

# AUDIT AND GOVERNANCE COMMITTEE AGENDA



**Tuesday 19 September 2023**

**at 5.00pm**

**at the South Hub, Wynyard Road, Hartlepool.**

## MEMBERS OF AUDIT AND GOVERNANCE COMMITTEE:

Councillors Allen, Brash, Cowie, Creevy, Groves, Hargreaves, Moore, D Nicholson and 2 vacancies.

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

Standards Co-opted Parish Council Representatives: Parish Councillor Kane Forrester (Wynyard) and Parish Councillor Michael Jorgeson (Headland)

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 18 July 2023 and 29 August 2023

## 4. **STATUTORY SCRUTINY ITEMS**

### 4.1 Derelict Land and Buildings Investigation:-

- i) Presentation - *Director of Neighbourhoods and Regulatory Service; and*
- ii) Derelict Land and Buildings Investigation - Consultation and Working Group Update - *Scrutiny and Legal Support Officer (to follow)*

### 4.2 Hartfields Medical Centre - Update - *NENC ICB Director of Place*

### 4.3 Crustacean Deaths Working Group - Verbal Update (*Councillor Creevy*)

5. **AUDIT ITEMS**

No Items

6. **STANDARDS ITEMS**

No Items

7. Independent Remuneration Panel - Appointment of Independent Members - *Director of Legal, Governance and Human Resources*

8. **MINUTES FROM RECENT MEETINGS FOR RECEIPT BY THE COMMITTEE**

8.1 **HEALTH AND WELLBEING BOARD** - None

8.2 **FINANCE AND POLICY COMMITTEE RELATING TO PUBLIC HEALTH ISSUES** - None

8.3 **TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE** - To receive the minutes of the meeting held on 17 March 2023

8.4 **SAFER HARTLEPOOL PARTNERSHIP** - None

8.5 **TEES VALLEY AREA INTEGRATED CARE PARTNERSHIP** - To receive the minutes of the meeting held on 2<sup>nd</sup> June 2023

8.6 **REGIONAL HEALTH SCRUTINY** - None

8.7 **DURHAM, DARLINGTON AND TEESSIDE, HAMBLETON, RICHMONDSHIRE AND WHITBY STP JOINT HEALTH SCRUTINY COMMITTEE** - None

9. **ANY OTHER BUSINESS WHICH THE CHAIR**

For information: - forthcoming meeting dates:-

Tuesday 17 October 2023, at 5.00 pm – Venue - North Hub, West View Advice and Resource Centre, Hartlepool)

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**

### **18 JULY 2023**

The meeting commenced at 5.00 pm at the  
Centre for Independent Living (CIL), Hartlepool

**Present:**

Councillor: Jonathan Brash (In the Chair)

Councillors: Gary Allen, Brian Cowie, Rachel Creevy, Christopher Groves,  
Pamela Hargreaves and David Nicholson

Standards Co-opted Members:

Mr Martin Slimings and Tracy Squires – Independent Members  
Parish Councillor Kane Forrester (Wynyard) and Parish  
Councillor Michael Jorgeson (Headland)

Also Present:

Derek Bell, Neil Atkinson, Ray Martin-Wells and Ann Baxter,  
North Tees and Hartlepool NHS Foundation Trust  
Gavin Barker, Mazars  
Minna Ireland, Dalton Piercy Parish Council

Officers:

Tony Hanson, Executive Director of Development  
Neighbourhoods and Regulatory Services  
Sylvia Pinkney, Assistant Director, Regulatory Services  
Noel Adamson, Head of Audit and Governance  
Sandra Shears, Head of Finance, Corporate and Schools  
Joan Stevens, Statutory Scrutiny Manager  
Gemma Jones, Scrutiny and Legal Support Officer  
Denise Wimpenny, Democratic Services Team

## **20. Apologies for Absence**

An apology for absence was submitted on behalf of Councillor Steve Wallace.

## **21. Declarations of Interest**

None at this point in the meeting. However, Councillor Creevy declared an interest later in the meeting (Minute 31 refers)

## 22. Change in Committee Membership

The Chair highlighted the following change in membership as agreed at last week's Full Council meeting:-

Councillor Moore replaced Councillor V Nicholson

## 23. Minutes of the meeting held on 27 June 2023

Confirmed subject to the following spelling amendments as shown in bold:-

Cllr **Rachel** Creevy (Page 1)

Martin **Slimings** (Page 1)

Michael **Jorgeson** (Page 5)

## 24. Role of the Chief Finance Officer (CFO) in Public Service Organisations *(Director of Finance, IT and Digital Services)*

The Head of Audit and Governance informed the Committee of the CIPFA statement – 'The Role of the CFO in Public Service Organisations', and how the Council complied with this guidance. It was highlighted that the Director of Finance, IT and Digital Services was also the Council's nominated Section 151 Officer. Members were referred to Appendix A of the report which detailed how the Council ensured that the requirements of the statement were met.

### Recommended

The Committee noted that the Director of Finance, IT and Digital Services had reviewed the CIPFA statement – 'The Role of the CFO in Public Service Organisations' and advised Members that the Council complied with these requirements, as detailed in Appendix A to the report.

## 25. Role of the Head of Internal Audit in Local Government *(Director of Finance, IT and Digital Services)*

The report informed the Committee of the CIPFA statement – "The Role of the Head of Internal Audit in Local Government", and within the report demonstrated how the Council complied with this guidance. Members were referred to Appendix A of the report which detailed how the Council ensured that the requirements of the statement were met.

### Recommended

The Committee noted that the Director of Finance, IT and Digital Services had reviewed the CIPFA statement – “The Role of the Head of Internal Audit in Local Government” and advised the Committee that the Council complied with these requirements as detailed in Appendix A to the report.

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

In the discussion that followed the Head of Internal Audit and Governance responded to queries raised arising from the report. Clarification was provided in relation to audit requirements, how audits were prioritised and the process around collection of non-domestic business rates to ensure they were managed in line with statutory requirements and HBC procedures. Emphasis was placed upon the importance of close monitoring of audit actions particularly in relation to non-domestic business rate actions and Members were keen to receive details in relation to timescales for such monitoring in future reports to this Committee.

**Recommended**

- (i) The report was noted.
- (ii) That timescales for monitoring audit actions be included in future reports to this Committee.

**27. Internal Audit Outcome Report 2022/23** (*Head of Audit and Governance*)

The report provided Members with the Head of Audit and Governance assurance opinion on the adequacy and effectiveness of the Council's internal control environment and set out the outcomes of audit work for the period April 2022 to March 2023. The report detailed the performance of internal audit in 2022/23 on a range of key performance indicators. In addition to the audits detailed in Appendix A Internal Audit completed 15 major systems and probity reviews for the CFA during 2022/23. Staffing resources were as anticipated and, a balanced programme of work for all Council departments was achieved for 2022/23.

The Head of Audit and Governance stated that based on the work undertaken during the year 2022/23, the opinion had been reached that reliance could be placed on the adequacy and effectiveness of internal controls operating across the Council in 2022/23. Members were referred to the outcomes, follow up and performance monitoring arrangements as set out in the report.

The Head of Audit and Governance provided clarification in response to queries raised in relation to the background to the reasons behind the Iclipse/Enterprise IT system and Health and Safety audits which had received limited assurance. The Chair requested that a future report be provided to this Committee to confirm that those two areas assurance levels had improved from limited to satisfactory.

### **Recommended**

- (i) The contents of the report was noted.
- (ii) That a future report be provided to this Committee to confirm that Iclipse/Enterprise IT system and Health and Safety audits assurance levels had improved from limited to satisfactory.

## **28. Joint Declarations from Management and those Charged with Governance** *(Director of Finance, IT and Digital Services)*

The Head of Audit and Governance submitted for the Committee's approval a letter to Mazars from the Chair of the Committee detailing how the Committee had complied with the requirements of International Standards for Auditing.

### **Recommended**

That the contents of the letter to Mazars, attached at Appendix A, outlining how the activities of the Committee had complied with the requirements of International Standards for Auditing be approved.

## **29. Annual Governance Statement 2022/23** *(Director of Finance, IT and Digital Services)*

The Head of Audit and Governance presented the Annual Governance Statement 2022/23, a copy of which was appended to the report, as required under the Accounts and Audit Regulations (England) 2015 for the Committee's approval.

The Head of Audit and Governance responded to issues raised arising from the report. Clarification was provided in terms of the background to the

references to inflationary risks and significant governance issues. The Chair referred to the benefits of including further detail in reports in relation to the risks associated with instability and the potential for regeneration projects to be less deliverable to ensure the public were better informed.

The representative from Mazars highlighted a factual inaccuracy in the Annual Governance Statement appended to the report confirming that the unqualified opinions in the 2021/22 External Auditor's Annual Report had not yet been issued and therefore reference to this be removed from the report (last sentence - para 4.25, page 13).

### **Recommended**

- (i) That the submitted Annual Governance Statement 2022/23 be approved subject to the removal of the last sentence of paragraph 4.25, Page 23.
- (ii) That the comments of Members be noted and actioned as appropriate.

## **30. The 2022/23 Financial Report (including the 2022/23 Statement of Accounts)** *(Director of Finance, IT and Digital Services)*

The Head of Finance, Corporate and Schools reported on the arrangements for approving the Council's financial report for 2022/23 including the Statement of Accounts, a copy of which was attached at Appendix A. The deadline for completion of the final audited accounts was 31 May 2023, the background to which was provided and would be covered further in the following item of business. The Council had missed the deadline for producing the Council's final audited accounts due to external delays with pension reports, details of which were provided.

The report provided an explanation of the Council's overall financial performance for 2022/23, the year end financial position and outlined the impact of the current economic climate on the Authority's ongoing financial position. The report also provided a guide to the most significant matters reported in the Statement of Accounts including an explanation of the purpose of each of the core statements. The year end position for 2022/23 was an overspend of £0.962m, full details of which had been reported to Finance and Policy Committee on 3 July 2023. Details of net assets and total reserves were provided.

In the discussion that followed the Head of Finance Corporate and Schools responded to queries raised arising from the report. Clarification was provided in relation to the schools which remained within local authority control. In response to a query raised as to whether any events were planned at Elephant Rock, it was agreed that this be explored following the meeting.

**Recommended**

- (i) That the report and comments of Members be noted.
- (ii) That the Draft Financial Report detailed in Appendix A would be subject to independent audit by Mazars and details of any material amendments would be reported to Audit and Governance Committee later in the year.
- (iii) It was noted that there was the opportunity to raise questions and/or seek clarification of information included in the pre-audit Financial Report.
- (iv) That clarification be provided following the meeting as to who is responsible for organising events at the Elephant Rock and whether any events were planned.

**31. Mazars Report – Audit Strategy Memorandum**

The Mazar's representative presented the Audit Strategy Memorandum to Members highlighting the key sections and points set out in the memorandum. The Mazar's representative highlighted the timetable set by government for the preparation and publication of the audited accounts and referred to the expected delay in the sign-off of the accounts, due to technical accounting issues, details of which were provided. The Committee was advised that the delays were not indicative of any problem with the Council's financial statements or arrangements. It was also reported that the audit certificate for 2020/21 had not yet been issued due to a backlog of audits, the background of which was shared with the Committee.

At this point in the meeting, Councillor Creevy declared a personal interest as a member of the pension fund.

In the discussion that followed the Mazars representative responded to issues raised arising from the report. Clarification was provided in relation to the challenges facing the external audit sector and the potential impact of delays in sign-off of accounts.

**Recommended**

That the contents of the report be noted.



## 32. **Derelict Land and Buildings Investigation – Setting the Scene Presentation** *(Executive Director of Development, Neighbourhoods and Regulatory Services)*

As part of the derelict land and buildings scrutiny investigation, the Executive Director of Development Neighbourhoods and Regulatory Services had been invited to attend the meeting to assist in setting the scene and increase the Committee's awareness and understanding of derelict land and buildings.

The Executive Director of Development, Neighbourhoods and Regulatory Services provided a detailed and comprehensive presentation which focussed on the following issues:-

- Background to introduction of a Derelict Buildings Multi-Agency Group including role and activities of the Group
- Scoring matrix utilised to record time vacant, visual impact, condition of building/site, location and enforcement activity
- Currently 27 properties on register – the Group aim to target the top three on the list – Admiral Court, former Ambulance Station, 42<sup>nd</sup> Street
- Legislation – short term measures
- Legislation – medium term
- Long term options – compulsory purchase order/purchase by agreement
- Challenges - enforcement action must be in accordance with general enforcement policy, need to follow legal process, building ownership, timescales for work, carrying out works in default, insecure building/fly tipping, managing expectations, resource issues
- Risks
  - Incorrect use of legislation or not following legal process
  - Unable to recover cost for work carried out in default
  - Costs can be challenged
- Successes
  - Demolition of Longscar
  - Securing and site clearance of Admiral Court
  - Demolition of The Hourglass
  - Demolition of the Market Hotel
  - Northern Textiles building renovated and re-opened
  - 60-64 Lister Street renovated and brought back into use

- works on site at The Wesley, Grand Hotel, Park View Care Home, The Dome and Shades

- Derelict Building Improvements - before and after photographs

Following the conclusion of the presentation the Chair took the opportunity to thank the Executive Director for a comprehensive update and indicated that whilst the successes were welcomed, the purpose of the investigation and the venue of choice for today's meeting was for attendees to observe the issues first hand around derelict land and buildings in Hartlepool. This investigation also provided an opportunity for the Committee to review the Council's Enforcement Policy.

Members debated issues arising from the presentation and officers responded to queries raised. Clarification was provided in relation to the powers available in terms of enforced sale options, the background to the establishment of the Derelict Buildings Working Group, the complexities around ownership as well as the derelict land and buildings complaints process. Building on the evidence provided, the committee requested a more detailed discussion in relation to:

- Legislation and statutory policies including:
  - The General Enforcement Policy - including what can be done within it; and
  - Works and Secure Buildings Act 1982 (Section 29) - including if / how owners can be required to secure buildings.
- The number of notices issues / success rates and how success is measured.
- The level of First Charge and the Scoring Matrix.
- Recovery rates and level of costs.

