

AUDIT AND GOVERNANCE COMMITTEE

AGENDA



Thursday 23rd June 2022

at 2.00 pm

**in the Council Chamber
Civic Centre, Hartlepool.**

AUDIT AND GOVERNANCE COMMITTEE:

Councillors Cook, Cowie, Creevy, Falconer, Feeney, Hall, Loynes, D Nicholson, Smith and Tiplady.

Standards Co-opted Independent Members: - Mr Martin Slimings 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.

Those wishing to attend the meeting should phone (01429) 523568 or (01429) 523193 by midday on 23 June and name and address details will be taken for NHS Test and Trace purposes.

You should not attend the meeting if you are required to self-isolate or are displaying any COVID-19 symptoms such as (a high temperature, new and persistent cough, or a loss of/change in sense of taste or smell), even if these symptoms are mild. If you, or anyone you live with, have one or more of these symptoms you should follow the NHS guidance on testing.

- 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 17th March 2022.**

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. **AUDIT ITEMS**

- 4.1 Internal Audit Plan 2021/22 Update - *Head of Audit and Governance*
- 4.2 Mazars Report- Request for Declarations - *Assistant Director, Finance*

5. **STANDARDS ITEMS**

No items.

6. **STATUTORY SCRUTINY ITEMS**

Crime and Disorder Scrutiny

No items.

Health Scrutiny

- 6.1 Hartfield's Medical Practice (part of the McKenzie Group) - Closure Application:-
 - (a) Covering Report – *Statutory Scrutiny Manager*;
 - (b) Closure Proposal Engagement - Presentation - *McKenzie Group Practice and Tees Valley Clinical Commissioning Group*
 - (c) Verbal input from:
 - Councillors;
 - The MP for Hartlepool;
 - Healthwatch; and
 - Interested Groups / bodies. Residents.

7. **OTHER ITEMS FOR DECISION**

No items.

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

No items.

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

No items.

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

- 10.1 To receive the Minutes of the meeting held on 24 September 2022
- 10.2 Update from meeting on the 8th June 2022 and visit to Roseberry Park – Cllrs Creevy and Falconer.

11. MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP

No items.

12. REGIONAL HEALTH SCRUTINY UPDATE

No items.

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

No items.

14. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

For information: -

Date of Next Meeting – 28 July at 2.00 p.m.

AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

17 MARCH 2022

The meeting commenced at 2.00 pm in the Civic Centre

Present:

Councillor: Rob Cook (In the Chair).

Councillors: Brian Cowie, Tom Feeney, Carl Richardson and John Riddle

Co-opted Members:

Martin Slimings and Tracy Squires – Independent Members

Also Present:

Christopher Akers-Belcher, Healthwatch

Gavin Barker, Mazars

Dr Philippa Walters, Adviser on Pharmaceutical Public Health

Officers:

Noel Adamson, Head of Audit and Governance

James Magog, Assistant Director, Finance

Craig Blundred, Director of Public Health

Gemma Ptak, Assistant Director, Preventative and Community Based Services

Joan Stevens, Statutory Scrutiny Manager

Denise Wimpenny, Principal Democratic Services Officer

121. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Moss Boddy and Dennis Loynes.

122. Declarations of Interest

None at this point in the meeting. However, Councillor Richardson declared a personal interest later in the meeting (Minute 128 refers).

123. Minutes of the meeting held on 28 February 2022

Confirmed.

124. Internal Audit Plan 2021/22 Update *(Head of Audit and Governance)*

The Head of Audit and Governance reported on progress made to date completing the Internal Audit Plan for 2021/22. Members were referred to details of audits completed together with recommendations, risks identified and action plans agreed as a result. It was noted that the team were unable to complete all planned audits due to Covid, details of which were provided.

Recommended

That the contents of the report be noted.

125. Internal Audit Plan 2022/23 *(Head of Audit and Governance)*

The Head of Audit and Governance presented the proposed internal audit plan for 2022/23 as detailed in Appendix A to the report of which Members' approval was sought. The Committee was referred to the resources available within the team for 2022/23 and its budget.

Recommended

That the Internal Audit Plan for 2022/23 as reported, be approved and the budget for the Internal Audit Team of £230,000 for the same period be noted.

126. Limited Assurance Audits Borough Hall and Town Hall Theatre *(Assistant Director, Preventative and Community Based Services)*

The Assistant Director, Preventative and Community Based Services presented the report which provided the Committee with an update of the changes made following limited assurance Internal Audit reports dated 23 September 2020 in relation to the Borough Hall and Town Hall theatres.

The report included background information together with details of the proposals to address the range of procedural issues identified in the audits. Actions to date were outlined which included staff training and awareness, a review of processes and procedures, review of procurement processes as well as an event management review in preparation for the Tall Ships Event 2023.

Clarification was provided in response to a query raised regarding the potential impact of the proposed closure of the Borough Hall in terms of staffing arrangements and the forthcoming Tall Ships Event.

Recommended

The Committee noted the work that was being progressed to address some of the challenges and risks as presented by limited assurance audit reports and other work that was being considered to improve the operations and experience at performance venues.

127. Mazars Report – Audit Strategy Memorandum

(Assistant Director of 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 and indicated that the timescales were subject to confirmation. Reference was made to the potential delay in the publication of the accounts, the background to which was provided.

In response to clarification sought around the impact of any delays in receipt of pension information which had been the case in the previous year, the Committee was advised that whilst sign off was subject to receipt of pension information, no significant issues in this regard were envisaged.

Recommended

That the Audit Strategy Memorandum be noted.

128. Covid 19 Update (Presentation) *(Director of Public Health)*

The Director of Public Health provided an update presentation to the Committee on the ongoing coronavirus position in Hartlepool which included the following issues:-

- Hartlepool and England Covid 19 cases rate per 100,000 population from 1 December
- Teesside Covid case rates per 100,00 population from 1 December
- Hartlepool and England Testing Rate per 100,000 population from 1 December
- Teesside Covid Testing Rate per 100,000 population from 1 December
- Hartlepool Covid 19 related death rates per 100,000 from 3 December
- Percentage of 1st Dose Covid Vaccinated Population by Age
- Percentage of 2nd Dose Covid Vaccinated Population by Age
- Percentage of Booster Covid Vaccinated Population by Age

- Percentage of population experiencing long Covid as of 31 January 2022

The Director commented that whilst the data presented suggested case rates appeared to be decreasing during the reporting period there had been a significant rise in case rates this week that had not been seen for a while, the potential reasons for which were outlined. The need for a cautious approach to continue was emphasised.

It was reported that there continued to be challenges around vaccine hesitancy in the younger age groups. The measures in place to address vaccine hesitancy and increase take up were shared with Members. In relation to concerns around the problems associated with long Covid and a previous request for up to date data in terms of numbers in Hartlepool, the Director of Public Health advised that whilst there continued to be limited data available, information from a recent survey suggested that figures were around 2.4%. However, it was estimated that figures in Hartlepool were higher than suggested in the survey and it was considered that more information was needed to enable a clearer picture to be provided.

The Director of Public Health responded to issues raised arising from the presentation. In response to positive comments raised regarding the number of options available in relation to accessing vaccination services in Hartlepool, the Statutory Scrutiny Manager advised that work was continuing in terms of facilitating/encouraging vaccine take up and further information was available as required.

Concerns were expressed in relation to the impact of the removal of restrictions, changes in testing requirements and proposed charges for lateral flow tests. **At this point in the meeting Councillor Richardson declared a personal interest referring to his mother as a resident in a care home.**

In response to clarification sought, the Committee was advised that it was envisaged that testing would continue in care homes. Emphasis was placed upon the importance of keeping Members updated on the number of hospitalisations and death rates.

The impact of long Covid was discussed at length and the Assistant Director of Preventative and Community Based Services referred to a programme of work that had commenced with Foundation Trust colleagues with focus being around physical activity in terms of addressing long Covid, the outcomes of which would be reported to Committee in due course.

In concluding the debate thanks were expressed to the public health team for their hard work and contributions during the pandemic.

Recommended

That the contents of the presentation and comments of Members be noted and actioned as appropriate.

129. Pharmaceutical Needs Assessment Review – Consultation (*Director of Public Health*)

The Director of Public Health introduced the report and welcomed Dr Philippa Walters, Adviser of Pharmaceutical Public Health, to the meeting who had been invited to attend to update the Committee on the responsibilities and actions relating to the Pharmaceutical Needs Assessment (PNA) for Hartlepool. The report included background information to the regulations to produce a PNA, details of the actions required to maintain the current PNA together with information around the planning process for publication of a fully reviewed PNA, as outlined in Appendix A to the report. The timetable for revision of the PNA was also provided.

As part of the formal consultation process, the Pharmaceutical Adviser presented the draft revised PNA and sought the Committee's views on the updated draft for Hartlepool. Members were referred to the conclusions as set out in the draft appended to the report.

