

AUDIT AND GOVERNANCE COMMITTEE

AGENDA



Tuesday 27 June 2023

at 5.00pm

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

MEMBERS OF AUDIT AND GOVERNANCE COMMITTEE:

Councillors Allen, Brash, Cowie, Creevy, Groves, Hargreaves, D Nicholson, V Nicholson, Smith and Wallace.

Standards Co-opted Independent Members: - Mr Martin Slimings and Ms Tracy Squires.

Standards Co-opted Parish Council Representatives: 2 vacancies

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 meetings held on 9 March and 16 March 2023.

4. **STATUTORY SCRUTINY ITEMS**

- 4.1 Introduction to Scrutiny - *Statutory Scrutiny Manager*
- 4.2 Integrated Care Partnership arrangements in the North East and North Cumbria – Update (Presentation) - *Director of Place – Hartlepool, NHS North East and North Cumbria ICB*
- 4.3 Statutory Scrutiny Work Programme 2023/24 – *Chair of the Audit and Governance Committee and Statutory Scrutiny Manager (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.

- 4.4 Appointment to Committees / Forums:-
 - (i) Annual Appointments to Committees/Forums – *Statutory Scrutiny Manager*
 - (ii) Personnel Sub-Committee – *Director of Legal, Governance and Human Resources*
- 4.5 Dedicated Overview and Scrutiny Budget 2022/23 - Outturn - *Statutory Scrutiny Manager*
- 4.6 Child and Family Poverty Investigation - Final Report - *Statutory Scrutiny Manager (to follow)*
- 4.7 Accessibility of Council Services for those with Disabilities and Long Term Conditions Investigation - Final Report - *Statutory Scrutiny Manager (to follow)*
- 5. **AUDIT ITEMS**
 - 5.1 Treasury Management Strategy Update 2023/24 - *Director of Finance, IT and Digital Services*
- 6. **OTHER ITEMS FOR DECISION**
 - 6.1 Regulation of Investigatory Powers Act 2000 (RIPA) – Quarter 4 Update - *Director of Legal, Governance and Human Resources*
 - 6.2 Crustacean Deaths Working Group - Verbal Update - *Councillor Creevy*
- 7. **STANDARDS ITEMS**
 - 7.1 Standards Sanctions – Provision of HBC Email Accounts - *Director of Legal, Governance and Human Resources (to follow)*
- 8. **MINUTES FROM THE RECENT MEETING OF THE HEALTH AND WELLBEING BOARD**
 - 8.1 To receive the minutes of the meetings held on 5th September 2022 and 28th November 2022.
- 9. **MINUTES FROM THE RECENT MEETING OF THE FINANCE AND POLICY COMMITTEE RELATING TO PUBLIC HEALTH**

No items
- 10. **MINUTES FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**
 - 10.1 To receive the minutes of the meeting held on 16th December 2022.
- 11. **MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP**
 - 11.1 To receive the minutes of the meetings held on 17th October 2022 and 6th March 2023.

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

For information: - forthcoming meeting dates: -

Tuesday 18 July 2023, at 5.00 pm

Tuesday 19 September 2023, at 5.00 pm

Tuesday 10 October 2023, at 5.00 pm

Tuesday 7 November 2023, at 5.00 pm

Tuesday 12 December 2023, at 5.00 pm

Tuesday 30 January 2024, at 5.00 pm

Tuesday 27 February 2024, at 5.00 pm

AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

9 MARCH 2023

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor: Smith (In the Chair)

Councillors: Allen, Cowie, Creevy, Falconer, Hall, Loynes and D Nicholson

Co-opted Members:

Martin Slimings and Tracy Squires, Independent Members
Parish Councillor Alan O'Brien (Greatham)

Also Present: Ray Martin-Wells and Jill Foreman, North Tees and Hartlepool NHS
Foundation Trust
Christopher Akers-Belcher and Margaret Wrenn, Healthwatch
Karen Hawkins, North East and North Cumbrian Integrated Care Board
(ICB)

Officers: Craig Blundred, Director of Public Health
Joan Stevens, Statutory Scrutiny Manager
Gemma Jones, Scrutiny and Legal Support Officer
Denise Wimpenny, Principal Democratic Services Officer

Prior to commencement of the meeting, Councillor Smith took the opportunity to pass on condolences on behalf of the Committee to the Chair, Councillor Rob Cook and his family following the sad loss of his wife and former Mayoress, Brenda Cook.

77. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Cook, Feeney and Parish Councillor John Littlefair (Hart).

78. Declarations of Interest

None

79. Minutes of the meeting held on 9 February 2023

Confirmed

80. Crustacean Deaths Working Group – Verbal Update

(Councillors Creevy and Cowie)

Councillor Creevy, an appointed representative on Working Group provided the Committee with an update of discussions held at the last meeting of the Working Group. Gary Caldwell, who had previously attended the Economic Growth and Regeneration Committee was in attendance and responded to a number of queries raised which included testing of water issues. It was noted that North East Fisheries were due to attend the next meeting.

Recommended

That the update be noted.

81. Healthwatch Hartlepool Consultation Report – Accessing GP Services in Hartlepool

(Statutory Scrutiny Manager/HealthWatch Chief Executive/North East and North Cumbria Integrated Care Board (ICB))

The Statutory Scrutiny Manager introduced the report and welcomed representatives from Healthwatch Hartlepool who had been invited to the meeting to present the findings of the Healthwatch Hartlepool consultation report in relation to Accessing GP Services in Hartlepool and a representative from the Integrated Care Board to outline their response to the results of the consultation and proposed/implemented actions.

The Healthwatch representative provided background information to the report and indicated that access to GP services was a national issue and not specific to Hartlepool. Reference as made to discussions that had taken place with the ICB and, given that significant progress had been made since the Healthwatch report was published and presented to Committee, the Healthwatch representative took the opportunity to handover to the ICB representative to provide an update on progress made since publication of the report.

The ICB representative advised that Fiona Adamson, Chief Executive of Hartlepool and Stockton Health (HASH), Commissioner of the Service was unable to attend today's meeting. The Committee was provided with a detailed and comprehensive presentation, a copy of which had been circulated in advance of the meeting which included consultation results together with details of proposed/implemented actions in response to the consultation findings.

The presentation focussed on the following issues:-

- Configuration Primary Care Tees Valley (as of Jan 23)
- Contract arrangements - practices to provide essential services within core hours 8.00 am until 6.30 pm
- Enhanced access
- Investment and Impact Fund
- National GP Patient Survey 2022 – Hartlepool results as a comparator with national results
 - 47% of patients surveyed found it easy to get through to someone at their GP practice on phone
 - 49% of patients surveyed satisfied with GP appointment times available
 - 95% of patients surveyed satisfied with appointment offered
 - 50% of patients surveyed described their experience of making appointment as good
 - 70% of patients surveyed described their experience of their GP practice as good
- Local Access Survey - commissioned by Healthwatch in March 2022 – 269 survey responses
 - 91% surveyed booked appointment by telephone
 - 10% surveyed booked appointment face to face
 - 86% had difficulties to get through by phone
 - 30% able to obtain appointment on same day and 30% within 7 days
 - 76% satisfied or very satisfied regarding the time taken to access prescriptions and/or other services
- Key headline areas for improvement
 - Telephony including investment into cloud based technology
 - Enhancing access
 - Appointments for out of hours and same day appointments
 - Annual health checks – addressing backlogs
 - Text communication – NHS app supporting patients who cannot use telephone communication
- A formal response was sent to Healthwatch on 27 June 2022, a copy of which was circulated in advance of the meeting and presented to Health and Wellbeing Board on 4 July 2022.
- Access challenges
- Primary Care Appointment Activity in Hartlepool
- Enhanced Access
- Winter Resilience – Planned opening hours on Sundays and Bank Holidays
- Increased Primary Care Network Workforce
- Practice Workforce
- Further Support
- Changes to the GP Contract in 23/24
 - Access requirements
 - PCN enhanced access

Following conclusion of the presentation, the representatives responded to issues arising from the report and presentation. Clarification was provided

in terms of the key issues arising from the consultation findings which included concerns in terms of poor feedback regarding experience of booking via telephone and the need for more access to same day and out of hours appointments.

A number of views/suggestions/queries were raised which included input and clarification from Healthwatch and ICB representatives:-

- (i) Reference was made to the 56,000 appointments given in January and clarification was sought in terms of the number of those appointments which resulted in a non-attendance. The ICB representative agreed to explore if such data was available following the meeting.
- (ii) The challenges around GP recruitment nationally were discussed and emphasis was placed upon the need to publicise to patients the expertise of nurse practitioners and pharmacists to alleviate pressures on GP's. The ICB representative commented on the need to consider the most appropriate methods of communicating such options to patients. Members were advised of the different operating models and the benefits of utilising primary care networks and Healthwatch to engage with patient groups and practices in this regard.
- (iii) Some concerns were expressed regarding the inappropriate use of urgent care, that patients continued to access urgent care services due to problems accessing GP appointments and that some patients may not be aware of where they should attend in the event of a health related issue, examples of which were shared at the meeting and the reasons for which were debated. Emphasis was placed upon the importance of signposting individuals to the correct health setting.
- (iv) The Healthwatch representative raised concerns that some GP practices had not re-introduced an on-line booking system, the impact of which was debated. In relation to a request for an update in relation to the recommendation in the Healthwatch report that all practices should introduce texting services for deaf patients as well as other access related issues, the Committee was advised that whilst access for the deaf community had improved in certain practices, further work was needed across the town.
- (v) The challenges around health inequalities in Hartlepool and the Tees Valley were considered and it was noted that over 50% of the population were living with lifelong conditions, the impact of which was outlined. The ICB representative referred to the ongoing work between the ICB and Director of Public Health to refresh the Health and Wellbeing Strategy and ICB Strategy to ensure issues of this type were addressed.
- (vi) The Healthwatch representative expressed a commitment to continue to work with the ICB to ensure health was built into all processes. In

relation to earlier comments around the benefits of guidance and the need for signposting and information in relation to accessing health services, the Healthwatch representative advised that whilst the issue of health literacy was currently being considered by Healthwatch, further work was needed by all partners to ensure effective town-wide communication.

Recommended

- (i) That the findings of the Healthwatch Hartlepool consultation and actions by the ICB, in response to the findings of the consultation be noted.
- (ii) That the comments of Members be noted and actioned as appropriate.
- (iii) That, subject to availability, the ICB representative provide a breakdown of how many out of the 56,000 appointments given in January had resulted in a non-attendance.

82. GP Extended Hours –Implementation of Enhanced GP Arrangements in Hartlepool *(Statutory Scrutiny Manager/North East and North Cumbria Integrated Care Board (ICB))*

Representatives from North East and North Cumbria ICB and Hartlepool and Stockton Health (HASH) provided the Committee with an update in relation to the provision of the enhanced GP access arrangements in Hartlepool. The Statutory Scrutiny Manager indicated that unless there were any further questions this issue had been covered by the ICB representative in the presentation provided in the previous item of business (Minute 81 refers).

Recommended

That the contents of the update be noted.

83. Healthwatch Hartlepool Urgent Care Enter and View Visit *(Statutory Scrutiny Manager/HealthWatch Chief Executive/North Tees and Hartlepool NHS Foundation Trust)*

The Statutory Scrutiny Manager introduced the report and welcomed representatives from Healthwatch Hartlepool and North Tees and Hartlepool NHS Foundation Trust (NTHFT) who had been invited to the meeting to present the findings of the Healthwatch Hartlepool urgent care enter and view visit and actions proposed /implemented in response to the report findings.

The Healthwatch representative provided background information in relation to the purpose of the visit together with a summary of findings as set out in the report which included arrival arrangements, results of visit, overall experience and recommendations. The Healthwatch representative was pleased to report that the findings from the visit and feedback received had shown that the overall patient experience and service outcomes were good, there was evidence of good practice and no complaints had been received by Healthwatch since the facility had moved to the Hartlepool hospital site. In terms of areas for improvement, there was a need to improve wheelchair access, embed mental health training and there was evidence that some patients who had attended urgent care was due to being unable to access a GP appointment.

The ICB representative acknowledged the feedback received and clarified the actions that had been taken to date to address some of the issues raised. The need for a balanced approach in terms of access to care was reiterated with communication remaining a key issue. It was highlighted that 111 continued to be the recommended approach to ensure individuals were signposted to the correct health care setting.

The Chair referred to a positive experience at Hartlepool Urgent Care Centre and took the opportunity to express thanks and compliments to all members of the urgent care team.

Recommended

That the contents and findings of the Healthwatch Hartlepool Urgent Care enter and view visit and actions taken to date be noted.

Following a brief comfort break the meeting reconvened to consider the remaining business.

84. North Tees and Hartlepool Foundation Trust (NTHFT)/North East Ambulance Service (NEAS) Hospital Admissions Avoidance Scheme - Verbal Update *(North Tees and Hartlepool NHS Foundation Trust)*

A representative from North Tees and Hartlepool Foundation Trust, who was in attendance at the meeting provided a detailed and comprehensive presentation in relation to the Urgent Community Response (UCR) Service access to the North East Ambulance Services Stack. The presentation focussed on the following issues:-

- Purpose of the 4/52 project – to collaborate and learn together to improve outcomes for patients.

- To divert category 3 and category 4 calls into community services where it is clinically safe and appropriate to do so, reducing demand on ambulance service and emergency departments.
- Background and context
 - to address long waits for ambulances and delays in emergency departments
 - data reveals that alternative response can be provided by Health and Social Care
- Work done in collaboration with NHS 111, clinical assessment services and NEAS
- NTHFT will lead the project and maintain active communication with partner organisations
- What did we do – identified project lead, recruited team, training and education from NEAS and support from CSM, pull patients from care homes, daily stock take meetings
- Pull Pathway arrangements
- Linking Tees Valley UCR Services to NEAS Pathways
- Evaluation
- Themes – falls, head injury, seizure, bruising, confusion, SOB, COPD, not coping, UTI
- Pilot extended
- Outcome of Case Studies
- Feedback from the Team
 - right thing to do for our patients
 - more training required
 - development of head injury pathway
 - potential to do more
 - care home feedback
 - CCP/clinical triage feedback
- No of UCR 2 hour referrals
- Next steps

In the discussion that followed representatives responded to queries raised arising from the presentation. Clarification was provided in relation to the arrangements in terms of dealing with category 3 or category 4 calls, the referral process and the positive outcomes as a result of this pilot particularly for elderly patients. The initiative was welcomed by the

Committee as an amazing project and Members were keen to receive further updates including clinical outcomes.

Recommended

That:

- i) The contents of the presentation and comments of Members be noted.
- ii) A further update be provided to a future meeting of the Committee and that information provided include details of the clinical outcomes of the pilot.

85. Date and Time of Next Meeting

It was reported that the next meeting would be held on 16 March at 2.00 pm.

The meeting concluded at 11.40 am.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

16 MARCH 2023

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

Present:

Councillor: Cook (In the Chair)

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

Co-opted Members:
Martin Slimings, Independent Member

Also Present: Ray Martin-Wells, North Tees and Hartlepool NHS Foundation Trust
Daniel Ahmed and Sally Harris, Foundations
Keith Wheldon and Fiona McEvoy, North Tees and Hartlepool NHS
Foundation Trust
Mark Cotton, North East Ambulance Service (NEAS)

Officers: Noel Adamson, Head of Audit and Governance
James Magog, Assistant Director, Finance
Craig Blundred, Director of Public Health
Claire Robinson, Public Health Principal
Dean Langstaff and Abigail Reay, Public Health Team
Jill Blackett, Interim Head of Service
Joan Stevens, Statutory Scrutiny Manager
Gemma Jones, Scrutiny and Legal Support Officer
Denise Wimpenny, Principal Democratic Services Officer

Prior to commencement of business, the Chair took the opportunity to express his thanks for the kind words and condolences following the recent loss of his wife.

86. Apologies for Absence

Apologies for absence were submitted on behalf of Councillor Leisa Smith, Tracy Squires, Independent Member and Parish Councillor John Littlefair (Hart).

87. **Declarations of Interest**

None

88. **Minutes of the meetings of the Audit and Governance Sub-Committees held on 30 September 2022 and 17 November 2022**

Confirmed

89. **Internal Audit Plan 2023/24** (*Head of Audit and Governance*)

The Head of Audit and Governance presented the proposed internal audit plan for 2023/24 as detailed in Appendix A to the report of which Members' approval was sought. The Committee was referred to the resources available within the team for 2023/24, details in relation to delivery of the audit together with its budget of 230,000.

Recommended

That the Internal Audit Plan for 2023/24 as reported, be approved and the budget for the Internal Audit Team of £230,000 for the same period be noted.

90. **The 2021/22 Financial Report (including the 2021/22 Statement of Accounts)** (*Director of Resources and Development*)

Members were advised that following an update from Mazars, the final accounts would not be available for approval and would therefore be deferred to a future meeting. The Assistant Director provided the following verbal update:-

As previously reported the accounts were produced in June 2022, one month in advance of the statutory deadline. Mazars provided a positive report at November Committee with two items outstanding:-

- Valuation of Infrastructure Assets, which was a national issue - this was now resolved with no amendments to the accounts
- Sign-off on pension fund valuation – this remained outstanding. It was highlighted that the pension fund was not administered by the Council or audited by Mazars.

The Assistant Director further reported that Hartlepool was not alone in experiencing a delay in the sign off on the accounts, with the above issues

and capacity within the external audit market leading to delays. As at December 2022 statistics showed that 85% of 2021/22 audits had not yet been signed off.

Recommended

That the update be noted and the report be deferred to a future meeting.

91. Draft Anti-Fraud and Corruption Strategy *(Head of Audit and Governance)*

Members were asked to consider and endorse the Anti-Fraud and Corruption Strategy, attached at Appendix A. The report included a copy of the guidance produced by the Better Governance Forum to assist Members in their role in relation to assessing and reviewing counter fraud arrangements. Members were referred to a checklist of 20 questions, as detailed in the report which could be used by those responsible for governance to assess their contribution to the fraud defences of their organisation and determine what action was needed.

It was noted that the strategy had been updated in line with the Local Government Fraud Strategy and covered six themes, details of which were set out in the report.

Recommended

The updated Anti-Fraud and Corruption Strategy attached at Appendix A was endorsed.

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

The Head of Audit and Governance reported on progress made to date completing the Internal Audit Plan for 2022/23. Members were referred to details of audits completed together with recommendations, risks identified and action plans agreed as a result.

Recommended

That the contents of the report be noted.

93. Appointing an External Auditor *(Head of Audit and Governance)*

The Head of Audit and Governance updated Members on issues in relation to appointing an external auditor in respect of the application of the Local Audit and Accountability Act 2014 and the Local Audit (Appointing Person) Regulations 2015.

On 19 December 22, Public Sector Audit Appointments (PSAA) formally communicated that as responsible body for appointing an auditor from 2023/24 to eligible bodies that have chosen to opt into its national auditor appointment, its appointment of Mazars LLP as external auditor of Hartlepool Borough Council for five years from 2023/24 to 2027/28.

Recommended

That Members of the Audit and Governance Committee note the appointment of Mazars LLP by PSAA for the provision of external audit services as external auditor of Hartlepool Borough Council for five years from 2023/24 to 2027/28.

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

It was reported that Hartlepool Borough Council had powers under the Regulation of Investigatory Powers Act 2000 (RIPA) to conduct authorised covert surveillance and was required to provide Members with a quarterly update as to the use of those powers. Members were informed that in the quarter to the date of this meeting, there had been no RIPA Authorisations authorised.

Decision

The report was noted.

95. Session 3 – Review of the Reconfigured Substance Misuse Service and Needs Assessment Data – Report/Presentation *(Director of Public Health/Public Health Principal)*

The Committee was advised that this was the final consolidation session on the progress and process taken to reconfigure substance misuse services across Hartlepool including increased investment from the National Drug Strategy. The Public Health team and partners had completed a substance misuse needs assessment, a copy of which was appended to the report. The needs assessment aimed to analyse the current need and identify any gaps in treatment and support services in Hartlepool by exploring previous and current data relating to drug and alcohol related harms. The key

themes were set out in the report. The findings from the needs assessment and recommendations would inform a local substance misuse strategy.

A presentation which supported the report reiterated the key themes and highlighted salient issues arising from the Needs Assessment. The Substance Misuse Strategy, vision and priorities were being developed with partners with the priorities detailed in the presentation. The priorities had been identified as Prevention, Treatment, Wider Health Needs and Enforcement/Crime and Disorder. Responses to the following questions raised at Session 1 were provided as detailed in the presentation:-

- An update on factors that influence drug related deaths and lessons learnt going forward
- Number of service users in employment
- How much is spent on detox and residential rehab

Members debated issues arising from the report and presentation and officers responded to queries raised. Reference as made to previous discussions around the need to widen access to services of this type particularly to individuals involved in the criminal justice system and the benefits of including rehabilitation support in community orders were discussed. It was agreed that this be explored following the meeting.

Clarification was provided in relation to the interventions available to young people, prevention measures, statistics in relation to parental groups where substance misuse was an issue and ongoing work with the Police and Crime Commissioner in relation to developing a local strategy and action plan. Details of the measures in place to deal with unmet needs around long term health conditions were provided and it was noted that feedback on any potential data or partnership working formed with Teesside University into research regarding recreational drug use would be presented as part of the future annual update outcome report on substance misuse in Hartlepool.

In relation to a request for figures of how much was spent on detox and residential rehab places out of area and how much was being spent across the Tees Valley, it was reported that whilst the Tees figures were not available, Hartlepool paid 39k annually for the Tees shared alcohol detox bed. 10 people had used the bed during 2021 to date and there were a small number of out of area detox placements for both drugs and alcohol in the last 12 months at a total cost of £16,999. The out of area provision was currently being reviewed across Tees and alternative options for provision in the Tees area were being reviewed.

Recommended

- (i) The Committee noted the progress taken to refresh the Substance Misuse Needs Assessment and the recommendations contained within.
- (ii) Work with partners to develop a vision and priorities for the substance misuse strategy.
- (iii) It was agreed that the proposal to update the Committee annually on progress against the priorities.
- (iv) That the inclusion of rehabilitation support in community orders be explored following the meeting.

96. Quality Account 2022/23 - North Tees & Hartlepool NHS Foundation Trust – Covering Report/ Presentation *(Statutory Scrutiny Manager/North Tees and Hartlepool NHS Foundation Trust)*

Representatives from North Tees and Hartlepool NHS Foundation Trust presented their Draft Quality Accounts for 2022/23. The presentation outlined performance against the priorities for 2022/23 in Patient Safety, Effectiveness of Care and Patient Experience. The presentation also detailed the mortality indicators for the trust, number of patients admitted with a diagnosis of dementia/delirium, infection control statistics, number of covid-19 infections and the challenges around the number of flu cases. With regard to effectiveness of care, the presentation addressed emergency activity, accessibility, number of violent incidents by type. The presentation addressed patient experience in terms of the Friends and Family Test, number of complaints the Trust had received, the types of complaints as well as total number of compliments.

The Committee was advised that the engagement process would continue from February 2023 to March 2023 during which time the Committee would be asked to submit its third party statements, for inclusion in the published version of the Quality Accounts for 2022/23. The document would be finalised and published on the Trust website by the 30 June 2023 deadline.

The representatives of the Trust responded to questions arising from the presentation. Reference was made to 45% (year on year) increase in the number of individuals attending urgent care and a query was raised in terms of what proportion of this increase had been due to difficulties accessing GP services. Members were also keen to understand whether such care could have been more appropriately provided within a GP setting.

A Member queried the reasons for an increase in infection rates and whether lessons could be learnt from sharing working practices that had

proved effective in Hartlepool hospital. A breakdown of activity across the two hospital sites was requested as a comparator as well as the reasons for increases in infection rates. The Committee was advised that for those issues they were unable to clarify at the meeting, they would respond following the meeting. The Chair expressed his appreciation to the Trust representatives for their presentation.

Decision

- (i) That the contents of the presentation and comments of Members be noted and actioned as appropriate.
- (ii) That a breakdown of activity in relation to infection rates across the two hospital sites be provided following the meeting to include details of the reasons for such increases and any evident themes.
- (iii) Subject to the availability of the data, details to be provided of the number of attendances at urgent care that had resulted from difficulties in accessing GP services.

97. North Tees and Hartlepool Foundation Trust – Verbal Update *(Associate Director of Governance and Transformation)*

A representative from North Tees and Hartlepool Foundation Trust, who was in attendance at the meeting provided an update in relation to the work of the Foundation Trust since the last update. In relation to collaboration arrangements between North Tees and South Tees, discussions were continuing and it was highlighted that at the present time there were no proposed service changes which would necessitate the initiation of a formal consultation process and a further update in this regard would be provided in due course.

Recommended

That the contents of the update be noted.

98. North East Ambulance Service (NEAS) Quality Report - Priorities Update/ Covering Report/Presentation *(Statutory Scrutiny Manager/North East Ambulance Service)*

A representative from the North East Ambulance Service (NEAS) presented their Draft Quality Accounts for 2022/23. It was highlighted that the full report was currently being written and would be shared with Members when finalised. The detailed and comprehensive presentation outlined performance against the priorities for 2022/23 in terms of demand on services which included the number of 999 calls answered, 111 calls answered, patients taken to hospital, incidents attended, patients treated at

home, patients treated over phone, patients taken to hospital appointments as well as response times by category. The presentation also provided an update on quality priorities for 2022/23 in terms of patient safety, clinical effectiveness and patient experience.

With regard to patient safety, the presentation focussed on priorities to work with system partners to reduce handover delays, learn from incidents and prepare for the Patient Safety Incident Response Framework. The representative referred to the success of ambulance handovers at North Tees and commented on the benefits of sharing examples of good practice of this type with other trusts.

In the discussion that followed, the representative of the Ambulance Service responded to questions arising from the presentation. Clarification was provided in relation to the impact on performance of recent strike action of ambulance and health staff and it was noted that certain types of calls were still responded to, details of which were outlined.

Members input was sought in relation to future priorities and Members were requested to provide their views to the Statutory Scrutiny Manager as soon as possible to enable a response to be provided to NEAS for inclusion within the final report.

Recommended

- (i) That the contents of the presentation and comments of Members be noted.
- (ii) That the Committee's views in relation to future priorities be provided to the Statutory Scrutiny Manager following the meeting.

99. Child and Family Poverty Investigation – Additional Recommendations *(Statutory Scrutiny Manager)*

The Statutory Scrutiny Manager referred to a recent Informal Working Group meeting where Members discussed potential additional recommendations for inclusion in the Child and Family Poverty Investigation final report. Discussions resulted in the identification of a number of potential additional recommendations, details of which were tabled at the meeting. Members comments/approval of the proposed additional scrutiny recommendations were sought and Members were requested to provide any further comments/additions for inclusion within the draft final report by 21 March 2023.

In addition Committee approval was sought to delegate finalisation of the report to the Statutory Scrutiny Manager in consultation with the Chair.

Recommended

- (i) That any feedback/comments of the Committee in relation to the scrutiny recommendations, for inclusion within the final report, be provided to the Statutory Scrutiny Manager by 21 March 2023.
- (ii) That authority be delegated to the Statutory Scrutiny Manager, in consultation with the Chair to finalise the report.

100. Accessibility of Council Services for those with Disabilities and Lifelong Conditions Investigation – Final Report *(Statutory Scrutiny Manager)*

The Statutory Scrutiny Manager referred to a recent Informal Working Group meeting where Members discussed potential additional recommendations for inclusion in the Accessibility of Council Services for those with Disabilities and Lifelong Conditions investigation final report. Discussions resulted in the identification of a number of potential additional recommendations, details of which were tabled at the meeting. Members comments/approval of the proposed additional scrutiny recommendations were sought and Members were requested to provide any further comments/additions for inclusion within the draft final report by 21 March 2023.

In addition Committee approval was sought to delegate finalisation of the report to the Statutory Scrutiny Manager in consultation with the Chair.

Recommended

- (i) That any feedback/comments of the Committee in relation to the scrutiny recommendations, for inclusion within the final report, be provided to the Statutory Scrutiny Manager by 21 March 2023.
- (ii) That authority be delegated to the Statutory Scrutiny Manager, in consultation with the Chair to finalise the report.

101. Chair's Closing Remarks

The Chair highlighted that this was the last meeting of the current municipal year and took the opportunity to thank all Members of the Committee, officers and representatives from partner organisations for their input and support during the year.

The meeting concluded at 3.55 pm.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

27th June 2023



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

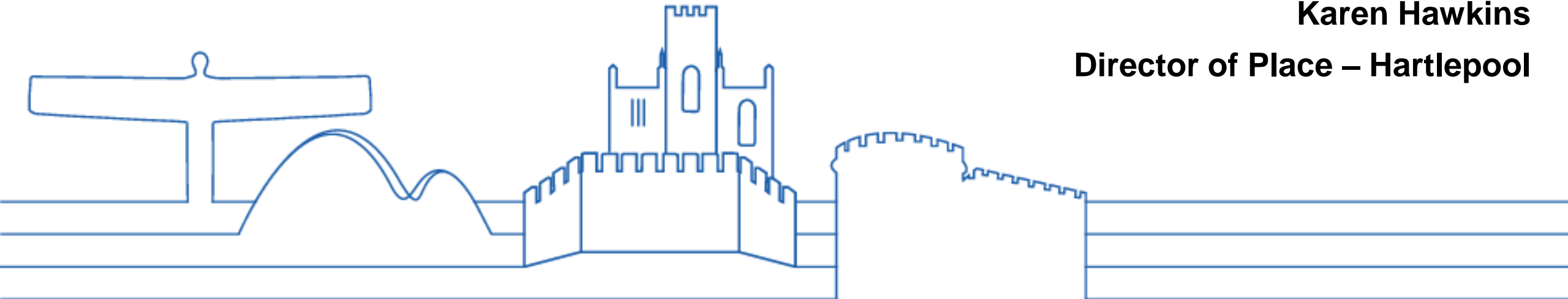
No background papers were used in the preparation of this report.

Contact Officer:- Joan Stevens – Statutory Scrutiny Manager
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Integrated Care Partnership arrangements in the North East and North Cumbria

Karen Hawkins

Director of Place – Hartlepool

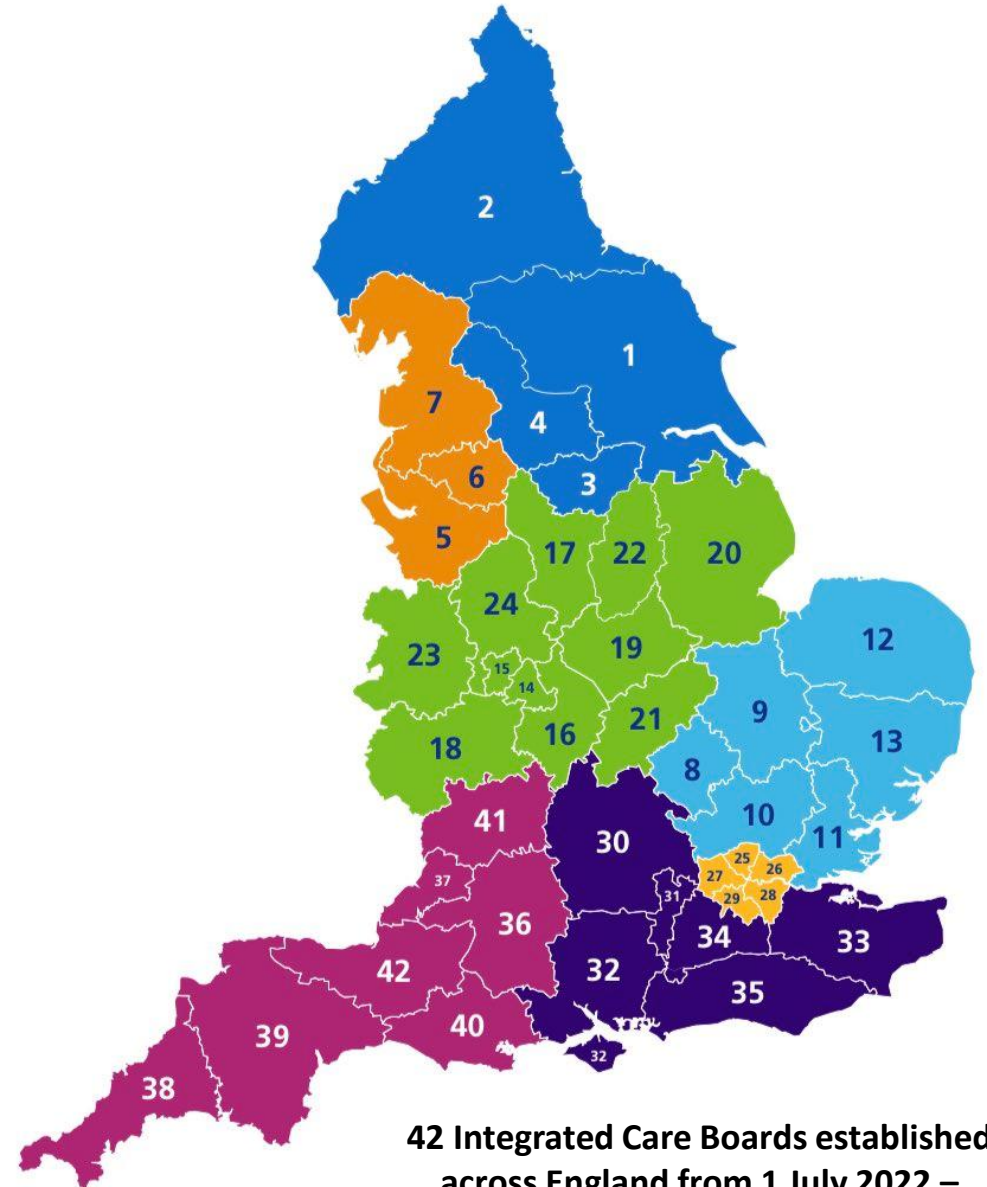


What's an ICS, ICB and ICP?

Integrated Care System (ICS) – includes all of the organisations responsible for health and wellbeing working together across a region to plan and deliver services for our communities.

It is not an organisation but works through the following bodies:

- **Integrated Care Board (ICB)** – a statutory NHS organisation that took on the responsibilities of the former CCGs and some of the functions held by NHS England. The ICB will also work with a range of partners at 'place level' in each of the 14 local authority areas in our region.
- **Integrated Care Partnership (ICP)** – a joint committee of the ICB and the 14 local authorities in the ICS area – plus other invited partners - responsible for developing an **integrated care strategy** for the ICS.



42 Integrated Care Boards established across England from 1 July 2022 – replacing the former CCGs

NHS North East and North Cumbria Integrated Care Board (ICB)



North East and
North Cumbria

North Cumbria

Population: 324,000

Primary Care Networks: 8

1 NHS foundation trusts: North Cumbria Integrated Care NHS Foundation Trust (NCIC)

2 local authority areas: Cumberland and Westmorland (also cover part of NHS Lancashire and South Cumbria ICB)

North

Population: 1,079,000

Primary Care Networks: 22

3 NHS foundation trusts: Northumbria, Newcastle, Gateshead

4 local authority areas: Northumberland, North Tyneside, Newcastle, Gateshead

North East and North Cumbria

2 mental health NHS foundation trusts: Cumbria, Northumberland, Tyne and Wear, Tees, Esk and Wear Valleys

Central

Population: 997,000

Primary Care Networks: 22

2 NHS foundation trusts: South Tyneside and Sunderland, County Durham and Darlington

3 local authority areas: South Tyneside, Sunderland, County Durham

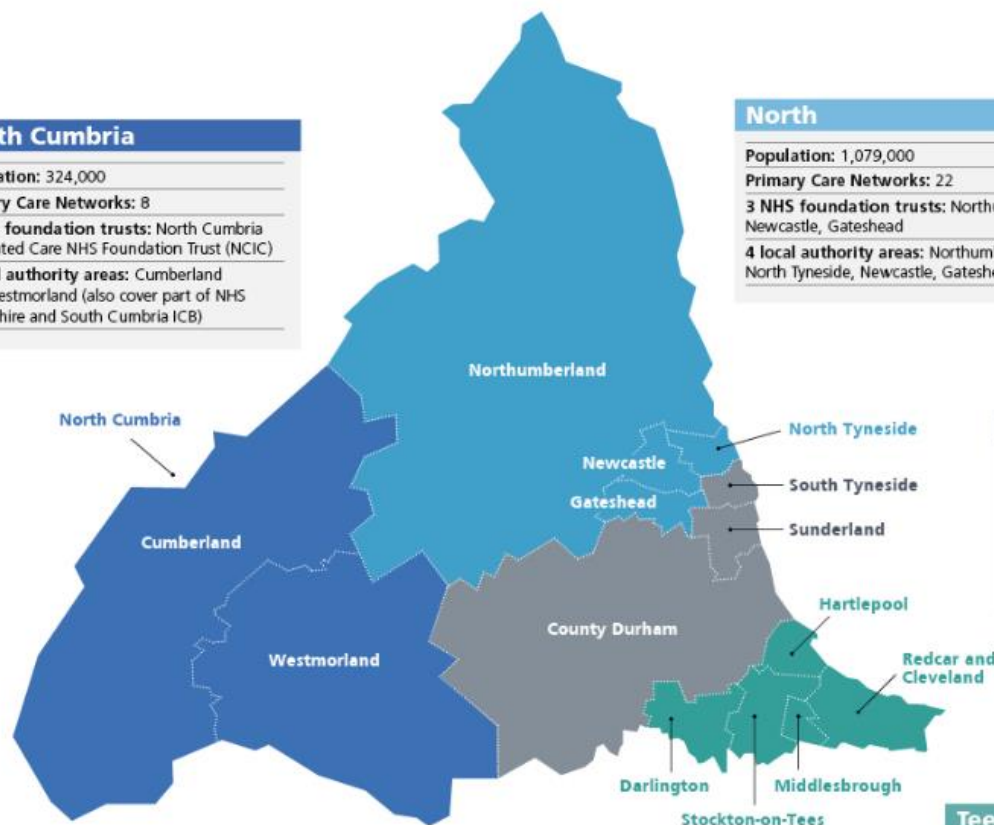
Tees Valley

Population: 701,000

Primary Care Networks: 14

3 NHS foundation trusts: County Durham and Darlington, North Tees and Hartlepool, South Tees

5 local authority areas: Hartlepool, Stockton-on-Tees, Darlington, Middlesbrough, Redcar & Cleveland



Local authority boundary

Our area

We are the largest of the 42 Integrated Care Boards in England. Since July 2022 we have reorganised eight clinical commissioning organisations and their Governing Bodies into a single organisation. Our new multi-professional and clinical structures reflect the size of our geography and our responsibilities.