Members were keen to reduce the number of derelict buildings and concerns were raised in relation to the impact of empty properties/derelict buildings on public services.

Members of the public and business owners in attendance shared personal experiences and raised concerns in terms of the impact of derelict /empty buildings on their neighbouring premises. Difficulties had been experienced receiving support from the police to address such issues. As part of the evidence gathering process, a Member commented on the benefits of receiving officer guidance in terms of best practice.

A representative from Hartlepower, who was in attendance at the meeting, referred to his involvement in the recently formed Food Partnership, whose aim was to secure nutritious sustainable food to every Hartlepool citizen

and sought the Council's support to utilise Council owned land for growing purposes which the Chair agreed to consider as part of the investigation.

#### **Recommended**

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

### **33. Scrutiny Investigation into Derelict Land and Buildings in Hartlepool (both residential and commercial) – Scoping Report** *(Chair of Audit and Governance Committee and Statutory Scrutiny Manager)*

The Chair referred Members to the report, a copy of which had been tabled at the meeting which outlined the proposals for the conduct of its forthcoming investigation in to derelict land and buildings. The report also set out the aims and terms of reference for the investigation including potential areas of enquiry and sources of evidence as well as the proposed timetable for Members' approval.

The Statutory Scrutiny Manager sought the Committee's views in relation to undertaking site visits as well as a Working Group approach to progress the gathering of information. The Committee supported these proposals.

#### **Recommended**

The remit of the investigation and the proposed timescale outlined in the report be approved.

### **34. North Tees and South Tees Foundation Trusts – Group Model Update**

The Chair welcomed representatives from North Tees and Hartlepool Foundation Trust, who were in attendance at the meeting to provide an update in relation to the work of the Foundation Trust since the last update as well as an update on the collaboration proposals between North Tees and South Tees Foundation Trusts.

The Committee was advised that North Tees and Hartlepool continued to be one of the top performing trusts in terms of ambulance hand over times. Outcomes of current performance targets as a comparator with the national average were also provided as well as details of the challenges and pressures on staff. The Trust continued to work hard on admission avoidance and keep the frail and elderly at home, the benefits of which were outlined.

Representatives provided an overview of progress to date in relation to the collaboration arrangements. This included background information to the decision taken in January to proceed with recommendations to follow up a group model arrangement between North and South Tees and this would be a key part of discussions over the next three months, which was currently at the design stage. Details of what a group model arrangement would look like including priorities going forward were outlined. Priorities identified included change to ensure improvements, to bring more resources into the area, develop a more sustainable workforce, financial stability, develop the regional centre of excellence and expand services at the Hartlepool Hospital site as well as work towards national recognition. It was highlighted that the current Chief Executive, Julie Gillon would be leaving the Trust and it was proposed that a single Chief Executive would be appointed to manage both sites, the recruitment process and timescales of which were shared with Members. It was envisaged that the final interview process would take place in October.

In terms of investment, the representative was pleased to report a £2.7m investment in a Community Diagnostic Centre in Hartlepool, details of which were provided and included additional CT and MRI scanners, the benefits of which were outlined. There was also the opportunity to utilise the Town's Deal Board facilities which would allow the local authority and businesses to use that particular facility. Over the last 18 months the Trust had also been working on a bid in relation to decarbonisation and investment in energy infrastructure at Hartlepool Hospital, the background of which was shared with Members.

The Chair of Governors took the opportunity to place on record appreciation and thanks to the current Chief Executive of the Trust, Julie Gillon for her hard work in developing the Elective Hub and progress made to date on the proposals for the Hartlepool Hospital site.

In the discussion that followed Members commented on a number of issues arising from the update and representative responded to queries raised. The Chair commented that the issue of decarbonisation was not well publicised and was keen to see the savings arising as a result reinvested in patient care. In response to clarification sought in relation to the timescales of when a decision would be made around funding for the elective hub, it was reported that whilst no firm commitment had been received it was hoped before the summer recess or early autumn. Members placed emphasis upon the importance of representation from Hartlepool on the Project Board to ensure involvement and influence in developing the proposals. Clarification was sought as to whether a Non-Executive Director from Hartlepool would be appointed to the Board. It was highlighted that a place based locality Non-Executive Director would be appointed. The Chair of Governors expressed a commitment to keep the Committee updated on progress and provide a further update to a future meeting of this Committee.

**Recommended**

That the contents of the update and comments of Members be noted.

**35. Crustacean Deaths Working Group**

It was reported that as the last meeting of the Working Group had been cancelled there was no update to report to Committee.

**Recommended**

That the information given be noted.

**36. Minutes of the meeting of the Health and Wellbeing Board held on 20 March 2023**

Received.

**37. Minutes of the meeting of the Tees Valley Area Integrated Care Partnership held on 2 June 2023**

Received.

**38. Date and Time of Next Meeting**

The Chair reported that the meeting would be held on Tuesday 19 September 2023 at the South Hub, Wynyard Road.

The meeting concluded at 7.25 pm.

CHAIR

# **AUDIT AND GOVERNANCE COMMITTEE**

## **MINUTES AND DECISION RECORD**

### **29 AUGUST 2023**

The meeting commenced at 5.00 pm in the Civic Centre, Hartlepool.

**Present:**

Councillor: Jonathan Brash (In the Chair).

Councillors: Gary Allen, Brian Cowie, Christopher Groves, David Nicholson.

Standards Co-opted Members:

Ms Tracy Squires – Independent Member.

Officers: Joan Stevens, Statutory Scrutiny Manager  
David Cosgrove, Democratic Services Team

### **39. Apologies for Absence**

Apologies for absence were received from: -  
Councillors Racheal Creevy, Pamela Hargreaves and Shane Moore.  
Parish Councillor Forrester (Wynyard PC).  
Martin Slimmings, Independent Member.

### **40. Declarations of Interest**

None.

### **41. Minutes of the meeting held on**

No items.

### **42. Personnel Sub Committee** (*Director of Legal, Governance and Human Resources*)

At the meeting of Audit and Governance Committee on 27 June 2023 Councillors Pamela Hargreaves, Christopher Groves and Steve Wallace were appointed to the Personnel Sub-Committee and Councillor Wallace was appointed as Chair. In order to comply with the requirements of the current Constitution the Committee is requested, to appoint a replacement Member to replace Councillor Wallace on the Personnel Sub-Committee and confirm which of the appointed Elected Members will act as Chair.

It was highlighted that a request for a Personnel Sub-Committee (Home to School Transport Appeal) had been received and, in order to comply with the requirements of the Home to School Transport Policy, the appeal must be held by 26 September 2023. A provisional date of Wednesday 20 September at 10.00 am had been set, subject to confirmation by the parent/guardian and Elected Members of the Sub-Committee.

The Chair nominated Councillor Hargreaves as the Chair of the Personnel Sub Committee and Councillor Creevy to the vacancy. This was supported by those present.

**Recommended**

1. That Councillor Creevy be appointed to the Personnel Sub Committee for the remainder of the current municipal year and that Councillor Hargreaves be appointed as Chair.
2. That the proposed date of 20 September 2023 at 10.00 am for a Home to School Transport appeal be noted subject to confirmation by the parent/guardian and Elected Members of the Sub-Committee.

**43. Any Other Items which the Chairman Considers are Urgent**

None.

The meeting concluded at 5.05 pm.

CHAIR

**Hartlepool Audit & Governance Committee**  
**19 September 2023**

**Hartfields Medical Centre - Update**

**1.0. Purpose of the paper**

The purpose of this paper is to advise Hartlepool Audit & Governance Committee that:-

- McKenzie Group submitted an application to the ICB on 4 August 2023 to reduce the hours of services being provided from Hartfields Medical Centre branch practice from five days a week [Monday – Friday] to three days a week [Tuesdays, Thursdays and Fridays]; and
- to advise the outcome of the ICBs decision in relation to the application, together with next steps.

**2.0 McKenzie Group's Application**

- 2.1 Following analysis and review of the feedback from both the first and second phases of engagement McKenzie Group reported that they understood how important the Hartfield's site was to their patients, and the potential impact that a full closure would have.
- 2.2 McKenzie Group therefore decided to explore opportunities for delivering services from Hartfields on a part-time basis, which they believed could meet the needs of their patients and mitigate the reasons for their initial draft proposal to close the practice.
- 2.3 As the nationally recognised forum for obtaining the views of and feedback from patients about the services delivered, and in recognition that the membership of the McKenzie Group Patient Participation Group [PPG] included representatives from all five of their practices, they discussed the development of a co-designed model with this group, together with some a small number of residents from Hartfields Retirement Village.
- 2.4 Understanding the concerns raised during the phase one engagement regarding the Hartfields residents being able to access general practice appointments at the Hartfields site, and to support the co-design discussions with their PPG, McKenzie Group also undertook an audit of how the 102 Hartfields Retirement Village residents registered with McKenzie Group [of the 300 residents living in the Retirement Village] used the practice services.
- 2.5 McKenzie Group met with their PPG and some representatives from the Hartfields Retirement Village on 28 June 2023, when they presented the key findings from the engagement events together with the audit of Hartfields Retirement Village residents.

Although the PPG agreed that the model reflected the feedback from the patient engagement and the McKenzie Group audit, they also expressed some reservations in



relation to a part-time model, particularly in relation to travelling to an alternative practice on the days Hartfields was not open.

- 2.6 McKenzie Group developed the co-designed model agreed at the meeting on 28 June and the application, which was presented to their PPG at a meeting on 7 July.

The PPG members supported McKenzie Group submitting the application for the proposed co-designed part-time model, because they agreed it reflected the feedback from the patient engagement and the McKenzie Group audit and agreed this was a better option than Hartfields closing. They also reiterated their concerns about travelling to an alternative practice, due to the cost of taxis and bus routes.

- 2.7 The McKenzie Group submitted the application to the ICB on 4 August 2023 [see Appendix 1]

### 3.0 Review and decision

#### 3.1 Hartlepool Place Committee

- 3.1.1 The application, background information and feedback from the two phases of patient and stakeholder engagement were presented to the Hartlepool Place Committee on 23 August 2023, to obtain their views to support the Tees Valley Area Directors decision-making.
- 3.1.2 The Place Committee understood the issues being faced by the practice, but also wanted to ensure that patients continued to be able to access high quality, safe and effective primary medical services.
- 3.1.3 Committee acknowledged the extensive and robust engagement activity that had been undertaken, that McKenzie Group had moved from their original position of full closure to one of reduced hours as a result of analysis and evaluation of patient and stakeholder engagement, and commended the involvement of the Patient Participation Group [PPG] members and their willingness to co-design a part-time model, despite their reservations in terms of accessing services, particularly on the days when Hartfields proposed to be closed.
- 3.1.4 Following review and discussion Committee agreed that the evidence provided in the application did not clearly articulate any positive or adverse impact for protected characteristic groups or groups who face health inequalities under the current arrangements, or any potential or actual positive or adverse impact the changes may have on the practice, and on this basis, they were unable to support the McKenzie Group application.

#### 3.2 ICB Tees Valley Area Directors Group

- 3.2.1 The ICB is committed to ensuring high quality care for all, now and for the future and has a legal duty to promote equality and address health inequalities.
- 3.2.2 Following review of the application, background information, feedback from the two phases of patient and stakeholder engagement and feedback from the Hartlepool Place Committee, Area Directors Group agreed that McKenzie Group had not clearly articulated any positive or adverse impact for protected characteristic groups or groups who face health inequalities currently, or any potential or actual positive or adverse impact the proposed changes may have.
- 3.2.3 The application to move to part-time opening three days instead of five days a week on a permanent basis was therefore **not approved**.

### 4.0 Next Steps

- 4.1 The Area Directors group and Hartlepool Place Committee recognised the extensive and robust engagement activity that had been undertaken and the number of engagement activities and approaches undertaken. They also commended the involvement of Healthwatch Hartlepool.
- 4.2 They recognised that McKenzie Group had moved from their original position of full closure to one of reduced hours, following analysis and evaluation of the two phases of patient and stakeholder engagement, and in recognition of how important the Hartfield's site is to your patients, and the potential impact that full closure would have had.
- 4.3 They commended the involvement of the McKenzie Group's Patient Participation Group [PPG] members and the residents of Hartfields Retirement Village who were willing to co-design a part-time model, despite their reservations in terms of accessing services, particularly on the days Hartfields was proposed to be closed.
- 4.4 The Area Directors Group also considered and recognised the national direction of travel for general practice working at scale, and that some patients from the practice already travel beyond their own practice to access services being delivered at above-practice level through the Primary Care Network approach and due to the limitations of the practice premises.
- 4.5 Recognising all of the issues raised by McKenzie Group, including workforce challenges and the limitations of the accommodation at Hartfields impacting their ability to deliver a full range of services, together with the reservations of the PPG and patient and stakeholder feedback from both phases of patient engagement, the Area Directors Group **agreed** that if McKenzie Group wanted to continue to proceed with a part-time branch surgery application for further consideration, they would need to work with the ICB team to develop
- a detailed and robust equality health impact assessment [EHIA], ensuring a particular focus on those with protected characteristics currently accessing Hartfields.
  - baseline measures of
    - workforce [to ensure no reduction as outlined in the proposal]
    - services currently delivered at Hartfields.
    - activity data for services currently delivered 5 days per week, outlining the impact of moving this to 3 days per week.
    - where those services and activity that would not be delivered in the 2 days closed would be delivered from, including any positive and adverse impact.
  - a plan as to how this would be monitored and how patient and staff feedback would be gained.
  - an assessment of the impact [both positive and adverse] for the practice to continue to remain open for 5 days to ensure the issues outlined by the practice are also considered to support the application further and to ensure that the impact of any future changes could be robustly measured, if agreed.
- 4.6 This additional information, to be considered by the Hartlepool Place Committee and Area Directors Group, will support further consideration of the application for a part time closure. For clarity, a part time approach will only be agreed subject to an 18-month pilot, to enable compelling evidence of the actual impact on patients and the practice to be gathered, utilising the baseline measures agreed. This will need to take account of any seasonal effect which may impact activity and to support a robust commissioning decision for Hartfields going forward.