In the discussion that followed the Adviser responded to issues arising from the report. Clarification was provided in relation to pharmacy charging arrangements. Some concerns were raised that the process in terms of ordering repeat medications was inconsistent and there were often long waits when collecting prescriptions. Members were advised that the Government had recently introduced a requirement for consistent standards which would hopefully improve future service delivery. The Healthwatch representative commended the report and commented on the importance of the report being in an accessible format to meet the requirements of the deaf, blind or visually impaired and enable active participation. The Adviser agreed to provide an easy read summary of the report. In relation to offers of support from Healthwatch in relation to the consultation process, the Statutory Scrutiny Manager advised that links to the wider voluntary and community sectors would be utilised via Healthwatch as part of the consultation process.

In concluding the debate the Chair thanked the representative for attendance and all attendees were asked to complete an on-line survey. The Statutory Scrutiny Manager advised that any further views/ideas/suggestions which may assist with the review be forwarded to the Statutory Scrutiny Manager direct by 1 April to enable all comments to be utilised to formulate a formal response on behalf of the Audit and Governance Committee.

Recommended

- (i) That the contents of the report and comments of Members be noted.
- (ii) That any additional comments/suggestions to feed into the consultation response be provided to the Statutory Scrutiny Manager following the meeting.

130. Date and Time of Next Meeting

The Chair noted that this was the last meeting of the current municipal year and thanked Members, officers and representatives from partner organisations for their input and support at meetings this year.

The meeting concluded at 3.20 pm.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

23rd June 2022



Report of: Head of Audit and Governance

Subject: INTERNAL AUDIT PLAN 2021/22 UPDATE

1. PURPOSE OF REPORT

- 1.1 To inform Members of the progress made to date completing the internal audit plan for 2021/22.

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 schools audit that has 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
Kingsley Primary	Ensure school finance and governance arrangements are in line with best practice.	- Orders should be used for all goods and services with a few limited exceptions. These orders should then be committed on the school's financial system to prevent overspending. - The Major Incident / Emergency plan should be subject to testing/exercises with debrief reports of such documented and any lessons learnt reported to the Governing Body and incorporated into a revised plan.	Y 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
Energy Management	Satisfactory
Creditors	Satisfactory
In House Looked After Allowances	Satisfactory
Direct Payments	Satisfactory
Main Accounting Systems	Satisfactory
Fleet Stores	Satisfactory
Cultural Recovery Fund 1 and 2	Satisfactory
Budgetary Control	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.

3.6 Internal Audit staff are providing assurance to the Business, Energy and Industrial Strategy Department (BEIS) in respect of the payments of the Governments Business Support Grant Scheme and the Discretionary Business Support Grant Scheme. This requires us to provide detailed evidence supporting payments made to individuals and firms who were awarded those grants.

3.7 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.
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.
Social Care Financial Assessments	Ensure robustness of the financial assessments process for determining services users' contribution
Business Continuity/Disaster Recovery	An appropriately skilled and resourced emergency planning and continuity function is maintained which has developed a BC Policy and a BC Management System.
Risk Management	Ensure risk management strategies and policies are embedded across the organisation.
Council Tax	Council Tax bills are issued in accordance with regulations and are accurate and complete; effective arrangements are in place to ensure all payments received in respect of Council Tax are identified promptly and accurately posted to individual accounts.
Non Domestic Rates	Payments are received and processed accurately to bill payers' accounts.
Highways Repairs and Maintenance	Effective budgetary control arrangements are in place; Work on the highways is procured in line with Contract procedure rules; Schemes are effectively managed to ensure that work is carried out to an appropriate standard, within budget and on time.
Leaving Care Allowances	Review eligibility to payments, carers payments are accurately and promptly processed and are in accordance with the Pathway Plan, care leavers payments are accurately and promptly processed and in accordance with the Pathway Plan, ensure a Pathway Plan is in place and this is regularly reviewed and ensure a Personal Advisor has been appointed.
Iclipse/Enterprise IT system	Ensure adequate IT controls are in operation.

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. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

11.1 There are no environment, sustainability and climate change considerations.

12. RECOMMENDATIONS

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

13. REASON FOR RECOMMENDATIONS

13.1 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.

14. BACKGROUND PAPERS

14.1 Internal Audit Reports.

15. CONTACT OFFICER

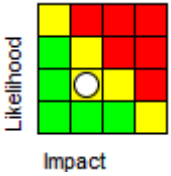
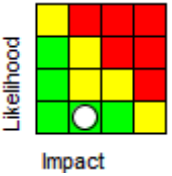
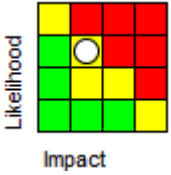
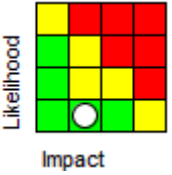
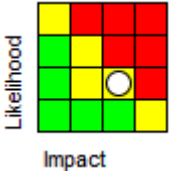
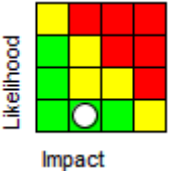
15.1 Noel Adamson
Head of Audit and Governance

Civic Centre
Victoria Road
Hartlepool
TS24 8AY

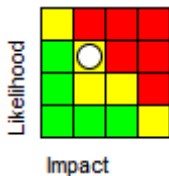
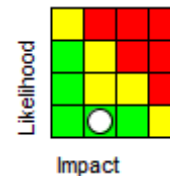
Tel: 01429 523173

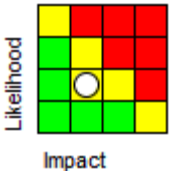
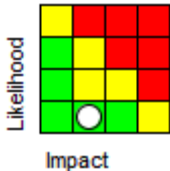
Email: noel.adamson@hartlepool.gov.uk

Appendix A

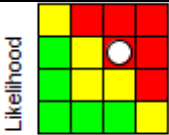
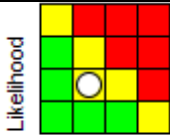
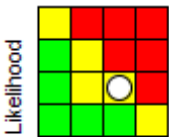
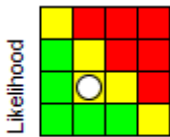




Audit	Objective	Assurance Level		
Energy Management	Seek assurance that the Council has effective arrangements in place to manage energy consumption that optimise cost savings and contribute to climate strategies.	Satisfactory		
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
A lack of agreed written procedures may result in key controls within the process not being understood and adhered to.		Written procedures are to be developed in liaison with the Support Manager, Neighbourhoods & Regulatory Services Department. This will highlight responsibilities and procedures, which can be followed by other team members as required. There have been some recent staffing changes and the Energy Officer post is currently unfilled with work split between various staff members whilst other tasks are on hold.		
Ineffective monitoring of energy consumption may result in inadequate management information and failure to indicate abnormal consumption, gauge the effectiveness of energy saving measures and meet statutory requirements.		The role of the Energy Officer is to be redefined following recent staffing changes. The proposed written procedures will help identify the demarcation lines between energy management and payment of invoicing/billing of external clients/providing information to clients. The new Energy Officer will then be able to spend the time upon monitoring consumption, providing support, investigating potential energy saving priorities and other engineering advice. This can then be provided to all sections to identify consumption against typical buildings/area to benchmark the authorities energy use.		
Initiatives to reduce consumption may fail to achieve objectives if performance targets are not effectively monitored.		Due to the small teams involved, close working relationships have been developed with the other members of the design team, in particular M&E and architectural members. This allows the Energy Officer to identify what schemes have been installed and developed, which then allows savings to be accurately established against preliminary design savings. Other sections within the authority are tasked with identifying funding relating to decarbonisation and the current		

		building stock is controlled by the Estates section, therefore close working relationships are to be progressed in order that savings can be adequately quantified, in particular given variations in both building use, staff numbers, etc. due to the current Covid 19 impact. This will involve developing measures to ensure that the Energy Officer is involved at all stages of preliminary feasibility stage up to, and including, final commissioning, with his advice upon current legacy systems for both control, consumption and financial management included to ensure that the reporting can be accurate and not requiring numerous specialised systems.	
--	--	---	--

Audit	Objective			Assurance Level
Creditors	Systems and procedures are in place for ordering, receiving and paying for goods and services to ensure that the supplies of goods and services are properly authorised and comply with the Authority's Financial Procedure Rules.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
Payments may be made for goods/services that have not been requested or received by the Authority or incorrect payment may be made.			The nature of the direct debit transactions will be reviewed. Direct debit suppliers are not set up as suppliers on the ordering table to prevent officers from raising orders against these, will look at creating a monthly report to the budget holder which shows all direct debit transactions processed in the month. Also looking at developing a workflow to ensure that budget holders could authorise a payment for each Direct Debit transaction. Authorisation reports for all Direct Debit to be provided to budget holders on a regular basis.	

