

AUDIT AND GOVERNANCE COMMITTEE

AGENDA

7 JULY 2022



Thursday 7 July 2022

at 10.00 am

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

Those wishing to attend the meeting should phone (01429) 523568 or (01429) 523193 by midday on 6 July 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](#).

MEMBERS OF 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.

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 23rd June 2022 (to follow).

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

No items.

5. STANDARDS ITEMS

No items.

6. STATUTORY SCRUTINY ITEMS

6.1 Introduction to Scrutiny - *Statutory Scrutiny Manager*

6.2 Healthwatch Work Programme 2022/23 - *Healthwatch Hartlepool CIO*

6.3 Selection of Potential Topics for Inclusion in the 2022/23 Statutory Scrutiny Work Programme - *Statutory Scrutiny Manager (to follow)*

6.4 Appointment to Committees / Forums:

- (i) Annual Appointments to Committees / Forums - *Statutory Scrutiny Manager*
- (ii) Personnel Sub Committee - *Chief Solicitor and Monitoring Officer*

6.5 Dedicated Overview and Scrutiny Budget 2022/23 - Outturn - *Statutory Scrutiny Manager*

7. OTHER ITEMS FOR DECISION

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

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

No items.

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

No items.

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

No items.

11. MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP

No items.

12. REGIONAL HEALTH SCRUTINY UPDATE

No items.

13. 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: -

Forthcoming Meetings: -

Thursday 28 July, 2022 at 2.00 pm

Thursday 8 September, 2022 at 10.00 am

Thursday 29 September, 2022 at 10.00 am

Thursday 15 December, 2022 at 10.00 am

Thursday 12 January, 2023 at 10.00 am

Thursday 9 February, 2023 at 10.00 am

Thursday 16 March, 2023 at 2.00 pm

All meetings will take place at the Civic Centre, Hartlepool.

AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

23 JUNE 2022

The meeting commenced at 2.00 pm in the Civic Centre, Hartlepool.

Present:

Councillor: Rob Cook (In the Chair).

Councillors: Cowie, Creevy, Falconer, Feeney, Hall, Loynes and D Nicholson.

Standards Co-opted Member: Parish Councillor John Littlefair

Also Present: Sally Clarke and Jack Waterman, representing Jill Mortimer MP
Karen Hawkins and Rebecca Warden, representing NHS Tees
Valley Clinical Commissioning Group
Tony Leighton and Stephen Thomas, representing Healthwatch
Hartlepool
Dr Carl Parker and Ann Hepenstall, representing Hartfields
Medical Practice, McKenzie Group

Officers: Noel Adamson, Head of Audit and Governance
Joan Stevens, Statutory Scrutiny Manager
Amanda Whitaker, Democratic Services Team.

1. Apologies for Absence

Apologies for absence had been received from Mr Martin Slimmings, Ms Tracy Squires and Parish Councillors Alan O'Brien (Greatham)

2. Declarations of Interest

Councillor Loynes and Falconer – Hartfields practice patients.

3. Minutes

The minutes of the meeting held on 17 March 2022 were confirmed.

4. 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 the schools audit that had been completed and the recommendations which had been made. The report set out a summary of the assurances placed on completed audits with more detail regarding each audit, the risks identified and action plans agreed provided by way of an appendix. Information was also provided in relation to the current work of the team including ongoing audits.

Recommended

The report was noted.

5. Mazars Report – Request for Declarations (*Assistant Director, Finance*)

Elected members were informed that Mazars had requested that the Committee provide a response to their report, Request for Declarations. Details of key messages were included in the main body of the document which had been circulated by way of an appendix. It was reported that in order to meet the request, a report detailing a suggested reply to the questions posed would be submitted to the Committee meeting in July 2022.

Recommended

That the report of Mazars be noted and the suggested response to the questions posed by Mazars be submitted to the Committee meeting on 28 July 2022.

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

A report presented by the Statutory Scrutiny Manager provided background information and a summary of the process undertaken to date in relation to the McKenzie Group's proposed application for the permanent closure of the Hartfield's practice. The report also set out the responsibility of the Committee and the process for service change in terms of engagement and consultation. Clarification was also provided on the future role of the Integrated Care Board.

The Committee received a 'stakeholder engagement session' presentation. The presentation was introduced by Karen Hawkins who provided a

summary of the background, the reason for this current engagement and an update following the patient engagement mid-point review meeting held on 27 May 2022.

Dr Carl Parker continued the presentation with background information relating to the McKenzie Group Practice and Hartfields Medical Centre. The reasons a draft proposal was submitted were outlined, together with the outcome of the CCG review of the draft proposal and the concerns and queries which had been learned from the initial engagement. Dr Parker then explained how the McKenzie Group had used and acted upon patient and stakeholder feedback.

The Committee was reminded that the original draft proposal had been to close Hartfields permanently. It was clarified that the CCG and McKenzie Group current engagement was not to save money but to explore possibilities for providing some services from Hartfields Medical Centre as an alternative to full closure. The current engagement would therefore look more closely at the impact of a possible permanent closure, whilst also exploring alternatives to Hartfields being fully open and closed. The timescales for the current engagement were presented, together with details of engagement events, how to access the engagement questions and the process at the end of the engagement period when the responses would be analysed and an independent report would be produced and published. It was highlighted that no decisions had been or would be made regarding future provision of services prior to further engagement and consultation, if required.

Dr Parker provided details of New Models of Care involving a multidisciplinary team approach. There had been an increase in specialist staff employed since August 2021. With reference to earlier discussion regarding limited clinical space in Hartfields, the Committee was advised that consideration was being given to extending the practice site. In response to clarification sought regarding promotion of the engagement which included social media, it was suggested that consideration be given to Instagram and snap chat and seeking assistance from the College of Further Education to increase participation by 18-24 year olds.

The presentation concluded with Stephen Thomas, Healthwatch representative, detailing how Healthwatch was supporting patients to ensure as many people are able to provide feedback on the provision of services from Hartfields. It was noted also that Healthwatch was targeting groups with protected characteristics to offer them support.

Apologies were submitted on behalf of Jill Mortimer, MP. Sally Clarke, conveyed to the Committee the following statement from the MP:-

“I believe that the McKenzie Group was awarded their contract on the basis they would operate a Centre at Hartfields – they should therefore fulfil that obligation.

There is clearly demand for Hartfields and I am aware other practices feel the Centre is viable. With this in mind, to close the Centre implies this is about maximising profit not providing the best service for patients, which ought to be the priority.

I was interested to learn that many of the concerns expressed during the initial patient engagement period echo those raised by myself and other stakeholders months ago. For example, the absence of face-to-face appointments; issues being able to make appointments via the telephone; and accessibility and travelling to other practices.

I am deeply concerned that both the Covid-19 backlog and the health inequalities people in Hartlepool face will be worsened by the closure of a medical practice in our town. The key to addressing health disparities in our community is earlier diagnosis and preventative medical intervention – this should be provided by accessible GP services and is why I believe Hartfields is desperately needed.

That being said, I am interested to hear that we are now considering alternatives to full closure, and I am keen to hear what services people would like to see provided at Hartfields.

I will soon be launching my own survey on local healthcare provision across Hartlepool, and I look forward to working with other stakeholders to ensure everyone in Hartlepool has access to good quality healthcare locally.”

Dr Parker and Karen Hawkins addressed issues arising from the MP’s statement highlighting that the engagement was not just about closure of the practice. It was reiterated that the proposal was also not about increasing profit and with regard to access, statistics showed the practice was always above the CCG average. In relation to the survey, it was highlighted that a report had already been published by Healthwatch Hartlepool regarding accessing GP services. A copy of that report would be considered by the Health and Wellbeing Board on 4 July 2022 and was available on the website. Sally Clarke undertook to convey the comments of the Committee to the MP.

The Statutory Scrutiny Manager summarised that the information which had been provided, at the meeting, which was noted by the Committee. The presenters had responded to the numerous questions on issues raised by the presentation.

Clarification was sought if there were any issues that the Committee would like to add in terms of what the service could look like or to reinforce the previous decision of the Committee in terms of an engagement response. In response, Committee Members advised that they were mindful of not wanting to pre-empt the results of the engagement and the outcome of the subsequent independent report.

Decision

It was agreed that Dr Parker be invited to attend a future meeting of the Committee to present the outcome of the engagement.

7. Tees Valley Health Scrutiny Joint Committee

The minutes of the meeting held on 24 September 2022 were received

Councillors Creevy and Falconer updated the Committee on a meeting on 8th June 2022 and a visit to Rosebery Park.

The meeting concluded at 3.40 p.m.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

7th July 2022



Report of: Statutory Scrutiny Manager

Subject: INTRODUCTION TO SCRUTINY

1. PURPOSE OF REPORT

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

2. BACKGROUND INFORMATION

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

Statutory Health Scrutiny

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

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

Additional Responsibilities:

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

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

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

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

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

Statutory Crime and Disorder Scrutiny

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

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

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

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

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

3. RECOMMENDATIONS

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

BACKGROUND PAPERS

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

Contact Officer:- Joan Stevens – Statutory Scrutiny Manager
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AUDIT AND GOVERNANCE COMMITTEE

7th July 2022



Report of: Healthwatch Hartlepool CIO

Subject: Healthwatch Work Programme 2022/23

1. PURPOSE OF REPORT

- 1.1 Outline the current and ongoing work of Healthwatch Hartlepool for the coming year.

2. BACKGROUND

- 2.1 There is a local Healthwatch in every area of England. We are the independent champion for people who use health and care services. We find out what people like about services, and what could be improved, and we share these views with those with the authority to make change happen. Healthwatch also help people find the information they need about services in their area, and we help make sure their views shape the support they need.

3. PROPOSALS/ISSUES FOR CONSIDERATION

- 3.1 Each and every year Healthwatch Hartlepool aims to publish a revised Work Programme. We champion what matters to people and work with others to find ideas that work. We are independent and we do not represent ourselves, we represent the voice of people. We are committed to making the biggest difference to our communities. People's views come first - especially those who find it hardest to be heard. As the only non-statutory body to have statutory responsibilities both nationally and locally, we have the power to make sure that those in charge of health and care services hear people's voices. As well as seeking the public's views ourselves, we also encourage health and care services to involve people in decisions that affect them.
- 3.2 Our approach – what is important to us?
- Listening to people and making sure their voices are heard.

- Including everyone in the conversation – especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with health and care services and the voluntary and community sector to make care better, whilst retaining our independence.

4. **RECOMMENDATIONS**

- 4.1 Note the Healthwatch Hartlepool Work Programme attached at **Appendix A**.

5. **REASONS FOR RECOMMENDATIONS**

- 5.1 The Local Government and Public Involvement in Health Act 2007, which was amended by the Health and Social Care Act 2012, outlines the main legal requirements of Healthwatch. This is underpinned by many other regulations, which give more detail about how activities should be undertaken

- 5.2 The law refers to the roles of:

- Local authorities - who are required to make provision for Healthwatch
- Providers of Healthwatch services
- Healthwatch England - whose main role is to provide advice and support to every Healthwatch

- 5.3 Local authorities must make provision for the following statutory activities:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services
- Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
- Obtaining the views of local people regarding their need for, and experiences of, local care services and, importantly, to make these views known to those responsible for commissioning, providing, managing or scrutinising local care services and to Healthwatch England
- Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England
- Providing advice and information about access to local care services, so choices can be made about local care services
- Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England

- Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about issues
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively

6. BACKGROUND PAPERS

6.1 None

7. CONTACT OFFICER

7.1 **Mr Christopher Akers-Belcher**
Chief Executive - Healthwatch Hartlepool

Healthwatch Hartlepool
The ORCEL Centre
Wynyard Road
Hartlepool
TS25 3LB

Tel; 01429 288146

Visit: www.healthwatchhartlepool.co.uk



Work Programme 2022/23

Healthwatch Hartlepool is the independent consumer champion for patients and users of Health & Social Care services in Hartlepool. To monitor the robust delivery and support our work we have an appointed Volunteer Steering Group (VSG), which enables us to feed information collated through our communication & engagement plan to form the strategic vision. This ultimately, should lead to the influence of all services within the borough. Further information relating to the work of Healthwatch can be viewed via our website: www.healthwatchhartlepool.co.uk

The purpose of this work programme is to set out the activities, priorities and outcomes expected from Healthwatch Hartlepool in 2022 and 2023. This will be delivered in accordance with our Governance Framework, through a range of meetings & associated task & finish groups, public meetings and service specification. This work will build upon progress made during recent years.

Established under the Health and Social Care Act 2012, the requirements set out in the legislation mean Healthwatch Hartlepool will be expected to:

- Obtain the views of the wider community about their needs for and experience of local health and social care services and make those views known to those involved in the commissioning, provision and scrutiny of health and social care services.
- Promote and support the involvement of a diverse range of people in the monitoring, commissioning and provision of local health and social care services through membership of local residents and service users.
- Make reports and recommendations about how those services could or should be improved.
- Provide information to the public about accessing health and social care services together with choice in relation to aspects of those services.
- Represent the views of the whole community, patients and service users on the Health & Wellbeing Board and the Hartlepool Clinical Commissioning Group (locality) Board.
- Make the views and experiences of the broad range of people and communities known to Healthwatch England helping it to carry out its role as national champion.
- Make recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it, go direct to the CQC with recommendations, if for example urgent action were required by the CQC).

