, of which 37 were correctly recorded. Six crimes of rape were not correctly recorded, although in four of these cases the victims were adequately safeguarded and investigations were carried out. The two remaining incorrectly recorded crimes were historical reports of rape and related to one victim who had been raped twice. In those cases, the police made little attempt to safeguard the victim or carry out an effective investigation.

It is estimated that 4,800 additional crimes have been recorded in the year covered by our inspection, as a result of the improvements made so far, compared to 2018.

There is less improvement in the recording of violent crime

We found marginal improvement in the recording of violent crime at 84.2 percent (confidence interval \pm 4.6 percent) with an additional 860 crimes now having been recorded. Some of the unreported crimes were 'additional crimes' – that is, situations involving multiple crimes where the primary crime was recorded but secondary crimes weren't. However, some of the crimes not recorded were outright crimes. And a high proportion of these unrecorded crimes involve cases that relate to domestic abuse involving harassment, stalking and coercive controlling behaviour.

Of the 558 reports of crime that we audited, we assessed 134 as related to domestic abuse. Of these, the force had recorded 110. The 24 offences not recorded included 21 violent crimes, a sexual offence and two other crimes. We dip-sampled the missing crimes and found that six of the seven we assessed had no investigation because no crime had been recorded. The force had safeguarded all but one of the victims.

The force is not recording or investigating most serious crimes relating to anti-social behaviour

As part of our revised methodology for 2020, we examined 50 incidents of ASB. In this sample, we found 17 crimes that should have been recorded, but only 2 had been, meaning that 15 crimes hadn't been investigated. Many of the missing crimes related to harassment between neighbours.

Incidents recorded as ASB often contain reports of crime that are not recorded and may involve vulnerable victims suffering long-term abuse. The force should strengthen its systems to make sure that crimes reported as part of ASB are identified and recorded, so that the victims of these crime-related incidents receive the same investigation and safeguarding support as victims of other crimes.

The force has improved in its recording of crimes within the 24 hours permitted

In 2018, we found that the speed of crime recording was poor, with too many crimes not being recorded within 24 hours (although we did not issue a recommendation). During this inspection, we found that crimes were mostly recorded or screened out within a few hours. However, victims are not routinely informed when their report has been screened out, leaving them unaware that it will not be investigated further.

Victims are believed following deployment and recorded observations on body-worn video

Officers and staff are better at recording a crime when the victim has reported one in the original call, which the officer attending then investigates. Officers are now required to use body-worn video at domestic abuse incidents to capture the circumstances and victim's account of what happened. The force has recently invested in more reliable equipment for this purpose. In the domestic abuse cases reviewed, we found consistent use of body-worn video by officers to capture what happens when they attend these incidents.

The recording of third-party reports of crime is inconsistent

We reviewed 20 third-party reports of crime sent to the force's specialist teams from other professionals by email. We found that, when a crime report was required, this was recorded correctly in all cases. However, we also found instances where a call handler refused to take a report of a crime from a third-party professional reporting a crime on behalf of a victim, and of third-party reports of crime not being picked up from strategy meetings. Building on the positive performance highlighted, the force should ensure that it is recording and investigating all third-party reports of crime.

The force continues to have good oversight of cancelled crimes

When a recorded crime is later found not to have occurred, it can be 'cancelled'. We found appropriate arrangements in place with a single accredited person being able to cancel a crime. Our audit shows that all cancellations of rape were correct, and that 18 of the 20 other types of cancellations we reviewed were also correct. If an officer wants to cancel a recorded crime, there is a process for authorising this, and we found that refused cancellations are also being dealt with correctly. However, we found that victims aren't being informed of their crime being cancelled.

The force cannot be assured that it is meeting its equality duty

Our audit found that the force does not regularly capture information on the disability or sexual orientation of a victim. While there is better collection of the ethnicity of the victim, this is shown as 'not known' in too many cases.

This means the force cannot fully know whether it offers people from different protected groups the same level of service as others. Nor can it assess the extent to which these groups are affected by crime in comparison to others (to better inform its response), or whether at any given time a particular group is being subject to targeted criminal behaviour in a way that requires a focused response.

Post-inspection review detailed findings: investigation

Recommendations from the reports of the 2017–2019 inspections

We recommended that the force should:

- review its provision of investigative training, development and guidance (PEEL);
- improve how it allocates crime, ensuring it allocates investigations to appropriately trained and supported officers, and that it reviews this throughout the investigation (PEEL);
- ensure that staff with the right skills are investigating crimes thoroughly, leading to satisfactory outcomes for victims (PEEL);
- ensure that all investigations are completed to a consistently good standard and in a timely manner (PEEL); and
- take steps to understand why a high proportion of crimes fall into ‘evidential difficulties – victim does not support’ and rectify this to ensure that it is pursuing justice on behalf of victims of domestic abuse (first issued in PEEL 2016).

Summary of our post-inspection review findings

The force has reviewed its provision of investigative training, development and guidance

We found that a full review of guidance, training, and development has been undertaken, and new guidance and other products have been made available to the workforce. Cleveland Police has looked to other forces for their experience of ‘what works’ and has tailored this for its own use.

The suite of guidance, tools and products includes crime management and investigative guidance, a crime assessment and allocation tool, learning materials about raising investigative standards, a victim and witness strategy, a video about understanding the victim’s experience (made with input from people who have been victims), an outcome booklet, and a template to record the offender’s and victim’s views. Changes to policy requiring regular supervisory reviews of investigations are supported by an aide-memoire for supervisors. New strategic governance arrangements are informed by internal assurance reviews of the quality of investigations.

The force has improved its allocation of crime

The force has introduced a crime allocation and assessment tool to ensure that crimes are assessed based on complexity, solvability, proportionality and vulnerability, and then allocated to the appropriate team, or not investigated further if appropriate.

We found that crime screening decisions were generally correct, with the majority of investigations allocated to the right team in a timely way, in accordance with force policy.

The force does not have the investigative skills it needs to ensure that crimes are thoroughly investigated

Since our 2019 inspection, the force has made a significant investment in recruiting more officers and staff to fill its vacancies and develop their investigation skills, but the overwhelming lack of investigation skills and experience means it is going to take some time for the force to achieve the necessary improvements to ensure that investigations are effective. The factors that have contributed to this include:

- the large proportion of students in frontline roles who are still developing into their role and investigating lower-level crimes;
- the move of experienced officers from frontline response into neighbourhood policing;
- removal of experienced investigators to work on [Operation Pandect](#), a historic enquiry;
- officers not having the required accreditation levels because the force hasn't kept up to date with these;
- difficulties in recruiting officers with the required skills due to the national detective shortage and competing for police staff investigators with the National Crime Agency, which pays a higher salary.

This has resulted in a 32 percent capacity gap in the force's specialist investigator capability, and a reliance on untrained detectives for specialist vulnerability investigations (domestic abuse, child abuse and vulnerable adults), with less than half of the investigators in these teams having the required accreditation.

The force has a plan to fill its vacancies through external recruitment and through attracting student officers into detective roles. It is also developing the skills of its existing officers and working to help others gain the required accreditations. However, this will take some time to achieve, and the force cannot yet commit to when it will be completed.

The overall quality of investigations has not yet improved

We found that just over half the force's investigations are of a good overall standard, which is similar to our findings in 2019. Although the force has revised its guidance, provided more learning and development, and has strategic governance arrangements in place, this is not yet translating into improvements in investigations.

We found some good examples of thorough investigations, with positive action taken at the scene of domestic abuse incidents, suspects arrested, and good contact

maintained with the victims. But we also found that too many investigations did not meet the required standard. This was evident across all types of investigations, but was more apparent in complex investigations involving vulnerable victims and children.

Overall, the standard of investigation was not achieved because too often we found that:

- investigative opportunities are being missed, some of which are significant – serious crimes not being completed, witnesses not traced, additional victims not spoken to, named suspects not arrested and interviewed, and devices not being examined;
- investigation plans are insufficient – varying from no plan to a brief outline – and with no audit trail of what has been done;
- investigations are being delayed due to very high workloads and third-party material not being applied for quickly enough;
- supervisor and manager reviews are regularly not completed – we found that they are struggling to keep on top of investigative reviews due to high workloads; and
- supervisor endorsement of the outcome of an investigation is often not recorded.

The force has improved its contact with victims of crime, but more needs to be done to assess their needs

We found that there was regular contact with victims and updates were being recorded. However, victims are not always being made aware when crimes are cancelled or will not be investigated. While we found that, in the majority of cases, victims' needs assessments were completed, the vulnerability recorded did not consistently align with that identified by the call handler and the officer's risk assessment. This means that the assessment often isn't adequately informing the special measures the victim requires at court to remove the stress of giving evidence. These measures include screens in the court room, a live video link to the court room, and other ways of giving evidence.

The force has improved its pursuit of justice on behalf of victims of domestic abuse

In 2016, Cleveland Police and five other forces were named in our national [2016 PEEL Effectiveness report](#) because we were concerned about their very high levels of use of outcome 16 ('evidential difficulties – victim does not support police action') to close investigations and prevent prosecution, despite a suspect being identified. This particular outcome type demonstrates how vital the relationship is between the police and the victim.

The force researched why there was a disproportionate use of outcome 16, but concluded that it was consistent with the views and wishes of the victims. This resulted in our further reporting of this in our 2017 and 2019 PEEL inspections.

The reasons that victims may not support police action are complex and varied. In some cases, it is because they are vulnerable and unable, rather than unwilling. The onus should be on the criminal justice agencies to seek justice on behalf of the

victim, rather than on the victim to support the actions of the police and other agencies. Cleveland Police has done more to understand this by seeking the views of victims of domestic abuse and producing a video for officers in which victims tell their story to raise awareness. It has also improved its governance in this area.

We found that in the majority of the investigations where outcome 16 had been applied, this was the correct decision. We reviewed body-worn video footage and saw examples of officers engaging well with victims, resulting in them changing their minds about wanting to withdraw their statement because of the positive support offered.

The force's own data demonstrates the significant improvement made in this area. In May 2019, the force's outcome 16 rate for domestic abuse victims not supporting police action was 93.9 percent. In September 2020, it had reduced to 58.7 percent. This represents a significant reduction, and brings the force into line with where similar forces were in May 2019.

Where the victim does withdraw support, the force is starting to progress these cases based on the evidence available. We found some cases where an evidence-led prosecution could have been considered but wasn't. Guidance has been provided to officers about being 'victim focused' in their investigations rather than 'victim led', and the need for positive action to be taken, including evidence-led prosecutions.

A female reported an incident of domestic abuse – a mother to five children also living in the same household with her and her partner, who is the father of two of the children. There is a significant history of domestic abuse between the couple, and all five children are on a child protection register for neglect and physical harm. Officers attended the call for assistance quickly, and a risk assessment (PPN) was completed, which included the observations of the officer and the demeanour and feelings of the children. The information was shared with children's social care. The female also disclosed a historic rape whilst answering the questions the officer asked her, which was allocated appropriately for further investigation. There were clear updates on the investigation and it was dealt with appropriately. An Operation Encompass referral was made for the children so that their schools were made aware. There are markers on force systems to inform that the children are on a child protection plan. This is an example of a good investigation with the victim, the mother, and the welfare of the children at the centre of the investigation.

Post-inspection review detailed findings: child investigations

Recommendations from the reports of the 2017–2019 inspections

We recommended that Cleveland Police should immediately improve its practice in cases of children who go missing from home. As a minimum, this should include:

- improving staff awareness of the links between children going missing from home and the risk of sexual exploitation (NCPI);
- ensuring that staff are aware of the need to pass this information about people who pose a risk to children on to other agencies (NCPI);
- identifying the range of responses and actions that the police can contribute to multi-agency plans for protecting children in these cases (NCPI); and
- all children managed within VEMT (now CET) should have a person dossier and trigger plan with appropriate supervisory oversight (NCPI).

We also recommended that Cleveland Police improve its child sexual exploitation investigations, paying attention to:

- improving staff awareness, knowledge and skills in this area of work (NCPI);
- ensuring a prompt response to any concern raised (NCPI);
- undertaking risk assessments that consider the totality of a child's circumstances and risks to other children (NCPI); and
- improving the oversight and management of cases (to include auditing of child abuse and exploitation investigations to ensure that standards are being met) (NCPI).

Summary of our post-inspection review findings

The force has improved the way in which it investigates some cases of children who go missing from home repeatedly

We found notable improvement in the way the force investigates cases of missing children when they are allocated to its specialist team, the new complex exploitation team (CET). This has replaced the vulnerable, exploited, missing and trafficked team (VEMT). The new team is led by an experienced major investigations specialist. It has a dossier for each of the children it manages, which draws on information available from force systems and partners. These include comprehensive updates, which give a clear indication of the multi-agency work being undertaken to understand and mitigate the risk.

We saw evidence of child abduction warning notices being issued to mitigate the risk to missing children, with officers proactively attending a suspect's address as soon as a child is reported missing. Markers on force systems are being used well to assist the officers who respond when a child goes missing, and make them aware of any risk to the child.

The force has improved its sharing of information about missing children with partners. This happened in all the cases we reviewed. However, the outcome of that sharing was generally not recorded.

While we are pleased with the progress that has been made with those children managed by the CET, we are concerned to find that the force only has limited oversight of other children who regularly go missing. These children, as individuals, have been overlooked in the changes the force has made to its internal teams, resulting in different levels of service and safeguarding for vulnerable children. The force would also benefit from determining clear selection criteria for which cases are investigated by the CET.

Earlier in this report, we said that the force is poor at responding to children who go missing from home. This means that the good work by the CET is being undermined by this poor initial response. This early activity to locate children remains inconsistent – some of the cases we saw lacked any real activity to locate the child while they were missing.

There is a broader set of information that would help the force to better understand children who go missing regularly, such as effective use of trigger plans (we only saw one of these in the cases we reviewed, which wasn't bespoke to the child); information about where a child has been when they go missing through better use of prevention interviews; and information gained from local authority return home interviews. This is a missed opportunity to develop a richer picture of vulnerable children and assist in the response when they are reported as missing.

We recognise that the force is working with partners to introduce a vulnerability tracker to assist in prioritising children who go missing.

The standard of investigations when children are exploited, abused or exposed to harm remains inconsistent

In domestic abuse cases involving children, when the matter was investigated by the specialist domestic abuse team, we found the standard was good – there were meaningful investigation plans and regular reviews that helped the investigation. However, when cases were allocated to non-specialists (that is, those graded as lower risk, including harassment, breach of non-molestation orders and breach of bail), no perpetrators were arrested, seen or spoken to. The focus was on closing the crime and, when the victim didn't support police action, an evidence-led prosecution wasn't considered.

The standard of investigation and supervision of child abuse investigations was generally poor in cases allocated to both specialists and non-specialist investigators. Often investigation plans were brief and details of what was agreed at the strategy discussion with partners were vague. Of the six Section 47 cases we reviewed, only one resulted in the arrest of a suspect. All the others were dealt with by voluntary

interview, sometimes to the detriment of the investigation. In addition, investigative opportunities were missed, such as seizing of devices to be examined, leaving abuse images in the possession of children, not interviewing other child witnesses, and not visiting the scene.

A social worker reported a one-year-old boy had arrived at hospital with head injuries which they believed were non-accidental. Information was shared with children's social care and a decision made about how the other children in the household could be safeguarded. Within two days the hospital confirmed its belief that the injuries were non-accidental; however, there was a delay of a further four days before a strategy meeting was arranged.

The mother admitted that she had lied about the circumstances of the accident and that her boyfriend had been caring for the children when it happened. She believed he had been using his phone at the time.

There were numerous lines of enquiry the force did not pursue, including not visiting or examining the scene, examining the suspects' phones or following up on advice to get expert medical opinion. The suspects were interviewed by appointment a week apart giving them opportunity to discuss what was said.

Despite further evidence from the same hospital confirming its original diagnosis, the force prematurely closed the investigation and took no further action. This was ahead of a strategy discussion where it was agreed the children would return to the exclusive care of their mother.

This case was referred back to the force during the inspection. The investigation was reopened.

Officers are better at recognising vulnerability but do not always recognise wider safeguarding concerns

Even though response officers recognised vulnerability in those children they met, they did not always recognise wider safeguarding concerns in relation to other children who may be at risk or where a child offender may pose a risk.

We found evidence that officers usually don't recognise harmful sexual behaviour, or appreciate the aggravating features of online exploitation involving youth-produced sexual imagery. When this is not recognised, we found that it has an impact on their decision-making and the outcome of investigations, resulting in poorer outcomes for children.

The force is a partner in a Department for Education [Futures for Families](#) programme to help families stay together and reduce the number of children entering care. This programme will also assist in understanding children who go missing from care and those at risk of exploitation or neglect.

Post-inspection review detailed findings: decision-making with partners

Recommendations from the reports of the 2017–2019 inspection

We recommended that Cleveland Police take steps to ensure that all relevant information is properly recorded and is readily accessible in all cases where there are concerns about the welfare of children.

We recommended that:

- the force records on police systems decisions the reached at meetings to ensure that staff are aware of all relevant developments (NCPI).

Guidance to staff should include:

- what information should be recorded (and in what form) on systems to enable good decision-making (NCPI);
- the importance of sending the information to the correct police department and/or agency (NCPI); and
- the importance of ensuring that records are made promptly and kept up-to-date (NCPI).

Summary of our post-inspection review findings

The force's recording of decisions has improved but remains inconsistent

When a child strategy meeting takes place, the force's recording of this has improved – a template is now added to the force record. However, we found that the entries are inconsistent and often have only a very brief description of the outcome. For example, when there is agreement for a Section 47 enquiry where children's social care must carry out an investigation, this is recorded but often without detailing what actions will be completed, which will be done jointly, and what the plan is. This means that officers attending subsequent incidents still don't have a clear understanding of what the force and its partners are doing to protect these children.

We also saw that recording within custody records was inconsistent – for example, not recording the time that an appropriate adult was contacted, or not properly recording a decision to refuse bail.

There are regular and comprehensive updates on the person dossiers that exist, which give a clear indication of the multi-agency work being undertaken to understand and mitigate the risk.

When observing the force's MARAC meeting, where the highest-risk domestic abuse cases are discussed, we found that most safeguarding actions and tactics are recorded. However, we also found that the recording of a third-party report of crime was missed and not all safeguarding actions and tactics were explored in the meeting, which means that the decision-making was not fully informed.

Post-inspection review detailed findings: managing suspects and offenders

Recommendations from reports of the 2017–2019 inspection

In 2019, we were concerned that the force's poor offender management was putting the public at risk. The force wasn't proactive enough at catching criminals. It didn't have a clear process, with good leadership and senior officer oversight.

We recommended that:

- there are effective processes in place for catching criminals which are subject to supervision and scrutiny (PEEL); and
- the force improves its use of available legal powers to prevent re-offending (particularly [DVPNs/DVPOs](#) and the use of bail as opposed to [RUI](#)) (PEEL).

Although we didn't issue a recommendation, our 2017 NCPI report commented negatively about sergeants' attendance at [MAPPA](#) level 2 meetings.

Summary of our post-inspection review findings

The force has improved its management of outstanding suspects and wanted offenders

Generally, we found that the force has improved the way it manages outstanding suspects, and offenders who are wanted, through improved oversight and management of risk. The force's arrest rate has increased to beyond its previous level through taking positive action at the scene of incidents. And there is better oversight and accountability of domestic abuse perpetrators – these suspects and offenders are monitored at daily operational meetings and allocated to response officers to search for and apprehend them promptly. However, we found some delays in responding to breaches of bail and non-molestation orders.

We saw some positive swift action to circulate information about wanted domestic abuse suspects to other officers and forces. But we also found that information about some offenders had not been circulated in a timely way, and that some suspects were invited to attend a voluntary interview when they should have been arrested. This potentially hinders the effective management of these offenders and the safeguarding of the victim while the investigation is ongoing.

The force has communicated clearly to its officers that positive action should be taken at the scene of domestic abuse incidents and, when necessary, an arrest made. It acknowledges that too many wanted suspects are not having their information

circulated on the national police system, and it is trying to change its culture to make this happen. The force has experienced capacity difficulties in its custody facility during the COVID-19 pandemic – the force was required to retain prisoners in custody for longer periods of time and had to use the custody facility for virtual remand hearings, rather than the detainees attending court.

When a suspect is arrested for domestic abuse, the decision to release them can only be made by an inspector, to ensure that all appropriate measures have been put in place to safeguard the victim.

The force has improved its use of legal powers to prevent re-offending, particularly domestic violence protection notices and conditional bail

The force has a new policy that provides guidance to officers on this area. It has also created a poster to remind officers to consider using a DVPN when appropriate to protect the victim and the wider public.

In the 12 months to September 2020, the force submitted nearly three times as many applications to court for these notices than it did in 2019. Out of 101 applications made, 72 resulted in an order being issued by the court. A dedicated DVPN officer now reviews domestic abuse crimes, reminds officers about the option of using these notices, and oversees the process. They also attend court to gain a protection notice in advance of an order being placed on the offender. This ensures more consistency in the application for orders.

The force continues to improve its use of DVPNs when violence is being used or threatened against the victim; the alleged perpetrator is to be released from custody without bail; or the victim or associated person needs to be protected from violence or threat of violence.