Audit	Objective			Assurance Level
In House Looked After Allowances	Provide assurance on the payment processes for fostering allowances and the carer banding allowances.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
There are no or ineffective controls in place to prevent incorrect/fraudulent/late payments being made to carers. Payment data spreadsheets becomes corrupt / inaccessible.			There are a number of options available to address the issues identified, these will require resources to explore and it is envisaged these will not be available within the next 12 months. Possibilities identified at this stage are: development of a database, use of an existing system e.g. Controcc and procurement of a bespoke fostering package. There may be a delay in the LCS system being updated and this is accepted. In all instances notifications will be sent to Finance to ensure standing data is correct. Including a review of all standing data on the finance spreadsheet to ensure accurate. A reconciliation process will be considered as part of the Actions above.	

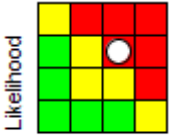
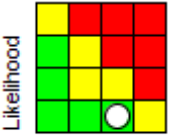
Audit	Objective			Assurance Level
Direct payments	Formal direct payment agreements between the individual and the local authority clearly outlining the responsibilities of both parties and clear guidance, advice and support for those in receipt of direct payments to maximise outcomes and minimise the risk of harm or abuse are in place.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
The misuse or mismanagement of direct payments by individuals in receipt of direct payments, whether they are the direct beneficiary, the nominated suitable person or someone who unofficially takes over the			Manager has asked all team managers for staff to audit their caseloads to ensure the current DP agreement is signed. All managers will assign, check and report back within 3 months. Need most up to date version signing. MIT to do a system check in 3 months to ensure all	

management of the funds.	 Likelihood Impact	current Care Package Line Item's (CPLI's) have associated signed agreement documents in place. Issue of importance of signed agreements will continue to be fed through the DP training programme, at all sessions across the year - rolling programme of training already booked in.	 Likelihood Impact
Surplus funds go undetected resulting in outcomes for individuals not being achieved or unsuitable care plans being put in place.	 Likelihood Impact	Penderels work will continue to complete the reconciliation of non-penderels managed accounts, with an expected completion date of 2 months. The success and cost of this work will be evaluated and then fed in to dept management team. Manager to check contract for responsibility of future non-penderels reconciliations. Management decision to be made on the future of non-penderels reconciliations and who will undertake this on an ongoing basis.	 Likelihood Impact
Clients do not make the required contributions to their care resulting in outcomes not being achieved.	 Likelihood Impact	Detailed check of the specific payment to be undertaken and reported back within 1 month. Investigation to be made before issue of final report, and clear evidence of position to be gathered.	 Likelihood Impact
Direct Payments may be incorrectly awarded to carers where there is no entitlement. Payments may be to the incorrect individual for an incorrect amount.	 Likelihood Impact	In terms of separation of issues, since this function has now been passed over to Hartlepool carers, this should no longer occur. This would need to come through a Head of Service within the council in all cases. In relation to lack of signed agreements, MIT worker prints off (DP agreement and support plan) and chases every single Carers DP agreement for physical sign off. Hartlepool carers secure either a physical signature or an email confirmation for sign off. Awareness raising with managers to be undertaken – Team manager should not authorise a direct payment, if it has not been authorised initially by a Head of Service. The Manager would only authorise the reviewed DP if it had been been previously signed off by a Head of Service. <u>Please note:</u> Most actions already in place and will be evaluated in 3 months. There is no financial contribution made by carers.	 Likelihood Impact

Audit	Objective			Assurance Level
Main Accounting Systems	Final accounts are prepared that comply with all legislation, regulation, guidance and standards.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				

Audit	Objective			Assurance Level
Fleet Stores	Review arrangements for the procurement, custody and issue of assets to ensure that they are in accordance with the Council's Financial Procedure Rules so that stock items are secure from loss or misuse.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				

Audit	Objective			Assurance Level
Cultural Recovery Fund 1 and 2	Ensure terms and conditions of grant adhered to.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				

Audit	Objective	Assurance Level		
Budgetary Control	Budgets are prepared within the timeframe set out in the budget timetable.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
There may not be effective analysis of Capital planning if sufficient detail is not included in the Capital Programme of all schemes.		 <p>Likelihood</p> <p>Impact</p>	The Council is developing a capital strategy document for approval each year. This will include details of the full approved capital programme, both in year and into the medium term, and will include rephased slippage. This capital programme will then act as the basis of in year capital monitoring arrangements.	 <p>Likelihood</p> <p>Impact</p>

AUDIT AND GOVERNANCE COMMITTEE

23rd June 2022



Report of: Assistant Director, Finance

Subject: MAZARS REPORT- REQUEST FOR
DECLARATIONS

1. PURPOSE OF REPORT

- 1.1 To inform Members of the Audit and Governance Committee that Mazars have requested that the Committee provide a response to their attached report, Request for Declarations.

2. BACKGROUND

- 2.1 International Auditing Standards require auditors to ask management and those charged with governance about arrangements the body has put in place:

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

This requirement applies each year subject to audit.

- 2.2 For Hartlepool Borough Council, Mazars consider the Audit and Governance Committee to be those charged with governance, in line with the scheme of delegation in the Constitution. Mazars have requested responses to the questions detailed in the attached report and would be grateful for a response at the next committee meeting in July 2022.

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

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 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. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

- 11.1 There are no environment, sustainability and climate change considerations

12. RECOMMENDATIONS

- 12.1 That the Audit and Governance Committee:
- i. Note the report of Mazars.
 - ii. Review the suggested response to the questions posed by Mazars at July's Audit and Governance Committee.

13. REASON FOR RECOMMENDATIONS

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

14. BACKGROUND PAPERS

14.1 Request for Declarations.

15. CONTACT OFFICER

15.1 James Magog
Assistant Director, Finance
Civic Centre
Victoria Road
Hartlepool
TS24 8AY

Tel: 01429 523003

Email: James.Magog@Hartlepool.gov.uk

Request for Declarations

Hartlepool Borough Council

Year ending 31 March 2022

Contents

1. Purpose of this document
2. Questions about arrangements for preventing and detecting fraud
3. Questions about arrangements for complying with laws and regulations
4. Questions about the appropriateness of the going concern assumption
5. Questions about the consideration of related parties
6. Contact details

Request for declarations

Hartlepool Borough Council

Purpose of this document

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

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

This requirement applies each year subject to audit.

For Hartlepool Borough Council, we consider the Audit and Governance Committee to be those charged with governance, in line with the scheme of delegation in the Constitution. We request your responses to the questions detailed below and would be grateful for a response at the next Committee meeting.

Our request also covers the appropriateness of the going concern assumption and consideration of related parties.

Request for declarations

Hartlepool Borough Council

1) Questions for arrangements about preventing and detecting fraud

- a) How does the Authority assess the risk that the financial statements may be materially misstated due to fraud?
- b) 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?
- c) 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?
- d) 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?
- e) 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?
- f) 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?

Request for declarations

Hartlepool Borough Council

2) Questions about arrangements for complying with laws and regulations

- a) Has management provided a clear statement which confirms its consideration of relevant laws and regulations and its compliance with them?
- b) How does the Authority satisfy itself that all relevant laws and regulations are being complied with?
- c) Is the Authority aware of any instances of non-compliance with laws or regulations?
- d) Has management provided a list of litigation and claims?
- e) Has an assessment been made of the outcome of the litigation or claim and its estimate of the financial implications, including costs involved?
- f) Has the reasonableness of management's assessments been considered and additional information provided to the auditor where necessary?

Request for declarations

Hartlepool Borough Council

3) Questions about the appropriateness of the going concern assumption

- a) Has a report been received from management forming a view on going concern?
- b) 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?
- c) 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.
- d) Are the implications of statutory or policy changes appropriately reflected in the business plan, financial forecasts and report on going concern?
- e) 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?
- f) 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?
- g) Where there are potential concerns what action is being taken to address those areas of potential weakness?
- h) 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?

Request for declarations

Hartlepool Borough Council

4) Questions about the consideration of related parties

- a) What controls are in place to identify, authorise, approve and account for and disclose related party transactions and relationships?
- b) 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:
- c) Can you confirm that you have appropriately accounted for and disclosed such relationships and transactions in accordance with the requirements of the framework?

Contact

Mazars

Ross.Woodley@mazars.co.uk

The Corner
Bank Chambers
26, Mosley Street
Newcastle Upon Tyne
NE1 1DF

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 more than 42,000 professionals – 26,000+ 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.

*where permitted under applicable country laws.

www.mazars.com

© Mazars 2021

Follow us:

LinkedIn:

www.linkedin.com/company/Mazars

Twitter:

www.twitter.com/MazarsGroup

Facebook:

www.facebook.com/MazarsGroup

Instagram:

www.instagram.com/MazarsGroup

WeChat:

ID: Mazars

AUDIT AND GOVERNANCE COMMITTEE

23rd June 2022



Report of: Statutory Scrutiny Manager

Subject: Hartfield's Medical Practice (part of the McKenzie Group) – Closure Extended Engagement

1. PURPOSE OF REPORT

- 1.1 To agree the Audit and Governance Committee's response to the extended engagement process in relation to the McKenzie Group's proposed application for closure of Hartfield's Medical Practice.