Healthwatch Hartlepool is for adults, children and young people living in or accessing health and/or social care services in the Borough of Hartlepool. Healthwatch Hartlepool aims to be accessible to all sections of the community. The Healthwatch VSG will review performance against the work programme on a quarterly basis and report progress to our membership through the monthly newsletter and an Annual Report. The full Healthwatch Hartlepool work programme will be available from www.healthwatchhartlepool.co.uk

Please note Appendix (1) details the key principles we shall follow when delivering the Healthwatch Hartlepool work programme:

Theme	Objective	Time frame
Acute Care	Examine the quality and timeliness of Midwifery led service provision at the University Hospital of Hartlepool. Focus on pre-natal and post-natal care with a consultation of expectant mothers, their families and other key stakeholders. Agree outcomes with NT & H NHS Hospital Trust. Look at interventions and associated impact of maternal wellbeing checks undertaken in the community and in hospital setting.	October 2022 to December 2022
Acute Care	Discharge Procedures - Review the implementation of the National Policy & Operating Model in respect of Hospital Discharge & Community Support. Examine the findings of HWE consultation in conjunction with a review the implementation of recommendations from HWH's previous work in respect of Hospital Discharge and associated patient experience. To include a review of the discharge procedures from James Cook hospital.	Scoping July 2022 Consultation August/September 2022 Delivery of work & formulation of recommendations October 2022

	Recommendations to be made upon completion of consultation with Sheltered Housing, Care/Nursing Homes and patients who live alone.	
Acute Care	Examine the quality of care in respect of those living with dementia accessing acute services not related to their primary diagnosis.	November 2022
Mental Health	Continue to work with the Hartlepool Mental Health Forum & the Mental Health Alliance in closely monitoring the impact of ongoing reconfiguration of TEWV Community Based Mental Health services to ensure patient care and experience is maintained and improved.	June onwards
Primary Health	Consult with the wider community regarding support procedures and practices for carers (Including young carers) relating to patients with signs of the onset of dementia.	October/November 2022
Primary Health	Review the implementation of recommendations in respect of LD Health Screening.	May 2022 Awaiting response from CCG
Primary/Acute	Investigate the provision of the integrated Urgent Care Service at Hartlepool Hospital and in particular patient experience and pathways associated with out of hours care and treatment Consult with the wider public regarding the 111 pathways for accessing Accident &	E & V October/November 2022 – Focused on patient experience upon exit

	Emergency Services at the University Hospital of North Tees. Terms of reference to be agreed with the Hospital Trust.	
Social Care	Look at the experiences of residents in care homes across Hartlepool by means of a programme of enter and view visits. This may be conducted as 'virtual' visits until it is guaranteed to be safe to carry out face-to-face visits.	Delayed until safe to do so and new guidance issued.
Social Care	Review the Community Led Support and first point of contact for Social Services via Hartlepool's 3 main Community Hubs. Agree a survey and desired outcome framework with Hartlepool Borough Council and measure impact of new single point of access.	TBC with Borough Council
Social Care	Review the efficiency and patient experience of Domiciliary Care delivered by all providers across the Borough. Review timeliness, consistency and time devoted to those requiring care.	January 2023 to February 2023
Life-long conditions	Organise and host 4 on-line/ face to face seminars focusing on member led lifelong condition priorities. Mental Health, Nutrition & Dietetics plus 2 agreed by Hospital Trust & our own VSG.	Mental Health & Nutrition & Dietetics completed June 2022
Strategic	Continue to recruit, develop and support Healthwatch members with a view to having a broader cross section of the population represented.	Ongoing

Strategic	Complete our work with Healthwatch England on a review of a Quality Standard Framework in line with our service specification – Focus on quality/impact.	June/July 2022
Strategic	<p>Represent and contribute to strategic decision making across the borough. Examples of such:</p> <ul style="list-style-type: none"> • ICS and ICB • Health & Wellbeing Board • Audit & Governance • Adult Services Policy Committee • Tees Valley Clinical Commissioning Group • North Tees & Hartlepool NHS Foundation Trust • North-East Ambulance Service • Hartlepool Mental Health Forum • The Mental Health Alliance 	<p>Ongoing</p> <p>NB In respect of collaboration Healthwatch Hartlepool is a key partner in respect of the Council's review of the Pharmaceutical Needs Assessment.</p> <p>Healthwatch Hartlepool has now been appointed to the Governing Body of the NT& H Hospital Trust</p>
Enter & View	Continue to review and develop member training & development requirements around their Enter and View role and activity in line with new national guidelines	Ongoing
Training & Development	Develop, implement and deliver a robust and meaningful Induction Programme for Healthwatch members & volunteers	Ongoing
Communication & Engagement	Continue to develop and deliver a comprehensive schedule of activity which will focus on developing	Ongoing

	<p>engagement activity with seldom heard (Digitally Excluded) and hard to reach groups including -</p> <ul style="list-style-type: none"> • Engaging with local communities • Understanding stakeholders in the community • Mapping outreach • Collating patient stories • Effective outreach • Analysis and reporting • Joint ICA/Healthwatch Surgery • Promote & participate Covid Champions • Annual General Meeting 	
Communication & Engagement	<p>Promote the work of Healthwatch with the wider community:</p> <ul style="list-style-type: none"> • Upgrade the Healthwatch Hartlepool Website in-line with HWE latest version • Examine use of social media to enhance engagement hard to reach groups including children and young people – Develop a new Youthwatch model with Youth Focus North East (YFNE) • Monthly newsletters • Press releases • Input into Hospital Trust Communications Strategy • Annual report 	<p>Ongoing</p> <p>New website July 2022</p>

Clear - We will be clear about what activities we are carrying out. For example, we will be honest about whether we are informing, consulting, involving or co-producing.

Identify the need - We will be clear about the need to engage the community by:

- a. Being clear about the identified need or knowledge gap
- b. Involving the community at the earliest stage in the process
- c. Identify and justify the target audience
- d. Produce a clear project plan with deadlines including details of when results and actions will be available.

Consider other options/information -

- a. Where possible, look to coordinate consultation
- b. Identify if there has been recent research –sharing results
- c. Sharing common intelligence
- d. Forward planning-where possible linking consultation to the business planning cycle

Consistent - We are committed to involving citizens in all aspects of our work. These principles apply to the way we involve and consult across the board, including the way that we involve our own staff in decisions that affect their working lives.

Accountable - We will make sure that we feed citizen's views into decisions, policies and service developments and we will demonstrate and communicate what has changed as a result of public involvement.

Purposeful - We will only carry out engagement when there is a clear purpose. For example:

- a. Stakeholders themselves want to be involved
- b. The policy or strategy will have a direct impact on stakeholders' lives
- c. We have identified a gap in our knowledge
- d. There is a statutory requirement

Honest - when involving and consulting we will be honest about:

- a. What we are doing
- b. Why we are doing it
- c. What level of commitment we are asking from participants
- d. Be clear about individual responsibilities (that is both those asking and those responding)
- e. Only consult on what is achievable
- f. How we will use our findings
- g. How this feeds into our decision-making process
- h. How we will feed back

Open - We will make sure that our full meetings are held in public and that stakeholders can easily access the records of our meetings. We will also increase the opportunities for stakeholders to be involved.

Accessible - We will make sure that engagement is accessible by:

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Open - We will make sure that our full meetings are held in public and that stakeholders can easily access the records of our meetings. We will also increase the opportunities for stakeholders to be involved.

Accessible - We will make sure that engagement is accessible by:

- a. Using plain English in any documents we publish
- b. Using the right methods of engagement for the right audiences
- c. Actively promoting materials in a range of formats, for example on tape, in Braille or in large print
- d. Using venues that are easy to get to and held at times and place that are appropriate to the participants.

Inclusive - We will be inclusive by:

- a. Making extra efforts to involve people whose views have been underrepresented in the past
- b. Making sure that people are not excluded from engagement processes through circumstances. This might mean providing crèches or carer support, hearing loop systems, language signers and holding meetings at appropriate times and in appropriate venues
- c. Making sure that no participants are out-of-pocket for taking part in involvement activities
- d. Ensuring consultees have the necessary information to participate effectively
- e. Enabling people to participate through building their capacity or by providing advocacy arrangements
- f. Communicating using plain English, avoiding jargon and abbreviations
- g. Making sure the consultation is widely communicated to the target audience
- h. Making sure information is available on request in large print or other formats (e.g. audio tape) and in both paper and electronic formats

Flexible - We will endeavour to provide a flexible approach by:

- a. Making sure that we allow enough time and space so that participants can contribute
- b. Where we have time constraints, making this clear and explaining the reasons why
- c. Making sure, where possible, to involve stakeholders at the earliest stages in the planning of services and projects rather than simply consulting them about pre-determined options
- d. Giving people the chance to get involved in ways that suit them best by offering a range of ways they can respond
- e. Making sure, with reason everyone who wants to take part can do so
- f. Giving people enough time to take part
- g. Working within the VCS Compact when involving voluntary and community groups
- h. Undertake robust research that can stand up to scrutiny

Safe - We will make sure that participants are safe and their views respected by:

- a. Making sure that we consider the needs of vulnerable participants
- b. Respecting what participants tell us in confidence
- c. Complying with the Data Protection Act 1998
- d. Recognising our duties under the Freedom of Information Act 2000.

Efficient - We will co-ordinate and link our community engagement activities where appropriate to help avoid duplication of effort, time and resources. We will take an active part in regional and countrywide activities and networks intended to achieve cost effectiveness.

Supported - We will make sure that elected members and staff undertaking public involvement activities are properly supported resourced and trained.

Evaluated - We will make sure that we build evaluation and monitoring into our consultation planning so that there is a way of measuring whether the outcomes have impacted on policy and strategy development.

Shared - We will make the results of engagement available to participants, partners and wherever possible, the general public and other key stakeholders.

Improved - We will learn lessons from our own activities and those conducted elsewhere so that we share, promote and publicise good practice and innovation in engagement

DRAFT

AUDIT AND GOVERNANCE COMMITTEE

7th July 2022



Report of: Statutory Scrutiny Manager

Subject: SELECTION OF POTENTIAL TOPICS FOR
INCLUSION IN THE 2022/23 STATUTORY SCRUTINY
WORK PROGRAMME

1. PURPOSE OF REPORT

1.1 To:-

- i) Outline the process for the determination of the Overview and Scrutiny Work Programme; and
- ii) Seek consideration of a potential topic(s) for inclusion into the Statutory Scrutiny Work Programme for the 2022/23 Municipal Year.

2. STATUTORY SCRUTINY WORK PROGRAMME 2022/23

- 2.1 The Council's Audit and Governance Committee has responsibility for two areas of statutory scrutiny. These two areas are health and crime and disorder.
- 2.2 Each year Overview and Scrutiny identifies, implements an annual work programme as a means of fulfilling its responsibilities. Members are asked to consider the development of the 2022/23 Work Programme, identifying potential topics for investigation and indicative timeframes covering both areas of statutory scrutiny.
- 2.3 As part of this process, it is important to focus resources / committee time, and allow sufficient time to respond to other issues. On this basis, work programmes have in the past generally focused on one primary investigation and Members are asked to bear this in mind in the selection of a topic(s). It is also suggested that Members retain capacity for consideration of:
 - Emerging issues - on an ad hoc basis; and
 - Mandatory / required topics - These topics are either statutory requirements, or have been agreed by the Committee in previous years. Details of these are outlined in **Appendix A**.

2.4 As a guide to the Committee in identifying a suitable topic(s) for investigation, the provision of a PICK scoring system has provided beneficial in previous years. The PICK matrix has again been applied against each of the suggested topics with advisory scoring applied against 4 areas:

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

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

Crime and Disorder Statutory Scrutiny

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

CRIME AND DISORDER TOPIC(S)	Directors / Officers	Councillors	Council	Matrix Score
<p>Investigation in relation to all aspects of poor quality housing provision in Hartlepool (including the issue of landlord licencing*) in its 2022/23 work programme.</p> <p>Referred by Full Council on the 30th September 2021 for consideration as a potential work programme item for 2022/23.</p> <p><i>For further details see Appendix C</i></p>			X	8

Health Statutory Scrutiny

2.7 In considering the development of a potential work programme item relating to **health** issues, suggested topics have been sought from Directors, Policy Committee Chairs, HealthWatch, the Tees Valley Clinical Commissioning Group, North Tees and Hartlepool NHS Foundation Trust (NTHFT) and Members.

- 2.8 In addition to the mandatory topic outlined in **Appendix A**, the below health related topics have been suggested as potential items for consideration by the Committee.