Our role is to:

- Improve health and wellbeing and reduce health inequalities for the 3.1 million people who live in this area
- Plan and oversee how NHS money is spent – our total budget is £6.6 billion
- Make sure health and care services work well, together and are of high quality

Most of our work happens at place where we work with:

- 13 local authorities – a director post for each unitary tier local authority
- 11 NHS foundation trusts and 64 primary care networks – place based teams working with local GP practices, social care teams and community-based providers

As part of an integrated care system we work with all partners to tackle regional issues at scale and pace to deliver our shared priorities.

Our Integrated Care Partnership is an alliance of organisations brought together by the NHS and local authorities which sets the strategy for improving the health of our communities in the North East and North Cumbria. See our [integrated care strategy](#) which sets out our vision and long term goals and a high level approach to achieving them.

Annual costs for the ICB for 2022/23:

- Total annual costs for the ICB for 2022/23 are forecast to be **£6.6 billion**
- Total annual costs to run the ICB (including staffing costs) are forecast to be **£56m**, which is less than 1% of total budget

Running costs
LESS THAN
1%
of the
TOTAL
BUDGET

Strategic aims of ICBs set by government



1 Improve outcomes in population health and healthcare

Continue to raise standards so services are high quality and delivered effectively making sure everyone has access to safe quality care whether in the community or in another setting.



2 Tackle inequalities in outcomes, experience and access

Maximise the use of evidence-based tools, research, digital solutions and techniques to support our ambition to deliver better health and wellbeing outcomes in a way that meets the different needs of local people.



3 Enhance productivity and value for money

Working with partners in NHS, Social Care, and Voluntary and Community Sector organisations at scale on key strategic initiatives where it makes sense to do so. Harnessing our collective resources and expertise to invest wisely and make faster progress on improving health outcomes.



4 Help the NHS support broader social and economic development

Focus on improving population health and well-being through tackling the wider socio-economic determinants of health that have an impact on the communities we serve.

ICB leadership team



North East and North Cumbria

- ICB Chair – **Sir Liam Donaldson**
- ICB Chief Executive – **Samantha Allen**

ICB Partner Members

- Local Authorities: **Cllr Shane Moore** (Hartlepool), **Tom Hall** (South Tyneside), **Ann Workman** (Stockton-on-Tees), **Cath McEvoy-Carr** (Newcastle),
- Primary Care: **Dr Saira Malik** (Sunderland), **Dr Mike Smith** (County Durham)
- NHS Foundation Trusts: **Ken Bremner MBE** (NHS South Tyneside and Sunderland Foundation Trust), **Dr Rajesh Nadkarni** (NHS Cumbria, Northumberland and Tyne & Wear Foundation Trust)

ICB Non Executive Directors

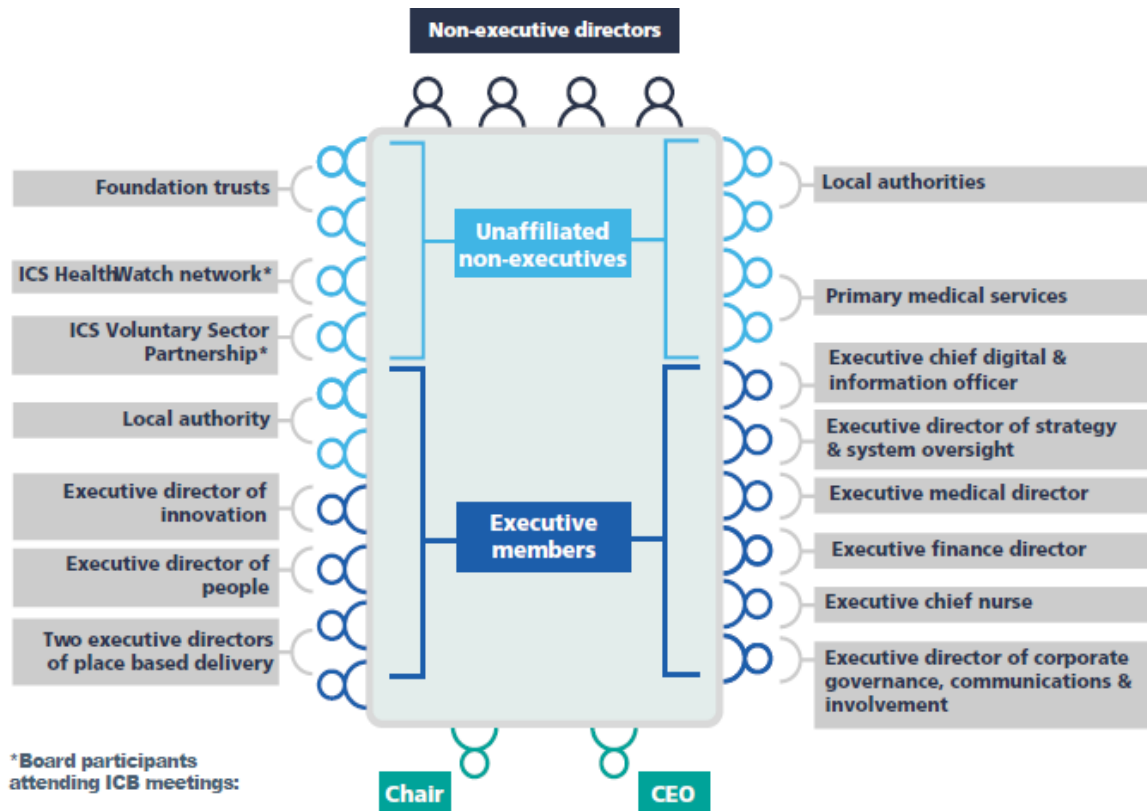
- **Dr Hannah Bows**
- **Prof Eileen Kaner**
- **Jon Rush**
- **David Stout OBE**

ICB Participants

- ICS HealthWatch Network: TBC
- ICS Voluntary Sector Partnership: **Jane Hartley**

ICB Executive Directors

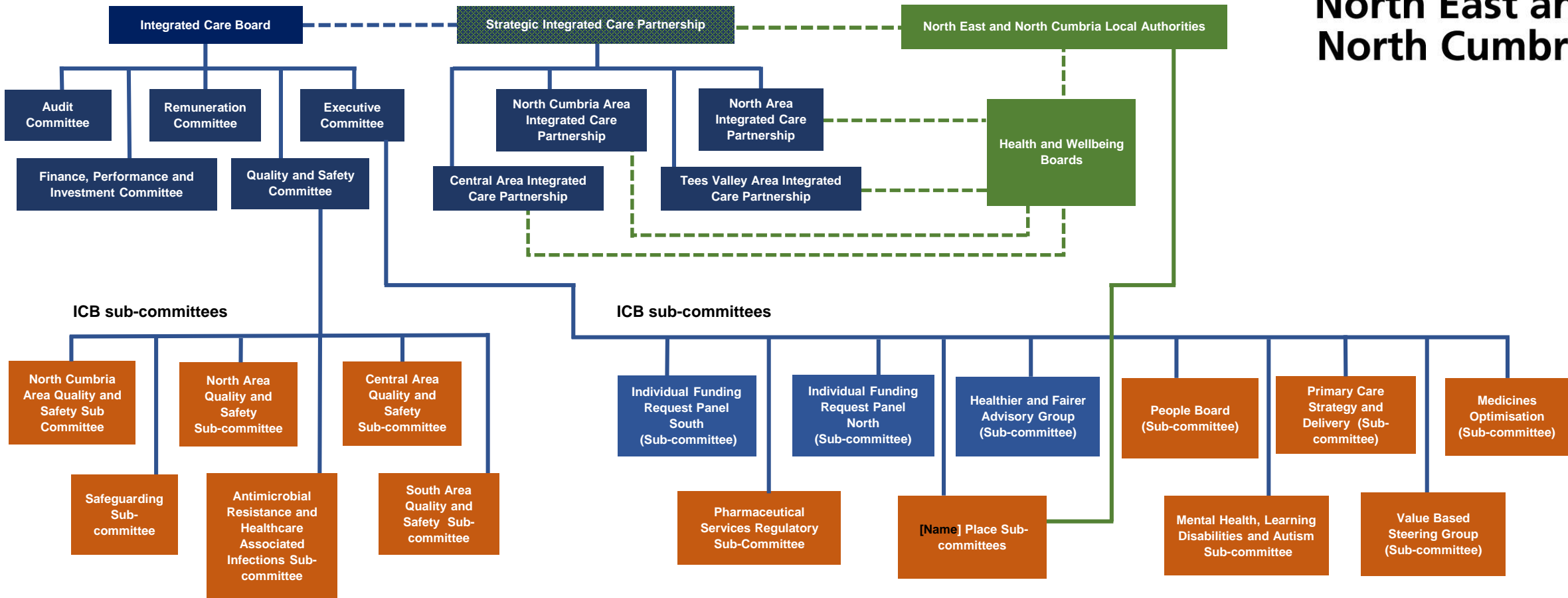
- Executive Medical Director – **Dr Neil O'Brien**
- Executive Chief Nurse – **David Purdue**
- Executive Director of People – **Annie Laverty**
- Executive Director of Finance – **David Chandler**
- Executive Chief of Strategy and Operations – **Jacqueline Myers**
- Executive Director of Corporate Governance, Communications & Involvement – **Claire Riley**
- Executive Chief Digital and Information Officer – **Professor Graham Evans**
- Executive Director of Innovation – **Aejaz Zahid**
- Executive Director of Placed Based Partnerships (North and North Cumbria) – **Levi Buckley**
- Executive Director of Placed Based Partnerships (Central & Tees Valley) – **Dave Gallagher**



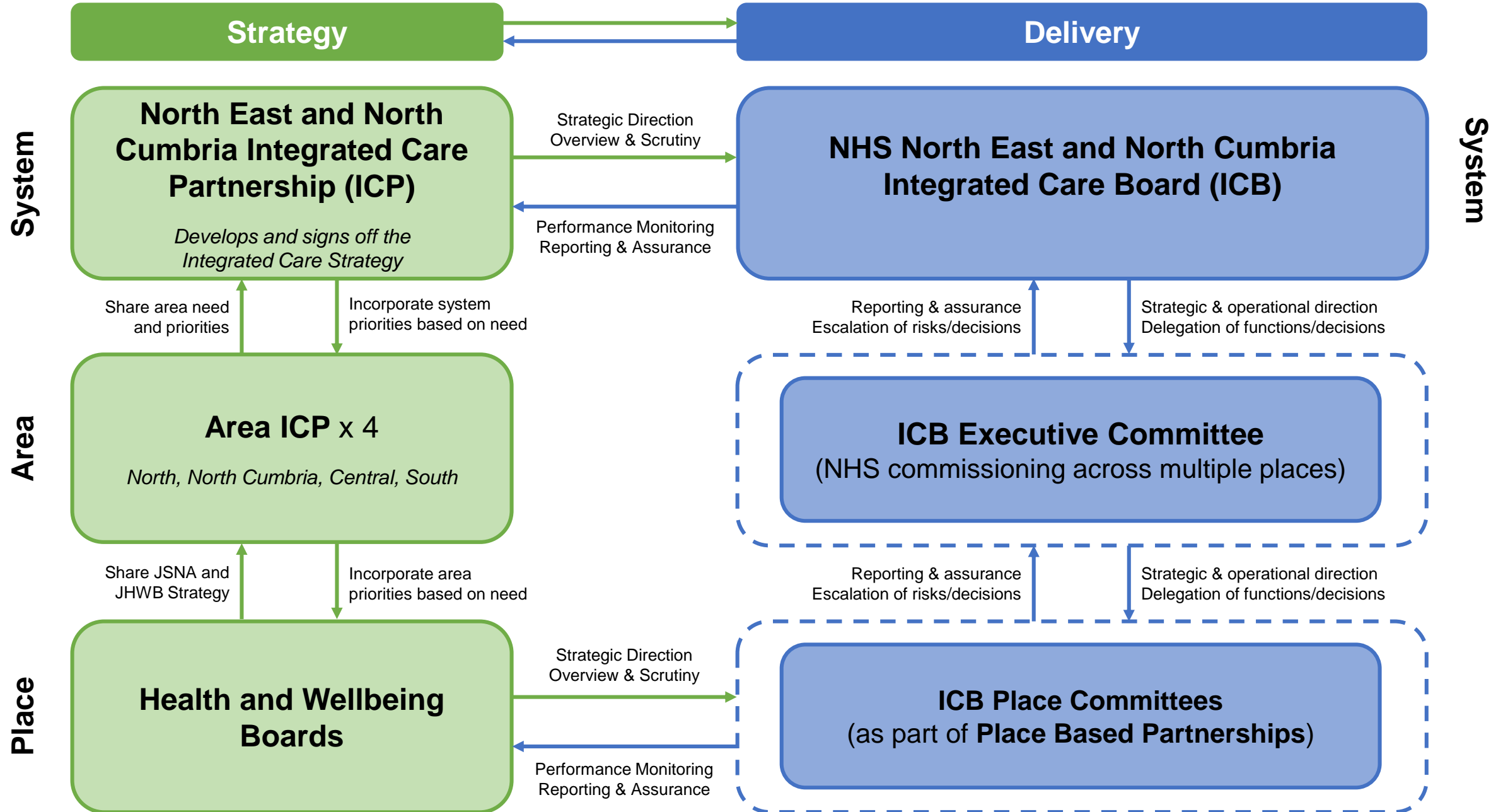
Governance Framework



North East and North Cumbria



Relationship between our ICPs and the ICB (and its area and place delivery arrangements)



Our model: one Strategic ICP and four Area ICPs

It was agreed by JMEG that our 'Area' ICPs would be best chaired by an elected member – e.g. a Health & Wellbeing Board chair or Lead Member



North Cumbria ICP:
Cllr Mark Fryer
leader of
Cumberland Council



North ICP:
Cllr Lynne Caffrey –
Chair of the
Gateshead Health
and Wellbeing Board

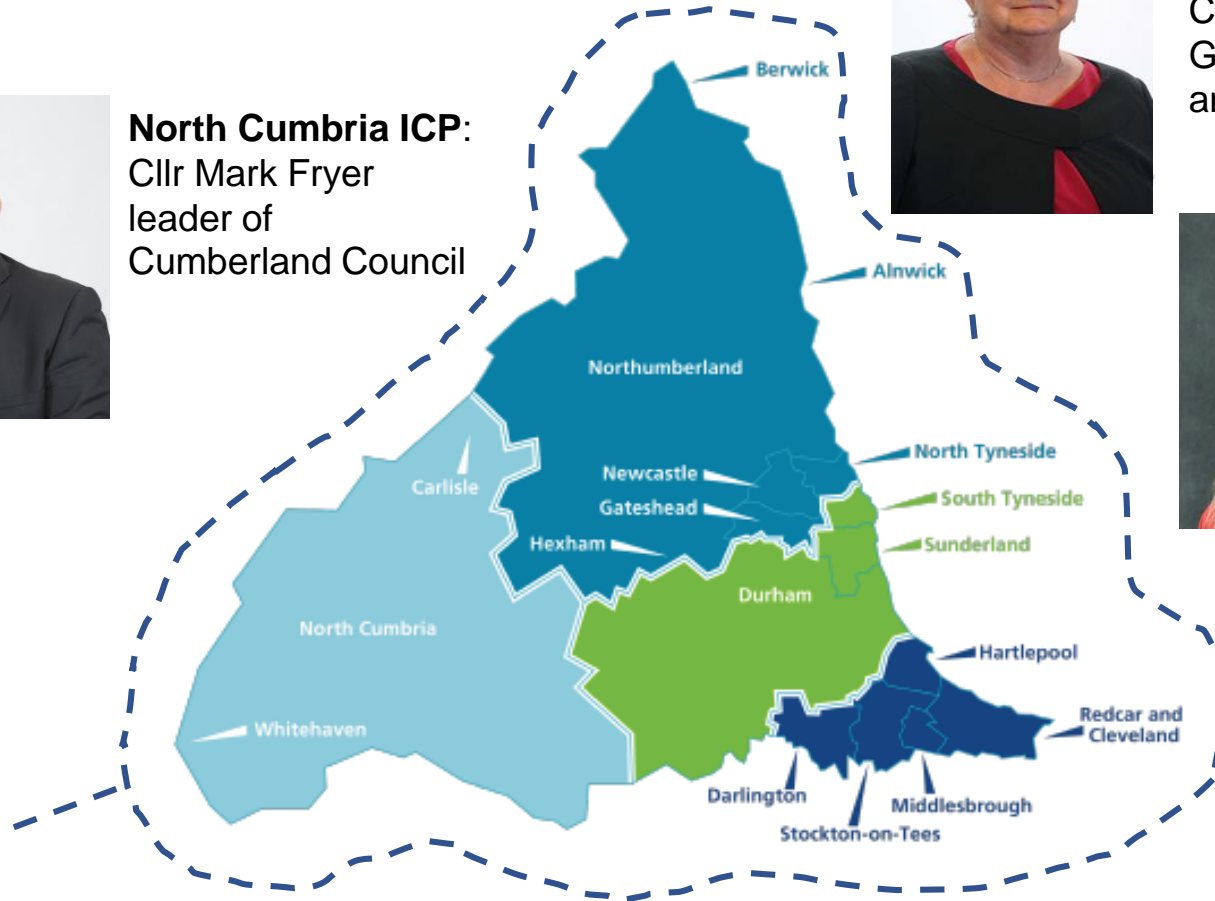


Central ICP:
Cllr Kelly Chequer –
Healthy City cabinet
member on Sunderland
City Council



Tees Valley ICP:
Cllr Bob Cook,
Leader of
Stockton-on-Tees
Borough Council

North East and North Cumbria Integrated Care Partnership



Complementary role of Strategic ICP and Area ICPs

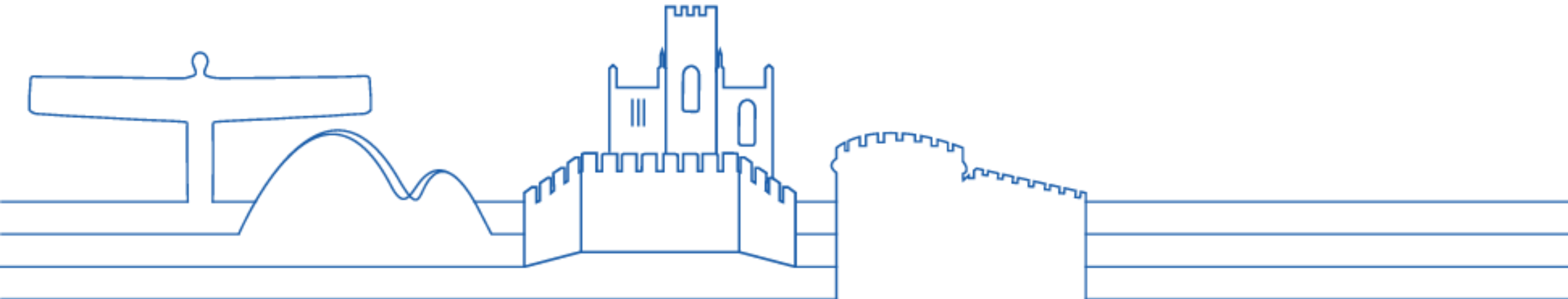
The Strategic ICP will:

- Oversee and approve the ICS-wide Integrated Care Strategy, built up from an analysis of need from the four Area ICPs
- Promote a multi-agency approach to population health and wellbeing and the wider social and economic determinants of health for our 3million population
- Consider and suggest ways forward to tackle health inequalities, and improve access to health services at this same population level
- Champion initiatives involving the contribution of the NHS and wider health and care organisations to large scale social and economic development







The Area ICPs will:

- Develop and strengthen relationships between professional, clinical, political and community leaders
- Provide a regular forum for partners to share intelligence, identify common challenges and objectives and share learning
- Analyse the Joint Strategic Needs Assessments from each of the Health & Wellbeing Boards in their Area to feed into the Integrated Care Strategy setting process
- Ensure the work of the Area ICP is focused on the priorities of local residents and service users to identify those 'supra-place' issues that cut across its constituent places
- Ensure that the Area ICP is a forum that allows for the sharing of best practice and collaboration as part of our 'Learning and Improvement System' in the North East and North Cumbria.

Place-Based Working



The opportunity to strengthen Place-Based Partnerships

-  • The preservation of well-established place-based working arrangements was a key recommendation of Joint Management Executive Group [JMEG]
-  • While ICSs/ICPs focus on strategic system enablers, place is the level at which most of the work to join up budgets, planning and pathways for health and social care services will need to happen.
-  • Unlike ICSs, Place-Based Partnerships are not statutory bodies. [The 2022 Health and Care Act](#) did not create a legal requirement for place-based partnerships, leaving flexibility for local areas to determine their form and functions.
-  • The Act does allow for ICBs to delegate some of their functions and budgets to local committees as part of Place-Based Partnerships
-  • Place-Based Partnerships typically focus on understanding and working with communities, joining up and co-ordinating services, addressing the social and economic factors that influence health and wellbeing, and supporting the quality and sustainability of local services
-  • The priorities of each place will vary depending on the vision and goals agreed locally through Health & Wellbeing Boards, while Place-Based Partnerships are then responsible for overseeing the delivery of this strategy, reporting to the HWB on a regular basis.

Relationship between HWBs and Place-Based Partnerships

Strategy

Health and Wellbeing Boards

A statutory committee of a local authority which:

- **Sets a strategic direction** to improve health and wellbeing and reduce health inequalities.
- **Brings together** local political, clinical, professional and community leaders
- **Promotes greater integration and partnership** between the NHS, and local government – working with place-based partnerships
- **Assesses the health and wellbeing needs** of their population through a joint strategic needs assessment (JSNA)
- **Publishes a joint local health and wellbeing strategy** (JLHWS), which sets out the priorities for improving health and wellbeing
- **The JLHWS then informs joint commissioning arrangements** across the NHS and local authority commissioning, including Better Care Fund and Section 75

Delivery

ICB Place Committees (a key part of Place Based Partnerships)

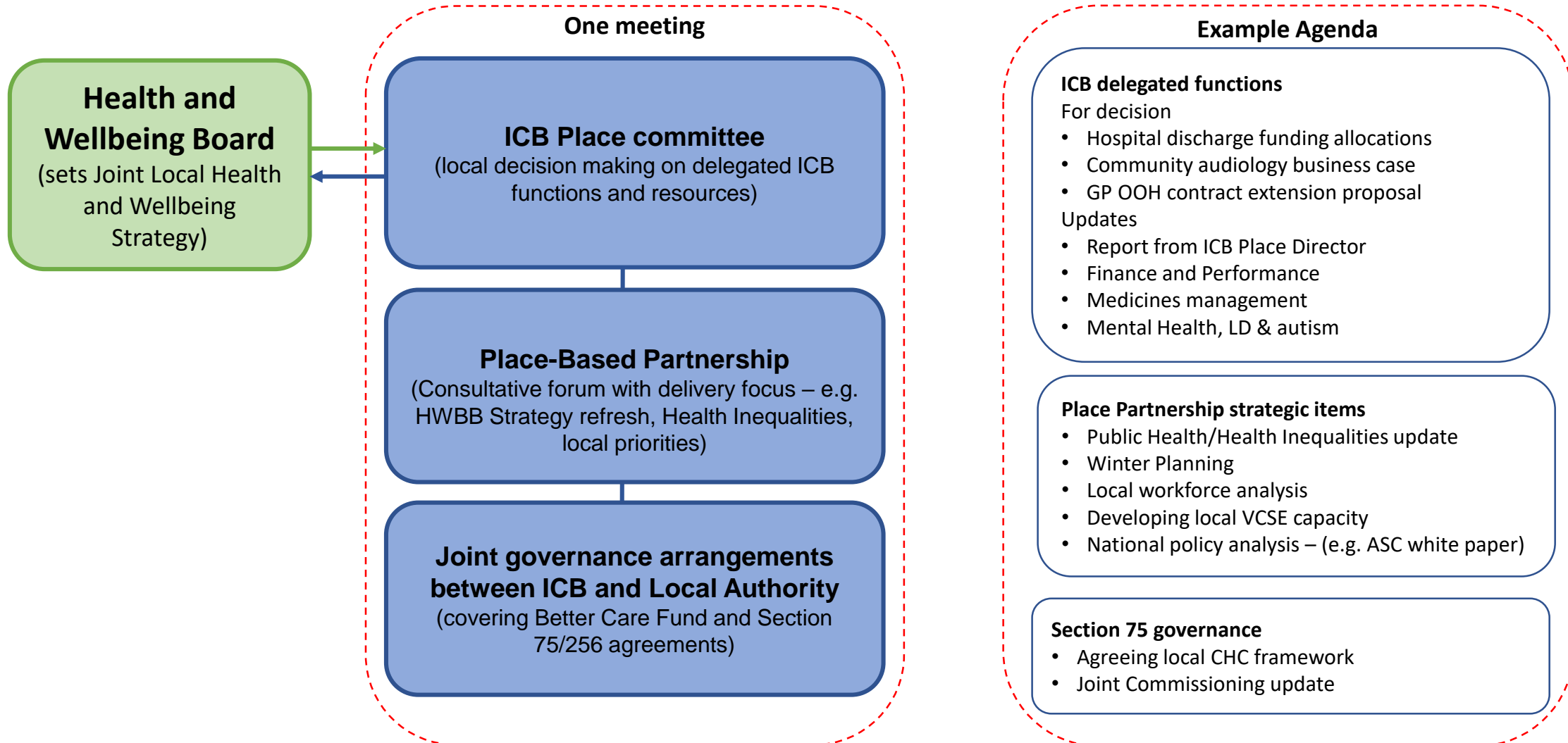
Functions and resources delegated from the ICB as agreed by JMEG

- All budgets for services commissioned and delivered in the **community / out of hospital** system
- All budgets categorised as **continuing healthcare**
- **Primary care** budgets (with the exception of nationally negotiated GP contract budgets and associated expenditure)
- **Prescribing** budgets including local medicines optimisation activities
- **Mental health, LD and autism** community-based budgets (including section 117 packages of care)
- **Service Development Funding** which has already been identified and approved for place based allocation / determination on usage
- Local **safeguarding** team budgets and associated expenditure
- All budgets and associated expenditure included within the scope of **Better Care Fund** arrangements with Local Authorities

Aligning the key elements of Place-Based Governance



North East and
North Cumbria



Membership of a Place-Based Partnership - Hartlepool

- ICB members – (Director of Place [Chair], Medical Director, Director of Nursing, Finance Director, Place Clinical Leaders)
 - NHS Partners – Foundation Trusts, Primary Care, Mental Health
 - LA officers – DASS, DCS, DPH
 - Healthwatch
 - Other members will be invited as required (e.g., education, housing, police, fire, GP federation, VCSE) – to ensure no duplication and overlap with HWBB
-
- 1st Meeting held on 24th May 2023
 - Meetings will be held monthly
 - Agreed to hold a development session to develop cycle of business that will ensure a place based focus for delivery
 - Next meeting 28th June 2023

Agenda items to date

ICB delegated functions

For decision

- Agreement of ToR
- Agreed ways of working
- Teeswide decision making

Updates

- Performance
- Joint Forward Plan

Place Partnership strategic items

- Health Inequalities update
- ICP arrangements
- BCF overview
- Healthwatch ¼ report
- Hartlepool Strategic Investment Group



**North East and
North Cumbria**

Any Questions?

AUDIT AND GOVERNANCE COMMITTEE

27th June 2023



Report of: Chair of the Audit and Governance Committee and
Statutory Scrutiny Manager

Subject: STATUTORY SCRUTINY WORK PROGRAMME
2023/24

1. PURPOSE OF REPORT

- 1.1 To agree the Statutory Scrutiny Work Programme for the 2023/24 Municipal Year.

2. STATUTORY SCRUTINY WORK PROGRAMME 2023/24

- 2.1 The 'Introduction to Scrutiny' report considered by Members earlier in the meeting outlines the Committee's statutory responsibility in relation to scrutiny of:
- Matters relating to the planning, provision and operation of health services at a local and regional level; and
 - Activities of the Safer Hartlepool Partnership, as the local authority's Crime and Disorder Committee.
- 2.2 In order to fulfil these responsibilities, the Audit and Governance Committee establishes an annual work programme that balances the completion of proactive investigations alongside the need to accommodate consideration of:
- **Policy Framework Items** (Community Safety Plan and Youth Justice Strategic Plan);
 - **Reactive issues** (e.g. issues of local concern that arise during the course of the year with the potential for bespoke 'one off' meetings. An example of this being where there is as a particular antisocial behaviour issue on a town wide basis resulting in a call for action from the Committee for evidence from the Police and Crime Commissioner, Community Safety Team, Council and others to assess how it is being dealt with. This ensures greater public engagement and scrutiny;
 - **Mandatory topics** (e.g. substantial variation / changes in service provision); and
 - **Carry over Items** (not progressed in the previous year due to time and resourcing restraints).

- 2.3 Members can also consider the investigation of potential topics from the 3 year rolling work programme, establishment as best practice in health scrutiny guidance. It should be noted that the rolling programme, as detailed in Table 1 below, has remained unchanged for a number of years, with no issues selected for investigation, topics added or removed.

Table 1 – Rolling Programme

ROLLING HEALTH SCRUTINY WORK PROGRAMME
Diet, Nutrition and Diabetes
Healthy Eating / Obesity (Strategy currently being reviewed)

- 2.4 In setting the work programme it is important to make the most effective use of resources, and available committee time. To assist the Committee in achieving this, **Appendix A** illustrates the items already scheduled for consideration in 2023/24.
- 2.5 The presentation of similar data in previous years, has informed the Committee's decision to on one proactive investigation and it is suggested to Members that the same principle be applied to the 2023/24 work programme. The Committees activities to be restricted to one in depth investigation only.

3. IDENTIFICATION OF POTENTIAL INVESTIGATION TOPICS FOR 2023/24

- 3.1 In previous years consideration of potential topics, suggested by Directors, Policy Committee Chairs, Members and partner organisations, has been informed by the application of the PICK scoring matrix (as detailed in **Appendix B**). In 2022/23 a topic suggestion from Hartlepool Labour Group in relation to the introduction of a Borough wide / large scale landlord licensing scheme was approved for consideration, subject to the availability of time). Unfortunately it was not been possible to undertake the investigation in 2022/23 and, as such, the topic was carried forward to investigation in 2023/24.
- 3.2 In addition to the landlord licensing scheme investigation carried forward from last year, a further topic has been put forward by the Chair of the Audit and Governance Committee. Details of the proposed topic are outlined in Table 2 below.

Table 2 - Suggested Investigation Topic

Topic - Derelict land and buildings (both residential and commercial)
<p>Reasons for investigating - Hartlepool has a disproportionately high number of areas of derelict land and buildings and was among the top 10 local authority areas for empty properties in 2020.</p> <p>It can been demonstrated that:</p> <ul style="list-style-type: none"> - Empty houses, derelict land, disused commercial properties all have a hugely detrimental impact on:

- The health and wellbeing of the population (including mental health)
- Crime and antisocial behaviour
- Sense of place
- Community cohesion
- Economic growth

- It is often the smaller derelict sites in our urban communities that have the biggest impact on their wellbeing and safety. There is evidence that neglected sites can deter investment or mitigate the introduction of new income streams such as tourism and local communities can feel forgotten.
(*Head of Policy and Research at the Scottish Land Commission*)

On this basis, the proposed investigation clearly meets the essential criteria health and crime and disorder elements of the Committee's statutory scrutiny responsibilities.

Desired Outcome - A new and far more aggressive strategy for dealing with such land and buildings.

The Committee will seek to give a voice to residents and seek answers from relevant parties on how they intend to address (or are addressing) these concerns.

Should the investigation be undertaken, the first stage of the process would be complete a detailed 'scoping' exercise. As part of this process, consideration needs to be given to how derelict land and buildings can be brought back in to use:-

1. What levers can the local authority can use?
2. What are the levers that our partners in the public, social and voluntary sector can use?
3. What 'sticks' are not being used (fully or partly) in terms of:-
 - a) Legislation
 - b) Enforcement
 - c) Finance (fines, tax, rates)
 - d) New schemes (e.g. landlord licensing that has been shown to reduce long term empty properties in Middlesbrough)**
 - e) Wider policy changes (e.g. How do we engage private developers in terms of future potential investment schemes? Should they get further public money or engagement without more action on their side?
 - f) How can we draw in other partners to create a unified position and attitude?
4. What 'carrots' can be used?
 - a) How do we shape the capital programme to target this issue?
 - b) What national opportunities for further grant funding exist?
 - c) What local options exist for more innovative and aggressive interventions in the market?

- d) What greater role can the Housing Revenue Account play?
- e) How do we bring our partners in the public, social and third sector into the agenda to increase their investment in tackling this issue more effectively?
- f) How do we support the third sector (see the community housing work in the Annexe) in expanding their work in a coordinated way?
- g) What is the potential role of the MDC in realising this agenda?

- 3.3 The Committee's is asked to note that the remit of the investigation outlined in Table 2 would include exploration of the landlord licensing scheme issue. In light of this, confirmation has been received that subject to the selection of the derelict land and building topic as the sole investigation for this year, the investigation request carried over from last year would be withdrawn.
- 3.4 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.
- 3.5 Once the Committee has identified its Scrutiny topics, anticipated time frames need to be applied. It is recognised that the Committee's workload needs to be managed carefully, with due consideration given to the allocation of appropriate time to allow effective exploration of the identified health and crime and disorder topics. In order to assist in achieving this, it is suggested that the Committee considers the potential value of establishing working/ task and finish groups to carry out work relating to the topics.
- 3.6 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.

4. COMMUNICATIONS AND ENGAGEMENT

- 4.1 In accordance with the wishes of the Chairman, this year will see an increased focus on consultation and the creation of opportunities for real community engagement. A Communications Strategy has now been produced by the Chair

(attached at **Appendix C**) and the Committee is asked to consider the content of the strategy.

4.2 Members are also asked to consider a number of additional proposals for changes to the operation of meetings in the coming year:-

- a) **Timings of committee meetings** – To be moved to 5pm to facilitate working residents;
- b) **Venues for committee meetings** – Meetings to ‘tour’ around Hartlepool, taking the committee into community venues; and
- c) **A public engagement exercise** – The Chair, Vice Chair and any interested Member to attend residents’ associations and community groups across the town to talk about the work of the committee and listen to views and experiences (including those that are relevant to the committees current investigation)..

5. RECOMMENDATIONS

5.1 The Audit and Governance Committee is requested to:-

- (a) Consider focusing on one topic for investigation in the coming year, to allow flexibility in its work programme for emerging issues and referrals;
- (b) Agree its work programme for 2023/24, as detailed in Appendix A, and identify its primary topic for investigation over the course of the year;
- (c) Agree the proposed Communications Strategy and changes to the operation of meetings for the coming year, as outlined in Section 4.2 of the report; and
- (d) Consider the items on the rolling programme and agree whether to maintain the current items or remove / add topics.