**5.0 Current position**

- 5.1 The partners of McKenzie Group are considering the ICB decision and whether or not to progress the application further, and a decision is anticipated by 4 September 2023. A verbal update will be provided to Audit & Governance Committee at the 19 September meeting.

**6.0 Appendices**

- 6.1 The following appendices are included within this report:

Appendix No	Title
1	McKenzie Group Application for Hartfields Medical Centre located in Hartfields Retirement Village, Hartlepool, TS26 0US, to become a part-time surgery
2	Hartfields Medical Centre Background Information

Author: Sue Greaves, NENC ICB Head of Commissioning & Strategy  
[Primary Care]  
Sponsoring Director: Karen Hawkins, NENC ICB Director of Place  
Date: 25 August 2023



North East and  
North Cumbria

## GP Practice Core Hours Closure Request

### 1. Core Hours

The General Medical Services (GMS) and Personal Medical Services (PMS) Regulations require general practice contractors to provide essential and additional services at such times within core hours, “*as are appropriate to meet the reasonable needs of patients,*” and require the contractor to have in place arrangements for its patients to access those services throughout core hours in case of emergency.

Core hours for GMS practices are 08:00 to 18:30, Monday to Friday, excluding weekends and bank holidays.

PMS terms are applied in the same manner following national negotiation and the definition ‘core hours’ is in the contract and in the underpinning regulations. Schedule 2 of the PMS contract allows local commissioners the flexibility to agree alternative opening hours ‘normal hours’ and this should be specified in the contract where they have been agreed

There are a number of reasons why a practice may opt to close (i.e. doors closed) their surgery for a short period of time including practical operational considerations e.g. for team training or reviewing the quality of services. The contract however does not support a closure during core hours without alternative arrangements being in place to provide services.

Alternative arrangements could be via a GP on call, a branch site, an administrative merger that includes a premises variation or through sub-contracting arrangements.

The wording of the GMS contract permits practices to sub-contract their services during core hours with the approval of the commissioner.

### 2. Acceptable Alternative Arrangements

The services listed below have been distilled following national engagement, carried out by NHS England, with patient groups and patient representatives, so whilst not explicit in the contract, these represent in broad terms the types of services that NHS England expect will form the basis of considering acceptable alternative arrangements:

- Ability to attend a pre-bookable appointment (face to face)
- Ability to book / cancel appointments
- Ability to collect/order a prescription
- Access urgent appointments / advice as clinically necessary
- Home visit (where clinically necessary)
- Ring for telephone advice
- Ability to be referred to other services where clinically urgent. (including for example suspected cancer)

- Ability to access urgent diagnostics and take action in relation to urgent results

The Integrated Care Board [ICB] will not consider it acceptable where proposed arrangements are little more than a signposting service directing patients to urgent care providers.

Furthermore, in order for the ICB to consider the closure request:

- Practices are expected to have consulted patients (through the PPG ) about both the need for the closure so that they understand the context and the proposed subcontracted arrangements
- Patients should know in advance of the closure and not arrive at the practice to find it closed
- During core hours a patient needs to be able to speak to a receptionist or clinician over the phone and not be given an answering machine message i.e. either at the sub contracted practice or the patients responsible practice
- Patients should not have to redial another number as this could cause a delay which might jeopardise patient safety
- If telephone calls are diverted to a sub-contractor the responder should treat these patients as they would their own registered patients
- The sub-contractor must be able to have access to the patient's clinical record (not just the summary care record) again in the interests of patient safety
- Where practices close for internal training purposes, these dates should alternate so it is not the same day each time
- Any alternative service should be local or easily accessible by public transport so that there is no need for excessive travel on the part of the patient (and/or their carer)

## Appendix 1: Practice Core Hour Closure Request

Practice Details	
Practice Name:	McKenzie Group Practice
Practice Code:	A81070
Completed by:	Ann Heppenstall / Nicholas Timlin
Email:	<a href="mailto:Ann.heppenstall@nhs.net">Ann.heppenstall@nhs.net</a>
Phone no:	01429 230003
Closing Arrangements	
Please confirm the day(s) and times the practice wishes to close during core hours of Monday to Friday, 8am to 6.30pm.	<p><b>Closed:</b>            Monday – 8.00am - 6.00pm            Wednesday - 8.00am – 6.00pm</p> <p><b>Open:</b>            Tuesday – 8.00am – 6.00pm            Thursday – 8.00am – 6.00pm            Friday – 8.00am – 6.00pm</p> <p>NB: 6.00pm to 6.30pm Monday to Friday is sub-contracted to Hartlepool and Stockton Health [GP Federation]</p>
Is this a routine request or one-off?	Routine
Please detail the reason for the closure request:	<p><b>1. BACKGROUND</b></p> <p>In March 2020 and following approval from NHS Tees Valley Clinical Commissioning Group (CCG) Hartfield's Medical Centre closed temporarily because the size and layout of the building did not enable us to ensure a COVID-safe environment for patients and staff in line with the strict COVID infection prevention and control measures implemented nationally at that time.</p>

	<p>The temporary closure enabled us to use our staff more effectively and to help ensure we were complying with social distancing requirements.</p> <p>In February 2021 we submitted a draft proposal to the CCG to close Hartfield's permanently on the basis that this would enable us to centralise services across our four remaining sites, enhance clinical quality and practice resilience, run more efficiently, and continue to deliver high quality of care to our patients. The key reasons for submitting this proposal were:-</p> <ul style="list-style-type: none"> <li>• Restrictions due to the size of the practice. Hartfields comprises of one clinical room [nurse usage] and two consulting rooms. One of these rooms has no ventilation or natural light and thus restricting our ability to provide the full range of services available to our patients [eg spirometry, access to First Contact Physiotherapist and Psychiatric Nurse] from this building</li> <li>• Staff feeling isolated because of the working environment and small numbers of staff able to work in the practice.</li> <li>• Lack of resilience</li> </ul> <p><b>2. PHASE 1 ENGAGEMENT</b></p> <p>In line with the agreed process the CCG required us to undertake patient and stakeholder engagement to enable the draft proposal to be progressed, and between July and August 2021 we undertook a six-week period of engagement with the patients registered at all our practices and stakeholders to explore the following:</p> <ul style="list-style-type: none"> <li>• What patients and stakeholders thought of the proposal to close Hartfield's</li> <li>• How patients had accessed services during the temporary closure</li> <li>• How the temporary closure had affected patients</li> </ul>
--	---

	<ul style="list-style-type: none"> <li>• The potential impact on patients and stakeholders should Hartfield's Medical Centre close permanently</li> </ul> <p>Key points from engagement survey July 2021 see Appendix 1</p> <p>To support us with the engagement process, Healthwatch Hartlepool held a series of face-to-face engagement events in August 2021 with the Hartfield's retirement village residents, when patients were supported to complete the engagement survey and provide additional feedback.</p> <p>Following a change in national guidance a full infection, prevention, and control [IPC] risk assessment of Hartfield's was undertaken, and on 21<sup>st</sup> December 2021 the CCG agreed that the temporary closure of Hartfield's Medical Centre should end, and Hartfield's reopened on 10 January 2022, following a mobilisation period to enable the practice to implement a number of infection prevention and control measures allowing services to be reinstated.</p> <p>Whilst the initial draft proposal related to the potential permanent closure of Hartfield's Medical Centre, on evaluating findings from this engagement exercise, we felt we wanted to continue to explore other possibilities for providing some services from Hartfield's Medical Centre as an alternative to full closure, and therefore decided to undertake a further phase of engagement and the CCG agreed to work in collaboration to explore other possibilities for providing some services from Hartfield's Medical Centre as an alternative to full closure.</p> <p><b>3. PHASE 2 ENGAGEMENT</b></p>
--	--



	<p>The second phase of engagement ran for an 8-week period from 9 May to 3 July 2022 and looked more closely at the impact of a possible permanent closure, whilst also beginning to explore alternatives to the branch being fully open and closed.</p> <p>The engagement was targeted towards those patients who would most likely be affected by potential changes to services delivered from Hartfield's Medical Centre and they were identified as patients registered with McKenzie Group who had attended for an appointment at Hartfield's Medical Centre.</p> <ul style="list-style-type: none"> <li>• since it reopened on 10 January 2022 to 30 March 2022, and/or</li> <li>• in the two years prior to the temporary closure in March 2020.</li> </ul> <p>Those included in the engagement were:</p> <ul style="list-style-type: none"> <li>a) Persons 16 years old and over, who were invited to participate directly, and</li> <li>b) Persons under the age of 16 years, whose parent or guardian were invited to participate.</li> </ul> <p>Although the focus of the engagement was to capture the views of these patients, the survey was also open to anyone who wanted to complete it to ensure the wider population and stakeholders of Hartlepool were also able to give their feedback, regardless of which practice they were registered or whether they had used Hartfield's Medical Centre.</p> <p>Our Patient Participation Group (with a membership of patients across all McKenzie Group practices) and Healthwatch Hartlepool kindly reviewed</p>
--	--

	<p>the draft survey prior to finalisation, suggested some amendments and approved the final version.</p> <p>To encourage participation, we ensured that all patients in the “identified” group were sent a paper copy of the survey, together with a letter explaining the purpose of the engagement and included a link to the online survey.</p> <p>Paper copies were also available in all McKenzie Group practice sites, and at all public events, an easy read version of the survey was also available at public events and through Healthwatch Hartlepool, on request.</p> <p>Posters and flyers were widely distributed in local venues, including shops, supermarkets, pubs, pharmacies, GP practices, the hospital, Healthwatch, the MP’s office and the local authority. Banners were displayed in all McKenzie Group practices throughout the engagement period and a number of press releases, paid advertisements and media articles were made.</p> <p>A stakeholder briefing was distributed to partners including the Hartlepool MP, local councillors, Healthwatch, Cleveland LMC, LPC, Primary Care Networks, Joseph Rowntree Housing Trust, North Tees Hospitals Foundation Trust, housing providers, colleges, the voluntary sector, GP practices, Patient Participation Groups, community pharmacists and Parish councils.</p> <p>The following public engagement events were undertaken:-</p> <p>12<sup>th</sup> May 2022 [10-12] Grayfield's Sports Pavilion [1 attendee]  21<sup>st</sup> May [2:30-4:30] Hartfield's Retirement Village [25 attendees]  25<sup>th</sup> May [2-4] Online meeting [0 attendees]  14<sup>th</sup> June [2-4] Grayfield's Sports Pavilion [4 attendees]</p>
--	---

	<p>22<sup>nd</sup> June [2:30-4:30] Hartfield's Retirement Village [19 attendees]  29<sup>th</sup> June [6-8] High Throston Golf Club [0 attendees]</p> <p>Healthwatch Hartlepool supported the engagement by attending all public events to respond to queries and help individuals complete the survey.</p> <p>They also contacted and met with several different protected characteristic groups to discuss and provide information about the engagement This included:</p> <ul style="list-style-type: none"> <li>• Hartlepool Deaf Centre</li> <li>• Vision Support</li> <li>• Asylum Seeker and Refugee drop-in</li> <li>• Hartlepool 50+ Forum</li> <li>• Hartlepool Carers coffee morning.</li> </ul> <p>In total we received 1,337 responses of which</p> <ul style="list-style-type: none"> <li>• 1,296 were from patients registered with a McKenzie Group practice.</li> <li>• 22 were from patients registered with a practice outside of the McKenzie Group</li> <li>• 19 responders did not identify their registered practice.</li> <li>• 541 [approx. 40% of all respondents] identified themselves as normally accessing Hartfield's.</li> <li>• 796 did not identify themselves as normally accessing Hartfield's</li> </ul> <p>The engagement findings were evaluated by J Harvey, an independent researcher, and her report, which is available on the ICB and McKenzie Group Websites is attached at Appendix 2</p>
--	---

	<p>Because this phase of the engagement was primarily with patients who would most likely be affected by any changes at Hartfield's, responses were split into two groups:</p> <ul style="list-style-type: none"> <li>• Responders who identified themselves as normally accessing Hartfield's [541 respondents]</li> <li>• Responders who did not identify themselves as normally accessing Hartfield's [796 respondents]</li> </ul> <p><b><u>The Key findings were as follows:</u></b></p> <p><b><u>1. Access to GP services</u></b></p> <p>We wanted to understand how long it takes patients.</p> <ul style="list-style-type: none"> <li>• to travel and how they travel to Hartfield's now. and</li> <li>• how long it would take them to travel to their chosen practice in the event that Hartfield's closed permanently.</li> </ul> <p>For this purpose we compared the responses from the patients who normally access Hartfield's which indicated:</p> <ul style="list-style-type: none"> <li>• A reduction in the number of patients able to travel to their chosen surgery in 15 minutes or less and those who would walk, and</li> <li>• An increase in the number who would drive</li> </ul> <p><b><u>2. Alternative practices to be used if Hartfields closed permanently</u></b></p> <ul style="list-style-type: none"> <li>• Almost 50% of the patients who normally use Hartfield's indicated that Throston Grange would be their chosen practice, and</li> <li>• Almost 27% would register with a practice outside of the McKenzie Group</li> <li>• The remaining responses indicated an almost equal split between Victoria, McKenzie House and Wynyard Road</li> </ul>
--	---

	<ul style="list-style-type: none"> <li>• Patients who do not normally use Hartfield's indicated their preferred chosen practices as McKenzie House, Throston and Wynyard Road</li> </ul> <p><b><u>3. Concerns about accessing GP services and potential impact if Hartfield's closed permanently</u></b></p> <ul style="list-style-type: none"> <li>• Just over half of all respondents would be concerned about accessing GP services and felt the closure would have a significant or very significant impact on them.</li> <li>• This rose for patients who normally access Hartfield's, with 82% of patients being concerned and 78% feeling it would have a significant or very significant impact</li> <li>• The main concerns were around appointment availability, access, and ability to contact the practice by telephone</li> </ul> <p><b><u>4. What is the most important thing to you about Hartfield's Medical Centre</u></b></p> <ul style="list-style-type: none"> <li>• 458 [34.26%] reported the location, convenience, and accessibility as most important</li> <li>• 48 [18.5%] reported parking facilities</li> <li>• 224 [16.75%] access to a doctor /nurse</li> <li>• 192 [14.36%] quality of care received</li> </ul> <p>A smaller number indicated opening times, access in person, practice facilities and “all of the above”</p> <p><b><u>5. Preferred time of day</u></b></p>
--	---