HEALTH TOPIC(S)	Directors / Officers	Tees Valley Clinical Commissioning Group	North Tees and Hartlepool NHS Foundation Trust	Healthwatch	Councillors	Other	Matrix Score
GP's Appointments: - Lack of face to face appointments; and - Limited opening hours. Comments: - Hospitals are open 7 days a week so why shouldn't GP surgeries. - I believe a practice nurse should be the 1st port of call to assess a patient, then perhaps we wouldn't have the problems we have with people turning up at urgent care unnecessarily. - GP surgeries in Hartlepool could provide a better service to relieve the pressure on our local hospitals.					X		8
Accessibility to services for those with disabilities and lifelong conditions						X	N/A <i>Carried over from 2021/22</i>

- 2.9 In considering potential work programme items for 2019/20, Members may also wish to update the 3 year rolling work programme for this Committee. The establishment of the rolling work programme is considered best practice as outlined in the health scrutiny guidance. This is to enable local partners to be aware in advance of forthcoming priorities of the Audit and Governance Committee.

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

- 2.10 In setting the Work Programme for 2022/23 consideration also needs to be given to Budget and Policy Framework documents, which will be presented to the Committee during the course of the year (see over the page).

BUDGET AND POLICY FRAMEWORK ITEMS	ESTIMATED TIMETABLE FOR CONSIDERATION
Joint Health and Wellbeing Strategy 2018 - 25	
Community Safety Plan 2020-21	September 2022
Youth Justice Plan	2023

- 2.11 Consideration may also be given to the:

- Council Plan (attached at **Appendix F**) to raise potential areas for consideration. They could range from areas already identified as suitable for development or areas where the specific performance is of concern.
- Tees Valley Clinical Commissioning Group's (CCG) Annual Report 2021/22 (<https://teesvalleyccg.nhs.uk/wp-content/uploads/sites/9/2021/06/Tees-Valley-CCG-2020-21-Annual-Report-and-Accounts.pdf>). The Performance section of the report describes the CCG's work and assesses how they have performed over the last year.
- Healthwatch Work Programme for 2022 is outlined in Item 6.2 of the agenda for this meeting.
- Interim Summary of Hartlepool NHS complaints to May 2022 (Complaints Advocacy Service) **Appendix G**

- 2.12 Having considered the above information, alongside the various topics suggestions and carry over item from 2021/22, the Committee is advised to be cautious in setting an overly ambitious Work Programme. To assist in this, the **Appendix H** maps this year's Audit and Governance Committee meetings alongside issues already identified for consideration in **Appendix A**.

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

- Full year (in depth) investigations;
- Time limited (focused / lighter touch) investigations;
- Amalgamation of topics where appropriate;

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

2.15 It is recognised that the Committee's workload needs to be managed carefully, with due consideration given to the allocation of appropriate time to allow effective exploration of the identified health and crime and disorder topics. In order to assist in achieving this, it is suggested that the Committee considers the potential value of establishing working/ task and finish groups to carry out work relating to the topics.

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

3. RECOMMENDATIONS

3.1 The Audit and Governance Committee is requested to:

- (a) consider the wide range of information detailed within this report to assist in the determination of its 2022/23 Work Programme, utilising the tables provided;
- (b) consider choosing a maximum of one topic for the coming year, which will allow for flexibility in its work programme for emerging issues and referrals;
- (c) consider the items on the rolling programme and agree whether to maintain the current items or remove / add topics; and
- (d) Consider the working group proposal (as detailed in Section 2.15), to assist in the collection of evidence and effectively manage the duration of formal Audit and Governance Committee meetings.

4. REASONS FOR RECOMMENDATIONS

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

BACKGROUND PAPERS

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

- (i) Community Safety Plan 2021-24
file:///C:/Users/ceadjw/Downloads/SHP_Community_Safety_Plan_2021_24.pdf
- (ii) Tees Valley Clinical Commissioning Group's (CCG) Annual Report 2020/21
(<https://teesvalleyccg.nhs.uk/wp-content/uploads/sites/9/2021/06/Tees-Valley-CCG-2020-21-Annual-Report-and-Accounts.pdf>)
- (iii) Hartlepool Joint Health and Wellbeing Strategy (2018-2025) -
https://www.hartlepool.gov.uk/info/20015/social_care_and_health/685/joint_health_and_wellbeing_strategy
- (iv) Hartlepool's Joint Strategic Needs Assessment (JSNA) -
<https://www.hartlepool.gov.uk/jsna>

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Health Items

ITEM TO BE CONSIDERED	Details	Estimated Timetable for Consideration by the Forum
North Tees & Hartlepool NHS Foundation Trust Quality Account	Annual reflection on Quality Account and contribution towards the next years Quality Account priorities for North Tees and Hartlepool NHS Foundation Trust (NTHFT).	See Timetable (Appendix H)
Director of Public Health – Annual Report	Annual Report produced by the Director of Public Health	
Tees, Esk and Wear Valleys NHS Foundation Trust – Quality Account	Annual reflection on Quality Account and contribution towards the next years Quality Account priorities for Tees, Esk and Wear Valleys NHS Foundation Trust.	
North East Ambulance Service - Quality Account	Annual reflection on Quality Account and contribution towards the next years Quality Account priorities for the NEAS.	
Independent Complaints Advocacy Update	Complaints Update	

Crime and Disorder Items

ITEM TO BE CONSIDERED	Details	Estimated Timetable for Consideration by the Forum
Community Safety Partnership	Details of the quarterly performance monitoring reports of the Safer Hartlepool Partnership be presented to the Audit and Governance Committee on a regular basis.	See Timetable (Appendix H)
Community Safety Plan		

Audit Items

ITEM TO BE CONSIDERED	Estimated Timetable for Consideration by the Forum
2021/22 financial report (including 2021/22 statement of accounts)	See Timetable (Appendix H)
Role of the Chief Finance Officer / Head of Internal Audit	
23/24 Internal Audit Plan	
Annual Audit Letter	
Treasury Management Strategy	
Quarterly Internal Audit Updates	
Internal Audit Plan 2021/22	
Request for Declarations	
Internal Audit Outcome Report 2021/22	
Annual Governance Statement 2021/22	
Audit Progress Report	
Letter to those charged with governance	

Other Issues

ITEM TO BE CONSIDERED		Estimated Timetable for Consideration by the Forum
RIPA (Regulatory of Investigatory Powers Act 2000)	Annual and Quarterly Updates	See Timetable (Appendix H)

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

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

I for Impact

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

C for Council Performance

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

K for Keep in Context

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

Appendix B

PICK Scoring System

- **P**ublic Interest: the concerns of local people should influence the issues chosen

Score	Measure
0	no public interest
1	low public interest
2	medium public interest
3	high public interest

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

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

- **C**ouncil Performance and efficiency: priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support the current Efficiency, Improvement and Transformation Programme.

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

- **K**eep in Context: work programmes must take account of what else is happening in the areas being considered to avoid duplication or wasted effort.

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

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

Topic:

investigate all aspects of poor quality housing in Hartlepool (including the issue of landlord licencing).

Referred by Full Council on the 30th September 2021 for consideration as a potential work programme item for 2022/23.

COUNCIL - MINUTES OF PROCEEDINGS - 30 September 2021

Minute Extract

31. MOTIONS ON NOTICE

2. “Council recognises that the case for action with regard to the private rented housing sector in Hartlepool is overwhelming. Too many properties are empty or in states of disrepair, too many are magnets for crime and antisocial behaviour, too many are harming the health and well-being of residents. These properties, which blight our town centre communities and beyond, are invariably part of the private rented sector and although we acknowledge that there are many very good landlords in our town, the sector as a whole is disproportionately associated with these problems. Where a private landlord is absent, or in dereliction of their duties we must ensure we have all the tools in place to take the action needed to improve our local communities. We need Landlord Licensing.

Evidence from other local authorities clearly demonstrates that where such schemes are introduced effectively there is a reduction in crime and antisocial behaviour, a reduction in tenant turnover, an improvement to the standard of housing and a reduction in the number of long term empty properties.

Council therefore resolves to refer this matter to the Audit and Governance committee to investigate the introduction of a large scale landlord licensing scheme in Hartlepool, as part of its 2022/23 work program, or earlier if time permits, and report back to council, with recommendations, at its earliest opportunity.”

Signed; Councillors Brenda Harrison, Jonathan Brash, Pamela Hargreaves, Ben Clayton, Moss Boddy, Tom Feeney, Rachel Creevy, Jennifer Elliott and Amy Prince.

The motion was moved by Councillor Brash and seconded by Councillor Harrison.

On moving and seconding, the rationale for the Motion was presented to Full Council and Elected Members debated issues arising from the Motion.

An amendment was moved by Councillor Fleming and seconded by Councillor Brown:-

“That the Motion be amended at final paragraph to replace ‘investigate’ with ‘consider’ and to replace ‘the introduction of a large scale landlord licensing scheme’ with ‘all aspects of poor quality housing’

It was reported that Councillors Howson and Richardson had been also signatories to the Motion.

The mover of the Motion expressed concerns at the implications of the amendment.

In accordance with Council Procedure Rule 15.5 of the Constitution, a recorded vote was taken on the amended Motion -

Those for:-

Councillors Brown, Cassidy, Cowie, Cranney, Falconer, Fleming, Groves, Jackson, Lindridge, B Loynes, D Loynes, Moore, D Nicholson, V Nicholson, Stokell and Young.

Those against:-

Councillors Boddy, Brash, Clayton, Cook, Creevy, Elliot, Feeney, Hall, Harrison, Howson, Little, Prince, Richardson, Riddle and Smith,

Those abstaining

None.

The Managing Director announced that the vote on the amendment was carried.

There was no dissent to the substantive Motion.

AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen	2 Medium public interest
Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area	3 High impact
Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals	1 Amber
Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort.	2 Need for review acknowledged and work planned elsewhere

TOTAL SCORE: 8

Topic: Diet, Nutrition and Diabetes	
Background Information Good nutrition has a key role to play both in the prevention and management of diet related diseases such as cardiovascular disease, cancer, diabetes and obesity. (https://www.hartlepool.gov.uk/jsna) Deadline requested for consideration of the topic – None Previous A&G Investigations - None	
AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen This is in the public interest.	3 High public interest
Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area This issue will have a high impact as outcomes will contribute to improving the health and wellbeing of Hartlepool residents.	3 High impact
Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals N/A	N/A
Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort Scrutiny has not investigated this topic in previous years. This topic is on the rolling programme.	1 Longer term aspiration or plan

TOTAL SCORE: 7

Appendix E

Topic: Healthy Eating / Obesity	
Background Information Within Hartlepool, 29.9% of adults are classified as obese and results from the National Child Measurement Programme show that by year six, 35% of children are either overweight or obese. These levels of obesity are significantly higher than the English average, illustrating the scale of the problem. Deadline requested for consideration of the topic – None Previous A&G Investigations - None	
AREAS FOR CONSIDERATION	PICK Scoring System
Public Interest – the concerns of local people should influence the issues chosen This is in the public interest.	3 High public interest
Impact – priority should be given to the issues which make the biggest difference to the social, economic and environmental, and health and well-being of the area This issue will have a high impact as outcomes will contribute to improving the health and wellbeing of Hartlepool residents.	3 High impact
Council Performance and Efficiency – priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support budget proposals In Year 6, 24.4% (245) of children are classified as obese, worse than the average for England. 30.6% of adults are Obese in Hartlepool, worse than the average for England.	2 Higher than English average
Keep in Context – work programmes must take into account of what else is happening in the areas being considered to avoid duplication or wasted effort Scrutiny has not investigated this topic in previous years. This topic is on the rolling programme. The Health and Wellbeing Board (HWBB) have developed a 10 Year Healthy Weight Strategy.	0 Being looked at by HWBB

TOTAL SCORE: 8



Welcome to our Council Plan
2021/22 – 2023/24

Our vision



Hartlepool will be a place...



Where people are enabled to live healthy, independent and prosperous lives

- The appropriate conditions are in place to enable people to make healthier lifestyle choices including reducing obesity levels;
- Individuals are able to better manage long-term conditions and prevent ill health;
- There is increased participation in physical activity through access to fit for purpose leisure, sport and recreational facilities including parks and open spaces;
- There is improved mental, emotional and social wellbeing;
- There are reduced levels of smoking, substance and alcohol misuse in the community;
- Everyone is able to access connectivity, technology and develop skills to enhance their life and provide access to service and opportunities;
- Families and individuals have food security;
- Children in our care and leaving care are cared for, cared about and their life chances are improved;
- Those dying and their families can access high quality, good services ensuring that they can experience 'a good death';
- Everyone will be able to access mental health support where and when they need it, and will be able to navigate through the system easily;

- Individuals will be equipped to manage their condition or move towards individualised recovery on their own terms, surrounded by their families, carers and social networks, and supported in their local community;
- Everyone will contribute to and be participants in the communities that sustain them;
- Adults with care needs are supported to live independently in their own homes for as long as possible;
- There will be access to innovative and community led models of social care focusing on a strength based approach and enabling quality of life;
- The long term impact of COVID 19 on population health is being addressed.