2. BACKGROUND INFORMATION

- 2.1 The Hartfield's Medical Practice is based at Hartfield's Extra Care Village with registered patient list of 2182. The practice, as part of the McKenzie Group, is one of 11 GP practices across Hartlepool and details of patient list sizes, GP numbers for each and distance / travel times from Hartfield's are attached at **Appendix A**.
- 2.2 The McKenzie Group currently hold 2 APMS (Alternative Provider Medical Services) contracts for primary care medical services to a registered list of 25,545 patients across five sites (Wynyard Road Medical Centre, Hartfields Medical Centre, McKenzie House, Throston Medical Centre and Victoria Medical Centre). A cross-site working arrangement is in place with the CCG that allows patients to register under both contracts to access any of the McKenzie Group sites.
- 2.3 APMS contracts are a tool for the delivery of primary care services which enable primary care trusts (PCTs) to contract with a wide range of organisations to provide services in relation to¹:
- Essential services that may involve replacement of a vacant GP practice or practices;
 - Providing additional or enhanced services, which may well include locally enhanced services;
 - Out-of-hours services (for which there is a separate model contract); and
 - Any combination of the above.
- 2.4 The McKenzie Group's APMS contract was signed in 2017, for a 10 year duration, with 6 years currently remaining.

¹ LMC Guidance ([A8351 Combined.pdf \(lmc.org.uk\)](#))

3. MCKENZIE GROUP PROPOSAL – PROCESS UPDATE

3.1 By way of an update for new members of the Committee, a summary is provided below of the process undertaken to date in relation to the McKenzie Group's proposed application for the permanent closure of the Hartfield's Practice.

3.1.1 **Mid-March 2020** - The Hartfields Practice, based at Hartfields Extra Care Village, temporarily closed due to the Covid-19 pandemic. This temporary closure was to enable the practice to use staff more effectively and to ensure compliance with social distancing requirements.

3.1.2 **19th July 2021** - Notice received of the McKenzie Group's intention to submit an application to the Tees Valley Clinical Commissioning Group (CCG) to seek approval for the permanent closure of the Hartfield's Practice. The stated reasons for the application being:

'To bring services together at its other sites in order to enhance clinical quality and practice resilience, to run more efficiently and to continue to deliver high quality of care to patients'.

'That the premises at the Hartfields site are limited comprising up to three clinical rooms, one without daylight, and there is no scope to further develop the Hartfields premises to facilitate the delivery of additional services as envisaged in the NHS Long Term Plan²'.

3.1.3 **19th July 2021 - 29th August 2021** - To inform the application process, and the development of a business case for consideration by the CCG, the practice undertook a six-week period of patient and stakeholder engagement (Monday) to explore:-

- i) what patients and stakeholders thought of the proposal to close Hartfields Medical Centre
- ii) how patients had accessed services during the temporary closure,
- iii) how the temporary closure had affected patients, and
- iv) the potential impact on patients and stakeholders should Hartfields Medical Centre close permanently.

Feedback on this engagement can be found [here](#).

3.1.4 **27th August 2021** - The Audit and Governance Committee formulated its response to the engagement process, a copy of which is attached at **Appendix B** for Members information.

3.1.5 **23rd September 2021** - The results of the engagement process were presented to the Committee, along with an update on the McKenzie Group's intentions for the progression of the application. Following an assessment of the impact/degree/level of change the Committee also confirmed its view that the proposed site closure constitutes a substantial variation of service (with the

² [NHS Long Term Plan v1.2 August 2019](#)

resulting requirement for full consultation and potential for the referral of decisions to the Secretary of State, should it be required).

Following consideration of the engagement results, and the Audit and Governance Committee's confirmed its position that the proposed closure represents a significant variation of services for the population of Hartlepool. The McKenzie Group agreed that further engagement is required to include options in addition to 'fully open' or 'close'.

- 3.1.6 **30th September 2021** – Full Council was updated on the outcome of the Audit and Governance Committee's discussions with the McKenzie Group. Council delegate authority to the Audit and Governance Committee to make a referral to the Secretary of State should it be deemed necessary following consideration of the closure application by the NHS Tees Valley CCG's Primary Care Commissioning Committee (PCCG).
- 3.1.7 **19th October 2021** - Proposed submission of the McKenzie Group's application to the PCCG deferred.
- 3.1.8 **21st December 2021** - McKenzie Group made a request to the PCCG to extend the temporary closure of the Hartfields Medical Practice. The PCCG rejected the application on the basis that sufficient infection prevention and control procedures are in place along, alongside the prioritisation of the booster programme. The McKenzie Group was required to reopen the Hartfields Practice.
- 3.1.9 **10th February 2022** - The CCG had requested some detailed engagement work as it believed the original situation around Covid-19 had been resolved and the practice was now fully open. It had been intended that a 10 week engagement process commence on 10 January would have been concluded, and reported on, before the election purdah period.

Due to circumstances including Covid-19 staff absences this had not happened and a second date of 28 January had been set with a suggested reduction to the engagement period. However, in order to have a robust and unchallengeable conclusion following the engagement, a full engagement period of 10 weeks was agreed and various options considered with the McKenzie Group. It had subsequently been agreed that as the practice was currently open, and operating, there would be little impact on patients in delaying the engagement process until after the elections in May.

NHS Tees Valley CCG (the CCG) and McKenzie Group are now working collaboratively to carry out an eight-week period of public engagement regarding the provision of services from Hartfields Medical Centre. The engagement running from Monday 9 May 2022 and end at midnight on Sunday 3 July 2022.

Survey link via <https://www.wynyardandhartfields.co.uk/page1.aspx?p=15&t=1>

- 3.1.10 **23 June 2022** – Representatives from the McKenzie Group and Tees Valley Clinical Commissioning Group will be present at the meeting on the 23rd June

2022 to explore possibilities for the provision of services from the Hartfields Medical Centre as an alternative to full closure. This engagement will therefore look more closely at the impact of a possible permanent closure, whilst also exploring alternatives to the branch being fully open and closed.

4. **PROCESS FOR SERVICE CHANGE (ENGAGEMENT AND CONSULTATION)**

- 4.1 As the body responsible for the conduct of the Council's statutory health scrutiny responsibilities, the Audit and Governance Committee has a responsibility to review and scrutinise any matter relating to the planning, provision and operation of the health service. This includes consideration of proposals for a substantial development of the health service in the area, or for a substantial variation in the provision of services.
- 4.2 Relevant NHS bodies and health service providers, which include GP practice providers, are required to 'consult' health scrutiny bodies on substantial reconfiguration proposals. The designation of a service change is to be agreed between scrutiny bodies and service providers, however, definitions of what constitutes a "substantial development" or "substantial variation" are not included in the legislation. Whilst some local authority scrutiny bodies and their NHS counterparts have developed joint protocols or memoranda of understanding about how the parties will reach a view no such protocol exists for Hartlepool. On this basis, discussions with the McKenzie Group are required to reach agreement on this.
- 4.3 Regulations³ are, however, clear that where there are concerns regarding a proposal for a substantial developments or variation in health services local authorities and the local NHS should work together to attempt to resolve these locally if at all possible before any further action can be taken.
- 4.4 Focusing solely on consultation is insufficient to meet the NHS's public involvement and consultation duties. It is therefore essential that service providers also ensure that there is meaningful and on-going engagement with service users in developing the case for change and in planning and developing proposals.
- 4.5 The differentiation between engagement and consultation, is detailed below:-
 - i) What is engagement? - Engagement describes the continuing and on-going process of developing relationships and partnerships so that the voice of local people and partners is heard and that our plans are shared at the earliest possible stages. Examples of this type of engagement would include our patient participation groups and membership schemes where we ask members to get involved in various pieces of work.

It also describes activity that happens early on in an involvement process, including holding extensive discussions with a wide range of people to develop a robust case for change.

³ Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013

- ii) What is a ‘formal consultation’? - ‘Formal consultation’ describes the statutory requirement imposed on NHS bodies to consult with overview and scrutiny committees (OSCs), patients, the public and stakeholders when considering a proposal for a substantial development of the health service, or for a substantial variation in the provision of a service.

Formal consultation is carried out if a change is ‘significant’. This is determined where the proposal or plan is likely to have a substantial impact on one or more of the following:

- Access (e.g. reduction or increase in service due to change of location or opening times)
- Wider community (e.g. economic impact, transport, regeneration)
- Patients or users (either current or future)
- Service delivery (e.g. methods of delivery or relocation of services)

The outcome of a formal consultation must be reported to the Trust Board in public, together with the feedback received, and must show how this has been taken into account in any recommendations and decision making.

- 4.6 Engagement with the local community from an early stage in the development of options is essential and this is the process the Mackenzie Group is again undertaking.

5. RECOMMENDATION

- 5.1 That the Audit and Governance Committee formulate a view for submission as part of the ongoing engagement process, as detailed in Section 3.1.10.