	<p>For this part of the survey, responses from all patients were compared with those patients who normally use Hartfield's, which indicated that a higher proportion of patients who normally use Hartfield's prefer to access services at any time of the day, with mid-day being the least popular</p> <p><b><u>6. Services which could be provided Face to face, online, telephone or video</u></b></p> <p>We provided a list of services which could be provided through different methods and asked patients their preferred method. With the exception of medication reviews, there was a greater preference across all respondents for f-2-f rather than any other method.</p> <p><b><u>7. Services to be delivered on a daily basis</u></b></p> <p>Phlebotomy, blood pressure management and immunisations were felt to be most important – by order of preference, cervical screening, wound management, physiotherapy, new patient health checks, family planning and spirometry</p> <p>We also received the following stakeholder and patient responses:</p> <ul style="list-style-type: none"> <li>• <u>Joseph Rowntree Housing Trust</u> Reiterated many of the concerns raised during the 1<sup>st</sup> phase of patient engagement, including the valuable wraparound services offered to those residents registered with McKenzie. They feel that many of the issues raised have been exacerbated due to the cost-of-living crisis, the additional cost of travelling to an alternative practice, difficulties accessing alternative practices due to significantly fewer options available for taxis in Hartlepool, particularly wheelchair accessible.</li> </ul>
--	--

	<ul style="list-style-type: none"> <li>• <u>Hartlepool A&amp;G Committee</u> Welcomed the presentation given to the June 2022 meeting, noted the outcome of the patient engagement mid-point review and would be in a position to formally respond to the engagement following a presentation of the independent evaluation at a future A&amp;G Committee meeting.</li> <li>• <u>Social Media</u> <ul style="list-style-type: none"> <li>• Concern that the decision to close will be made regardless of the outcome of the engagement.</li> <li>• Questioned whether decision to close are being made for financial reasons rather than in the best interest of patients.</li> <li>• Primary Care has changed over the years – Hartfield's does not operate how it used to</li> </ul> </li> </ul> <p><b>4. EXPLORATION OF ADDITIONAL CLINICAL SPACE</b> During the first phase of engagement, patients asked whether an expansion of the Hartfield's site was a possibility. We therefore explored this with the CCG and the Joseph Rowntree Foundation during the second phase of the engagement.</p> <p><u>Current position</u></p> <ul style="list-style-type: none"> <li>• Because as a branch site Hartfields does not have its own list of registered patients, it is not possible to accurately calculate the space required for the number of patients. However, the Premises Maxima Guidance indicates that Wynyard Road and Hartfields are undersized by 272m<sup>2</sup> in total across both sites</li> <li>• The lease for Hartfields expires in July 2032 with a break-clause option in June 2024.</li> <li>• The current annual rent for the space is £21,000.</li> </ul> <p><u>Expansion within Hartfields Retirement Village</u></p>
--	--

	<ul style="list-style-type: none"> <li>• Vacant space in the Day Centre was identified by the Joseph Rowntree Foundation, which provides 375m<sup>2</sup></li> <li>• The Day Centre is currently leased by Hartlepool Borough Council and it is understood that they would be willing to end the lease</li> <li>• Negotiable ground rent of £42,000 per annum [an overall increase of £21,000]</li> <li>• The space is non-clinical and would require significant reconfiguration and refurbishment to bring it up to clinical standard</li> <li>• Reconfiguration and refurbishment costs are estimated to be between £2,500 and £3,500 per square metre costing an estimated total of between £800,000 and £1,120,000 for a total space of 302m<sup>2</sup></li> <li>• Although Joseph Rowntree Foundation is unable to provide a contribution towards any refurbishment, they would be willing and able to change the lease arrangements to enable a move from the current space to the Day Centre</li> <li>• We could apply for an Improvement Grant which if approved, would mean the ICB would cover 66% [between £540,000 and £750,000] and the practice would fund the remaining 34% [between £260,000 and 3370,000]</li> </ul> <p><u>Outcome of exploration</u></p> <p>We are not currently in a position to provide funding to support the refurbishment required in Hartfields Retirement Village and are therefore unable to progress this opportunity. We would however, like to thank The Joseph Rowntree Foundation for the support they provided during this review.</p> <p><b>OUTCOME OF ENGAGEMENTS</b></p>
--	---



		<p>We have reviewed the feedback from both the first and second phases of engagement and understand how important the Hartfield's site is to our patients, and the potential impact that a full closure would have.</p> <p>In addition, and as a result of the concerns raised during our first engagement [which were also highlighted in the Healthwatch Hartlepool report] regarding the Hartfield's residents being able to access general practice appointments at the Hartfield's site, we undertook an audit of Hartfield's Retirement Village residents who were registered at the practice and worked with our Patient Participation Group to review the findings from audit to co-design a model for a part-time branch surgery.</p> <p>This is detailed further in the " <b><i>Has the practice discussed/reviewed the closing arrangements with its Patient Participation Group, including sub-contract arrangements?</i></b>" section.</p> <p>Hartlepool Borough Council's Audit and Governance Committee feedback conclusion was that they hoped the future of the Hartfield's Practice could be resolved as quickly as possible, to the satisfaction of both the Practice and residents with the provision of effective primary care services.</p> <p>We have also considered the reasons for the initial proposal for full closure, which was in recognition of the limited space available at Hartfield's, restricting our ability to provide a full range of services to patients from this site [and the outcome of exploring a potential expansion within Hartfields Retirement Village] isolation of staff, lack of resilience, and feel that we can meet the needs of our patients and staff, enhance clinical quality and continue to deliver high quality of care to all our patients, by providing services from Hartfield's on a part-time basis.</p>
During the closure periods, please confirm the following:	The doors are still open (Y/N)	No

## Appendix A

	The reception is still open (Y/N)	No
	The telephone is still answered by reception staff (Y/N)	Telephones will continue be answered by reception staff and patients will continue to call the current Hartfield's telephone number but will automatically be diverted to our Wynyard site, additional staff will be placed here to account for the divert.
Please provide details of the arrangements in place for patients to access primary care services, i.e. Sub-contracting arrangement with neighbouring practice, on-call GP from the practice, branch site or other.		<p>Currently we hold 2 contracts for McKenzie Group Practice &amp; McKenzie House</p> <p>McKenzie Group Practice consists of Wynyard Road Medical Centre &amp; Hartfield's Medical Centre.</p> <p>McKenzie House consists of McKenzie House, Victoria Medical Centre &amp; Throston Medical Centre.</p> <p>We received approval from the CCG to allow cross site working of these contracts a few years ago which currently Hartfield's patients do attend our other sites there will be no change to this this access, Hartfield's patients will still be able to attend any of our 4 sites to access primary care services for routine and emergency care along with having access to the on-call GP.</p>
If a sub-contracting arrangement is in place, please provide details of the provider (or Practice), including the address of where services are delivered from	Provider name	n/a
	Address	n/a
Can patients access the alternative service locally by public transport?	Y/N, please detail	n/a
If a sub-contracting agreement is in place, is the provider able	Y/N	n/a

to access the patient's medical records?	Is there a data sharing agreement in place? (Y/N)	n/a
If a sub-contracting agreement is in place, please provide a copy of signed agreement		n/a
What services are provided under the sub-contract:		n/a
Duration of sub-contract:		n/a
<b>During closure periods are patients able to access either at the practice premises or the sub-contracted premises and fulfil the following actions:</b>		
<b>Access a reception either physically or over the phone? (Y/N)</b>		Patients will have access to reception at any of our 4 sites via walk in or over the phone divert will be in place.
If no, what alternative arrangements are in place?		
<b>Attend a pre-bookable appointment (face to face)? (Y/N)</b>		Pre bookable appointments will be available to book and attend face to face at any of our 4 sites.
If no, can patients access appointments elsewhere? (Y/N) please describe		
<b>Book and cancel appointments (Y/N)</b>		Appointments will be able to be booked or cancelled at any of our 4 sites either face to face or via telephone.
If no, how can patients book/cancel appointments?		
<b>Collect/order prescriptions (Y/N)</b>		Prescriptions can be collected from any site of the patient's choice, and can be ordered via face to face, e-consult or using our automated prescription line service.
If no, where can they be collected from/how can they be ordered?		
<b>Access urgent appointments/advice as clinically necessary? (Y/N)</b>		Advice can be obtained Face to Face or via the telephone at any of the 4 sites.
If no, how can patients access urgent appointments/advice?		
<b>Request a home visit (where clinically necessary)?</b>		Home visit requests are possible via Face to Face, telephone or e-consult at any of the 4 sites
If no, how are home visit requests managed?		
<b>Receive telephone advice? (Y/N)</b>		Telephone advice requests can be requested by calling or attending face to face to request this at any of the 4 sites

If no, how can they access this?		
<b>Be referred to other services where clinically urgent (including for example suspected cancer)? (Y/N)</b>		Yes
If yes, please provide details? If no, how is this dealt with?		We will follow the current referral pathway for referrals from either seeing patients at alternative sites or from speaking to them via the telephone
Access urgent diagnostics and take action in relation to urgent results? (Y/N)		Yes, urgent diagnosis pictures can be accessed via accurix (a software on system one) and patients can be seen urgently at alternative sites or visited at home if unable to attend
If no, where can they be accessed from/dealt with?		
<b>Consideration of views of local patients</b>		
<b>Is clear communication in place to allow patients to know about access arrangements when the practice is closed? (Y/N)</b>		<p>The Practice closure will be communicated to patients in the following ways:</p> <ul style="list-style-type: none"> <li>• Posters displayed at all 5 sites</li> <li>• Information on practice website</li> <li>• Practice Facebook page</li> <li>• Bulk text messaging sent to all registered patients with Hartfield's</li> <li>• Letter to patients who do not have consent to receive text messages who are registered with Hartfield's</li> <li>• Note placed on repeat prescriptions of opening hours</li> </ul>
Please describe		
<b>Has the practice discussed/reviewed the closing arrangements with its Patient Participation Group, including sub-contract arrangements? (Y/N)</b>		Yes
If yes	When?	See below
	Please provide details of discussion/outcome	<p>Our PPG have been involved from our initial proposal to working with them to co-design the final proposal to be submitted.</p> <p>The following meetings have been held with our PPG around this work:</p> <ul style="list-style-type: none"> <li>• 10<sup>th</sup> November 2021</li> <li>• 27<sup>th</sup> April 2022</li> </ul>

		<ul style="list-style-type: none"> <li>• 15<sup>th</sup> June 2022</li> <li>• 8<sup>th</sup> December 2022</li> <li>• 28<sup>th</sup> June 2023</li> <li>• 7<sup>th</sup> July 2023</li> </ul> <p>We met with our PPG on 28<sup>th</sup> June 2023 when we presented the findings of the engagement events that have been held along with the results of two internal audits carried out on the Hartfield's retirement village residents only.</p> <p>Hartfield's retirement village have approx. 300 residents of which 104 are registered with McKenzie Group Practice.</p> <p>The engagement identified that patients would like to be seen every day, all the time, However the audit show access was concentrated on Tuesday, Thursday, and Fridays for face-to-face appointments.</p> <p>It also identified that patients accessed all services which were face to face other than for pharmacists' advice which was via a telephone call.</p> <p>Following discussion of the engagement and audit results with the PPG we co-designed a model for partial closure for Hartfield's surgery.</p> <p>This co-designed model detailed below means we can continue to meet the needs of our patients and staff by:</p> <ul style="list-style-type: none"> <li>• Reflecting the feedback from the engagement and our audit exercise</li> <li>• Ensuring Hartfield's patients can continue to access Hartfield's on the three days each week identified in the audit as being most</li> </ul>
--	--	---

		<p>used by Hartfields residents, which can be provided within the limited space available in the practice</p> <ul style="list-style-type: none"><li>• Enabling us to continue to provide the services identified in the feedback from the engagement and confirmed in the audit from Hartfields.</li><li>• Enabling us to provide other services from our remaining sites [eg spirometry, mental health practitioner, physiotherapist, etc], which will continue to be available to all Hartfields patients</li><li>• Enabling us to ensure the appropriate staffing skill mix and levels are available to provide these services [eg GP, Nurse Practitioner, Nurse &amp; Health Care Assistant]</li><li>• Enabling us to continue to deliver high quality care to patients by utilising staff more effectively, supporting them as part of the wider McKenzie Group team and ensuring the resilience of our workforce</li></ul> <p>It is important to note that there will be no reduction in staffing or the number of appointments available if these changes are approved because all staff and appointments will continue across the remaining McKenzie Group sites</p> <p>In addition, the cross-site working arrangements which have been in place for a number of years, mean that Hartfields patients can continue to attend any of our other sites to access primary medical care in addition to accessing Hartfields.</p> <p style="text-align: center;"><b><u>CO-DESIGNED MODEL</u></b></p> <p style="text-align: center;"><b><u>Opening days and times</u></b></p> <table><tr><td>Monday</td><td><b>Closed</b></td></tr><tr><td>Tuesday</td><td>8.00am - 6.00pm</td></tr></table>	Monday	<b>Closed</b>	Tuesday	8.00am - 6.00pm
Monday	<b>Closed</b>					
Tuesday	8.00am - 6.00pm					

		<p>Wednesday <b>Closed</b>  Thursday 8.00am – 6.00pm  Friday 8.00am – 6.00pm</p> <p style="text-align: center;"><b><u>Staff</u></b></p> <p>GP  Nurse Practitioner  Nurse  Health Care Assistant</p> <p style="text-align: center;"><b><u>Services</u></b></p> <ul style="list-style-type: none"> <li>• GP/ANP appointments for same day and pre-bookable appointments</li> <li>• Phlebotomy</li> <li>• blood pressure management</li> <li>• immunisations</li> <li>• cervical screening</li> <li>• wound management</li> <li>• new patient health checks</li> <li>• family planning</li> </ul> <p>Covid and Flu Vaccination Clinics and medication services will continue to be provided to Hartfields residents from the Hartfields Retirement Village</p> <p>We met again with our PPG on 7<sup>th</sup> July 2023 to view our final application prior to submission see minutes, we co-designed our model with the PPG who are supportive of our application, minutes of both meetings are in appendix 3</p>
--	--	---