Hartlepool will be a place...



Where those who are vulnerable will be safe and protected from harm

- Fewer children experience harm through abuse, neglect and other adverse childhood experiences;
- Children and young people with Special Educational Needs and Disabilities have improved outcomes;
- Barriers to learning are removed for the most vulnerable children and young people;
- The educational landscape is inclusive to all;
- Individuals will be safeguarded in a way that supports them in making choices and having control in how they choose to live their lives;
- An outcomes approach in safeguarding is promoted that works for everyone;
- Public awareness will be raised so that professionals, other staff and communities as a whole can play their part in preventing, identifying and responding to abuse and neglect;
- There will be integrated support for vulnerable households and those at risk of homelessness;
- There are more housing options available for vulnerable adults;
- Commissioned services are rated good or better by Ofsted or the Care Quality Commission.



Of resilient and resourceful communities with opportunities for all

- All children benefit from good development and learning in their early years and achievement at key stages 1 to 5 is at or above national average;
- All schools and education providers are judged good or outstanding;
- More young people enter Higher Education and advanced apprenticeship pathways;
- There is reduced poverty, deprivation and inequality across the Borough;
- We have empowered and cohesive communities taking ownership of their own future;
- Education and other opportunities are available to address unemployment;
- People are involved in their local community rather than being socially isolated;
- Communities are well served with appropriate facilities;
- Children, young people and adults aspire to be whatever they want in life;
- There is a cross sector and coordinated programme of volunteering;
- We have a strong and diverse voluntary and community sector;
- Everyone can access creative and cultural opportunities to enhance their lives.

Hartlepool will be a place...



That is sustainable, clean, safe and green

- Resources are managed sustainably by reducing our consumption of energy and water;
- Initiatives are in place to tackle climate change;
- We are working with partners and residents to reduce the Borough's carbon emissions and move towards a low carbon economy;
- Sustainable development and transport principles are embedded in our Local Plan policies;
- We have high quality and affordable homes that meet the diverse needs of our residents;
- There is access to good quality, well maintained parks, streets and public spaces;
- We have cleaner neighbourhoods;
- There is reduced environmental crime;
- The potential of vacant buildings and land is maximised to meet the needs of the community and improve their appearance;
- Levels of Anti-Social Behaviour are reduced;
- There are reduced levels of violence including domestic abuse;
- We have a sustainable approach to waste management;
- Land and air quality is improved.

Hartlepool will be a place...



That has an inclusive and growing economy

- There are more and better paid jobs;
- We have a skilled, healthy, motivated and agile workforce;
- Strong partnerships continue to be fostered with the business sector;
- We have growing local businesses;
- There is increased public and private sector investment in the local economy;
- Connectivity across the Borough, region and nationally is improved;
- We have high quality visitor attractions and increased visitor numbers;
- High quality events and festivals for local and visiting population are delivered;
- There is increased interest in attracting developers to the Borough.



Hartlepool will be a place...



With a Council that is ambitious, fit for purpose and reflects the diversity of its community



- We have strong and empowered leadership committed to delivering our vision;
- There is a reduced workspace requirement, with a flexible responsive workforce;
- Potential income sources are maximised;
- Our carbon footprint has reduced;
- Online access to services has increased;
- A customer focused service is delivered;
- We have a healthy, motivated, skilled and diverse workforce;
- The Borough has a positive reputation and improved media coverage.

How will we deliver our vision for Hartlepool?

The Council Plan sets out our vision for Hartlepool. How we will get there and what we will do will be captured through a range of delivery plans. We recognise that our approach will need to change and evolve throughout the lifetime of the Plan in order to respond to emerging issues and opportunities.

We have identified a set of key principles which will guide and shape what we do to deliver this Council Plan:

- Leadership – we will fulfil our role as a community leader working to deliver a positive future for our Borough;
- Collaboration – we will work with our communities, the community and voluntary sector and our partners across the public and private sector to deliver on our vision for Hartlepool;
- Inclusivity – we will work to ensure equal access to services and opportunities and we will take positive action to remove the barriers that people may face;
- Openness and transparency – we will be clear about what we are doing and why;
- Commitment – we are committed to delivering our vision and will honour our commitments as a community leader, service provider and commissioner;
- Trust – we will work to develop and build on the trust between the Council, our communities and partners;
- Understanding – we will work to understand the needs, hopes and views of our residents, communities and partners through engagement, consultation and research.

We will share regular performance reports with the Finance and Policy Committee of the Council setting out the progress made in delivering the Council Plan and these will be shared more widely with our community and partners.



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www.hartlepool.gov.uk



HARTLEPOOL
BOROUGH COUNCIL



Interim Summary of Hartlepool NHS complaints to May 2022

- From 1st April 2022 Hartlepool Local Authority now commission the service directly as the Consortia arrangements ended on 31st March after being in place since 2013.
- On 31st May 22 - 21 **active** advocacy cases – average for the Region is around 16.6 active cases per 100,000 population
- Post covid recovery has been slow as NHS services open up – complaints usually as a result of treatment and currently long waiting lists
- 48 cases resolved in past financial year- 5 via PHSO (Ombudsman) none upheld, 31 resolved locally through formal written response or meetings and 12 withdrew from formal process as satisfactory verbal responses given.
- Secondary NHS care accounts for approx 70% of all complaints which includes access to services outside of Hartlepool. Main complaint's themes are multiple aspects of treatment followed by staff attitude.
- Primary NHS care 30% of complaints main themes failure to diagnose, failure to follow guidelines and access to appointments
- Referral sources- Healthwatch (44%) NHS (20%) misc. sources including Vol/ Stat sector balance
- Nearly half NHS complainants in Hartlepool state they have a disability of which 90% also are not in any employment.
- Exit feedback/ satisfaction from Clients 95% with Service

Detailed population breakdown based on protective characteristics will be provided at the annual update in September along with the outcomes achieved .

Possible considerations for Committee;-

- PHSO NHS complaints standards – light touch pilot at North Tees Hospitals Trust to be in place from April 2023 – insight into what it will look like for Hartlepool residents
- The positive relationships with local Healthwatch.
- The commissioning and contractual arrangements which now have the flexibility to make the NHS complaints advocacy offer more “Hartlepool centric.”
- The Advocacy Service can only report on people who access it

Philip Kerr Contracts Manager philipk@carersfederation.co.uk

TIMETABLE 2022/23	23 JUNE	7 JULY	11 AUG	8 SEPT	6 OCT	10 NOV	15 DEC	12 JAN	9 FEB	16 MAR
General Items										
Statutory Scrutiny Work Programming		JS								
Selected Work Programme Item					Scope					
Child Poverty – Final Report			JS							
Referral – Accessibility of services				JS	Final Report					
Appointment to other Committees and Outside Bodies		JS								
Dedicated O&S Budget / Introduction to O&S		JS								
Scrutiny Investigation update Report (regular)				JS						
Crime and Disorder Items										
Community Safety Partnership – Performance			Q3 / Q4 - SP		Q1 - SP		Q2 - SP			
Community Safety Plan 2021/22 (B&PF) - Consultation				SP						
Health Items										
Director of Public Health – Annual Report								CB		
Covid-19 DPH Update(s)					CB					
Health Inequalities Update (Director of Public Health)					CB					
Healthwatch Work Programme		CAB								
Tees, Esk & Wear Valleys NHS FT – Quality Account		CL								
NEAS – Quality Account										
NTees & Hpool NHS FT – Quality Account									KW	
Independent Complaints Advocacy Update				PK						
Maternity Investigation – Update (visit to Rowan Suite – To be arranged)										
ICS Update (TBC)										
McKenzie Group – Proposed Closure of Hartfields Medical Practice	Engagem ent									
Audit / Standards Items										
2021/22 financial report (including 2021/22 statement of accounts)			JM/CL			JM/CL				
Role of the Chief Finance Officer / Head of Internal Audit			NA							
23/24 Internal Audit Plan										NA
Annual Audit Letter								Mazars		
Treasury Management Strategy				Q1 / Review previous year - JM				Q2 / Strategy - JM		Q3 - JM
Quarterly Internal Audit Updates	NA			NA			NA			NA
Internal Audit Plan 2021/22	NA									
Request for Declarations	Mazars									
Internal Audit Outcome Report 2021/22			NA							
Annual Governance Statement 2021/22			NA							
Audit Progress Report			Mazars							
Letter to those charged with governance			NA							
External Audit reports (as required)										
Regulation of Investigation Powers Act 2000 (RIPA)		Q1 AW			Annual – Q2 (AW)				Q3 AW	Q4 - AW
Complaint Investigation (as required)			HM							
Independent Remuneration Panel				HM						

AUDIT AND GOVERNANCE COMMITTEE

7 July 2022



Report of: Statutory Scrutiny Manager

Subject: ANNUAL APPOINTMENT TO COMMITTEES / FORUMS

1. PURPOSE OF THE REPORT

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

- (a) Tees Valley Joint Health Scrutiny Committee;
- (b) North East Regional Joint Health Scrutiny Committee;
- (c) North East Regional Joint Member / Officer Scrutiny Network;
- (d) Tees Valley Combined Authority Audit and Governance Committee; and
- (e) Tees Valley Combined Authority Independent Remuneration Panel.

1.2 To seek appointments to the following Committees / Bodies:-

- (a) Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee;
- (b) Health and Wellbeing Board as a non-voting official observer;
- (c) Safer Hartlepool Partnership as a non-voting observer; and

2. BACKGROUND INFORMATION

Appointments to Note

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

- 2.3 The administration of the Joint Committee is rotated annually across the local authorities involved and for 2021/22 this responsibility sits with Darlington Borough Council who will also provide the Chair for the Committee. The Committee will meet quarterly on the dates outlined over the page:

- Friday 23rd September 2022
- Friday 16th December 2022
- Friday 17th March 2023

*At 10.30 in the Council Chamber, Darlington Town Hall.

- 2.4 **The membership of the Tees Valley Joint Health Scrutiny Committee consists of three Members from each Local Authority and the following appointments were made by Annual Council meeting on the 24th May 2022:**

- **Councillor Cook**
- **Councillor Creevy**
- **Councillor Angela Falconer**

- 2.5 (b) North East Regional Joint Health Scrutiny Committee - The North East Regional Joint Health Scrutiny Committee comprises the following Local Authorities, Darlington Borough Council, Durham County Council, Gateshead Council, Hartlepool Borough Council, Middlesbrough Council, Newcastle upon Tyne City Council, North Tyneside Council, Northumberland County Council, Redcar and Cleveland Borough Council, South Tyneside Council, Stockton-on-Tees Borough Council and Sunderland City Council. The Committee scrutinises issues around the planning, provision and operation of health services in and across the North-East region.

- 2.6 The membership of the Joint Committee is made up of one member from each Local Authority. **The Committee is requested to note that Full Council on the 24 May 2022 appointed the Chair of the Audit and Governance Committee (Cllr Rob Cook) as the Council's representative on the North East Regional Joint Health Scrutiny Committee.**

- 2.7 Meetings of this Committee are to be held as and when required and a copy of the Committee's Terms of Reference is attached at **Appendix C**.

- 2.8 (c) North East Regional Joint Member / Officer Scrutiny Network - The North East Regional Joint Member / Officer Scrutiny Network provides a forum for Elected Members who have a role within the scrutiny function to meet, make useful contacts with other members and officers, and to share 'experiences'.

- 2.9 The network provides a mechanism to:-

- (a) Share information on, for example: scrutiny best practice; outcomes of scrutiny investigations; benchmarking; service planning; performance indicators; conference feedback and funding streams.
- (b) Share ideas on improving scrutiny processes and enhancing effectiveness.