6. REASONS FOR RECOMMENDATIONS

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

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

TIMETABLE 2023/24		27 JUNE 2023	18 JULY 2023	19 SEPT 2023	10 OCT 2023	7 NOV 2023	12 DEC 2023	30 JAN 2024	27 FEB 2024
General Items									
Statutory Scrutiny Work Programming		JS							
Substance Misuse (12 month update)									CR
Appointment to other Committees and Outside Bodies		JS							
Dedicated O&S Budget / Introduction to O&S		JS							
Scrutiny Investigation update Report (bi-annual)				GJ					GJ
Poverty Investigation (Closing the Loop)				PT/DS					
Accessibility of Council Services for People with Disabilities and Long Term Conditions Investigation (Closing the Loop)				JS					
Joint Health and Wellbeing Strategy (Consultation)				CR					
Health and Care Act Update			JS						
Crustacean Deaths Working Group		Cllr RC	Cllr RC	Cllr RC	Cllr RC	Cllr RC	Cllr RC	Cllr RC	Cllr RC
Crime and Disorder Items									
Community Safety Partnership – Performance			Q3 / Q4 - SP		Q1 - SP			Q2 - SP	
Community Safety Plan 2021/22 (B&PF) – Consultation (TBC)								SP	
Health Items									
Director of Public Health – Annual Report								CB	
Health Inequalities Update (Director of Public Health)					CB				
Healthwatch Work Programme		TBC							
Tees, Esk & Wear Valleys NHS FT – Quality Account (via TVJHSC – March 2024)									
NEAS – Quality Account									MC
NTees & Hpool NHS FT – Quality Account (QA) and Regular General Update									KW (QA)
North Tees and Hartlepool Foundation Trust (NTHFT)/North East Ambulance Service (NEAS) Hospital Admissions Avoidance Scheme (inc. clinical outcomes) (TBC)									RMW
Independent Complaints Advocacy Annual Update (TBC)									
ICB Update		KH							
North Tees and South Tees Foundation Trusts - Group Model Update			DB						
McKenzie Group – Proposed Closure of Hartfields Medical Practice				SG					
Audit / Standards Items									
2022/23 financial report (including 2021/22 statement of accounts)*	Final Accounts		SS/JM			SS / JM			
Role of the Chief Finance Officer / Head of Internal Audit	Governance		NA						
Annual Audit Letter	Final Accounts								
Treasury Management Strategy and Qtly reviews	Treasury Management Strategy	22/23 Outturn / 23/24 1st Review - JM			Q2 - JM			Q3 / Strategy – JM	
Quarterly Internal Audit Plan Update	Internal Audit		1st Review - NA			2nd Review - NA			3rd Review - NA
23/24 Internal Audit Plan	Internal Audit								NA
Request for Declarations	Final Accounts		Mazars						
Internal Audit Outcome Report 2022/23	Internal Audit		NA						
Annual Governance Statement 2022/23	Final Accounts		NA						
Audit Progress Report* *Plus as required	Governance		Mazars						
Letter to those charged with governance	Final Accounts		NA						
Regulation of Investigation Powers Act 2000 (RIPA)		Q1 AW			Annual – Q2 (AW)			Q3 AW	Q4 - AW
Complaint Investigation (as required) / A&G meeting process			JS/ NW						
Email Accounts / Sanctions		HM							
Independent Remuneration Panel					HM				

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.

AUDIT AND GOVERNANCE COMMITTEE

27 June 2023



Report of: Statutory Scrutiny Manager

Subject: ANNUAL APPOINTMENT TO COMMITTEES / FORUMS

1. PURPOSE OF THE REPORT

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

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

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

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

2. BACKGROUND INFORMATION

2.1 A number of appointments were made by Full Council and need to be noted by the Audit and Governance Committee:-

- (a) 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.

The membership of the Joint Committee is made up of one member from each Local Authority. **The Committee is requested to note the self-selecting appointment of the Chair of Audit and Governance Committee (Cllr Brash) made by Council on 16 May 2023, as the Council's representative on the North East Regional Joint Health Scrutiny Committee.**

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**.

- (b) 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'.

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.

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 via TEAMS (dates not yet set).

- (c) 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 usually meet at least three times per year, details of which are awaited from the Combined Authority.

Each Constituent Authority is required to nominate a Member and Substitute Member 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 appointment is required to be filled by a Labour Councillor from the membership of Hartlepool's Audit and Governance Committee.

Full Council on the 16 May 2023 agreed the appointment of Councillor Creevy to serve on the Tees Valley Combined Authority

Audit and Governance Committee and Cllr Allen appointed as the nominated substitute.

- (d) Tees Valley Combined Authority Overview and Scrutiny Committee – The Tees Valley Overview and Scrutiny Committee reviews important strategic decisions and the direction of Tees Valley Combined Authority, and ensures that any decision is in line with the Combined Authority's agreed policies. The Committee meets once every six weeks with the date of the next meeting to be confirmed.

Each Constituent Authority is required to nominate 3 Members and Substitute Members (membership of Overview and Scrutiny not to include TVCA Overview and Scrutiny Member) to the Tees Valley Combined Authority Overview and Scrutiny Committee. The membership of the Tees Valley Overview and Scrutiny Committee is politically balanced across the Tees Valley area and, on this basis, this appointment is required to be filled by 2 Conservative and Independent Coalition Members and 1 Labour Member of the Council.

Full Council on the 16 May 2023 agreed the appointment of the following Councillors:-

Cllr Little (CIC) (substitute to be notified)
Cllr Lindridge (CIC) (substitute Cllr Groves)
Cllr Harrison (Lab) (substitute Cllr Boddy)

- (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 place an Independent Remuneration Panel. The purpose of the Panel being to recommend allowances payable to the Mayor.

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 16 May 2023 appointed Tracy Squires (Independent Member) to serve as Hartlepool's representative on the Tees Valley Combined Authority Independent Remuneration Panel.

- (f) Audit and Governance Committee Crustacean Deaths Working Group

Full Council on 16 May 2023 agreed the appointment of the following to serve on the Crustacean Deaths Working Group:-

Councillor Brash (Chair of Audit and Governance Committee)
Cllr Martin-Wells (Chair of Economic Growth and Regeneration Committee)
Councillor Creevy (Audit and Governance Committee Member)
Joan Stevens (Statutory Scrutiny Manager)

2.2 A number of appointments need to be made by the Audit and Governance Committee:-

- (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.

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**.

The administration of the Joint Committee is rotated annually across the local authorities involved and for 2023/24 this responsibility sits with Stockton Borough Council who will also provide the Chair for the Committee. The Committee will meet quarterly, with the first meeting to be held in mid-July 2023 (date to be confirmed).

The membership of the Tees Valley Joint Health Scrutiny Committee consists of three Members from each Local Authority and Full Council at its meeting on 16 May 2023 took the decision to refer the filling of these positions to the Audit and Governance Committee.

The Committee is asked to make appointments to the following from the membership of the Audit and Governance Committee:-

- 1 Councillor (Self-selecting as Chair of A&G – Cllr Brash)
- 1 Member of A&G (Conservative and Independent Coalition)
- 1 Member of A&G (Labour or Conservative and Independent Coalition)

- (b) Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee - 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 Sustainability and Transformation Partnership (STP) process. A full copy of the Committees Terms of Reference is attached at **Appendix B**.

The Sustainability and Transformation Partnership (STP) has now been replaced by the:

- North East and North Cumbria Integrated Care System (ICS) as a partnership of organisations including local councils, voluntary and community services that provide health and care across our region.
- Underneath which is the North East and North Cumbria Integrated Care Board (ICB), through which partners are working collectively to join up resources and expertise to provide the best health and care for our local communities, and the Tees Valley Area Integrated Care Partnership (ICP). The ICP is responsible for the development of a strategic picture of the health and care needs of the constituent local authority 'places' working with a wide range of partners including existing health and wellbeing boards. It is also a body through which providers can work collaboratively, rather than competing to build on the new care models programme and pre-existing collaborations between services.

Whilst the Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee has not met for a considerable period of time, it remains in existence and as such the Audit and Governance Committee is requested to appoint three members to the body.

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 (Self-selecting as Chair of A&G – Cllr Brash)**
- **1 Member of A&G (Conservative and Independent Coalition)**
- **1 Member of A&G (Labour or Conservative and Independent Coalition)**

- (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.

The Board meets on a quarterly basis and dates are outlined below:-

Monday 10 July 2023 – 10.00 am
 Monday 11 September 2023 – 10.00 am
 Monday 4 December 2023 – 10.00 am
 Monday 18 March 2024 – 10.00 am

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

On this basis, the Audit and Governance Committee is asked to **appoint one Member, from within its membership (Labour or Conservative and Independent Coalition), to take up the position of non-voting official observer on the Health and Wellbeing Board.**

- (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.

The Partnership meets six times a year.

Tuesday 20 June 2023 – 10.00 am
 Monday 2 October 2023 – 10.00 am
 Monday 11 December 2023 - 10.00 am
 Monday 26 February 2024 – 10.00 am

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

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

3. PARISH COUNCIL REPRESENTATIVE NOMINATIONS

- 3.1 Under the terms of the Localism Act 2011, the Borough Council needs to have in place 'arrangements' whereby allegations that a Member has not complied with the Code of Conduct can be investigated. The Borough Council are obliged to facilitate these arrangements on behalf of Parish Councils' in its area.
- 3.2 To reflect this, the Council's Constitution allows for the appointment of Parish Council Representative's to the Audit and Governance Committee when considering Standards issues relating to Parish Councils and Parish Councillors.
- 3.3 Parish Council representatives will only be involved in those matters that specifically relate to Parish Council business or during the investigation of Parish Council complaints.
- 3.4 Parish appointments rotate and nominations have been sought from Wynyard PC / Headland PC for the municipal years 2023 – 2026. A nomination has been received from Wynyard PC (Mr Kane Forester) and a nomination from Headland PC is still awaited.
- 3.4 The Committee is asked to consider the appointment of Mr Kane Forrester and delegate approval of the Headland Parish Council nomination to the Statutory Scrutiny Manager in consultation with the Chair of the Committee.

4. RECOMMENDATIONS

4.1 That the Audit and Governance Committee note the appointments made by Council.

4.2 That the Audit and Governance Committee:-

(a) Appoints three Members to the Tees Valley Joint Health Scrutiny Committee:-

- 1 Councillor (Self-selecting as Chair of A&G – Cllr Brash)
- 1 Member of A&G (Conservative and Independent Coalition)
- 1 Member of A&G (Labour or Conservative and Independent Coalition)

(b) Appoints three Members to the Durham, Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee*

- 1 Councillor (Self-selecting as Chair of A&G – Cllr Brash)
- 1 Member of A&G (Conservative and Independent Coalition)
- 1 Member of A&G (Labour or Conservative and Independent Coalition)

*Ideally but not prescriptively requires to be politically balanced.

(c) Appoints one Member to the position of non-voting official observer on the Health and Wellbeing Board (can be from an.

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

4.3 To consider the Parish representative nomination to serve on the Audit and Governance Committee from Mr Kane Forrester (Wynyard Parish Council) and that authority be delegated to the Statutory Scrutiny Manager, in consultation with the Chair, to consider/approve the Headland Parish Council nomination.

Contact Officers:- Joan Stevens – Statutory Scrutiny Manager
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Hartlepool Borough Council
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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.

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

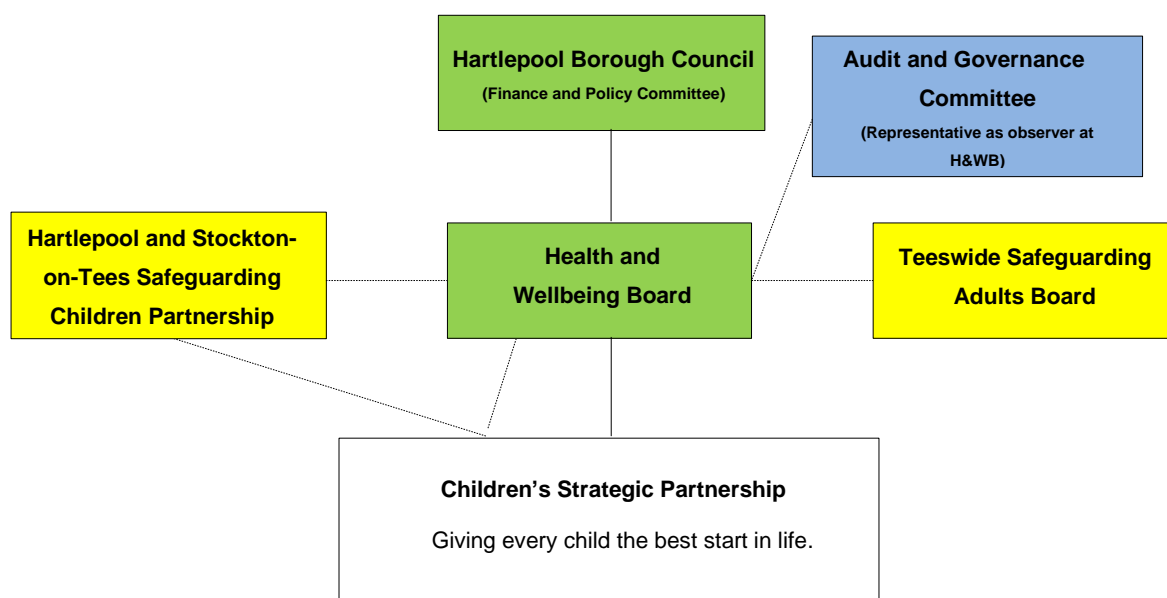
The Health and Wellbeing Board has a responsibility to act as a forum for key leaders from the local health and care system to jointly work to improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services. Key to achieving this is the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

Contents

1. Purpose and functions of the Safer Hartlepool Partnership
2. Roles and responsibilities of Safer Hartlepool Partnership members
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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

27 JUNE 2023



Report of: Director of Legal, Governance and Human Resources

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 be comprised of; Conservative and Independent Coalition – 1, Labour – 1 plus 1 to be determined by the Committee.**
- 2.3 The remit of the Personnel Sub-Committee as set out in Part 3 of the constitution is set out below:-

Power to consider and determine:-

Appeals against dismissal
Appeals arising out of Departmental staffing reviews and/or re-structures
Grievances at the final internal stage
Home to School Transport Appeals

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, Director of Legal Governance and HR
Legal, Governance and Human Resources Department
hayley.martin@hartlepool.gov.uk
01429 523002

AUDIT AND GOVERNANCE COMMITTEE

27th June 2023



Report of: Statutory Scrutiny Manager

Subject: DEDICATED OVERVIEW AND SCRUTINY BUDGET
2022/23 - 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 2022/23 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 2022/23 the following request was agreed for funding from the available £5,000 budget:-

Accessibility Investigation:

£190.00 – Public Workshop (Inc. 2 interpreters)

£540.00 – Easy Read Survey

4. RECOMMENDATION

- 4.1 It is recommended that the Audit and Governance Committee notes the dedicated scrutiny budget position for the 2022/23 financial year.

Contact Officer:- Joan Stevens – Statutory Scrutiny Manager
Legal, Governance and Human Resources Department
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

27th June 2023



Report of: Statutory Scrutiny Manager

Subject: Scrutiny Investigation into Child and Family Poverty –
Final Report

1. PURPOSE OF REPORT

- 1.1 To present the Committee's report on Child and Family Poverty in Hartlepool and provide an opportunity for Members to express any views, or comments, they may wish relayed to the Finance and Policy Committee for consideration alongside the report's conclusions and recommendations.

2. BACKGROUND INFORMATION

- 2.1 The Audit and Governance Committee completed its 'Child and Family Poverty' investigation in 2022 / 2023 and, based on the evidence provided, produced the report attached at **Appendix A**.
- 2.2 A Working Group of the Committee discussed in detail the formulation of conclusions and recommendations for inclusion in the finalised report that was approved by the Chair of the Committee, as delegated by the Committee. However, in light of changes to the membership of the Committee, the Chair has requested that Members be given the opportunity to receive the report ahead of its submission to the Finance and Policy Committee on the 3rd July and Full Council.
- 2.3 Any views or comments expressed by the new membership of the Committee are to be relayed to the Finance and Policy Committee, for consideration alongside the investigation report.

3. RECOMMENDATIONS

- 3.1 That Members receive the report and consider any views or comments they wish to be brought to the attention of the Finance and Policy Committee / Council during consideration of the report and its conclusions / recommendations.

BACKGROUND PAPERS

Audit and Governance Committee – Reports and minutes.

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



AUDIT AND GOVERNANCE COMMITTEE FINAL REPORT

CHILD AND FAMILY POVERTY IN HARTLEPOOL

MAY 2023

EXECUTIVE SUMMARY

Introduction

Despite the Government's commitment to eradicating child poverty by 2020, millions of families in the UK are unable to heat homes, pay rent, or buy essentials for their children. The prevalence and impact of poverty on a local, regional and national level is in fact continuing to rise, with the North East seeing the UK's biggest increase in child poverty.

In recognition of this, and the impact on family incomes of the pandemic, changes to national insurance levels and inflation, the Committee identified 'Child and Family Poverty in Hartlepool' as a critically important, crosscutting, priority issue for investigation.

Conclusions

- 1) Despite the Government's 1999 commitment to eradicating child poverty by 2020, it continues to affect millions of people in the UK, making them unable to heat homes, pay rent, or buy essentials for their children.
- 2) Child poverty is a cross cutting priority for the council and the reviewed Child and Family Poverty Strategy needs to be grounded in real life experiences, creative and innovative with support from experts, practitioners and residents.
- 3) The long term societal impacts of COVID-19 are not fully known, however, it is highly probable that this will further exacerbate poverty levels in Hartlepool.
- 4) The North East is seeing a much steeper rise in child and family poverty than the rest of the UK, this includes families both in and out of work. There are also direct causational links between higher levels of poverty and health inequalities.
- 5) Poverty services in Hartlepool are predominantly focused on mitigation which help in the 'here and now' and do not lead to impactful change. Mitigation services in Hartlepool are, however, exceptional and need to continue going forward, in conjunction with an increased emphasis on the provision of prevention and routes out of poverty.
- 6) Learning from the lived experience is at the heart of delivering socio economic equality and the adoption of the voluntary Socio Economic Duty would be a progressive step in tackling poverty, embedding collaboration, partnership working and resident led service design and development of services. It would also complement the anti-poverty, inclusive economy, and equalities approaches already being undertaken by the Council, including to some degree the Poverty Impact Assessments required as part of the process for submission of reports to Committee.
- 7) Additional activities would be required as part of the adoption and implementation of the Socio Economic Duty and a working group should be established to look further into:
 - What would be required to facilitate the formal adopt the Socio Economic Duty;
 - What would be the benefits of its adoption;
 - How might it reduce poverty; and
 - What all of the above mean in practical and financial terms for the Council.

- 8) A considerable amount of work is being undertaken by partners that could deliver examples of best practice and service improvement. Whilst it is recognised that time is needed for the true impact / benefits of these pieces of work to be known in time for consideration as part of the ongoing review of Hartlepool's Child and Family Poverty Strategy, a review of best practice / service change in other areas should be undertaken at a later date as part of a refresh of the Strategy.
- 9) The needs of those in destitution are likely to be the most complex, with a need for the most intense support. As levels of destitution increase in Hartlepool, pressure on services and the budgets that provide them continue to rise and a review of welfare service provision is needed to:
 - Support an effective Child and Family Poverty Strategy;
 - Move away from responding to crisis; and
 - Focus on impactful interventions that make long term change was supported by the Committee.
- 10) Effective communication with residents (to really listen to them) is essential in the creation of an effective Child and Family Poverty Strategy, and the development of the services that support its implementation. The establishment of a Hartlepool Poverty Truth Commission, as an effective way of facilitating this, would not have to involve significant financial input, although it would require a genuine desire to bring residents around the table.
- 11) Whilst poverty and the pandemic have combined to hit people who are struggling the hardest, Hartlepudlians are resilient, good neighbours who come together to make change happen. The key to success is trust between people, agencies and organisations.
- 12) Whilst the investigation focused on child and family poverty, the factors that influence poverty, and the challenges identified in this report, are equally applicable across the whole population (individuals, couples, pensioners, etc.).
- 13) It is important that the development of schemes and strategies of the impact across individual wards. This being particularly relevant given that whilst 39% of children across Hartlepool live below the breadline, some wards have poverty levels in excess of 50%.
- 14) It is important that the implementation of the recommendations contained within the report are monitored by the Audit and Governance Committee.
- 15) Working with third sector organisations (VCS), hyper local needs are identified to inform the development and delivery of targeted activities / interventions at a local level. This includes the targeting of certain areas of the community for school holidays and play schemes, etc.
- 16) Mechanisms, including 'Hartlepool Now', are already in place to raise awareness of help available to residents. However, awareness of the help and support available did need to be explored, with resident involvement in the development process.

- 17) It is essential that mechanisms are in place to ensure that residents are aware of the help and support available to them. Mechanisms including 'Hartlepool Now' were already in place, however, evidence had shown that the effectiveness of signposting could be improved with input from residents.
- 18) Schools have a role to play in the identification of children and families that are experiencing the impacts of poverty. Assistance to help schools do this is available via the 'Poverty Proofing' exercise offered by Children North East. Indication are that only 30% of schools in Hartlepool utilise the service offered by Children North East.
- 19) It is essential that the impact of poverty and socio economic disadvantage be considered as part of the process for consideration of 'key' decisions and development of strategies.

Recommendations

- 1) Exceptional services are provided in Hartlepool to mitigate the effects of poverty and these are the predominant focus of Hartlepool Council poverty activities. However, going forward, strategies and services need to move towards a more hands up/prevention/route out of poverty focused model lead to deliver more impactful change. As is being planned by the Trussell Trust Foodbank and The Joseph Rowntree Foundation.
- 2) The voluntary Socio Economic Duty be potentially adopted with the assistance of a working group that will look into:
 - What is required to facilitate the formal adopt the Socio Economic Duty;
 - What would be the benefits of its adoption;
 - How might it reduce poverty; and
 - What all of the above mean in practical and financial terms for the Council.
- 3) The establishment of a Hartlepool Poverty Truth Commission be progressed with the assistance from Thrive Teesside and the Poverty Truth Network. The purpose being to incorporate lived experience of socio economic disadvantage at all levels of decision making and policy development.
- 4) As and when the outcomes of ongoing national work in relation to best practice and service improvement becomes available, a further refresh of the new Child and Family Poverty Strategy be undertaken.
- 5) The implementation of the recommendations contained within the report to be monitored by the Audit and Governance Committee. Alongside an update on the poverty position in Hartlepool.
- 6) National targets have been removed for the reduction of poverty, however, national indicators have been created. It would be beneficial to set a series of Hartlepool specific indicators, against which outcomes (including the activities of the Poverty Truth Commission and adoption of the Socio Economic Duty) can be measured.
- 7) Ward based poverty data to be sent to Cllrs on an annual basis.

8) In terms of Schools, a poverty update is to be provided at a Head Teachers Briefing, as part of which schools:

- Will be reminded of the value of the 'Poverty Proofing' exercise offered by Children North East; and
- Asked to promote the second hand uniforms scheme (Hartlepool Preloved Clothing) as a means of reducing costs for parents.

9) In terms of decision making:

- Impact assessments are a part of the 'key' decision making process and development of strategies and Child and Family Poverty Impact Assessment and Equability and Diversity Impact Assessments are to be amalgamated to simplify the process; and
- Where the process for monitoring the implementation of decisions identifies a potential 'new' or 'increased' poverty impact, the Impact Assessment should be revisited to gain a full understanding of the position and any action that may be required.

10) In terms of debt collection:

- The impact of debt collection on those experiencing poverty needs to be evaluated with a view to supporting the provision of focused assistance and support; and
- Where debt is poverty related, options for changes to procedures for debt collection be explored in terms of the provision of additional support / assistance.

11) In terms of advice and support:

- Citizens Advice and other debt counselling services to be promoted to local groups and the VCS.
- Awareness rolled out to partners/voluntary sectors on initiatives such as Baby Bank/Sensory spot.

12) The Council to seek from the Joseph Rowntree Foundation (JRF) an ongoing strategic commitment to work with Hartlepool Borough Council on Hartlepool's poverty issues.

1. PURPOSE OF REPORT

- 1.1 To update on the findings of the Audit and Governance Committee's investigation into Child and Family Poverty in Hartlepool.

2. SETTING THE SCENE

- 2.1 As part of the requirements of the Health and Social Care Act 2012, the Council's Audit and Governance Committee consideration of a range of potential topics for investigation under its statutory health scrutiny responsibilities. One topic identified as being of particular interest to the Committee was Child and Family Poverty in Hartlepool.
- 2.2 The Committee was exasperated to find that despite the Government's commitment to eradicating child poverty by 2020, millions of families in the UK are unable to heat homes, pay rent, or buy essentials for their children. The prevalence and impact of poverty on a local, regional and national level continues to rise. Initial data¹ showing that:
- 4.3million children remained in poverty in the UK in 2019/20, which represented an increase of 200,000 from the previous year and up 500,000 over five years;
 - In the three years before the Covid-19 pandemic, the North East had the second highest rate of child poverty in the UK at an average of 37% (behind London at 38%, and compared with a UK average of 31%). This equated to 11 children and young people in a classroom of 30 in the North East;
 - The North East saw the UK's biggest increase in child poverty from 2014/15 to 2019/20 (rising by over a third from 26% to 37% - meaning child poverty in the North East has risen from just below the UK average to the second highest of any region, after London). One third of this overall increase came between 2018/19 and 2019/20; and
 - Of the 20 Parliamentary constituencies across the UK with the highest increases in child poverty rates from 2014/15 to 2019/20, more than four fifths are in the North East. Hartlepool's rates for the percentage of children in poverty being 27.4% (2014-15) and 37.8% (2019/20) which represents a 10.4% increase over the period.
- 2.3 Whilst the pre-covid data was in itself shocking, Members were exceptionally concerned that the true impact on family incomes of the pandemic, changes to national insurance levels and inflation were not yet known. With this in mind, the Committee identified 'Child and Family Poverty in Hartlepool' as a critically important, crosscutting, priority issue for investigation by the Audit and Governance Committee. The Committee's decision to focus on this issue was further justified by the cost of living crisis that has faced during 2022.
- 2.4 The Committee met formally on five occasions, during 2021/2022, to discuss and receive evidence relating to this investigation. A detailed record of the issues raised during these meetings is available from the Council's Democratic Services.

¹ Prof. Donald Hirsch and Dr Juliet Stone (Centre for Research in Social Policy at Loughborough University)

3. AIM AND TERMS OF REFERENCE FOR THE INVESTIGATION

3.1 Key to the success of the investigation was clarity in terms of the Committee's aim for the outcome of the piece of work, a defined terms of reference and agreed methods of investigation. All of these were agreed by the Committee on the 29th July 2021 and are detailed below:-

i) Investigation Aim:- To evaluate the true impact of child poverty and identify what the Council, and its partners, can do to make the positive changes required to reduce / eradicate it in Hartlepool.

ii) Terms of Reference:-

a) Agree a definition of child poverty for the purpose of the investigation.

b) To gain an understanding from a local, national, regional and peer perspective of the:-

i) Scale and extent of child poverty;

ii) Causes of child poverty; and

iii) Impact of Covid-19.

c) To examine barriers out of child poverty and explore their prevalence and impact in Hartlepool.

d) To explore the effectiveness of activities and services currently in place to prevent, eradicate and remove barriers out of child poverty:-

i) In Hartlepool; and

ii) Across other geographical areas and sectors (areas of potential best practice).

e) To identify service improvements or additions through which tangible reductions in child poverty levels across Hartlepool can be delivered.

4. MEMBERSHIP OF THE AUDIT AND GOVERNANCE COMMITTEE

4.1 The membership of the Audit and Governance Committee was as detailed below:-

Councillors Ashton (replaced by Hall during the course of the investigation), Boddy*, Cook, Cowie*, Feeney, B Loynes, D Loynes, Picton*, Richardson and Riddle.

* Added to the membership during the course of the investigation.

5. WHAT IS POVERTY

5.1 The Committee welcomed evidence from the Head of Housing, Hardship and Welfare Services, on behalf of the Director of Children's and Joint Commissioning Services, and as a starting point for its investigation gained an understanding of the drivers of poverty, the ways in which poverty data is presented and potential definitions for the purpose of the investigation.

Drivers of Poverty

- 5.2 Attention was drawn to the common perception that poverty relates predominantly to the availability of financial resources, and the absence of paid work. It was recognised that money management, and debt, were important contributing factors with most people receiving their financial support from the government monthly, resulting in them struggling to reach the end of the month with enough to pay for food and energy. Debt and interest repayment schedules also meant that residents never had the 'full' amount of benefit to make ends meet.
- 5.3 It was, however, clear to the Committee that an array of additional factors also drive poverty. These include:
- Unemployment - linked to this is skills and abilities of the workforce, ill-health (too sick to work), caring responsibilities and the cost of childcare.
 - Low skilled, low paid, part time work, insecure jobs and zero hours contracts, with 75% of children living in relative poverty in households where at least one adult works.
 - Housing costs – linked to this is the use of the Private Rented Sector due to lack of availability of social housing and/ or renters unable to meet social housing criteria.
 - The benefit system – administratively burdensome, difficult to navigate and currently not able to meet the needs of those that have to use it when times are hard.
- 5.4 It was not unexpected to find that all of the above drivers are present in Hartlepool, alongside other significant problems around money management and debt. Most people receive their financial support from the government monthly and are struggling to reach the end of the month with enough to pay for food and energy and debt / interest. Repayment schedules often also mean that people never have the 'full' amount of benefit to make ends meet, even at the start of the month.
- 5.5 All of these factors having the capacity to:-
- i) Impact on the severity of poverty experienced by residents, with the below groups of individuals most at risk of poverty:
 - Lone parents.
 - Families with young children under the age of five.
 - Families with three or more children.
 - Families with an adult and/ or child with a disability.
 - Black and minority ethnic families.
 - Women (more likely to have lower paid work or not work at all due to caring responsibilities).
 - ii) Quickly escalate poverty from below the minimum income standard to not being able to eat or keep warm, as detailed in Diagram 1 over the page.

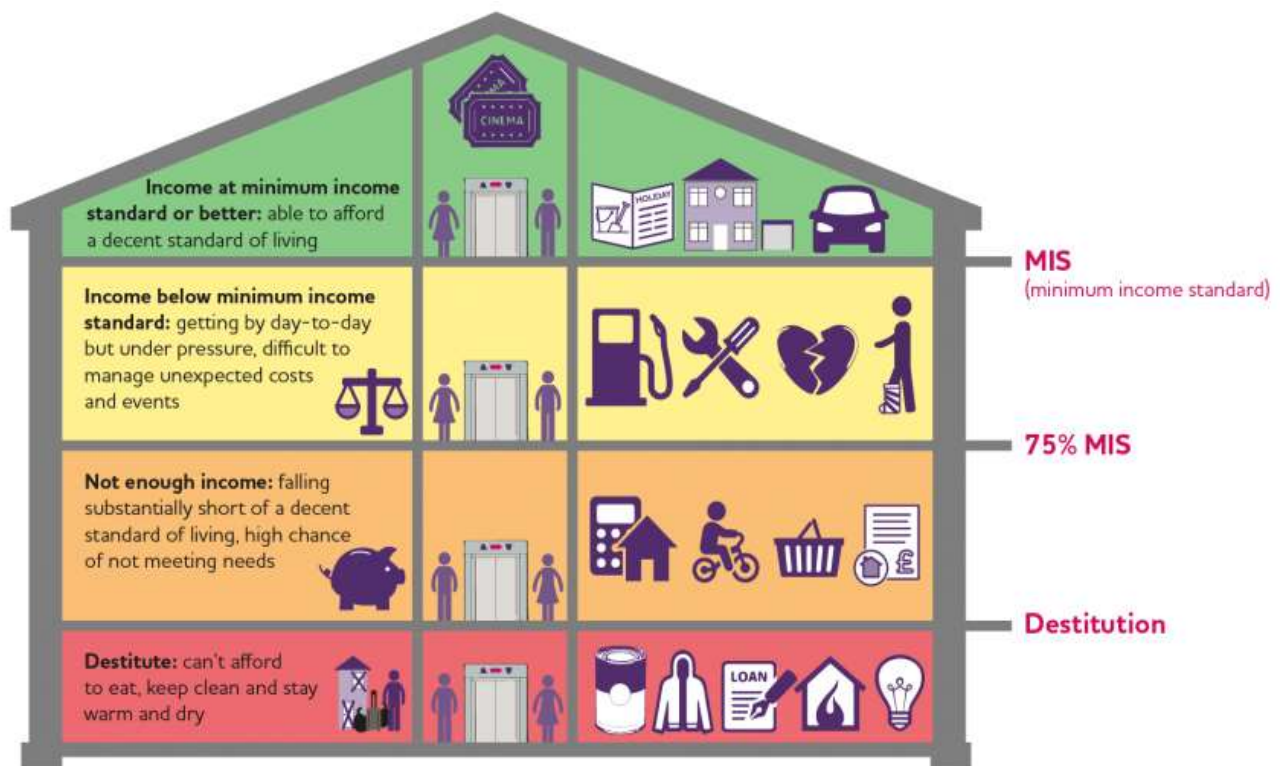


Diagram No. 1 – Levels of Poverty - Joseph Rowntree Foundation

6. HOW IS POVERTY DEFINED?

6.1 As part of the process for the identification of a definition of poverty the Committee was surprised to find that no unilaterally agreed definition was applied by bodies / organisations across the sectors. Attention was, however, drawn to the annual Government survey of income poverty in the UK, called 'Households below Average income' (HBAI), which set the poverty line in the UK at 60 per cent of the median UK household income. This formed the base for two potential definitions of poverty for consideration by the Committee:-

- i) **Relative**: the level below which a citizen has the economic capacity to participate fully in the society in which they live and is routinely set as below 60% of the median UK household income. Relative poverty is sometimes described as "relative deprivation" because the people falling under this category are not living in total poverty, but they are not enjoying the same standard of life as everyone else in the country; and
- ii) **Absolute**: when household income is below 60 per cent of the median as it stood in 2011, below which people lack the necessary food, clothing, or shelter to survive. This being a less widely used definition.

6.2 A further consideration in the identification of a definition was the way in which poverty data is produced with two potential indicators used in the form of income 'before' and 'after' housing costs. Members were of the view that calculating poverty 'after' housing costs was the most accurate, and relative, way to measure the true impact on families and on, this basis, the below definition was to be used for the purpose of the investigation:-

Relative Poverty - The level below which a citizen has the economic capacity to participate fully in the society in which they live and is routinely set as below 60% of

the median UK household income. Relative poverty is sometimes described as “relative deprivation” because the people falling under this category are not living in total poverty, but they are not enjoying the same standard of life as everyone else in the country.


7. POVERTY DATA - WHAT DOES IT TELL US?

- 7.1 At the meeting of the Committee on the 9th September 2021, evidence from the Head of Housing, Hardship and Welfare Services provided an understanding of poverty levels across the country, regionally and more specifically in Hartlepool.
- 7.2 Particular reference was made to data compiled by Loughborough University’s Centre for Research and Social Policy², as an independent source of poverty data for over 10 years. The study utilised the ‘relative’ poverty indicator and Members noted with concern that, as of May 2021, Hartlepool featured 8th in the top 20 authorities across the country with the highest increase in relative poverty in a year (See Table 1 below).

Poverty from a National Perspective

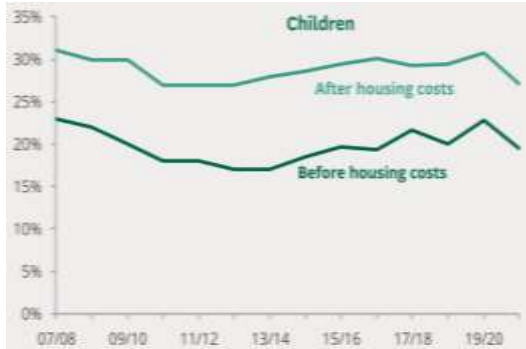
- 7.3 Data provided gave the Committee an understanding of the noted with interest that:-
- Across the UK 31% of children live in a household 60% below median income after housing costs (relative poverty).
 - The top 20 local authorities with the highest child poverty rates range from 55.8% (Tower Hamlets) to 39.0% (Lewisham). Middlesbrough features in the top 20 list at 39.4%.
 - Across the UK there has been an average 2% increase in relative poverty however, the top 20 authorities with the highest increase in poverty range from Newcastle upon Tyne (12.8% increase in five years) to North Lincolnshire (5.9% increase in five years).
 - Levels of poverty had fluctuated over a number of years, as detailed in **Table 2** over the page, with attention drawn to the relationship between trends and changes to the tax and benefits regime (e.g. when the Government increased investments in families’ social security, there was a notable reduction in child poverty).