BACKGROUND PAPERS

- (a) Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013.
- (b) Audit and Governance Committee - Agenda and Minutes - 27 August 2021 and 23 September 2021
- (c) Full Council - 30 September 2021

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

Practice Name	Patient List Size*	No. of GP's	Electoral Ward	Distance From Hartfields	Bus Travel	Provider	Location
McKenzie Group	25,545 - patients across all 5 McKenzie practices						
Hartfield's Medical Practice (branch of Wynyard Rd Medical Centre)	2,182	9* *All 9 over McKenzie, Victoria and Throston. 8 of these GP's also cover Hartfields and Wynyard.	Hart	N/A	N/A	McKenzie Group Practice	Hartfields Extra Care Village
Wynyard Road Medical Practice	23,363		Rossmere	Car – 4.3miles – 11mins	1 bus - Approx. duration of trip (45mins)		Wynyard Rd
McKenzie House Surgery			Foggy Furze	Car – 4.7miles – 13mins	2 buses - Approx. duration of trip (60mins)		Kendal Rd
Victoria Medical Centre			Victoria	Car – 2.6miles – 9mins	1 bus - Approx. duration of trip (25mins)		The Health Centre (Victoria Rd)
Throston Medical Centre			Throston	Car – 1.0miles – 4mins	1 bus - Approx. duration of trip (25mins)		Wiltshire Way
Bankhouse Surgery	9,999	9	Burn Valley	Car – 3.2miles – 11mins	1 bus - Approx. duration of trip (35mins)	Bankhouse	One Life Hartlepool (Park Rd)
Chadwick Practice	11,911	5	Burn Valley	Car – 3.2miles – 11mins	1 bus - Approx. duration of trip (35mins)	Hartlepool and Stockton Health Ltd	One Life Hartlepool (Park Rd)
Headland Medical Centre	5,501	2	Headland and Harbour	Car – 3.6miles – 11mins	2 buses - Approx. duration of trip (50mins)	The Headland Medical Centre	Groves St
Koh & Partners	5,760	2	Victoria	Car – 2.6miles – 8mins	1 bus - Approx. duration of trip (25mins)	The Koh Practice	The Health Centre, Victoria Rd
Gladstone Surgery	5,552	3	Victoria	Car – 2.6miles – 8mins	1 bus - Approx. duration of trip (25mins)	Gladstone House Surgery	Victoria Rd
West View Millennium Surgery	6,771	4	De Bruce	Car – 2.1miles – 6mins	2 buses - Approx. duration of trip (45mins)	West View Millennium Surgery	West View Rd
Hart Medical Surgery	9,262	6	De Bruce	Car – 1.8miles – 6mins	2 buses - Approx. duration of trip (40mins)	Hart Medical Practice	Surgery Lane
Seaton Surgery	3,376	3	Seaton	Car – 5.2miles – 14mins	2 buses - Approx. duration of trip (50mins)	Seaton Surgery	Station Lane
Havelock Grange Practice							
Brierton Medical Centre		8 (across both sites)	Manor House	Car – 4.2miles – 12mins	1 bus - Approx. duration of trip (45mins)	Havelock Group Practice	Earlsferry Rd
Havelock Grange Practice	12,805		Burn Valley	Car – 3.6miles – 11mins	1 bus - Approx. duration of trip (35mins)		One Life Hartlepool (Park Rd)

*Tees Valley PCN's – TVCCG Website (as original proposal in June 2021)

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Friday 24 September 2021.

PRESENT: Councillors Hellaoui (Chair), M Layton (Vice Chair), D Coupe, Layton, B Clarke, Cook, Richardson, E Cunningham and L Hall

ALSO IN ATTENDANCE:

M Crutwell (Programme Manager - Community Transformation Tees Valley) (TEWV), D Gallagher (TVCCG), D Muir (Nursing & Chief Operating Officer) (CNTW), J Stewart (Associate Director for Children's Clinical Business Unit) (CNTW), D Gallagher (Chief Officer) (CCG), S Mayo (Head of Service - Operational Lead -) (TEWV) and B Shah (Clinical Lead for Teesside - Community Mental Health Transformation) (TEWV)

OFFICERS: C Breheny, A Pearson, Woods, Fay, M Adams and S Lightwing

APOLOGIES FOR ABSENCE: Councillors S Smith, Loynes and C Gamble

8 APPOINTMENT OF CHAIR

AGREED that Councillor Alma Hellaoui be elected as Chair.

9 APPOINTMENT OF VICE CHAIR

AGREED that Councillor Layton be elected as Vice Chair.

10 DECLARATIONS OF INTEREST

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

11 MINUTES - TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE - 22 JUNE 2021

The minutes of the Tees Valley Joint Health Scrutiny Committee held on 22 June 2021 were approved as a correct record.

12 CNTW / TEWV UPDATES

Lotus Ward – Acklam Road Hospital

Representatives from Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust (CNTW) gave a presentation in respect of the recently opened Lotus Ward at Acklam Road Hospital.

In terms of background it was advised that CAMHS services at West Lane Hospital had been closed in 2019 following CQC regulatory action. A formal request was then submitted by NHS England/NHS Improvement (NHSE/I) to establish a CAMHS inpatient service in Teesside and following Board approval CNTW had agreed to provide a 10 bedded General Adolescent Inpatient Unit for young people aged 13-18 years.

'Lotus' had been selected as the name of the ward (a symbol of regeneration) following research and engagement with young people residing within Ferndene and Alnwood Wards and Lotus Ward was to be managed by the Trusts' Specialist CAMHS Clinical Business Unit within the North Cumbria Locality Care Group. It was advised that Lotus had opened on 5 April 2021 following NHSE/I approval and CQC registration and patient occupancy had commenced on 10 May 2021.

With regard to admissions there had been 15 admissions to date 13 transfers, 2 direct admissions and information was provided in respect of the localities from which young people had been referred into the service, as follows:-

Localities: Co Durham (6), Tees (4), Sunderland (2), North Yorkshire (1), Gateshead (1),

North Cumbria (1) and the average length of stay was 34 days.

As part of the ensuing discussions the following points/questions were raised:

- In response to a query as to how confident CNTW were that the measures taken this time would work and the issues experienced in the past would not be repeated. It was emphasised that CNTW was confident in the approach it had taken to establishing the unit and the whole team around getting the environment right and ensuring value based recruitment. In terms of staffing ratio it would be one of the better established wards, the clinical leadership and number of Band 6 staff appointed would ensure staff at the unit had considerable experience. This was further strengthened by the presence of Medical Directors.
- Reference was made to the need to at times use restraint to safeguard individuals, other patients and staff but there would be no use of mechanical restraint at Lotus.

AGREED that the information in the presentation be noted and a visit to Lotus Ward for members of the Committee be arranged in advance of the next meeting.

Working collectively to review the mental health system - Update

Representatives from Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) gave a presentation entitled working collectively to review the Mental Health System. The presentation highlighted the vision and outcomes envisaged for Community Mental Health Transformation, the action that had been taken over the last 6 months, how staff and service users had been involved, the PCN pilot and developments including the introduction of PCN Mental Health Practitioners, Patient Feedback and the Design Event.

It was advised that the aim of NHS England's Community Mental Health Transformation Programme was to develop an operational place based model for Adult Mental Health (AMH) and Mental Health Services for Older People (MHSOP) functional community services which were integrated with Primary Care Networks (PCNs) and Voluntary Care Sector (VCS) services and delivered services to meet the needs of those with severe mental illness. The model needed to be coproduced with staff, stakeholders, the local community, service users and carers.

It was envisaged that the new model would ensure:-

- People received a good-quality assessment at whatever point they presented
- Meaningful interventions for mental health problems were readily available and accessible
- Location was most appropriate to people's needs
- Care could be stepped up where or when more specialist care was required, and stepped down, in a flexible manner without the need for cumbersome referrals and repeated assessments
- There were effective links with community assets to support and enable people to become more embedded within their community and to use those assets to support their mental health.

As part of the ensuing discussions the following points/questions were raised:

- Members expressed the view that it was quite overwhelming in terms of the scope and amount of work involved;
- In terms of feedback, often the percentages were low and it was queried as to the percentage of feedback received in respect of the PCN pilot. In response it was advised that every patient seen via the PCN Mental Health Practitioner was invited to provide feedback and the feedback percentage was approximately 6 per cent, which was quite significant. It was noted that 6 per cent in terms of the family/friends test carried out in the NHS was quite a high response rate. In effect that would equate to 1,440 responses from 24,000 appointments;
- A Member commented on the emphasis on patient need rather than service need, which was positive, however concerns were expressed that potentially there would be higher demand in certain areas and it was queried how this would be managed. It was acknowledged that the need for mental health support had increased significantly over the last few years and this investment was a real step forward in increasing the number of staff and services people could access from community mental health services. In addition there had been significant investment in the IAPT services in Tees so there was investment in increasing the number of assessments at the front end. However, understandably demand in specific areas remained an area of concern. It was emphasised that some of TEWV's capacity was hampered by

people being moved around the system whereas this was an opportunity for people to be seen once and to ensure that their care was co-ordinated. There was work currently undertaken that would no longer be undertaken once the system had been redesigned as a collective. Members expressed the view that this approach felt very encouraging.