- (c) Provide a mechanism to facilitate personal and professional development.
 - (d) Provide a conduit between the North East authorities and the Centre for Public Scrutiny for sharing up-to-date information, which would include inviting speakers to talk about recent national policy developments.
- 2.10 Following a change to the terms of reference for the network, all overview and scrutiny members are to be given the opportunity to participate in network meetings and training sessions. The network will meet on a quarterly basis (dates not yet set).
- 2.11 (d) Tees Valley Combined Authority Audit and Governance Committee – The Tees Valley Audit and Governance Committee assures sound governance, effective internal control and financial management of the Combined Authority. The Committee meets at least three times per year with the next meeting diared for the 27th July 2021 at 10am.
- 2.12 Each Constituent Authority is required to nominate a Member and Substitute Member from amongst the Members with current or recent experience of having served on its Audit or Governance Committee. The membership of the Tees Valley Audit and Governance Committee is politically balanced across the Tees Valley area and on this basis this vacancy is required to be filled by a Labour Councillor from the membership of Hartlepool's Audit and Governance Committee.
- 2.13 **Full Council on the 24th May 2021 appointment Councillor Tiplady to serve on the Tees Valley Combined Authority Audit and Governance Committee.**
- 2.14 (e) Tees Valley Combined Authority Independent Remuneration Panel – As outlined in the Tees Valley Combined Authority (Functions and Amendment) Order 2017, the Tees Valley Combined Authority has in placed an Independent Remuneration Panel. The purpose of the Panel being to recommend allowances payable to the Mayor.
- 2.15 The panel membership consists of one member from each Constituent Authority who has current, or recent, experience of their own Independent Remuneration Panel. **Full Council on the 24th May 2022 appointed Tracy Squires (Independent Member) to serve as Hartlepool's representative on the Tees Valley Combined Authority Independent Remuneration Panel.**

Appointments to be made by the Audit and Governance Committee

- 2.16 (f) Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee - The Sustainability and Transformation Partnership (STP) replaced the Better Health Programme in developing health services to meet patient needs now and in the future with constantly improving health and social care delivered in the best place. Commissioners want to make sure that:

- We improve results for patients;

- Care is of the same high standard wherever, and whenever it is provided;
 - Services have the resources to be sustainable for the next 10 -15 years;
 - We can provide services across 7 days a week where necessary;
 - We make services easier for patients to understand and use; and
 - We improve life expectancy and quality of life for everyone in Darlington, Durham and Tees.
- 2.17 The programme aimed to continue improving the services available in Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby but in doing so, key challenges have been identified including:
- The changing health needs of local people;
 - Meeting recommended clinical standards;
 - Availability of highly trained and skilled staff;
 - High quality seven-day services;
 - Providing care closer to home; and
 - Making the best use of our money.
- 2.18 The Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee was established in 2017, as the body through which it is proposed that the respective Local Authorities respond to consultations as part of the STP process. A full copy of the Committees Terms of Reference is attached at **Appendix B**.
- 2.19 Going forward, the Committee is asked to note that STP's evolved into Integrated Care Systems (ICSs), which are 'autonomous systems in which local bodies take collective responsibility for the health and social care of their populations within a defined budget'.
- 2.20 On this basis, the Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP evolved into the South Integrated Care Partnership (ICP). The ICP is responsible for setting out key priorities and developing our strategy for health and care to meet the needs of our population by bring together local councils, hospitals, community services, primary care, hospices, and voluntary, community and social enterprise (VCSE) organisations and Healthwatch across the region. The ICP is made up of our four local partnerships based around our main centres of population.
- North Cumbria ICP
 - Central ICP (County Durham, Darlington, Sunderland and South Tyneside)
 - North ICP (Gateshead, Newcastle, North Tyneside, Northumberland)
 - Tees Valley ICP (Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-on-Tees)
- 2.21 These local ICPs will develop a strategic picture of health and care needs from their constituent local authority 'places' working with a wide range of partners including existing health and wellbeing boards. They will also be bodies through which providers can work collaboratively, rather than

competing to build on the new care models programme and pre-existing collaborations between services.

- 2.22 To reflect this, the title of the Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee is to change in the coming year. However, in the meantime, the Committee is requested to appoint three members to the Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee.
- 2.23 The membership of the Committee consists of three Members from each local authority and the appointment to the vacant positions were initially considered by Full Council on the 24th May 2022. Full Council took the decision to refer the filling of these positions to the Audit and Governance Committee.
- 2.24 The Committee is asked to make the below appointments to the **Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee, based ideally but not prescriptively on Hartlepool's political balance:**
- **1 Councillor (Hartlepool People Group) – Self-selecting as Chair of A&G**
 - **1 Councillor (Conservative and Independent Union)**
 - **1 Councillor (Labour)**
- 2.25 To assist Members in making an informed decision in terms of the commitment required as a member of the Committee, meetings occur on a minimum of four times a year, however, dates for these meetings have not yet been confirmed.
- 2.26 (g) Health and Wellbeing Board - There is a position on the Health and Wellbeing Board for a non-voting official observer, who will be invited along to the Health and Wellbeing Board meetings to observe at the meeting and update the Audit and Governance Committee following each Board meeting.
- 2.27 The Board meets on a quarterly basis and dates are outlined below:
- Monday 4 July, 2022
Monday 5 September, 2022
Monday 28 November, 2022
Monday 20 March, 2023
- 2.28 The Terms of Reference for the Board are attached at **Appendix E.**
- 2.29 On this basis, the Audit and Governance Committee is asked to **appoint one Member, from within its membership, to take up the position of non-voting official observer on the Health and Wellbeing Board.**
- 2.30 (h) Safer Hartlepool Partnership - There is a position for a non-voting observer at meetings of the Safer Hartlepool Partnership, who will observe and update the Audit and Governance Committee following each Partnership meeting.

2.31 The Partnership meets six times a year.

Monday 18 July, 2022
Monday 12 September, 2022
Monday 17 October, 2022
Monday 5 December, 2022
Monday 6 March, 2023

2.32 The Terms of Reference for the Board are attached at **Appendix F**.

2.33 On this basis, the Audit and Governance Committee is asked to **appoint one Member, from within its membership, to serve as a non-voting observer at meeting of the Safer Hartlepool Partnership.**

3 RECOMMENDATIONS

3.1 That the Audit and Governance Committee note the appointments made in sections 2.1 to 2.15

3.2 That the Audit and Governance Committee:-

(a) Appoints three Councillors from its membership to serve on the Durham, Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee;

- 1 Councillor (Hartlepool People Group) – Self-selecting as Chair of A&G
- 1 Councillor (Conservative and Independent Union)*
- 1 Councillor (Labour)*

*Ideally but not prescriptively requires to be politically balanced.

(b) Appoints one Member to the position of non-voting official observer on the Health and Wellbeing Board.

(c) Appoints one Member to the position of non-voting on the Safer Hartlepool Partnership.

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BACKGROUND PAPERS

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

Appendix A

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

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

Tees Valley Local Authorities

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

NHS England Area Teams

4. Durham, Darlington and Tees Area Team

NHS Foundation Trusts

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

Clinical Commissioning Groups

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

Tees Valley Health Scrutiny Joint Committee

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

Membership

8. When holding general meetings, the Joint Committee will comprise 3 Councillors from each of the Tees Valley Local Authorities (supported by appropriate Officers as necessary) nominated on the basis of each authority’s political proportionality, unless it is determined by all of the constituent Local Authorities that the political balance requirements should be waived.
9. The terms of office for representatives will be one year from the date of their Authority’s annual council meeting. If a representative ceases to be a

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

Chair and Vice-Chair

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

Stockton
Hartlepool
Redcar & Cleveland
Middlesbrough
Darlington

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

Co-option of other local authorities

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

Terms of Reference

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

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

Administration

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

- committees (for information) and shall be confirmed at the next meeting of the Joint Committee.
30. Meetings shall be held at the times, dates and places determined by the Chair.

Final Reports and Recommendations

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

Substantial Developments or Variations to Health Services

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

37. Where a review does not affect the residents of the whole of the Tees Valley the provisions of paragraphs 14 and 15 will apply and the statutory review will be conducted accordingly.
38. In all cases due regard will be taken of the NHS Act 2006 as amended by the Health and Social Care Act 2012, and the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013.

Principles for Joint Health Scrutiny

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

early stage on any likely proposals for substantial variations and developments in services that will impact on the Joint Committee's work programme. Each of the Tees Valley authorities will have regular dialogue with their local NHS bodies. NHS bodies that cover a wide geographic area (eg mental health and ambulance services) will be invited to attend meetings of the Joint Committee on a regular basis.

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

Appendix B

Durham Darlington Teesside Hambleton Richmondshire and Whitby STP Joint Committee

Terms of Reference

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

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

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

Joint Health Overview and Scrutiny Committee of:

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

TERMS OF REFERENCE AND PROTOCOLS

Establishment of the Joint Committee

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

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

Aims and Objectives

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

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

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

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

Membership

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

Substitutes

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

Co-optees

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

Formation of Task and Finish/Working Groups

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

Chair and Vice-Chairs

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

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

Host Authority

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

Work planning and agenda items

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

Notice and Summons to Meetings

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

Attendance by others

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

Procedure at Joint Committee meetings

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

Voting

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

Urgent Action

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

Final Reports and recommendations

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

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

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

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

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

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

Timescale

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

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

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

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

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

Conduct of Meetings

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

Tees Valley Combine Authority Overview and Scrutiny Committee

53. The Combined Authority has established an Overview and Scrutiny Committee, in line with the statutory requirements set out in the Combined Authorities (Overview and Scrutiny, Access to Information and Audit Committees) Order 2017.
54. The membership of the Committee shall comprise fifteen members, three nominated from each of the Constituent Authorities. Members of the Committee taken as a whole shall reflect so far as reasonably practicable the balance of political parties for the time being prevailing among members of the Constituent Authorities collectively. Arrangements for determining political balance are set out in Appendix VI.
55. A change in political balance of any of the Constituent Authorities shall require a review of the membership of the Committee in order to determine whether any amendment to its membership is required to re-establish political balance. In the event that this review requires a change of membership, this shall be communicated to the constituent authorities as necessary, to make any necessary changes to their appointments at the earliest practical opportunity.
56. The members of the Overview and Scrutiny Committee must be Members of the Constituent Authorities and shall not include any Members who are also Members or Substitute Members of the Combined Authority's Cabinet or its Sub-Committees nor any officer of the Combined Authority or of any of the Constituent Authorities.
57. The term of office for members of the Overview and Scrutiny Committee shall be one year from the date of the annual council meeting of the Constituent Authority that appoints them to the Overview and Scrutiny Committee unless:-
 - They cease to be an elected member of the Constituent Authority that appointed them;
 - They wish no longer to participate in the scrutiny arrangements and communicate this in writing to the Proper Officer of their Constituent Authority;or

- The Combined Authority is advised by any of the Constituent Authorities that it wishes to change one or more of its appointees to the Overview and Scrutiny Committee in accordance with paragraphs 54-56

58. Within a period of 28 days beginning with the day on which an appointment is made to the Overview and Scrutiny Committee, a notice will be published on the Combined Authority's website:
- i. Stating that the Authority has made an appointment;
 - ii. Identifying each Member of the Committee who has been appointed; and
 - iii. Specifying the period for which the members of the Committee have been appointed.
59. The Chair and Vice-Chair of the Overview and Scrutiny Committee shall be appointed by the Cabinet from amongst the members of the Committee, following a proposal put to them by the Overview and Scrutiny Committee; except that the Chair shall not be a member of a registered political party of which the Mayor is also a member. Where the Mayor is not a member of a registered political party, the Chair of the Committee shall not be a member of a political party represented by a majority of Members of the Combined Authority. Where two or more such parties have the same number of representatives the Chair should not be a member of any of those parties.
60. The Committee can submit reports or recommendations to the Combined Authority Cabinet. Where it does so, Cabinet must respond to the Committee's reports or recommendations within two months beginning with the date on which the Cabinet received those reports or recommendations.
61. The Committee may establish temporary working groups to consider specific issues in more depth and to report back to the Committee.
62. The Committee may review or scrutinise decisions made, or other action taken in connection with the discharge of the Combined Authority's or the Mayor's functions, and where a decision has not been implemented the Committee may direct, while it is under review or scrutiny, that it is not to be implemented for up to

14 days, and may also recommend that the decision be reconsidered.

Procedures for the application of the “call-in” power are set out in the rules of procedure at Appendix III.

63. Members or officers of the Combined Authority must comply with any reasonable request from the Committee to attend before it to answer questions, or to submit information. The Committee can invite other persons to attend its meetings to provide evidence and contribute to its deliberations.
64. The quorum for meetings of the Committee shall be ten members, representing no fewer than four Constituent Authorities.
65. Each member of the Committee has one vote and no member has a casting vote. Any questions that need to be decided by a vote shall be decided by a simple majority of the members present and voting on those matters. Where the vote is tied, the particular matter or decision will be deemed not to have been carried.
66. The Committee shall be established and shall conduct its proceedings in accordance with the Overview and Scrutiny Committee rules of procedure which are set out at Appendix III of the Constitution.

Tees Valley Combine Authority Audit and Governance Committee

74. The Combined Authority has established an Audit and Governance Committee, for the purposes of assuring sound governance, effective internal control and financial management of the Combined Authority, and that the Combined Authority observes high standards of conduct in public office. The Committee meets the requirements of the Combined Authorities (Overview and Scrutiny, Access to Information and Audit Committees) Order 2017.
75. Each Constituent Authority shall nominate a Member and Substitute Member from amongst the Members of that authority with current or recent experience of having served on its Audit or Governance committees, and who is not also a Member or Substitute Member of the Combined Authority Cabinet or its Sub-Committees. The Members nominated by the Constituent Authorities shall reflect, so far as reasonably practicable, the balance of political parties for the time being prevailing among members of the Constituent Authorities collectively. Arrangements for determining political balance are set out in Appendix VI. The Substitute members shall have the authority to act in the place of that Constituent Authority's representative.
76. The membership of the Committee shall also include an independent person for the purposes of providing advice in relation to standards matters under the Localism Act 2011, and one other independent person to assist the Committee in the discharge of its financial functions. A person is independent if the person:
- i. Is not a member, co-opted member or officer of the authority;
 - ii. Is not a member, co-opted member or officer of a parish council for which the authority is the principal authority;
 - iii. Is not a relative, or close friend of a person referred to in sub paragraph (i) or (ii) above;
 - iv. Was not at any time during the 5 years ending with an appointment under paragraph [76] a person as described in sub paragraph (i) or (ii) above.
77. Members of the Committee must not include any Officer of the Combined

Authority or of the Constituent Authorities.