We found good evidence of police conditional bail being used for domestic abuse suspects to help protect victims and, while we did not see evidence of the use of DVPNs during our audits, we found evidence of the DVPN officer offering their support, and of DVPNs being considered but discounted due to police bail conditions being in place.

The force is not proactively managing suspects who are [released under investigation \(RUI\)](#)

The force has already identified that this is an issue, and will now only release under investigation on the authority of the inspector overseeing the case. Performance is being monitored through monthly reporting, which is starting to see a reduction in these cases.

The impact of COVID-19 has hampered the force's ability to proactively reduce the number of suspects who are RUI. It has experienced difficulties in gathering forensic evidence in a timely way, and there is a backlog within the courts system. If there are no grounds for granting conditional bail, the force is using RUI.

When a person is arrested and detained, they are taken to the force's custody suite. Once the detainee is booked in by the custody sergeant, the arresting officer is

required to explain their interview strategy, intention to charge, and plan for release considering bail and RUI.

Force representation at [multi-agency public protection \(MAPPA\)](#) meetings has improved

In our 2017 National Child Protection Inspection, we reported that MAPPA level 2 meetings were not being attended by the right officers. They are now attended by a senior leader (detective inspector or detective chief inspector) who has the authority to make the decisions required.

The force has other approaches in place for managing offenders. However, these were not part of our previous recommendations, and are therefore not covered by this post-inspection review. These other approaches include integrated offender management; a domestic abuse solutions team that promotes working with domestic abuse perpetrators to change their offending behaviour; and a multi-agency tasking and co-ordination (MATAC) team, which helps to get support for the 'criminogenic' and social needs of serial domestic abuse perpetrators, and to co-ordinate when police and probation are actively managing an offender who is a perpetrator in a [MARAC](#) case.

Post-inspection review detailed findings: police detention

Recommendations from reports of the 2017–2019 inspection

We recommended that Cleveland Police undertake a review (jointly with children's social care services and other relevant agencies) of how it manages the detention of children. This review was to include, as a minimum, how best to:

- ensure that all children are only detained when necessary and for the absolute minimum amount of time (NCPI);
- assess, at an early stage, the need for alternative accommodation (secure or otherwise) and work with children's social care services to achieve the best option for the child (NCPI);
- ensure that custody staff comply with their statutory duties to complete detention certificates if a child is detained for any reason in police custody following charge (NCPI);
- ensure that custody staff make a record of all actions taken and decisions made on the relevant documentation (NCPI); and
- improve awareness among custody staff of child protection (including the risk of sexual exploitation), the standard of risk assessment required to reflect the children's needs, and the support required at the time of detention and on release) (NCPI).

Summary of our post-inspection review findings

The force has seen an increase in its arrest rate, which means that more people are being detained in its single custody facility. COVID-19 has also brought additional problems, not least having to isolate those who are detained with symptoms. As part of the isolation process, the force has put in place a separate booking-in desk and a separate cell block for isolation. At the time of inspection, court hearings for prisoners being remanded were being held virtually from the force's custody suite.

Detainees can sometimes be just as vulnerable as victims. The force ensures that detainees who are vulnerable are assessed, as required, by a health professional, and have access to a liaison and diversion service while they are in custody. We were encouraged to find that, prior to COVID-19, a vulnerability desk had been newly set up to specifically cater for those detainees who may be victims or vulnerable themselves. However, this had to stop to allow this separate booking-in facility to be used during the pandemic. The force intends to bring back the desk for all vulnerable detainees once social distancing is no longer required.

This inspection specifically focused on children brought into custody, as part of our assessment of progress made on our previous recommendations. HMICFRS and Her Majesty's Inspectorate of Prisons have a national six-year rolling joint programme of inspection of custody facilities to determine how well a force is fulfilling its responsibilities for safe detention. Cleveland Police was last inspected in 2015 as part of this programme.

The initial risk assessment of children in custody has improved

We found that, when children are detained, the initial risk assessment is usually good, and that children are regularly seen by a healthcare professional and/or the liaison and diversion team when necessary. Inspectors' reviews of detention are usually carried out in person.

More risk assessments are being completed for children by officers submitting a PPN form when safeguarding issues are evident. However, the quality of the information in the forms is inconsistent and they are largely factual rather than focusing on the views and needs of the child. We also noted some situations when PPNs should have been submitted but weren't.

Children are being held longer than necessary overnight, before being released or charged, due to delays in appropriate adult attendance

We found that children are still being detained for longer than is necessary before being charged or released, often for extended periods and overnight between the hours of 8.00pm and 6.00am. During July and August, 40 children were held overnight. The length of time these children were held in custody ranged from just under 2 hours to over 23 hours; 14 children were detained for over 10 hours and a further 6 for over 20 hours.

There are delays in the attendance of appropriate adults, which is a backward step from our review in 2018. We saw cases in which appropriate adults didn't attend for a long time (19 hours and 17 hours in two cases), and only attended interviews and similar activities rather than being there to address any concerns the child had and to ensure their welfare was considered. If a member of the family is the appropriate adult but cannot attend for many hours, this would suggest that they are not the most appropriate adult to deal with the child's concerns at that time. The force acknowledges that this has been a learning point over the last 24 months.

The force has recently put additional measures in place for senior leaders to capture these issues as they happen through an evening 'pacesetter' meeting, and for concerns to be escalated.

The force understands when to request secure accommodation from partners

Custody officers and staff recognise the need to request secure accommodation for children. However, we found that this accommodation is regularly not available for children who have been arrested, charged and refused bail. It is the responsibility of local authority partners to provide this accommodation, of which there is a shortage. This is a national problem that we have recently reported on in our [evaluation of the National Child Protection Inspection programme on policing](#).

The force is actively meeting with partners to address the issues of both alternative and secure accommodation for children brought into custody. For secure accommodation, which is required once a child has been charged, there is limited real-time escalation to partners when this accommodation is not available.

Custody staff are complying with statutory duties regarding detention

Detention certificates, which outline to a court the reason why someone has been remanded in custody, are essential for police accountability and enable forces to monitor how well they are discharging their responsibilities under the Police and Criminal Evidence Act 1984. Of the nine custody cases we audited, we found that all detention certificates were completed as required.

Pre-release risk assessments are not addressing the risk

While we found that pre-release risk assessments are completed, they often don't acknowledge the risks seen while the child was in custody, such as substance misuse or self-harm.

Custody records are inconsistent

On custody records, we found inconsistent recording of actions taken and decisions made, such as the time an appropriate adult was contacted not being recorded, or a decision to refuse bail not properly recorded.

The force has a comprehensive system of dip-sampling of custody records. Each custody inspector reviews records from their own team and peer-reviews the records of another team. These findings are discussed and actions added to an action plan.

Next steps

Cleveland Police must continue with the positive improvements it has made to ensure that the service provided to all victims of crime is of a good standard in all respects. It has made good progress in most areas but it must do more to provide consistently good outcomes for vulnerable people, including children, who need help and protection.

Through our ongoing monitoring and PEEL continuous assessment of the force during 2021-2022, we will again revisit the areas where we are yet to see the improvements we expect.

Explanatory notes

Confidence level and confidence intervals

We apply the 95 percent confidence level as the generally accepted level of certainty used in statistical tests. Any sample may produce estimates that differ from the figures that would have been obtained if the whole population had been examined. At the 95 percent confidence level, with many repeats of an audit under the same conditions, we expect the confidence interval would contain the true population value 95 times out of 100.

The audit aims to select a random sample size necessary to yield confidence intervals of no more than ± 5 percent for violent crime, sexual offences and all other crime (at the 95 percent confidence level) and ± 3 percent for overall recorded crime.

The confidence interval provides an estimated range of values that the given population being examined is likely to fall within. For example, if an audit found that 85 percent of crimes were correctly recorded with a confidence interval of ± 3 percent, then we could be confident that between 82 percent and 88 percent of crimes were correctly recorded of the population for the period being examined.

Domestic abuse

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological;
- physical;
- sexual;
- financial; or
- emotional abuse.

This definition, which is not a legal definition, includes honour-based violence and abuse, female genital mutilation and forced marriage.

Estimate of the number of unrecorded crimes

This estimate has been calculated by applying our audit findings, covering a three-month audit period, to Home Office police-recorded crime figures (excluding fraud) for the force for the 12 months to the end of the audit period.

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Topic: Acquisitive Crime**Details of Referral (as provided by the individual or body).**

Currently on a nightly basis there are groups of 2/3 sometimes more people wandering the streets trying car doors and or front doors, this happens all around the town, how we can combat this.

Deadline requested for consideration of the topic - None

Previous A&G Investigations - None

Background Information –Safer Hartlepool Partnership Strategic Assessment for 2020 data does not support this as an issue (as detailed below).

Victim based crimes are all Police-recorded crimes where there is a direct victim. This victim could be an individual, an organisation or corporate body. This category includes violent crimes directed at a particular individual or individuals, sexual offences, robbery, theft offences (including burglary and vehicle offences), criminal damage and arson.

The total number of victim-based offences has reduced by 12.9% (-1,414 offences) in comparison to the previous assessment period and can be attributed to significant reductions in acquisitive crime offences experienced when the country was in “lockdown” to stop the spread of COVID-19.

Safer Hartlepool Partnership data

Crime Category/Type	Oct18 – Sep19	Oct19 – Sep20	Change	% Change
Acquisitive Crime	4,879	3,361	-1,518	-31.1
Burglary - Residential	763	686	-77	-10.1
Burglary – Business and community	271	233	-38	-14.0
Bicycle Theft	137	108	-29	-21.2
Theft from the Person	60	57	-3	-5.0
Vehicle Crime	771	513	-258	-33.5
Shoplifting	1,862	899	-963	-51.7
Other Theft (inc. lead theft)	1,015	865	-150	-14.8

Acquisitive Crime Offences	2019/20	2021/21	Diff	% Diff
Burglary Residential	764	543	-221	-29%
Burglary Business & Community	279	172	-107	-38%
Theft of Pedal Cycle	138	73	-65	-47%
Theft from the Person	63	44	-19	-30%
Vehicle Crime (inc. interference)	761	415	-346	-45%
Shoplifting	1447	765	-682	-47%
Other Theft (inc. valuable metal)	643	521	-122	-19%
Total	4095	2533	-1562	-38%

See over the page for matrix scoring

AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen	2 Medium public interest
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	2 Medium Impact
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	0 Green
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	0 Already dealt with / work planned elsewhere

TOTAL SCORE: 4

Appendix E

Topic: Poor lighting and its impact on Crime	
Details of Referral (as provided by the individual or body) We have a number of residents that have expressed concern that due to poor lighting some areas of the town attract attention from criminals due to the reduced visibility on a night because of poor lighting and in addition, Westbourne Road is a particular street where concerns have been raised as there are two clubs there and especially the darker nights when people are leaving especially women as it is so dark it could leave them vulnerable to attacks. I know Cleveland police are running an initiative. Deadline requested for consideration of the topic - None Previous A&G Investigations - None Background Information – Westbourne Road was part of the Hartlepool Safer Streets Project area. While additional Street Lighting was installed under the Safer Streets Project this did not include this road given its low crime figures and sufficient street lighting provision.	
AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen	1 Low public interest
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	1 Low impact
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	0 Green
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.	0 Already being dealt with / work ongoing elsewhere

TOTAL SCORE: 2

Topic: Neighbourhood Watch Scheme / use of CCTV	
Details of Referral (as provided by the individual or body) The installation of CCTV cameras as an approach to reducing crime and anti-social behaviour. In particular the installation of 3 CCTV cameras for Hart Village, which would monitor vehicles coming in and out of the village on the three main roads. Deadline requested for consideration of the topic - None Previous A&G Investigations - 2018 Background Information An investigation is currently being carried out into CCTV System operating within the town. As there may be information that will not be available until the investigation has been completed, consideration needs to be given to the appropriateness of considering this topic at this time. Another consideration in terms of the appropriateness of conducting an investigation in relation to this at this time is also that the Council Public Space CCTV system will also be going out to tender shortly.	
AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen	1 Low public interest
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 residents.	2 Medium impact
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	N/A
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	0 Already being dealt with / work ongoing elsewhere

TOTAL SCORE: 3

Topic:
Investigation in to the introduction of a Borough wide / large scale landlord licensing scheme.

Details of Referral (as provided by the individual or body)

See attached letter – **Appendix G(i)**

Deadline requested for consideration of the topic – December 2021

Previous A&G Investigations - The Performance and Operation of Private Sector Rented Accommodation and Landlords in Hartlepool (2007)

Initial background Information:

As an issue this has been on the local authority agenda since 2008. During this time two separate selective licensing schemes have been implemented and removed.

The last selective licensing scheme legally ended in July 2020. A Members Briefing was held in October 2020 around the development of new approaches to tackling poor landlords. This being a cross cutting issue the scheme activities are being focused through both the HBC Housing Advice Team and the Community Safety Public Protection Enforcement Team. Issues responded to include ASB and disrepair and a Housing team worker has been recruited to focus specifically on working with private rented sector.

Independent report of Selective Licensing Scheme was commissioned and available as the last scheme was drawing to a close.

It is highlighted that stock condition evidence is not collated to back up claims about disrepair and indications are that data on disrepair complaints.

In terms of Landlord Licensing Schemes it is also noted that property condition cannot be included in licence conditions and indications are that disrepair has little impact on crime and anti-social behaviour in its own right.

AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen	2 Medium public interest
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	3 High impact
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	1 Amber
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.	2 Need for review acknowledged and work planned elsewhere

TOTAL SCORE: 8

Hartlepool Labour Group**Brenda Harrison**

Leader

Jonathan Brash

Deputy Leader

Secretary: Rachel Creevy

email: rachel.creevy@hartlepool.gov.uk

Joan Stevens
Statutory Scrutiny Manager
Civic Centre
Victoria Road, Hartlepool
TS24 8AY

27th May 2021

Dear Joan,

RE: AUDIT AND GOVERNANCE PROGRAMME 2021/22

The case for action with regard to the private rented housing sector in Hartlepool is overwhelming. Too many properties are empty or in states of disrepair, too many are magnets for crime and antisocial behaviour. The individual properties that blight our communities are invariably part of the private rented sector. For clarity, we do not believe all private landlords are irresponsible or negligent and the good ones deserve support. However, where a private landlord is absent, or in dereliction of their duties we must ensure we have all the tools in place to take the action needed to improve our local communities.

We believe that to combat these problems the council needs to introduce a large scale/borough wide, **landlord licensing scheme**.

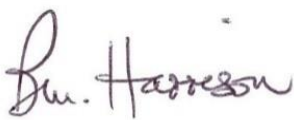
The Audit and Governance Committee is the ideal place to scope and carry out a detailed investigation into how the implementation of such a scheme could be achieved, which demonstrably meet the committee's detailed criteria for a proposed piece of work, namely:

- **Public Interest:** every good local Councillor knows the problems associated with the private rented housing sector. The complaints we receive are littered with examples of how failures in management of such properties damage the quality of life for local residents through crime and antisocial behavior, as well as the health problems caused by poor standards of housing. Residents want more action, they want landlord licensing. Speaking to partner stakeholders, particularly the police will also highlight the severity of the problem in this area.

- **Impact:** Effective landlord licensing can reduce crime and antisocial behaviour, reduce the numbers of empty properties, reduce tenant turnover, improve the standards of housing and improve the quality of life for residents. This has been demonstrated by numerous pieces of work in other authorities, including in nearby Middleborough.
- **Council Performance:** Hartlepool Borough Council's previous attempt to introduce landlord licensing was inadequate, piecemeal and a failure in the eyes of residents. Rather than licensing large town centre areas, odd streets were included, while others were left out, which had the effect of simply pushing the problems around. Four local authorities have now introduced borough wide schemes, others across the vast majority of the sector, and we believe Hartlepool should follow suit.
- **Keep in Context:** There is ongoing work around landlords and housing generally, but nothing with the specific remit of scoping and investigating how to introduce a borough wide/large scale landlord licensing scheme. It is certainly the case that the committee would want to take evidence from the relevant council service area, but as a means of developing a proposal that is bespoke, unique and of significant value to the work of the council.

Therefore, we would like to request that the Audit and Governance undertake this investigation and report back to council no later than Christmas on how to introduce a borough wide/large scale landlord licensing scheme.

Yours sincerely



Councillor Brenda Harrison (De Bruce)



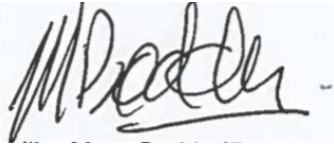
Councillor Jonathan Brash (Burn Valley)



Councillor Pamela Hargreaves (Manor House)



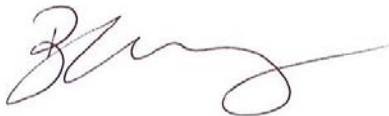
Councillor Ben Clayton (Manor House)



Councillor Moss Boddy (Rossmere)



Councillor Tom Feeney (Rossmere)



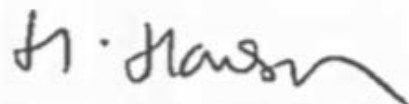
Councillor Rachel Creevy (De Bruce)



Councillor Jennifer Elliott (Fens and Greatham)



Councillor Amy Prince (Throston)



Councillor Helen Howson (Victoria)



Councillor Carl Richardson (Victoria)

Topic: Public Health Approach to Violent Crime

Deadline requested for consideration of the topic – None

Previous A&G Investigations – Hate crime (2015)

Background Information – Launched in 2018, the Government's Serious Violence Strategy is clear that tackling serious violence is not only a law enforcement issue; it requires a multi-agency or 'public health' approach involving a range of partners and agencies such as education, health, social services, housing, youth and victim services with a focus on prevention and early intervention. The Strategy states that action should be guided by evidence of the problems and what works in tackling the root causes of violence. To achieve this, the Government have stated that organisations must be brought together to share information, data and intelligence, working in partnership rather than in isolation.

In 2019, the Office of the Police and Crime Commissioner held a Violent Crime Summit the outcome of which was agreement that a Cleveland-wide Serious Violence Strategy would be developed for delivery in each of the CSP areas. A draft strategy which was presented to the SHP in February is under review by the recently elected PCC.

- i) Is there any specific work ongoing to tackle the issue - In May 2021, the Government published draft guidance to support organisations and authorities to exercise functions in relation to the Serious Violence Duty outlined in the forthcoming Police, Crime, Sentencing and Courts Act 2021 (Chapter 1 of Part 2). The Government also announced that it would amend the Crime and Disorder Act 1998 to ensure that Serious Violence is an explicit priority for Community Safety Partnerships by making sure they have a strategy in place to tackle violent crime.

We will be reviewing this new guidance and preparing a report for the Safer Hartlepool Partnership.

- ii) Data - The SHP Strategic Assessment 2020 identified an increase in Serious Violence in Hartlepool as follows:

For the purpose of this assessment, serious violence offences are identified as follows; Murder, Attempted Murder; Manslaughter; Causing Death or Serious Injury by Dangerous Driving and Assault with Intent to Cause Serious Harm.

During the reporting period, serious violence increased by 13% when compared to the previous year, with Assault with Intent to Cause Serious Harm offences increasing by 21%

Community safety Partnership data and scoring matrix- see over the page

Appendix H

Offence	Oct18-Sep19	Oct19-Sep20	Change	%Change
Murder	2	0	-2	-100
Attempted Murder	2	1	-1	-50
Manslaughter	1	0	-1	-100
Death or Serious Injury by Dangerous Driving	0	1	1	-
Assault with Intent to Cause Serious Harm	43	52	9	21
Total	48	54	6	13%

iii) Other information - As the statutory Crime and Disorder Scrutiny Panel, Audit & Governance will be made aware of any new statutory duties or responsibilities of the Safer Hartlepool Partnership and any report taken to SHP will also be taken to A&G. It could potentially be beneficial to hold a one off briefing / meeting as opposed to a work programme item once a report has been to the SHP.

AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen	2 Medium public interest
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	2 Medium impact
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	1 Amber
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	2 Need for review acknowledged and work planned elsewhere

TOTAL SCORE: 7

Topic: Encouraging Physical Activity**Details of Referral (as provided by the individual or body)**

How can we increase family or individual to take up of exercise. Can activities such as the below be further subsidised to facilitate basic workouts and encourage a healthier lifestyle:

- Clubs (including dance); and
- Gyms

Deadline requested for consideration of the topic – None

Previous A&G Investigations - The Performance and Operation of Private Sector Rented Accommodation and Landlords in Hartlepool (2007)

Initial background Information:

Hartlepool's Joint Strategic Needs Assessment - [Obesity and Physical Activity | Working Well - Health | Hartlepool Borough Council](#)

Hartlepool Borough Council is currently developing a brief to address the rates of physical inactivity locally. This will cover a range of areas and will be available shortly.

In addition:

- Significant work has been done to date in the completion of the Indoor and Playing Pitch Facilities Strategy, Strategic Outcomes Planning Model that is being used to inform the development of 'Highlight' the new strategic leisure centre and also some specific pieces of work exploring key issues impacting on physical activity.
- A Sport England funded programme is currently being delivered called 'Family Time' that is specifically in place to address the physical inactivity on a whole family approach.