Table 2 - % Over a 3 year average³

Relative Poverty (After housing costs) Percentage of whole population in poverty in England		
Year	% - 3 year average	Poverty Trends
1999/00 - 2001/02	23%	 Between 1998/9 and 2004/5 child poverty rates declined at a steady rate and research studies concluded that this stemmed from a number of policy interventions, including: <ul style="list-style-type: none"> - Efforts to increase employment for lone parents; - Additional benefits targeted specifically at children (such as child tax credit; and - Significant investments in early year’s education and care.
2000/01 - 2002/03	22%	
2001/02 - 2003/04	22%	
2002/03 - 2004/05	21%	
2003/04 - 2005/06	21%	

² Loughborough University - ‘Local indicators of child poverty after housing costs’ (May 2021)

³ Source: DWP, [Households Below Average Income](#), 2020/21

2004/05 - 2006/07	22%	↑ Between 2004/5 and 2009/10 the child poverty began to drift upwards again at the beginning of this period, but it started to decline again from 2008/09.
2005/06 - 2007/08	22%	
2006/07 - 2008/09	23%	
2007/08 - 2009/10	23%	
2008/09 - 2010/11	22%	↓ Child poverty rates declined.
2009/10 - 2011/12	22%	
2010/11 - 2012/13	21%	
2011/12 - 2013/14	21%	
2012/13 - 2014/15	21%	
2013/14 - 2015/16	21%	
2014/15 - 2016/17	22%	↑ The 2010 Child Poverty Act had been dissolved in 2016 and replaced with the Welfare Reform and Work Act, removing the duty for local authorities to have a Child Poverty Strategy, Needs Assessment and Plan. In addition to this, the government had moved its focus to social mobility, away from its commitment to eradicating child poverty.
2015/16 - 2017/18	22%	
2016/17-2018/19	22%	
2017/18-2019/20	22%	
2019/20 - 2020/21	20%	↓ Child poverty rates declined. 

7.4 Updated data, however, brought to the Committee's attention an unexpected fall in relative, and child poverty, between 2019/20 and 2020/21, although the reduction in relative poverty could have been due to uncertainty in the data over the period of the pandemic. Two potential reasons for the fall had been identified as⁴:-

- i) Median incomes fell due to furloughed workers receiving 80% of their pay and job loss among low paid workers, pushing down the relative poverty line; and
- ii) An increase in benefits such as the £20 per week Universal Credit uplift increased the incomes of benefit recipients.

Poverty across the Tees Valley / North East

7.5 Evidence provided demonstrated that:-

- i) Poverty levels across the Tees Valley had increased by between 9.8% and 10.6% between 2014 and 2020 (as detailed in Table 1 over the page).

Table 1 – Poverty Levels (Tees Valley - 2021)

Local authority	2014/15 indicator	2019/20 indicator	% point increase
Middlesbrough	29.2%	39.4%	10.3%
Hartlepool	27.4%	37.8%	10.4%
Darlington	25.7%	36.1%	10.4%
Redcar & Cleveland	26.2%	36.8%	10.6%
Stockton on Tees	25.5%	35.3%	9.8%
UK	29%	31%	2%

⁴ the Joseph Rowntree Foundation

- ii) 'Child poverty was expected to continue to grow at an alarming rate across the urban areas of the North East, whereas the greatest changes elsewhere are more localised. This was likely to be influenced by the presence in the region of a large proportion of low-paid workers who had only been just above the poverty line, and were being pushed below by the freeze in their in-work benefits.'⁵
- iii) Projections from The Institute for Fiscal Studies suggested that rates would continue to rise and that by 2025 relative poverty would have risen by 50%, unless significant intervention are put in place;
- iv) The North East has the second highest rate of child poverty in the UK at 37% (behind London at 38%)⁶;
- v) The North East saw the UK's biggest increase in child poverty from 2014/15 to 2019/20 (rising from 26% to 37% - meaning child poverty in the North East has increased from just below the UK average to the second highest of any region in that time)⁷; and
- vi) All 12 North East councils are included in the 20 UK local authority areas which saw the highest increases in child poverty from 2014/15 to 2019/20⁸.

Poverty in Hartlepool

7.6 Members discovered that work with residents had shown that all of the factors outlined in Section 5.3 are experienced in Hartlepool and were shocked to find that in 2021 poverty rates in Hartlepool were such that:-

- i) Destitution is becoming increasingly prevalent in the town and those who are destitute are likely to have the most complex needs, requiring the most intense support;
- ii) As of 2022, 39% of children in Hartlepool now live below the breadline (i.e. living in relative poverty in a household with less than 60% of the national median income), in some areas of the town this is in excess of 50%. On this basis, out of a class of 100 children, 39 live in poverty, as **Diagram 2** demonstrates;

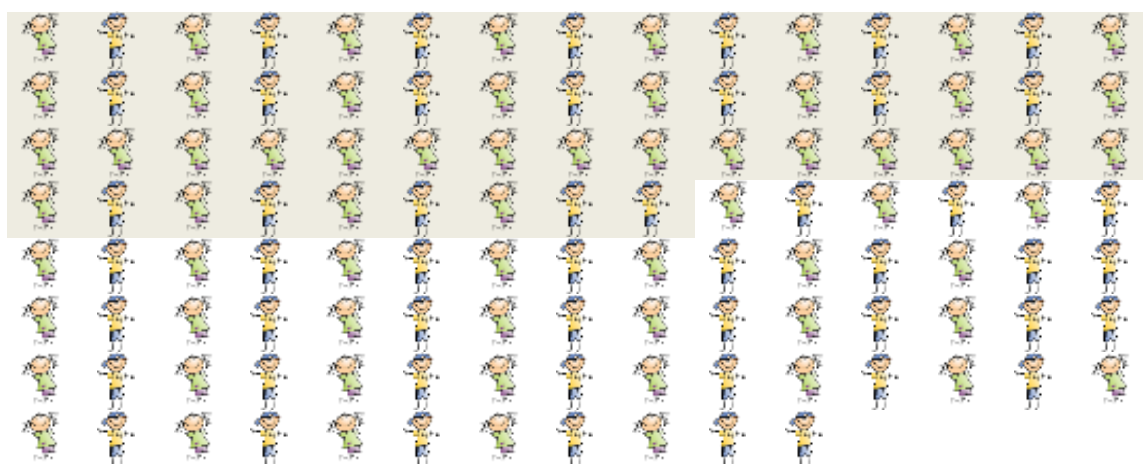


Diagram 2 – Children in a class of 100 who are in poverty.

⁵ Loughborough University
⁶ End Child Poverty coalition
⁷ End Child Poverty coalition
⁸ End Child Poverty coalition

- iii) Hartlepool featured 8th, in the top 20 authorities across the country, with the highest increase in relative poverty in a year (up 10.4% since 2014/15);
- iv) Hartlepool was ranked as 18 in the top 20 towns and cities experiencing destitution. Middlesbrough was 1st, Newcastle was 5th. According to JRF 1.21% of the total number of residents was destitute⁹;
- v) 11 Hartlepool children in every classroom of 30 are living on or below the poverty line (37.8%);
- vi) Hartlepool has the second highest growth in poverty across the North East in the last five years; and
- vii) Pensioner poverty is increasing and is more prevalent in women, currently this stands at 18%.

7.7 With due regard to the overall data provided, attention was drawn to the differing needs of those in poverty and destitution, as detailed in Diagram 1. It was noted that the needs of those in destitution are more likely to be the most complex with a need for the most intense support. As a result of this as the levels of destitution increase in Hartlepool, pressure on services and the budgets that provide them also continue to rise. This is a significant issue as funding challenges continue to face the local authority and the need for a review of welfare service provision to support an effective Child and Family Poverty Strategy was supported by the Committee.

7.8 Whilst it came as no surprise to the Committee that poverty rates in the Tees Valley and Hartlepool continue to be higher than the national average; The failure of national and local activities / interventions to reduce poverty levels below 20% over the last twenty plus years was, however, a contentious issue for Members. Members were also concerned to learn that:-

- i) An increasingly large proportion of the UK was experiencing the very deepest level of poverty;
- ii) The proportion of people living 50% or more below the poverty line being 7% in 2019/20 (compared to 5% in 2000/01);
- iii) Child poverty rates were predicted to rise and that by 2020, relative child poverty would rise by 50% unless significant intervention is put in place¹⁰;
- iv) There is increasing evidence to show a direct causal link between poverty and the significant levels of rising child protection intervention and numbers of children becoming looked after;
- v) A number children who hover 'above' the relative poverty line live in a low income family (and are ineligible for a free school meal);
- vi) Persistent poverty leads to physical and mental ill health and can lead to low educational attainment;
- vii) Persistent poverty (living in relative poverty for at least three out of the last four years) leads to a greater likelihood of physical and mental ill-health and has a lasting impact on a child's life chances, education and aspirations; and

⁹ JRF report Destitution in the UK 2020,

¹⁰ Institute for Fiscal Studies

viii) The proportion at all other depths of poverty had remained stable, or had fallen over the same time period¹¹, reflecting a disproportionate impact on the most vulnerable members of communities.

8. THE IMPACT ON POVERTY OF COVID-19 AND THE RISING COST OF LIVING

8.1 With the assistance of the Head of Housing, Hardship and Welfare Services, the Committee explored the societal impact of the COVID-19 pandemic and the unprecedented pressure placed upon everyone, especially those who were already deemed 'vulnerable'.

8.2 It was clear that the long term societal impacts of COVID-19 were not fully known, however, it was highly probable that it would further exacerbate poverty levels in Hartlepool, with those most severely affected by the pandemic being more likely than average to already be in poverty. The reasons for this being:

- Low paid workers:
 - Median wages in the sectors shut down by the pandemic were among the lowest in the economy;
 - Low paid workers were less likely to be able to work from home which meant that they were more likely to have lost their jobs or been furloughed; and
- Minority ethnic groups: workers from minority ethnic groups make up a larger than average proportion of the jobs in sectors vulnerable to the coronavirus pandemic;
- Lone parents: lone parents are more reliant on local jobs, and more likely to have struggled with childcare during lockdown;
- Private renters and social renters: private renters have higher housing costs and social renters tend to have lower incomes; and
- People living in areas of the UK where there were already higher levels of unemployment, poverty, and deprivation.

8.3 Members appreciated that interventions had been put in place on a local and national basis to respond to the challenges facing residents (e.g. furlough, business grant support, extra £20 Universal Credit, stay on evictions). There was, however, concern at the time of the investigation that these measures were coming to an end, in particular around the withdrawal of the £20 universal credit support, with evidence showing that 75% of children who live in relative poverty are in a household where at least one adult works. This was largely due to zero hours contracts, part time and low paid work.

8.4 Moving forward emphasis was placed upon the importance of the continued provision of measures that are developed / influenced by the use of research¹² in order to identify the correct actions to re-shape life after COVID. Potential measures being:

¹¹ Commons Library Research Briefing, 29 September 2022

¹² The British Academy (the UK's national academy for the humanities and social scientist)

- Empowering participation, engagement and cooperation to strengthen local capacity and help people to respond and meet local needs. – local ‘actors’ with a strong sense of social justice.
- Improving the way data and information is shared to enable a shared understanding of facts so that help and support can be directed to the right people at the right time.
- Digital infrastructure as critical to public service not only for communication but for education and employment.
- Empowering ‘local actors’ to work together with a sense of social purpose to help drive a solid strategy for recovery across the board.
- Collaboration with key stakeholders across the town and the region to secure support to change.
- Explore best practice in other areas and harness knowledge, skills and experience of other leading agencies.
- Talking to residents about their experiences and enabling local people to reduce the stigma surrounding poverty and work to effect change.
- Utilise the power of the collective response to influence whole system change.

Socio Economic Duty

- 8.5 As part of the Committee’s examination of ways to reduce poverty, and the consequences of social economic disadvantage, Members gained an understanding of the Equality Act, as a legal framework to protect the rights of individuals and advance equality of opportunity, and the statutory obligations contained within it.
- 8.6 Of particular interest was Section 1 of the Act (the socio economic duty) which requires *‘public bodies to adopt transparent and effective measures to address the inequalities that result from differences in occupation, education, place of residence or social class*. In considering the potential benefits of adopting the Duty it was noted that the Council would be required to consider how their decisions and policies could increase or decrease inequality that results from socio economic disadvantage. Members learned that from a practical perspective the Council would need to:
- Formally incorporate poverty and socio economic disadvantage in decision making processes and strategies (already incorporated to some degree in Hartlepool’s decision making processes and strategies via Poverty Impact Assessment);
 - Recognise the value of engaging with people with lived experience of socio economic disadvantage at all levels of decision making and commit to valuing this engagement in finding new ways of making policy;
 - Work with residents and the voluntary and community sector to develop strategies to tackle socio economic disadvantage; and

- Identify what works through evaluation, skills sharing and innovative ways of working.

8.7 It was noted that voluntary implementation of the duty would complement the anti-poverty, inclusive economy, and equalities approaches already being undertaken by the Council, including to some degree the Poverty Impact Assessments required as part of the process for submission of reports to Committee. However, it was recognised that additional activities would be required and establishment of a working group to look further into what is required to formally adopt the duty, its benefits, how this might reduce poverty and what this means in practical terms for officers of the council prior to adoption of the duty was considered.

Cost of living

8.8 Whilst information provided as part of the initial evidence gathering sessions did not specifically explore the impact of the rising cost of living, additional information provided drew attention to its specific impact on poverty levels.

8.9 The correlation between rises in the cost of living and poverty, Members were exceptionally concerned to find that rising prices was expected to increase material deprivation and increase absolute poverty by over 3 million people between 2021/21 and 2022/23¹³. Rising energy / food prices also disproportionately affect low-income households who spend a larger than average proportion of their income on these items¹⁴.

9. ACTIVITIES AND SERVICES PROVIDED TO PREVENT, ERADICATE AND REMOVE BARRIERS OUT OF CHILD POVERTY

9.1 Details of the services provided nationally and locally, via statutory, voluntary and community sectors, were provided to the Committee, including examples of Best Practice:

- North East Child Poverty Commission (NEDPC). A network that believes all children should have an equal chance in life and is hosted by Newcastle University. The Committee welcomed confirmation of Hartlepool Borough Council's active involvement in the group and noted the extensive research that had been undertaken into local welfare support (LWS) provision¹⁵ which drew attention to the role of the LWS in the provision of a safety net that the current welfare system does not.
- Thrive Teesside. An award winning organisation working in Teesside aiming to close the gap between the rich and the poor by supporting low-income communities to enact change.
- Poverty Truth Commissions. Evidence provided by Tracey Herrington from Thrive Teesside provided Members with an oversight for the Poverty Truth Commission that operates in Stockton on Tees. The aim of the commission being to ensure that local voices are heard and involved in all aspects of day to day service

¹³ The Resolution Foundation

¹⁴ In 2019/20, households with the lowest tenth of incomes spent 13.8% of their overall spending on food and 7.1% on electricity and gas. In comparison, households with the highest tenth of incomes spending 8.5% of their overall spending on food and 2.5% on electricity and gas.

¹⁵ <https://www.nechildpoverty.org.uk/news/time-to-strengthen-the-safety-net>

development. They are also places where transformational relationships are formed / nurtured.

- The Poverty Truth Network. Offers support, advice and guidance to local areas looking to develop a Poverty Truth Commission.
- 'Addressing Poverty through Lived Experience (APLE)' Collective. Based in Stockton for over 15 years the collective has spoken at national party conferences, etc. and are consulted on matters relating to welfare and lobby tirelessly on issues such as Universal Credit.
- Brent Council. Levels of poverty led to the establishment of an Independent Poverty Commission bringing together experts, practitioners and people with lived experience of the issues.
- The North of the Tyne Combined Authority. Has embarked on a child poverty prevention programme and have agreed a plan to:
 - Introduce poverty interventions at a school level;
 - Provide welfare and benefit advice in schools; and
 - Work with employers to reduce in-work poverty.

9.2 The Committee was particularly interested in the poverty truth commission model, the basis of which was that lasting social change couldn't happen unless those who experience the struggle participate in generating change ("Nothing about us, without us, for us"). In order to enable the Committee to make an informed decision on the viability of implementing the voluntary duty, evidence was provided on the additional impact of adopting the duty in Hartlepool and the implementation of the practical steps contained within the guide to local authorities. Subsequent clarification was welcomed that the creation of a Hartlepool Poverty Truth Commission would not have to involve significant financial input, although it would require a genuine desire to bring residents around the table.

9.3 With due regard to all of the information provided, the value of 'lived experiences' could add to the development of interventions / strategies, this was recognised by the Committee and exploration of the establishment of a Hartlepool Poverty Truth Commission was supported by the Committee. The offer of assistance from Thrive Teesside and the Poverty Truth Network in the development of the commission was welcomed by Members.

Hartlepool Borough Council Services

9.4 Attention was drawn to the wide range of support measures in place directly through government funding:

- Some support is universal;
- Some is benefit dependent or means tested;
- Some you have to apply for; and
- Some are automatically paid.

9.5 A full list can be found at www.helpforhouseholds.campaign.gov.uk. The range of services offered specifically in Hartlepool include:

- The Household Support Fund
- Warm Hubs
- Discretionary Housing Payments
- Free School Meals (financial)
- Energy efficiency schemes, inc. Energy Bills Support Scheme – (universal payment of £400 towards energy costs between October and March 2023)
- The Winter Fuel Payment – (between £100 and £300 per pensioner depending on circumstances).
- The Cost of Living Payment (means tested, £650 in two lump sums)
- The Household Support Fund - www.hartlepool.gov.uk/household-support-fund
- Childcare
- Healthy Start
- The Bread and Butter Thing
- Local Council Tax Support Scheme
- Welfare Support Service (crisis and non-crisis)
- Access to the Trussell Trust Foodbank
- Recycled School Uniform Scheme
- Action against holiday hunger
- Routes to Work
- Community Hubs and navigation to support services
- Social prescribing
- Links to voluntary and community sector services
- Additional help for Disability and Pensioner households (benefit / means tested)
- And more... as detailed on the Hartlepool Now website (<https://www.hartlepoolnow.co.uk/>)

9.6 In addition to these, the Committee discussed the partnerships arrangement the Council participates in, with the aim to tackle poverty. Including but are not limited to:

- ‘Hartlepool Food Council’ – a group of organisations that aims to reduce food waste and ensure there is adequate food for all;
- ‘Hartlepool Financial Inclusion Partnership’ – a group of organisations that aims to support residents at risk of exclusion and to secure support from agencies that in turn can help reduce financial burdens; and
- Hartlepool Action Lab (HAL) which provides an opportunity for a diverse range of organisations and individuals to join together to better understand the challenges experienced by people in Hartlepool and develop working solutions to provide routes out of poverty.

9.7 The significant role of the VCS in the provision of support was also recognised. This included:

- The Hartlepool Food Council – a collective of food aid groups in the town offering food poverty relief;
- Worrying About Money – a directory of money advice agencies and services;
- School Uniform – now offered via ‘Hartlepool Uniform Recycling’; and
- The range of information provided by ‘Hartlepower’ and ‘HOP’.

Welfare Support Service

9.8 A key element of the Councils support measures is the provision of ‘crisis’ support to residents via the Local Welfare Support Schemes. Members were shocked to learn

over the past 18 months a total of £4,864 of crisis awards, and £2,385 of non-crisis awards had been allocated. **Table 3** outlines the allocations in greater detail.

Table 3

Crisis awards approved – (daily support) – 4,017	Non Crisis awards approved - (settling into community) – 2,217
1,009 gas / electricity top ups	931 white goods awards (one or more items) 1,209 furniture awards (one or more items) 56 carpets (one or two rooms or a full house) 21 misc. awards (baby items, bedding, clothes, travel etc.)
3,008 shopping vouchers, bags of food, food parcels	
Crisis awards declined – 847	Non-crisis awards declined - 168
Total: 4,864	Total: 2,385

NB – all ‘declined’ applicants are supported to gain help elsewhere.

- 9.9 It was noted that the scheme had been revised on a number of occasions following its creation in 2013 and it was to be looked at again to determine how it can support a plan to reduce poverty. Given the concerns raised around welfare support and proposed budget savings, Members supported an urgent review of welfare support.
- 9.10 Members were impressed by the level of services provided to mitigate the effects of poverty but were exceptionally concerned about the level of foodbank activity. Data showing that from January to December 2021, 1,887 foodbank vouchers had been used. Table 4 breaks down the use of these vouchers.

Table 4

Total No. of Food Vouchers - 1,887 (January to December 2021)	
No. of People Supported	Groups Supported
3557 people	218 couples
	116 families
2447 adults	1098 single people
	337 single parents
1110 children.	74 other (including residents seeking asylum and those who were furloughed)

- 9.11 It was apparent to the Committee from the evidence provided that poverty services in Hartlepool are predominantly focused on mitigation and concern was expressed that whilst they help in the ‘here and now’, they do not lead to impactful change. In addition to this, the continuing increase in the level of child poverty in Hartlepool reinforced the opinion that a mitigation only focus service model is not working. This view was shared by a number of national organisations, including the national Trussell Trust Foodbank and The Joseph Rowntree Foundation, with changes planned to move from a ‘hand outs’ to ‘hands up’ model.

- 9.12 Despite these concerns, the Committee was keen to emphasise that mitigation services in Hartlepool are exceptional and need to continue going forward. This, however, needed to be in conjunction with an increased emphasis on the provision of prevention and routes out of poverty. The change in emphasis to be delivered alongside a review of the Child and Family Poverty Strategy, the child poverty needs assessment and development of a different response for crisis, poverty and destitution.
- 9.13 It was recognised that considerable amount of work is being undertaken which could deliver examples of best practice and service improvement, however, they are not yet in a position where the impact of change can be effectively evaluated. On this basis, the Committee recommended that when the Child and Family Poverty Strategy currently being developed is reviewed, a review of best practice / service change in other areas should also be undertaken.

10. CONCLUSIONS

10.1 The Audit and Governance Committee concluded that:-

- 1) Despite the Government's 1999 commitment to eradicating child poverty by 2020, it continues to affect millions of people in the UK, making them unable to heat homes, pay rent, or buy essentials for their children.
- 2) Child poverty is a cross cutting priority for the council and the reviewed Child and Family Poverty Strategy needs to be grounded in real life experiences, creative and innovative with support from experts, practitioners and residents.
- 3) The long term societal impacts of COVID-19 are not fully known, however, it is highly probable that this will further exacerbate poverty levels in Hartlepool.
- 4) The North East is seeing a much steeper rise in child and family poverty than the rest of the UK, this includes families both in and out of work. There are also direct causal links between higher levels of poverty and health inequalities.
- 5) Poverty services in Hartlepool are predominantly focused on mitigation which help in the 'here and now' and do not lead to impactful change. Mitigation services in Hartlepool are, however, exceptional and need to continue going forward, in conjunction with an increased emphasis on the provision of prevention and routes out of poverty.
- 6) Learning from the lived experience is at the heart of delivering socio economic equality and the adoption of the voluntary Socio Economic Duty would be a progressive step in tackling poverty, embedding collaboration, partnership working and resident led service design and development of services. It would also complement the anti-poverty, inclusive economy, and equalities approaches already being undertaken by the Council, including to some degree the Poverty Impact Assessments required as part of the process for submission of reports to Committee.
- 7) Additional activities would be required as part of the adoption and implementation of the Socio Economic Duty and a working group should be established to look further into:

- What would be required to facilitate the formal adopt the Socio Economic Duty;
 - What would be the benefits of its adoption;
 - How might it reduce poverty; and
 - What all of the above mean in practical and financial terms for the Council.
- 8) A considerable amount of work is being undertaken by partners that could deliver examples of best practice and service improvement. Whilst it is recognised that time is needed for the true impact / benefits of these pieces of work to be known in time for consideration as part of the ongoing review of Hartlepool's Child and Family Poverty Strategy, a review of best practice / service change in other areas should be undertaken at a later date as part of a refresh of a refresh of the Strategy.
- 9) The needs of those in destitution are likely to be the most complex, with a need for the most intense support. As levels of destitution increase in Hartlepool, pressure on services and the budgets that provide them continue to rise and a review of welfare service provision is needed to:
- Support an effective Child and Family Poverty Strategy;
 - Move away from responding to crisis; and
 - Focus on impactful interventions that make long term change was supported by the Committee.
- 10) Effective communication with residents (to really listen to them) is essential in the creation of an effective Child and Family Poverty Strategy, and the development of the services that support its implementation. The establishment of a Hartlepool Poverty Truth Commission, as an effective way of facilitating this, would not have to involve significant financial input, although it would require a genuine desire to bring residents around the table.
- 11) Whilst poverty and the pandemic have combined to hit people who are struggling the hardest, Hartlepudlians are resilient, good neighbours who come together to make change happen. The key to success is trust between people, agencies and organisations.
- 12) Whilst the investigation focused on child and family poverty, the factors that influence poverty, and the challenges identified in this report, are equally applicable across the whole population (individuals, couples, pensioners, etc.).
- 13) It is important that the development of schemes and strategies of the impact across individual wards. This being particularly relevant given that whilst 39% of children across Hartlepool live below the headline, some wards have poverty levels in excess of 50%.
- 14) It is important that the implementation of the recommendations contained within the report are monitored by the Audit and Governance Committee.
- 15) Working with third sector organisations (VCS), hyper local needs are identified to inform the development and delivery of targeted activities / interventions at a local level. This includes the targeting of certain areas of the community for school holidays and play schemes, etc.

- 16) Mechanisms, including 'Hartlepool Now', are already in place to raise awareness of help available to residents. However, awareness of the help and support available did need to be explored, with resident involvement in the development process.
- 17) It is essential that mechanisms are in place to ensure that residents are aware of the help and support available to them. Mechanisms including 'Hartlepool Now' were already in place, however, evidence had shown that the effectiveness of signposting could be improved with input from residents.
- 18) Schools have a role to play in the identification of children and families that are experiencing the impacts of poverty. Assistance to help schools do this is available via the 'Poverty Proofing' exercise offered by Children North East. Indication are that only 30% of schools in Hartlepool utilise the service offered by Children North East.
- 19) It is essential that the impact of poverty and socio economic disadvantage be considered as part of the process for consideration of 'key' decisions and development of strategies.

11. RECOMMENDATIONS

- 11.1 The Audit and Governance Committee has taken evidence from a wide range of sources and is clear in its support for the prevention of Child and Family Poverty in Hartlepool. The Committee's key recommendations are that:-
 - 1) Exceptional services are provided in Hartlepool to mitigate the effects of poverty and these are the predominant focus of Hartlepool Council poverty activities. However, going forward, strategies and services need to move towards a more hands up/prevention/route out of poverty focused model lead to deliver more impactful change. As is being planned by the Trussell Trust Foodbank and The Joseph Rowntree Foundation.
 - 2) The voluntary Socio Economic Duty be potentially adopted with the assistance of a working group that will look into:
 - What is required to facilitate the formal adopt the Socio Economic Duty;
 - What would be the benefits of its adoption;
 - How might it reduce poverty; and
 - What all of the above mean in practical and financial terms for the Council.
 - 3) The establishment of a Hartlepool Poverty Truth Commission be progressed with the assistance from Thrive Teesside and the Poverty Truth Network. The purpose being to incorporate lived experience of socio economic disadvantage at all levels of decision making and policy development.
 - 4) As and when the outcomes of ongoing national work in relation to best practice and service improvement becomes available, a further refresh of the new Child and Family Poverty Strategy be undertaken.

- 5) The implementation of the recommendations contained within the report to be monitored by the Audit and Governance Committee. Alongside an update on the poverty position in Hartlepool.
- 6) National targets have been removed for the reduction of poverty, however, national indicators have been created. It would be beneficial to set a series of Hartlepool specific indicators, against which outcomes (including the activities of the Poverty Truth Commission and adoption of the Socio Economic Duty) can be measured.
- 7) Ward based poverty data to be sent to Cllrs on an annual basis.
- 8) In terms of Schools, a poverty update is to be provided at a Head Teachers Briefing, as part of which schools:
 - Will be reminded of the value of the 'Poverty Proofing' exercise offered by Children North East; and
 - Asked to promote the second hand uniforms scheme (Hartlepool Preloved Clothing) as a means of reducing costs for parents.
- 9) In terms of decision making:
 - Impact assessments are a part of the 'key' decision making process and development of strategies and Child and Family Poverty Impact Assessment and Equability and Diversity Impact Assessments are to be amalgamated to simplify the process; and
 - Where the process for monitoring the implementation of decisions identifies a potential 'new' or 'increased' poverty impact, the Impact Assessment should be revisited to gain a full understanding of the position and any action that may be required.
- 10) In terms of debt collection:
 - The impact of debt collection on those experiencing poverty needs to be evaluated with a view to supporting the provision of focused assistance and support; and
 - Where debt is poverty related, options for changes to procedures for debt collection be explored in terms of the provision of additional support / assistance.
- 11) In terms of advice and support:
 - Citizens Advice and other debt counselling services to be promoted to local groups and the VCS.
 - Awareness rolled out to partners/voluntary sectors on initiatives such as Baby Bank/Sensory spot.
- 12) The Council to seek from the Joseph Rowntree Foundation (JRF) an ongoing strategic commitment to work with Hartlepool Borough Council on Hartlepool's poverty issues.

12. ACKNOWLEDGEMENTS

- 12.1 The Committee is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:-

Hartlepool Borough Council:

- Danielle Swainston, Assistant Director, Joint Commissioning
- Penny Thompson, Head of Housing, Hardship and Welfare Services

External Representatives:

- The Joseph Rowntree Foundation / Housing Trust (Richard Sorton)
- Thrive Teesside / APLE Collective (Tracey Herrington)
- Incontrol-Able (Michael Slimmings)
- Trussell Trust (Lisa Lavender)

Councillor Rob Cook
CHAIR OF THE AUDIT AND GOVERNANCE COMMITTEE

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14. BACKGROUND PAPERS

- 14.1 The following background papers were consulted or referred to in the preparation of this report:
- Local indicators of child poverty after housing costs 2019/20, Hirsch & Stone, Loughborough University, May 2021.
 - Shaping the Covid Decade: addressing the long term societal impacts of Covid-19, The British Academy, March 2021.
 - Child Poverty Action Group, www.cpag.org.uk.
 - UK Poverty 2021/21, Joseph Rowntree Foundation, January 2021.
 - North East Child Poverty Commission briefing, Amanda Bailey, Newcastle University, May 2021.
 - Joseph Rowntree Foundation - <https://www.jrf.org.uk/>
 - Thrive Teesside - <https://thrive-teesside.org.uk/>
 - North East Child Poverty Commission - <https://www.nechildpoverty.org.uk/>
 - Brent Council - <https://www.brent.gov.uk/media/16416717/poverty-commission-report-launched-17-august-2020.pdf>
 - Just Fair - <https://justfair.org.uk/>
 - The Poverty Truth Network - <https://povertytruthnetwork.org/>
 - Audit and Governance Committee Investigation - Child Poverty and Financial Inclusion in Hartlepool (2010)
 - Audit and Governance Committee – Reports and minutes (9 September 2021, 12 October 2021, 11 November 2021, 16 December 2021, 13 January 2022 and 28 February 2022).

AUDIT AND GOVERNANCE COMMITTEE

27th June 2023



Report of: Statutory Scrutiny Manager

Subject: Scrutiny Investigation into Accessibility of Council Services in Hartlepool for those with Disabilities and Long Term Conditions – Final Report

1. PURPOSE OF REPORT

- 1.1 To present the Committee's report on Accessibility of Council Services in Hartlepool for those with Disabilities and Long Term Conditions and provide an opportunity for Members to express any views, or comments, they may wish relayed to the Finance and Policy Committee for consideration alongside the report's conclusions and recommendations.

2. BACKGROUND INFORMATION

- 2.1 The Audit and Governance Committee completed its 'Accessibility of Council Services in Hartlepool for those with Disabilities and Long Term Conditions' investigation in 2022 / 2023 and, based on the evidence provided, produced the report attached at **Appendix A**.
- 2.2 A Working Group of the Committee discussed in detail the formulation of conclusions and recommendations for inclusion in the finalised report that was approved by the Chair of the Committee, as delegated by the Committee. However, in light of changes to the membership of the Committee, the Chair has requested that Members be given the opportunity to receive the report ahead of its submission to the Finance and Policy Committee on the 3rd July and Full Council.
- 2.3 Any views or comments expressed by the new membership of the Committee are to be relayed to the Finance and Policy Committee, for consideration alongside the investigation report.

3. RECOMMENDATIONS

- 3.1 That Members receive the report and consider any views or comments they wish to be brought to the attention of the Finance and Policy Committee / Council during consideration of the report and its conclusions / recommendations.

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**AUDIT AND GOVERNANCE COMMITTEE
FINAL REPORT**

**ACCESSIBILITY OF COUNCIL SERVICES IN
HARTLEPOOL FOR THOSE WITH
DISABILITIES AND LONG TERM CONDITIONS**

MAY 2023

EXECUTIVE SUMMARY

Introduction

Over many years Hartlepool Borough Council has developed services and facilities aimed at supporting residents with disabilities and long term conditions, including investment in state-of-the-art facilities such as the Centre for Independent Living (CIL) and partnership working with the health and community / voluntary sector. More was, however, needed if Hartlepool was to become a truly accessible town for all residents and visitors, ensuring that the voices of residents living with disabilities and long term conditions are:

- Sought;
- Heard; and
- Incorporated into future Council initiatives which may impact on the physical, economic and social environment of the town.

A Council Motion drew attention to the effect of the COVID-19 pandemic, highlighting the extent of pre-existing health inequalities in many towns and cities, in particularly those in the North of England. With particular reference to high numbers of Hartlepool residents with disabilities and long term conditions, attention was drawn to the impact on their ability to access services, facilities and many aspects of day-to-day life which many take for granted. Further impacting on their physical and mental wellbeing and leading to isolation, loneliness and exclusion.

In response to this Motion, Full Council agreed that the Audit and Governance Committee would undertake a review of Council regeneration & development activity and accessibility to services for those with disabilities and long term conditions. This was to ensure that any barriers, physical, procedural or otherwise, which may inhibit access to services and day to day living are identified, so that reasonable adjustments can be made.

Conclusions

- 1) Hartlepool Borough Council has developed services and facilities aimed at supporting residents with disabilities and long term conditions and has invested in state-of-the-art facilities such as the Centre for Independent Living (CIL). There is, however, always more that can be done to ensure that the voices of residents are sought, heard and incorporated into future Council initiatives which may impact on the future physical, economic and social environment of the town.
- 2) Hartlepool staff are to be commended on their activities to support and signpost residents with disabilities and long term conditions. Experience being that where services are easy to access for those with disabilities or long term conditions, they are easier for all to access!
- 3) Accessibility is so much more than just physical access and must be given high priority in the development and provision of services. As such:
 - It is essential to have a clear understanding of Hartlepool's disabled community, its needs and challenges if the right services are to be provided in the right way. Only with this will the true level of need be identified to support the requirement for service change and adjustments.

- Departments need to be supported within the available resources to make any necessary improvements and provided with specialist advice and support where required.
 - The needs of people with disabilities and long term conditions need to be represented in the development and delivery of services. A good example, as identified by the disabled community, is the involvement of CLIP in the development of the Highlight building. This being identified as good practice by the disabled community.
 - Where residents with a disability or long term condition are involved in consultation / engagement as part of the development of services, there is a need to ensure that they are updated on the outcome of consultations and decisions as a matter of course. This should be done at an early stage in the process with participants involved in ongoing conversations throughout the development, deliver and review of services. Not as a one off event.
 - Workforce development is essential in terms of training to increase disability awareness and an understanding of what reasonable adjustments can be made.
- 4) Hartlepool Borough Council should at every opportunity champion the provision of accessible services with its partners, local business' and other organisations across the town.
 - 5) Emphasis needs to be placed on the promotion of the social model of disability, changing attitudes towards disabled people and improving disability awareness.
 - 6) There needs to be a consistent approach to asking people about additional needs at the first point of contact. Services that are accessed regularly by disabled people and those with long term conditions should share best practice.
 - 7) The completion of Impact Assessments to inform the decision making process is an essential part of the service development process. These assessments need to be undertaken as early as possible in the development of services and in order to simplify the process, it has been agreed that the Child and Family Poverty Impact Assessment and Equality and Diversity Impact Assessment will be amalgamated.
 - 8) Many adjustments do not require significant investment in terms of time or resources. A great deal can be achieved by taking a flexible approach to service delivery and making small changes to the way in which things are done. This is where involving disabled people in conversations around service delivery could be particularly beneficial.
 - 9) Subject to compliance with the requirements of the Equality Act, any proposals for the provision of additional activities, or service changes, must be considered alongside the financial challenges facing the local authority and be within available resources.
 - 10) Making every contact count (MECC) needs to be a priority with improved communication between departments to remove the need for residents to repeat their issues.
 - 11) Following calls for involvement in the investigation from groups and individuals across the town, the most significant level of input was received from Hartlepool's Deaf community. The investigation findings have subsequently been heavily influenced by their response and it is recognised that it may be beneficial to undertake further consultation as part of the process for the implementation of the Committee's recommendations.