78. The Chair and Vice-Chair of the Committee shall be determined annually by the Cabinet from amongst the Members nominated by the Constituent Authorities, following a proposal put to them by the Audit and Governance Committee.
79. The Committee shall hold at least three meetings each year. The quorum for meetings of the Committee shall be five of the total number of seven members of the Committee.
80. Decisions shall be taken by way of consensus wherever possible. If a vote is required, voting shall be on the basis of one member one vote. Any decisions which are tied shall be deemed to have been not carried.
81. The Committee shall conduct its proceedings in accordance with the Rules of Procedure set out at Appendix II of this Constitution.

HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

VERSION 3.1

June 2021

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1.0 Purpose and functions of the Health and Wellbeing Board

The Health and Social Care Act 2012 sets out the statutory requirement for unitary authorities to establish Health and Wellbeing Boards from April 2013. The Board has the following responsibilities and functions as set out in the Constitution of Hartlepool Borough Council:

- Responsibility for the preparation and implementation of a Health and Wellbeing Strategy for the Borough.
- Responsibility for ensuring the development and use of a comprehensive evidence based Joint Strategic Needs Assessment (JSNA) for Hartlepool.
- Responsibility for ensuring consistency between the commissioning priorities of partners and the Health and Wellbeing Strategy and JSNA. Having strategic influence over commissioning and investment decisions across health, public health and social care services to ensure integration and joint commissioning particularly for those services being commissioned and provided to the most vulnerable people.

2.0 Roles and Responsibility of Board Members

The main role of all members of the Health and Wellbeing Board will be to take a Borough wide perspective and develop consensus in the best interests of the residents of Hartlepool. Members will bring their own perspectives and also represent their organisation, interest group or area. They will be recognised for their valuable contribution bringing ideas, knowledge and expertise to the process.

2.1 Standards of behaviour

As a member of the Health and Wellbeing Board, whether in meetings or working on behalf of the Board, the following guidelines outline what is expected of members:

Accountability: to work openly and honestly and to report back their work on the Board to their organisation or sector. Board Members will agree their recommendations and then do everything in their power to support delivery.

Commitment: to attend board meetings, participate in occasional task group meetings and one-off events. To be properly prepared for meetings by reading the paperwork beforehand. To be prepared to learn from others and from good practice elsewhere and to further develop the breadth of their knowledge of their sector's role within the borough.

High Quality Debate: to remain focussed and strategic and to contribute positively to discussions and work with other members to achieve consensus and take important decisions regarding the strategic development of the borough.

Honesty and Integrity: to act with honesty, objectivity and integrity in achieving consensus through debate. To respect the confidentiality of the information provided.

Objectivity: to consider what is in the best interests for the common good of Hartlepool and to weigh this along with the interests of their organisation, their sector and themselves when making decisions.

Representative: to effectively reflect the interests of their sector, to raise areas of concern and contribute their experience and expertise to discussions and decisions to achieve good workable solutions.

Respect for others: to respect and to take into account the views of other members regardless of their gender, race, age, ethnicity, disability, religion, sexual orientation or any other status.

3.0 Membership

The Health and Social Care Bill Act 2012 mandates a minimum membership for Health and Wellbeing Boards. These are known as prescribed members. In addition Boards are free to expand their membership to include a wide range of perspectives and expertise. These are known as other members. The membership of the Health and Wellbeing Board is set out over the page:

Prescribed Members
<ul style="list-style-type: none"> • Elected Members, Hartlepool Borough Council, including the Leader of the Council (4) • Representatives of NHS Tees Valley Clinical Commissioning Group (2) • Director of Public Health, Hartlepool Borough Council (1) • Director of Children's and Joint Commissioning Services, Hartlepool Borough Council (1) • Director of Adult and Community Based Services, Hartlepool Borough Council (1) • Representatives of Healthwatch (2)
Other Members
<ul style="list-style-type: none"> • Managing Director, Hartlepool Borough Council (1) • Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council (1) • Representative of NHS England (1) • Representative of Hartlepool Voluntary and Community Sector (2) • Representative of Tees Esk and Wear Valley NHS Trust (1) • Representative from Cleveland Police (1) • Representative of North Tees & Hartlepool NHS Foundation Trust (1) • Representative of GP Federation (1) • Schools' Representative (1) • Observer – Representative of the Audit and Governance Committee, Hartlepool Borough Council (1)

There is the potential for co-opting members onto the Board to undertake specific pieces of work or for specialist knowledge and skills as and when required. This may include the North East Ambulance NHS Trust, Fire Brigade, Probation and other providers etc.

3.1 Chairing of the Health and Wellbeing Board

The Chair will be the Leader of Hartlepool Borough Council or their substitute. The Vice-Chair will be a representative of the Clinical Commissioning Group.

4.0 Principles

All members of the Health and Wellbeing Board will strive to apply the following nine principles:

- Effective decision-making and communication
- Effective partnership working
- Efficient partnership working
- Acting with integrity
- Ensure widest possible involvement and inclusion
- Demonstrating leadership and influence
- Effective performance management
- Developing skills and knowledge
- Contributing to sustainable development

5.0 Performance Management

The Board is responsible for developing and managing the delivery of the Health and Wellbeing Strategy including the agreed health outcome measures. Each year the Board will agree an action plan setting out how the Strategy will be delivered. The action plan will also include a number of performance indicators which will be used to assess the progress being made. The Board will monitor progress through quarterly performance reports and seek to maximise resources and secure new resources into the Borough. In addition through the annual refresh the Board will pay due regard to delivery against the national outcome frameworks including the Public Health Outcome Framework, the Adult Social Care Outcome Framework and the NHS Outcome Framework incorporating additional areas into the action plan where performance is below what is expected.

Monitoring of the Health and Wellbeing Strategy will be through the relevant sub-groups, with issues escalated to the Health and Wellbeing Board, as and when necessary.

5.1 Information, advice and support

All information, advice and support will be fit for purpose and tailored to the functions of the Board. The Board will ensure that all information is directly relevant to the decisions being taken and is:

- relevant
- accurate
- timely
- objective
- clear and concise
- reliable

Where possible all partners will share and collate information from their individual organisations in order to help ensure that the Board can make informed decisions. The Board will call on professional advice and support when deemed necessary, particularly when the outcome of decision has a significant legal or financial implication.

Reports submitted to the Board will include impact assessments in relation to each of the sub-groups.

6.0 Developing capacity and capability

The Board is aware of the importance of ensuring members have the right skills, knowledge and experience to play an effective part in delivering the strategic aims of the Board. It aims to involve individuals who reflect the community they represent. It will balance the need for stability which comes from continuity of knowledge and relationships with the need for new ideas and new thinking. Through a Board development process all members will be given the opportunity to further develop their skills and update their knowledge throughout their period of membership. This will aim to maximise the skills, capacity and resources of all members.

7.0 Engaging with stakeholders

The Board has a statutory duty to involve local people in the preparation of the JSNA and the development of the Health and Wellbeing Strategy. The Board will therefore actively maximise the opportunities and mechanisms for involving local people in those processes and subsequent service provision.

The Board will seek to strengthen the involvement of elected members and patient representatives in commissioning decisions alongside commissioners from across health and social care.

The Board will take the lead in forming and maintaining relationships and representation with other partnerships and stakeholders on a local, regional and sub regional level which will directly affect and/or influence its success.

The Board will provide a forum for challenge, discussion and the involvement of local people. However, the local Healthwatch will have a role to play in consulting with patients and the public on service changes in health and social care in order to help inform the decision making process. Its work will feed into that of the Health and Wellbeing Board to inform their direction and priorities.

The Board will hold a Face the Public event once per year to:

- i) Update the public on their work during the last year;
- ii) Inform the public on their future plans including future challenges;
- iii) Engage with residents and promote the key strategies and plans for the Borough;
- iv) Receive questions from the public on their work, future plans and priorities.

The Board will strive to meet the codes of practice and terms of engagement as set out in the [Community Engagement and Cohesion Strategy](#). The Board will also develop and deliver a Communication and Engagement Strategy which will set out how the work of the Board will be promoted and members of the public, key partners and the VCS will be able to engage with and contribute to the work of the Board.

8.0 Operation of the Health and Wellbeing Board

8.1 Attendance at meetings

Members will endeavour to attend all meetings; however, if they are unable to attend any meeting then they should submit their apologies in advance of the meeting.

As flexibility and continuity is essential to partnership working, each Member may identify a named substitute who may attend on their behalf when necessary.

Substitutes should be suitable senior representatives who are able to speak on

behalf of their organisation. The quorum for the Board will be 5 prescribed members with at least one representative from each of the three prescribed member organisations.

8.2 Appointment of Substitutes

All Board members should appoint named substitutes to the Board and in the case of Policy Committee Chairs, the named substitute will be the Vice-Chair. The named substitute will be the only person to attend in the absence of the Board member.

8.3 Declaration of Interests

Each member of the Health and Wellbeing Board is required to declare any personal, prejudicial or disclosable pecuniary interest (direct or indirect) in any agenda items. Where an interest is prejudicial or is otherwise a disclosable pecuniary interest the member shall take no part in the discussion or decision-making about that item. All such declarations must be included in the minutes of the meeting. At the beginning of the municipal year each member will complete a Register of Interest Form which will be held by the Member Services Team. This register should be updated within 28 days of any change to reflect the changes in circumstances of Board members. This register is also displayed on the Council's website.

8.4 Meeting Procedures

The Board will meet on a quarterly basis. There will be an annual review meeting to reflect on the performance of the Board and proactively plan for the forthcoming year.

8.5 Decision-making and voting

Where practicable members should have the authority to take decisions and make commitments within the context of their organisations' governance structures and schemes of delegation. It is recognised that individual partners will remain responsible and accountable for decisions on their services and the use of their resources. The Board recognises that each partner has different mechanisms for their own decision-making and members will need to feed into their own governance structures as appropriate. In some cases decisions may be made 'in principle' by the

Board and then ratified by the bodies or organisations from which the members are drawn, this will be particularly important for the prescribed members of the Board.

8.6 Risk management

The Board will take a planned and systematic approach to identifying, evaluating and responding to risks. It will consider the full range of the Board's activities and responsibilities, and continuously check that various good management disciplines are in place, including:

- strategies and policies are put into practice where appropriate;
- high quality services are delivered efficiently and effectively;
- performance is regularly monitored and effective measures are put in place to tackle poor performance;
- laws and regulations are complied with;
- information used by the Board is relevant, accurate, up-to-date, timely and reliable;
- financial statements and other information published by the Board are accurate and reliable;
- financial and human resources are managed efficiently and effectively and are safeguarded.

8.7 Freedom of Information Act

The Freedom of Information Act provides a right to access information that is held by public authorities unless specified exemptions apply. Hartlepool Borough Council has a publication scheme detailing the types of information that could be available for public access and has developed guidance to help staff comply with the Act. The Health and Wellbeing Board will work within this framework when responding to requests from partners and the public.

8.8 Public access to the Health and Wellbeing Board

All meetings of the Council's committees, sub-groups and working groups are open to the public to attend except when the meetings are considering items classed as 'confidential' or 'exempt'. These meetings may consider issues that will be of interest to residents who may wish to ask questions or express their views on the matters

being considered. On such occasions anyone wishing to speak at the Board meeting should seek the permission of the Chair in advance of the meeting. This can be done directly with the Chair or via the Democratic Services Team (democratic.services@hartlepool.gov.uk or 01429 523013).

8.9 Secretarial Support arrangements

The Health and Wellbeing Board will receive secretarial support through Hartlepool Borough Council's Democratic Services Team.