<p>- Leisure, Recreation and Participation department, Community Hubs and Well Being and Parks and Open Spaces all contribute towards the priority of physical activity. The strategy will bring all of this work together as well as the work of schools, clubs, active travel, health and other key aspects to ensure physical activity levels in town for all demographics can improve. A walking and cycling strategy is also going to be developed to inform this process but also support infrastructure planning.</p>	
AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen	1 Medium public interest
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	2 Medium impact
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	1 Amber
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	2 Need for review acknowledged and work planned elsewhere

TOTAL SCORE: 6

Topic: Child Poverty**Details of Referral (as provided by the individual or body)**

This should include (but not be limited to) the root causes of what is driving child poverty in Hartlepool, the impact it has on our young people and the wider community and then consider recommendations that the Finance & Policy Committee may be able to act upon to tackle this issue head on and meaningfully.

Recent studies have shown that outside of London, the North East has seen a significant increase in child poverty. This is of course a terribly worrying trend for our young people but we must understand what the causes are if we are to ever make a positive impact on outcomes here in Hartlepool.

Deadline requested for consideration of the topic – None

Previous A&G Investigations - Child Poverty and Financial Inclusion in Hartlepool (2010)

Initial background Information:

- Child poverty is a cross cutting priority for the council and there is a child and family poverty strategy. The Strategy is due for review and update. Work has commenced on preparing the child poverty needs assessment and consultation will take place on the revised draft strategy during the 21/22 municipal year.
- Hartlepool Joint Strategic Needs Assessment
(https://www.hartlepool.gov.uk/info/20015/social_care_and_health/919/starting_well_-_adverse_childhood_experiences/9)
- Relevant data - The 20 local authorities with highest increase in child poverty rates after housing costs, 2014/15 to 2019/20

Local Authority	% of children below 60% median income AHC		
	2014/15	2019/20	%age point increase
UK	29%	31%	2%
Newcastle upon Tyne	28.4%	41.2%	12.8%
Gateshead	24.7%	36.0%	11.2%
Redcar and Cleveland	26.2%	36.8%	10.6%
County Durham	25.3%	35.8%	10.5%
North Tyneside	23.6%	34.0%	10.5%
Darlington	25.7%	36.1%	10.4%
South Tyneside	27.4%	37.8%	10.4%
Hartlepool	27.4%	37.8%	10.4%
Middlesbrough	29.2%	39.4%	10.3%
Sunderland	27.4%	37.6%	10.3%
Stockton-on-Tees	25.5%	35.3%	9.8%
Northumberland	26.5%	36.2%	9.8%
Leicester	30.0%	37.9%	7.9%
Bradford	30.1%	37.7%	7.7%

Birmingham	35.5%	42.5%	6.9%
Leeds	28.6%	35.3%	6.7%
Manchester	35.4%	41.8%	6.4%
Kirklees	30.0%	36.1%	6.2%
Kingston upon Hull	30.2%	36.3%	6.1%
North Lincolnshire	27.2%	33.1%	5.9%

Additional data - Appendices:
- 6.3(j)(i) - Local-child-poverty-indicators-report-MAY 2021_FINAL; and
- 6.3(j)(ii) - NECPC briefing - New End Child Poverty local data May 2021.

AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen	2 Medium public interest
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	3 High impact
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	2 Low Performance ‘Red’
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	2 Need for review acknowledged and work planned elsewhere

TOTAL SCORE: 9

Local indicators of child poverty after housing costs, 2019/20

Summary of estimates of child poverty after housing costs in local authorities and
parliamentary constituencies, 2014/15 – 2019/20

Donald Hirsch and Juliet Stone

May 2021

Contents

- 1. Introduction 3
- 2. Local authority and parliamentary constituency rates in 2019/20..... 4
- 3. Change in local child poverty rates between 2014/15 and 2019/20 9
- 4. The effect of housing costs 16

1. Introduction

This paper provides the latest update of local child poverty indicators after housing costs, summarising the dataset produced for End Child Poverty by the Centre for Research in Social Policy at Loughborough University. The latest data cover the period up to financial year 2019/20. Since this ended in March 2020, the figures take no account of the effects of the pandemic, and (like the latest general poverty figures published in March 2021) show the baseline child poverty rates before the impact of Covid on jobs and incomes. Even this baseline had risen significantly in recent years. Across the UK, 4.3 million children¹ lived in families with below 60% median income after housing costs in 2019/20, up 200,000 from the previous year, and up 500,000 over five years.

The data shown below are based on calculations that build on the DWP and HMRC Children in Low Income Families dataset, first published in March 2020, which estimates the percentage of children living in households with below 60% median income in local areas. These figures draw directly from tax and benefit records, making them more reliable than previous local estimates.

However, these sources of information about income do not capture housing costs, and so the official indicator reports poverty on a ‘before housing costs’ (BHC) basis. That is to say, it takes no account of the fact that comparing incomes for households in different parts of the country where housing costs vary does not produce a like for like comparison of disposable incomes. As a result, the figures greatly understate the impact of low income in areas such as London with high housing costs.

In order to get estimates that are more sensitive to these costs, across region and over time, we have produced an after housing costs (AHC) set of local child poverty indicators, using local data on rents and house prices to supplement the DWP/HMRC figures. These estimates model the effect on poverty rates of higher or lower housing costs in each area. By estimating this effect, the figures give a more informative account of differences across place and time in the proportion of children in families with low disposable income than the BHC figure, which takes no account of housing costs.

The method for calculating our AHC indicators is set out in our [original 2020 paper](#) introducing this series. The data produced in 2021 include previous years from 2014/15. Due to a small technical adjustment in the official figures, past data are slightly different from those published previously. While the previous set of DWP/HMRC data covered Great Britain only, the latest data now include the whole of the UK.

Note that the AHC figures are reported for local authorities, parliamentary constituencies and regions, but cannot be produced for individual wards, since valid data on housing costs at this local level are unavailable. For ward comparisons, we have republished tables showing the official BHC data, which are useful for showing where within each local authority or parliamentary constituency child poverty is the highest, but less so for comparing rates across the country or across time.

¹ Households Below Average Income: 1994/95 to 2018/19 (DWP, 2021). This total includes young people aged 16-19 in full-time education; the statistics in this report relate to children aged 0-15 only, of whom an estimated 3.8 million are in poverty after housing costs in 2019/20.

2. Local authority and parliamentary constituency rates in 2019/20

Tables 1 and 2 show the 20 local authorities and constituencies with the highest child poverty rates, after housing costs, in 2019/20, the latest year for which data are available. Data for all areas, for all years between 2014/15 and 2019/20, can be found [here](#).

Table 1 The 20 local authorities with highest child poverty rates, 2019/20

Local authority	% of children below 60% median income after housing costs, 2019/20
UK	31%
Tower Hamlets	55.8%
Newham	50.0%
Barking and Dagenham	48.1%
Hackney	47.9%
Waltham Forest	45.3%
Southwark	43.1%
Islington	42.7%
Lambeth	42.6%
Birmingham	42.5%
Greenwich	42.0%
Manchester	41.8%
Newcastle upon Tyne	41.2%
Hounslow	40.9%
Haringey	40.6%
Sandwell	40.0%
Brent	40.0%
Redbridge	39.7%
Middlesbrough	39.4%
Luton	39.4%
Lewisham	39.0%

Figure 1 **The 20 local authorities with highest child poverty rates, 2019/20**

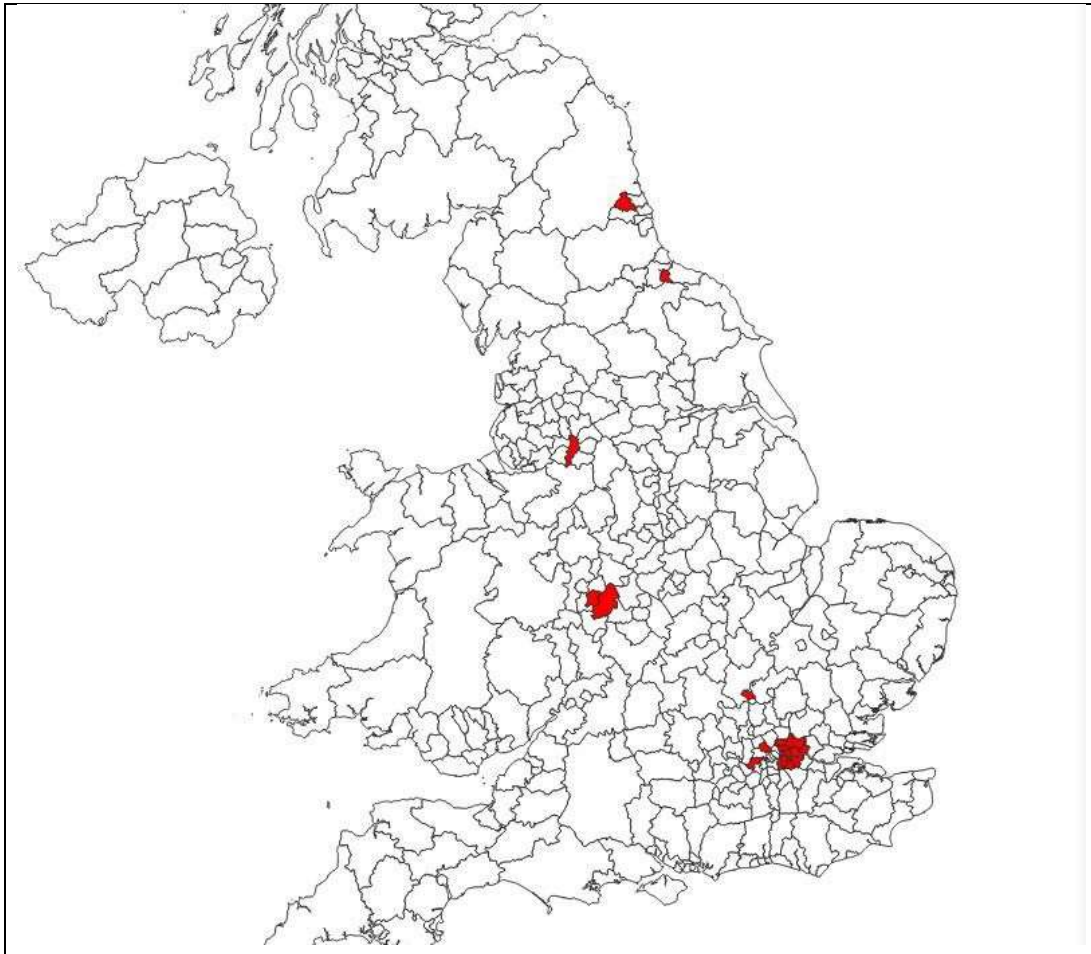


Table 2 The 20 parliamentary constituencies with highest child poverty rates, 2019/20

Constituency	% of children below 60% median income after housing costs, 2019/20
UK	31%
Bethnal Green and Bow	59.6%
Hackney South and Shoreditch	56.3%
Birmingham Ladywood	54.5%
Birmingham Hall Green	54.3%
Birmingham Hodge Hill	52.0%
Vauxhall	51.6%
West Ham	51.2%
Poplar and Limehouse	50.6%
East Ham	50.0%
Walthamstow	49.8%
Birmingham Perry Barr	48.9%
Barking	48.9%
Warley	47.8%
Tottenham	47.6%
Bermondsey and Old Southwark	47.4%
Bradford West	47.3%
Walsall South	47.1%
Manchester Gorton	46.8%
Bradford East	46.7%
Holborn and St Pancras	46.4%

It is immediately noticeable that greatest concentrations of child poverty are in London, once housing costs are taken into account. As shown in Section 5 below, this is a different picture from the BHC estimates produced by the DWP/HMRC, where areas in the conurbations of the Midlands and the North of England feature more prominently. Nevertheless, some of these areas, particularly in Birmingham, show up in the constituency data in Table 2. Thus, it is in Britain's two biggest cities that the greatest concentrations of child poverty can be seen, influenced in London by high housing costs which leave many families with very low disposable income. In nine constituencies in London and Birmingham, the majority of children were below the poverty line in 2019/20, once housing costs are taken into account. These data show alarmingly high rates of child poverty even before large numbers of people started losing their jobs as a result of the pandemic.

Figure 1 gives the bigger picture on child poverty AHC, showing the rates by country and region. The highest rates are in London and the North East, and the lowest in the South East, Northern Ireland and Scotland.

Figure 2 **The 20 parliamentary constituencies with highest child poverty rates, 2019/20**

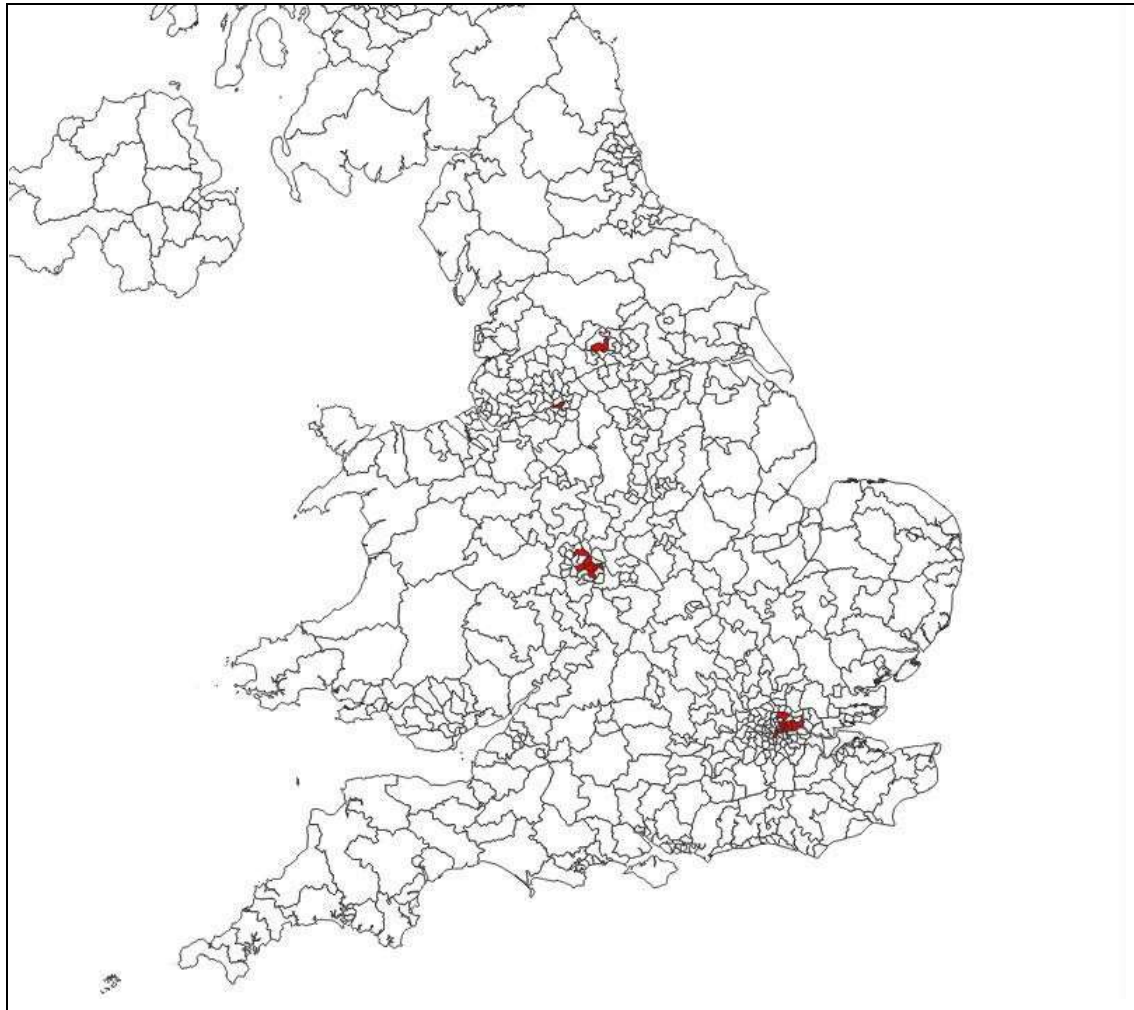
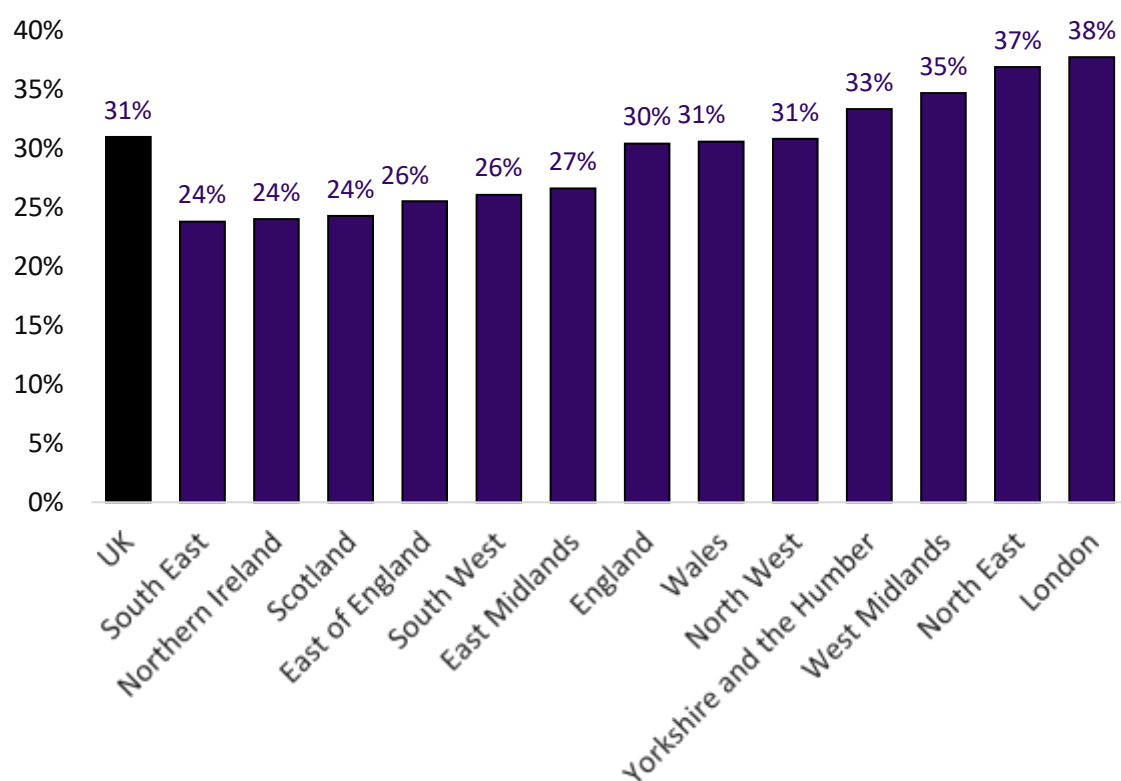


Figure 1 **Percentage of children in poverty, AHC 2019/20, by country and region**

Note: The UK figure is for the single year 2019/20. In line with HBAI tables, regional figures show a three-year average ending in that year.

3. Change in local child poverty rates between 2014/15 and 2019/20

Tables 3 and 4 show the areas that have seen the greatest growth in child poverty after housing costs during the five years for which data are available. Figure 2 summarises this information by region. It is clear from both the regional and local figures that the largest increases have come in the Midlands and Northern conurbations.

A particularly striking aspect of this, in the latest figures, is a further large increase in child poverty in the North East. Overall in this region, the child poverty rate has risen by over a third - from 26% to 37% - over five years, moving from just below the UK average to the second highest of any region, after London. There has been a particularly marked increase in the latest year for which figures are available - a third of the overall increase has come in this latest year. As shown in Table 3, all of the ten local authorities with at least a ten percentage-point rise in child poverty over the past five years are in the North East. Table 4 shows however that parliamentary constituencies with the highest increases are spread more evenly across conurbations in the North and Midlands.

This pattern suggests that child poverty is growing at an alarming rate across the urban areas of the North East, whereas the greatest changes elsewhere are more localised. This is likely to be influenced in particular by the presence in the region of a large proportion of low-paid workers who had only been just above the poverty line, and were pushed below by the freeze in their in-work benefits. Over the country as a whole, the importance of working poverty continued to increase over this period, with three quarters (75%) of the children in poverty AHC having at least one working adult in their household in 2019/20, up from two thirds (67%) in 2014/15 (Households Below Average Income 2019/20, Table 4.7ts).