- 12) The mystery shopper process was a beneficial element of the consultation process undertaken as part of the investigation and should be used more frequently as a means of assessing lived experiences

Recommendations

- 1) Exploration of some adjustments would require more significant investment and be longer term actions. Other short / medium term actions would be to:-
 - i) Develop a communications campaign to:
 - Highlight the various support schemes and reasonable adjustments that are already have in place;
 - Promote 'One-Stop-Shop' touch points such as the Civic Centre reception and Community Hubs where people can get assistance with everything in one place. Making those who find accessing the Civic Centre aware that the same service can be accessed elsewhere; and
 - Promote the role of Community Hubs and Community Navigators to increase the understanding of the services they offer.
 - ii) Ensure that community buildings and touch points have posters and leaflets on display for a range of disability support groups and charities.
 - iii) Circulate basic guidance to staff on font size and type, use of plain English, how to book an interpreter when one is required and put this information in an easy to find location on the intranet.
 - iv) Create an "accessibility" tile on the intranet homepage so it is easy to find and collate a range of useful accessibility information for staff to be able to find quickly and easily when a disabled person makes contact.
- 2) Equality of access to services for all is a fundamental right and residents with disabilities and long term conditions should not be restricted in terms of the times they can access services or the levels of privacy they can expect. To this end:-
 - i) A Text Relay Service should be introduced;
 - ii) Given the financial restrictions faced by the local authority, the feasibility and benefits, of creation of a pod facility in the Civic Centre be explored to allow residents and officers to use online signing / translation services;
 - iii) The creation of a network of BSL trained staff, to act as first point of contact for volunteers, be explored;
 - iv) Existing TV screens in the Civic Centre reception be used to promote accessibility services and the assistance that is available; and
 - v) The Loop system currently used in council buildings be reviewed to ensure that it is still compatible with modern hearing aids.

- 3) Provide access to a video / telephone translation service (for BSL and other languages) in the Civic Centre, and a private room for the discussion of confidential issues. This facility to be promoted (e.g. via signs on glass partitions in a similar way to how pharmacies tell customers they can use a private consultation room).
- 4) A review of workforce training be undertaken to explore how disability awareness and an understanding of reasonable adjustments, could be increased, within available resources. As part of this:-
 - i) Accessibility and diversity awareness training to be rolled out as mandatory training for all HBC staff and offered as an option for Councillors as part of the induction process; and
 - ii) Options for training be explored including the use of online packages to allow ease of access and roll out across departments, without the need for an external trainer.
- 5) The newly established Equality, Diversity and Inclusion Officer Group to be used as a mechanism to share best practice, monitor performance and identify service improvements.
- 6) Improvements to the HBC website be explored to ensure that it is EDI compliant going forward, including but not be limited to:-
 - i) Read options for documents, to allow access by blind or visually impaired residents;
 - ii) Captions / signing on social media posts / videos; and
 - iii) When time-critical videos are posted on social media, and there is not time to set up closed captions, the video should include a text card to say that subtitles will be added. For videos which are not time-critical subtitles should be added before they are uploaded.
- 7) Council reports, documents and forms must be accessible (easy read / screen reader friendly) and going forward clear content guidance should to be provided, and its use promoted, including:-
 - i) Where appropriate, instructions for the inclusion of links to allow the use of screen readers; and
 - ii) Promotion of use of a document accessibility checker.
- 8) A consultation to be undertaken with partners on the potential benefits, and level of support for, the creation of a needs passport / card system that could be used to ensure that officers quickly recognise and respond to any additional support needs.
- 9) The process for creation of the Highlight on the Waterfront development is an example of good practice in terms of engagement / involvement with residents with disabilities and lifelong conditions. This good practice to be rolled out across the development of all services and strategies.

1. PURPOSE OF REPORT

- 1.1 To present the findings of the Audit and Governance Committee's investigation into the 'Accessibility of Council Services for those with Disabilities and long term Conditions in Hartlepool'.

2. SETTING THE SCENE

- 2.1 On the 25th February 2021 Full Council approved the below motion and referred the review to the Audit and Governance for consideration.

"The COVID-19 pandemic has highlighted and emphasised the extent of pre-existing health inequalities in many towns and cities and particularly those in the North of England. Hartlepool has high numbers of residents with disabilities and long term conditions which often impact massively on their ability to access services, facilities and many aspects of day-to-day life which many of us take for granted. This can impact on physical and mental wellbeing and subsequently lead to isolation, loneliness and exclusion".

- 2.2 Over many years Hartlepool Borough Council has developed services and facilities aimed at supporting residents with disabilities and long term conditions and has invested in state-of-the-art facilities such as the Centre for Independent Living (CIL) and worked closely with health and community and voluntary sector partners.

- 2.3 However, it is recognised that more can be done to make Hartlepool a truly accessible town for all of our residents and visitors to ensure that the voices of residents living with disabilities and long term conditions are sought, heard and incorporated into future Council initiatives which may impact on the future physical, economic and social environment of the town.

- 2.4 To this end, the Labour Group called upon the Council to agree that the Audit and Governance Committee examine the contents of the Motion in the next municipal year:

"A review of Council regeneration & development activity and accessibility to services for those with disabilities and long term conditions to ensure that any barriers, physical, procedural or otherwise, which may inhibit access to services and day to day living are identified, so that reasonable adjustments can be made"

- 2.5 In accordance with the process for consideration of mandatory referrals from Full Council, a meeting of the Audit and Governance Committee was convened to receive the referral and 'scope' the process for its consideration (including detailed written evidence and extensive public engagement). Further meetings of the Scrutiny Co-ordinating Committee were subsequently held on the 13 January 2022 and the 28 February 2022 at which the Committee received evidence and information to assist in the formulation of its views, conclusions and recommendations.

3. AIM AND TERMS OF REFERENCE FOR THE INVESTIGATION

- 3.1 The Audit and Governance Committee met to receive the referral and agreed that the aim of its investigation would be to *‘Review the accessibility of Council services for those with disabilities and long term conditions to ensure that any barriers, physical, procedural or otherwise, which may inhibit access to services and day to day living are identified, so that reasonable adjustments can be made in Hartlepool’.*
- 3.2 The Committee also agreed the ‘scope’ of the investigation, including detailed sources of evidence and mechanisms for extensive public engagement which were to be used to inform the formulation of conclusions and recommendations (as set out in Sections 12 and 13 of this report). A detailed record of the issues raised during these meetings is available from the Council’s Democratic Services and a summary of the terms of reference for the investigation are outlined in **Appendix 1.**

4. MEMBERSHIP OF THE AUDIT AND GOVERNANCE COMMITTEE

- 4.1 The membership of the Audit and Governance Committee was Councillors Councillors Allen*, Boddy, Cook, Cowie, Creevy*, Falconer*, Feeney, Hall, Loynes, D Nicholson*, Picton, Richardson, Riddle and Smith.

* Added to the membership during the course of the investigation.

5. DEFINITIONS OF ACCESSABILITY, DISABILITY, LIFE-LONG CONDITIONS AND DISCRIMINATION

- 5.1 As a starting point the Committee gained an understanding of what is meant by ‘accessibility’, ‘disability’, ‘life-long conditions’ and ‘discrimination’ for use as a baseline for the investigation.
- 5.2 Members appreciated that as part of discussions a clear differentiation needed to be made between ‘accessibility’ with ‘usability’:
- Usability being the extent to which a product (such as a device, service, or environment) can be used by specified users to achieve specified goals.
 - Whilst accessibility is:-
 - The concept of whether a product or service can be used by everyone and refers to the design of products, devices, services, or environments to be usable by people with disabilities. Ensuring both "direct access" (i.e. unassisted) and "indirect access" (compatible with a person's assistive technology).
 - More than just physical access, it is also relates to accessibility of lifetime opportunities (e.g. financial inclusion, routes to employment and transport, etc.).

5.3 It was agreed by Members that consideration of both “direct” and “indirect” access needed to form part of the investigation, however, only one of the protected characteristics laid down within the Equality Act was to be focused on. That being ‘disability’.

5.4 It was agreed that the definition of ‘disability’¹ to be applied for the purpose of the investigation would be ‘a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities’.

5.5 Other definitions were:

- Substantial is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed’; and
- Long term conditions². The effect of an impairment is long-term if:
 - (a) It has lasted for at least 12 months,
 - (b) It is likely to last for at least 12 months, or
 - (c) It is likely to last for the rest of the life of the person affected.



6. NATIONAL EQUALITY LEGISLATION AND HOW IT APPLIES TO LOCAL AUTHORITIES

6.1 The Committee explored the legal requirements within the Equality Act 2010 and the Public Sector Equality Duty, as detailed below.

The Equality Act 2010. Protection of people from discrimination in the workplace and wider society; and

The Public Sector Equality Duty. Supporting local authorities in making good decisions, ensuring that they are aware of how different people are affected by their activities and are providing activities that are appropriate, accessible and meet different people’s needs.

6.2 Looking specifically at how the Public Sector Equality Duty applies to Hartlepool Borough Council services and activities, Members found that the Council is required to ***‘ensure that the needs of all individuals are considered in their day to day work, in shaping policy, delivering services and in relation to their own employees.’*** There is also a requirement to have due regard to the need to:-

- a) Eliminate unlawful discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act;
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it:

¹ Equality Act 2010

² kingsfund.org.uk

- Removing or minimising disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - Taking steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it; and
 - Encouraging persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it, with due regard to:
- Tackling prejudice; and
 - Promoting understanding.
- d) Publish equality objectives, at least every four years, and information to demonstrate their compliance with the public sector equality duty.

6.3 The Committee recognised that the Equality Framework³ for Local Government plays a key part in fulfilling these obligations and was interested to find out how Hartlepool Borough Council services perform against the framework. Members also acknowledged the importance of equality as part of the decision making process and the need to:-

- i) Embed the below principles into the decision making processes and activities:-

Knowledge – those who exercise the public body’s functions need to be aware of the requirements of the Equality Duty. Compliance with the Equality Duty involving a conscious approach and state of mind.

Timeliness – the Equality Duty must be complied with before and at the time that a particular policy is under consideration or decision is taken – the Equality Duty cannot be satisfied by justifying a decision after it has been taken.

Real consideration – consideration of the three aims of the Equality Duty must form an integral part of the decision-making process and must be exercised in substance, with rigor and an open mind in such a way that it influences the final decision.

Sufficient information – the decision maker must consider what information they have and what further information is needed in order to give proper consideration to the Equality Duty.

No delegation – public bodies are responsible for ensuring that any third parties which exercise functions on their behalf are capable of complying with the Equality Duty, are required to comply with it and that they do so in practice and this duty cannot be delegated.

Review – public bodies must have regard to the Equality Duty not only when a policy is developed and decided up but also when it is implemented and reviewed as it is a continuing duty.

³ Equality Framework (<https://www.local.gov.uk/publications/equality-framework-local-government-eflg-2021>)

ii) Ensure that key people are aware of the requirements of the Equality Duty:

- Board / Committee members;
- Senior Managers;
- Equality and Diversity staff;
- Human Resources staff;
- Policy makers;
- Communication staff;
- Analysts;
- Front line staff; and
- Procurement and Commissioning staff.

6.4 The Committee gained an understanding of the mechanisms the local authority already has in place to ensure that the principles of the framework are embedded into the decision making processes and activities. Members were familiar with the requirement for completion of various needs assessments as part of decision making processes and it was suggested that it could be beneficial to consider merging the equality and poverty assessments going forward.

6.5 In addition to this, attention was drawn to the availability of awareness training in terms of the provision of services for people with disabilities and long term conditions. This was discussed in greater detail later in the report.

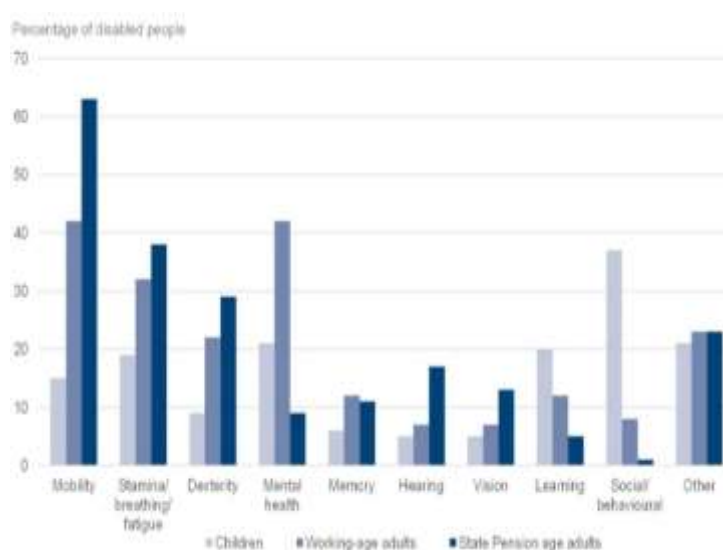
7. DISABILITY AND LONG TERM CONDITIONS - NATIONAL AND LOCAL DATA

7.1 Evidence provided allowed the Committee to compare and contrast data in relation to disabilities and long term conditions on a national and local basis.

National Levels of Disability

7.2 Members noted with interest that Census 2021 results for England showed that in England a smaller proportion, but larger number, of people reporting a disability (17.7%, 9.8 million), compared with 2011 (19.3%, 9.4 million)⁴. Further examination of the data also showed that:

- 18.7% of females report a disability, compared to 16.5% of males
- 59% of people aged 80 and over reported a disability
- 9% of children are disabled⁵
- 21% of working age adults are disabled⁶
- 42% of pension age adults are disabled⁶
- Disabilities cover a range of Conditions



⁴ Census 2021

⁵ UK disability statistics: Prevalence and life experiences – House of commons Research briefing July 2022

7.3 The impact of deprivation on the health and wellbeing of populations was recognised by the Committee, however, Members were concerned to find that whilst 21.6% of 40 to 44 year-olds were disabled in the most deprived areas only 8.1% were disabled in the least deprived areas. Concern was also expressed regarding the impact of the increasing costs of living for disabled residents, with:

- i) 53% of disabled people employed, compared to 82% of non-disabled people (disabled people being 3 times as likely to be economically inactive⁶).
- i) Life costs are £583 more on average a month if you're disabled and for almost a quarter (24%) of families with disabled children, extra costs amount to over £1,000 a month⁷.
- ii) After housing costs, the proportion of working age disabled people living in poverty is 27%. This is, however, higher than the proportion of working age non-disabled people at 19%⁸.

Regional and Hartlepool Levels of Disability

7.4 In setting the context for the investigation, the Committee was not surprised to find (as shown in Table 1) that the North East of England has the highest proportion of people reporting a disability in England (21.2%, 567,000), compared to the national rate of 17.7%⁹.

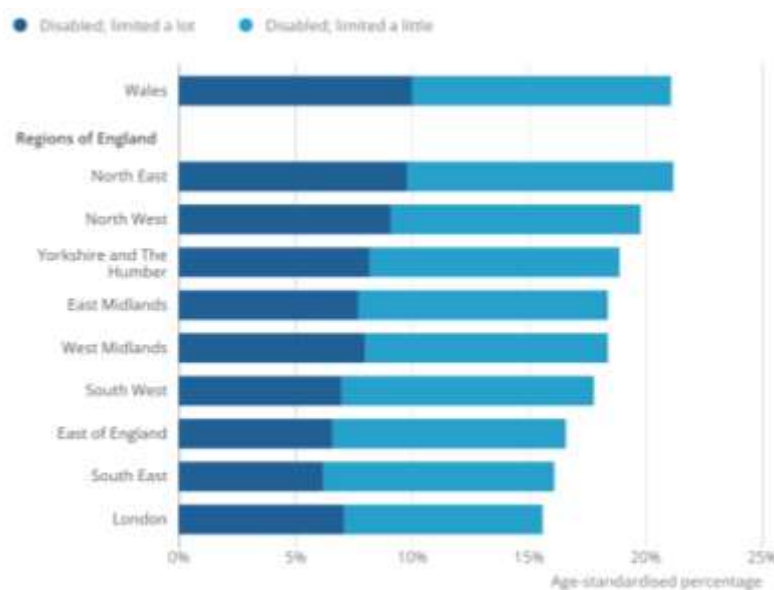


Table 1 - How disability (age-standardised) varies across local authorities in England and Wales, 2021

7.5 Breaking this down even further to focus specifically on the position in Hartlepool, Members discovered that:

- i) 21,150 people in Hartlepool have some form of disability (22.9% of the population compared to 17.7% in England)⁸;

⁶ Labour Market Survey (<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/labourmarketstatusofdisabledpeoplea08>) quoted by Scope at <https://www.scope.org.uk/media/disability-facts-figures/>

⁷ Scope "The Disability Price Tag" report (2019) <https://www.scope.org.uk/campaigns/extra-costs/disability-price-tag/>

⁸ Scope's analysis of the Government's "Households Below Average Income" report (2019-20) (<https://www.gov.uk/government/statistics/households-below-average-income-for-financial-years-ending-1995-to-2020/households-below-average-income-an-analysis-of-the-income-distribution-fye-1995-to-fye-2020>) quoted at <https://www.scope.org.uk/media/disability-facts-figures/>

⁹ Census 2021

- ii) 11,645 females in Hartlepool have a disability (23.9% of the female population compared to 18.7% in England)⁸;
- iii) 9,490 males in Hartlepool have a disability (21.7% of the male population compared to 16.5% in England)¹⁰;
- iv) Rates of disability in Hartlepool are the highest in the Tees Valley (as shown in Table 2)⁹; and
- v) The percentage of homes in Hartlepool with 2 or more disabled residents is the highest in the Tees Valley, and is above the England and Wales figure (as shown in Table 4)⁹.
- vi) The prevalence of sever frailty in Hartlepool is higher than other Tees Valley authorities, were frailty is predominantly moderate (as shown in Table 3¹¹).

Area	Disabled under the Equality Act (%)
England	17.7%
Hartlepool	22.9
Middlesbrough	21.9
Redcar and Cleveland	21.4
Stockton-on-Tees	20.1
Darlington	19.4

Table 2 – Disability Rates across the Tees Valley (2021)⁹

Table 3 - How disability within households varied across local authorities in England and Wales, 2021⁹

Area	1 person disabled in household (%)	2 or more people disabled in household (%)
England and Wales	25.6	6.7
Hartlepool	30.9	8.7
Middlesbrough	29.4	7.8
Redcar and Cleveland	30.1	8.2
Stockton-on-Tees	27.4	7.7
Darlington	27.2	6.6

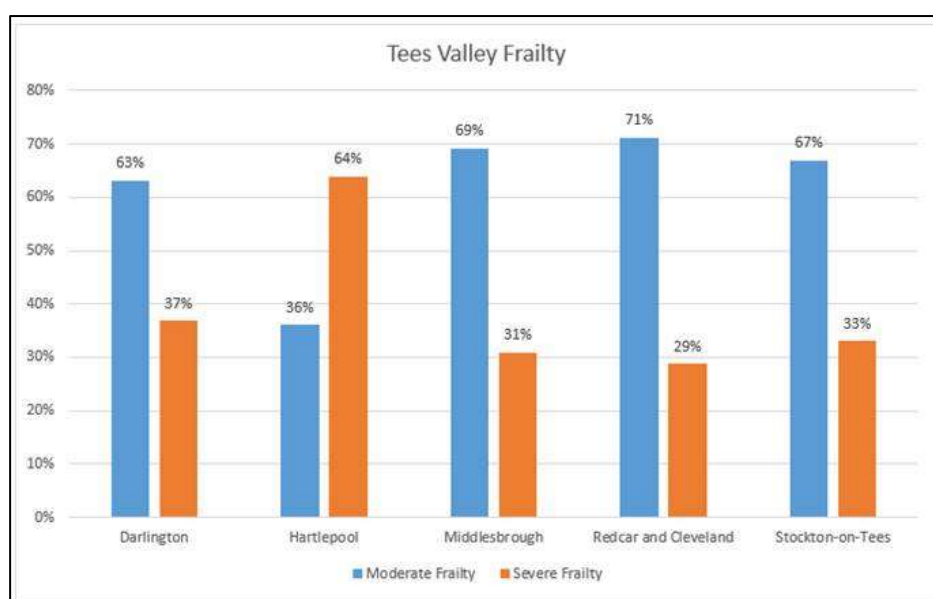


Table 4 – Frailty Levels¹⁰

¹⁰ Census 2021

¹¹ [\[MI\] GP Contract Services - England, 2021-22 - NHS Digital](#)

- 7.6 The Committee was concerned to find that across the Tees Valley, Hartlepool not only has the highest rate of disability, but also the highest percentage of households with two or more disabled residents and highest prevalence of severe frailty. The data provided reinforced to Members the importance of having in place truly accessible services.

8. PARTNER EVIDENCE

- 8.1 Evidence provided by the Community Led Inclusion Partnership (CLIP) brought to the attention of the Committee three models of disability (charity, medical and social) and provided a first-hand / lived experience perspective on each (detailed in Table 5).

Table 5 – Disability Models

Model	First-hand perspective
<i>The Charity Model</i>	Can depict disabled people as victims of circumstance, deserving of pity, unable to look after themselves or manage their own affairs and need charity in order to survive.
<i>The Medical Model</i>	Can assume that the first step solution is to find a cure or to use terminology to make disabled people more “normal”.
<i>The Social Model</i>	Depicts the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical or social barriers. Barriers can be physical, like buildings not having accessible toilets. Or they can be caused by people's attitudes to difference, like assuming disabled people can't do certain things.

- 8.2 Member were interested to find that the charity and medical models of disability tend to be used by non-disabled people to define / explain disability and that the charity model in particular was not supported by the disabled community due to the exceptionally negative perception it creates. Members noted these concerns and supported the view that going forward emphasis needed to be placed on the promotion of the social model of disability, changing attitudes towards disabled people, improving disability awareness and learning from feedback obtained from the disabled community. Particular emphasis to be placed on the importance of feedback from, and involvement with, the disabled community to improve:
- i) Access to social activities, employment, transport, education, parking, healthcare (Inc. GP appointments), independent living, local places, drop curbs and events (some of which was within the remit of the investigation);
 - ii) Understanding of the disabled community, its needs and challenges;
 - iii) Co-production of services development and delivery in Hartlepool; and
 - iv) Workforce and Councillor Disability awareness.

9. CONSULTATION AND ENGAGEMENT

- 9.1 The Committee undertook an extensive consultation and engagement exercise between the 9th May 2022 and the 23rd October 2022 to seek residents' opinions and lived experiences. The consultation was undertaken via a public survey, organisational / professional survey, quick poll, consultation workshops and mystery shopper exercise. Details of the consultation process are outlined over the page and an evaluation summary is provided in Section 11.

9.2 **Public Survey and Quick Poll** - An online public survey and quick poll was run on the public consultation project page via the Your Say consultation platform. The quick poll posing the question “On the whole, do you think the Council does enough to make its services accessible for people with disabilities and their carers?”

9.3 Extensive efforts were made to promote the consultation, and ensure that the survey itself was accessible to all. Details of how this was achieved are outlined in **Appendix 2**.

9.4 58 residents participated in the consultation, of which 14 participated in the quick poll and 49 in the survey¹². Members were disappointed to find that 78% (11 people) had said they did not think the Council does enough to make its services accessible for people with disabilities and their carers. It was, however, clear that the number of responses had been very low and the statistical relevance of the data needed to be taken in to consideration.

9.5 Whilst bearing in mind the statistical relevance of the data provided, given the level of response, Members were pleased to find that the majority of respondents had a positive experience when accessing Council services (as shown in Chart 1).

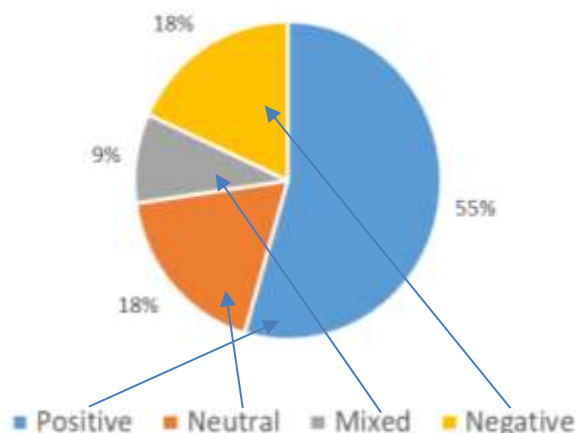


Chart 1 - How was your experience?

9.6 Members noted that compared to other projects, and in view of how heavily the consultation had been promoted, it had been expected that responses would have been higher. Overall, the majority of visits were from the project page and unusually, only a small number of visitors came via social media. In addition to this, the Committee noted that face to face engagement, including the Mystery Shopper, had proven to be an exceptionally beneficial addition to the wide mix of online and offline consultation measures implemented.

9.7 The Committee also noted with interest that:

- i) Of those who had asked for assistance, the majority (26%) had asked for help from their social worker or from staff in one of the community hubs (18%). It

¹² individuals may participate in more than one activity

was felt that this was very positive, as this is one of the primary purposes of the hubs.

- ii) Only 3% of respondents had asked for help with online services. This was surprising as many of the departmental survey responses highlighted that assistance was being used by the public. It is, however, unclear if the low level of those asking for assistance was due to the user friendly nature of online services, or whether they were just not being used.
- iii) 66% of respondents had requested assistance since 2018. Members found it encouraging that people felt increasingly able, and willing to ask for assistance. The most commonly selected factors that made for a positive experience were; accessing the service online, information being easy to find, understand and use, staff explained things in a way that could be understood. The Committee was pleased to find that throughout the consultation helpfulness of staff (especially reception staff) was voiced.
- iv) In terms of what could be done to build on positive experiences or improve further, the most common suggestions were:
 - The provision of staff training and awareness / empathy around disability and access needs;
 - Physical access to buildings (including ensuring that all Entry doors to the council buildings have automatic doors or a button visible to press to be able to open the door from a wheelchair);
 - Increased use of digital technology, which had been a recurring suggestion; and
 - Increasing capacity to reduce waiting times and making physical access improvements.
- v) Members were disappointed that a lack of staff knowledge about, or appreciation of, service users' needs had been a recurring theme in terms of negative experiences in accessing services. There was also concern that problems with online services (e.g. not being able to find information on the website), phones not being answered promptly and not being able to speak to the person they wanted to, were recurring issues. Members were, however, optimistic that many of these issues could be easily rectified.

9.8 The Committee considered the following potential options for improvement:-

- i) Increased promotion of Community Hubs as a place where people can find support to access other council services. It was highlighted that the Hubs are already set up to provide this service and Members were of the view that it would be beneficial to promote this service more to make other people aware that it is available.
- ii) Promote the assistance that is available for people who need help going online. As a service that many departments are already able to provide, Members were of the view that it could be beneficial to promote this service more, particularly to those who may find using online services particularly difficult. There was, however, a need to bear in mind that digital exclusion is an issue locally and some residents cannot easily access services online.

- iii) Look at what the uptake is for home visits for service users who cannot attend in person. Again this was something that many services were able to offer, although data from the survey suggested that uptake was low. It was unclear if this was because the services were able to help people in other ways or because people were not aware that it was an option. The Committee recognised that additional work to explore this was needed.
- iv) Improved staff training and awareness around disability, including access needs and lived experiences. Members were pleased to find that almost everyone had been quick to praise staff but supported the need for additional training and awareness raising.
- v) Linking postal letters to online accounts; the letter would appear in their online account (as well as being posted if this is a legal requirement) with the option to respond via the account. The Committee recognised that additional work to explore this was needed.
- vi) A “live chat” function via the website. It was suggested that this could be useful for all customers, but particularly for deaf people who use written English, as an instant means of communicating with customer services. The Committee recognised that additional work to explore this was needed.
- vii) Improve physical access to council buildings (Civic Centre and Bevan House in particular). The Committee recognised that additional work was needed to explore any potential outstanding access.
- viii) Improvements to the website and making information easier to find online. The Committee appreciated the issues raised in relation to accessibility of the website (including the absence of a document read function for people with disabilities). Members supported the need for a review of the Council website to ensure that all content meets web content accessibility guidelines going forward.

9.9 **Organisational / Professional Survey** - Organisations were asked to complete a survey based on their experience of assisting clients to use Council services or any anecdotal feedback they had received from their clients about their own experiences of accessing services. Despite being heavily promoted to a wide range of organisations only one response was received from Hartlepool Deaf Centre and details of the free text comments received are outlined in **Appendix 3**.

9.10 It came as no surprise to the Committee that many of the points raised mirrored those received via the public survey. These included:

- i) Good customer service and friendly, helpful and understanding staff.
- ii) Confusion on behalf of the Council. This could take the form of lost paper work, directing someone to the wrong room or failing to get back to people.
- iii) The need for the Council to be more creative in how it interacts with deaf people, for example advertising events as being deaf-friendly (and making them so). Also, reducing the reliance on interpreters by investigating other solutions.

- iv) There is a need to listen to people with disabilities and long term conditions and ensure that updating them on the outcome of consultation is undertaken as a matter of course. Concern had been expressed that none of the improvements identified by the Task and Finish Group established to improve accessibility for deaf people at the Community Hub have been implemented and no feedback provided.

9.11 **Consultation Workshops** - As a further mechanism to obtain public input a range of workshops were held with local community support organisations (CLIP, Hartlepool Deaf Centre, Hartlepool and Hartlepool Healthwatch) alongside an open session in the Central Hub / Library. BSL interpreters were provided for the workshops and a BSL signed video was embedded into the consultation project page and shared widely on social media to increase awareness amongst the Deaf community

9.12 Each workshop explored:-

- i) What the local authority does well?
- ii) What are the challenges in accessing council services
- iii) How good is the local authority at providing help?
- iv) How should the local authority approach identifying and understanding people's needs?

9.13 Members welcomed the breadth and balance of comments received and found the examples of lived experience gathered via the workshops particularly informative. Details of the evidence provided as a result of the workshops is summarised in **Appendix 4.**

9.14 **Mystery Shopper** - A mystery shopper exercise was carried out with volunteer shoppers recruited from some of the groups that took part in the earlier consultation sessions (Healthwatch and the deaf community (via the Deaf Centre)). The below scenarios were designed, and chosen by volunteers, for a range of frontline Council services and guidance provided on how to carry out the mystery shopper events and submit feedback.

- i) Apply for / renew a bus pass
- ii) Visit Hartlepool Art Gallery
- iii) Visit a leisure centre
- iv) Carry out a task on the HBC website x 2
- v) Reablement or occupational therapy
- vi) Visit a Community Hub or library
- vii) Make an enquiry at the Civic Centre reception

9.15 Members welcomed this alternative option for the gathering of evidence and suggested that it be used again where appropriate. The Committee did, however, exercise caution in relation to the results of the exercise, given the very small study and limited number of participants and services. The feedback was alongside the wider sources of evidence presented as part of the investigation. In doing so, Members learned that eight service areas had been tested by seven mystery shoppers, four of which had been "happy" or "very happy" with their visit, while 2 had been "unhappy". The results highlighted to the Committee issues in terms of:-

- i) Access to / availability of information in an accessible format - All felt information was very easy to find.
- ii) Staff interactions:
 - Arrival and first impressions were mixed with respondents' impressions either really positive or negative.
 - Staff were visible and approachability feedback was good with those who answered this question all complementary about front-of-house staff.
- iii) Getting around the site (a physical site and the HBC website):
 - Negative feedback included the lift being out of order for a long time in the Central Hub and different information appearing on the website each time the respondent looked.
 - The website, in particular, received negative feedback with respondents finding it was difficult to use with unclear navigation, missing and out of date information and expired links.
- iv) Facilities - Feedback on the facilities provided in venues (where tested) was generally positive. However, the toilet facilities in the Central Hub were described as "abysmal".
- v) Deaf access - Feedback tallied with deaf respondents comments during the wider consultation. Staff were unable to deal with their disability and the lack of easy and immediate access to a BSL interpretation service was a major stumbling block to Deaf residents being able to access services in the same way that a hearing person would be able to (even if disabled in other ways).

9.16 Summarising the results of the mystery shopper exercise, the Committee concluded that from a positive perspective, staff are consistently described as friendly and helpful and basic information about the services tested was "easy to find". From a negative perspective, the Deaf mystery shopper experienced additional difficulties in carrying out their scenarios to those shoppers with other types of disability. In addition to this, there had been a view that:

- The website is difficult to use and does not meet accessibility requirements.
- Poor outcomes (e.g. signposting and keeping people informed and updated).
- The ongoing effects of the Covid pandemic had led to reduced services.
- Multiple trips / appointments had to be made to find out simple pieces of information.

10. DEPARTMENTAL SURVEY

10.1 In addition to the consultation and engagement exercise referenced in Section 9, a piece of work was carried out to gain an understanding of accessibility across Council departments, with each department asked about:

- i) Their current access arrangements;
- ii) Who their customer base was; and
- iii) What barriers they had to making the service more accessible.

10.2 The Committee was pleased to find that a total of 47 responses had been received from across all departments, a list of which together with details of the survey results is outlined in **Appendix 5**. Based on the survey results, Members:-

- i) Welcomed confirmation that the majority of services remain face to face, by phone or email but acknowledged the role of on-line and hybrid working as part of the package of delivery mechanisms to meet the diverse needs of Hartlepool's population.
- ii) Noted that whilst some services actively ask people about additional needs when they make contact, others appear to take a more passive approach. The need for a more consistent approach was apparent to the Committee.
- iii) Had anticipated that the most common adjustment would be the provision of interpreters (13%), both British Sign Language (BSL) interpreters and other languages. However, the range of other barriers were noted with interest:
 - Limitations of existing buildings
 - Reliance on other services / agencies (e.g. to provide front of house services or alternative meeting locations)
 - Technology (either due to expense of upgrading to keep pace with guidance or a lack of knowledge of how technology can be used to enhance access)
 - Lack of engagement with the disabled community
 - Lack of specialist support / advice and insufficient need identified to justify the change were also comparatively high.
- iv) Were of the view that a review of information / communication materials produced by the Council, and production of guidance to assist officers in the production of documents, to ensure consistency of production, would be beneficial.
- v) Noted with interest that the use of the staff intranet as one of the main points for access information and training. Further to discussion, it was felt that a review of accessibility information (e.g. what is available and in what form) would be beneficial to assist in enhancing staff and Councillor training and awareness. This being particularly useful for those staff whose roles do not involve regular contact with disabled people.
- vi) Had anticipated that finance and capacity would be identified as key barriers to making services more accessible. Subsequently, the survey results came as no surprise with 21% of responses identifying finance / budget, and 8% identifying lack of capacity, as barriers. In addition to this, an improved digital offer, more engagement with the disabled community, access to experts / specialist advice and a better understanding of issues were all identified as ways of making services more accessible.
- vii) Welcomed assurances that some services were thought to be fully accessible, however, it was suggested that more could perhaps be done across all departments to identify people with additional needs, share information and seek feedback from users to see if their experience of using the service matches up with the departmental view.
- viii) Explored the provision of adjustments and:
 - Expressed concern that a number of services do not have anything in place for service users that need adjustments to be made:

- Current arrangements are enough – 1%
- Not applicable – 1%
- Information says to ask if adjustments are required (i.e. only available on request) – 1%
- Nothing currently in place – 1%

Members appreciated that this could be due to an assumption that service are fully accessible so no further adjustment would be required, it could also be that service users with additional needs do not use the service because there are no adjustments available. With this in mind, Members reiterated the need for consistency of approach in assessing / asking about additional needs at the first point of contact.

- Found that most adjustments were made on an as-required basis and almost half of adjustments had been in place for a “long time / unknown”. Members were of the view that as most adjustments seem to be made on an ad-hoc basis, or have been in place for a very long time, a refresh of how and when adjustments are embedded may be timely.
- Learned that by far the most common ways of making service users aware of adjustments were:
 - Via information / communications – 22%
 - Via the Council website – 20%
 - Through initial contact with staff (i.e. people are told when they first speak to a member of staff) – 19%
 - Through general contact with staff (unspecified which stage of contact) – 19%

The Committee suggested that it might be useful to carry out a review of information / communications materials put out by the Council to see what proportion of materials include accessibility information and what form this takes.

- ix) Noted indications that the majority of staff know what adjustments, alternative arrangements or additional support can be put in place to support someone who needs it. Interestingly 6% of comments referenced finding information on the staff intranet, however, indications were that this is not always easy. The Committee was of the view that it might be beneficial to carry out a review of accessibility information on the staff intranet to ensure that the information provided is current and up to date and also that general information that would be useful to all staff is included and, most importantly, easy to find. This could include, for example, plain-English writing guides, web content guidelines, carrying out access audits, etc. This could be particularly useful for those staff whose roles do not involve regular contact with disabled people so the information is ready to hand when needed.

11. EVALUATION OF CONSULTATION / ENGAGEMENT RESULTS

- 11.1 With due regard to the issues raised via the consultation and engagement process, Table 6 (over the page) summarises the key findings presented and a number of potential actions identified by the Committee.