8.10 Sub-Groups, Working Groups and Task and Finish Groups

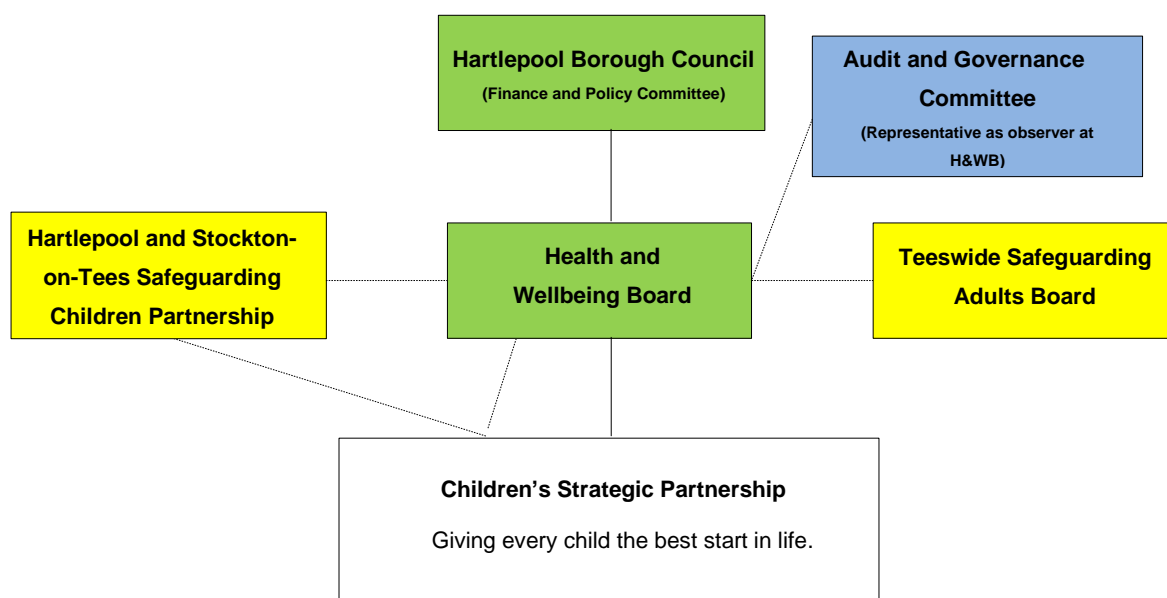
The Health and Wellbeing Board has a responsibility to act as a forum for key leaders from the local health and care system to jointly work to improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services. Key to achieving this is the Board's:

- Involvement in the preparation and implementation of the Hartlepool Health and Wellbeing Strategy and Joint Strategic Needs Assessment;
- Strategic role in influencing commissioning and investment decisions across health, public health and social care services to ensure integration and joint commissioning particularly for those services being commissioned and provided to the most vulnerable people.

Given the breadth of service areas and partners involved in achieving the Board's responsibilities, a number of sub-groups are in place to support and feed into the Board. The minutes of these sub-groups will be circulated to the Health and Wellbeing Board to reinforce the link between both bodies. All other groups will feed into the Health and Wellbeing Board through one of these sub-groups / working groups.

Occasionally a Task and Finish Group of the Health and Wellbeing Board, or one of its sub-groups, may need to be established to expedite a particular matter, which requires focussed activity or where a more specialist membership is required. The

membership of these task and finish groups would be decided by the Board, or sub-group. A Task and Finish Group would normally have a specific remit and period of operation to oversee or undertake a specific task, reporting directly to the Health and Wellbeing Board or sub-group (as appropriate).



8.11 Working with other theme groups

The Health and Wellbeing Board will work alongside the other theme groups to improve outcomes for Hartlepool residents. Joint meetings may be arranged on matters of shared interest for example on the issue of alcohol harm or drug rehabilitation with the Safer Hartlepool Partnership.

8.12 Updating the Terms of Reference

This Terms of Reference can be amended or updated by obtaining a two thirds majority agreement by the Board. At the time of the vote all the prescribed member organisations must be in attendance. The proposed change should be set out in a report as a published agenda item.

9.0 Engaging with other bodies

9.1 Statutory Scrutiny

The Audit and Governance Committee of Hartlepool Borough Council has delegated authority to exercise the statutory scrutiny powers given to the Local Authority under the Health and Social Care Act 2012. This includes the review and scrutiny of matters relating to the planning, provision and operation of health services in the area.

The Audit and Governance Committee will hold the Health and Wellbeing Board, and its partners, to account through scrutiny of:

- The Joint Strategic Needs Assessment;
- The Health and Wellbeing Strategy; and
- Commissioning Plans and Delivery Strategies.

9.2 Hartlepool and Stockton on Tees Safeguarding Children Partnership

The Hartlepool and Stockton on Tees Safeguarding Children Partnership is made up of the three statutory partners, local authorities, chief officers of police, and clinical commissioning groups who must make arrangements to work together with relevant agencies (as they consider appropriate) to safeguard and protect the welfare of children in the area.

The relationship between the Health and Wellbeing Board and the Hartlepool and Stockton on Tees Safeguarding Children Partnership (HSSCP) is one of mutual support, challenge and scrutiny. HSSCP should be instrumental in determining the safeguarding children requirements of the JSNA and should present its annual report to the Health and Wellbeing Board.

9.3 Teeswide Safeguarding Adults Board

The Teeswide Safeguarding Adults Board is a partnership of local agencies working together to ensure that adults living in Hartlepool are safeguarded and protected.

The relationship between the Health and Wellbeing Board and the Teeswide Safeguarding Adults Board (TSAB) is one of mutual support, challenge and scrutiny. TSAB should be instrumental in determining the requirements of the JSNA in terms

of safeguarding adults and should present its annual report to the Health and Wellbeing Board.

9.4 Outbreak Control Engagement Board

An integrated national and local nationwide Covid-19 test and trace programme is being implemented to control the virus and as part of this local Covid-19 outbreak control arrangements have been put place. A critical factor in the success of these arrangements is effective communication with the public and employers to gain their support for any actions that need to implement and the requirement to create a Local Outbreak Control Engagement Board. In Hartlepool this role will be undertaken by the Health and Wellbeing Board with the following responsibilities:-

- i) Political ownership and public-facing engagement and communication for the outbreak response.
- ii) Provide partnership oversight of health protection regarding Covid-19 in Hartlepool.
- iii) Support local delivery of the primary objectives of the Government's strategy to control the Covid-19 reproduction number (R), reduce the spread of infection and save lives.
- iv) Bring together the response that will be delivered at different levels and by different organisations, at local authority area level to ensure a community focus and appropriately tailored response.
- v) Support the effective communication of the Outbreak Control Plan for Hartlepool.
- vi) Support and strengthen the communication plan that will need to underpin every decision as the local area move to the next stage of managing the pandemic, helping to make sure that all communities and sectors are communicated with effectively.

- vii) Help ensure that all key stakeholders have been identified and that the best routes to communicate with them are utilised.
- viii) Oversee the evaluation of the communication plan, measuring success through the successful adoption of the required behaviours by individuals and organisations across the city with no community or sector left behind.
- ix) Receive regular updates from the Outbreak Control Board via the Director of Public Health and public oversight of progress on the implementation of the Outbreak Control Plan.
- x) Shape and oversee the health and wellbeing recovery strategy, identifying Joint Health and Wellbeing Strategy priorities for action as part of the post-emergency phase.

Membership - The membership of the Outbreak Control Engagement Board includes representatives from a range of key bodies with relevant Covid-19 expertise and experience, with the ability to co-opt additional participants based on the location and nature of any outbreak.

Over and above the core membership of the Health and Wellbeing Board when considering items under the remit of the Outbreak Control Engagement Board invitations will also be extended to the following:

- Hartlepool Borough Council's Mental Health and Children in Care Elected Member Champions
- Communications and Marketing Manager, Hartlepool Borough Council
- Representative of Faith Community

The co-option of additional participants with specialist knowledge and skills will, as has been indicated, be informed by the location and nature of any outbreak. Examples of potential co-optees are as follows with the addition of others as and when required:

- Ward Councillors
- Parish Councillors
- North East Ambulance NHS Trust
- Fire Brigade
- Probation
- Schools
- Care Home providers
- Hospice providers
- Housing providers
- Representatives from specialist organisations
- Representatives from business community



Safer Hartlepool Partnership Terms of Reference

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1. Purpose and functions of the Safer Hartlepool

Partnership

The Safer Hartlepool Partnership must adhere to the statutory requirements set out in the Crime and Disorder Act 1998 (as amended), Crime & Disorder (Formulation and Implementation of Strategy) Regulations 2007, Crime & Disorder (Prescribed Information) Regulations 2007, and the Crime and Disorder (Overview and Scrutiny) Regulations 2009. The Partnership has the following responsibilities and functions as set out in the constitution of Hartlepool Borough Council:

- A Partnership to create confident cohesive and healthy communities by working together to reduce crime, anti social behaviour, substance misuse and reoffending in Hartlepool.
- The Partnership is responsible for the delivery of the community safety outcomes within the Sustainable Community Strategy.

The Partnership has adopted an intelligence led business model, based on the principles of the Policing National Intelligence Model, to ensure that its activity is evidence led.

The expertise of individual partner organisations will be utilised by the Partnership in order to deliver actions based on good and best practice. The Partnership will conduct evaluations and share the results.

The Partnership will carry out Domestic Homicide Reviews as required by section 9 of the Domestic Violence, Crime and Victims Act, 2004.

2. Roles and Responsibilities of Safer Hartlepool

Partnership Members

The main role of all members of the Safer Hartlepool Partnership will be to take a Borough wide perspective and develop consensus in the best interests of residents of Hartlepool. Members will bring their own perspectives and also represent their

organisation, interest group or area. They will be recognised for their valuable contribution bringing ideas, knowledge and expertise to the process.

Where practicable members should have the authority to take decisions and make commitments. Individual partners will remain responsible and accountable for decisions on their services and use of their resources. The Partnership recognises that each partner has different mechanisms for their own decision making. In some cases decisions may be endorsed by the bodies or organisations from which members are drawn.

2.1 Standards of behaviour

As a member of the Safer Hartlepool Partnership, whether in meetings or working on behalf of the Partnership, the following guidelines outline what is expected of members:

Accountability: to work openly and honestly and to report back their work on the Partnership to their organisation or sector.

Commitment: to attend Partnership meetings, participate in occasional task group meetings and one-off events. To be properly prepared for meetings by reading the paperwork beforehand. To be prepared to learn from others and from good practice elsewhere and to further develop the breadth of their knowledge of their sector's role within the borough.

High Quality Debate: to remain focussed and strategic and to contribute positively to discussions and work with other members to achieve consensus and take important decisions regarding the strategic development of the borough.

Honesty and Integrity: to act with honesty, objectivity and integrity in achieving consensus through debate. To respect the confidentiality of the information provided.

Objectivity: to consider what is in the best interests for the common good of Hartlepool and to weigh this along with the interests of their organisation, their sector and themselves when making decisions.

Representative: to reflect effectively the interests of their sector, to raise areas of concern and contribute their experience and expertise to discussions and decisions to achieve good workable solutions.

Respect for others: to respect and to take into account the views of other members regardless of their gender, race, age, ethnicity, disability, religion, sexual orientation or any other status.

3.0 Membership

Membership of the Partnership reflects the statutory requirements and consists of senior representatives from the five responsible authorities¹ plus additional stakeholders as follows:

Responsible Authorities
<ul style="list-style-type: none">• Hartlepool Borough Council – Two Elected Members including Leader of Council• Hartlepool Borough Council – Managing Director• Hartlepool Borough Council - Director of Neighbourhood and Regulatory Services• Hartlepool Borough Council - Assistant Director (Regulatory Services)• Cleveland Police - Superintendent Community Safety• Cleveland Fire and Rescue Authority – District Manager• Tees Valley CCG – Director of Commissioning, Strategy and Delivery• Youth Offending Board - Chair

Other Members
<ul style="list-style-type: none">• Hartlepool Borough Council – Director of Public Health• Office of Police and Crime Commissioner for Cleveland• Hartlepool Borough Council – Director of Children’s and Joint Commissioning Services• Representative of Hartlepool Voluntary & Community Sector – Chief Executive, Safer Communities• Thirteen Group – Head of Community Resilience• Hartlepool Borough Council - Director of Adult and Community Based Services

This group is the ‘strategy group’ for the purposes of the statutory Regulations. New members may be added to the Partnership by agreement of existing members. There is also the potential for co-opting members onto the Partnership to undertake specific pieces of work or for specialist knowledge and skills as and when required.

¹ Responsible Authorities – Police, Local Authority, Fire and Rescue Authority, Clinical Commissioning Group, The Probation Service

3.1 Chairing of the Safer Hartlepool Partnership

The Chair of the Safer Hartlepool Partnership will be the Leader of the Council. The Vice Chair of the Partnership will be appointed annually from the responsible authorities. The Chair and Vice Chair will not be from the same organisation.

The Chair will provide leadership to the Safer Hartlepool Partnership and act as the responsible officer for the development and progress of the Partnership.

The Chair will:

- Ensure that the views of the Partnership are communicated effectively
- Represent the Partnership on the Strategic Partners Group.
- Ensure the efficient and effective operation of the Partnership.
- Promote effective partnership working between members of the Partnership and if necessary resolve conflict and help foster an environment of mutual interest.
- Approve the formation of working groups to deliver specific items of work on behalf of the Partnership.
- With the support of the Secretariat agree the agenda, associated papers and minutes of previous meetings.

The Vice-Chair will:

- Deputise for the Chair as required.
- Support the Chair to ensure the work of the Partnership is effectively deployed.
- Represent the Safer Hartlepool Partnership on the Strategic Partners Group when required by the Chair.

4. Principles

All members of the Partnership will strive to apply the following nine principles as established in the Community Strategy:

- Effective decision making and communication
- Effective partnership working
- Efficient partnership working
- Acting with integrity
- Ensure widest possible involvement and inclusion
- Demonstrating leadership and influence
- Effective performance management
- Developing skills and knowledge
- Contributing to sustainable development

In addition, the Partnership has adopted the following specific principles to:

- adopt a focussed, problem solving approach based upon a careful and systematic analysis of relevant information;
- respect the autonomy, accountability and responsibilities of partner organisations;
- be open and transparent and share information within the legal framework.