- The work was such that no matter how much money was invested mental health services the work would increase, potentially a 40 per cent increase owing to COVID but if as a system we were able to get this right in terms of a system approach with Primary Care, VSC, TEWV and substance misuse services and agree on a system approach in which the patient came first and services would approach patients rather than the patient have to visit a whole host of services then we would have a service for the future.
- In response to a query it was emphasised that this was the start of a journey on what our interface of services would look like in the future. There was also the potential to look at locality working to strengthen the model as the 'ask' could be different in Middlesbrough, Stockton, Hartlepool, Darlington and Redcar & Cleveland.

AGREED that the information in the presentation be noted.

13

LOCAL NHS / PUBLIC HEALTH RESPONSE TO COVID-19

The Director of Public Health (South Tees) provided an update on the ongoing Covid-19 situation and made the following points:

- In terms of the national summary, it was shown where the Tees Valley was sat in the national rankings, with Middlesbrough in 36th and Stockton in 65th. The point was made that in effect all the rates in the Tees Valley were very similar, with sustained community transmission at around 300 cases per 100,000. The rate had fallen from around 400 per 100,000 in the previous week or two and whilst rates were high they did appear to be falling at the moment.
- In respect of cases by specimen date there was no real discernible fall, although the rates did show that rates were beginning to fall following an increase from when the schools had returned after the half term break. All of the local authorities in the Tees Valley were following the same patterns in terms of case rates.
- The cases by age band were highlighted and it was noted that for all of the local authorities within the Tees Valley the 10-14 and 15-19 age band up to 19 September 2021 had been significantly higher than the other age bands. There was also a slight increase in the older age group, which was potentially caused by waning immunity but further details would be provided to the Committee in respect of the booster
- Reference was made to the hospital data, the number of hospital COVID patients in County Durham and Darlington was 195, South Tees 75 and North Tees and Hartlepool 43. The figures for County Durham and Darlington appeared to be increasing and the Director of Public Health at Darlington had advised that the increase had largely been driven by an increase in Durham. It was unclear why the figures for North Tees were slightly lower than South Tees but potentially this could be owing to the overall numbers in the respective catchment areas.
- In terms of the hospital bed occupancy levels, these were currently around 80 per cent in North Tees, South Tees and Durham and Darlington, with Hartlepool moving into 90 per cent occupancy rates. The point was made that there was the potential that once winter emergency activity started to increase COVID patients adding to overall activity would become significant if the numbers did not start to fall.
- Mortality rates across the Tees Valley were significant and the rates were 260 per 100,000 for those with COVID mentioned on the death certificate to 307 per 100,000 for Hartlepool, with excess deaths above the average figures for the period 2015 – 2019 being significant.
- In terms of vaccination uptake, a phenomenal effort had been undertaken by the NHS supported by the local authorities, public health teams and broader teams in terms of supplementing the national programme with pop-ups in an effort to target communities that had lower vaccination uptake rates.
- In effect the percentage coverage reflected the deprivation demographics across the Tees Valley, with Darlington and Redcar and Cleveland being more affluent than Middlesbrough and Hartlepool and thereby having higher take up rates of the vaccine. Middlesbrough's figures were also impacted by a higher BME population, as vaccination rates in these communities tended to be a bit lower. Sustained efforts were being made to increase the vaccination rates.
- The over 50's unvaccinated had remained an area of focus in Middlesbrough and Redcar and Cleveland. However, the figures had remained stubbornly high. The figure for

Middlesbrough, which currently stood at 4,300 had been reduced down from just over 5000 a few months ago. The figure was therefore coming down but clearly the highest level of risk for hospitalisation with COVID was in the unvaccinated over 50's. The majority of those over 50's that had not received a vaccination were in their 50's and there was an over representation of men, with approximately 62 per cent of those over 50 unvaccinated being men. Efforts were being made to target men over 50 in an effort to increase that uptake.

- In summary there was sustained community transmission and significantly lower rates of hospital activity, illness and mortality than would have been seen prior to the vaccine programme. However, there were still numbers in hospital that would cause issues as the winter period approached unless COVID admissions started to fall.

The Chief Executive of Tees Valley Clinical Commissioning Group (CCG) provided an update in respect of the vaccination programme, hospital pressures and blood bottles and made the following points:-

- In terms of hospital pressures community infection rates remained high and colleagues in primary care and social care had expressed the view that in light of current demand on services it already felt as though it was January. This meant that there was an even greater need to undertake careful planning for winter assuming that COVID hospital rates would persist and pertain into the winter.
- There was effectively a double whammy in terms of pressures in that there were patients presenting with COVID but inevitably there were also staff contracting COVID or needing to self-isolate. This further added to the pressures along with the need to maintain infection prevention control measures – social distancing, wearing of masks further compounded the pressures.
- An added pressure in terms of public frustration was sadly exhibiting itself in un-condonable abuse, verbal abuse for reception staff, clinical staff and there was a need to work with all partners in order to ensure this stopped. Patients were being asked to be patient patients but their frustrations were understood.
- In terms of vaccinations there had been an immense and very well co-ordinated, collaborative process with not only the NHS and the Council but with the Fire Brigade, volunteers and a whole range of people who had worked extremely hard to get us to the point where we were at now.
- Reference was made to the recent guidance, as issued last week, in respect of healthy people and young children (age 12-15) and also the phase 3 booster vaccination. In terms of 12-15 year olds there was a universal offer with the Pzifer vaccine, which consisted of one dose that would largely be delivered in schools by those who normally delivered the school vaccination programmes. The objective was to get as many people safely and quickly vaccinated before the October half term. The programme was to commence no later than 22 September 2021, the programme had now commenced and was underway. There had been a huge effort from schools, who had enabled the facilities to accommodate the staff that went into schools to deliver this programme.
- With reference to the national advice in respect of the phase 3 booster programme it was noted that people who had received their vaccination in phase 1 would be offered after 6 months times. Consideration was therefore currently being given to how this would be best administered. There was a preference from the national committee, the JCVI, for the Pzifer vaccine to be used as the third booster dose irrespective of the dose given previously.
- In terms of the cohorts aspect the first phase of this phase 1 (cohorts 1-9) involved all residents of Care Homes, all adults aged 50 and above. Phase 2 (Cohorts 10-13) encompassed included those 15-60, as well as children and young people 12-15 that were at risk or in households where there were risks because of susceptibility to infection. Phase 3, which was the current focus, included the 12-15 year olds, the booster cohort and continued to offer phase 1 and phase 2 for those that had yet to be vaccinated (an evergreen offer).
- The vaccinations were being delivered by a range of partners including the Primary Care Networks (PCNs), mass vaccination centres, the pharmacy sites plus others. There were 14 PCNs across the Tees Valley including Darlington and they had been delivering vaccine services throughout phases 1 and 2. Some of the PCN's were signing up to Phase 3 and had been approved. Efforts were being made to reach a point where vaccinations could be given for flu and COVID at the same time where practical.
- It was noted that many people had received their vaccines through the mass vaccinations sites, which were operated by colleagues from Newcastle Hospitals. In the Tees Valley this included the Riverside Football Club in Middlesbrough and Darlington Arena. In addition there were now a number of pharmacy sites offering vaccinations, with 53 across the Tees Valley having expressed interest in providing this service. Some were currently awaiting approval from NHS England and once approved this would ensure the Tees Valley was able to provide

a blended offer in terms of providing COVID vaccinations.

- It was highlighted that the key area of focus now was in encouraging those people that had not received their first or second vaccine to attend walk-in clinics, pop-up clinics and various vaccine buses, where appointments were not required.
- A further key area of focus was not to exacerbate the health inequalities already prevalent in the Tees Valley but to target vaccinations to try and reduce some of those.
- Reference was made to performance across the five Tees Valley Local Authorities and it was noted that for cohorts 1-9, quite good progress had been made with 89 per cent for first vaccines, 92 per cent for second vaccines. In respect of cohort 10 it was slightly less with rates of 75 and 80 respectively. Cohort 11 and 12 were harder to reach and more time was being spent on reaching these cohorts.
- It was acknowledged that there was still work to do and the national target was to achieve 90 per cent of people vaccinated.

It was queried whether the hospital figures were under control, as although there were events that being held where social distancing was taking place and there were others where this clearly was not the case. Vaccinations would soon be waning and there remained a cohort of people who had not received either their first or second dose and therefore was there a need to be concerned that hospitalisations would increase. It was advised that the health service and social care services were coping but only just but hopefully efforts could be made collectively as partners to get the message out to the public about vaccinations but equally the importance of still adhering to social distancing and the wearing of masks. Although not mandatory, convincing people that there was a safe way to get through the pandemic not only for them for the NHS and social services as well. The Director of Public Health expressed the view that the communications issue was difficult, as the clarity nationally on the wearing of face masks was an individual responsibility and lack of promotion of frequent testing to protect yourself, family and others but it was difficult to cut through national noise. The current national message was slightly more relaxed than that preferred by the Director of Public Health.