Table 3 The 20 local authorities with highest increase in child poverty rates after housing costs, 2014/15 to 2019/20

Local Authority	% of children below 60% median income AHC		
	2014/15	2019/20	%age point increase
UK	29%	31%	2%
Newcastle upon Tyne	28.4%	41.2%	12.8%
Gateshead	24.7%	36.0%	11.2%
Redcar and Cleveland	26.2%	36.8%	10.6%
County Durham	25.3%	35.8%	10.5%
North Tyneside	23.6%	34.0%	10.5%
Darlington	25.7%	36.1%	10.4%
South Tyneside	27.4%	37.8%	10.4%
Hartlepool	27.4%	37.8%	10.4%
Middlesbrough	29.2%	39.4%	10.3%
Sunderland	27.4%	37.6%	10.3%
Stockton-on-Tees	25.5%	35.3%	9.8%
Northumberland	26.5%	36.2%	9.8%
Leicester	30.0%	37.9%	7.9%
Bradford	30.1%	37.7%	7.7%
Birmingham	35.5%	42.5%	6.9%
Leeds	28.6%	35.3%	6.7%
Manchester	35.4%	41.8%	6.4%
Kirklees	30.0%	36.1%	6.2%
Kingston upon Hull	30.2%	36.3%	6.1%
North Lincolnshire	27.2%	33.1%	5.9%

Figure 3 **The 20 local authorities with highest increase in child poverty rates after housing costs, 2014/15 to 2019/20**

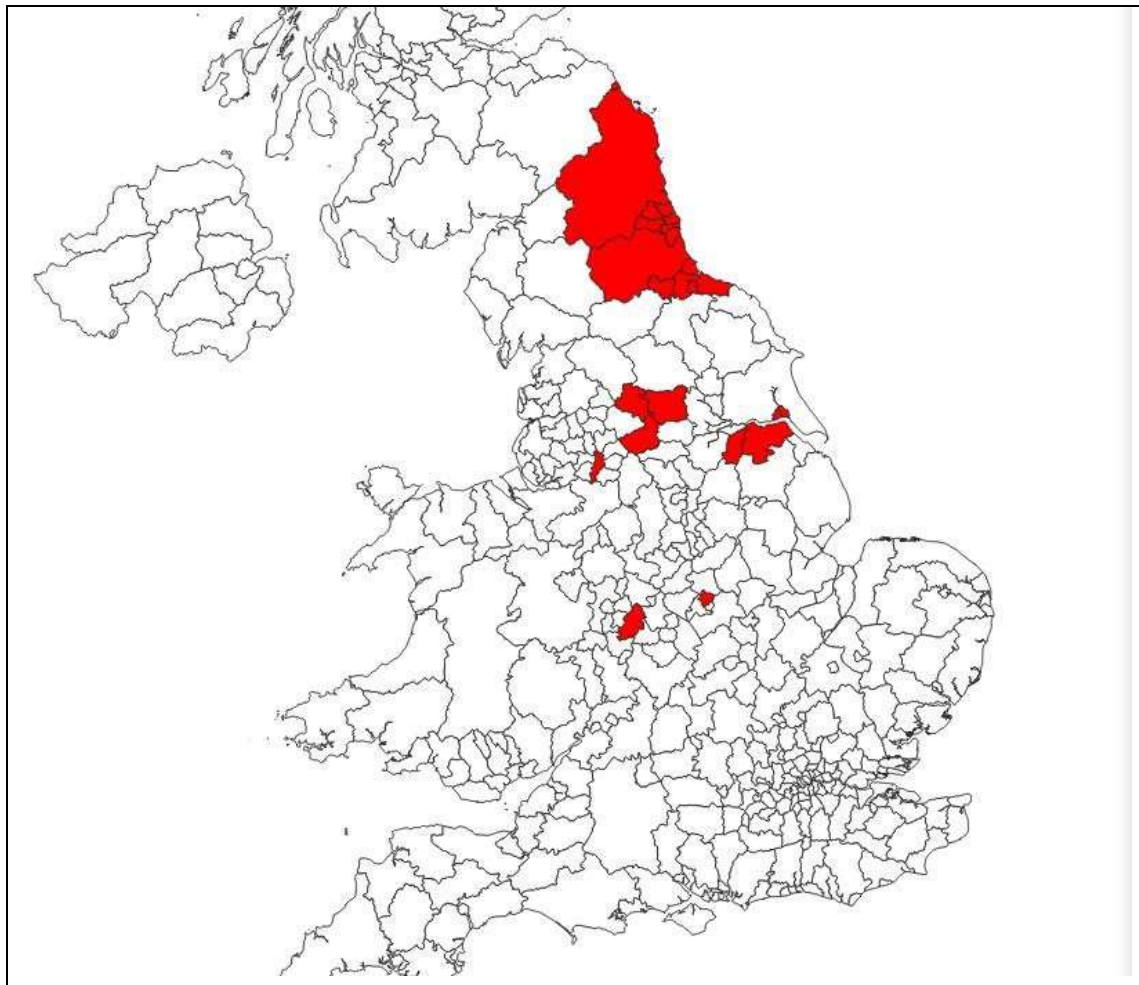


Table 4 The 20 constituencies with highest increase in child poverty rates, 2014/15 to 2019/20

Constituency	% of children below 60% median income AHC		
	2014/15	2019/20	%age point increase
UK	29%	31%	2%
Middlesbrough	32.0%	45.6%	13.6%
Birmingham Yardley	33.0%	46.1%	13.1%
Newcastle upon Tyne Central	32.6%	45.4%	12.8%
Sedgefield	23.7%	35.9%	12.1%
Jarrow	23.8%	35.7%	12.0%
Gateshead	26.5%	38.2%	11.8%
Newcastle upon Tyne North	21.5%	32.6%	11.1%
Newcastle upon Tyne East	27.1%	38.1%	11.0%
Birmingham Ladywood	43.7%	54.5%	10.8%
Bradford West	36.5%	47.3%	10.8%
Easington	26.1%	36.9%	10.7%
North Tyneside	24.1%	34.8%	10.7%
South Shields	28.8%	39.4%	10.6%
Stockton North	26.0%	36.5%	10.6%
Middlesb. South & East Cleveland	24.3%	34.8%	10.6%
Redcar	26.2%	36.7%	10.5%
Hartlepool	27.6%	38.1%	10.5%
Darlington	25.9%	36.3%	10.4%
Washington and Sunderland West	26.6%	36.8%	10.2%
North Durham	24.5%	34.6%	10.2%

Figure 4 **The 20 parliamentary constituencies with highest increase in child poverty rates after housing costs, 2014/15 to 2019/20**

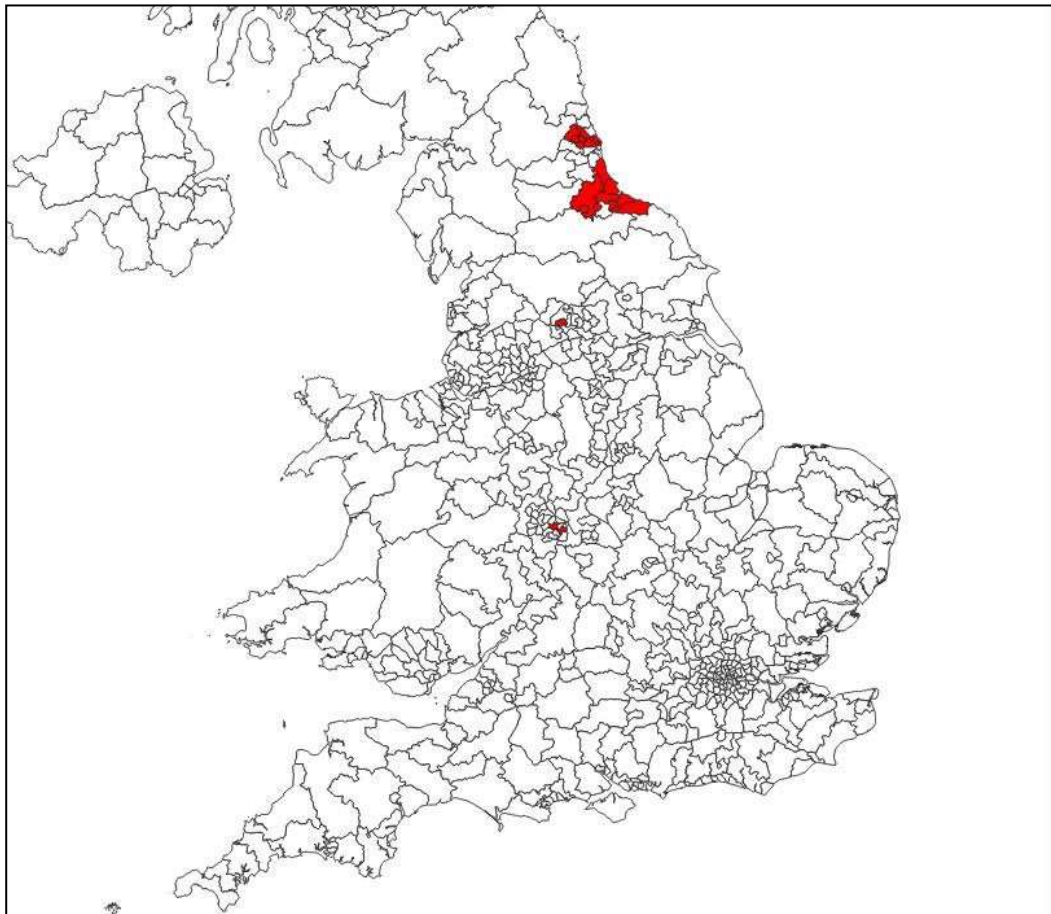
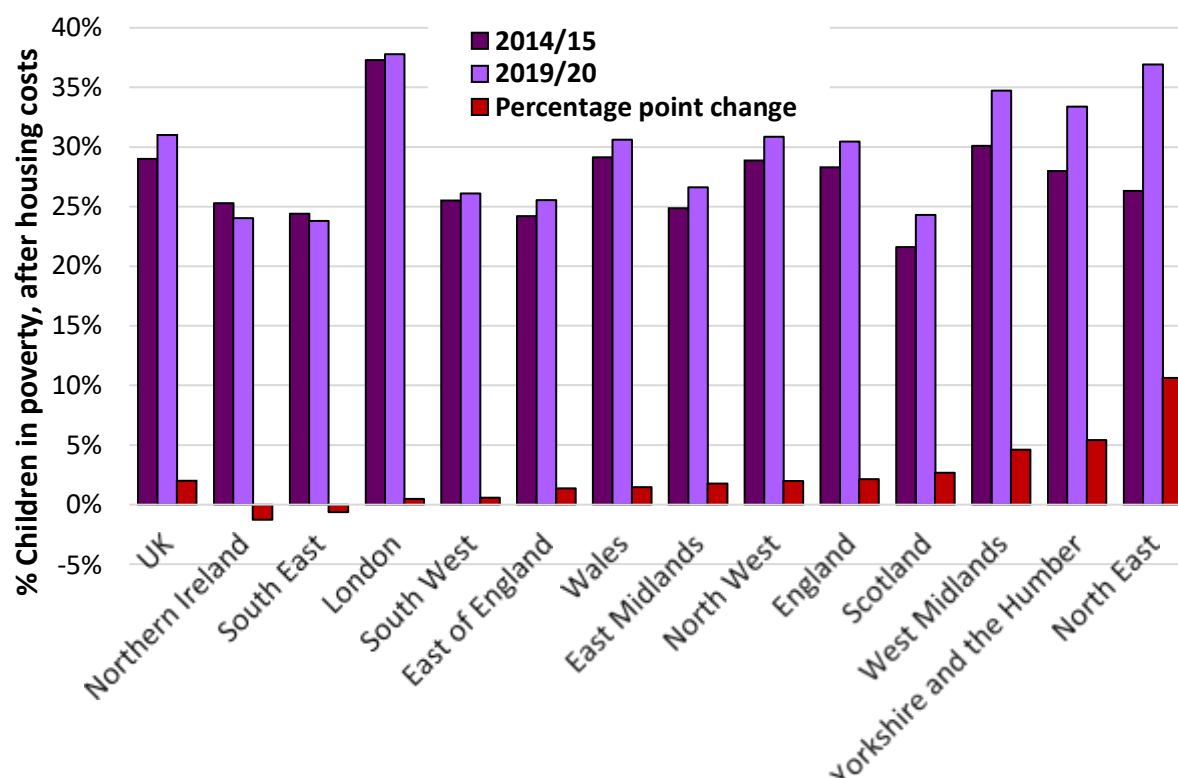


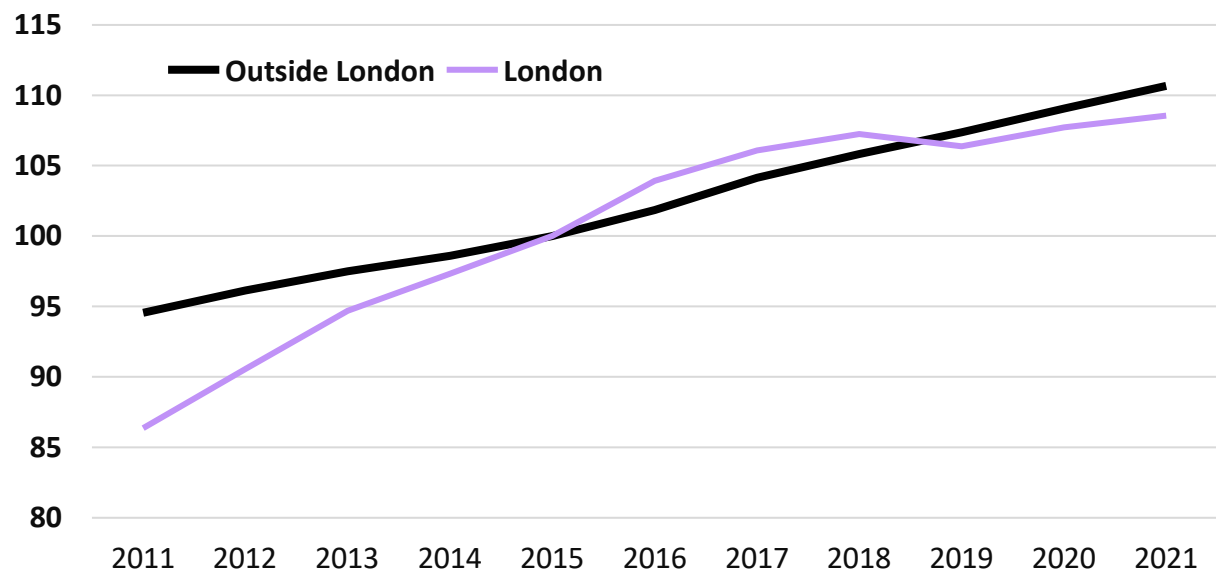
Figure 2 Change in child poverty rate, AHC, 2014/15 to 2019/20, by country and region



Note: The UK figures shown are for the single years. In line with HBAI tables, regional figures show a three-year average ending in the year shown.

One important feature of these patterns is that families in many large urban areas of the English Midlands and North have seen greater increases in their risk of poverty than elsewhere, including Northern Ireland and much of Southern England. When comparing the two regions with the highest child poverty rates, London and the North East, the effects of particularly high housing costs in the former and particularly low incomes in the latter, to a large extent, balance out to produce similar child poverty rates in 2019/20. However, these two factors have not had an equal impact in driving up child poverty since 2015. The greater housing costs paid by Londoners have not increased over this period. Figure 3 shows the index of private rents since 2011. In the early part of the 2010s, London rents were rising fast compared to elsewhere. In contrast, between 2015 and 2020 (the period covered by these data) rents rose slightly less overall in London than in the rest of the UK. In the past three years, rents have risen faster outside London. Thus, the extent to which high rents increase child poverty in the capital has not risen further, and it was the stagnating incomes in other metropolitan areas that drove the greatest increases in child poverty in the second half of the 2010s.

Figure 3 **Index of private rents for London and the rest of GB**
January 2015=100



4. The effect of housing costs

This report has used the after housing cost indicator of child poverty as the best indicator of how families experience low disposable income. But how much difference has this made in the overall estimates of child poverty, compared to the DWP/HMRC's before housing cost indicator? This of course varies according to area and the cost of housing. Tables 5 and 6 show in which local authorities and constituencies it makes the most difference.

Unsurprisingly, the greatest differences are in London, where housing costs are greatest.

Table 5 The 20 local authorities with the highest AHC compared to BHC poverty rates, 2019/20

Local Authority	% of children below 60% median income AHC		
	AHC	BHC	%age point difference
UK	31%	19%	12%
Tower Hamlets	55.8%	28.0%	27.8%
Hackney	47.9%	23.0%	24.9%
Islington	42.7%	18.0%	24.7%
Southwark	43.1%	20.0%	23.1%
Lambeth	42.6%	20.0%	22.6%
Camden	37.2%	15.0%	22.2%
Newham	50.0%	28.0%	22.0%
Haringey	40.6%	19.0%	21.6%
Waltham Forest	45.3%	24.0%	21.3%
Greenwich	42.0%	21.0%	21.0%
Brent	40.0%	19.0%	21.0%
Ealing	38.5%	18.0%	20.5%
Hammersmith and Fulham	34.0%	14.0%	20.0%
Hounslow	40.9%	21.0%	19.9%
Redbridge	39.7%	20.0%	19.7%
Merton	35.5%	16.0%	19.5%
Enfield	37.4%	18.0%	19.4%
Barking and Dagenham	48.1%	29.0%	19.1%
Lewisham	39.0%	20.0%	19.0%
Croydon	36.4%	18.0%	18.4%

Figure 5 The 20 local authorities with the highest AHC compared to BHC poverty rates, 2019/20

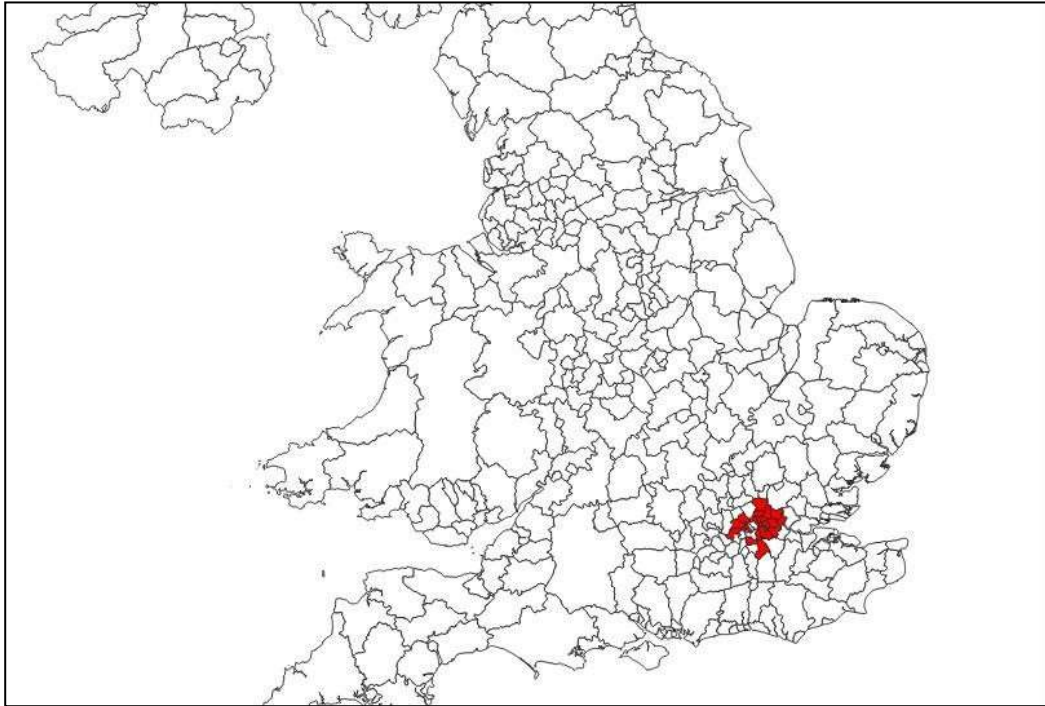


Figure 5 The 20 constituencies with the highest AHC compared to BHC poverty rates, 2018/19