## Appendix A

		With this reduction we would also reduce the carbon footprint of the practice by 40%.
<b>When contacting the practice, is the patient given another telephone number to dial? (Y/N)</b>		No, patients will continue to use the current telephone number for Hartfield's, our telephone system allows an automatic divert to our Wynyard site. For resilience should Wynyard experience any telephone problems it can be diverted to one of our other sites.
<b>When contacting the practice, is the patient automatically transferred to an alternative provider? (Y/N)</b>		No
<b>Has the practice considered the accessibility of the alternative service, such as distance to travel, ease of public transport? (Y/N)</b>		Yes
Please provide details		All our other 4 sites have a dedicated car park facilities with enough capacity, all have a direct bus route which stops outside of the practices except for McKenzie house.
What is the distance of the alternative service from main surgery in miles?		<p>From Hartfield's to our other branch sites via car is as follows:</p> <ul style="list-style-type: none"> <li>• Throston Medical centre– approx. 1 mile - 5 mins</li> <li>• Victoria Medical centre – approx. 1.7 miles – 6 mins</li> <li>• McKenzie House – approx. 2.9 miles – 10 mins</li> <li>• Wynyard Road – approx. 3 miles – 9 minutes</li> </ul> <p>Above figures are all route dependent</p>





**Hartlepool Audit & Governance Committee**  
**19 September 2023**

**Appendix 2 - Hartfields Medical Centre Background Information**

**1.0. BACKGROUND**

- 1.1. The McKenzie Group, based in Hartlepool, deliver primary medical services to approximately 31,000 patients in Hartlepool through the following GP contracts:-

Contract Name	Type of contract	Sites services delivered from	No of registered patients @ 01/01/23
McKenzie House Surgery	General Medical Services [GMS]	<ul style="list-style-type: none"> <li>• McKenzie House</li> <li>• Throston Medical Centre</li> <li>• Victoria Medical Practice</li> </ul>	18,728
McKenzie Group Practice	Alternative Provider Medical Services [APMS]	<ul style="list-style-type: none"> <li>• Wynyard Road Medical Centre</li> <li>• Hartfields Medical Centre</li> </ul>	6,556
* Gladstone House Surgery	General Medical Services [GMS]	<ul style="list-style-type: none"> <li>• Gladstone House Surgery</li> </ul>	5,727

\* **For information only** – Two partners of McKenzie Group joined the partnership of Gladstone House Surgery in August 2021. This contract is managed separately and does not form part of this report, option appraisal or recommendations.

- 1.2. The APMS contract, the boundary for which is town-wide, was awarded to McKenzie Group Practice following open procurement, which included engagement and consultation with patients and stakeholders in Hartlepool. The contract commenced on 1 July 2017 and expires on 30 June 2027 with the option for the contract to be extended by a maximum of 5 years.
- 1.3. The procurement was undertaken in 2016 to secure continuity of service provision when three existing APMS contracts expired. With a combined list size of approximately 7,200 patients, service provision on the three sites was not considered sustainable, and following a full consultation exercise, services were concentrated on two of the existing three sites of Hartfields and Wynyard Road. The third site, located at The Fens, was closed.
- 1.4. Wynyard Road is in Manor House ward on the south side of Hartlepool with Hartfields on the north side in the Hart ward. The practice also provides the Special Allocation Scheme for residents of Hartlepool, Stockton and Darlington from the Wynyard Road site.

- 1.5. Although services were being provided by the same staff across the five sites, the contractual arrangements in place at that time meant that patients registered under one contract could only be seen at the premises identified on that contract.
- 1.6. In December 2018 NHS Tees Valley Clinical Commissioning Group [the CCG] approved a request from McKenzie Group Practice to run a twelve-month pilot offering all patients the opportunity to be seen at any of their five sites, because this would enable them to offer all their patients greater flexibility, choice, and access of appointments to specialist staff. In June 2020 the CCG agreed to extend this variation to 30 June 2027, in line with the end date of the APMS contract [or, if the APMS contract was extended, the date on which the APMS contract expires].
- 1.7. McKenzie Group has moved away from the traditional doctor model of clinical staffing to a model where they have a much wider range of clinical staff [eg Advanced Nurse Practitioners, Nurses, Specialist Nurses, Health Care Assistants, Phlebotomist and Pharmacists] enabling more clinical capacity with a wider range of skills.
- 1.8. McKenzie Group and The Headland Medical Centre are members of the Hartlepool Health Primary Care Network [PCN]. Through the Additional Roles Reimbursement Scheme [ARRS] the PCN now also has access to a First Contact Physiotherapist, Pharmacists and Pharmacy Technicians, Social Prescribing Link Workers and an Adult Mental Health Practitioner.  
  
NB:- the reference to The Headland Medical Centre is for information only to ensure the reader understands the membership of the Hartlepool Health PCN. The Headland Medical Centre does not form any part of this report.
- 1.9. The PCN is currently developing its workforce plan for 2024/25 and it is anticipated that this will result in a further increase in specialist clinical staff available across the Hartlepool Health PCN.

## **2.0 PROCESSES UNDERTAKEN**

### **2.1 Temporary closure of Hartfields to support the COVID response**

- 2.1.1 In March 2020, and following approval from NHS Tees Valley Clinical Commissioning Group's (the CCG), Primary Care Commissioning Committee [PCC], Hartfield's Medical Centre closed temporarily because the size and layout of the building did not enable McKenzie Group to ensure a COVID-safe environment for patients and staff in line with the strict COVID infection prevention and control measures implemented nationally at that time.
- 2.1.2 The temporary closure enabled McKenzie Group to use their staff more effectively and to help ensure they were complying with social distancing requirements.
- 2.1.3 Following a change to the national COVID Infection, Prevention and Control [IPC] guidelines, and an independent IPC assessment of Hartfields the CCG agreed that the practice could reopen and safely adhere to the new guidelines. In December 2021 the CCGs PCCC agreed that the practice should be reopened, and in recognition of the accelerated COVID vaccination booster programme, the reopening should take effect from 10 January 2022, to allow the practice to mobilise the required staffing structure to facilitate this.

## 2.2 Draft proposal to close Hartfields

2.2.1 In February 2021 McKenzie Group submitted a draft proposal to the CCG to close Hartfield's permanently for the following reasons:-

- *Limited accommodation:-*
  - three clinical rooms, one with no natural light
  - limited arrangements for confidentiality at the reception desk
  - no scope to further develop the Hartfields premises to facilitate the delivery of additional services as envisaged in the NHS plan
  - limited scope to host multidisciplinary working
- *Maintaining consistency of care across multiple sites, potentially resulting in:-*
  - clinicians working alone at smaller clinics
  - no chaperones available for patients
  - access to limited range of skills and expertise
  - reduced access to phlebotomy services
- *Changes to working practices during COVID:-*
  - electronic and video consultations have had a significant impact on the way patients' access services

2.2.2 McKenzie Group further advised that:-

- the closure of Hartfields would enhance both clinical quality and practice resilience, which was consistent with the NHS Long term Plan for larger organisations,
- they would continue to provide all Directed Enhanced Services [DES], Local Enhanced Services [LES] and Local Improvement Schemes [LIS] they were currently signed up to, and
- they had received a rating of 'Good' at their last CQC inspection and had seen high Quality and Outcome Framework (QOF) scores. They did not anticipate or expect any adverse impact on the quality of care received by patients as a consequence of the proposed closure.

2.2.3 Following consideration of the draft proposal, the CCGs PCCC agreed that they would not pre-determine the future of the Hartfields site, pending the outcome of a full engagement exercise and therefore requested McKenzie Group to undertake a period of engagement with patients and stakeholders to determine the future of Hartfields. The results of the engagement, with options and recommendations would then be presented to the PCCC for consideration.

## 2.3 Hartfields Phase One Engagement

2.3.1 McKenzie Group undertook a six-week period of engagement with patients registered at all the McKenzie Group practices, and stakeholders between 19 July and 29 August 2021, to understand:-

- What patients and stakeholders thought of the proposal to close Hartfields
- How patients had accessed services during the temporary closure
- How the temporary closure had affected patients
- The potential impact on patients and stakeholders should Hartfield's Medical Centre close permanently

2.3.2 The key points from the engagement can be found are:

- 1,060 responses
- 451 responses from patients who reported they were registered at Hartfields
- 658 patients had accessed Hartfields for an appointment
- Prior to its temporary closure, 78% of patients accessing Hartfields advised their journey took less than 15 minutes and 17% took between 15 and 30 minutes
- This reduced to 39% who could travel to an alternative practice in less than 15 minutes and increased to 49% whose travel was between 15 and 30 minutes
- 360 responders indicated they would walk to Hartfields and 434 would drive
- To travel to another McKenzie Group site
  - 111 indicated they would walk and 618 would drive
  - and the use of taxis increased from 20 to 53 and buses from 9 to 43
- The three most important things about the location of the GP practice were:-
  - Within walking distance [452 responses]
  - Within 5 miles of home [230 responses]
  - Good parking [239 responses]
- The most important things to patients about their GP practice, was rated as follows:-
  - 88.31% - quality of care
  - 80.12% - access to a doctor
  - 61.53% - access to a nurse
  - 58.523% - opening times
  - 45.77% - location
  - 42.72% - online services
- 436 responders indicated that the temporary closure of Hartfields had impacted how they had been able to access healthcare, whilst 420 did not, 66 didn't know and 128 had not accessed Hartfields
- If Hartfields was to close permanently
  - 388 responders indicated they would be extremely concerned,
  - 155 would be very concerned,
  - 199 were neutral,
  - 85 would be slightly concerned,
  - 269 would not be at all concerned, and
  - 25 did not know

2.3.3 Healthwatch Hartlepool supported McKenzie Group with this phase of the engagement process, by holding a series of face-to-face engagement events in August 2021 with the Hartfield's Retirement Village residents and supported residents to complete the engagement survey and provide additional feedback.

2.3.4 Following analysis of the engagement activity and stakeholder feedback, McKenzie Group decided to undertake a further period of patient engagement and advised the Hartlepool Audit & Governance Committee of this at a meeting on 22 September 2021.

2.3.5 The CCG sought advice from the NECS Comms Team and NHSE to ensure due process continued to be followed throughout the next phase of engagement, focusing not only on the role of McKenzie Group but also the CCG in terms of seeking views from patients at the earliest opportunity in relation to alternatives to the practice being "fully open" or "closed".

2.3.6 Following consideration of this McKenzie Group and the CCG believed that a collaborative approach to the next phase of the engagement to be the most effective model as this would:-

- Support McKenzie Group to understand all options prior to determining the basis of any application to the CCG [should they choose to submit one], and
- Support the CCG in considering any such application

2.3.7 This approach was approved by the CCGs PCCC on 21 December 2021, with the intention that the second phase of engagement would run from 14 January to 25 March 2022, prior to the commencement of Purdah.

2.3.8 Due to COVID illness and absence both in the practice and the project team this timescale could not be achieved.

2.3.9 In addition, the Consultation Institute, who were asked to provide external scrutiny in relation to the engagement activities proposed for phase 2, made some recommendations to ensure the engagement was robust and included all disadvantaged groups. To ensure these recommendations could be incorporated within the engagement plan the project group considered the following options in progressing with the engagement activity:-

Option No	Option	Outcome
1	To commence and complete engagement before Purdah. However, this would require a reduction in the engagement period from 8 weeks to less than 6.	<b>Agreed not</b> to progress on the basis that the subject matter expert advice received was this would not be an acceptable option.
2	To commence engagement before Purdah and continue through Purdah to ensure the full 8 weeks engagement period.	<b>Agreed not</b> to progress on the basis that the subject matter expert advice received was this was not best practice in line with NHSE guidance.
3	Postpone the engagement until post-Purdah.	<b>Agreed to</b> progress in May, following Purdah because:- <ul style="list-style-type: none"> <li>• As Hartfields reopened on 10 January, and patients were in receipt of GP services they would not be negatively impacted due to a postponement.</li> <li>• It would enable McKenzie Group to collect additional proactive data in terms of utilisation of services, to help build on the Equality Impact Assessment in relation to patients with protected characteristics, to ensure it was robust and as recommended by the Consultation Institute</li> </ul>

Option No	Option	Outcome
		<ul style="list-style-type: none"> <li>it afforded additional time for a robust engagement and to ensure an appropriate period of engagement</li> </ul>

2.3.10 Audit & Governance Committee were advised on 28 January 2022 that the engagement would run from 9 May to 3 July 2022.

#### 2.4 Hartfields Phase Two Engagement

2.4.1 In line with advice from the Consultation Institute, this phase of engagement was targeted towards those patients who were most likely to be affected by potential changes to services delivered from Hartfields Medical Centre and they were identified as patients registered with McKenzie Group who had attended for an appointment at Hartfields Medical Centre, either:-

- since it reopened on 10 January 2022 to 30 March 2022, and/or
- in the two years prior to the temporary closure in March 2020.

2.4.2 Those included in the engagement were:

- Persons 16 years old and over, who were invited to participate directly, and
- Persons under the age of 16 years, whose parent or guardian were invited to participate.

2.4.3 Although the focus of the engagement was to capture the views of these patients, the survey was also open to anyone who wanted to complete it to ensure the wider population and stakeholders of Hartlepool were also able to give their feedback, regardless of which practice they were registered or whether they had used Hartfield's Medical Centre.

2.4.4 The McKenzie Group Patient Participation Group [PPG], with a membership of patients across all McKenzie Group practices, and Healthwatch Hartlepool reviewed the draft survey prior to finalisation, suggested some amendments and approved the final version of the survey.

2.4.5 To encourage participation, all patients in the “identified” group [see point 3.4.2 above] were sent a paper copy of the survey, together with a letter explaining the purpose of the engagement and included a link to the online survey.