In terms of working with schools there was still significant demand for mass testing and interest from everyone in doing the right thing.

It was queried whether there was any data on the number of pregnant women having the vaccine and whether there were efforts to promote the take up the vaccine by women who were pregnant now there was more known about its safety. It was advised that it was part of the conversation during midwifery and health visitor visits and was built into the appointment process. Pregnant women were being advised that it was safe to have the vaccine and were being encouraged to do so. Statistical information in respect of this issue could be obtained from midwifery and fed back to the Committee.

Reference was made to current research in respect of the COVID vaccination for pregnant women and it was queried whether there was a best source of evidence that people could be referred to. The Director of Public Health advised that this information was available and sources would be shared with the Committee following the meeting.

In terms of other countries opting to vaccinate children under 12 it was queried whether this was something that would be considered in the UK. The point was made that any additional programme would bring capacity issues, however, as any vaccination programme for children under 12 would be delivered by the school immunisation teams it would be a pressure on that resource.

The Chief Executive of Tees Valley CCG advised that in terms of the blood bottle issue this was a global issue and there had been some severe supply issues. Tees Valley CCG had been notified of these in August 2021 and a national approach had been adopted. It was anticipated that the constraints would be removed in late September but in order to deal with the reduction in supply nationally measures had been taken to maximise the use of the resources available. Part of the approach had been about sharing tubes between hospitals and primary care but the latest guidance, issued on 16 September 2021, had advised that was that hospitals would try to optimise and reduce the amount being used by approximately 25 per cent until the 8 October 2021 when it was anticipated that the supply to be back on stream. In primary care there had also been an 'ask' for the tubes not to be used for non-urgent blood tests.

ORDERED that the information presented be noted and figures in respect of the number of pregnant women locally receiving their COVID vaccines be obtained.

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Friday 10 December 2021.

PRESENT: Councillors A Hellaoui (Chair), D Coupe, D Davison, B Clarke, D Rees, R Cook, C Gamble and J Bright

ALSO IN ATTENDANCE:

D Gallagher (Chief Executive - TVCCG) and C Blair (Director Of Commissioning Strategy and Delivery - TVCCG)

OFFICERS: C Breheny, A Pearson, Woods, R Scott and N Luxford

APOLOGIES FOR ABSENCE: Councillors I Bell, Layton, S Smith, Richardson, Loynes, E Cunningham and L Hall

14 DECLARATIONS OF INTEREST

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

15 MINUTES - TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE - 24 SEPTEMBER 2021

The minutes of the TVJHSC meeting held on 24 September 2021 were deferred for consideration at the next meeting.

NOTED

16 LOCAL NHS / PUBLIC HEALTH RESPONSE TO COVID-19

The Advanced Public Health Practitioner (South Tees) provided an update on the ongoing Covid-19 situation and made the following points:

- In terms of the national summary, it was shown where the Tees Valley was sat in the national rankings, with Middlesbrough in 135th position and Stockton in 96th position in terms of prevalence. The point was made that in effect all of the prevalence rates in the Tees Valley were quite low, with sustained community transmission at around 300-400 cases per 100,000 population. This compared to the highest Local Authority rates of 860 cases per 100,000 population. However, the rates in the Tees Valley were increasing slightly.
- In respect of cases by specimen date there had been a spike around October, which the data had shown reflected a return by schools after the half term break. Over the last couple of weeks there had been a slight fluctuation but rates seemed to be levelling while the England rate was rising.
- In terms of testing rates it was highlighted that the Tees Valley did have lower testing rates than the England average, as a proportion of the population.
- The cases by age band were highlighted and it was noted that for all of the local authorities within the Tees Valley the 5-9 and 10-14 age band up to 3 December 2021 had been significantly higher than the other age bands. In the most recent week Redcar and Cleveland had the highest rate in the 5-9 age band. There had also been a slight increase in the 30-40 age band, which was potentially caused by household transmission to parents and public health teams were continuing to work closely with schools and families. Cases were being monitored and support to schools provided.
- Reference was made to the hospital data, the number of hospital COVID patients in County Durham and Darlington was 59, South Tees 54 and North Tees and Hartlepool 33. The figures had decreased in recent weeks but the hospitals were still experiencing new cases.
- Mortality rates across the Tees Valley were significant and the rates ranged from 284 per 100,000 in Stockton for those with COVID mentioned on the death certificate to 328 per 100,000 for Hartlepool, with excess deaths above the average figures for the period 2015 – 2019 being significant. All of the Tees Valley rates were higher than the national average.
- In terms of vaccination uptake, the figures showed the top 20 performing Local Authorities

nationally, with Northumberland topping the charts for both first and second doses, with a coverage of 89.1 per cent and 82.9 per cent respectively. All of the Tees Valley Local

Authorities had coverage rates above the national average of 78.2 per cent for first dose and 71.6 per cent for second dose, with the exception of Middlesbrough where coverage was 74.7 per cent and 67.1 per cent respectively. A real positive was that the booster uptake across all five local authorities was above the national average. Sustained efforts were being made to increase the vaccination rates and a pop up vaccination clinic had been held in Middlesbrough yesterday with 477 people attending for both first and second dose vaccinations. From January 2022 a rolling programme of pop-up vaccination clinics would be held.

- In effect the percentage coverage reflected the deprivation demographics across the Tees Valley, with Darlington and Redcar and Cleveland being more affluent than Middlesbrough and Hartlepool and thereby having higher take up rates of the vaccine. Middlesbrough's figures were also impacted by a higher BME population, as vaccination rates in these communities tended to be a bit lower.
- In terms of the new Omicron variant it was advised that was displaying a growth advantage over Delta. This assessment was based on analysis of UK data showing an increased household transmission risk, increased secondary attack rates and increased growth rates compared. Omicron was likely to outcompete Delta in the UK and predominate. With regard to severity there was insufficient data at this time to assess infection severity, which was expected in the early period of emergence of a new variant.
- At present there were no known cases of the Omicron variant in the Tees Valley but cases were rising nationally.
- With regard to the JCVI advice on vaccinations in response to Omicron booster eligibility had been expanded to include all adults aged 18 to 39 years, as long as there had been a three month gap from the second dose. The booster was to be offered in descending age groups, with priority given to the vaccination of older adults and those in an at-risk group.
- The 12 to 15 year old cohort were currently being offered a second dose of the Pfizer vaccine so long as there had been a minimum of 12 weeks from the first dose. Phase 1 had been completed and the Tees Valley was now moving into phase 2.
- Plans were in development to develop capacity & workforce (CCG lead), with guidance expected to be released today.

The Director of Commissioning, Strategy and Delivery at Tees Valley Clinical Commissioning Group (CCG) advised that there was still a sustained degree of pressure in the healthcare system. Covid admissions to hospital had remained fairly static since the summer and that was being managed but the full impact of the Omicron strain was not yet known. At this point in time progress was being made in respect of planned operations and routine outpatient clinics were taking place as normal.

The Chief Executive of Tees Valley CCG advised that the vaccination programme was a moving feast because of announcements that were being made nationally. Huge progress was being made locally thanks to a combined effort the central team in Newcastle, the Primary Care Networks, the Pharmacies, the Hospitals, the school providers and significantly colleagues in the Public Health Department and the local authorities. There had been a fantastic team effort and the numbers were good but there was a need to try and vaccinate as many people as possible. The challenge would be how to turn the vaccination programme into business as usual, as it would be a programme that would need to be implemented for at least the next few years.

On behalf of the Committee the Chair expressed her thanks to everyone within the NHS and all of the other organisations involved in making the vaccination programme such a success. Members were afforded the opportunity to ask questions in respect of the information provided and a number of issues were raised.

It was queried as to why the gap between doses had been reduced so significantly, from six months down to three. In response it was advised that the decision to reduce the gap was symptomatic of learning from experience and as knowledge shifted and changed so did the response. Experience had shown that there was no advantage to waiting the six months and the reduction in time simply helped ensure more people received their booster vaccination sooner.

Reference was made to current vaccination uptake rate for 12 to 15 year olds in the Tees Valley, as it had not been very high. The second vaccine was now being offered and it was queried whether the take up rate had increased. In response it was advised that one of the initial challenges had been the speed at which had the programme had been mobilised from

the Government directive. There had been issues with consent, parental knowledge and making booking arrangements with the schools. It was acknowledged that there had not been a great uptake with phase 1, as the vaccination teams had had limited time within the schools. However, it would now be a rolling programme and an out of school offer was also in place. A revisit to the schools was being arranged and it was hoped that uptake of the offer would improve.