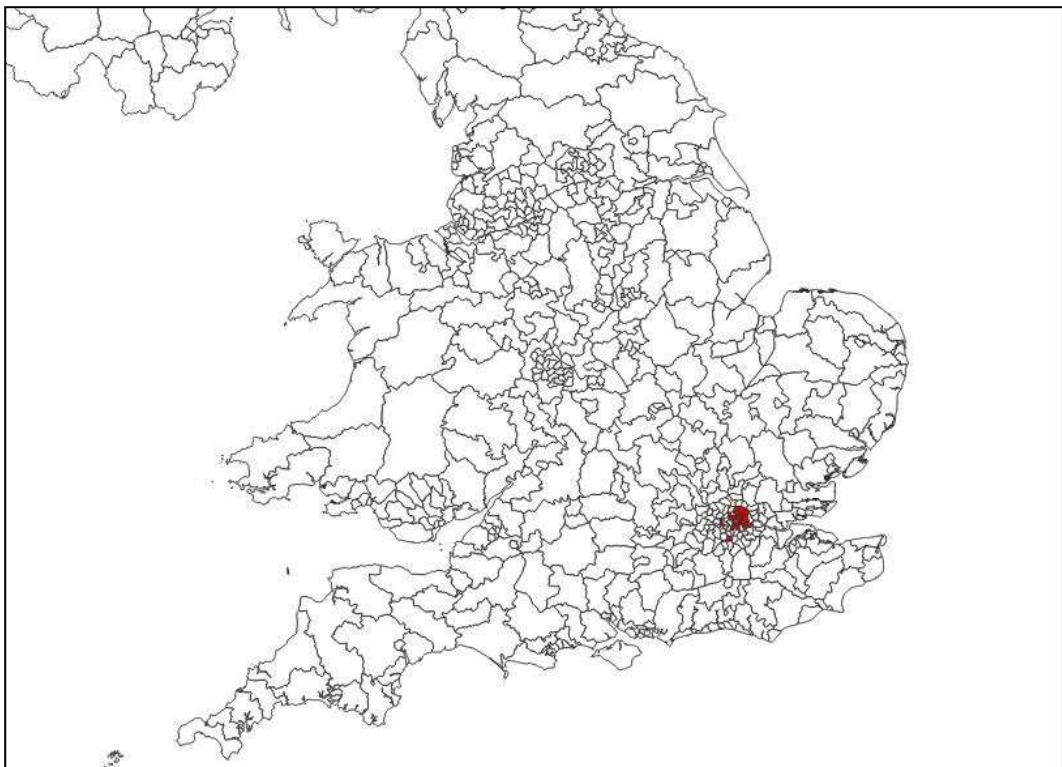
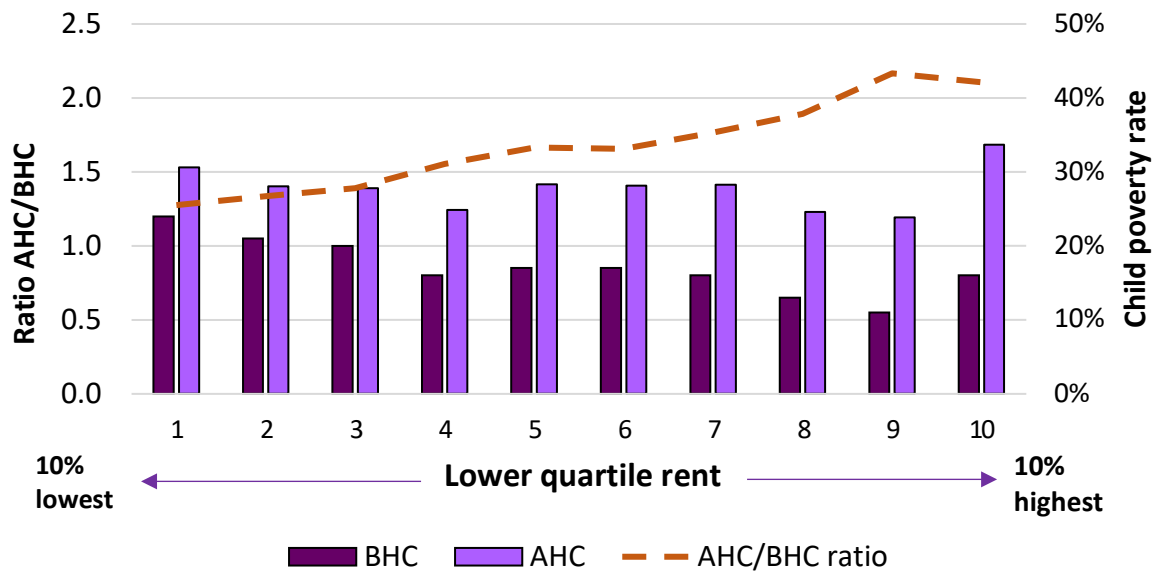


Table 6 The 20 constituencies with the highest AHC compared to BHC poverty rates, 2018/19

Constituency	% of children below 60% median income AHC		
	AHC	BHC	%age point difference
UK	31%	19%	12%
Hackney South and Shoreditch	56.3%	25.0%	31.3%
Bethnal Green and Bow	59.6%	31.0%	28.6%
Vauxhall	51.6%	24.0%	27.6%
Holborn and St Pancras	46.4%	19.0%	27.4%
Islington South and Finsbury	45.0%	19.0%	26.0%
Bermondsey and Old Southwark	47.4%	22.0%	25.4%
Poplar and Limehouse	50.6%	26.0%	24.6%
West Ham	51.2%	27.0%	24.2%
Walthamstow	49.8%	26.0%	23.8%
Tottenham	47.6%	24.0%	23.6%
Hackney North & Stoke Newington	44.5%	21.0%	23.5%
Greenwich and Woolwich	44.4%	21.0%	23.4%
Hammersmith	39.9%	17.0%	22.9%
Camberwell and Peckham	44.4%	22.0%	22.4%
Leyton and Wanstead	44.3%	22.0%	22.3%
Mitcham and Morden	46.2%	24.0%	22.2%
East Ham	50.0%	28.0%	22.0%

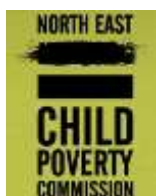
While the analysis in this paper has shown that looking at incomes before housing masks high AHC poverty rates in London, it is also important to note that high AHC poverty does not only occur in areas with the highest housing costs. Figure 4 shows, in fact, that the highest rates occur *both* in areas with high housing costs *and* in areas with the lowest housing costs (see explanatory note). The latter comprise areas where both incomes and rents are very low – in particular the poorest areas of Midlands and Northern conurbations. In fact, five of the local authorities with the highest BHC poverty rates are also among the 20 local authorities with the smallest difference between BHC and AHC rates – i.e., low-rent areas. These five councils are all in the north of England: Oldham, Pendle, Middlesbrough, Blackburn with Darwen and Bradford. Here, around four in ten children live in households in poverty after housing costs – not as high as in the worst-hit boroughs of London, but still well above the national average.

Figure 4 Poverty before and after housing costs in local authorities ranked by rent levels



Explanatory note:

This graph divides local authorities into ten groups, with those with the lowest rent on the left, and with the highest rent on the right. The trend line shows the correlation between rent levels on the one hand and the AHC/BHC ratio on the other. Note that in Decile 1, even though low rent levels mean that AHC poverty is not as far above BHC poverty as in other deciles, the fact that BHC poverty is high (because incomes tend to be low-rent areas) means that AHC poverty is also higher than in any other decile except decile 10 where housing costs are the highest.



North East Child Poverty Commission briefing New local child poverty data, 2014/15 to 2019/20 May 2021

Background

- The [North East Child Poverty Commission](https://www.endchildpoverty.org.uk/) (NECPC) is a stakeholder network of representatives from different sectors in the region, which works to build support for actions that improve the lives of the more than 1 in 3 children and young people growing up in poverty in the North East of England. We are hosted by - but independent of - Newcastle University.
- NECPC is a member of the national End Child Poverty coalition which has today (19th May 2021) published new local level child poverty data, after housing costs have been taken into account (AHC)¹. This new data and a report, '*Local indicators of child poverty after housing costs, 2019/20*', are available at: <https://www.endchildpoverty.org.uk/>
- Today's new figures have been produced by Prof. Donald Hirsch and Dr Juliet Stone (Centre for Research in Social Policy at Loughborough University), building on a Children in Low Income Families dataset first published by DWP and HMRC in March 2020, which estimates local figures of children living in poverty before housing costs (BHC).
- The new figures also complement national and regional level after housing costs child poverty data published by DWP/HMRC in March 2021, which found that **4.3million children were living in poverty in the UK in 2019/20** – an increase of 200,000 from the previous year and up 500,000 over five years².
- **The figures published today cover the period 2014/15 to 2019/20 and therefore still do not take account of the devastating impact of the Covid-19 pandemic on family incomes.**

North East headlines from today's report

- In the three years before the Covid-19 pandemic, **the North East had the second highest rate of child poverty in the UK at an average of 37%** (behind London at 38%, and compared with a UK average of 31%). This equates to 11 children and young people in a classroom of 30 in the North East.
- **The North East saw the UK's biggest increase in child poverty from 2014/15 to 2019/20** (rising by over a third from 26% to 37% - meaning child poverty in the North East has risen from just below the UK average to the second highest of any region, after London). One third of this overall increase came between 2018/19 and 2019/20.
- Prof. Hirsch and Dr Stone's report highlights:

'This pattern suggests that child poverty is growing at an alarming rate across the urban areas of the North East, whereas the greatest changes elsewhere are more localised. This is likely to be influenced in particular by the presence in the region of a large proportion of low-paid workers who had only been just above the poverty line, and were pushed below by the freeze in their in-work benefits.'

¹ Calculating poverty levels after housing costs (AHC) gives a more accurate measure of a family's disposable income: <https://cpag.org.uk/child-poverty/measuring-poverty>

² All figures for child poverty in this briefing note refer to relative child poverty after housing costs, that is the percentage of children living in families with less than 60% of the median UK household income, after housing costs.

- At 41.2% and 39.4% respectively, both Newcastle and Middlesbrough fall within the top 20 local authorities in the UK with the highest child poverty rates in 2019/20, whilst **all 12 North East councils are included in the 20 local authority areas across the UK which saw the highest increases in child poverty from 2014/15 to 2019/20 (indeed they make up the top twelve):**

Local authority	% of children below 60% median income AHC		
	2014/15	2019/20	%age point increase
UK	29%	31%	2ppt
Newcastle upon Tyne	28.4%	41.2%	12.8ppt
Gateshead	24.7%	36.0%	11.2ppt
Redcar and Cleveland	26.2%	36.8%	10.6ppt
County Durham	25.3%	35.8%	10.5ppt
North Tyneside	23.6%	34.0%	10.5ppt
Darlington	25.7%	36.1%	10.4ppt
South Tyneside	27.4%	37.8%	10.4ppt
Hartlepool	27.4%	37.8%	10.4ppt
Middlesbrough	29.2%	39.4%	10.3ppt
Sunderland	27.4%	37.6%	10.3ppt
Stockton-on-Tees	25.5%	35.3%	9.8ppt
Northumberland	26.5%	36.2%	9.8ppt
Leicester	30.0%	37.9%	7.9ppt
Bradford	30.1%	37.7%	7.7ppt
Birmingham	35.5%	42.5%	6.9ppt
Leeds	28.6%	35.3%	6.7ppt
Manchester	35.4%	41.8%	6.4ppt
Kirklees	30.0%	36.1%	6.2ppt
Kingston upon Hull	30.2%	36.3%	6.1ppt
North Lincolnshire	27.2%	33.1%	5.9ppt

- Of the 20 Parliamentary constituencies across the UK with the highest increases in child poverty rates from 2014/15 to 2019/20, more than four fifths are in the North East:**

Constituency	% of children below 60% median income AHC		
	2014/15	2019/20	%age point increase
UK	29%	31%	2ppt
Middlesbrough	32.0%	45.6%	13.6ppt
Birmingham Yardley	33.0%	46.1%	13.1ppt
Newcastle upon Tyne Central	32.6%	45.4%	12.8ppt
Sedgefield	23.7%	35.9%	12.1ppt
Jarrow	23.8%	35.7%	12.0ppt
Gateshead	26.5%	38.2%	11.8ppt
Newcastle upon Tyne North	21.5%	32.6%	11.1ppt
Newcastle upon Tyne East	27.1%	38.1%	11.0ppt
Birmingham Ladywood	43.7%	54.5%	10.8ppt
Bradford West	36.5%	47.3%	10.8ppt
Easington	26.1%	36.9%	10.7ppt
North Tyneside	24.1%	34.8%	10.7ppt
South Shields	28.8%	39.4%	10.6ppt
Stockton North	26.0%	36.5%	10.6ppt
Middlesbrough S & E Cleveland	24.3%	34.8%	10.6ppt
Redcar	26.2%	36.7%	10.5ppt
Hartlepool	27.6%	38.1%	10.5ppt
Darlington	25.9%	36.3%	10.4ppt
Washington & Sunderland West	26.6%	36.8%	10.2ppt
North Durham	24.5%	34.6%	10.2ppt

- And the increases in child poverty from 2014/15 to 2019/20 for all 29 North East Parliamentary constituencies were:

Constituency	% of children below 60% median income AHC		
	2014/15	2019/20	%age point increase
UK	29%	31%	2ppt
Middlesbrough	32.0%	45.6%	13.6ppt
Newcastle upon Tyne Central	32.6%	45.4%	12.8ppt
Sedgefield	23.7%	35.9%	12.1ppt
Jarrow	23.8%	35.7%	12.0ppt
Gateshead	26.5%	38.2%	11.8ppt
Newcastle upon Tyne North	21.5%	32.6%	11.1ppt
Newcastle upon Tyne East	27.1%	38.1%	11.0ppt
Easington	26.1%	36.9%	10.7ppt
North Tyneside	24.1%	34.8%	10.7ppt
South Shields	28.8%	39.4%	10.6ppt
Stockton North	26.0%	36.5%	10.6ppt
Middlesbrough S & E Cleveland	24.3%	34.8%	10.6ppt
Redcar	26.2%	36.7%	10.5ppt
Hartlepool	27.6%	38.1%	10.5ppt
Darlington	25.9%	36.3%	10.4ppt
Washington & Sunderland West	26.6%	36.8%	10.2ppt
North Durham	24.5%	34.6%	10.2ppt
Berwick-upon-Tweed	24.6%	34.8%	10.2ppt
Houghton & Sunderland South	25.5%	35.0%	9.6ppt
Wansbeck	25.7%	35.2%	9.5ppt
Tynemouth	20.2%	29.6%	9.4ppt
City of Durham	22.1%	31.3%	9.2ppt
North West Durham	22.8%	31.8%	9.0ppt
Blaydon	20.3%	29.3%	8.9ppt
Sunderland Central	28.2%	37.0%	8.8ppt
Stockton South	22.9%	30.3%	7.4ppt
Bishop Auckland	29.4%	36.5%	7.2ppt
Hexham	18.4%	24.3%	6.0ppt
Blyth Valley	33.5%	37.0%	3.6ppt

Key asks

- These figures make clear that – even before family incomes were devastated by Covid-19 – **the North East urgently needed a new, comprehensive, credible Government strategy to end child poverty**. The pandemic has made this more pressing than ever before.
- Alongside other members of the End Child Poverty coalition, NECPC believes this plan must start by:
 - Supporting children by boosting child-focussed support, such as Child Benefit (which has lost 23% of its value since 2010);
 - Reversing the planned £20 per week cut to Universal Credit to help struggling families; and
 - Extending the £20 per week uplift in Universal Credit to those in receipt of legacy benefits.
- And, given the findings of [our recent joint briefing on free school meals](#) with Child Poverty Action Group and Children North East – which calculated that 1 in 4 schoolchildren living in poverty in our region aren't currently eligible for free school meals – the Government must also: **extend free school meals to all families in receipt of Universal Credit/equivalent benefits, and to those with no recourse to public funds.**

Topic: Diet, Nutrition and Diabetes	
Background Information Good nutrition has a key role to play both in the prevention and management of diet related diseases such as cardiovascular disease, cancer, diabetes and obesity. (https://www.hartlepool.gov.uk/jsna) Deadline requested for consideration of the topic – None Previous A&G Investigations - None	
AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen This is in the public interest.	3 High public interest
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 This issue will have a high impact as outcomes will contribute to improving the health and wellbeing of Hartlepool residents.	3 High impact
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 N/A	N/A
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 Scrutiny has not investigated this topic in previous years. This topic is on the rolling programme.	1 Longer term aspiration or plan

TOTAL SCORE: 7

Appendix L

Topic: Healthy Eating / Obesity	
Background Information Within Hartlepool, 29.9% of adults are classified as obese and results from the National Child Measurement Programme show that by year six, 35% of children are either overweight or obese. These levels of obesity are significantly higher than the English average, illustrating the scale of the problem. Deadline requested for consideration of the topic – None Previous A&G Investigations - None	
AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen This is in the public interest.	3 High public interest
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 This issue will have a high impact as outcomes will contribute to improving the health and wellbeing of Hartlepool residents.	3 High impact
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 In Year 6, 24.4% (245) of children are classified as obese, worse than the average for England. 30.6% of adults are Obese in Hartlepool, worse than the average for England.	2 Higher than English average
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 Scrutiny has not investigated this topic in previous years. This topic is on the rolling programme. The Health and Wellbeing Board (HWBB) have developed a 10 Year Healthy Weight Strategy.	0 Being looked at by HWBB

TOTAL SCORE: 8



Welcome to our Council Plan
2021/22 – 2023/24

Our vision



Hartlepool will be a place...



Where people are enabled to live healthy, independent and prosperous lives

- The appropriate conditions are in place to enable people to make healthier lifestyle choices including reducing obesity levels;
- Individuals are able to better manage long-term conditions and prevent ill health;
- There is increased participation in physical activity through access to fit for purpose leisure, sport and recreational facilities including parks and open spaces;
- There is improved mental, emotional and social wellbeing;
- There are reduced levels of smoking, substance and alcohol misuse in the community;
- Everyone is able to access connectivity, technology and develop skills to enhance their life and provide access to service and opportunities;
- Families and individuals have food security;
- Children in our care and leaving care are cared for, cared about and their life chances are improved;
- Those dying and their families can access high quality, good services ensuring that they can experience 'a good death';
- Everyone will be able to access mental health support where and when they need it, and will be able to navigate through the system easily;

- Individuals will be equipped to manage their condition or move towards individualised recovery on their own terms, surrounded by their families, carers and social networks, and supported in their local community;
- Everyone will contribute to and be participants in the communities that sustain them;
- Adults with care needs are supported to live independently in their own homes for as long as possible;
- There will be access to innovative and community led models of social care focusing on a strength based approach and enabling quality of life;
- The long term impact of COVID 19 on population health is being addressed.



Hartlepool will be a place...



Where those who are vulnerable will be safe and protected from harm

- Fewer children experience harm through abuse, neglect and other adverse childhood experiences;
- Children and young people with Special Educational Needs and Disabilities have improved outcomes;
- Barriers to learning are removed for the most vulnerable children and young people;
- The educational landscape is inclusive to all;
- Individuals will be safeguarded in a way that supports them in making choices and having control in how they choose to live their lives;
- An outcomes approach in safeguarding is promoted that works for everyone;
- Public awareness will be raised so that professionals, other staff and communities as a whole can play their part in preventing, identifying and responding to abuse and neglect;
- There will be integrated support for vulnerable households and those at risk of homelessness;
- There are more housing options available for vulnerable adults;
- Commissioned services are rated good or better by Ofsted or the Care Quality Commission.



Of resilient and resourceful communities with opportunities for all

- All children benefit from good development and learning in their early years and achievement at key stages 1 to 5 is at or above national average;
- All schools and education providers are judged good or outstanding;
- More young people enter Higher Education and advanced apprenticeship pathways;
- There is reduced poverty, deprivation and inequality across the Borough;
- We have empowered and cohesive communities taking ownership of their own future;
- Education and other opportunities are available to address unemployment;
- People are involved in their local community rather than being socially isolated;
- Communities are well served with appropriate facilities;
- Children, young people and adults aspire to be whatever they want in life;
- There is a cross sector and coordinated programme of volunteering;
- We have a strong and diverse voluntary and community sector;
- Everyone can access creative and cultural opportunities to enhance their lives.

Hartlepool will be a place...



That is sustainable, clean, safe and green

- Resources are managed sustainably by reducing our consumption of energy and water;
- Initiatives are in place to tackle climate change;
- We are working with partners and residents to reduce the Borough’s carbon emissions and move towards a low carbon economy;
- Sustainable development and transport principles are embedded in our Local Plan policies;
- We have high quality and affordable homes that meet the diverse needs of our residents;
- There is access to good quality, well maintained parks, streets and public spaces;
- We have cleaner neighbourhoods;
- There is reduced environmental crime;
- The potential of vacant buildings and land is maximised to meet the needs of the community and improve their appearance;
- Levels of Anti-Social Behaviour are reduced;
- There are reduced levels of violence including domestic abuse;
- We have a sustainable approach to waste management;
- Land and air quality is improved.

Hartlepool will be a place...



That has an inclusive and growing economy

- There are more and better paid jobs;
- We have a skilled, healthy, motivated and agile workforce;
- Strong partnerships continue to be fostered with the business sector;
- We have growing local businesses;
- There is increased public and private sector investment in the local economy;
- Connectivity across the Borough, region and nationally is improved;
- We have high quality visitor attractions and increased visitor numbers;
- High quality events and festivals for local and visiting population are delivered;
- There is increased interest in attracting developers to the Borough.



Hartlepool will be a place...



With a Council that is ambitious, fit for purpose and reflects the diversity of its community



- We have strong and empowered leadership committed to delivering our vision;
- There is a reduced workspace requirement, with a flexible responsive workforce;
- Potential income sources are maximised;
- Our carbon footprint has reduced;
- Online access to services has increased;
- A customer focused service is delivered;
- We have a healthy, motivated, skilled and diverse workforce;
- The Borough has a positive reputation and improved media coverage.

How will we deliver our vision for Hartlepool?

The Council Plan sets out our vision for Hartlepool. How we will get there and what we will do will be captured through a range of delivery plans. We recognise that our approach will need to change and evolve throughout the lifetime of the Plan in order to respond to emerging issues and opportunities.

We have identified a set of key principles which will guide and shape what we do to deliver this Council Plan:

- Leadership – we will fulfil our role as a community leader working to deliver a positive future for our Borough;
- Collaboration – we will work with our communities, the community and voluntary sector and our partners across the public and private sector to deliver on our vision for Hartlepool;
- Inclusivity – we will work to ensure equal access to services and opportunities and we will take positive action to remove the barriers that people may face;
- Openness and transparency – we will be clear about what we are doing and why;
- Commitment – we are committed to delivering our vision and will honour our commitments as a community leader, service provider and commissioner;
- Trust – we will work to develop and build on the trust between the Council, our communities and partners;
- Understanding – we will work to understand the needs, hopes and views of our residents, communities and partners through engagement, consultation and research.