2.4.6 Paper copies were also available in all McKenzie Group practice sites, and at all public events. An easy read version of the survey was also available at public events and through Healthwatch Hartlepool, on request.

2.4.7 Posters and flyers were widely distributed in local venues, including shops, supermarkets, pubs, pharmacies, GP practices, Hartlepool hospital, Healthwatch, the MP's office and the Local Authority. Banners were displayed in all McKenzie Group practices throughout the engagement period and a number of press releases, paid advertisements and media articles were also made.

2.4.8 A stakeholder briefing was distributed to partners including the Hartlepool MP, local councillors, Hartlepool Audit & Governance Committee, Healthwatch Hartlepool, Cleveland LMC, LPC, Primary Care Networks, Joseph Rowntree Housing Trust, North Tees Hospitals Foundation Trust, housing providers, colleges, the voluntary sector, GP practices, Patient Participation Groups, community pharmacists and Parish councils.

2.4.9 The following public engagement events were undertaken:-

Date	Time	Venue	No of Attendees
12th May 2022	10.00am – 12noon	Grayfield's Sports Pavilion	1
21st May 2022	2.30pm – 4.30pm	Hartfield's Retirement Village	25
25th May 2022	2.00pm – 4.00pm	Online meeting	0
14th June 2022	2.00pm – 4.00pm	Grayfield's Sports Pavilion	4
22nd June 2022	2.30pm – 4.30pm	Hartfield's Retirement Village	19
29th June 2022	6.00pm – 8.00pm	High Throston Golf Club	0

2.4.10 Healthwatch Hartlepool supported the engagement by attending all public events to respond to queries and help individuals complete the survey. They also contacted and met with several different protected characteristic groups to discuss and provide information about the engagement, including:

- Hartlepool Deaf Centre
- Vision Support
- Asylum Seeker and Refugee drop-in
- Hartlepool 50+ Forum
- Hartlepool Carers coffee morning

2.4.11 1,337 responses were received, of which:-

- 1,296 responders identified as being registered with a McKenzie Group practice.
- 22 responders identified as being registered with a practice outside of the McKenzie Group
- 19 responders did not identify their registered practice.
- 541 [approx. 40% of all respondents] identified themselves as normally accessing Hartfields.
- 796 did not identify themselves as normally accessing Hartfields

2.4.12 Because this phase of the engagement was primarily with patients who would most likely be affected by any changes at Hartfield's, responses were split into two groups:

- Responders who identified themselves as normally accessing Hartfields [541 respondents]
- Responders who did not identify themselves as normally accessing Hartfields [796 respondents]

2.4.13 The engagement findings were evaluated by J Harvey, an independent researcher, and her full report, which is available on the ICB and McKenzie Group Websites. The key findings were:-

- In the event Hartfields was to close permanently
  - there was a reduction in the number of responders who would be able to travel to their chosen surgery in 15 minutes or less and those who would walk, and an



increase in the number who would drive [reflecting the responses to this question in Phase One Engagement]

- Almost 50% of responders who normally use Hartfields indicated that Throston Grange would be their chosen practice, and
- Almost 27% would register with a practice outside of the McKenzie Group
- The remaining responders indicated an almost equal split between Victoria, McKenzie House and Wynyard Road
- Responders who do not normally use Hartfields indicated their preferred practices as McKenzie House, Throston and Wynyard Road
- Just over half of all responders would be concerned about accessing GP services and felt the closure would have a significant or very significant impact on them
- This rose for responders who normally accessed Hartfields, with 82% of patients being concerned and 78% feeling it would have a significant or very significant impact
- The main concerns were around appointment availability, access, and ability to contact the practice by telephone
- In relation to the most important thing about Hartfields Medical Centre
  - 458 reported location, convenience, and accessibility as most important
  - 248 reported parking facilities
  - 224 access to a doctor /nurse
  - 192 quality of care received
  - A smaller number indicated opening times, access in person, practice facilities and “all of the above”
- Preferred time of day
  - A higher proportion of patients who normally use Hartfields indicated a preference to access services at any time of the day, with mid-day being the least popular
- From a list of services which could be provided face-to-face, online, by telephone or video, with the exception of medication reviews, there was a greater preference across all respondents for f-2-f rather than any other method.
- From a list of services which could be delivered on a daily basis phlebotomy, blood pressure management and immunisations were felt to be most important followed by cervical screening, wound management, physiotherapy, new patient health checks, family planning and spirometry

2.4.14A stakeholder briefing was circulated on 9 May 2022. A summary of the responses is given below:-

- *Joseph Rowntree Housing Trust [Hartfields Retirement Village]*  
Reiterated many of the concerns raised during the 1st phase of patient engagement, including the valuable wraparound services offered to those residents registered with McKenzie. They feel that many of the issues raised have been exacerbated due to the cost-of-living crisis, the additional cost of travelling to an alternative practice, difficulties accessing alternative practices due to significantly fewer options available for taxis in Hartlepool, particularly wheelchair accessible.
- *Hartlepool Borough Council's Audit & Governance Committee*  
Welcomed the presentation given to the June 2022 meeting, noted the outcome of the patient engagement mid-point review and would be in a position to formally

respond to the engagement following a presentation of the independent evaluation at a future A&G Committee meeting.

- *Social Media*
  - Concern that the decision to close will be made regardless of the outcome of the engagement.
  - Questioned whether decision to close was being made for financial reasons rather than in the best interest of patients.
  - Primary Care has changed over the years – Hartfield's does not operate how it used to

## 2.5 Potential for additional space within Hartfields Retirement Village

2.5.1 During the first phase of engagement, McKenzie Group was asked whether an expansion of the Hartfields site was a possibility, and McKenzie Group and the CCG explored this with the Joseph Rowntree Foundation during the second phase of the engagement.

### 2.5.2 *Current position*

- Hartfields and Wynyard Road are included as part of one contract, with one registered list covering both sites. This means that it is not possible to accurately calculate the space required for Hartfields [or Wynyard Road] individually. However, the Premises Maxima Guidance [the national measurement for calculating the amount of space required for a registered list size] indicated that Wynyard Road and Hartfields are undersized by 272<sup>m</sup>2 in total across both sites
- The lease for Hartfields expires in July 2032 with a break-clause option in June 2024
- The current annual rent for the space in Hartfields is £21,000

### 2.5.3 *Potential for expansion within Hartfields Retirement Village*

- Vacant space in the Day Centre was identified by the Joseph Rowntree Foundation [JRF], which would provide a total space of 375<sup>m</sup>2
- The Day Centre, was unoccupied and leased by Hartlepool Borough Council and it was understood that they would be willing to end the lease to enable occupancy by another tenant
- JRF advised a negotiable ground rent of £42,000 per annum for this space [an overall increase of £21,000] and they advised a willingness to change the lease arrangements with McKenzie Group to enable a move from the current space to the Day Centre
- The Day Centre is a non-clinical space and would require significant reconfiguration and refurbishment to bring it up to clinical standard
- Reconfiguration and refurbishment costs at the time were estimated to be between £2,500 and £3,500 per square metre, costing an estimated total of between £800,000 and £1,120,000.
- JRF advised they were unable to provide a contribution towards any refurbishment of the Day Centre
- McKenzie Group could apply to the ICB for an Improvement Grant which if approved, would mean the ICB would provide funding for 66% of the refurbishment [estimated at the time to be between £540,000 and £750,000] and McKenzie Group would provide the funding for the remaining 34% [estimated at the time to be between £260,000 and £370,000]

- 2.5.4 McKenzie Group has advised that the expiry date of 30 June 2027 on their APMS contract, with no guarantee of extension, restricted their ability to commit to the required 34% of funding to support the refurbishment required in Hartfields Retirement Village and they would not therefore be progressing an application to the ICB.
- 2.5.5 On this basis, the cost to return the Day Centre to its original state at the end of the lease-period was not calculated.

DRAFT

# AUDIT AND GOVERNANCE COMMITTEE

19 September 2023



**Report of:** Director of Legal, Governance and Human Resources

**Subject:** INDEPENDENT REMUNERATION PANEL -  
APPOINTMENT OF INDEPENDENT MEMBERS

---

## 1. PURPOSE OF REPORT

- 1.1 To seek approval for the appointment of three Independent Members to the serve on the Independent Remuneration Panel for a four year period.

## 2. BACKGROUND

- 2.1 The Independent Remuneration Panel (IRP) is appointed under the Local Government Act 2000, and applicable regulations, to consider the Council's Members' Allowances Scheme and make recommendations to the Council on any changes to the scheme it believes are appropriate.
- 2.2 The Council cannot make any amendments to the Scheme without having first considered any recommendations made by the Panel.
- 2.3 The Regulations<sup>1</sup>:-
- i) Do not prescribe how a local authority should appoint IRP members. Guidance does, however, advise that the appointment process should ensure the IRP is independent, qualified to discharge its functions, and representative of the diversity of the communities in the local authority's area. Candidates' knowledge of local government structures and functions is also important, although a lack of familiarity with such matters would not be a bar to appointment;
  - ii) Require that an IRP has at least three independent members, but does not specify a maximum number, and Councils are permitted to decide their own appointment arrangements. The membership of **Hartlepool Borough Council's IRP consists of three independent members.**
  - iii) State that an authority should determine the term of office of members of its IRP and a period of 3-5 years is recommended, with a period of four years recommended. In accordance with the recommendations of the

---

<sup>1</sup> [Local Authorities \(Members Allowances\) \(England\) Regulations 2003](#)

guidance, **Hartlepool Borough Council's IRP members are appointed for a four year period.**

2.4 Certain additional requirements must be adhered to in relation to the appointment of such individuals as set out below:

- That the vacancy has been advertised in such a manner that the authority considers likely to bring it to the attention of the public,
- The person has submitted an application to fill the vacancy through the authority, and
- The person's appointment has been approved by the Audit and Governance committee.

2.5 There is also a general prohibition upon a person being an Independent Remuneration Panel Member if they are:

- An elected member of Hartlepool Borough Council or any of its Parish Councils;
- An employee of Hartlepool Borough Council;
- Are an adjudged bankrupt;
- Have been convicted in the last five years of an offence with a sentence of imprisonment (suspended or not) for a period of not less than three months

### 3. **RECRUITMENT PORCESS**

3.1 The recruitment of IRP members was delayed due to the Covid-19 pandemic. The position was initially advertised in October 2022 but no applications were submitted. A further advertisement was placed in the June 2023 Edition of Hartbeat and in Hartlepool Life.

3.2 A total of three applications were received and on the 14<sup>th</sup> August 2023, all three candidates were interviewed by the Director of Legal, Governance and HR and the Director of Finance, IT and Digital Services. References were also received for all candidates. Copies of the applications submitted by each of the candidate detailed below are attached at **Appendices A, B and C**:

- Ms Caroline Fitzsimons (**Appendix A**),
- Mr Peter Greenwell (**Appendix B**), and
- Ms Gillian Smith (**Appendix C**).

3.3 Please note that **Appendices A, B and C are confidential as they contain exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely (para 1), information relating to any individual.**

### 4. **PROPOSALS/ISSUES FOR CONSIDERATION**

4.1 Three vacancies currently exist on the IRP and, following completion of the interview process, the appointment of all three of the candidates detailed in

Section 3.2 are recommended to the Audit and Governance Committee. The proposal being that their four year term of office commence on 19<sup>th</sup> September 2023.

- 4.2 The Audit and Governance Committee is asked to consider each of the applicants and appoint any / all of those who it considers suitable.

## **5. RECOMMENDATIONS**

- 5.1 That the Committee appoint Ms Caroline Fitzsimons, Mr Peter Greenwell and Ms Gillian Smith as members of the Independent Remuneration Panel for a duration of 4 years (term of office commencing on the 19<sup>th</sup> September 2023).

## **6. REASONS FOR RECOMMENDATIONS**

- 6.1 To fulfil the Council's responsibilities under the Local Government Act 2000.

## **7. BACKGROUND PAPERS**

- 7.1 [Local Authorities \(Members Allowances\) \(England\) Regulations 2003](#)

## **8. CONTACT OFFICER**

- 8.1 Hayley Martin  
Director of Legal, Governance and Human Resources  
Legal, Governance and HR Department  
Civic Centre  
Hartlepool  
TS24 8AY

**TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE**

Friday, 17 March 2023

**PRESENT** – Councillors Layton (Chair), Mrs H Scott, Creevy, Watts, Cunningham and Hall

**APOLOGIES** – Councillors Cook, Smith, Blades, Hellaoui, Rees and Smith

**ABSENT** – Councillors Marshall and Gamble

**ALSO IN ATTENDANCE** – Craig Blair (North East and North Cumbria Integrated Care Board), Pauline Fletcher (NHS England and NHS Improvement - North East and Yorkshire), Tom Robson (Durham and Darlington and Tees Local Dental Network), Dr Kamini Shah, Avril Lowery (Tees, Esk and Wear Valley NHS Foundation Trust) and Dominic Gardner (Tees, Esk and Wear Valley NHS Foundation Trust)

**OFFICERS IN ATTENDANCE** – Hannah Miller (Democratic Officer), Gemma Jones (Scrutiny and Legal Support Officer), Gary Woods (Scrutiny Officer), Sarah Connolly and Alistair Walker

**NOTE:**

As the meeting was inquorate for items TVH25, TVH27, TVH28, TVH29 and TVH30, no formal decisions were made for these items.

**TVH24 DECLARATIONS OF INTEREST**

There were no declarations of interest reported at the meeting.

**TVH25 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 16 DECEMBER 2022**

Submitted – The Minutes of the meeting of this Scrutiny Committee held on 16 December 2022.

**TVH26 UPDATE ON NHS DENTAL SERVICES - TEES VALLEY**

The Senior Primary Care Manager (Primary Care Dental Commissioning Lead – North East and North Cumbria), NHS England – North East and Yorkshire, Chair of Durham and Darlington and Tees Local Dental Network and Consultant in Dental Public Health, NHS England – North East and Yorkshire gave a presentation (previously circulated) updating Members on NHS Dentistry in the Tees Valley.