Concerns were expressed in respect of the vaccine take up rates amongst the younger cohorts and a reluctance by many to continue to wear face masks. It was queried as to how this was to be encouraged given there were still many cases of Covid-19 present within the community. It was advised that was no single solution and it was a case of everyone repeating the message and emphasising the importance of being vaccinated and wearing face masks in public places. Joined up communications between all of the organisations was of the utmost importance and there was a significant amount of work being undertaken between the Council's and Health's communication leads to ensure those messages were being heard.

Reference was made to the allocation of the pop up clinics, as some of the locations used had very limited car parking provision for disabled users. It was queried whether ward councillors could be involved in suggesting appropriate venues. It was advised that the Teeswide Vaccination Board, headed up by Dr Janet Walker was responsible for co-ordinating the programme. The best way for ward councillors to put forward suggestions was for them to contact their Public Health teams directly, as the teams were key in delivering the vaccination programmes.

Reference was made to the death rate from Covid-19 within the Tees Valley and it was confirmed that the rates for the Tees Valley were higher than the England average. The view was expressed that there were a number of complex factors for the rates including the general health of the population, high levels of deprivation and the high prevalence of Covid-19 in the sub-region at various times during the pandemic.

ORDERED that the information presented be noted.

17

TVCCG - UPDATE

The Director of Commissioning and Strategy at TV CCG gave a presentation entitled Breast Diagnostic Services Current Position. The presentation highlighted background information, the work undertaken over the last year, how the public, service users and stakeholders had been involved in the engagement exercises, the themes that had emerged and the next steps in this journey.

It was noted that although the Covid-19 pandemic had halted some of the progress following the patient engagement exercise. Both North and South Tees Trusts had continued to collaborate to maintain the service for patients through very difficult times. Some themes identified from the engagement included;

- The Breast Diagnostic Service was evaluated well by survey respondents with 95% rating the service either good or very good.
- Positive comments had been made about the high standard of care received, the professionalism of staff, the excellent communication as well as the efficiency of the service.
- A number of respondents had expressed their frustration with the closure of the James Cook service
- Linked to the above it had been noted that some patients were unaware of the 'one-stop-shop' approach at North Tees and better communication of this would have supported reduced patient frustrations and uncertainty.

In terms of next steps the Tees Valley system partners had agreed to implement and expand the use of innovative 'Free-Flap Surgery' (where appropriate), as part of the Breast Cancer pathway to improve outcomes for patients. This surgery would be performed at James Cook Hospital and had commenced in October 2021.

In addition the Northern Cancer Alliance had established a Managed Clinical Network for Breast Cancer Services. The vision of the managed clinical network was to enhance the quality of breast cancer services including breast cancer screening, diagnostics and treatment

services, thus enhancing care across organisations; jointly reducing inequality, improving outcomes and patient experience in alignment with the recommendations in the NHS Long Term Plan. Future plans for the service model would be progressed through this approach, with an initial focus on building capacity and resilience in the breast imaging workforce.

In the meantime the service would continue to be delivered from North Tees as it was the safest and most effective way of ensuring that those presenting with symptomatic breast conditions were able to access the treatment they required. It was advised that in terms of the national standard the target was currently that 93 per cent of patients presenting on this pathway should be seen within a clinic within two weeks. In the Tees Valley 94 per cent of patients were currently being seen within two weeks, which was significantly higher than the England average of around 84 to 85 per cent. The current pathway was effective and there were mitigations in place to assist with any transport issues.

As part of the ensuing discussions the following points/questions were raised:

- Reference was made to the breast care facility available at the Friarage Hospital at Northallerton and whether further information could be provided on the type of care provided there. In response it was advised that a breast clinic continued to be delivered at the Friarage Hospital but that the service was delivered by colleagues from York and predominantly served patients from the North Yorkshire area. The majority of patients within the Tees Valley did now access the service via North Tees Hospital.
- A Member commented that it was great to hear that 94 per cent of patients within the Tees Valley were being seen within 2 weeks. However, it was queried whether for those that were not seen within that timeframe whether the longest wait times were known. It was advised that the waiting times were monitored and it was accepted nationally that there were inevitably a number of patients that would opt to defer their treatment for a variety of reasons. In addition proactive follow up work was undertaken where it was identified that patients were waiting longer than the national 2 week target.
- The work was such that no matter how much money was invested mental health services the work would increase, potentially a 40 per cent increase owing to COVID but if as a system we were able to get this right in terms of a system approach with Primary Care, VSC, TEWV and substance misuse services and agree on a system approach in which the patient came first and services would approach patients rather than the patient have to visit a whole host of services then we would have a service for the future.
- In response to a query regarding how many men in the Tees Valley suffered from breast cancer it was advised that these figures were available and would be provided to the Committee.
- Reference was made to the number of non-attendees and it was queried whether data in respect of this issue could be provided to the Committee. In response it was advised that the percentage of non-attendees was extremely low but that this information would be provided.
- In response to a query regarding transport it was advised that a patient transport offer was always available subject to the necessary criteria being met.

The Chief Executive of Tees Valley CCG gave a presentation entitled Adult Learning Disability Respite Update. The presentation provided a timeline of events between January 2020 and December 2021 as follows:-

- January 2020: CQC inspection resulting in a 'must do' action relating to compliance with the Mixed Sex Accommodation (MSA) regulation
- March 2020: Temporary closure of day and respite services in response to initial outbreak of Covid-19. Outreach service formed
- Sept 2020 – Sept 2021: The project group discussed all service options and it was agreed that a revised service would be delivered that offered up to a maximum of 6 beds across the two sites (11 to 6 beds respite) due to further covid waves and staffing constraints
- Current state: As agreed with the project group, both units were open and offering a combined 6 places at any one time which was a reduced service capacity but meant the service could meet both the Infection Prevention Control (IPC) and the Mixed Sex Accommodation (MSA) regulations. Workforce challenges continued in line with all other health and social care provision.
- Future state: The initial set of architect plans had been received exploring 4 options; remodel existing building, new build and use of two other TEWV estates. Further actions required with the view to review January 2022.

- Family Carers: remained engaged through frequent project group meetings, direct contact and regular updates. Representatives were appointed on the project group.

As part of the ensuing discussions the following points/questions were raised:

- Reference was made to email correspondence received by the Chair from a parent/carer of a patient in receipt of the respite service. The email made reference to the fact that until the architect's plans could be actioned patients were in receipt of a reduced service; 24 days respite in place of 33 days, as previously agreed. In response it was acknowledged that it had been extremely difficult for the families and they were very much involved in the project. Efforts were being made to move the project on as quickly as possible.

AGREED that the information contained in the presentation be noted and the additional details requested by Members be provided.

18 **TVJHSC VISIT TO LOTUS WARD - ACKLAM ROAD HOSPITAL - 9 DECEMBER 2021**

The Chair advised that further to the offer for a visit to be undertaken by the Committee to the Lotus Ward at Acklam Road Hospital, as provided by the Associate Director of Specialist Children and Young People Services at Cumberland, Northumberland, Tyne & Wear NHS Foundation Trust at the last meeting, a visit was held on 9 December 2021.

Feedback from the visit by those Members in attendance was requested and the following views were provided:-

- The visit was extremely impressive and the facilities were superb. The learning facilities available were excellent and the equipment that they had ensured the staff could keep in touch with the schools the children attended. The children had access to their own computer and the work the children had produced was particularly moving. Walking through the various wards it was understandably secure but the children had access to a basketball court and outdoor space where they could sit, play and even have a barbeque. It was such a clean and beautiful place. It was well resourced and well managed and all of the questions asked were really well answered. The rooms were also equipped with specialist technology to ensure that the young people could be easily monitored to reduce any risk of self-harm.
- Unobtrusive technology was present throughout the ward and the young people had access to a kitchen to cook meals for each other. A laundry room was also available, as was a music room and chill out spaces. The compassion and dedication of the staff was also noticeable.

During discussion the following points were raised:-

- It was queried as to the age of the children on the ward and it was advised that the children were aged 13 to 18. In terms of staffing the unit the Lotus Ward was extremely well staffed in terms of both the number and the level of qualified staff available. It was, however, recognised that nationally there was a shortage of specialist Children's Mental Health Nurses.
- In terms of demand there was currently no waiting list for young people to access the Lotus Ward. The unit was currently staffed to accommodate 6 young people, however, if an additional young person needed to be admitted the Trust would make the necessary arrangements.

AGREED that a letter of thanks be sent to the staff and young people at the Lotus Ward for hosting the visit.

19 **NORTH EAST AMBULANCE SERVICE (NEAS) PERFORMANCE UPDATE**

Unfortunately representatives from NEAS were unable to attend the meeting but would be in attendance at the next meeting of the Committee.

The Chair highlighted a number of the key points contained within the 'Review of Our Year' document, as submitted to the Committee by NEAS and these would be discussed at the next meeting.

AGREED that the item be deferred to the next meeting of the Committee.