We will share regular performance reports with the Finance and Policy Committee of the Council setting out the progress made in delivering the Council Plan and these will be shared more widely with our community and partners.



Front cover and page 10 photos courtesy of Ashley Foster



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www.hartlepool.gov.uk



HARTLEPOOL
BOROUGH COUNCIL

[illegible]

AUDIT AND GOVERNANCE COMMITTEE

8 July 2021



Report of: Statutory Scrutiny Manager

Subject: ANNUAL APPOINTMENT TO COMMITTEES / FORUMS

1. PURPOSE OF THE REPORT

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

- (a) Tees Valley Joint Health Scrutiny Committee
- (b) Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee
- (c) North East Regional Joint Health Scrutiny Committee
- (d) North East Regional Joint Member / Officer Scrutiny Network
- (e) Health and Wellbeing Board as a non-voting official observer
- (f) Safer Hartlepool Partnership as a non-voting observer
- (g) Tees Valley Combined Overview and Scrutiny Committee (referred from Council)
- (h) Tees Valley Combined Authority Audit and Governance Committee(referred from Council)
- (i) Tees Valley Combined Authority Independent Remuneration Panel(referred from Council)

2. BACKGROUND INFORMATION

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

- 2.3 The administration of the Joint Committee is rotated annually across the local authorities involved and for 2021/22 this responsibility sits with Middlesbrough Borough Council who will also provide the Chair for the Committee. The Committee will meet quarterly on the dates outlined over the page:

- Friday 24th September 2021*
- Friday 10th December 2021*
- Friday 18th March 2021*

*At 10.30 in the Mandela Committee Room, Middlesbrough Town Hall.

- 2.4 The membership of the Tees Valley Joint Health Scrutiny Committee consists of three Members from each Local Authority and the Audit and Governance Committee is asked to appoint Members to fill these positions.

- 2.5 Based on Hartlepool's political balance nominations would comprise of Hartlepool Coalition – 2, Labour 1. However, it is noted that in previous years the Chair and / or the Vice Chair of the Audit and Governance Committee has served on this Committee.

- 2.6 **On this basis the following appointments are sought to serve on the Tees Valley Joint Health Scrutiny Committee:**

- **2 Councillor (Hartlepool Coalition)**
- **1 Councillor (Labour)**

- 2.7 (b) Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee - The Sustainability and Transformation Partnership (STP) replaced the Better Health Programme in developing health services to meet patient needs now and in the future with constantly improving health and social care delivered in the best place. Commissioners want to make sure that:

- We improve results for patients;
- Care is of the same high standard wherever, and whenever it is provided;
- Services have the resources to be sustainable for the next 10 -15 years;
- We can provide services across 7 days a week where necessary;
- We make services easier for patients to understand and use; and
- We improve life expectancy and quality of life for everyone in Darlington, Durham and Tees.

- 2.8 The programme aimed to continue improving the services available in Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby but in doing so, key challenges have been identified including:

- The changing health needs of local people;
- Meeting recommended clinical standards;
- Availability of highly trained and skilled staff;
- High quality seven-day services;
- Providing care closer to home; and
- Making the best use of our money.

- 2.9 The Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee was established in 2017, as the body through which it is proposed that the respective Local Authorities respond to consultations as part of the STP process. A full copy of the Committees Terms of Reference is attached at **Appendix B**.
- 2.10 Going forward, the Committee is asked to note that STP's have now evolved into Integrated Care Systems (ICSs), which are 'autonomous systems in which local bodies take collective responsibility for the health and social care of their populations within a defined budget'. Integrated Care Partnerships (ICPs) have also been established under ICS's, as bodies through which providers can work collaboratively, rather than competing to build on the new care models programme and pre-existing collaborations between services.
- 2.11 On this basis, the Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP has now evolved into the South Integrated Care Partnership (ICP), the purpose of which is to be 'a new type of even closer collaboration, whereby NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve'.
- 2.12 To reflect this, the title of the Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee is to change in the coming year to the 'Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby ICP Joint Health Scrutiny Committee'. However, in the meantime, the Committee is requested to appoint three members to the Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee.
- 2.13 The membership of the Committee consists of three Members from each local authority and the appointment to the vacant positions were initially considered by Full Council on the 25th May 2021. Full Council took the decision to refer the filling of these positions to the Audit and Governance Committee and on this basis, the Committee is asked to:
- i) **Consider the allocation of positions on the Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee, based ideally but not prescriptively on Hartlepool's political balance:**
 - **2 Councillor (Hartlepool Coalition)**
 - **1 Councillor (Labour)**
 - ii) **Consider whether Hartlepool wishes to submit a nomination to be considered as Chair or Vice-Chair of this Committee.**
- 2.14 With regard to good practice in previous years, one of the positions has been taken by the Chair of the Audit and Governance Committee and the Committee is asked to bear this in mind in the allocation of these positions. In

addition to this, to assist Members in making an informed decision in terms of the commitment required as a member of the Committee, meetings occur on a minimum of four times a year, however, dates for these meetings have not yet been confirmed.

- 2.15 (c) North East Regional Joint Health Scrutiny Committee - The North East Regional Joint Health Scrutiny Committee comprises the following Local Authorities, Darlington Borough Council, Durham County Council, Gateshead Council, Hartlepool Borough Council, Middlesbrough Council, Newcastle upon Tyne City Council, North Tyneside Council, Northumberland County Council, Redcar and Cleveland Borough Council, South Tyneside Council, Stockton-on-Tees Borough Council and Sunderland City Council. The Committee scrutinises issues around the planning, provision and operation of health services in and across the North-East region.
- 2.16 The membership of the Joint Committee is made up of one member from each Local Authority. **The Committee is requested to note that Full Council on the 25 May 2021 appointed the Chair of the Audit and Governance Committee (Cllr Rob Cook) as the Council's representative on the North East Regional Joint Health Scrutiny Committee.**
- 2.17 Meetings of this Committee are to be held as and when required and a copy of the Committee's Terms of Reference is attached at **Appendix C**.
- 2.18 (d) North East Regional Joint Member / Officer Scrutiny Network - The North East Regional Joint Member / Officer Scrutiny Network provides a forum for Elected Members who have a role within the scrutiny function to meet, make useful contacts with other members and officers, and to share 'experiences'.
- 2.19 The network provides a mechanism to:-
- (a) Share information on, for example: scrutiny best practice; outcomes of scrutiny investigations; benchmarking; service planning; performance indicators; conference feedback and funding streams.
 - (b) Share ideas on improving scrutiny processes and enhancing effectiveness.
 - (c) Provide a mechanism to facilitate personal and professional development.
 - (d) Provide a conduit between the North East authorities and the Centre for Public Scrutiny for sharing up-to-date information, which would include inviting speakers to talk about recent national policy developments.
- 2.16 The Audit and Governance Committee is requested to **appoint one Member to this Network** which meets on an 'as and when required' basis (with no future dates yet set).
- 2.17 (e) Health and Wellbeing Board - There is a position on the Health and Wellbeing Board for a non-voting official observer, who will be invited along to the Health and Wellbeing Board meetings to observe at the meeting and update the Audit and Governance Committee following each Board meeting.
- 2.18 The Board meets on a quarterly basis and dates are outlined below:

- Monday 28 June, 2021*
- Monday 6 September, 2021*
- Monday 29 November, 2021*
- Monday 21 March, 2022*

*At 10am

2.20 The Terms of Reference for the Board are attached at **Appendix E**.

2.21 On this basis, the Audit and Governance Committee is asked to **appoint one Member, from within its membership, to take up the position of non-voting official observer on the Health and Wellbeing Board.**

2.22 (f) Safer Hartlepool Partnership - There is a position for a non-voting observer at meetings of the Safer Hartlepool Partnership, who will observe and update the Audit and Governance Committee following each Partnership meeting.

2.23 The Partnership meets six times a year.

- Monday 19 July, 2021*
- Monday 20 September, 2021*
- Monday 18 October, 2021*
- Monday 6 December, 2021*
- Monday 7 March, 2022*

*At 10am

2.24 The Terms of Reference for the Board are attached at **Appendix F**.

2.25 On this basis, the Audit and Governance Committee is asked to **appoint one Member, from within its membership, to serve as a non-voting observer at meeting of the Safer Hartlepool Partnership.**

2.26 (g) Tees Valley Combined Authority Overview and Scrutiny Committee – As part of the Combined Authority's democratic governance arrangements, the Overview and Scrutiny Committee has statutory powers to oversee all aspects of our work. It can review policies and financial arrangements, call in decisions for review, and hold the Mayor, Cabinet and senior officers to account. A copy of the relevant extracts from the Combined Authority Constitution is attached at **Appendix D**.

2.27 The Committee is made up of 15 Councillors, ensuring an effective democratic link back to the elected members of our partner authorities. Appointments are based on the political balance across the Tees valley area which equates to 1 conservative, 1 labour and 1 independent.

2.28 Full Council on the 25th May 2021 confirmed the appointment of Councillors Brenda Loynes (Con) and Brenda Harrison (Lab) and took the decision to refer the appointment of the remaining independent vacancy to the Audit and Governance Committee.

- 2.29 On this basis, the Audit and Governance Committee is asked to **nominate one independent Councillor, from its membership, to serve on the Tees Valley Combined Authority Audit and Governance Committee.**
- 2.30 (h) Tees Valley Combined Authority Audit and Governance Committee – The Tees Valley Audit and Governance Committee assures sound governance, effective internal control and financial management of the Combined Authority. The Committee meets at least three times per year with the next meeting diared for the 27th July 2021 at 10am.
- 2.31 Each Constituent Authority is required to nominate a Member and Substitute Member from amongst the Members with current or recent experience of having served on its Audit or Governance Committee. The membership of the Tees Valley Audit and Governance Committee is politically balanced across the Tees Valley area and on this basis this vacancy is required to be filled by a Labour Councillor from the membership of Hartlepool's Audit and Governance Committee.
- 2.32 Full Council on the 25th May 2021 took the decision to refer the appointment of this position to the Audit and Governance Committee and on this basis, the Committee is asked to **nominate one Labour Councillor, from its membership, to serve on the Tees Valley Combined Authority Audit and Governance Committee.**
- 2.33 (i) Tees Valley Combined Authority Independent Remuneration Panel – As outlined in the Tees Valley Combined Authority (Functions and Amendment) Order 2017, the Tees Valley Combined Authority has in placed an Independent Remuneration Panel. The purpose of the Panel being to recommend allowances payable to the Mayor.
- 2.34 The panel membership consists of one member from each Constituent Authority who has current, or recent, experience of their own Independent Remuneration Panel. Full Council on the 25th May 2021 took the decision to refer the filling of these positions to the Audit and Governance Committee and on this basis, the Committee is asked to **nominate one Independent Person to serve as Hartlepool's representative on the Tees Valley Combined Authority Independent Remuneration Panel.**

3. RECOMMENDATIONS

- 3.1 That the Audit and Governance Committee:-
- (a) Appoints three Councillors from its membership to serve on the **Tees Valley Joint Health Scrutiny Committee:**
- 2 Councillors (Hartlepool Coalition)
 - 1 Councillor (Labour)

- (b) Appoints three Councillors from its membership to serve on the **Durham, Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee**;
 - 2 Councillor (Hartlepool Coalition)*
 - 1 Councillor (Labour)*

*Ideally but not prescriptively requires to be politically balanced.
- (c) Considers if Hartlepool wishes to submit a nomination to be considered as Chair or Vice-Chair of the **Durham, Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee**.
- (d) Notes the appointment of the Chair of the Audit and Governance Committee (Cllr Cook) as the Hartlepool Borough Council representative on the **North East Regional Joint Health Scrutiny Committee**;
- (e) Appoints one Member to the **North East Regional Joint Member / Officer Scrutiny Network**;
- (f) Appoints one Member to the position of non-voting official observer on the **Health and Wellbeing Board**.
- (g) Appoints one Member to the position of non-voting on the **Safer Hartlepool Partnership**.
- (h) Nominates one independent Councillor to serve on the **Tees Valley Combined Authority Audit and Governance Committee**.
- (i) Nominates one Labour Councillor to serve on the **Tees Valley Combined Authority Audit and Governance Committee**.
- (j) Nominates an Independent Person to serve on the **Tees Valley Combined Authority Independent Remuneration Panel**.

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BACKGROUND PAPERS

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

Appendix A

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

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

Tees Valley Local Authorities

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

NHS England Area Teams

4. Durham, Darlington and Tees Area Team

NHS Foundation Trusts

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

Clinical Commissioning Groups

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

Tees Valley Health Scrutiny Joint Committee

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

Membership

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

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

Chair and Vice-Chair

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

Stockton
Hartlepool
Redcar & Cleveland
Middlesbrough
Darlington

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

Co-option of other local authorities

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

Terms of Reference

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

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

Administration

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

committees (for information) and shall be confirmed at the next meeting of the Joint Committee.

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

Final Reports and Recommendations

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

Substantial Developments or Variations to Health Services

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

37. Where a review does not affect the residents of the whole of the Tees Valley the provisions of paragraphs 14 and 15 will apply and the statutory review will be conducted accordingly.
38. In all cases due regard will be taken of the NHS Act 2006 as amended by the Health and Social Care Act 2012, and the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013.

Principles for Joint Health Scrutiny

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

early stage on any likely proposals for substantial variations and developments in services that will impact on the Joint Committee's work programme. Each of the Tees Valley authorities will have regular dialogue with their local NHS bodies. NHS bodies that cover a wide geographic area (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.

Appendix B

Durham Darlington Teesside Hambleton Richmondshire and Whitby STP Joint Committee

Terms of Reference

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

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

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

Joint Health Overview and Scrutiny Committee of:

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

TERMS OF REFERENCE AND PROTOCOLS

Establishment of the Joint Committee

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

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

Aims and Objectives

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

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

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

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

Membership

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

Substitutes

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

Co-optees

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

Formation of Task and Finish/Working Groups

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

Chair and Vice-Chairs

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

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

Host Authority

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

Work planning and agenda items

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

Notice and Summons to Meetings

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

Attendance by others

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

Procedure at Joint Committee meetings

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

Voting

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

Urgent Action

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

Final Reports and recommendations

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

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

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

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

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

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

Timescale

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

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

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

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

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

Conduct of Meetings

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

Tees Valley Combine Authority Overview and Scrutiny Committee

53. The Combined Authority has established an Overview and Scrutiny Committee, in line with the statutory requirements set out in the Combined Authorities (Overview and Scrutiny, Access to Information and Audit Committees) Order 2017.
54. The membership of the Committee shall comprise fifteen members, three nominated from each of the Constituent Authorities. Members of the Committee taken as a whole shall reflect so far as reasonably practicable the balance of political parties for the time being prevailing among members of the Constituent Authorities collectively. Arrangements for determining political balance are set out in Appendix VI.
55. A change in political balance of any of the Constituent Authorities shall require a review of the membership of the Committee in order to determine whether any amendment to its membership is required to re-establish political balance. In the event that this review requires a change of membership, this shall be communicated to the constituent authorities as necessary, to make any necessary changes to their appointments at the earliest practical opportunity.
56. The members of the Overview and Scrutiny Committee must be Members of the Constituent Authorities and shall not include any Members who are also Members or Substitute Members of the Combined Authority's Cabinet or its Sub-Committees nor any officer of the Combined Authority or of any of the Constituent Authorities.
57. The term of office for members of the Overview and Scrutiny Committee shall be one year from the date of the annual council meeting of the Constituent Authority that appoints them to the Overview and Scrutiny Committee unless:-
- They cease to be an elected member of the Constituent Authority that appointed them;
 - They wish no longer to participate in the scrutiny arrangements and communicate this in writing to the Proper Officer of their Constituent Authority;
- or

- The Combined Authority is advised by any of the Constituent Authorities that it wishes to change one or more of its appointees to the Overview and Scrutiny Committee in accordance with paragraphs 54-56

58. Within a period of 28 days beginning with the day on which an appointment is made to the Overview and Scrutiny Committee, a notice will be published on the Combined Authority's website:
- i. Stating that the Authority has made an appointment;
 - ii. Identifying each Member of the Committee who has been appointed; and
 - iii. Specifying the period for which the members of the Committee have been appointed.
59. The Chair and Vice-Chair of the Overview and Scrutiny Committee shall be appointed by the Cabinet from amongst the members of the Committee, following a proposal put to them by the Overview and Scrutiny Committee; except that the Chair shall not be a member of a registered political party of which the Mayor is also a member. Where the Mayor is not a member of a registered political party, the Chair of the Committee shall not be a member of a political party represented by a majority of Members of the Combined Authority. Where two or more such parties have the same number of representatives the Chair should not be a member of any of those parties.
60. The Committee can submit reports or recommendations to the Combined Authority Cabinet. Where it does so, Cabinet must respond to the Committee's reports or recommendations within two months beginning with the date on which the Cabinet received those reports or recommendations.
61. The Committee may establish temporary working groups to consider specific issues in more depth and to report back to the Committee.
62. The Committee may review or scrutinise decisions made, or other action taken in connection with the discharge of the Combined Authority's or the Mayor's functions, and where a decision has not been implemented the Committee may direct, while it is under review or scrutiny, that it is not to be implemented for up to

14 days, and may also recommend that the decision be reconsidered.

Procedures for the application of the “call-in” power are set out in the rules of procedure at Appendix III.

63. Members or officers of the Combined Authority must comply with any reasonable request from the Committee to attend before it to answer questions, or to submit information. The Committee can invite other persons to attend its meetings to provide evidence and contribute to its deliberations.
64. The quorum for meetings of the Committee shall be ten members, representing no fewer than four Constituent Authorities.
65. Each member of the Committee has one vote and no member has a casting vote. Any questions that need to be decided by a vote shall be decided by a simple majority of the members present and voting on those matters. Where the vote is tied, the particular matter or decision will be deemed not to have been carried.
66. The Committee shall be established and shall conduct its proceedings in accordance with the Overview and Scrutiny Committee rules of procedure which are set out at Appendix III of the Constitution.

Tees Valley Combine Authority Audit and Governance Committee

74. The Combined Authority has established an Audit and Governance Committee, for the purposes of assuring sound governance, effective internal control and financial management of the Combined Authority, and that the Combined Authority observes high standards of conduct in public office. The Committee meets the requirements of the Combined Authorities (Overview and Scrutiny, Access to Information and Audit Committees) Order 2017.
75. Each Constituent Authority shall nominate a Member and Substitute Member from amongst the Members of that authority with current or recent experience of having served on its Audit or Governance committees, and who is not also a Member or Substitute Member of the Combined Authority Cabinet or its Sub-Committees. The Members nominated by the Constituent Authorities shall reflect, so far as reasonably practicable, the balance of political parties for the time being prevailing among members of the Constituent Authorities collectively. Arrangements for determining political balance are set out in Appendix VI. The Substitute members shall have the authority to act in the place of that Constituent Authority's representative.
76. The membership of the Committee shall also include an independent person for the purposes of providing advice in relation to standards matters under the Localism Act 2011, and one other independent person to assist the Committee in the discharge of its financial functions. A person is independent if the person:
- i. Is not a member, co-opted member or officer of the authority;
 - ii. Is not a member, co-opted member or officer of a parish council for which the authority is the principal authority;
 - iii. Is not a relative, or close friend of a person referred to in sub paragraph (i) or (ii) above;
 - iv. Was not at any time during the 5 years ending with an appointment under paragraph [76] a person as described in sub paragraph (i) or (ii) above.
77. Members of the Committee must not include any Officer of the Combined

Authority or of the Constituent Authorities.

78. The Chair and Vice-Chair of the Committee shall be determined annually by the Cabinet from amongst the Members nominated by the Constituent Authorities, following a proposal put to them by the Audit and Governance Committee.
79. The Committee shall hold at least three meetings each year. The quorum for meetings of the Committee shall be five of the total number of seven members of the Committee.
80. Decisions shall be taken by way of consensus wherever possible. If a vote is required, voting shall be on the basis of one member one vote. Any decisions which are tied shall be deemed to have been not carried.
81. The Committee shall conduct its proceedings in accordance with the Rules of Procedure set out at Appendix II of this Constitution.

HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

VERSION 3.0

July 2020

Contents

1.0	Purpose and functions of the Health and Wellbeing Board	3
2.0	Role and responsibility of Board Members	3
2.1	Standards of behaviour	3
3.0	Membership	4
3.1	Chairing of the Health and Wellbeing Board	5
4.0	Principles	6
5.0	Performance management	6
5.1	Information, advice and support	6
6.0	Developing capacity and capability	7
7.0	Engaging with stakeholders	7
8.0	Operation of the Health and Wellbeing Board	8
8.1	Attendance at meetings	8
8.2	Appointment of Substitutes	9
8.3	Declaration of Interests	9
8.4	Meeting procedures	9
8.5	Decision-making and voting	9
8.6	Risk Management	10
8.7	Freedom of Information Act	10
8.8	Public access to the Health and Wellbeing Board	10
8.9	Secretarial support arrangements	11
8.10	Sub-groups and task groups	11
8.11	Working with other theme groups	12
8.12	Updating the Terms of Reference	12
9.0	Engaging with other bodies	13
9.1	Statutory Scrutiny	13
9.2	Hartlepool Safeguarding Children Board	13
9.3	Teeswide Safeguarding Adults Board	13
9.4	Outbreak Control Engagement Working Group	14
	Addendum A	15

1.0 Purpose and functions of the Health and Wellbeing Board

The Health and Social Care Act 2012 sets out the statutory requirement for unitary authorities to establish Health and Wellbeing Boards from April 2013. The Board has the following responsibilities and functions as set out in the Constitution of Hartlepool Borough Council:

- Responsibility for the preparation and implementation of a Health and Wellbeing Strategy for the Borough.
- Responsibility for ensuring the development and use of a comprehensive evidence based Joint Strategic Needs Assessment (JSNA) for Hartlepool.
- Responsibility for ensuring consistency between the commissioning priorities of partners and the Health and Wellbeing Strategy and JSNA. Having strategic influence over commissioning and investment decisions across health, public health and social care services to ensure integration and joint commissioning particularly for those services being commissioned and provided to the most vulnerable people.