In providing a summary overview of NHS dentistry, Members were advised that as part of the NHS Dentistry offer there was no formal registration of patients with dental practices and as such a patient could contact any NHS dental practice to access care; dental contracts and provision were activity and demand led; contract regulations set out contract currency which was measured in units of dental activity (UDA) and these were attributable to a banded course of treatments; NHS dentistry regulations did not prohibit the provision of private

dentistry by NHS dental practices; and as a result of the prolonged COVID-19 pandemic period and the requirement for NHS dental practices to follow strict infection prevention and control guidance, a backlog demand for dental care remained high with the urgency and increased complexity of patient clinical presentation.

Reference was made to the commissioned capacity for general dental services and Primary Care Orthodontic Services across the Tees Valley; Members were advised of the additional services commissioned by NHS England; Members were informed that Burgess and Hyder Group Partnership practice operating from Firthmoor Community Centre in Darlington had handed back their contract as of 31 March 2023; and that procurement was underway to increase capacity for Primary Care Orthodontic Services in Redcar and Cleveland. Details were also provided for the other services commissioned by NHS England.

The continuing pressures and challenges were outlined, these included Covid-19 impacts, dental workforce recruitment and retention and NHS dental contract and system reform, with details were provided of the national package of initial reforms to the NHS dental contract, which were published by NHS England in July 2022.

Details were provided of the local actions taken to date, including incentives for all NHS dental practices to prioritise patients that were struggling to access an NHS practice and that presented with an urgent dental care need; encouraging practices to maintain short notice cancellation lists; investment into the provision of additional dental clinical triage capacity; and additional funding made available to practices who were able to offer additional clinical capacity above their contracted levels. Members noted that this scheme was extended into 2022/23 and that 13 practices across the Tees Valley had signed up, an increase from 7 practices in 2021/22.

Members also noted that engagement had been undertaken with dental providers where contracts had been handed back and that interest had been generated following an improved offer; Darlington had been identified as a priority area for the recently launched workforce recruitment and retention initiatives; a funded advert had been placed in the British Dental Journal to attract overseas dentists into the area; and work was ongoing with Dental Clinical and Professional Leaders and Health Education North East Partners to further explore opportunities to improve dental workforce recruitment and retention.

Details were provided of the dental decay prevalence trend across the Tees Valley; Members noted the improvements from 2007/08 to 2016/17 and that the areas with lowest dental decay were those with fluoridated water supplies; reference was also made to the uptake of supervised toothbrushing programmes across the Tees Valley; and that a pilot safeguarding dental access referral pathway for children had been launched.

The next steps were outlined and included a review of the impact of the initial national reforms which were introduced from November 2022; the impact of the local initiatives; and continued work with local dental professional leads and wider partners to continue to explore local opportunities in order to improve NHS Dentistry access for patients. Reference was also made to the advice for patients and key messages.

Discussion ensued regarding the recruitment of overseas dentists; Did Not Attend's; and Members raised concern regarding the number of Looked After Children (LAC) not receiving



dental care. Members were informed that specific work was being undertaken with foster parents and LAC in relation to the barriers to access dental care and that the links with Virtual Heads would be explored.

Discussion also ensued regarding fluoridation, Members noted that this was one of the most effective ways to reduce dental decay in the population and that the Secretary of State for Health was progressing the agenda; and Members requested details of the schools that had signed up to the supervision toothbrushing programme.

**RESOLVED** – That the Senior Primary Care Manager (Primary Care Dental Commissioning Lead – North East and North Cumbria), NHS England – North East and Yorkshire, Chair of Durham and Darlington and Tees Local Dental Network and Consultant in Dental Public Health, NHS England – North East and Yorkshire be thanked for their informative update.

#### **TVH27 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - QUALITY ACCOUNT**

The Director of Quality Governance, Tees, Esk and Wear Valley NHS Foundation Trust Gave a presentation updating Members on Tees, Esk and Wear Valley NHS Foundation Trust quality journey and quality improvement priorities for 2023/24.

It was reported that the National Quality Board had refreshed the definition of quality, a shared single view of quality where people working in systems deliver care that is safe, effective, a positive experience – responsive and personalized, well led, sustainably resourced and equitable; reference was made to the NHS Patient Safety Strategy which had been published in 2021 and was underpinned by Insight, Involvement and Improvement; and the three goals for the Trust's journey to change were outlined.

In relation to the Trust's quality journey to safer care, it was reported that the key areas of focus were suicide prevention and self harm reduction, reducing physical restraint and seclusion, promoting harm free care, improving psychological and sexual safety and providing a safe environment and promoting physical health; and the key actions to achieve the Trust's goals for each area of focus were outlined. Particular reference was made to the implementation of the national patient safety incident reporting which had a mandated deadline of September 2023.

The presentation outlined the key actions being undertaken to deliver on the Trust's key areas of focus for their journey to effective care; Members noted that each service would have a suite of clinical outcome measures and patient reported outcomes in place; and a key priority was the digital systems and solutions, with CITO going live in the summer; and the key actions being undertaken to deliver on the Trust's key areas of focus for their journey to excellence in patient experience and involvement were also outlined.

Details were provided of the quality and learning dashboard; Members were informed of the positive response in relation to the Friends and Family Test, with 91 per cent of people rating the Trust's services as good or very good; and a positive and safe dashboard had been developed, showing the individual detail for each patient.

The presentation outlined the key quality markers and details of performance against the quality metrics for Quarters 1 to 3 2022/23. In relation to the quality metric – Number of

incidents of physical intervention/restraint per 1000 bed days, Members were advised that whilst this remained above target, it had started to reduce and 75 per cent of the incidents related to Learning Disability services, mostly relating to one patient. Members were assured that the Trust were working with Mersey Care to reduce restrictive interventions and promote the least restrictive practices and that levels had decreased by 50 per cent in the last three months for that individual.

Reference was also made to the quality metric – Percentage of patients who report ‘yes, always’ to the question ‘Do you feel safe on the ward?’ which was not achieving its target; details were provided of the work being undertaken to improve performance, including focus groups, and the range of key factors identified to help patients to feel safe were outlined. Members also noted that a programme of work had commenced which included block booking agency staff, enhanced recruitment and additional peer support workers, activity coordinators and gym instructors.

In relation to the quality metric – Percentage of patients who reported their overall experience as very good or good, Members were informed that patients experience had been impacted by increased length of stay as a result of challenges in securing accommodation for patients and that the Trust worked closely with Local authorities in trying to address this issue.

The key quality risks, the key actions from the 3 published Niche reports and learnings about patient safety from West Lane Hospital were outlined; and details were provided of the Quality Account improvement priorities.

Discussion ensued regarding the Trust’s ability to deliver on all of the actions identified to deliver on the priority for safer care; Members were assured that these were long term actions and that continuous improvements were being made. Members were also advised that positive developments had been made in the community and a video demonstrating engagement of the voluntary sector could be shared with Members.

Members raised concern regarding the Trust’s performance against the quality metrics and were disappointed to note that the electronic system had not yet gone live; discussion also ensued regarding the actions undertaken following the focus groups; Members requested benchmarking with other trusts; and following a question, Members were informed that personalized care plans were recognized as best practice and there was a key focus on lived experience.

## **TVH28 COMMUNITY DIAGNOSTIC CENTRES**

Item deferred to the next meeting of this Scrutiny Committee.

## **TVH29 CLINICAL SERVICES STRATEGY UPDATE**

The Director, North East & North Cumbria Integrated Care Board submitted a presentation (previously circulated) updating Members on the Clinical Services Strategy.

It was reported that the Clinical Strategy aimed to continue to build on the work started under the Better Health Programme; the programme remained focused on the improvement

### **8.3**

and sustainability of acute hospital services; and that the wider partnership approach had been key to ensure service proposals were embedded within the agreed governance.

The presentation outlined the aims and objectives of the strategy; details were provided of the different workstreams and the workstream achievements over the last 18 months; and that moving forward, work was continuing within each of the clinically led workstreams to reconfirm the strategic intent, detail next steps and ensure sufficient and appropriate capacity to support work progression.

The ICB would continue to provide updates to this Scrutiny Committee in relation to developments and progress with the strategy.

#### **TVH30 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.

Members suggested the inclusion of male suicide on the work programme.

## North East North Cumbria Health & Care Partnership



### Tees Valley Area Integrated Care Partnership (ICP) Meeting

Meeting held on: 2<sup>nd</sup> June 2023 12pm – 2pm  
Held at: Stockton Employment and Training Hub,  
Wellington Square, Stockton, TS18 1RG

Item No:	Meeting Notes	Action
TVICP/23/10	<b>Welcome and Introductions</b>	
	<p>Councillor Cook, as Chair, welcomed colleagues to the Tees Valley Area Integrated Care Partnership (ICP) Meeting. He advised that following agreement with the Local Authority Chief Executives of the Tees Valley the representatives at this meeting, going forward, will be</p> <ul style="list-style-type: none"> <li>• John Sampson – Redcar &amp; Cleveland</li> <li>• Erik Scollay - Middlesbrough</li> <li>• James Stroyan – Darlington</li> <li>• Ann Workman – Stockton</li> <li>• Craig Blundred – Hartlepool</li> <li>• Mark Adams – Middlesbrough</li> </ul> <p><b><u>Present:</u></b></p> <ul style="list-style-type: none"> <li>• Councillor Bob Cook (Chair) (BC) – Health and Well-being Board Chair &amp; Leader of Stockton Borough Council</li> <li>• David Gallagher (DG) – Executive Area Director (South), NENC ICB</li> <li>• Alex Sinclair (AS) – ICB Director of Place (Stockton), NENC ICB</li> <li>• Ann Workman (AW) – Director of Adult Services, Stockton Borough Council</li> <li>• Brent Kilmurray (BK) – Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust</li> </ul>	

	<ul style="list-style-type: none"> <li>• Christopher Akers-Belcher (CAB) - Chief Executive of Healthwatch Hartlepool, and the Healthwatch Network Regional Coordinator NENC</li> <li>• Clare Gamble (CG) - Community Projects Manager, Catalyst</li> <li>• Craig Blundred (CBlu) – Director of Public Health, Hartlepool Borough Council</li> <li>• Deepak Dwarakanath (DD) – Medical Director, North Tees &amp; Hartlepool NHS Foundation Trust</li> <li>• Professor Derek Bell (DB) – Chair, North Tees &amp; Hartlepool NHS Foundation Trust / South Tees Hospitals NHS FT</li> <li>• Dr Dhirendra Garg (DhG) - PCN/CD Representative, Stockton PCN</li> <li>• Dr Helen McLeish (HM) – PCN Clinical Director, Darlington PCN</li> <li>• Karen Hawkins (KH) - ICB Director of Place (Hartlepool) NENC ICB</li> <li>• Ken Ross (KR) – Public Health, Darlington Borough Council</li> <li>• Mark Adams (MA) – Director of Public Health, Middlesbrough Council / Redcar &amp; Cleveland Council</li> <li>• Patrick Rice (PRi) - Director of Adults and Communities, Redcar and Cleveland Borough Council</li> <li>• Dr Janet Walker (JW) – Medical Director), NENC ICB</li> <li>• Julian Penton (JP) - Voluntary Sector Lead/3rd Sector, Hartlepower (Hartlepool)</li> <li>• Martin Gray (MG) - Director of Children's Services, Stockton Borough Council</li> <li>• Martin Short (MS) - ICB Director of Place (Darlington), NENC ICB</li> <li>• Mike Greene (MG) – Chief Executive, Stockton Borough Council</li> <li>• Richard Scothton (RS) – Chair, County Durham &amp; Darlington FT</li> <li>• Sandra Britten (SB) - Chief Executive (Operational) on behalf of Hospices North East &amp; North Cumbria Collaborative, Alice House Hospice</li> <li>• Sue Jacques (SJ) – Chief Executive of County Durham &amp; Darlington Foundation Trust</li> <li>• Dr Teik Goh (TG) - PCN/CD Representative, Redcar and Cleveland PCN</li> <li>• Mark Davis (MD), Middlesbrough Voluntary Development Agency (MVDA)</li> </ul> <p><b><u>In Attendance:</u></b></p> <ul style="list-style-type: none"> <li>• Shaun Mayo (SM) – General Manager, Tees, Esk and Wear Valleys NHS FT</li> <li>• Ranjeet Shah (RS) – Consultant Psychiatrist, Tees, Esk and Wear Valleys NHS FT</li> </ul>	
--	---	--

	<ul style="list-style-type: none"> <li>• Dr Dan Jackson, Director of Stakeholder, Policy and Public Affairs, NENC ICB</li> <li>• Kate Sutherland (KS) – Senior Governance Lead (Tees Valley) NENC ICB</li> <li>• Jane Smailes (Note Taker) (JS) – Office Manager, NENC ICB</li> </ul>	
TVICP/23/11	<b>Apologies for Absence</b>	
	<ul style="list-style-type: none"> <li>• Dr Bharat Kandikonda - PCN/CD Representative – Middlesbrough PCN</li> <li>• Craig Blair - ICB Director of Place, Middlesbrough / Redcar &amp; Cleveland, NENC ICB</li> <li>• Denise McGuckin – Managing Director of Hartlepool Borough Council</li> <li>• Erik Scollay – Director of Adult Services, Middlesbrough Council</li> <li>• Helen Ray – Chief Executive of North East Ambulance Service NHS FT</li> <li>• Ian Williams – Chief Executive, Darlington Council</li> <li>• Dr Jackie McKenzie - PCN/CD Representative, Hartlepool PCN</li> <li>• James Stroyan – Director of People (Children &amp; Adults), Darlington Council</li> <li>• Jill Harrison - Director of Adult &amp; Community Based Services, Hartlepool Borough Council</li> <li>• Jon Carling - Voluntary Sector Lead/3rd Sector, Catalyst Stockton</li> <li>• Jean Golightly - Director of Nursing (South), NENC ICB</li> <li>• Julie Gillon – Chief Executive of North Tees &amp; Hartlepool NHS Foundation Trust</li> <li>• Kathryn Boulton - Director of Children's Services, Redcar and Cleveland Borough Council</li> <li>• Kerry McQuade – Assistant Director of Strategy, Planning &amp; Partnerships of North East Ambulance Service NHS FT</li> <li>• Lynne Walton – Director of Finance (South), NENC ICB</li> <li>• Penny Spring – Director of Public Health, Darlington Borough Council</li> <li>• Peter Neal - Redcar &amp; Cleveland Voluntary Development Agency (RCVDA)</li> <li>• Peter Rooney - Director of Strategy and Planning, NENC ICB</li> <li>• Sarah Bowman-Abouna – Director of Public Health, Stockton Borough Council</li> <li>• Councillor Shane Moore - HWBB Chair &amp; Portfolio for Health, Hartlepool Borough Council</li> <li>• Toni Mchale – Sub Regional Co-ordinator / Project Development Manager, Healthwatch</li> </ul>	