Table 6 – Evaluation of Consultation and Engagement Results

Key findings from the consultation	Potential Action
<p>1. People are not always aware that they can have help. Whether because they don't know that help is available or because they think they won't be eligible.</p> <p>A number of issues had been raised in relation to public and staff awareness of arrangements to facilitate the accessibility of services, including access to Council buildings for assistance dogs. Contact was made with Civic Centre, Hartlepool Central Library, Hartlepool Art Gallery, The Bis and The CIL and all services advised they would welcome those with assistance dogs.</p>	<p>Increased promotion of:</p> <ul style="list-style-type: none"> - Assistance schemes and the help available to access services – ensure that this promotion is targeted towards disabled service users i.e. in a form and location that is accessible to them. - Community hubs as a place where people can find support to access other council services. - The role of Community navigators - The various support available to help people with getting online e.g. at the Community Hubs and through community projects such as Hartlepower and Project 65. <p>Explore the uptake for home visits for service users who cannot attend in person with a view to identifying the need for increased promotion.</p> <p>Clearly display in buildings signs that shows help is available for people with disabilities / long term conditions.</p>
<p>2. Whether the level of service a disabled person receives is poor or excellent very much depends on who they get when they make contact.</p> <p>There seems to be a gap between focussed individual provisions (which is usually very good) and generic or universal services which are not so good. Also services which are used to dealing with disabled people regularly are better at it than those which only rarely have a disabled person make contact.</p>	<p>Improved staff training and awareness around disability, including access needs and lived experiences, including the development of a staff training and disability awareness package.</p> <p>Publicise a set of standards of service that disabled people can expect to receive and ensure that these standards are maintained.</p>
<p>3. Lessons learned from dealing with individual issues are not being embedded for lasting change. This means that issues recur for the same individual or for others.</p>	<p>Ensure lesson learning is shared through team meetings, board meetings and staff supervision sessions and that this is embedded into processes.</p>
<p>4. Consistency is a problem when a disabled person's enquiry or service request goes across teams or departments with people being told one thing by one team and something else by another.</p>	<p>Investigate how this can be mitigated.</p>

Disabled people find having to constantly repeat their stories to different staff members exhausting and demoralising, This is a barrier to some in making contact.	
5. The Council's website and Hartlepool Online are difficult to use for people with disabilities and do not meet WCAG requirements.	<p>Review the Council website and Hartlepool Online to ensure that they are compliant with WCAG guidance. In doing so:</p> <ul style="list-style-type: none"> - Include consumer testing in the review of the web site and Hartlepool Online to check functionality. - Explore the potential of a "live chat" function via the website.
6. Going digital and moving services online can be beneficial for disabled people, however, digital inclusion / exclusion remains an issue.	Ensure that digital access is not the only means that people can find information or make contact with the Council.
<p>7. The Deaf Community have particular difficulties in contacting the council and accessing services due to a lack of BSL interpretation facilities in community buildings and an over-reliance on written English and telephone contact.</p> <p>Particular attention was drawn to the provision of assistance to those who cannot use telephones to make contact with the Council, or progress contact, via telephone. A text relay service and text messaging service had previously been available.</p>	<p>i) Investigate the feasibility of introducing video calling, to sit alongside traditional phone and email functions to allow a Deaf person to communicate with a BSL signer, and Relay UK.</p> <p>ii) The Text Relay Service has already been reintroduced, however, it could be better advertised.</p> <p>iii) Increase the number of BSL trained front line staff with the aim that there will always be at least one BSL trained staff member in each community building at any one time.</p>
8. Council efforts to make things easier for people with autism and dementia are laudable but people with other forms of disability feel forgotten, particularly the Deaf Community, parents of profoundly disabled children and those with Downs syndrome.	<p>Ensure that any disability awareness training includes a wide range of disabilities.</p> <p>Involve people with a wide range of disabilities, and groups such as CLIP, in conversations around improving access / services.</p>
9. Some disabled people feel that although they are regularly asked to give feedback or input into consultations around accessibility nothing every changes and their recommendations are not implemented	<p>Ensure that where consultation is carried out that the "feedback loop" is closed so that people's contributions are acknowledged and acted upon.</p> <p>Ensure that they are informed of the outcome of the consultation to tell them what has been changed and where change has not been possible why it was not possible.</p>

	Where changes requested are not possible ensure that the conversation is continued to try and find alternative outcomes rather than just making that the end of the discussion.
10. A lack of public toilets in Hartlepool is having an impact on disabled people's ability to get out and about and engage in their communities. Where toilets are available the accessible toilet is often locked	Look to try and increase the provision of public toilets, or at least make the existing ones more accessible.
11. Disabled parking is an issue, the location of parking meters in relation to the disabled bays and the size of the text on the sign boards	Investigate how this can be improved.
12. In conversations around disability and accessibility, children and young disabled people are being forgotten, particularly the 16-18 age group who are between school and adult social care support	Expand consultations and conversations to include children and young people to get their perspective.
13. There appears to be an issue with people not getting called back and enquiries / requests not being followed up. This is unlikely to be confined to disabled people but the impact on disabled people is much greater, particularly for those with problems with memory / understanding. Disabled people and carers reported not getting called back caused feelings of frustration and stress, and having to be the one to chase things up all the time was exhausting and "yet another thing to have to remember to do".	Ensure that staff training on disability and awareness includes the importance of calling people back and an understanding of why it is such an issue for disabled people and carers. Ensure this training is rolled out to all staff, not just front line staff.
14. Household waste recycling centre is less accessible than it used to be. Having to book an appointment in advance is difficult for those who can't plan ahead because of their health conditions or caring responsibilities. This is compounded for those who can't get online easily. No assistance on site anymore means people with reduced strength or limited mobility cannot get the items out of the car.	Review the need for pre-booked appointments at HWRC. If this is being retained as a cost cutting measure consider how the accessibility implications can be mitigated e.g. pre-booked for weekends and drop-in on weekdays or "just turn up" passes for disabled people.
15. Despite access aids at the civic centre (including BSL trained staff, step-free access, hearing loop, etc.)	Promote the range of services that can be accessed at other venues such as the Community Hubs where there is

many elderly / disabled people consider the civic to be inaccessible due to the lack of disabled parking at the building.	disabled parking so people can go elsewhere. Investigate how the disabled parking at the rear of the building can be better utilised (without having to walk all the way around the building)
16. Awareness of the role and range of services offered by the Community Hubs and Community Navigators is low.	Deliver a communications campaign to raise awareness. Make sure this is targeted to elderly / disabled people (i.e. in a suitable format and location).
17. The need to look more at planning and implementation to ensure accessibility is not treated as an after-thought or add-on. If services are easy to access for people with accessibility issues then it is easy to access for everyone.	Undertake an internal review of literature and processes within the Council to see if they meet requirements/legal guidance/council plans similar to the physical building audit but of our literature and website.

11.2 Whilst it was recognised that some adjustments could require more significant investment which would not be possible at this time, given the Council's current financial position, it was suggested that others may be possible quickly, easily and for very little cost. During the course of the consultation a number of potential "quick wins" were identified that could be implemented whilst more fundamental improvements are considered. Those were as follows:-

- i) Plan and implement an ongoing communications campaign, in an accessible format / location, to highlight all the various support schemes and reasonable adjustments that we already have in place and ensure this is repeated regularly. Services which offer adjustments for disabled people should ensure that this is included in all the information they put out. Ensure this is put out in a range of communications methods, not just on social media.
- ii) When time-critical videos are posted on social media and there is not time to set up closed captions first the video should include a text card to say that subtitles will be added as soon as possible – and ensure that this is followed up. This should be standard for all videos. For videos which are not time-critical subtitles should be added before they are uploaded.
- iii) Some people find the range of Council touch-points confusing and don't know where they need to be for particular services. Communicate that there are a number of "one-stop-shop" touch points such as civic centre reception and the Community Hubs where people can get everything done in one place, this will also make people who find accessing the civic difficult aware that they can get the same services elsewhere.
- iv) Promote the role of the Community Hubs and Community Navigators more to increase understanding of the services they offer.
- v) Ensure that community buildings and touch points have a range of posters and leaflets on display for a range of disability support groups and charities.
- vi) Introduce a facility for people coming in to reception to ask for a private room using the small rooms off the reception area if they wish to discuss something

confidential and make people aware that this is available (e.g. by putting signs on the glass partitions in a similar way to how pharmacies tell customers they can use a private consultation room).

- vii) Circulate some basic guidance to staff on font size and type, use of plain English and how to book an interpreter when one is required and put this information in an easy to find location on the intranet.

12. CONCLUSIONS

12.1 The Audit and Governance Committee concluded that:-

- 1) Hartlepool Borough Council has developed services and facilities aimed at supporting residents with disabilities and long term conditions and has invested in state-of-the-art facilities such as the Centre for Independent Living (CIL). There is, however, always more that can be done to ensure that the voices of residents are sought, heard and incorporated into future Council initiatives which may impact on the future physical, economic and social environment of the town.
- 2) Hartlepool staff are to be commended on their activities to support and signpost residents with disabilities and long term conditions. Experience being that where services are easy to access for those with disabilities or long term conditions, they are easier for all to access!
- 3) Accessibility is so much more than just physical access and must be given high priority in the development and provision of services. As such:
 - It is essential to have a clear understanding of Hartlepool's disabled community, its needs and challenges if the right services are to be provided in the right way. Only with this will the true level of need be identified to support the requirement for service change and adjustments.
 - Departments need to be supported within the available resources to make any necessary improvements and provided with specialist advice and support where required.
 - The needs of people with disabilities and long term conditions need to be represented in the development and delivery of services. A good example, as identified by the disabled community, is the involvement of CLIP in the development of the Highlight building. This being identified as good practice by the disabled community.
 - Where residents with a disability or long term condition are involved in consultation / engagement as part of the development of services, there is a need to ensure that they are updated on the outcome of consultations and decisions as a matter of course. This should be done at an early stage in the process with participants involved in ongoing conversations throughout the development, deliver and review of services. Not as a one off event.
 - Workforce development is essential in terms of training to increase disability awareness and an understanding of what reasonable adjustments can be made.

- 4) Hartlepool Borough Council should at every opportunity champion the provision of accessible services with its partners, local business' and other organisations across the town.
- 5) Emphasis needs to be placed on the promotion of the social model of disability, changing attitudes towards disabled people and improving disability awareness.
- 6) There needs to be a consistent approach to asking people about additional needs at the first point of contact. Services that are accessed regularly by disabled people and those with long term conditions should share best practice.
- 7) The completion of Impact Assessments to inform the decision making process is an essential part of the service development process. These assessments need to be undertaken as early as possible in the development of services and in order to simplify the process, it has been agreed that the Child and Family Poverty Impact Assessment and Equality and Diversity Impact Assessment will be amalgamated.
- 8) Many adjustments do not require significant investment in terms of time or resources. A great deal can be achieved by taking a flexible approach to service delivery and making small changes to the way in which things are done. This is where involving disabled people in conversations around service delivery could be particularly beneficial.
- 9) Subject to compliance with the requirements of the Equality Act, any proposals for the provision of additional activities, or service changes, must be considered alongside the financial challenges facing the local authority and be within available resources.
- 10) Making every contact count (MECC) needs to be a priority with improved communication between departments to remove the need for residents to repeat their issues.
- 11) Following calls for involvement in the investigation from groups and individuals across the town, the most significant level of input was received from Hartlepool's Deaf community. The investigation findings have subsequently been heavily influenced by their response and it is recognised that it may be beneficial to undertake further consultation as part of the process for the implementation of the Committee's recommendations.
- 12) The mystery shopper process was a beneficial element of the consultation process undertaken as part of the investigation and should be used more frequently as a means of assessing lived experiences.

13. RECOMMENDATIONS

- 13.1 The Audit and Governance Committee has taken evidence from a wide range of sources and its recommendations are as follows:-

- 1) Exploration of some adjustments would require more significant investment and be longer term actions. Other short / medium term actions would be to:-
 - i) Develop a communications campaign to:
 - Highlight the various support schemes and reasonable adjustments that are already have in place;
 - Promote 'One-Stop-Shop' touch points such as the Civic Centre reception and Community Hubs where people can get assistance with everything in one place. Making those who find accessing the Civic Centre aware that the same service can be accessed elsewhere; and
 - Promote the role of Community Hubs and Community Navigators to increase the understanding of the services they offer.
 - ii) Ensure that community buildings and touch points have posters and leaflets on display for a range of disability support groups and charities.
 - iii) Circulate basic guidance to staff on font size and type, use of plain English, how to book an interpreter when one is required and put this information in an easy to find location on the intranet.
 - iv) Create an "accessibility" tile on the intranet homepage so it is easy to find and collate a range of useful accessibility information for staff to be able to find quickly and easily when a disabled person makes contact.
- 2) Equality of access to services for all is a fundamental right and residents with disabilities and long term conditions should not be restricted in terms of the times they can access services or the levels of privacy they can expect. To this end:-
 - i) A Text Relay Service should be introduced;
 - ii) Given the financial restrictions faced by the local authority, the feasibility and benefits, of creation of a pod facility in the Civic Centre be explored to allow residents and officers to use online signing / translation services;
 - iii) The creation of a network of BSL trained staff, to act as first point of contact for volunteers, be explored;
 - iv) Existing TV screens in the Civic Centre reception be used to promote accessibility services and the assistance that is available; and
 - v) The Loop system currently used in council buildings be reviewed to ensure that it is still compatible with modern hearing aids.
- 3) Provide access to a video / telephone translation service (for BSL and other languages) in the Civic Centre, and a private room for the discussion of confidential issues. This facility to be promoted (e.g. via signs on glass partitions in a similar way to how pharmacies tell customers they can use a private consultation room).

- 4) A review of workforce training be undertaken to explore how disability awareness and an understanding of reasonable adjustments, could be increased, within available resources. As part of this:-
 - i) Accessibility and diversity awareness training to be rolled out as mandatory training for all HBC staff and offered as an option for Councillors as part of the induction process; and
 - ii) Options for training be explored including the use of online packages to allow ease of access and roll out across departments, without the need for an external trainer.
- 5) The newly established Equality, Diversity and Inclusion Officer Group to be used as a mechanism to share best practice, monitor performance and identify service improvements.
- 6) Improvements to the HBC website be explored to ensure that it is EDI compliant going forward, including but not be limited to:-
 - i) Read options for documents, to allow access by blind or visually impaired residents;
 - ii) Captions / signing on social media posts / videos; and
 - iii) When time-critical videos are posted on social media, and there is not time to set up closed captions, the video should include a text card to say that subtitles will be added. For videos which are not time-critical subtitles should be added before they are uploaded.
- 7) Council reports, documents and forms must be accessible (easy read / screen reader friendly) and going forward clear content guidance should to be provided, and its use promoted, including:-
 - i) Where appropriate, instructions for the inclusion of links to allow the use of screen readers; and
 - ii) Promotion of use of a document accessibility checker.
- 8) A consultation to be undertaken with partners on the potential benefits, and level of support for, the creation of a needs passport / card system that could be used to ensure that officers quickly recognise and respond to any additional support needs.
- 9) The process for creation of the Highlight on the Waterfront development is an example of good practice in terms of engagement / involvement with residents with disabilities and lifelong conditions. This good practice to be rolled out across the development of all services and strategies.

ACKNOWLEDGEMENTS

The Committee would like to place on record our appreciation, in particular of the willingness and co-operation we have received from all those involved in the investigation.

**COUNCILLOR ROB COOK
CHAIR OF THE AUDIT AND GOVERNANCE COMMITTEE**

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Terms of Reference for the Investigation

- a) To gain an overarching understanding of national equality legislation, and in particular statutory duties as they relate to the activities of Hartlepool Borough Council.
- b) To gain an understanding of data in relation to the number of residents in Hartlepool with disabilities and long term conditions and consider existing evidence of the challenges they face in accessing services;
- c) From a Hartlepool Borough Council perspective:
 - i. Explore how the Council complies with its Equality Duty in ensuring accessibility to all areas of service provision (as detailed in the referral); and
 - ii. Evaluate the effectiveness of the Council's activities to ensure that people with disabilities and long term conditions have easy access to its services.
- d) To examine the barriers (physical, procedural and other) that may inhibit access to Hartlepool Borough Council services / activities, and day to day living, and ascertain their prevalence and impact (including the impact of Covid-19); and
- e) To identify if any changes / additions are needed to deliver tangible improvements to the accessibility of Hartlepool Borough Council Services.

How people were made aware of the consultation?

- The Your Say Our Future consultation platform, including in the monthly newsletters sent to all registered participants
- Extensive promotion on social media
- Posters and leaflets in all public Council buildings including the Community Hubs and libraries
- Posters and leaflets distributed to GP surgeries, health centres, pharmacies, etc.
- Written invitations to take part and request to share with contacts sent to:
 - Elected members
 - Residential homes, nursing care homes and other providers of adult and children's social care
 - Youth Council
 - Housing associations
 - Parish Councils
 - Alice House Hospice
 - Health and Wellbeing Board and Safer Hartlepool Partnership
 - Healthwatch Hartlepool
 - Hartlepool and Stockton CCG and North Tees and Hartlepool NHS Trust
 - Various local community and disability support groups including Hartlepool Deaf Centre, Incontrol-able, Hartlepool Carers and the Hospital of God

How the consultation was made accessible to disabled people?

- The Your Say online platform is compliant with the Web Content Accessibility Guidelines. It is compatible with screen readers and other assistive technology.
- The Committee commissioned two BSL signed videos to promote the consultation. These were shared extensively on social media, embedded onto the Your Say platform and shared by local deaf organisations with their members. BSL signers were also booked for all the workshop sessions.
- Easy-read and large print versions of the survey were available to download from the Your Say platform and also to pick up from Council buildings. Copies were given to disability groups to pass on to their members.

ORGANISATIONAL SURVEY FREE TEXT COMMENTS (DEAF CENTRE)

Please tell us about a positive experience of using a Council service.

iSPA contact centre staff are amazing, they are helpful and always willing to help get me to the right person or find a solution to a problem. One person in particular, shows real passion and commitment to the Deaf Community including studying BSL in her own time. She has a wealth of knowledge around Deaf equipment and resources and has fantastic Deaf awareness. Officers have a long track record of support to the Deaf Community but do not appear to have the resources to carry out some of the work they champion.

What do you think we could do to build on this positive experience or improve further?

Implement accessible contact methods to council services to support HDC to build confidence in people's own abilities to manage their own affairs. HDC can support this work by supporting clients to make contact, but without accessible contact methods HBC are removing people's independence, thus creating further barriers and the assumptions that the council do not care or do not know they have Deaf residents in the town. Promote council services by always ensuring subtitles are added to social media video content and any important announcements please consider BSL interpretation added to video content.

Please tell us about a negative experience of using a Council service.

I have a client at present who is unhappy with their social work support, they feel because they are Deaf the social worker is not in regular contact and does not update the client because of the communication barrier and needing to book interpreters. This client was very happy with the previous arrangements of having a Deaf council member to contact and receive support from. The client would like social care to be better deaf aware, receive Deaf Awareness training and social worker to learn BSL (Stockton, Middlesbrough and Darlington Council have social workers who can sign).

My own personal experience of offering to contact services on behalf of Deaf people is very counterproductive to the work we aim to achieve in empowering Deaf people. I get quick results because I am a hearing person with no disabilities or long-term health conditions, this again reinforces that we live in a town and have a wider society that practices audism openly despite legislation on local councils to provide accessible information, to be accessible themselves and to provide information that is accessible to the public (including those with protected characteristics).

What do you think we should have done differently or how do you think we could improve for the future?

My client asked me to feedback to the social worker and ask why my client waited so long for a follow up meeting. Eventually the social worker turned up at the client's door with an interpreter but without informing the client to expect her, the client sent her away because they were expecting a family visit. A subsequent visit was arranged and booked in with the client. My client remains unsatisfied, they feel the social worker does not understand them as a profoundly deaf person - it is important that Deaf people feel their support is from someone with good deaf awareness with an understanding of the clients background and culture. My client does not like to have an interpreter present for private discussions with their social worker but recognises this is required due to the communication barrier, however it makes them feel very uncomfortable. Sometimes

interpreters create barriers of their own, they are not the only solution to working well with Deaf people.

If there is anything that worries you or puts you off using Council services with or on behalf of your clients please tell us about it here.

Community Hub - York Road What puts me off the council... a continued lack of accessibility for Deaf people. Council events are never offered with BSL Interpreter, so the fantastic opportunities at the community hub are not open to Deaf people. Hard of hearing people say they would welcome it if the Hub to advertised they are deaf friendly - they want to see a big sign on the front door that shows the council understand the needs of deaf and hard of hearing people, and that events will be accessible, not just providing interpreters but arranged and adapted so that deaf and HoH people are fully included rather than left to fend for themselves, if they are brave enough to enter the doors

What worries me about council services... HDC carried out a Deaf Audit of the Community Hub in June 2021, delivered Deaf Awareness training to 15 library and outreach staff and have spent the charities self-funded hours to attend a 3 meeting Task and Finish group in Feb/March 2022 to be told there are no funds to implement any of the required improvements. Yesterday I attended a deaf person's support meeting lead by TEWV along with 2 social workers (one from Durham and one from Stockton), luckily I was early and could meet the client at reception because there was major confusion over the room booking and reason for the meeting, hub staff wanted to direct us to the medicine review queue. If the vulnerable deaf client had been exposed to this confusion it would have had a really negative impact on them, negative experiences get shared among the Deaf Community and is counter-productive to the work the council wants to achieve at the hub.

If you have any other comments or suggestions about making Council services accessible to people with long-term conditions and carers please write them in the box

The toilets in the community hub are not suitable for use, especially for people who are blind or have visual impairment. Accessible toilet is locked.

WORKSHOP FINDINGS

CONCERNS / CHALLENGES IN ACCESSING COUNCIL SERVICES	POSITIVE FEEDBACK / THINGS WE DO WELL
<ol style="list-style-type: none"> 1) Council website (difficult to use accessibility software) telephone systems and Hartlepool Online not easy to use. 2) Variations in the quality of service for people with disabilities and long term conditions. 3) Awareness of available help. 4) Awareness of the Community Navigators role is low. 5) Lack of clarity in terms of access for assistance dogs (other than guide dogs) in Council buildings. 6) Lack of access to computers. 7) The absence of remote video calling service. 8) Inaccurate Hartlepool Alerts (e.g. told have to pay for parking and ticket machines too far away from parking spaces – only to find that blue badge holders don't have to pay). 9) Civic Centre - Poor access to disabled parking and access to the lift to the reception. 10) The absence of a named contact that deaf people can contact to ask about deaf-related issues. 11) Making contact with the Council for those who are not able to use the telephone. 12) Difficulty getting help with confidential matters without divulging information to an unrelated third party to act as an interpreter (e.g. getting to speak to a social worker). 13) Making anonymous complaints about staff when a phone or computer cannot be used (ab example of this being a complaint about a carer requiring the form to be handed to the carer in question). 14) Charging Blue Badge holders for parking. 15) Access to BSL signers or interpreters (inc. Community Navigators) 16) Drop kerbs at Elizabeth Way Shops. 17) When involved in access audits and focus groups nothing seems to come from them. 18) Digital exclusion 19) Recreation and sport not always accessible (e.g. no disabled access to Rift House Rec. Sports and recreation grounds) 20) Dropped kerbs are often in the wrong position 	<ol style="list-style-type: none"> 1) Improved physical access to Council buildings was good and improving (though still improvements to be made). 2) Staff helpful throughout various services and focused individual provision for people with disabilities and long term health conditions is good. 3) HBC house adaptations done to a very high standard, making a big difference to the quality of life. 4) Staff offering to help with form filling and signposting, particularly in the Civic Centre reception, Hubs and over the phone. 5) Hartlepool Now website (though seems to be better known by the public than by officers). 6) Partnerships with CLIP working well to improve accessibility at an early stage are (Highlight Leisure Centre, Tall Ships, Train Station and Summerhill improvements. 7) Assisted bin collection is a good scheme but not well publicised so people don't know they can have help. 8) "Borrow boxes" from the library have been well received. 9) Central and South Hubs do a good job – North Hub not so much but West View Resource Centre is very good 10) Communication and information in general is good. 11) Dealings with adult social care have been very positive. 12) The majority of Brierton Sports Centre staff are understanding, friendly and welcoming 13) Health trainers are accommodating to people with

<ul style="list-style-type: none"> 21) Maintenance of council buildings e.g. holes in access ramps, uneven surfaces, etc. 22) Newer hearing aids are increasingly incompatible with the hearing induction loop system 23) Having to specifically ask for support. It also depends on who you get when you make contact 24) A lot of people with substance misuse problems have disabilities but services are not accessible to them because of their issues 25) Mill House - Reduced water temperature and suitable changing tables. 26) Lack of public toilets. 27) No accessible play equipment in any of the play areas in Hartlepool. 28) Need to improve the support through schools, particularly for mental health, bullying and the pressures of social media. 29) People with BSL as their birth language can struggle to read letters sent by post 30) Can't just turn up to do what they want. 31) The glass screens - difficult to lip read or sign. 32) Tend to think of disabled people as being older, younger disabled people are overlooked 33) Lack of consistency between members of staff and services e.g. getting passed from pillar to post 	<p>disabilities and will adjust the programmes to suit people's abilities</p> <ul style="list-style-type: none"> 14) Disabled facilities at CIL are very good and having social workers based in there means people using the day services have easy access to them for support. 15) Council is good at resolving issues for individuals 16) Introduced of dementia-friendly sessions at Mill House
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IMPROVEMENTS THAT COULD BE MADE

- 1) **An SMS notification service would be useful** for people who cannot use the phone or other technology
- 2) **Instant video remote interpreter service** so don't have to wait for an interpreter
- 3) **Need for the community to be involved in making services accessible**
- 4) **A lift to get from Victoria Road to the level of the reception area**
- 5) Better **system for anonymous feedback**
- 6) Use **Hartbeat more to publicise help arrangements** as it goes to every household (an **electronic version** be made available screen readers)
- 7) **Encourage private organisations** to be better at accessibility
- 8) Council is good at resolving issues for individuals but need to **embed learning to prevent issues recurring**
- 9) Need to consider the **"spontaneity" of services** (so disabled person can just turn up and do what they need to do)
- 10) **Public toilets**
- 11) **Focus on the person** and not what's "wrong" with them
- 12) Need **someone to oversee accessibility within the council**, leaving it to departments to self-police is not working
- 13) **Involving groups like CLIP in the development of services**
- 14) Should be asking:
 - a. What do we know about our local populations and communities and their needs?
 - b. **What training do staff get** on accessibility as a matter of course?

- c. How can we **improve access to governance and democracy** e.g. increase disabled members of committees.
- 15) **Workforce development** needs to have regard for all disabilities.
 - 16) **Support staff with disabilities** including through workforce development, recruitment and business development
 - 17) System for hidden disabilities like the **lanyards**.
 - 18) Dementia friendly services at Mill House badly attended – **need to develop these types of programmes in consultation with disabled people**
 - 19) **Listen to the deaf community** and implement recommendations
 - 20) **A private room for deaf people** where you can ask the receptionist for when you first arrive (when signing in the reception area anyone who knows sign language can see)
 - 21) More frontline **staff trained in BSL**.
 - 22) **Employ a deaf person to be a contact for other deaf people** (translation for people who speak BSL from birth)

EXAMPLES OF LIVED EXPERIENCE (Names have been changed to protect individual's privacy but these are based on conversations with real disabled people via the consultation)

Example 1- My bin day. Dave, who is Deaf, wanted to check which day his bin was due to be emptied. He is unable to use the website to check this online. As he cannot use the telephone he says he only has two options to find this information out: either he needs to ask a friend or family member to find the information out for him (which makes him feel unempowered) or he has to take the bus into town to visit the Civic Centre reception and hope that there is a member of staff available who can use BSL who can tell him this information. Dave says it should not be so difficult to find out a simple piece of information that a hearing person could find out in 2 minutes. He would like the option to use an SMS service or a video call (to someone who can sign) to find the information he needs quickly.

Example 2 - Benefits check. Hazel is Deaf and uses BSL to communicate. She is also elderly and a wheelchair user. Hazel would like to find out if she is entitled to any additional benefits or support since her husband passed away. She says that from her previous dealings with the staff at the Civic Centre she expects that they will be helpful, however, she is unable to use the telephone to make an appointment for a home visit. It is difficult for Hazel to get to the Civic Centre as the accessible transport options in the town are limited. She does not know how she can contact the benefits team.

Example 3 - Crisis support information. Fred is Deaf and has a history of poor mental health. Recently Fred experienced a mental health crisis and received assistance from the Police. Afterwards, he was sent a letter by the Council with information about mental health support services and the Council's ISPA team. For all of the services listed in the letter there was only a telephone number to be able to contact them. As a Deaf person, Fred is not able to use the telephone and it made him feel even worse to be offered help that he could not access.

Example 4 - Phoning the Council. Frank has had a stroke which has left him with slurred speech and needs extra time to process the information he is given. Frank can use the telephone if he has to but he says he feels embarrassed to call the Council on the phone because he thinks that his speech impediment and cognitive difficulties mean that staff will think he is drunk or on drugs when he calls and dismiss him as a nuisance. For this reason Frank avoids using the telephone unless he absolutely needs to.

Example 5 - Social workers and carers. Annie is in her 80s. She is Deaf and uses BSL to communicate but she is able to read and write English. She also uses a wheelchair or walker when she goes out. Annie used to have a social worker who could sign but they recently left the authority and the social workers who have been covering do not sign so they need an interpreter to communicate. Annie says sometimes when the social workers and carers come to visit her they do not bring an interpreter with them so Annie does not feel confident that she has understood what they have told her; or that they are understanding and recording her needs correctly.

Annie is also worried that when they do remember to bring a BSL interpreter the interpreters then know her intimate personal business (such as financial information and care needs) as she thinks they discuss this with other Deaf people. She would prefer to have a social worker who can sign which would remove the need for an interpreter. Annie is also having problems with her care package and is worried about her benefits since her husband died. She feels overwhelmed trying to tackle these difficulties when responsibility is shared over so many services and none of them are Deaf-friendly.

SOURCES OF DEPARTMENTAL SURVEY RESPONSES

ACBS	C&JCS	Public Health	NRS	R&D
<ul style="list-style-type: none"> • Heritage and open spaces • Museum / Art Gallery • Adult social care • Community hubs • Sports and leisure 	<ul style="list-style-type: none"> • Children's Hub • Safeguarding, Assessment & Support and family time contact • Rossmere Children's Centre • Hindpool Children's Centre • 0-19 • Through Care Team • Fostering • Virtual school • HSSCP (Hartlepool & Stockton Safeguarding Children Panel) • SENDIASS • Housing • Childcare • Local welfare support • Resettlement • Educational psychology • SEND • School improvement • School place, planning and capital • Youth services • Youth justice service 	<ul style="list-style-type: none"> • Public health • Substance misuse 	<ul style="list-style-type: none"> • Consultancy services • Policy support and facilities management • Passenger transport • Construction & highways • Planning and development • Environmental services • Environmental protection • Housing standards • Emergency planning • Commercial services • Car parking • Community safety 	<ul style="list-style-type: none"> • Legal • Communications and marketing • Customer services • Debt recovery • Economic growth • Health, safety and risk • Corporate strategy and performance • Revenues & benefits • Revenues

DEPARTMENTAL ACCESSIBILITY SURVEY - SUMMARY OF FINDINGS

i) Where services are delivered:

- The majority of services (26%) continue to be delivered face to face. Data indicating that the delivery of services by phone represents 22% of activity, compared to email (18%) or online contact via the portal or app which represented 18% and 15% respectively.
- 59% of services are universal / open to all with only 19% targeted.
- The top 4 locations in descending order are the Civic Centre, people's homes, other buildings and community venues.

ii) How are services provided:

- Hybrid delivery model (almost 50%), mostly a combination of office/home-based staff, although some front-facing services are a combination of face-to-face and online contact.
- 24% are providing more online services, 6% are totally on line.
- Located or delivered from buildings that are physically accessible (e.g. step-free access, hearing loop, etc. – 10%). Other responses which referenced physical access adjustments included:
 - Access to an induction loop – 5%
 - Accessible toilets at the service location – 3%
 - Disabled parking facilities at the service location – 1%
 - Lighting adjustments can be made at the service location – 1%
 - Accessible vehicles for service users – 1%

iii) **How is need identified:**

- Predominantly by speaking to other professionals (17%) rather than from asking the client. The second most common way is via an assessment or eligibility criteria.
- Some services actively ask people about additional needs when they make contact via conversations with service users / potential users (12%), forms that service users / potential users are asked to complete (12%) or carrying out access audits of the service (4%).
- Other services appear to take a more passive approach by waiting for service users / potential users to make the first move and tell about their needs.

iv) **How are adjustments to services made:**

- The most common adjustment is the provision of interpreters (13%), both British Sign Language (BSL) interpreters and other languages. A further 5% reference the provision of BSL and 4% referenced unspecified "translation".
- Other adjustments, not necessarily relating to physical access, include:
 - Home visits for service users – 9%
 - Reading or understanding information – 5%
 - Appointments in flexible locations – 4%
 - Technology to make the service more accessible – 3%
 - Help doing things online (2%) and filling out forms (2%)
- Information in alternative formats (unspecified – 4%), large print (8%) and easy-read (5%).

v) **Staff Training / Awareness of Adjustments** - 95% of responses indicate that all staff know what adjustments, alternative arrangements or additional support can be put in place. 6% of comments referenced finding information on the staff intranet.

vi) **What do you need to make your service more accessible** - Similarly to the previous questions, the most commonly referenced responses were finance / budget (20%) and more staff (13%). A further 17% of responses referenced improving the digital offer. More engagement with the disabled community – 7%

- Access to experts / specialist advice – 7%
- Better understanding of issues – 3%
- Finance / budget (20%), more staff (13%), improved digital offer (17%), more engagement with the disabled community (7%), access to experts / specialist advice (7%) and better understanding of issues (3%).

vii) **What are the key barriers to your service being accessible to all:**

- 11% stated that services are already fully accessible so no more needs to be done.
- Barriers identified included:
 - Finance / budget (21%), lack of capacity (8%).
 - Limitations of existing buildings (some are historic buildings which may have restrictions due to Listed Building status, others are just old and from a time when accessibility was not a consideration which makes retro-fitting access improvements difficult and expensive)
 - Reliance on other services / agencies (e.g. to provide front of house services or alternative meeting locations)
 - Technology (could be either due to the expense of upgrading technology to keep pace with guidance or a lack of knowledge of how technology can be used to enhance access)
 - Lack of engagement with the disabled community

AUDIT AND GOVERNANCE COMMITTEE

27th June 2023



Report of: Director of Finance, IT and Digital Services

Subject: TREASURY MANAGEMENT STRATEGY UPDATE
2023/24

1. PURPOSE OF REPORT

1.1 The purposes of the report are to:

- i) Provide a review of Treasury Management activity for 2022/23 including the 2022/23 outturn Prudential Indicators; and
- ii) Provide the first quarter update of the 2023/24 Treasury Management activity.

2. BACKGROUND

2.1 The Treasury Management Strategy covers:

- the borrowing strategy relating to the Council's core borrowing requirement in relation to its historic capital expenditure (including Prudential Borrowing);
- the borrowing strategy for the use of Prudential Borrowing for capital investment approved as part of the Medium Term Financial Strategy; and
- the annual investment strategy relating to the Council's cash flow.

2.2 The Treasury Management Strategy needs to ensure that the loan repayment costs of historic capital expenditure do not exceed the available General Fund revenue budget. Similarly, for specific business cases the Treasury Management Strategy needs to ensure loan repayment costs do not exceed the costs built into the business cases. As detailed later in the report these issues are being managed successfully.

2.3 The Local Government Act 2003 requires the Council to 'have regard to' the CIPFA (Chartered Institute of Public Finance and Accountancy) Prudential Code and to set prudential indicators for the next three years to ensure capital investment plans are affordable, prudent and sustainable.

- 2.4 The Act also requires the Council to set out a Treasury Management Strategy for borrowing and to prepare an Annual Investment Strategy, which sets out the policies for managing investments and for giving priority to the security and liquidity of those investments. The Secretary of State has issued Guidance on Local Government Investments which came into force on 1st April, 2004, with subsequent updates.
- 2.5 The Council is required to nominate a body to be responsible for ensuring effective scrutiny of the Treasury Management Strategy and policies, before making recommendations to full Council. This responsibility has been allocated to the Audit and Governance Committee.
- 2.6 This report covers the following areas:
- Economic background and outlook for interest rates;
 - Treasury management outturn position for 2022/23; and
 - Treasury Management Strategy 2023/24 first quarter review.