2.0 Roles and Responsibility of Board Members

The main role of all members of the Health and Wellbeing Board will be to take a Borough wide perspective and develop consensus in the best interests of the residents of Hartlepool. Members will bring their own perspectives and also represent their organisation, interest group or area. They will be recognised for their valuable contribution bringing ideas, knowledge and expertise to the process.

2.1 Standards of behaviour

As a member of the Health and Wellbeing Board, whether in meetings or working on behalf of the Board, the following guidelines outline what is expected of members:

Accountability: to work openly and honestly and to report back their work on the Board to their organisation or sector. Board Members will agree their recommendations and then do everything in their power to support delivery.

Commitment: to attend board meetings, participate in occasional task group meetings and one-off events. To be properly prepared for meetings by reading the paperwork beforehand. To be prepared to learn from others and from good practice elsewhere and to further develop the breadth of their knowledge of their sector's role within the borough.

High Quality Debate: to remain focussed and strategic and to contribute positively to discussions and work with other members to achieve consensus and take important decisions regarding the strategic development of the borough.

Honesty and Integrity: to act with honesty, objectivity and integrity in achieving consensus through debate. To respect the confidentiality of the information provided.

Objectivity: to consider what is in the best interests for the common good of Hartlepool and to weigh this along with the interests of their organisation, their sector and themselves when making decisions.

Representative: to effectively reflect the interests of their sector, to raise areas of concern and contribute their experience and expertise to discussions and decisions to achieve good workable solutions.

Respect for others: to respect and to take into account the views of other members regardless of their gender, race, age, ethnicity, disability, religion, sexual orientation or any other status.

3.0 Membership

The Health and Social Care Bill Act 2012 mandates a minimum membership for Health and Wellbeing Boards. These are known as prescribed members. In addition Boards are free to expand their membership to include a wide range of perspectives and expertise. These are known as other members. The membership of the Health and Wellbeing Board is set out over the page:

Prescribed Members
<ul style="list-style-type: none"> • Elected Members, Hartlepool Borough Council, including the Leader of the Council (4) • Representatives of NHS Tees Valley Clinical Commissioning Group (2) • Director of Public Health, Hartlepool Borough Council (1) • Director of Children's and Joint Commissioning Services, Hartlepool Borough Council (1) • Director of Adult and Community Based Services, Hartlepool Borough Council (1) • Representatives of Healthwatch (2)
Other Members
<ul style="list-style-type: none"> • Managing Director, Hartlepool Borough Council (1) • Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council (1) • Representative of NHS England (1) • Representative of Hartlepool Voluntary and Community Sector (1) • Representative of Tees Esk and Wear Valley NHS Trust (1) • Representative from Cleveland Police (1) • Representative of North Tees & Hartlepool NHS Foundation Trust (1) • Representative of GP Federation (1) • Schools' Representative (1) • Observer – Representative of the Audit and Governance Committee, Hartlepool Borough Council (1)

There is the potential for co-opting members onto the Board to undertake specific pieces of work or for specialist knowledge and skills as and when required. This may include the North East Ambulance NHS Trust, Fire Brigade, Probation and other providers etc.

3.1 Chairing of the Health and Wellbeing Board

The Chair will be the Leader of Hartlepool Borough Council or their substitute. The Vice-Chair will be a representative of the Clinical Commissioning Group.

4.0 Principles

All members of the Health and Wellbeing Board will strive to apply the following nine principles:

- Effective decision-making and communication
- Effective partnership working
- Efficient partnership working
- Acting with integrity
- Ensure widest possible involvement and inclusion
- Demonstrating leadership and influence
- Effective performance management
- Developing skills and knowledge
- Contributing to sustainable development

5.0 Performance Management

The Board is responsible for developing and managing the delivery of the Health and Wellbeing Strategy including the agreed health outcome measures. Each year the Board will agree an action plan setting out how the Strategy will be delivered. The action plan will also include a number of performance indicators which will be used to assess the progress being made. The Board will monitor progress through quarterly performance reports and seek to maximise resources and secure new resources into the Borough. In addition through the annual refresh the Board will pay due regard to delivery against the national outcome frameworks including the Public Health Outcome Framework, the Adult Social Care Outcome Framework and the NHS Outcome Framework incorporating additional areas into the action plan where performance is below what is expected.

Monitoring of the Health and Wellbeing Strategy will be through the relevant sub-groups, with issues escalated to the Health and Wellbeing Board, as and when necessary.

5.1 Information, advice and support

All information, advice and support will be fit for purpose and tailored to the functions of the Board. The Board will ensure that all information is directly relevant to the decisions being taken and is:

- relevant
- accurate
- timely
- objective
- clear and concise
- reliable

Where possible all partners will share and collate information from their individual organisations in order to help ensure that the Board can make informed decisions. The Board will call on professional advice and support when deemed necessary, particularly when the outcome of decision has a significant legal or financial implication.

Reports submitted to the Board will include impact assessments in relation to each of the sub-groups.

6.0 Developing capacity and capability

The Board is aware of the importance of ensuring members have the right skills, knowledge and experience to play an effective part in delivering the strategic aims of the Board. It aims to involve individuals who reflect the community they represent. It will balance the need for stability which comes from continuity of knowledge and relationships with the need for new ideas and new thinking. Through a Board development process all members will be given the opportunity to further develop their skills and update their knowledge throughout their period of membership. This will aim to maximise the skills, capacity and resources of all members.

7.0 Engaging with stakeholders

The Board has a statutory duty to involve local people in the preparation of the JSNA and the development of the Health and Wellbeing Strategy. The Board will therefore actively maximise the opportunities and mechanisms for involving local people in those processes and subsequent service provision.

The Board will seek to strengthen the involvement of elected members and patient representatives in commissioning decisions alongside commissioners from across health and social care.

The Board will take the lead in forming and maintaining relationships and representation with other partnerships and stakeholders on a local, regional and sub regional level which will directly affect and/or influence its success.

The Board will provide a forum for challenge, discussion and the involvement of local people. However, the local Healthwatch will have a role to play in consulting with patients and the public on service changes in health and social care in order to help inform the decision making process. Its work will feed into that of the Health and Wellbeing Board to inform their direction and priorities.

The Board will hold a Face the Public event once per year to:

- i) Update the public on their work during the last year;
- ii) Inform the public on their future plans including future challenges;
- iii) Engage with residents and promote the key strategies and plans for the Borough;
- iv) Receive questions from the public on their work, future plans and priorities.

The Board will strive to meet the codes of practice and terms of engagement as set out in the [Community Engagement and Cohesion Strategy](#). The Board will also develop and deliver a Communication and Engagement Strategy which will set out how the work of the Board will be promoted and members of the public, key partners and the VCS will be able to engage with and contribute to the work of the Board.

8.0 Operation of the Health and Wellbeing Board

8.1 Attendance at meetings

Members will endeavour to attend all meetings; however, if they are unable to attend any meeting then they should submit their apologies in advance of the meeting.

As flexibility and continuity is essential to partnership working, each Member may identify a named substitute who may attend on their behalf when necessary.

Substitutes should be suitable senior representatives who are able to speak on

behalf of their organisation. The quorum for the Board will be 5 prescribed members with at least one representative from each of the three prescribed member organisations.

8.2 Appointment of Substitutes

All Board members should appoint named substitutes to the Board and in the case of Policy Committee Chairs, the named substitute will be the Vice-Chair. The named substitute will be the only person to attend in the absence of the Board member.

8.3 Declaration of Interests

Each member of the Health and Wellbeing Board is required to declare any personal, prejudicial or disclosable pecuniary interest (direct or indirect) in any agenda items. Where an interest is prejudicial or is otherwise a disclosable pecuniary interest the member shall take no part in the discussion or decision-making about that item. All such declarations must be included in the minutes of the meeting. At the beginning of the municipal year each member will complete a Register of Interest Form which will be held by the Member Services Team. This register should be updated within 28 days of any change to reflect the changes in circumstances of Board members. This register is also displayed on the Council's website.

8.4 Meeting Procedures

The Board will meet on a quarterly basis. There will be an annual review meeting to reflect on the performance of the Board and proactively plan for the forthcoming year.

8.5 Decision-making and voting

Where practicable members should have the authority to take decisions and make commitments within the context of their organisations' governance structures and schemes of delegation. It is recognised that individual partners will remain responsible and accountable for decisions on their services and the use of their resources. The Board recognises that each partner has different mechanisms for their own decision-making and members will need to feed into their own governance structures as appropriate. In some cases decisions may be made 'in principle' by the

Board and then ratified by the bodies or organisations from which the members are drawn, this will be particularly important for the prescribed members of the Board.

8.6 Risk management

The Board will take a planned and systematic approach to identifying, evaluating and responding to risks. It will consider the full range of the Board's activities and responsibilities, and continuously check that various good management disciplines are in place, including:

- strategies and policies are put into practice where appropriate;
- high quality services are delivered efficiently and effectively;
- performance is regularly monitored and effective measures are put in place to tackle poor performance;
- laws and regulations are complied with;
- information used by the Board is relevant, accurate, up-to-date, timely and reliable;
- financial statements and other information published by the Board are accurate and reliable;
- financial and human resources are managed efficiently and effectively and are safeguarded.

8.7 Freedom of Information Act

The Freedom of Information Act provides a right to access information that is held by public authorities unless specified exemptions apply. Hartlepool Borough Council has a publication scheme detailing the types of information that could be available for public access and has developed guidance to help staff comply with the Act. The Health and Wellbeing Board will work within this framework when responding to requests from partners and the public.

8.8 Public access to the Health and Wellbeing Board

All meetings of the Council's committees, sub-groups and working groups are open to the public to attend except when the meetings are considering items classed as 'confidential' or 'exempt'. These meetings may consider issues that will be of interest to residents who may wish to ask questions or express their views on the matters

being considered. On such occasions anyone wishing to speak at the Board meeting should seek the permission of the Chair in advance of the meeting. This can be done directly with the Chair or via the Democratic Services Team (democratic.services@hartlepool.gov.uk or 01429 523013).

8.9 Secretarial Support arrangements

The Health and Wellbeing Board will receive secretarial support through Hartlepool Borough Council's Democratic Services Team.

8.10 Sub-Groups, Working Groups and Task and Finish Groups

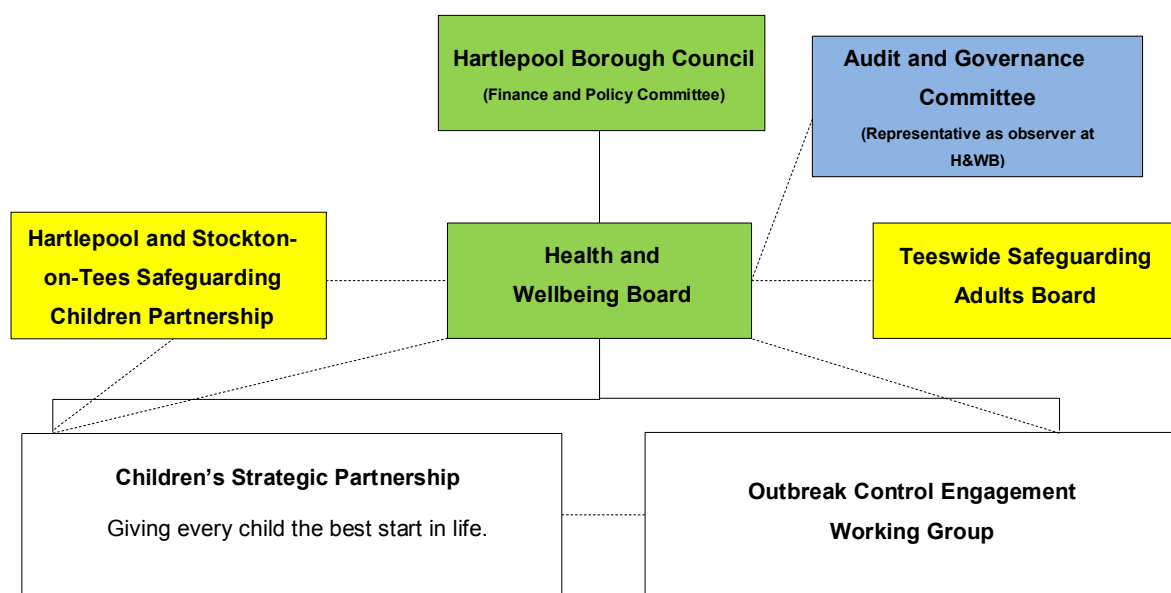
The Health and Wellbeing Board has a responsibility to act as a forum for key leaders from the local health and care system to jointly work to improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services. Key to achieving this is the Board's:

- Involvement in the preparation and implementation of the Hartlepool Health and Wellbeing Strategy and Joint Strategic Needs Assessment;
- Strategic role in influencing commissioning and investment decisions across health, public health and social care services to ensure integration and joint commissioning particularly for those services being commissioned and provided to the most vulnerable people.

Given the breadth of service areas and partners involved in achieving the Board's responsibilities, a number of sub-groups are in place to support and feed into the Board. The minutes of these sub-groups will be circulated to the Health and Wellbeing Board to reinforce the link between both bodies. All other groups will feed into the Health and Wellbeing Board through one of these sub-groups / working groups.

Occasionally a Task and Finish Group of the Health and Wellbeing Board, or one of its sub-groups, may need to be established to expedite a particular matter, which requires focussed activity or where a more specialist membership is required. The

membership of these task and finish groups would be decided by the Board, or sub-group. A Task and Finish Group would normally have a specific remit and period of operation to oversee or undertake a specific task, reporting directly to the Health and Wellbeing Board or sub-group (as appropriate).



8.11 Working with other theme groups

The Health and Wellbeing Board will work alongside the other theme groups to improve outcomes for Hartlepool residents. Joint meetings may be arranged on matters of shared interest for example on the issue of alcohol harm or drug rehabilitation with the Safer Hartlepool Partnership.

8.12 Updating the Terms of Reference

This Terms of Reference can be amended or updated by obtaining a two thirds majority agreement by the Board. At the time of the vote all the prescribed member organisations must be in attendance. The proposed change should be set out in a report as a published agenda item.

9.0 Engaging with other bodies

9.1 Statutory Scrutiny

The Audit and Governance Committee of Hartlepool Borough Council has delegated authority to exercise the statutory scrutiny powers given to the Local Authority under the Health and Social Care Act 2012. This includes the review and scrutiny of matters relating to the planning, provision and operation of health services in the area.

The Audit and Governance Committee will hold the Health and Wellbeing Board, and its partners, to account through scrutiny of:

- The Joint Strategic Needs Assessment;
- The Health and Wellbeing Strategy; and
- Commissioning Plans and Delivery Strategies.

9.2 Hartlepool and Stockton on Tees Safeguarding Children Partnership

The Hartlepool and Stockton on Tees Safeguarding Children Partnership is made up of the three statutory partners, local authorities, chief officers of police, and clinical commissioning groups who must make arrangements to work together with relevant agencies (as they consider appropriate) to safeguard and protect the welfare of children in the area.

The relationship between the Health and Wellbeing Board and the Hartlepool and Stockton on Tees Safeguarding Children Partnership (HSSCP) is one of mutual support, challenge and scrutiny. HSSCP should be instrumental in determining the safeguarding children requirements of the JSNA and should present its annual report to the Health and Wellbeing Board.

9.3 Teeswide Safeguarding Adults Board

The Teeswide Safeguarding Adults Board is a partnership of local agencies working together to ensure that adults living in Hartlepool are safeguarded and protected.

The relationship between the Health and Wellbeing Board and the Teeswide Safeguarding Adults Board (TSAB) is one of mutual support, challenge and scrutiny.

TSAB should be instrumental in determining the requirements of the JSNA in terms of safeguarding adults and should present its annual report to the Health and Wellbeing Board.

9.4 Outbreak Control Engagement Working Group

As part of local Covid-19 outbreak control arrangements the Health and Wellbeing Board will also act as Hartlepool's Local Outbreak Control Engagement Board. These responsibilities are delegated to the Outbreak Control Engagement Working Group (as a working group of the Health and Wellbeing Board) which will operate as outlined in **Addendum A**.

OUTBREAK CONTROL ENGAGEMENT WORKING GROUP

1. Purpose and functions of the Local Outbreak Control Engagement Working Group

An integrated national and local nationwide Covid-19 test and trace programme is being implemented to control the virus and as part of this local Covid-19 outbreak control arrangements have been put place. A critical factor in the success of these arrangements is effective communication with the public and employers to gain their support for any actions that need to implement and the requirement to create a Local Outbreak Control Engagement Board. In Hartlepool this role will be undertaken by a working group of the Health and Wellbeing Board with the following responsibilities:-

- i) Political ownership and public-facing engagement and communication for the outbreak response.
- ii) Provide partnership oversight of health protection regarding Covid-19 in Hartlepool.
- iii) Support local delivery of the primary objectives of the Government's strategy to control the Covid-19 reproduction number (R), reduce the spread of infection and save lives.
- iv) Bring together the response that will be delivered at different levels and by different organisations, at local authority area level to ensure a community focus and appropriately tailored response.
- v) Support the effective communication of the Outbreak Control Plan for Hartlepool.
- vi) Support and strengthen the communication plan that will need to underpin every decision as the local area move to the next stage of managing the pandemic,

helping to make sure that all communities and sectors are communicated with effectively.

- vii) Help ensure that all key stakeholders have been identified and that the best routes to communicate with them are utilised.
- viii) Oversee the evaluation of the communication plan, measuring success through the successful adoption of the required behaviours by individuals and organisations across the city with no community or sector left behind.
- ix) Receive regular updates from the Outbreak Control Board via the Director of Public Health and public oversight of progress on the implementation of the Outbreak Control Plan.
- x) Shape and oversee the health and wellbeing recovery strategy, identifying Joint Health and Wellbeing Strategy priorities for action as part of the post-emergency phase.

2. Membership

The membership of the Outbreak Control Engagement Working Group includes representatives from a range of key bodies with relevant Covid-19 expertise and experience, with the ability to co-opt additional participants based on the location and nature of any outbreak.

The core membership of the Working Group is set out below:

- Chair of the Health and Wellbeing Board (Leader of Hartlepool Borough Council)
- Hartlepool Borough Council's Mental Health and Children in Care Elected Member Champions
- Managing Director, Hartlepool Borough Council
- Representative from NHS England
- Representative of NHS Tees Valley Clinical Commissioning Group

- Representative of North Tees and Hartlepool NHS Trust
- Representative of the GP Federation/Primary Care Networks
- Representative of Cleveland Police
- Director of Public Health, Hartlepool Borough Council
- Director of Children's and Joint Commissioning Services, Hartlepool Borough Council
- Director of Adult and Community Based Services, Hartlepool Borough Council
- Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council
- Communications and Marketing Manager, Hartlepool Borough Council
- Representative of Healthwatch
- Representative of Hartlepool Voluntary and Community Sector
- Representative of Faith Community
- Tees, Esk and Wear Valley NHS Trust

Each organisation listed above will be required to nominate an appropriate senior representative who can speak on behalf of their organisation and has the right skills, knowledge and experience to play an effective part in delivering the purpose and functions of the Working Group.

The co-option of additional participants with specialist knowledge and skills will, as has been indicated, be informed by the location and nature of any outbreak. Examples of potential co-optees are as follows with the addition of others as and when required:

- Ward Councillors
- Parish Councillors
- North East Ambulance NHS Trust
- Fire Brigade
- Probation
- Schools
- Care Home providers
- Hospice providers

- Housing providers
- Representatives from specialist organisations
- Representatives from business community

3. Frequency and Status of Meetings

The Outbreak Control Engagement Working Group will meet on a monthly basis initially to fulfil its responsibilities as Hartlepool's Local Outbreak Control Engagement Board. Although the chair has the ability to make recommendations to change the frequency and hold additional meetings where required.

Meeting of the Working Group will be open to the public to attend except when the meetings are considering items classed as 'confidential' or 'exempt'. Details of the Working Group's activities will be presented to the Health and Wellbeing Board on a quarterly basis.

4. Attendance at meetings and Appointment of Substitutes

Members of the Working Group will endeavour to attend all meetings; however, if they are unable to attend any meeting then they should submit their apologies in advance of the meeting.