TVICP/23/12	<b>Declarations of Interest</b>	
	Councillor Bob Cook (BC) reminded colleagues of the importance of the robust management of conflicts of interest and asked individuals to raise any potential conflicts of interest as the meeting progressed. No conflicts of interest were raised.	
TVICP/23/13	<b>Minutes from Previous Meeting</b>	
	The minutes of the meeting, held 31 <sup>st</sup> March 2023, had previously been circulated to members for comment. There were no amendments requested and therefore the minutes were <b>AGREED</b> as an accurate record. Confirmed minutes will also be shared with Health and Wellbeing Boards for information.	
TVICP/23/14	<b>Matters Arising &amp; Action Log</b>	
	There were no outstanding actions on the Action Log and no matters arising were noted.	
TVICP/23/15	<b>Healthwatch Update</b>	
	<p>The presentation, including the four Healthwatch locality reports had been circulated to members prior to the meeting.</p> <p>Mr Akers-Belcher (CAB) delivered the Healthwatch Update, which was a discussion item to hear key themes from the patient voice across the Tees Valley.</p> <p>The presentation provided a brief overview of background and role of Healthwatch and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The NENC Network Structure,</li> <li>• Contributions by the Network including volunteering, information, intelligence and reports,</li> <li>• Examples of Healthwatch reports were shared from across Darlington, Hartlepool, South Tees (Middlesbrough and Redcar &amp; Cleveland) and Stockton.</li> </ul> <p>CAB advised that the Healthwatch reports for each locality were produced quarterly and provided an overview of the current issues in each locality. CAB highlighted key issues from the reports.</p> <p>Cllr Cook (BC) noted that some of the issues highlighted in the Healthwatch reports had been raised at the Health and Wellbeing Board (HWB) in Stockton, specifically GP Access.</p>	

	<p>David Gallagher (DG) thanked CAB for the wealth of information that was provided in the presentation and noted that many of the issues raised were national concerns, not just specific to the Tees Valley, ie access to NHS dental services. He also noted the need for clearer and consistent descriptors of services that were meaningful to the public, for example the extended hours service provision.</p> <p>Following a query, CAB advised that Healthwatch reports were provided to each ICB Director of Place to be included with papers for the relevant ICB Place Sub-Committee. Karen Hawkins (KH) explained that each NENC ICB Director of Place also had lead responsibilities for specific portfolios across the Tees Valley and they would share any portfolio information from the reports for consistency across other places.</p> <p><b>ACTION: There was an ask if all the reports could be made easily accessible for partners, for example adding to the NENC ICB website. This feedback will be provided to the communications team.</b></p> <p>Further to a query regarding GP access CAB advised that Healthwatch Hartlepool was working with the GP Federation to help promote the right time access for GP or pharmacy services and when the public should dial 111. Whilst noting that access to GP services was included in the Healthwatch reports CAB explained that GP access had much improved following recent investment.</p> <p>DG advised it was important to understand the public perception of GP access against the reality of gaps in service provision. He highlighted the national work on extending service provision and following the launch suggested this be an item to bring to a future meeting.</p> <p>Karen Hawkins (KH) explained that work was continuing, both regionally and locally, in respect of the 'Delivery Plan for Recovering Access to Primary Care'. The work included issues such as workforce and digital and she suggested that once the plans were agreed this should be brought to the meeting for information. The plan would likely be agreed in September 2023.</p> <p><b>ACTION: Enhanced Access to GP Services / Delivery Plan for Recovering Access to Primary Care to be added to a future meeting agenda, possibly September 2023.</b></p> <p>There was a discussion regarding the need to empower patients to self-care through different programmes and to ensure a holistic view, including the Waiting Well initiative. It was noted that there could be opportunities within the</p>	<p><b>KS</b></p> <p><b>JS</b></p>
--	--	-----------------------------------



	<p>ICP for collective and partnership working to strengthen communities.</p> <p>Following a query from Dr Goh (TG), CAB advised that Healthwatch was working with Youth Focus: North East to establish ways of engaging with young people through youth groups, youth parliaments etc. He also advised that the work had only started 6 months ago but that a report would be brought to a future meeting.</p> <p><b>ACTION: Healthwatch work with Youth Focus: North East to be added to a future meeting agenda/Healthwatch update.</b></p>	<b>JS</b>
TVICP/23/16	<b>Tees, Esk and Wear Valleys NHSFT (TEWV) – Community Mental Health Model</b>	
	<p>The presentation had been circulated to members prior to the meeting.</p> <p>Brent Kilmurray (BK) introduced the presentation by explaining that thresholds set by services can sometimes push people away and there was need for services to think about the whole person and this included health, housing, financial and social care.</p> <p>The presentation delivered by Shaun Mayo (SM) and Ranjeet Shah (RS) included the following;</p> <ul style="list-style-type: none"> <li>• Reminder of core aims of Community Transformation</li> <li>• Tees Valley Stakeholder Feedback</li> <li>• The vision for Community Transformation including integrated services delivering collaborative pathways which meet the needs of the local population</li> <li>• Organisational change</li> <li>• Recognition of the work done to date.</li> </ul> <p>Examples of some of the Community Transformation were given including the community pharmacy hub in Hartlepool and the role of care navigators in each hub. RS explained that the development of weekly virtual huddles had been a key development in providing a holistic approach. RS talked through the planned milestones and next steps focusing on evaluation.</p> <p>Positive feedback on the work to date and engagement with partners to shape the new ways of working was received from a number of members, including the principle that there is "No wrong door to get help".</p>	

	<p>BK highlighted the need for community and mental health services to provide more integrated services and it was acknowledged that mutual trust and assessment would be key in order to integrate further with physical health. This work was not just about working adults but older adults with frailty.</p> <p>Martin Gray (MG) said there were parallels to be drawn around children's mental health and using the same approach to redesign ways of working. He said it was a credit to TEWV to be making space for this piece of work. It was recognised that a lot of time had been invested into the partnership approach, including with Primary Care, to make this work. Additionally, more work was required to look at joint roles that wrapped around neighbourhoods.</p> <p>CAB described this work as some of the most rewarding that Healthwatch had been involved with and requested that the hard to reach groups were included in any evaluation.</p> <p>Following a query from Dr Teik Goh (TG) regarding young people and those transitioning into adulthood SM advised there would be changes in the framework over the next 12 – 18 months to look at outcomes.</p> <p>Julian Penton (JP) said that the relationship between organisations and the public were key and needed to be built on trust. He hoped that the Hartlepool example would be a whole system integrated governance system with organisations making different contributions to people's well-being and the development of shared values.</p>	
TVICP/23/17	<b>Better Health, Fairer Health</b>	
	<p>The presentation had been circulated to members prior to the meeting.</p> <p>Mark Adams (MA) provided an update looking at health inequalities and this included an update from recent meetings of the ICB Healthier and Fairer Advisory Group.</p> <p>The presentation highlighted the work of different workstreams as below:</p> <ul style="list-style-type: none"> <li>• Prevention Workstream which includes CVD Prevention, Tobacco, Alcohol, Public Health Prevention in Maternity, Health Weight and Treating Obesity</li> <li>• Health Inequalities, where the first 'formal' meeting had only recently taken place</li> </ul>	

	<ul style="list-style-type: none"> <li>• NHS Contribution to Broader Determinants including Health Literacy, Anchor Institutions Network, Digital Inclusion and Poverty Proofing.</li> </ul> <p>MA highlighted a pilot taking place in North of Tyne using Population Health Management and how best to dovetail Public Health with Primary Care services. The programme has some emerging themes and whilst the applications may not be applicable across the wider patch due to geographical issues the learning could be shared with this group.</p> <p>There was a discussion regarding the Prevent: Tobacco workstream and the involvement of Fresh (smoking cessation service) with the increase in vaping of children and young people. MA advised that Fresh were leading the lobbying of Government to close the loophole that allowed children to access promotional vapes.</p> <p>The meeting was advised of examples in other parts of the country where investment in local communities by anchor institutions had resulted in significant improvements.</p> <p>There was significant discussion about the role of Combined Authorities (CAs) in other parts of the country and whether the CAs had any devolved health responsibility. It was noted that the Tees Valley Combined Authority's (TVCA) focus was economic, with no health responsibility. However, it was felt that the TVCA could provide an additional Government interface and along with its focus on employment they could make a contribution to this group. MA commented that there was an opportunity to think bigger and differently through this group and not just local at small scale changes. This could include having programmes that would help people to develop careers within health and social care and maybe go on to be nurses or social workers. There needed to be an increase in the base level of skills to improve employability of local people to fill the better jobs that are available.</p>	
TVICP/23/18	<b>Update from JSNA Analysis Work</b>	
	<p>Craig Blundred (CB) delivered the presentation which provided feedback from the collective work that is underway across the Tees Valley undertaken by the Directors of Public Health.</p> <p>The presentation outlined what Joint Strategic Needs Assessments (JSNA) were and how evidence from the JSNA and other research could be used to add value at a Tees Valley level. The presentation also included statistics</p>	

	<p>regarding demographic make up of the Tees Valley, levels of deprivation and life expectancy.</p> <p>CB noted that access to local data was important to joint working to improve life expectancy across the Tees Valley.</p> <p>BC commented that the mortality rates in the most deprived areas were still not catching up with the more affluent areas within Tees Valley.</p> <p>Deepak Dwarakanath (DD) commented that whilst the data showed a depressing picture of deprivation there was a lot of good work going on to try to improve the outcomes for the population. DD provided an example of end of life conversations that take place locally where the patients do not expect to live into their 80s and just accept early mortality.</p> <p>CB stated there was a need to focus on building good health, how this was incorporated into the JSNA and how it was communicated into populations.</p> <p>Mike Green (MG) suggested this was a good opportunity to look at how this group worked with other communities involved in research, for example universities and whether the data contained in the JSNA was open enough for businesses and communities to use. He asked if there was a need to promote the JSNA more widely and make it more easily accessible.</p> <p>David Gallagher (DG) thanked CB for the presentation and the rich information included, advising that some of the points highlighted on the joint work slide will form the basis of the work programme for this meeting going forward.</p> <p><b>ACTION: The presentation was to be circulated to members</b></p>	JS
TVICP/23/19	<b>Tees Valley Plan</b>	
	<p>Martin Short (MS) delivered the Joint Forward Plan presentation and explained that all Integrated Care Boards and partner NHS Trusts were required to publish a Joint Forward plan covering 2023/24 – 2028/29. These were required to be reviewed, updated and publish again each year in March.</p> <p>MS provided an explanation of the overarching document and action plans, and the progress to date. Additionally, he explained that as part of the strategic context there were Tees Valley pillars along with the national NHS priorities</p>	

	<p>and place priorities and these were mapped to each place's HWB strategies, and the NENC Integrated Care Strategy:</p> <ul style="list-style-type: none"> <li>• Starting Well / Best start in life</li> <li>• Living Well</li> <li>• Ageing Well</li> </ul> <p>There were also a number of cross-cutting themes:</p> <ul style="list-style-type: none"> <li>• Reducing health inequalities</li> <li>• Prevention</li> <li>• Sustainability</li> <li>• Improving quality of services</li> </ul> <p>MS advised the draft overarching joint forward plan would be shared with stakeholders for feedback following engagement during May and June. The Integrated Care Partnership meeting on 21<sup>st</sup> June would consider the draft document before the ICB Board approved the plan for publication as a final draft. There would be further stakeholder feedback in July and August with a final update published in September.</p> <p>Following a query from CAB regarding the low targets for the living well health checks in the Integrated Care Strategy, MS confirmed that when the plan was published there would areas specific to Tees Valley but the Integrated Care Strategy targets were for the whole of NENC ICB area.</p>	
TVICP/23/20	<b>Next Steps:</b> Forward planning and future focus	
	<p>David Gallagher (DG) summarised the meeting, noting that the first two meetings of the Tees Valley Area ICP meeting had set the scene but the key was to now agree what happened next.</p> <p>DG suggested items for future meetings, following on from the Update from JSNA Analysis Work presentation areas of the joint working could be explored, discuss at scale work with Fresh, and skills and education. The Tees Valley Plan and GP Access will be discussed at future meetings. He noted the need to ensure that the work at this meeting did not duplicate work already being undertaken by the Health and Well-being Boards.</p> <p>DG advised that Teesside University will be invited to attend these meetings and there had been discussions about whether police, fire and rescue should also be included. If there was agreement to include Cleveland Police, for example, the same invitation should be made to County</p>	

	<p>Durham Police. DG asked that members let him know of any other parties / organisations that should be invited. It was suggested that the invitation should be to higher education not just universities.</p> <p>Following a query from Mark Davis (MD) regarding the involvement of the voluntary sector DG suggested that a presentation be brought to the next meeting about what was happening in the voluntary sector, in a similar was to the presentation from Healthwatch.</p> <p><b>ACTION: Mark Davis to prepare a presentation for the next Tees Valley Area ICP meeting on 8<sup>th</sup> September</b></p>	MD
TVICP/23/21	<b>Any Other Business</b>	
	<p>The Chair noted there were no further items of business advised and thanked members for their attendance and contributions to the meeting.</p> <p>The meeting closed at 2.15pm</p>	
	<p><u>Next Meeting</u>  Date: Friday 8<sup>th</sup> September 2023  Time: 12-2pm  Venue: Council Chamber, Civic Centre, Ridley Street, Redcar, TS10 1RT</p>	



04.07.23

**Signed:** ..... **Date:** .....

**Cllr Bob Cook (Chair)**