3. ECONOMIC ENVIRONMENT AND OUTLOOK FOR INTEREST RATES

- 3.1 **UK** – The UK economy has faced an extended and ongoing period of economic uncertainty with significant inflationary pressures. The Bank of England's Monetary Policy Committee (MPC) increased rates by 0.25% to 4.5% in May and are keen to demonstrate its anti-inflation credentials by delivering a succession of rate increase. However, with inflation remaining elevated it is anticipated that the Bank Rate will need to increase to at least 5%, if not higher, to sufficiently slow the UK and loosen the labour market.
- 3.2 The latest CPI data for April shows that the UK CPI measure of inflation dropped back to 8.7% (from 10.1%) and was still at the higher end of market expectations. April's fall was accounted for by declines in energy and fuel prices, offsetting a rise in both services and core inflation, pointing to an underlying stickiness in inflation.
- 3.3 The Office for Budget Responsibility's revised growth forecast up to 2027 are set out in the following table, however, these will be revised at the next budget. Indeed the International Monetary Fund has recently upgraded its growth forecast for the UK in 2023 to 0.4%.

Year	March 2022 Growth Forecast	March 2023 Growth Forecast
2023	1.8%	(0.2%)
2024	2.1%	1.8%
2025	1.8%	2.5%
2026	1.7%	2.1%
2027		1.9%

- 3.4 **European Union (EU)** – The economy is expected to expand 1% this year, the improved forecast for Europe (which narrowly dodged a recession this winter) still represents a marked slowdown on last year. It reflects lower

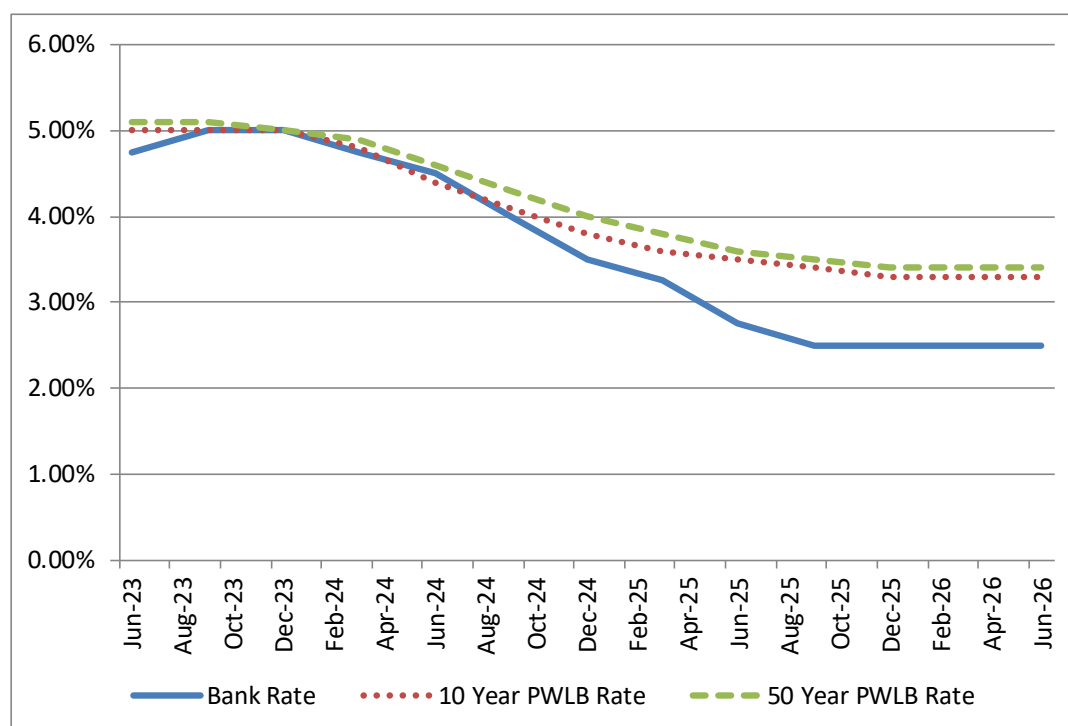
energy prices, which are reducing costs for business and easing the strain on households. Worryingly Germany, the eurozone's biggest economy, slipped into recession in the first quarter of 2023. The European Central Bank raised interest rates by a quarter of a percentage point this month, the smallest increase since it started hiking in July, but hinted at further rate hikes to come given stubbornly high inflation.

- 3.5 **Other Economies** – elsewhere economies are grappling with similar inflationary pressures and uncertainty caused by geopolitical events including the war in Ukraine and continued tension between China and Taiwan. In the US, the central bank have said that inflation remains well above target and that the Federal Reserve is committed to bringing it back to its 2% target, but that stress in the banking sector may mean that it is not necessary to raise rates again.

Interest Rate Forecasts

- 3.6 Link Asset Services (the Council's Treasury Management advisors) continue to update their interest rate forecasts to reflect statements made by the Governor of the Bank of England and changes in the economy.
- 3.7 In May the MPC increased the Base Rate by 0.25% to 4.5% pushing borrowing costs to the highest level since 2009. Forecasts reflects a view that the MPC will be keen to further demonstrate its anti-inflation credentials by delivering additional increases in Bank Rate at future meetings. This has happened to a degree but with inflation remaining elevated Link Asset Services anticipate that Bank Rate will need to increase to at least 5%, if not higher, to sufficiently slow the UK economy and loosen the labour market.
- 3.8 The CPI measure of inflation announcement 24th May reported it dropped back to 8.7% (From 10.1%), although this was still at the higher end of market expectations. Link Asset Services anticipate the Bank of England will be keen to loosen monetary policy when the worst of the inflationary pressure are behind – but that timing will remain one of fine judgement. Current judgement is that rates will have to increase and stay at their peak until the spring of 2024 as a minimum.
- 3.9 Markets reaction to higher than expected inflation pushed gilt yields higher across the curve. In addition, the market is pricing in a peak of Bank Rate somewhere between 5.25% and 5.5%, with little prospect of rates coming down from that peak before the second quarter of 2024.

3.10 Link Interest Rate Forecast up to June 2026 are shown below:



- 3.11 Since the late 1990s Base Rate averaged 5% until 2009 when the Bank of England reduced it to historically low levels. Over the same period PWLB rates have been significantly higher than they are at present.

4. TREASURY MANAGEMENT OUTTURN POSITION 2022/23

Capital Expenditure and Financing 2022/23

- 4.1 The Council's approved capital programme is funded from a combination of capital receipts, capital grants, revenue contributions and prudential borrowing.
- 4.2 Part of the Council's treasury management activities is to address the prudential borrowing need, either through borrowing from external bodies, or utilising temporary cash resources within the Council. The wider treasury activity also includes managing the Council's day to day cash flows, previous borrowing activities and the investment of surplus funds. These activities are structured to manage risk foremost, and then to optimise performance.
- 4.3 Actual capital expenditure forms one of the required prudential indicators. As shown at Appendix A, the total amount of capital expenditure for the year was £17.339m, of which £3.288m was funded by Prudential Borrowing.
- 4.4 The Council's underlying need to borrow is called the Capital Financing Requirement (CFR). This figure is the accumulated value of capital expenditure which has yet to be expensed or paid for through revenue or capital resources. Each year the Council is required to apply revenue

resources to reduce this outstanding balance (termed Minimum Revenue Provision).

4.5 Whilst the Council's CFR sets a limit on underlying need to borrow, the Council can manage the actual borrowing position by either;

- borrowing externally to the level of the CFR; or
- choosing to use temporary internal cash flow funds instead of borrowing; or
- a combination of the two.

4.6 The Council's CFR for the year was £113.660m as shown at Appendix A comprising:

- £76.464m relating to the core CFR,
- £27.302m relating to business cases and
- £9.894m relating to the Housing Revenue Account (HRA).

The actual CFR is lower than the approved estimate of £142.910m owing to rephasing of capital expenditure into 2023/24.

4.7 The total borrowing remains below the CFR and there continued to be an element of netting down investments and borrowing i.e. using cash backed reserves to delay borrowing. The Council needs to carefully manage the timing of new borrowing to fund forecast capital expenditure to secure affordable interest rates.

Prudential Indicators and Compliance Issues 2022/23

4.8 Details of each Prudential Indicator are shown at Appendix A. Some of the prudential indicators provide either an overview or specific limits on treasury activity. The key Prudential Indicators to report at outturn are described below.

4.9 The Authorised Limit is the "Affordable Borrowing Limit" required by Section 3 of the Local Government Act 2003. The Council does not have the power to borrow above this level. Appendix A demonstrates that during 2022/23 the Council has maintained gross borrowing within its Authorised Limit.

4.10 **Gross Borrowing and the CFR** - In order to ensure that borrowing levels are prudent, over the medium term the Council's external borrowing, must only be for a capital purpose. Gross borrowing should not exceed the CFR for 2022/23 plus the expected changes to the CFR over 2023/24 and 2024/25. The Council has complied with this Prudential Indicator.

The Treasury position 31st March 2023

4.11 The table below shows the treasury position for the Council as at the 31st March 2023 compared with the previous year:

Treasury position	31st March 2022		31st March 2023	
	Principal	Average Rate	Principal	Average Rate
Fixed Interest Rate Debt				
- PWLB	£28.5m	3.40%	£27.7m	3.42%
- Market Loans (Annuity)	£16.9m	2.31%	£16.6m	2.31%
- Market Loans (Maturities)	£25.0m	3.92%	£25.0m	3.92%
- Non Market Loans (Maturities)	£0.3m	0.00%	£5.4m	4.05%
- Market Loans (LOBOs)	£20.0m	4.12%	£20.0m	4.12%
Total Long Term Debt	£90.7M	3.49%	£94.7m	3.54%
Total Investments	£45.8M	0.19%	£57.1m	4.10%
Net borrowing Position	£44.9M		£37.6m	

- 4.12 At the time the LOBOs were taken out the prevailing PWLB rates were between 4.25% and 4.55%. The LOBOs have therefore allowed the Council to achieve annual interest savings between 0.13% and 0.43% compared to prevailing PWLB loans.
- 4.13 A key performance indicator shown in the above table is the low average rate of external debt of 3.54% for debt held as at 31st March 2023. This is a historically low rate for long term debt and the resulting interest savings have already been built into the Medium Term Financial Strategy.
- 4.14 The Council's investment policy is governed by the Department for Levelling Up, Housing and Communities (DLUHC) guidance, which has been implemented in the annual investment strategy approved by Council.
- 4.15 The Council continues to keep under review the most opportune approach to borrowing. Given the increase in interest rates experienced during 2022, no long term borrowing has been entered into, however, during the financial year end a short term loan was taken out for 4 months at a rate of 4.4% to manage the cash balances being used to manage the capital programme in the short to medium. This ensured that the Council was not exposed to increased costs at a time of volatility and relatively high interest rates. The position will be kept under review, with the potential for more short term borrowing options if these are determined to be most cost effective, when the need to borrow arises, pending a reduction in longer term rates.
- 4.16 The increase in interest rates also presented the Council with an opportunity to maximise investment returns over the short to medium term. Detailed cash flow modelling has allowed investments to be placed for a longer time period (up to a year) with a number of institutions, so as to achieve the higher rates of investment interest now available. This pro-active approach will enable the Council to generate an additional forecast £2.5m over the coming three financial years, making a significant one-off contribution to the Medium Term Financial Plan.

- 4.17 The principals and hierarchy of security / liquidity / rate of return continue to be closely adhered to.

Regulatory Framework, Risk and Performance 2022/23

- 4.18 The Council's treasury management activities are regulated by a variety of professional codes, statutes and guidance:
- The Local Government Act 2003 (the Act), which provides the powers to borrow and invest as well as providing controls and limits on this activity;
 - The Act permits the Secretary of State to set limits either on the Council or nationally on all local authorities restricting the amount of borrowing which may be undertaken (although no restrictions have been made since this power was introduced);
 - Statutory Instrument (SI) 3146 2003, as amended, develops the controls and powers within the Act, and requires the Council to undertake any borrowing activity with regard to the CIPFA Prudential Code for Capital Finance in Local Authorities;
 - The SI also requires the Council to operate the overall treasury function with regard to the CIPFA Code of Practice for Treasury Management in the Public Services;
 - Under the Act the DLUHC has issued Investment Guidance to structure and regulate the Council's investment activities;
 - Under section 238(2) of the Local Government and Public Involvement in Health Act 2007 the Secretary of State has taken powers to issue guidance on accounting practices. Guidance on Minimum Revenue Provision was issued under this section on 8th November 2007.
- 4.19 The Council has complied with all of the above relevant statutory and regulatory requirements which limit the levels of risk associated with its Treasury Management activities

5. TREASURY MANAGEMENT STRATEGY 2023/24 1st QUARTER REVIEW

- 5.1 The Treasury Management Strategy for 2023/24 was approved by Council on 23rd February 2023. The Council's borrowing and investment position as at 31st May 2023 is summarised as follows:

	£m	Average Rate
PWLB Loans	27.6	3.42%
Market Loan (Annuity)	16.6	2.31%
Market Loans (Maturities)	25.0	3.92%
Non-Market Loans (Maturities)	5.4	4.04%
Market Loans (LOBOs)	20.0	4.12%
Gross Debt	94.6	3.54%
Investments	67.4	3.93%
Net Debt as at 31 May 2023	27.2	

- 5.2 Net Debt has decreased since 31st March 2023 owing to positive cash flows. It is anticipated that the net debt will increase towards the end of the year as

this funding is expended on day to day revenue activity and the capital programme progresses.

5.3 No new borrowing has been entered into during 2023/24.

5.4 As at the 31st May, the funds managed by the Council's in house team amounted to £67.4m. All investments complied with the Annual Investment Strategy and are shown on the table below.

Borrower	Duration	Value of Loan (£m)	Rate (%)	Start Date	Maturity Date
Call Accounts*					
Svenska Handelsbanken	On Call	13.275	1.800		Call
NatWest Bank	On Call	0.034	1.150		Call
		13.309	1.906		
Fixed term Deposits					
Broxbourne Borough Council	1 year	5.000	2.000	01/09/22	31/08/23
Manchester City Council	1 year	5.000	3.000	05/09/22	04/09/23
Lloyds	1 year	15.000	5.370	07/10/22	06/10/23
Goldman Sachs	1 year	10.000	4.860	21/10/22	20/10/23
Standard Chartered	1 year	10.000	4.520	06/01/23	05/01/24
Standard Chartered	1 year	5.000	4.590	13/01/23	12/01/24
Debt Management Office	<1 month	3.052	4.220	03/05/23	26/05/23
Debt Management Office	<1 month	1.000	4.380	15/05/23	26/05/23
		54.052	4.432		
Total Deposits		67.361	3.933		

*On Call interest rate can vary on a day to day basis. The figure quoted here is as at 25/05/23.

5.5 There are no changes to the counter party investment limits as agreed as part of the Investment strategy and set out in the table below.

Category	Fitch	Moody's	Standard & Poor's	Counterparty Limit	Time Limit
A	F1+/AA-	P-1/Aa3	A-1+/AA-	£20m	1 Year
B	F1/A-	P-1/A3	A-1/A-	£15m	1 Year
C	Debt Management Office/Treasury Bills/Gilts			£40m	1 Year
D	Part Nationalised Banks			£15m	1 Year
E	Other Local Authorities			£40m	1 Year
	Individual Limits per Authority: - £8m County, Metropolitan or Unitary Council - £3m District Councils, Police or Fire Authorities				
F	Three Money Market Funds (AAA) with maximum investments of £3m per fund.			£9m	Liquid (instant access)

5.6 As part of the Treasury Strategy for 2023/24 the Council set a number of prudential indicators. Compliance against these indicators is monitored on a regular basis and there are no breaches to report.

6. CIPFA Treasury Management Code of Practice

- 6.1 The Council has adopted the current CIPFA Treasury Management Code of Practice, effective from December 2021.

Treasury Management Advisors

- 6.2 The Council uses Link Asset Services – Treasury as its external treasury management advisors.
- 6.3 The Council recognises that responsibility for treasury management decisions remains with the organisation at all times and will ensure that undue reliance is not placed upon our external service providers.
- 6.4 It also recognises that there is value in employing external providers of treasury management services in order to acquire access to specialist skills and resources. The Council will ensure that the terms of their appointment and the methods by which their value will be assessed are properly agreed and documented, and subjected to regular review.

7. RISK IMPLICATIONS

- 7.1 There is a risk in relation to the level of interest rates the Council is able to secure for long term borrowing and the proposals detailed in this report are designed to manage these risks.
- 7.2 There are also risk implication in relation to the investment of surplus cash and these are addressed in the strategy recommended in the Counterparty limits.

8. FINANCIAL CONSIDERATIONS

- 8.1 As detailed in preceding paragraphs

9. LEGAL CONSIDERATIONS

- 9.1 The report details how the Council will comply with the relevant legal and regulatory requirements in relation to Treasury Management activities.

10. OTHER CONSIDERATIONS

Child and Family Poverty considerations	No relevant issues
Equality and Diversity considerations	No relevant issues
Staff Considerations	No relevant issues
Asset Management considerations	No relevant issues
Environment, sustainability and climate change considerations	No relevant issues

11. RECOMMENDATIONS

11.1 It is recommended that Members note the following:

- i) Note the 2022/23 Treasury Management Outturn detailed in section 4 and **Appendix A**.
- ii) Note the 2023/24 Treasury Management 1st Quarter Position detailed in section 5.

12. REASON FOR RECOMMENDATIONS

12.1 To allow Members to fulfil their responsibility for scrutinising the Treasury Management Strategy

13. BACKGROUND PAPERS

Treasury Management Strategy, report to Audit and Governance Committee 9th February 2023.

14. CONTACT OFFICER

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Appendix A

Prudential Indicators 2022/23 Outturn**1. Ratio of Financing Costs to Net Revenue Stream**

This indicator shows the proportion of the total annual revenue budget that is funded by the local tax payer and Central Government, which is spent on servicing debt.

2022/23 Estimate		2022/23 Outturn
4.62%	Ratio of Financing costs to net revenue stream	3.75%

2. Capital Expenditure

This indicator shows the total capital expenditure for the year.

2022/23 Estimate £'000		2022/23 Outturn £'000
50,090	Capital Expenditure	17,339

The actual is lower than estimated owing to the phasing of capital expenditure between years.

3. Capital Expenditure Financed from Borrowing

This shows the borrowing required to finance the capital expenditure programme, split between core expenditure and expenditure in relation to business cases.

2022/23 Estimate £'000		2022/23 Outturn £'000
13,821	Core Capital Expenditure Financed by Borrowing	524
3,041	Business Case Capital Expenditure Financed by Borrowing	2,764
4,574	HRA Capital Expenditure Financed by Borrowing	-
21,436	Total Capital Expenditure Financed by Borrowing	3,288

The actual is lower than estimated owing to the delay in the building of Highlight, the supply of DSO Vehicle Procurement and the delay of HRA Capital Expenditure financed by Borrowing.

4. Capital Financing Requirement

CFR is used to determine the minimum annual revenue charge for capital expenditure repayments (net of interest). It is calculated from the Council's Balance Sheet and is shown below. Forecasts for future years are directly influenced by the capital expenditure decisions taken and the actual amount of revenue that is set aside to repay debt.

2022/23 Estimate £'000		2022/23 Outturn £'000
98,409	Core Capital Financing Requirement	76,464
28,375	Business Case Capital Financing Requirement	27,302
16,126	HRA Capital Financing Requirement	9,894
142,910	Total Capital Financing Requirement	113,660

The capital financing requirement is lower than estimated owing to the phasing of capital expenditure.

5. Authorised Limit for External Debt

The authorised limit determines the maximum amount the Council may borrow at any one time. The authorised limit covers both long term borrowing for capital purposes and borrowing for short term cash flow requirements. The authorised limit is set above the operational boundary to provide sufficient headroom for operational management and unusual cash movements. In line with the Prudential Code, the level has been set to give the Council flexibility to borrow up to three years in advance of need if more favourable interest rates can be obtained.

2022/23 Limit £'000		2022/23 Peak £'000
163,000	Authorised limit for external debt	94,745

The above Authorised Limit was not exceeded during the year. The level of debt as at 31st March 2023, excluding accrued interest was £94.745m. The peak level during the year was £94.745m.

6. Operational Boundary for External Debt

The operational boundary is the most likely prudent, but not worst case scenario, level of borrowing without the additional headroom included within

the authorised limit. The level is set so that any sustained breaches serve as an early warning that the Council is in danger of overspending or failing to achieve income targets and gives sufficient time to take appropriate corrective action.

2022/23 Limit £'000		2022/23 Peak £'000
153,000	Operational boundary for external debt	94,745

The operational limit was not exceeded in the year. The peak level of debt was £94.745m.

7. Interest Rate Exposures

This indicator is designed to reflect the risk associated with both fixed and variable rates of interest, but must be flexible enough to allow the Council to make best use of any borrowing opportunities.

2022/23 Limit %	Upper limits on fixed and variable interest rate exposure	2022/23 Peak %
100% 75%	Fixed Rates Variable Rates	79% 21%

The figures represent the peak values during the period.

8. Maturity Structure of Borrowing

This indicator is designed to reflect and minimise the situation whereby the Council has a large repayment of debt needing to be replaced at a time of uncertainty over interest rates, but as with the indicator above, it must also be flexible enough to allow the Council to take advantage of any borrowing opportunities.

	Upper Limit	Lower Limit	Actual by Maturity Date	Actual by soonest call date
	£000	£000	£000	£000
Less than one year	131,000	0	5,812	10,812
Between one and five years	141,000	0	3,519	18,519
Between five and ten years	141,000	0	4,357	4,357
Between ten and fifteen years	141,000	0	3,172	3,172
Between fifteen and twenty years	141,000	0	2,200	2,200
Between twenty and twenty-five years	141,000	0	2,473	2,473
Between twenty-five and thirty years	141,000	0	3,378	3,378
Between thirty and thirty-five years	141,000	0	6,815	6,815
Between thirty-five and forty years	141,000	0	17,739	17,739
Between forty and forty-five years	141,000	0	243	243
More than forty-five years	141,000	0	45,038	25,038

9. Investments Maturing over One Year

This sets an upper limit for amounts invested for periods longer than 364 days. The limit was not exceeded as a prudent approach to investment has been taken owing to uncertainties in the economy this is in line with the Treasury Management Strategy. Consequently all investments made during the year were limited to less than one year.

	1 year £000	2 year £000	3 year £000
Maximum Limit	20,000	0	0
Actual	0	0	0

AUDIT AND GOVERNANCE COMMITTEE

27 June 2023



Report of: Director of Legal, Governance and Human Resources

Subject: REGULATION OF INVESTIGATORY POWERS ACT
2000 (RIPA) – QUARTER 4 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 4, 2022/23:

Communications Data	0
CHIS	0
Directed Surveillance	0
Non-RIPA	0
External Applications	2

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

- 6.1 Hayley Martin
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Amanda Whitaker
 Legal and Democratic Services Team Manager
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AUDIT AND GOVERNANCE COMMITTEE

27th June 2023



Report of: Director of Legal, Governance and Human Resources

Subject: STANDARDS SANCTIONS – PROVISION OF HBC EMAIL ACCOUNTS

1. PURPOSE OF REPORT

- 1.1 To consider an amendment to the sanctions imposed on Councillor Gordon Cranney regarding his use of a Hartlepool Borough Councillor email account.

2. BACKGROUND

- 2.1 Full Council on the 25th May 2022 unanimously agreed that a complaint (SC10/2022) against Councillor Gordon Cranney would be investigated and its findings considered by the Audit and Governance Committee.
- 2.2 The Audit and Governance Committee received the findings of the investigation at a hearing on the 11th August 2022 and unanimously agreed that Councillor Cranney had breached the Code of Conduct (specifically in relation to para 1 and 5 – Respect and Disrepute). The Committee recommended a number of sanctions which were considered by Full Council on the 29 September 2022 including the withdrawal of facilities including HBC email:
- d) Facilities be withdrawn from Councillor Cranney (i.e. computer, website and/or email and Internet access) for the remaining term of office.
- 2.3 The Authority's Information Governance Group ('IG Group'), established to promote the Information Governance Framework, and has since undertaken a review of the way in which the Council handles personal information. In particular, the personal and sensitive data relating to constituents, providers, partners and employees. This has resulted in a recommendation by the IG Group that all Councillors **must** use a HBC email account for their Councillor duties to ensure the utmost security of personal data and reduce the risk of personal data being breached.
- 2.4 On this basis, consideration needs to be given to the amendment of sanction (d) to allow Councillor Cranney to utilise a HBC Councillor email account.

3. RECOMMENDATIONS

3.1 That the Audit and Governance Committee consider the amendment of sanction (d) to allow Councillor Cranney to utilise a HBC councillor email account.

a) Facilities be withdrawn from Councillor Cranney (i.e. computer, website ~~and/or email~~ and Internet access) for the remaining term of office.

4. REASONS FOR RECOMMENDATIONS

4.1 To meet the requirements of the Information Governance Framework.

BACKGROUND PAPERS

Reports and Minutes:

- Audit and Governance Committee (11th August 2022)
- Decision Notice of the Audit and Governance Committee (16TH August 2022)
- Council (24th May 2022 and 29th September 2022)

Member Code of Conduct – Constitution

Arrangements for Dealing with Complaints -

https://www.hartlepool.gov.uk/info/20004/council_and_democracy/1121/member_conduct_and_complaints

CONTACT OFFICERS

Hayley Martin, Chief Solicitor
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01429 523002

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

5 September 2022

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor Moore, Leader of Council (In the Chair)

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors Allen and Buchan
Representatives of North East and North Cumbria Integrated Care Board -

– Karen Hawkins (as substitute for David Gallagher)

Director of Public Health, Hartlepool Borough Council – Craig Blundred

Director of Children's and Joint Commissioning Services, Hartlepool Borough Council – Sally Robinson

Director of Adult and Community Based Services, Hartlepool Borough Council, Jill Harrison

Representatives of Healthwatch – Christopher Akers-Belcher and Margaret Wrenn

Other Members:

Managing Director, Hartlepool Borough Council – Denise McGuckin

Assistant Director of Joint Commissioning, Hartlepool Borough Council – Danielle Swainston

Representative of Cleveland Police – Chief Inspector Peter Littlewood (as substitute for Superintendent Marc Anderson)

Representative of Tees, Esk and Wear Valley NHS Trust – Dominic Gardner (as substitute for Brent Kilmurray)

Representative of North Tees and Hartlepool NHS Trust – Esther Mireku (as substitute for Deepak Dwarakanath/Julie Gillon)

Representatives of Hartlepool Voluntary and Community Sector – Carl Jorgeson and Iain Caldwell (as substitute for Christine Fewster)

Observers

Statutory Scrutiny Representative, Hartlepool Borough Council – Councillor Hall

Representative of Integrated Care Board – Katherine Warnock

Also in attendance for consideration of agenda item 4.4 – Update on Hospital Discharge Arrangements:-

Jill Foreman and Matt Wynne, North Tees and Hartlepool NHS Trust

Susan Hurst and John Lovatt, Hartlepool Borough Council.

Hartlepool Borough Council Officers:

Dr Catherine Guy- Public Health Registrar

Claire Robinson - Public Health Principal
Joan Stevens, Statutory Scrutiny Manager
Amanda Whitaker, Democratic Services Team

11. Apologies for Absence

Elected Member, Hartlepool Borough Council – Councillor Cook
Representatives of North East and North Cumbria Integrated Care Board -
– David Gallagher
Representative of North Tees and Hartlepool NHS Trust –Deepak
Dwarakanath/Julie Gillon
Representative of the NHS England – Dr Tim Butler
Representative of Headteachers – Sonya Black
Representatives of Hartlepool Voluntary and Community Sector – Christine
Fewster
Representative of Cleveland Police – Superintendent Marc Anderson
Representative of Tees, Esk and Wear Valley NHS Trust – Brent Kilmurray

12. Declarations of interest by Members

Councillor Allen – employee of Tees, Esk and Wear Valley NHS Trust

13. Minutes

The minutes of the Board meeting held on 4 July 2022 were confirmed.

The minutes of the meeting of the Children’s Strategic Partnership held on 8 December 2021 were received.

The Chair informed Board Members that he had been informed that notification had been received from Dr Timlin of his resignation from the Board. It was agreed that the Chair write, on behalf of the Board, to Dr Timlin to convey appreciation for his service to the Board.

It was agreed also that Karen Hawkins, Director of Place, North East and North Cumbria Integrated Care Board, be appointed to the consequent vacancy of Vice-Chair on the Board.

14. Healthwatch Hartlepool Annual Report (*Healthwatch Hartlepool CIO*)

A copy of Healthwatch Hartlepool’s published Annual Report for 2021 – 22 had been appended to the report. Board Members were reminded that Healthwatch Hartlepool had to publish an Annual Report by 30th June as a requirement under the Health & Social Care Act 2012. The Chief Executive,

Healthwatch Hartlepool, thanked the Board for the opportunity to present the report and highlighted the salient issues included in the report.

The Chair and Board Members expressed appreciation of the report and the work of Healthwatch and stressed the importance of continued collaboration. Issues arising from the report were debated including retention and recruitment of volunteers and access to dental care which was recognised as a significant issue.

Decision

The Board noted the report

15. Quarterly Update – Pharmaceutical Needs Assessment 2022 – Supplementary Statements – Verbal Update

With reference to minute 7 of the meeting of the Board held on 4 July 2022, the Director of Public Health reported that a review of the process in relation to Supplementary Statements had been undertaken. One of the outcomes of the review had been that it had been agreed that a report be presented to the Board on a quarterly basis.

With regard to the previous quarter, it was reported that there had been no Supplementary Statements issued.

Decision

The update was noted.

16. Joint Health and Wellbeing Strategy Review *(Director of Public Health)*

The Health and Wellbeing Strategy, appended to the report, outlined how the partners in the Health and Wellbeing Board aim to improve the health and reduce inequalities in the population of Hartlepool. The report set out the overarching vision and ambition of the Health and Wellbeing Strategy and the principles, priorities, values and main aims of the Strategy. It was highlighted that the Strategy has within it, a provision for review after 3 years. This was due in 2021 but could not be reviewed due to the COVID pandemic. It was therefore an opportune time to review the strategy. The development of the Integrated Care Boards (ICB) had also led to a need to review local Health and Wellbeing strategies. At the same time as reviewing the Strategy, it was considered to be appropriate to review how the Health and Wellbeing Board operates to ensure it is still fit for purpose in the changed system.

The Board was reminded that the Joint Strategic Needs Assessment (JSNA) informs the Joint Health and Wellbeing Strategy and uses local knowledge and evidence alongside national and local statistics to enable the Health and Wellbeing Board to understand the needs of the population. The Hartlepool JSNA was last refreshed in 2019/20. The changes in government policy and the post-pandemic challenges meant that there was considered to be merit in considering a refresh of the JSNA. Early discussions had been held with the Tees Valley local authorities to develop a coordinated structure for the JSNAs which would then be presented at a local level. The intention is then to refresh the JSNA on an ongoing basis so that it remained up to date and relevant.

Board Members discussed issues arising from the report including how the Strategy correlated with the Integrated Care Board/Strategy. The Board was assured that the ICB and other partners welcomed the opportunity to work with the Local Authority. It was commented that whilst all priorities set out in the Strategy were supported, they could perhaps be more focussed with specific outcomes monitored by the Board. With regard to the timescale, the Director of Public Health commented that it was anticipated an early draft of the Strategy would be submitted to the Board within a period of six months.

Decision

That the Health and Wellbeing Board approved a review of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

17. Update on Hospital Discharge Arrangements *(Director of Adult and Community Based Services)*

The Board was presented with an update on hospital discharge arrangements, including changes to legislation and funding as a result of the Covid pandemic and the ongoing transformational work that the health and social care system is collaborating on to address current and future challenges.

Representatives from the Council's Adult Services Department and North Tees & Hartlepool NHS Foundation Trust provided a presentation regarding the current discharge arrangements and the transformational work that is being undertaken in partnership to reduce hospital admissions and to facilitate safe and timely discharges from hospital.

Following the presentation, Board Members complimented the teams on the developments in hospital discharge arrangements. There has been significant national recognition of the good practice locally, but there remains a commitment to continuous improvement. Tribute was paid to the success of the partnership working and it was noted that the work in Hartlepool has informed transformational work elsewhere in the Tees Valley. In response to questions that were asked, assurances were provided regarding transport

arrangements and ongoing work with care homes for older people. It was also noted that work with Hartlepool Carers would add further value to the current model.

Decision

The update was noted.

18. Adult Social Care Assurance (*Director of Adult and Community Based Services*)

The report updated the Board on the implementation of an assurance framework for adult social care, as part of the wider social care reform agenda. The Director presented background details and advised that in response to increasing pressure on successive governments to address the challenges in social care, plans had been announced in September 2021 for wide-ranging reforms of adult social care. The White Paper: People At The Heart Of Care sets out a ten-year vision based on three objectives and also sets out five key areas of reform as detailed in the report.

The Assurance Framework for adult social care would be introduced from April 2023 and it was anticipated that all Local Authorities would be assessed by March 2025. Further detail regarding the assurance framework was expected to be published in October 2022 and work was already underway locally and regionally to prepare for assurance based on the information that had been made public to date. It was expected that the framework would have a strong emphasis on the experience of people who used services.

The Board received a presentation by the Director of Adult & Community Based Services outlining the proposed assurance framework and the salient issues to ensure that partners were aware of the approach and could consider any implications for their organisations.

Decision

The report, and presentation, were noted.

19. Covid and Monkey Pox

The Director of Public Health updated the Board on covid case rates. Although there had been a slight peak end July/beginning August due to the start of the summer holidays, national trends were now being followed. It was noted, however, that testing numbers were low and the picture was therefore relatively vague and hospitalisations were being used to advise on the severity of the situation. For North Tees Hospital from 1st June to end of August there had been 22 cases and approximately one third related to Hartlepool cases.

Vaccination rates were comparable with all England national rates across all age ranges for first and second doses. There had been a positive increase in the vaccination rate for the booster programme which commenced 5th September in Hartlepool and the NHS mobile units were continuing to be used in Supermarket car parks which were advertised at every opportunity. Board Members were requested to continue to encourage awareness of the availability of the autumn booster vaccine.

With regard to Monkey Pox, there had been low numbers of cases in Hartlepool and because of this the Director was unable to share the exact details as individuals could be identified, however it was stated that there were fewer than 6 cases.

Meeting concluded at 11.40 a.m.

CHAIR

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

28 November 2022

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor Moore, Leader of Council (In the Chair)

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors Allen and Buchan
Representative of North East and North Cumbria Integrated Care Board -

– David Gallagher

Director of Public Health, Hartlepool Borough Council – Craig Blundred

Director of Children's and Joint Commissioning Services, Hartlepool Borough
Council – Sally Robinson

Director of Adult and Community Based Services, Hartlepool Borough Council,
Jill Harrison

Representative of Healthwatch – Christopher Akers-Belcher

Other Members:

Managing Director, Hartlepool Borough Council – Denise McGuckin

Assistant Director of Joint Commissioning, Hartlepool Borough Council – Danielle
Swainston

Representative of the NHS England – Dr Tim Butler

Representative of Cleveland Police – Chief Inspector Peter Littlewood (as
substitute for Superintendent Marc Anderson)

Representative of Tees, Esk and Wear Valley NHS Trust – Dominic Gardner (as
substitute for Brent Kilmurray)

Representative of North Tees and Hartlepool NHS Trust – Dr Richard Thomas
(as substitute for Deepak Dwarakanath)

Representatives of Hartlepool Voluntary and Community Sector – Carl
Jorgeson and Iain Caldwell (as substitute for Christine Fewster)

Representative of GP Federation – Fiona Adamson

Representative of Headteachers – Sonya Black

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council –
Councillor Hall

Also in attendance:-

Darren Best, Chair, Adult Safeguarding Board

Peter Rooney, North East and North Cumbria Integrated Care Board

Officers: Dr Catherine Guy, Public Health Registrar
Claire Robinson, Public Health Principal
Joan Stevens, Statutory Scrutiny Manager
Amanda Whitaker, Democratic Services Team

20. Apologies for Absence

Elected Member, Hartlepool Borough Council – Councillor Cook
Representatives of North East and North Cumbria Integrated Care Board
– Karen Hawkins
Representative of Tees, Esk and Wear Valley NHS Trust – Brent Kilmurray
Representative of North Tees and Hartlepool NHS Trust – Deepak
Dwarakanath
Representative of Healthwatch – Margaret Wrenn

21. Declarations of interest by Members

Councillor Allen – employee of Tees, Esk and Wear Valley NHS Trust

22. Minutes

The minutes of the meeting held on 5 September were confirmed.

The minutes of the meeting of the Children's Strategic Partnership held on 20 July 2022 were received

23. ICB Strategy *(North East and North Cumbria Integrated Care Board [NENC ICB])*

The Board received a presentation by Peter Rooney, Director of Strategy and Planning, North East and North Cumbria Integrated Care Board, The presentation outlined the background to the Integrated Care Partnership (ICP) Strategy and detailed the structure of the draft Strategy document. Board Members were advised of details of engagement and proposals for delivering the Strategy.