5. Performance management

The Partnership is responsible for developing and managing the delivery of the Community Safety Plan (previously known as the Crime, Disorder and Substance Misuse Strategy). Each year the Partnership will agree an annual priorities plan setting out how the strategy will be delivered. The action plan will also include a number of performance indicators which will be used to assess the progress being made. The Partnership will monitor progress through quarterly performance reports and seek to maximise resources and secure new resources into the Borough.

In addition, the Partnership will also develop and manage the following plans and Strategies:

- Youth Justice Strategic Plan

- Drug Treatment Plan
- Alcohol Harm Reduction Strategy
- Domestic Violence Strategy
- Social Behaviour Plan
- Prevent Action Plan
- Community Cohesion Framework
- Troubled Families Programme

The Partnership is also responsible for delivering the Community Safety Theme of the Community Strategy.

5.1 Information, advice and support

All information, advice and support will be fit for purpose and tailored to the functions of the Partnership. The Partnership will ensure that all information is directly relevant to the decisions being taken and is:

- | | |
|------------|---------------------|
| • relevant | • objective |
| • accurate | • clear and concise |
| • timely | • reliable |

The Partnership will call on professional advice and support when deemed necessary, particularly when the outcome of decision has a significant legal or financial implication.

6. Developing capacity and capability

The Partnership is aware of the importance of ensuring members have the right skills, knowledge and experience to play an effective part in delivering the strategic aims of the Partnership. It aims to involve individuals who reflect the community they represent. It will balance the need for stability, which comes from continuity of knowledge and relationships, with the need for new ideas and new thinking.

All members will be given the opportunity to further develop skills and update their knowledge throughout their period of membership and new members of the

Partnership will receive a thorough induction which is tailored to their role in the Partnership.

7. Engaging with stakeholders

The Partnership will take the lead in forming and maintaining relationships and representation with other partnerships and stakeholders on a local, regional and sub regional level, which will directly affect and/or influence its success.

The Partnership will hold a Face the Public Event once per year to;

- i) Update the public on their work during the last year;
- ii) Inform the public on their future plans including future challenges;
- iii) Consult on the development of key partner strategies and plans for the borough;
- iv) Receive questions from the public on their work, future plans and priorities

The Partnership will strive to meet the codes of practice and terms of engagement as set out in the Hartlepool Voluntary and Community Sector Strategy.

8. Operation of the Safer Hartlepool Partnership

8.1 Attendance at meetings

Members will endeavour to attend all meetings however if they are unable to attend any meeting then they should submit their apologies in advance of the meeting. As flexibility and continuity is essential to partnership working, each member may name a substitute who may attend on their behalf when necessary. Substitutes should be suitable senior representatives who are able to speak on behalf of their organisation.

8.2 Declaration of Interests

Each member of the Partnership is required to declare any personal or pecuniary interest (direct or indirect) in any agenda items and shall take no part in the discussion or decision making about that item. All such declarations must be included in the minutes of the meeting.

8.3 Decision making and voting

The Partnership will continue to develop consensus, commitment and common decision making processes. Where practicable, members should have the authority to take decisions and make commitments on behalf of their organisation. However members will remain responsible and accountable for decisions of their own organisations and the use of their resources.

In exceptional circumstances, where no consensus prevails, the decision will be taken by the Responsible Authorities (defined in Crime and Disorder Act 1998 as amended) and in the event of a tied vote; the Chair will have the casting vote. The quorum for the SHP is 3 members from different Authorities, with at least 2 being Responsible Authorities members.

The Partnership will call on professional advice and support when deemed necessary, particularly when the outcome of any decision has a significant legal or financial implication.

8.4 Risk management

The Partnership will take a planned and systematic approach to identifying, evaluating and responding to risks. It will consider the full range of the Partnership's activities and responsibilities, and continuously check that various good management disciplines are in place, including:

- strategies and policies are put into practice where appropriate;
- high quality services are delivered efficiently and effectively;
- performance is regularly monitored and effective measures are put in place to tackle poor performance;
- laws and regulations are complied with;
- information used by the partnership is relevant, accurate, up-to-date, timely and reliable;
- financial statements and other information published by the Partnership are accurate and reliable;
- financial and human resources are managed efficiently and effectively and are safeguarded.

8.5 Meeting Procedures

The Partnership will meet on a six weekly basis. There will be an annual review meeting to reflect on the performance of the Partnership and proactively plan for the forthcoming year. This may take the shape of an agenda item at a meeting or a Partnership development event.

8.6 Freedom of Information Act

The Freedom of Information Act gives everyone the right to access information that is held by public authorities. Hartlepool Borough Council has developed guidance to help staff comply with the Act. The Partnership will work within this policy when giving out information to partners and the public.

8.7 Public access to the Safer Hartlepool Partnership

Meetings of the Safer Hartlepool Partnership will be open to the public and press however, on occasion closed sessions will be required in accordance with the Access to Information Rules in Part 4 of the Hartlepool Borough Council Constitution;

The public must be excluded from meetings whenever it is likely in view of the nature of the business to be transacted or the nature of the proceedings that confidential information would be disclosed.

For example, when the Partnership must carry out Domestic Homicide Reviews as required by section 9 of the Domestic Violence, Crime and Victims Act, 2004.

Members of the Public may also be excluded in accordance with Rule 22 of the constitution (Disturbance by the Public)

If a member of the public interrupts proceedings, the Chair will warn the person concerned. If that person continues to interrupt, the Chair will order his/her removal from the meeting room.

8.8 Secretarial Support arrangements

The Partnership will receive secretarial support through Hartlepool Borough Council's Democratic Services Team.

8.9 Sub Groups and Task Groups

The responsibility for delivery of Safer Hartlepool Partnership priorities will be allocated to dedicated theme groups on an annual basis.

Occasionally a 'task and finish group' of the Partnership may need to be established to expedite a particular matter, which requires focussed activity or where a more specialist membership is required. The membership of these task groups would be decided by the Partnership and the group would normally have a specific remit and period of operation to oversee or undertake a specific task, reporting directly to the Partnership.

8.10 Working with other theme groups

The Partnership will work alongside the other theme groups to improve outcomes for Hartlepool residents. Joint meetings may be arranged on matters of shared interest for example on the issue of alcohol harm or drug rehabilitation with the Health and Wellbeing Board

8.11 Updating the Terms of Reference

This Terms of Reference can be amended or updated by obtaining a two thirds majority agreement by the Safer Hartlepool Partnership. The proposed change should be set out in a report as a published agenda item.

9. Engaging with other bodies

9.1 Police and Crime Commissioner

The Police and Crime Commissioner and the Safer Hartlepool Partnership have a duty to regard each others priorities. The Police and Crime Commissioner has the power to call the SHP Chair to a meeting to discuss force wide issues and also the power to request a report. The Safer Hartlepool Partnership can request merger of

the Community Safety Partnership and the Police and Crime Commissioner has the power to approve. The Police and Crime Commissioner also has grant making powers.

9.2 Police and Crime Panel

The Police and Crime Panel examine the actions and decisions of the Police and Crime Commissioner. In order to fulfil its scrutiny role of the Police and Crime Commissioner the panel will need to work with bodies that deal with police and crime matters locally; this includes Community Safety Partnerships.

9.3 Statutory Scrutiny

The Police and Justice Act 2006 requires that the decisions made, or actions taken, by the Safer Hartlepool Partnership in connection with the discharge of crime and disorder functions are reviewed and scrutinised at least once in every twelve month period.

Within Hartlepool, scrutiny of the Partnership and its partners is undertaken through the Audit and Governance Committee. The responsibilities of the Committee being to scrutinise, and review:-

- i) The work of the partners, insofar as their activities relate to the partnership itself; and
- ii) Decisions made or other action taken in connection with the discharge of crime and disorder functions, by responsible Authorities (i.e. the Council, the local policing body, the Fire Authority and the Health Bodies).

The Partnership and Audit and Governance Committee work together to fulfil these statutory responsibilities. In doing so, the Partnership is responsible for the provision of relevant information / evidence, including performance management data and information necessary to facilitate involvement in the development / review of policies and strategies.

9.4 Clinical Commissioning Group

The Hartlepool and Stockton on Tees Clinical Commissioning Group have a statutory responsibility to work in partnership with other responsible authorities and co-operating bodies to tackle crime and disorder, substance misuse and reoffending locally. They must participate in the crime and disorder strategic assessment and the formulation and delivery of the strategy within the local authority area.

AUDIT AND GOVERNANCE COMMITTEE

7 JULY 2022



Report of: Chief Solicitor and Monitoring Officer

Subject: PERSONNEL SUB COMMITTEE

1. PURPOSE OF REPORT

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

2. BACKGROUND

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

3. PROPOSALS/ISSUES FOR CONSIDERATION

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

- 3.2 Sitting as a member of this Sub Committee will often entail undertaking hearings within strict timescales. Hearings can last most of a day and often longer. Elected Members are urged to consider this when putting themselves forward for nomination. Appropriate training will be arranged for any Member that has not previously received such training.

4. RECOMMENDATIONS

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

5. REASONS FOR RECOMMENDATIONS

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

6. BACKGROUND PAPERS

- 6.1 Part 3 of the Council's Constitution.

7. CONTACT OFFICER

- 7.1 Hayley Martin, Chief Solicitor and Monitoring Officer
Legal Services Division
hayley.martin@hartlepool.gov.uk
01429 523002

AUDIT AND GOVERNANCE COMMITTEE

7th July 2022



Report of: Statutory Scrutiny Manager

Subject: DEDICATED OVERVIEW AND SCRUTINY BUDGET
2021/22 - OUTTURN

1. PURPOSE OF REPORT

- 1.1 To provide the Audit and Governance Committee with an up-to-date position of the expenditure of the Dedicated Overview Scrutiny Budget for the 2021/22 financial year.

2. BACKGROUND INFORMATION

- 2.1 In 2013, a budget of £5000 per year was allocated to the Overview and Scrutiny function. The purpose of the budget is to provide support for the delivery of the work programme and development of the function. An agreed procedure is in place for the authorisation for budget spends through this Committee and is utilised by Members in considering the appropriateness of the funding requested.

3. BUDGET SPEND FOR THE 2020/21 FINANCIAL YEAR

- 3.1 Details of funding from the dedicated budget during the course of each year are reported to this Committee. The Committee is advised that during 2021/22 no expenditure was incurred from this budget.

4. RECOMMENDATION

- 4.1 It is recommended that the Audit and Governance Committee notes the dedicated scrutiny budget position for the 2021/22 financial year.

Contact Officer:- Joan Stevens – Statutory Scrutiny Manager
Chief Executive's Department – Legal Services
Hartlepool Borough Council
Tel: 01429 284141
Email: joan.stevens@hartlepool.gov.uk

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

AUDIT AND GOVERNANCE COMMITTEE

7 July 2022



Report of: Chief Solicitor

Subject: REGULATION OF INVESTIGATORY POWERS ACT
2000 (RIPA) - QUARTERLY UPDATE

1. PURPOSE OF REPORT

- 1.1 To provide members with a quarterly update on activities relating to surveillance by the Council and policies under the Regulation of Investigatory Powers Act 2011.

2. BACKGROUND

- 2.1 Hartlepool Borough Council has powers under the Regulation of Investigatory Powers Act 2000 (RIPA) to conduct authorised covert surveillance.
- 2.2 This report is submitted to members as a result of the requirement to report to members under paragraph 4.47 of the Covert Surveillance and Property Interference Revised Code of Practice (August 2018) which states that:

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

- 2.3 As from 1 November 2012 Local Authorities may only use their powers under the Regulation of Investigatory Powers Act 2000 to prevent or detect criminal offences punishable by a minimum term of 6 months in prison (or if related to underage sale of alcohol and tobacco – not relevant to this Council). The amendment to the 2000 Act came into force on 1 November 2012.
- 2.4 Examples of where authorisations could be sought are serious criminal damage, dangerous waste dumping and serious or serial benefit fraud. The surveillance must also be necessary and proportionate. The 2012 changes mean that authorisations cannot be granted for directed surveillance for e.g. littering, dog control, fly posting.

- 2.5 As from 1 November 2012 any RIPA surveillance which the Council wishes to authorise must be approved by an authorising officer at the council and also be approved by a Magistrate; where a Local Authority wishes to seek to carry out a directed surveillance or make use of a human intelligence source the Council must apply to a single Justice of the Peace.

3. RIPA AUTHORISATIONS

- 3.1 In the quarter to the date of this meeting:

Communications Data	Nil
CHIS	Nil
Directed Surveillance	Nil

4. RECOMMENDATION

- 4.1 That the quarterly report be noted.

5. REASONS FOR RECOMMENDATIONS

- 5.1 To enable the Council to monitor the RIPA system effectively and as required by law and guidance.

6. CONTACT OFFICERS

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