As flexibility, consistency and continuity are essential to outbreak management, each Member may identify a named substitute who may attend on their behalf when necessary. Substitutes should be suitable senior representatives who are able to speak on behalf of their organisation. The named substitute will be the only person to attend in the absence of the Working Group member.

5. Quorum

The quorum for the Working Group will be 5 members.



Safer Hartlepool Partnership Terms of Reference

Contents

1. Purpose and functions of the Safer Hartlepool Partnership
2. Roles and responsibilities of Safer Hartlepool Partnership members
 - 2.1 Standards of behaviour
3. Membership of the Safer Hartlepool Partnership
 - 3.1 Chairing of the Safer Hartlepool Partnership
4. Principles
5. Performance management
 - 5.1 Information advice and support
6. Developing capacity and capability
7. Engaging with stakeholders
8. Operation of the Safer Hartlepool Partnership
 - 8.1 Attendance at meetings
 - 8.2 Declaration of Interests
 - 8.3 Meeting procedures
 - 8.4 Decision making and voting
 - 8.5 Risk management
 - 8.6 Freedom of Information Act
 - 8.7 Public access to the Safer Hartlepool Partnership
 - 8.8 Secretarial support arrangements
 - 8.9 Sub Groups and Task Groups
 - 8.10 Working with other theme groups
 - 8.11 Updating Terms of Reference
9. Engaging with other bodies
 - 9.1 Police and Crime Commissioner
 - 9.2 Police and Crime Panel
 - 9.3 Statutory Scrutiny
 - 9.4 Hartlepool and Stockton on Tees Clinical Commissioning Group

1. Purpose and functions of the Safer Hartlepool

Partnership

The Safer Hartlepool Partnership must adhere to the statutory requirements set out in the Crime and Disorder Act 1998 (as amended), Crime & Disorder (Formulation and Implementation of Strategy) Regulations 2007, Crime & Disorder (Prescribed Information) Regulations 2007, and the Crime and Disorder (Overview and Scrutiny) Regulations 2009. The Partnership has the following responsibilities and functions as set out in the constitution of Hartlepool Borough Council:

- A Partnership to create confident cohesive and healthy communities by working together to reduce crime, anti social behaviour, substance misuse and reoffending in Hartlepool.
- The Partnership is responsible for the delivery of the community safety outcomes within the Sustainable Community Strategy.

The Partnership has adopted an intelligence led business model, based on the principles of the Policing National Intelligence Model, to ensure that its activity is evidence led.

The expertise of individual partner organisations will be utilised by the Partnership in order to deliver actions based on good and best practice. The Partnership will conduct evaluations and share the results.

The Partnership will carry out Domestic Homicide Reviews as required by section 9 of the Domestic Violence, Crime and Victims Act, 2004.

2. Roles and Responsibilities of Safer Hartlepool

Partnership Members

The main role of all members of the Safer Hartlepool Partnership will be to take a Borough wide perspective and develop consensus in the best interests of residents of Hartlepool. Members will bring their own perspectives and also represent their

organisation, interest group or area. They will be recognised for their valuable contribution bringing ideas, knowledge and expertise to the process.

Where practicable members should have the authority to take decisions and make commitments. Individual partners will remain responsible and accountable for decisions on their services and use of their resources. The Partnership recognises that each partner has different mechanisms for their own decision making. In some cases decisions may be endorsed by the bodies or organisations from which members are drawn.

2.1 Standards of behaviour

As a member of the Safer Hartlepool Partnership, whether in meetings or working on behalf of the Partnership, the following guidelines outline what is expected of members:

Accountability: to work openly and honestly and to report back their work on the Partnership to their organisation or sector.

Commitment: to attend Partnership meetings, participate in occasional task group meetings and one-off events. To be properly prepared for meetings by reading the paperwork beforehand. To be prepared to learn from others and from good practice elsewhere and to further develop the breadth of their knowledge of their sector's role within the borough.

High Quality Debate: to remain focussed and strategic and to contribute positively to discussions and work with other members to achieve consensus and take important decisions regarding the strategic development of the borough.

Honesty and Integrity: to act with honesty, objectivity and integrity in achieving consensus through debate. To respect the confidentiality of the information provided.

Objectivity: to consider what is in the best interests for the common good of Hartlepool and to weigh this along with the interests of their organisation, their sector and themselves when making decisions.

Representative: to effectively reflect the interests of their sector, to raise areas of concern and contribute their experience and expertise to discussions and decisions to achieve good workable solutions.

Respect for others: to respect and to take into account the views of other members regardless of their gender, race, age, ethnicity, disability, religion, sexual orientation or any other status.

3.0 Membership

Membership of the Partnership reflects the statutory requirements and consists of senior representatives from the five responsible authorities¹ plus additional stakeholders as follows:

Responsible Authorities
<ul style="list-style-type: none">• Hartlepool Borough Council – Two Elected Members including Leader of Council• Hartlepool Borough Council – Chief Executive• Hartlepool Borough Council - Director of Regeneration and Neighbourhoods• Hartlepool Borough Council - Neighbourhood Manager (Community Safety)• Cleveland Police - Hartlepool District Commander• Cleveland Fire and Rescue Authority – District Manager• Durham Tees Valley Probation Trust - Director of Offender Management• Representative of Hartlepool and Stockton on Tees Clinical Commissioning Group• Youth Offending Board - Chair

Other Members
<ul style="list-style-type: none">• Hartlepool Borough Council – Director of Public Health• Office of Police and Crime Commissioner for Cleveland• Hartlepool Borough Council – Head of Youth Services• Representative of Hartlepool Voluntary & Community Sector – Chief Executive, Safe in Tees Valley• Housing Hartlepool – Director of Housing Services• Hartlepool Magistrates Board – Chair of the Bench

This group is the ‘strategy group’ for the purposes of the statutory Regulations. New members may be added to the Partnership by agreement of existing members. There is also the potential for co-opting members onto the Partnership to undertake specific pieces of work or for specialist knowledge and skills as and when required.

3.1 Chairing of the Safer Hartlepool Partnership

¹ Responsible Authorities – Police, Local Authority, Fire and Rescue Authority, Clinical Commissioning Group, Probation trust

The Chair of the Safer Hartlepool Partnership will be the Leader of the Council. The Vice Chair of the Partnership will be appointed annually from the responsible authorities. The Chair and Vice Chair will not be from the same organisation.

The Chair will provide leadership to the Safer Hartlepool Partnership and act as the responsible officer for the development and progress of the Partnership.

The Chair will:

- Ensure that the views of the Partnership are communicated effectively
- Represent the Partnership on the Strategic Partners Group.
- Ensure the efficient and effective operation of the Partnership.
- Promote effective partnership working between members of the Partnership and if necessary resolve conflict and help foster an environment of mutual interest.
- Approve the formation of working groups to deliver specific items of work on behalf of the Partnership.
- With the support of the Secretariat agree the agenda, associated papers and minutes of previous meetings.

The Vice-Chair will:

- Deputise for the Chair as required.
- Support the Chair to ensure the work of the Partnership is effectively deployed.
- Represent the Safer Hartlepool Partnership on the Strategic Partners Group when required by the Chair.

4. Principles

All members of the Partnership will strive to apply the following nine principles as established in the Community Strategy:

- Effective decision making and communication
- Effective partnership working
- Efficient partnership working
- Acting with integrity
- Ensure widest possible involvement and inclusion
- Demonstrating leadership and influence
- Effective performance management
- Developing skills and knowledge
- Contributing to sustainable development

In addition, the Partnership has adopted the following specific principles to:

- adopt a focussed, problem solving approach based upon a careful and systematic analysis of relevant information;
- respect the autonomy, accountability and responsibilities of partner organisations;
- be open and transparent and share information within the legal framework.

5. Performance management

The Partnership is responsible for developing and managing the delivery of the Community Safety Plan (previously known as the Crime, Disorder and Substance Misuse Strategy). Each year the Partnership will agree an annual priorities plan setting out how the strategy will be delivered. The action plan will also include a number of performance indicators which will be used to assess the progress being made. The Partnership will monitor progress through quarterly performance reports and seek to maximise resources and secure new resources into the Borough.

In addition, the Partnership will also develop and manage the following plans and Strategies:

- Youth Justice Strategic Plan

- Drug Treatment Plan
- Alcohol Harm Reduction Strategy
- Domestic Violence Strategy
- Social Behaviour Plan
- Prevent Action Plan
- Community Cohesion Framework
- Troubled Families Programme

The Partnership is also responsible for delivering the Community Safety Theme of the Community Strategy.

5.1 Information, advice and support

All information, advice and support will be fit for purpose and tailored to the functions of the Partnership. The Partnership will ensure that all information is directly relevant to the decisions being taken and is:

- | | |
|------------|---------------------|
| • relevant | • objective |
| • accurate | • clear and concise |
| • timely | • reliable |

The Partnership will call on professional advice and support when deemed necessary, particularly when the outcome of decision has a significant legal or financial implication.

6. Developing capacity and capability

The Partnership is aware of the importance of ensuring members have the right skills, knowledge and experience to play an effective part in delivering the strategic aims of the Partnership. It aims to involve individuals who reflect the community they represent. It will balance the need for stability, which comes from continuity of knowledge and relationships, with the need for new ideas and new thinking.

All members will be given the opportunity to further develop skills and update their knowledge throughout their period of membership and new members of the

Partnership will receive a thorough induction which is tailored to their role in the Partnership.

7. Engaging with stakeholders

The Partnership will take the lead in forming and maintaining relationships and representation with other partnerships and stakeholders on a local, regional and sub regional level, which will directly affect and/or influence its success.

The Partnership will hold a Face the Public Event once per year to;

- i) Update the public on their work during the last year;
- ii) Inform the public on their future plans including future challenges;
- iii) Consult on the development of key partner strategies and plans for the borough;
- iv) Receive questions from the public on their work, future plans and priorities

The Partnership will strive to meet the codes of practice and terms of engagement as set out in the Hartlepool Voluntary and Community Sector Strategy.

8. Operation of the Safer Hartlepool Partnership

8.1 Attendance at meetings

Members will endeavour to attend all meetings however if they are unable to attend any meeting then they should submit their apologies in advance of the meeting. As flexibility and continuity is essential to partnership working, each member may name a substitute who may attend on their behalf when necessary. Substitutes should be suitable senior representatives who are able to speak on behalf of their organisation.

8.2 Declaration of Interests

Each member of the Partnership is required to declare any personal or pecuniary interest (direct or indirect) in any agenda items and shall take no part in the discussion or decision making about that item. All such declarations must be included in the minutes of the meeting.

8.3 Decision making and voting

The Partnership will continue to develop consensus, commitment and common decision making processes. Where practicable, members should have the authority to take decisions and make commitments on behalf of their organisation. However members will remain responsible and accountable for decisions of their own organisations and the use of their resources.

In exceptional circumstances, where no consensus prevails, the decision will be taken by the Responsible Authorities (defined in Crime and Disorder Act 1998 as amended) and in the event of a tied vote; the Chair will have the casting vote. The quorum for the SHP is 3 members from different Authorities, with at least 2 being Responsible Authorities members.

The Partnership will call on professional advice and support when deemed necessary, particularly when the outcome of any decision has a significant legal or financial implication.

8.4 Risk management

The Partnership will take a planned and systematic approach to identifying, evaluating and responding to risks. It will consider the full range of the Partnership's activities and responsibilities, and continuously check that various good management disciplines are in place, including:

- strategies and policies are put into practice where appropriate;
- high quality services are delivered efficiently and effectively;
- performance is regularly monitored and effective measures are put in place to tackle poor performance;
- laws and regulations are complied with;
- information used by the partnership is relevant, accurate, up-to-date, timely and reliable;
- financial statements and other information published by the Partnership are accurate and reliable;
- financial and human resources are managed efficiently and effectively and are safeguarded.

8.5 Meeting Procedures

The Partnership will meet on a six weekly basis. There will be an annual review meeting to reflect on the performance of the Partnership and proactively plan for the forthcoming year. This may take the shape of an agenda item at a meeting or a Partnership development event.

8.6 Freedom of Information Act

The Freedom of Information Act gives everyone the right to access information that is held by public authorities. Hartlepool Borough Council has developed guidance to help staff comply with the Act. The Partnership will work within this policy when giving out information to partners and the public.

8.7 Public access to the Safer Hartlepool Partnership

Meetings of the Safer Hartlepool Partnership will be open to the public and press however, on occasion closed sessions will be required in accordance with the Access to Information Rules in Part 4 of the Hartlepool Borough Council Constitution;

The public must be excluded from meetings whenever it is likely in view of the nature of the business to be transacted or the nature of the proceedings that confidential information would be disclosed.

For example, when the Partnership must carry out Domestic Homicide Reviews as required by section 9 of the Domestic Violence, Crime and Victims Act, 2004.

Members of the Public may also be excluded in accordance with Rule 22 of the constitution (Disturbance by the Public)

If a member of the public interrupts proceedings, the Chair will warn the person concerned. If that person continues to interrupt, the Chair will order his/her removal from the meeting room.

8.8 Secretarial Support arrangements

The Partnership will receive secretarial support through Hartlepool Borough Council's Democratic Services Team.

8.9 Sub Groups and Task Groups

The responsibility for delivery of Safer Hartlepool Partnership priorities will be allocated to dedicated theme groups on an annual basis.

Occasionally a 'task and finish group' of the Partnership may need to be established to expedite a particular matter, which requires focussed activity or where a more specialist membership is required. The membership of these task groups would be decided by the Partnership and the group would normally have a specific remit and period of operation to oversee or undertake a specific task, reporting directly to the Partnership.

8.10 Working with other theme groups

The Partnership will work alongside the other theme groups to improve outcomes for Hartlepool residents. Joint meetings may be arranged on matters of shared interest for example on the issue of alcohol harm or drug rehabilitation with the Health and Wellbeing Board

8.11 Updating the Terms of Reference

This Terms of Reference can be amended or updated by obtaining a two thirds majority agreement by the Safer Hartlepool Partnership. The proposed change should be set out in a report as a published agenda item.

9. Engaging with other bodies

9.1 Police and Crime Commissioner

The Police and Crime Commissioner and the Safer Hartlepool Partnership have a duty to regard each others priorities. The Police and Crime Commissioner has the power to call the SHP Chair to a meeting to discuss force wide issues and also the power to request a report. The Safer Hartlepool Partnership can request merger of

the Community Safety Partnership and the Police and Crime Commissioner has the power to approve. The Police and Crime Commissioner also has grant making powers.

9.2 Police and Crime Panel

The Police and Crime Panel examine the actions and decisions of the Police and Crime Commissioner. In order to fulfil its scrutiny role of the Police and Crime Commissioner the panel will need to work with bodies that deal with police and crime matters locally; this includes Community Safety Partnerships.

9.3 Statutory Scrutiny

The Police and Justice Act 2006 requires that the decisions made, or actions taken, by the Safer Hartlepool Partnership in connection with the discharge of crime and disorder functions are reviewed and scrutinised at least once in every twelve month period.

Within Hartlepool, scrutiny of the Partnership and its partners is undertaken through the Audit and Governance Committee. The responsibilities of the Committee being to scrutinise, and review:-

- i) The work of the partners, insofar as their activities relate to the partnership itself; and
- ii) Decisions made or other action taken in connection with the discharge of crime and disorder functions, by responsible Authorities (i.e. the Council, the local policing body, the Fire Authority and the Health Bodies).

The Partnership and Audit and Governance Committee work together to fulfil these statutory responsibilities. In doing so, the Partnership is responsible for the provision of relevant information / evidence, including performance management data and information necessary to facilitate involvement in the development / review of policies and strategies.

9.4 Clinical Commissioning Group

The Hartlepool and Stockton on Tees Clinical Commissioning Group have a statutory responsibility to work in partnership with other responsible authorities and co-operating bodies to tackle crime and disorder, substance misuse and reoffending locally. They must participate in the crime and disorder strategic assessment and the formulation and delivery of the strategy within the local authority area.

AUDIT AND GOVERNANCE COMMITTEE

8 JULY 2021



Report of: Chief Solicitor and Monitoring Officer

Subject: PERSONNEL SUB COMMITTEE

1. PURPOSE OF REPORT

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

2. BACKGROUND

- 2.1 Previously the appointment of Elected Members to Personnel Sub Committees, was drawn from the overall membership of the Audit and Governance Committee on a rota basis as and when a meeting was required. Within Part 3 of the updated Constitution approved by Council on 21 March 2019 it was agreed that Personnel Sub Committee's membership would be fixed at the commencement of the Municipal Year and would comprise three Elected Members of the Audit and Governance Committee. Since the 2019 municipal year the Personnel Sub Committee's membership has comprised three Elected Members of the Audit and Governance Committee.
- 2.2 The Constitution does not stipulate which Elected Members should be included on the Personnel Sub Committee; i.e. the involvement of the Chair and/or Vice-Chair is not a pre-requisite. In terms of the political balance of the Personnel Sub Committee, while that would be 'ideal', as the membership is being drawn from only the seven Elected Members of the Audit and Governance Committee, this may not be fully possible. Based on the political balance of the Council, the Sub Committee would ideally but not prescriptively be comprised of; Hartlepool Coalition – 2, Labour – 1.

3. PROPOSALS/ISSUES FOR CONSIDERATION

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

- 3.2 Sitting as a member of this Sub Committee will often entail undertaking hearings within strict timescales. Hearings can last most of a day and often longer. Elected Members are urged to consider this when putting themselves forward for nomination. Appropriate training will be arranged for any Member that has not previously received such training.

4. RECOMMENDATIONS

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

5. REASONS FOR RECOMMENDATIONS

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

6. BACKGROUND PAPERS

- 6.1 Part 3 of the Council's Constitution.

7. CONTACT OFFICERS

- 7.1 Hayley Martin, Chief Solicitor and Monitoring Officer
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AUDIT AND GOVERNANCE COMMITTEE

8th July 2021



Report of: Statutory Scrutiny Manager

Subject: DEDICATED OVERVIEW AND SCRUTINY BUDGET
2020/21 - OUTTURN

1. PURPOSE OF REPORT

- 1.1 To provide the Audit and Governance Committee with an up-to-date position of the expenditure of the Dedicated Overview Scrutiny Budget for the 2020/21 financial year.

2. BACKGROUND INFORMATION

- 2.1 In 2013, a budget of £5000 per year was allocated to the Overview and Scrutiny function. The purpose of the budget is to provide support for the delivery of the work programme and development of the function. An agreed procedure is in place for the authorisation for budget spends through this Committee and is utilised by Members in considering the appropriateness of the funding requested.

3. BUDGET SPEND FOR THE 2020/21 FINANCIAL YEAR

- 3.1 Details of funding from the dedicated budget during the course of each year are reported to this Committee. As Members are aware, 2020/21 provided unprecedented circumstances due to the Covid-19 pandemic and the usual work of the Committee was reprioritised. As a result of this, the Committee is advised that during 2020/21, no expenditure was incurred from this budget.

4. RECOMMENDATION

- 4.1 It is recommended that the Audit and Governance Committee notes the dedicated scrutiny budget position for the 2020/21 financial year.

Contact Officer:- Joan Stevens – Statutory Scrutiny Manager
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BACKGROUND PAPERS - No background papers were used in the preparation of this report.

AUDIT AND GOVERNANCE COMMITTEE

8 JULY 2021



Report of: Chief Solicitor

Subject: REGULATION OF INVESTIGATORY POWERS ACT
2000 (RIPA) - QUARTERLY UPDATE

1. PURPOSE OF REPORT

- 1.1 To provide members with a quarterly update on activities relating to surveillance by the Council and policies under the Regulation of Investigatory Powers Act 2011.

2. BACKGROUND

- 2.1 Hartlepool Borough Council has powers under the Regulation of Investigatory Powers Act 2000 (RIPA) to conduct authorised covert surveillance.
- 2.2 This report is submitted to members as a result of the requirement to report to members under paragraph 4.47 of the Covert Surveillance and Property Interference Revised Code of Practice (August 2018) which states that:

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

- 2.3 As from 1 November 2012 Local Authorities may only use their powers under the Regulation of Investigatory Powers Act 2000 to prevent or detect criminal offences punishable by a minimum term of 6 months in prison (or if related to underage sale of alcohol and tobacco – not relevant to this Council). The amendment to the 2000 Act came into force on 1 November 2012.
- 2.4 Examples of where authorisations could be sought are serious criminal damage, dangerous waste dumping and serious or serial benefit fraud. The surveillance must also be necessary and proportionate. The 2012 changes mean that authorisations cannot be granted for directed surveillance for e.g. littering, dog control, fly posting.

- 2.5 As from 1 November 2012 any RIPA surveillance which the Council wishes to authorise must be approved by an authorising officer at the council and also be approved by a Magistrate; where a Local Authority wishes to seek to carry out a directed surveillance or make use of a human intelligence source the Council must apply to a single Justice of the Peace.

3. RIPA AUTHORISATIONS

- 3.1 In the quarter to the date of this meeting:

Communications Data	Nil
CHIS	Nil
Directed Surveillance	Nil

4. RECOMMENDATION

- 4.1 That the quarterly report be noted.

5. REASONS FOR RECOMMENDATIONS

- 5.1 To enable the Council to monitor the RIPA system effectively and as required by law and guidance.

6. CONTACT OFFICERS

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