Clarification was sought in terms of the role of the Health and Wellbeing Board in the operation and decision making process of the ICB. Emphasis was placed upon the importance of the Board in the development and delivery of services from a 'place' perspective and the need for this to be clearly referenced within the Strategy.

Decision

The presentation was noted.

24. Teeswide Safeguarding Adults Board Annual Report 2021/22 *(Director of Adult and Community Based Services and Independent Chair of Teeswide Safeguarding Adults Board)*

The Teeswide Safeguarding Adults Board (SAB) Annual Report for 2021-22 was appended to the report. It was noted that it was also required under the Care Act 2014 that each SAB publishes an annual strategic plan setting out its strategy for achieving its objective and what members will do implement the strategy. The Strategic Business Plan for 2022-2025 was appended to the report.

The Independent Chair highlighted the salient issues included in the report and paid tribute to the contribution of the Council's Director of Adult and Community Services and Officers in her Department. The achievements and the progress that had been made in the local areas were detailed as well as highlighting the range of safeguarding issues and challenges that remained.

The Board Chair expressed appreciation to the Independent Chair and all those involved in the Safeguarding Board. Discussion followed on a range of issues including representation on the Safeguarding Board and the complexities of safeguarding in a high risk environment.

Decision

The Board noted and endorsed the Teeswide Safeguarding Adults Board Annual Report 2021-22 and Strategic Business Plan 2022-2025

25. Hartlepool and Stockton-On-Tees Safeguarding Children Partnership Annual Report 2021-22

Due to an administrative error, the Annual report had not been circulated with the agenda documentation.

Decision

The Board agreed that the item be deferred for consideration at the next scheduled meeting of the Board.

26. Better Care Fund Plan 2022/23 *(Director of Adult and Community Based Services)*

The report sought retrospective approval from the Board for the Hartlepool Better Care Fund Plan 2022/23. The return for 2021/22 had been reported to the Health and Wellbeing Board in July 2022 and confirmed that all national conditions continue to be achieved, as well as confirming that BCF contributions were in line with national guidance. The Government had published the Better Care Fund Policy Framework and Planning Guidance for 2021/22 in July 2022 with a requirement for local areas to submit plans by 26 September. The Board was advised that Plans go through a process of scrutiny and assurance prior to approval, with local areas expected to receive feedback by 30 November 2022. The Hartlepool BCF Plan for 2022/23 was appended to the report. The allocations for Hartlepool 2022/23 were set out in the report.

Decision

The Board retrospectively approved the Hartlepool Better Care Fund Plan for 2022-23 which had been submitted in line with the 26 September 2022 deadline.

27. Pharmaceutical Needs Assessment – Supplementary Statements *(Director of Public Health)*

With reference to minute 7 of the meeting of the Board held on 4 July 2022, the Director of Public Health reported that a review of the process in relation to Supplementary Statements had been undertaken. One of the outcomes of the review had been that it had been agreed that a report be presented to the Board on a quarterly basis.

With regard to the previous quarter, it was reported that there had been one Supplementary Statement issued relating to change to opening hours of the pharmacy located in Boots UK Ltd in Middleton Grange Shopping Centre, details of which were set out in an appendix to the report.

Decision

- i) The Board considered the Statement, in relation to the factors identified in the report, in terms of the potential impact of proposed changes on the provision of pharmacy services in Hartlepool (as detailed in the PNA);
- ii) The Board was of the view that there would be no detrimental impact on pharmacy provision as a result of the service changes and approved the Statement for publication.

28. Director of Public Health Annual Report

The Board was referred to the requirement for the Director of Public Health to write an Annual Report on the health status of the town, and the Local Authority duty to publish it, as specified in the Health and Social Care Act 2012. The 2022 Annual Report looked at the whole picture of health in Hartlepool, exploring data, and first hand views from a number of local residents, in relation to the three stages of life. The report concluded with what could be done together to help people in Hartlepool live happier, healthier and longer lives. Following the success of utilising an electronic format last year, the report was again accessed via a link included in the report with a copy of the Director's report also appended to the Board report.

Board Members commended the report and discussed issues arising from the report including the difference in life expectancy and need for targeted intervention. In response, Board members were referred to the Health and Wellbeing Strategy which was to be considered later in the agenda.

Decision

The Board noted the report and its conclusions and publication of the 2022 Director of Public Health Annual Report for Hartlepool.

29. Review of the Joint Health and Wellbeing Strategy – Presentation *(Public Health Principal)*

The Board received a presentation by the Public Health Principal which provided an update on work to date since the decision by the Board on 5 September to refresh the Hartlepool Joint Health and Wellbeing Strategy 2018-2025 within 6 months. A small working group had been established to consider the scope of the refresh, the timescales of the refresh and the associated implications. It was recommended as follows:-

- The Working Group will review and refocus the Health and Wellbeing Strategy priorities for the next 6-12 months
- The revised priorities will be brought back to the Board on 20 March 2023 for consideration
- The Working Group will commence work to revise the 2018-2025 Joint Health and Wellbeing Strategy and will provide regular updates to the Board on progress

Decision

The Board agreed the recommendations.

30. Prevention Concordat for Better Mental Health (Director of Public Health)

To seek agreement from the Board for the proposed submission, governance and delivery of the Prevention Concordat for Better Mental Health for Hartlepool. The Concordat (Mental Health Concordat) had been originally launched in 2017 and had been reviewed and relaunched following COVID 19. In 2020 Hartlepool received Better Mental Health funding of £269,341 to fund local projects across Hartlepool to address mental health difficulties arising from the COVID-19 pandemic. In total 13 projects had been funded and an internal evaluation is ongoing. A condition of the funding was a commitment to the development of a 12 month prevention and promotion of the appended action plan and signing the Prevention Concordat consensus statement, which sets out a shared commitment for signatories to work together through local and national action to prevent mental health problems and promote good mental health.

The action plan highlighted a five-domain framework for local action alongside OHID guidance as to what can be included as evidence under each of the domains as set out in the report. Also set out in the report were details of the steps required for submission. The Public Health department are in the process of completing step one of the draft application and will include regular discussion with partners and input from the regional OHID Public Mental Health Lead, whilst other Local Authority area submissions have been reviewed to inform development locally. To comply with step 2 of the application process it is recommended that the Mental Health Concordat is shared with and signed off by the Chief Executive for the Local Authority.

Decision

The Board agreed the following proposals for submission, governance and delivery of the Prevention Concordat for Better Mental Health for Hartlepool:-

- Public Health complete the action plan with consultation with partners and get senior leader sign off.
- Governance and Oversight following submission to be provided by the Tees Mental Health and Wellbeing Alliance and updates presented to the Health and Wellbeing Board.
- That Public Health work with partners and in particular the Hartlepool Health and Wellbeing Alliance and the Hartlepool Mental Health Forum as a mechanism for delivery of the action plan. This work to be integrated into work already happening to prevent duplication.

31. Cost of Living – Presentation

The Board received a presentation by the Council's Assistant Director, Joint Commissioning which highlighted issues arising from poverty and the cost of

living crisis. The presentation addressed the context, the poverty drivers and those who are most at risk. Board Members were advised of the wide range of support measures in place directly through Government funding and the help that is available via the Local Authority and the Voluntary and Community Sector. The presentation included a number of recommendations to be noted to ensure Board members had an understanding of the support measures in place. A commitment to assist was also sought from members of the Board.

Decision

The presentation was noted.

Meeting concluded at 11.20 a.m.

CHAIR

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

Friday, 16 December 2022

PRESENT – Councillors Layton (Chair), Newall, Mrs H Scott, Rachel Creevy, Alma Hellaoui, Evaline Cunningham, Clare Gamble and Lynn Hall

APOLOGIES – Councillors Rob Cook, Leisa Smith, Ian Blades, Dan Rees, Sandra Smith and Anne Watts,

ALSO IN ATTENDANCE – Martin Short (North East and North Cumbria Integrated Care Board), Craig Blair (North East and North Cumbria Integrated Care Board), Karen Hawkins (North East and North Cumbria Integrated Care Board), Dr Chris Lanigan (Tees, Esk and Wear Valleys NHS Foundation Trust), Avril Lowery (Tees, Esk and Wear Valley NHS Foundation Trust), Cotton (North East Ambulance Service), Stephen Segasby (North East Ambulance Service), Patrick Scott (Tees, Esk and Wear Valley NHS Foundation Trust) and Sarah Gill (Tees, Esk and Wear Valley NHS Foundation Trust)

OFFICERS IN ATTENDANCE – Hannah Miller (Democratic Officer), Alison Pearson (Governance Manager), Gemma Jones (Scrutiny and Legal Support Officer) and Gary Woods (Scrutiny Officer)

TVH17 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

TVH18 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 23 SEPTEMBER 2022

Submitted – The Minutes of the meeting of this Scrutiny Committee held on 23 September 2022.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 23 September 2022 be approved as a correct record.

TVH19 WINTER PLANNING, INTEGRATED URGENT CARE ENGAGEMENT, VACCINATION AND PRIMARY CARE ACCESS - UPDATE

The Director, North East and North Cumbria gave a presentation (previously submitted) updating Members on winter planning, Integrated Urgent Care engagement, vaccinations and Primary Care Access.

It was reported that the Tees Valley Urgent and Emergency Care (UEC) system had remained under significant pressure, with no reduction in demand during the spring/summer months; this pressure was impacting performance across all providers; and the contributing factors creating the pressure across the system were outlined.

Reference was made to the Tees Valley Local Accident and Emergency Delivery Board

(LAEDB) in place as a requirement of the NHS England and Improvement, to assess preparedness for winter against 33 national priorities. Members noted that 15 priorities were in place, 7 priorities had actions in place and were on track to be implemented within timeframes, and 11 priorities had risks associated with their delivery.

The presentation provided details of the initiatives in place to address the following aims; better support people in the community, deliver on ambitions to maximise bed capacity, ensure timely discharge, continuing to support elective activity, infection prevention and control measures, staff vaccinated health care and oversight and incident management arrangements. Reference was also made to the current projects underway to provide support this winter and additional schemes that had been identified. Members noted the current and emerging issues being focused on by the UEC Managed Clinical Network.

Members were provided with a reminder of the proposed new model of integrated urgent care for Middlesbrough and Redcar and Cleveland; an 11 week period of engagement was undertaken between 1 August and 16 October 2022; and the methods of engagement were outlined along with response figures and demographics.

Members noted the additional responses received; that engagement had shown there to be a high level of support for the proposals, with considerations required for a number of factors including accessibility and parking at James Cook University Hospital, capacity and staffing of the new model.

In relation to vaccinations Members were informed of seasonal flu and covid booster vaccination figures for the Tees Valley, including care home residents uptake. It was reported that uptake was lowest in areas of deprivation with uptake at under 30 per cent for flu and under 40 per cent for covid vaccinations; and reference was made to vaccine fatigue and the actions undertaken in the Tees Valley to address this.

Details were provided of the vaccination uptake for frontline healthcare workers, which had seen a reduction when compared to previous years, with flu vaccinations at 48 per cent across the North East and Cumbria and covid vaccinations at 46.7 per cent for frontline healthcare workers and 40.4 per cent for frontline social care workers.

The presentation also provided Members with an overview of primary care in the Tees Valley, with details provided of the configuration and the contract requirements for practices; reference was also made to the Primary Care Network Contract Directed Enhanced Services (DES).

Details were provided of the findings of the GP Patient survey 2022; causes of access challenges were outlined; and improvements to access included increased practice workforce and increased PCN workforce, with 204 staff funded across the Tees Valley from Additional Role Reimbursement Scheme.

Members were also provided with details of additional access to GP appointments on Sundays and Bank Holidays through a Winter Resilience scheme commissioned by the ICB; and the further support to improve access was outlined.

Discussion ensued regarding potential accessibility issues associated with the urgent care

facility at James Cook University Hospital; and following a question Members were advised that a Workforce Planning Group was in place for the Tees Valley, working to identify methods to improve recruitment and that virtual wards were an area of growth for the NHS.

Concern was raised by Members regarding vaccination uptake, in particular for healthcare workers; Members were informed that whilst vaccinations were not mandated, a range of targeted work was being undertaken to improve uptake.

RESOLVED – That the update be noted.

TVH20 NORTH EAST AMBULANCE SERVICE PERFORMANCE UPDATE

The Chief Operating Officer and Assistant Director of Communications, North East Ambulance Service (NEAS) submitted a report (previously circulated) providing Members with a performance review for NEAS performance. A presentation accompanied the report.

It was reported that the NHS 111 call triage volume was significantly higher when compared to the previous year; that an additional 10,000 calls were received in October compared with the previous month; that average time to answer calls had increased as a result; and despite call volumes, there had been improved performance when compared to Quarter 1 in the previous year. Members were advised that significant investment had enabled over 100 additional health advisors to manage the increase in call volumes, with an expansion of the Billingham emergency operations centre.

Details were provided for 999 incident volumes, which had seen a significant increase; Members noted that the Category 1 response time target was being met and Tees Valley was performance better than the Trust as a whole; the response time target for Category 2 calls was not being met; and NEAS benchmark performance for all category calls was outlined. Reference was also made to See and Treat rates, with rates across the Tees Valley being higher than the service average.

It was reported that the average hospital handover time for NEAS in October was 30 minutes; that on 21 per cent of handovers were completed within the 15 minute target timeframe; and that a pilot scheme in North Tees was looking to reduce unnecessary hospital admission. The patient transport performance was also outlined.

Members were informed that the Trust had seen an increase in assaults and abuse of staff with alcohol being the main contributing factor; and that measures were in place to protect and support staff.

Discussion ensued regarding the patient transport performance and time on vehicles over 60 minutes; and following a question regarding abuse and violence towards staff, the Chief Operating Officer assured Members that all incidents were reported via an internal reporting system and the range of measures in place to support staff were outlined. Members requested figures for abuse and violence towards staff.

Discussion also ensued regarding patient attendance at hospitals; the impact of handover delays on the outcome of category 1 calls; and following a question Members were informed

that a regional deflection process was in place for periods of significant delays. Details were also provided on the management of staff morale, which included the recruitment of a Mental Health Practitioner, access to counselling services and a welfare car to provide support crews during periods of delays for hospital handover.

Following a question regarding resources, the Chief Operating Officer advised Members that funding into the service was adequate, however due to the wider system pressures, a significant increase in staffing numbers would be required to improve the performance of the service. Members suggested that an update regarding funding for the service be provided at a future meeting

RESOLVED – That the update be noted.

TVH21 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - QUALITY ACCOUNT Q2 UPDATE

The Associate Director of Quality Governance, Compliance and Quality Data and Associate Director of Strategic Planning and Programmes and , Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) gave a presentation (previously circulated) updating Members on the TEWV Quality Accounts.

It was reported that the Quality Account had 3 improvement actions, Personalising care planning, improving safety on wards and implementing the new National Patient Safety Incident Framework; that of the 16 actions that underpinned the improvement actions, 9 were on track with 4 fully complete, whilst 4 were off track but due to be completed by the end of the financial year and 3 were red and would not be completed in this financial year.

The presentation outlined the details of performance against the quality metrics for Quarter 1 and Quarter 2; and reference was made to the Trusts quality and safety journey.

Concerns were raised regarding physical interventions. Members noted that the increase was due to a small number of patients; that there had been a decrease in prone restraints; and this was a key safety priority for the Trust. It was suggested that a Members briefing be arranged on interventions. Members also requested that benchmarking data be included in future reports to Scrutiny and that trends in relation to the Quality Metric performance be shared with Members.

Concern was also raised in respect of the Quality Metric ‘percentage of patients who report ‘yes, always’ to the question ‘Do you feel safe on the ward?’’. Members were assured that this was being addressed through a number of initiatives; that a range of methods were used to gather information on the wards; and Lived Experience Directors had been appointed to ensure the voice of service users and carers/parents were being captured. It was suggested that an update be provided by the Lived Experience Directors at a future meeting of this Scrutiny Committee.

RESOLVED – That the report be noted.

TVH22 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - CQC INSPECTION UPDATE

The Managing Director Durham Tees Valley and Forensics, Tees, Esk and Wear Valley NHS Foundation Trust gave a presentation (previously circulated) providing Members with an update on the CQC inspection.

Details were provided of the re-inspection of CAMHS and SIS in July 2022; the CAMHS re-inspection had seen an improvement in the Safe domain which had been re-rated from inadequate to Requires Improvement; and significant improvements had been noted following the SIS re-inspection, however concerns remained in the Safe domain.

It was reported that a full inspection of the Adult Learning Disability (ALD) Services was undertaken in June 2022 following response to concerns identified by the CQC; and the service, which had previously been rated as good overall was re-rated as inadequate.

The presentation outlined the key messages of the CQC inspection report for the ALD Services, including areas of good practice and actions to be undertaken to improve services; and Members were informed that prior to the inspection, the Trust had commissioned Mersey Care NHS Foundation Trust to undertake a review of the services. Members noted that at the time of the review, in February 2022, the inpatient services had been closed to admissions and to date, no further inpatient admissions had been received into the service.

The key findings from the Mersey Care review were outlined for culture and patient care; an improvement programme had been developed with over 100 actions focusing on workforce, restrictive practice, models of care and governance; and details were provided of the key improvements made by the Trust to the service.

Members sought assurance that safety was a priority for the Trust; discussion ensued regarding staff feedback and the ability of staff to report concerns, with Members noting the steps taken at Lanchester Road to address concerns; and Members were advised that the quality assurance framework in place across the Trust ensured oversight across all services within the Trust, and a quality assurance programme allowed for external oversight and scrutiny.

RESOLVED – That the update be noted.

TVH23 WORK PROGRAMME

The Assistant Director Law and Governance submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme for the remainder of the 2022/23 Municipal Year.

A number of items were suggested for inclusion on the work programme, this included updates on Lived Experience Directors, Respite Provision and a Member briefing on Physical Interventions.

RESOLVED – That the work programme be updated to reflect discussions.

SAFER HARTLEPOOL PARTNERSHIP MINUTES AND DECISION RECORD

17 OCTOBER 2022

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool.

Present:

Responsible Authority Members:

Councillor Moore, Elected Member, Hartlepool Borough Council (Chair)
Tony Hanson, Director of Neighbourhoods and Regulatory Services
Hartlepool Borough Council
Karen Hawkins, Director of Commissioning, Strategy and Delivery, NHS Tees
Valley Clinical Commissioning Group
Mick Ireland, Cleveland Fire Authority

Other Members:

Lynsey Blas, Office of Police and Crime Commissioner for Cleveland
Sally Robinson, Director of Children's and Joint Commissioning Services,
Hartlepool Borough Council

Also Present:

Inspector Zoe Kelsey, Cleveland Police
John Lovatt, Assistant Director, Adult Social Care, Hartlepool Borough
Council, as substitute for Jill Harrison.

Officers:

Phil Hepburn, Community Safety Operations Manager
David Cosgrove, Democratic Services Team

11. Apologies for Absence

Denise McGuckin, Managing Director, Hartlepool Borough Council
Councillor Cassidy, Elected Member, Hartlepool Borough Council
Superintendent Emily Harrison, Community Safety, Cleveland Police
Steve Turner, Office of Police and Crime Commissioner for Cleveland
Sarah Wilson, Officer for Consultation and Engagement, Office of Police
and Crime Commissioner for Cleveland
Councillor Rob Cook, Non-Voting Observer, Representative of Audit and
Governance Committee, Hartlepool Borough Council

Jill Harrison, Director of Adult and Community Based Services, Hartlepool Borough Council
Councillor Rob Cook, Non-Voting Observer, Representative of Audit and Governance Committee, Hartlepool Borough Council
Sue Lax, Designated Nurse for safeguarding Adults, North East and North Cumbria Integrated Care Board.

12. **Declarations of Interest**

None.

13. **Minutes of the meeting held on 18 July 2022**

Confirmed.

14. **Targeted Detached Youth Service** (*Office of the Police and Crime Commissioner*)

The Officer for Consultation and Engagement, Office of Police and Crime Commissioner for Cleveland, was unfortunately not present due to ill health and the Cleveland Police Inspector outlined the working of the Targeted Detached Youth Service in Hartlepool. The Office of the Police and Crime Commissioner (OPCC) had previously provided funding to the four Community Safety Partnerships across Cleveland to commission a Targeted Youth Outreach Service, which had then been directed by the Local Authority Community Safety leads.

The Office of the Police and Crime Commissioner (OPCC) had awarded a three year contract from 1st April 2022 for the provision of this new Targeted Detached Youth Service to the Belle Vue Sports, Community and Youth Centre – the provider of the previous Targeted Youth Outreach Service. The Inspector outlined the management process of the programme which included quarterly meetings to monitor targets and the management of the scheme. On a weekly basis, the officers and those involved in delivering the service met to identify the individuals and the areas to be targeted. Work with youths was undertaken out in the community and also in the Belle Vue Centre.

The Chair welcomed the scheme and the positive outcomes that were starting to come forward from it. The Chair asked if there were any details of the work undertaken that could be shared with the Partnership and an indication of the impact the work was having. The Inspector stated that a report was to be prepared and this could be submitted to a future meeting.

The Director of Children's and Joint Commissioning Services referenced the Multi Agency Child Exploitation work undertaken by the team and how the aim of the outreach service was to divert young people away from potential exploitation and crime. The Director questioned how the team

was working with the Children's Hub to safeguard children at risk of criminal exploitation and if this could be included in the future report.

Decision

That the report be noted.

15. Prevent Update (*Director of Neighbourhoods and Regulatory Services*)

The Director of Neighbourhoods and Regulatory Services reported that as reported in January 2019, a Prevent Duty Toolkit for Local Authorities and Partner Agencies had been published by the Home Office in August 2018 to supplement the Prevent Duty Guidance for England and Wales (March 2015). The Toolkit included a self-assessment tool to enable local authorities and their partners to assess Prevent delivery in their local area against ten benchmarks linked to statutory responsibilities and best practice delivery.

While an Initial self-assessment in April 2019 had not been scored, the 2022 self-assessment, which was carried out with the Home Office Prevent Local Delivery and Communities Regional Advisor, was scored and the details were set out in the report. Where areas of weakness had been identified a series of recommendations were agreed and an action plan, submitted with the report, had been drawn up identifying the works required to meet statutory requirements and providing progress update. Members of the Operational Prevent Group would focus on the action plan over the coming months and would seek to incorporate good practice from other areas. The Partnership was asked to approve the action plan and the Director stated that a further update report would be provided to the Partnership in six months' time.

Decision

That the Action Plan be approved and a further update report be submitted to the Partnership in six months' time.

16. Update on Evaluation of the Integrated Community Safety Team 2021 (*Neighbourhood Safety Group*)

The Director of Neighbourhoods and Regulatory Services reported that in August 2018 following an interim review, an action plan based on the recommendations from the interim review had been developed to be overseen by the Neighbourhood Safety Group of the Safer Hartlepool Partnership. This identified that a full review of the model would be undertaken during 2019/20 and with a completion date of December 2020. Unfortunately, that review was delayed due to the Covid-19 pandemic. The

evaluation proposal was subsequently considered and agreed by the Neighbourhood Safety Group in February 2021 and the review commenced the following month.

The Evaluation Report was presented to the Neighbourhood Safety Group in October 2021. The report identified a series of findings from across the breadth of the service and set out 16 recommendations for the Neighbourhood Safety Group, Safer Hartlepool Partnership and individual partner organisations. It was agreed by the Partnership at its meeting of 6th December 2021 that the Neighbourhood Safety Group should prepare an action plan setting out how the recommendations included within the evaluation would be responded to over the next 18 months and that progress updates be brought to the Safer Hartlepool Partnership by the Neighbourhood Safety Group twice a year on the implementation of the action plan which was submitted with the report to the Partnership.

The Chair referred to recommendation 1 of the Action Plan in relation to the aim and purpose of the Team and the preparation of a long-term plan with a clear performance management framework. The Chair commented that this should not be delayed any further and requested a report to the next meeting of the Partnership. The Chair commented that at a previous meeting there had been concerns expressed around the location of the team in the Police offices and the working from home of a number of staff during the Covid-19 pandemic. Had those staff started to return to work and was the collocation of officers from various agencies working as intended.

The Community Safety Operations Manager stated that during the pandemic it was mainly admin support staff that were working at home. The new hybrid working model was working well and there were the multi-agency meetings each morning to review data and intelligence and determine the appropriate response. Inspector Kelsey confirmed that those meetings were going ahead and that they provided some excellent joint working. In response to a question from the public, the Fire Brigade representative stated that there was always a Fire Brigade Officer present at the briefing meetings. The Inspector also stated that Council officers from Children's and Adults services were also present to address any safeguarding issues.

A Member of the public complained that the discussions of those meetings were not shared with the community and that the Council had, in ending the Community Forums, stopped the public being able to discuss these issues. The Chair highlighted that the decision to end the Community Forums had been taken by full Council and the public had access to meetings such as this to raise their concerns.

A Member commented that the report stated that all officers couldn't attend the meetings due to shift patterns. The Community Safety Operations Manager stated that this referred to the Community Enforcement Team Officers who operated on split shift patterns, so bringing the whole team

together was a little more difficult. Enforcement staff did come together for regular meetings but this had been difficult during the Covid-19 pandemic.

Decision

That the progress on the Action Plan, as reported be noted and that a further report on the preparation of a long-term plan with a clear performance management framework for the Integrated Community Safety Team be submitted to a future meeting.

17. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following item of business should be considered by the Committee as a matter of urgency in accordance with the provisions of Section 100(B) (4) (b) of the Local Government Act 1972.

18. Neighbourhood Policing Update

Inspector Kelsey updated the meeting on the work of the Neighbourhood Policing Team. The Inspector highlighted that Operation Endurance, which had been reported to the previous meeting, was now a Cleveland-wide operation tackling the problems caused by the illegal use of motorbikes and quadbikes. Many riders of these vehicles were resorting to wearing balaclavas to hide their identity but CCTV was being used to pick up any occasions when they gave away their identity. The force was also widening its targeting of these youths and the problems they were causing by working with housing providers to look at impacts on tenancies from the use of and storage of illegal bikes.

There had been a joint operation with Durham Police targeting rural crime where burglary was a particular issue. Police had also disrupted twelve large cannabis farms in recent weeks and Operation New York, a joint operation with the National Crime Agency, had targeted cannabis farm equipment and had also led to the seizure of illegal cigarettes. This operation had also led to the rescue of a young male that had been illegally trafficked into the country.

In the discussions the Inspector requested that should people have any dash-cam or mobile phone pictures or footage of the illegal use of motorbikes and quadbikes, then they should share these with the Police, particularly if they had date and time stamps, as this could add to the intelligence being gathered. This could also be shared with the Police quickly and easily via the new COPA app which was now available. Members requested that information on the new COPA app be shared with all Members and as widely as possible.

The Inspector reported that locally, seven people had been arrested for burglary. Many of these crimes were opportunist with criminals checking car doors and house front doors randomly to see if they could gain access. The Inspector urged the public to lock up properly to prevent this kind of opportunistic crime.

A Member of the public commended the police on the work they had done around the Rossmere area which was improving the situation for local residents. There was some concern expressed by a Member of the Public at the apparent lack of use of court injunctions to control the behaviour of certain individuals. The Inspector and the Community Safety Operations Manager assured the meeting that, where necessary, such court orders were regularly used. A further issue relating to Rossmere Way was also raised, though the Chair stated that the issue had been resolved and resident concerned was satisfied with the result.

A Member of the public referred to the press reports of the force being allocated 190 new constables and where these officers were as there appeared to be little Police presence in the community. The inspector stated that new officers were coming through from training on a regular basis in smaller groups between 10 and 20. It had to be acknowledged that over the past decade the numbers of Police in Cleveland had been reduced substantially due to funding cuts.

Issues around illegal parking in bus laybys in the King Oswy area were raised and the Community Safety Operations Manager indicated that enforcement officers would be asked to patrol the area. Public concerns around the use of electric scooters on the pavement were also discussed. The Chair commented that if they were the rented scooters provided by Ginger, if the public could provide date, time and location details it would be possible to have those users stopped from using them again. It was, however, a Tees Valley Combined Authority trial scheme and Hartlepool BC had no involvement in the management of the scheme.

19. Date and Time of Next Meeting

The Chair reported that the next meeting would be held on Monday 5 December, 2022 at 10.00 am

The meeting concluded at 11.00 am.

CHAIR

SAFER HARTLEPOOL PARTNERSHIP

MINUTES AND DECISION RECORD

6 March 2023

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool.

Present:

Responsible Authority Members:

Tony Hanson, Director of Neighbourhoods and Regulatory Services
Hartlepool Borough Council
Sylvia Pinkney, Assistant Director, Regulatory Services, Hartlepool Borough Council

Other Members:

Craig Blundred, Director of Public Health, Hartlepool Borough Council
Sarah Wilson, Office of Police and Crime Commissioner for Cleveland
Sally Robinson, Director of Children's and Joint Commissioning Services,
Hartlepool Borough Council

Also Present:

Denise Holian, Office of Police and Crime Commissioner for Cleveland
Temp Chief Inspector Peter Littlewood, Cleveland Police
John Lovatt, Assistant Director, Adult Social Care, Hartlepool Borough Council, as
substitute for Jill Harrison.
Councillors Sue Little and Carole Thompson

Officers:

Phil Hepburn, Community Safety and Operations Manager
Rachel Parker, Community Safety Team Leader
David Cosgrove, Democratic Services Team

20. Appointment of Chair for the meeting

The Principal Democratic Services Officer reported that he had received apologies for absence from both the Chair, Councillor Moore and the Vice-Chair, Superintendent Harrison. Nomination of a chair for this meeting was therefore sought from the Prescribed Members.

Mr Tony Hanson, was nominated and appointed as Chair for the meeting.

Mr Hanson in the Chair.

21. Apologies for Absence

Councillor Moore, Elected Member, Hartlepool Borough Council (Chair)
Councillor Stokell, Elected Member, Hartlepool Borough Council
Denise McGuckin, Managing Director, Hartlepool Borough Council
Superintendent Emily Harrison, Community Safety, Cleveland Police
Steve Turner, Office of Police and Crime Commissioner for Cleveland
Karen Hawkins, Director of Commissioning, Strategy and Delivery, NHS
Tees Valley Clinical Commissioning Group
Angela Corner, Head of Community Resilience, Thirteen Group
Jill Harrison, Director of Adult and Community Based Services, Hartlepool
Borough Council

22. Declarations of Interest

None.

23. Minutes of the meeting held on 17 October 2022

Confirmed.

24. Cleveland Online Policing App (COPA) *(Project Manager, Office of the Police and Crime Commissioner for Cleveland)*

Purpose of report

To provide an outline of the Cleveland Police COPA app for reporting crime.

Issue(s) for consideration

The representative from the Office of the Police and Crime Commissioner gave a presentation to the Partnership outlining how to sign up for the app, how reporting was undertaken, how reports were monitored and statistical information gathered. It was reported that over 2800 people had now downloaded the app to their phones.

An elected Member commented that they had reported problems with off-road bikes and had been disappointed to get a message back that they would not get a response because it was a weekend. The PCC representative stated that all information was gathered and used to build up intelligence. It may be necessary, however, to change some of the initial messaging on screen so people were more aware of the hours of operation.

The Chair commented that HBC Communications Team could be asked to promote the app further. The PCC representative stated that people without smart phones or who weren't comfortable using technology could

still make reports to the 101 telephone line. The Chair requested that the presentation be shared with partners.

Decision

That the report on the Cleveland Online Policing App be noted.

25. Martyn's Law and Publicly Accessible Locations Update *(Director of Neighbourhoods and Regulatory Services)*

Purpose of report

To provide the Partnership with an update of Martyn's Law previously referred to as the Protect Duty.

Issue(s) for consideration

The Assistant Director, Regulatory Services reported that an initial report was presented to the Partnership in March 2022 detailing the Governments plans, and this report will highlight the duty in more significant detail. In December 2022, the Government announced proposals for new measures to be taken to protect public venues. This had previously been referred to as the Protect Duty, however, it would now be known as 'Martyn's Law' in tribute to Martyn Hett, who was killed alongside 21 others in the Manchester Arena terrorist attack in 2017.

The report updated the Partnership on the scope of Martyn's law and how it would be applied and who it applied to. In preparation for the introduction of Martyn's Law Hartlepool Borough Council had been taking part in the Publicly Accessible Locations Pilot and had been working closely with the Counter Terrorism North East Policing team since 1st April 2022.

By participating in the Pilot Hartlepool Borough Council had established a dedicated overarching Publicly Accessible Locations Group and a number of working subgroups. This preparatory work had given the council a head start on the Martyn's Law requirements. The Council had been risk assessing its premises which may hold "qualifying activities" through a joined-up approach of Council employees and a dedicated Counter Terrorism Security Advisor who is employed by Counter Terrorism Policing North East. The Pilot had placed the Council in a good position for the impending legislative requirements as it had provided a good baseline for greater coordination of security planning, greater awareness and training in counter terrorism.

An elected Member noted that Hartlepool would have a small number of events that would qualify under Martyn's Law and noted that there had been bag searches at the last Waterfront Festival at the Marina. The elected Member asked how many people in general were stopped and searched in Hartlepool on a weekly basis. The Cleveland Police representative stated that the force had become more proactive in its approach to stop and search over recent months and had now made it

mandatory for officers to use body cams when undertaking stop and searches. Around 20 per week were currently undertaken.

There was also regular independent scrutiny of the body cam footage to ensure compliance with the regulations around stop and search. The Chief Inspector undertook to share details of the group that undertook the reviews of the videos with the Partnership as new people for the group were being recruited.

Decision

That the report be noted and that Partners consider the potential financial implications of meeting the legislative obligations.

26. Serious Violence (*Director of Neighbourhoods and Regulatory Services*)

Purpose of report

To provide an update on the Serious Violence Duty, following a previous report which was presented to the partnership in March 2022.

Issue(s) for consideration

The Assistant Director, Regulatory Services reported on the duty around, and the definitions, of serious violence. The Cleveland Specified Authorities Stockton, Redcar and Cleveland, Middlesbrough and Hartlepool have agreed to work jointly through the Cleveland Unit for the Reduction of Violence (CURV) to help meet the legal obligations specified by The Duty. CURV would have a coordinating role, carrying out data analysis, apply for funding streams and submit Home Office returns on behalf of the authorities. This has been supported by the CURV Governance Group.

In order to prepare and implement a strategy to prevent and reduce serious violence in the area, the partnership would collectively develop a strategy which would outline the multi-agency response that the partnership would take to address the drivers identified in the strategic needs assessment and work to prevent and reduce serious violence in the local area.

The strategy would contain bespoke solutions to prevent and reduce serious violence in the area, and would set out how the proposed actions will enhance and complement existing local arrangements responding to serious violence. This must be kept under review, which should be done on an annual basis and updated when necessary.

Decision

That the report be noted.

27. Independent Review Of Prevent *(Director of Neighbourhoods and Regulatory Services)*

Purpose of report

To inform the Safer Hartlepool Partnership of the findings and recommendations of the Independent Review of Prevent.

Issue(s) for consideration

The Community Safety and Operations Manager reported that the Independent Review of Prevent had paved the way for a stronger, more transparent, and proportionate approach to stopping people from being radicalised into terrorism, and recognised the need for Prevent to understand better ideology and the individual agency of people who willingly support terrorism. In total, the review made 34 recommendations that have been accepted by the government. A Summary of the headline recommendations and the Government responses were submitted as an appendix to the report.

Decision

That the report be noted.

28. Any Other Items which the Chairman Considers are Urgent

The Chair ruled that the following item of business should be considered by the Committee.

29. Policing Update *(Director of Neighbourhoods and Regulatory Services)*

Purpose of report

To provide and update on Policing in Hartlepool

Issue(s) for consideration

The temporary Chief Inspector gave an update on Policing in Hartlepool including the following points: -

- 105 engagements in face to face meetings including ward surgeries.
- A 29% increase in neighbourhood patrols.
- Attendance at 103 incidents in November and 60 in December 2022.
- 63 arrests had been made in the last quarter.
- Burglary was down 7% though robbery was up 6%.
- Vehicle crime was up 34%. Criminal damage up 7.9%.
- There were 92 active criminal investigations ongoing.
- In January two individuals had been stopped and arrested for supplying tablets to school children.

- Operation Endurance continued with 8 off-road motorcycles being seized.
- Over £4m of drugs had been taken off the streets across the force area.
- A man had been arrested and charged with over 40 offences of stalking and harassment.

The Chief Inspector reported that the structure of the force was also changing and Hartlepool would have a dedicated Chief Superintendent and Chief Inspector.

A Member of the public questioned the use of civil injunctions particularly following Community Triggers. Officers present confirmed that the use of civil injunctions was embedded with partners and used regularly.

Decision

That the report be noted.

The meeting concluded at 11.10 am.

CHAIR