

REPLACEMENT AGENDA

AUDIT AND GOVERNANCE COMMITTEE AGENDA



Wednesday 31 January 2024

at 5.00 pm

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

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE

Councillors Allen, Brash, Cowie, Creevy, Groves, Hargreaves, Moore, V Nicholson,
D Nicholson and Sharp

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 meeting held on 12th December 2023

4. AUDIT ITEMS

4.1 Treasury Management Strategy 2024/25 and Third Quarter Review 2023/24 –
Director of Finance, IT and Digital

5. STANDARDS ITEMS

5.1 Council Referral – Standards Investigation Reports - *Director of Legal,
Governance and Human Resources*

6. STATUTORY SCRUTINY ITEMS

- 6.1 Health and Care Act 2022 – Changes to Scrutiny Arrangements – Verbal Update - *Statutory Scrutiny Manager*
- 6.2 GP Access in Hartlepool:
 - i) Covering Report - *Statutory Scrutiny Manager*
 - ii) Presentation - *ICB Director of Place*
- 6.3 North East Regional Joint Member/Officer Scrutiny Network Appointment - *Scrutiny and Legal Support Officer*
- 6.4 Crustacean Deaths Working Group – Development of Draft Report - *Statutory Scrutiny Manager*

7. OTHER ITEMS FOR DECISION

- 7.1 Regulation of Investigatory Powers Act 2000 (RIPA) – Quarter 3 Update - *Director of Legal, Governance and Human Resources*

8. MINUTES FROM RECENT MEETINGS FOR RECEIPT BY THE COMMITTEE

- 8.1 Health and Wellbeing Board – 11 September 2023.
- 8.2 Finance and Policy Committee Relating to Public Health Issues – None.
- 8.3 Tees Valley Health Scrutiny Joint Committee – Notes of meeting 6 October 2023.
- 8.4 Safer Hartlepool Partnership – None.
- 8.5 Tees Valley Area Integrated Care Partnership – 24th November 2023.
- 8.6 North East Regional Health Scrutiny Committee – None.
- 8.7 Durham, Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee – None.

9. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

10. LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006

EXEMPT ITEMS

Under Section 100(A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in the paragraphs referred to below of Part 1 of Schedule 12A of the Local Government Act 1972, as amended by the Local Government (Access to Information) (Variation) Order 2006.

11. STANDARDS ITEMS

- 11.1 Council Referral – Standards Investigation Reports - *Director of Legal, Governance and Human Resources (para 1)*

12. **STATUTORY SCRUTINY ITEMS**

- 12.1 Crustacean Deaths Working Group – Development of Draft Report - *Statutory Scrutiny Manager (para 3)*

For information: - forthcoming meeting dates:-

Tuesday 27 February 2024, at 5.00 pm – Civic Centre, Victoria Rd, Hartlepool

AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

12 DECEMBER 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, Rachel Creevy, David Nicholson,
Veronica Nicholson and Cameron Sharp

Standards Co-opted Members:

Mr Martin Slimings – Independent Member
Parish Councillor Michael Jorgeson (Headland)

Also Present:

Ray Martin-Wells, North Tees and Hartlepool NHS Foundation
Trust

Officers:

Tony Hanson, Executive Director of Development
Neighbourhoods and Regulatory Services
Sylvia Pinkney, Assistant Director, Regulatory Services
Joanne Burnley, Environmental Health Manager (Housing)
Joan Stevens, Statutory Scrutiny Manager
Gemma Jones, Scrutiny and Legal Support Officer
Denise Wimpenny, Democratic Services Team

93. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Christopher Groves, Pamela Hargreaves, Independent Member Tracy Squires, Parish Councillor Representative Kane Forrester and Steve Thomas, Healthwatch.

94. Declarations of Interest

None.

95. Minutes of the meeting held on 7 November 2023

Confirmed

96. Derelict Land and Buildings Investigation – Presentation (*Executive Director of Neighbourhoods and Regulatory Services and Assistant Director, Development and Growth*)

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 increasing 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 bringing homes and land back into use and included the following issues:-

- Housing Market Interventions to address supply and condition
 - Grants and loans
 - Empty Homes Acquisitions
 - Regeneration activities resulting in some commercial premises being brought back into use
 - Housing Regeneration Strategy
 - Housing Market Renewal Pathfinder Programme
 - New Deal for Communities
 - North Central Hartlepool
 - 1,200 properties demolished over 10 years
 - 3 successful large scale Planning CPO's
 - New Build Programme
- Housing Market Renewal Schemes
- Empty Homes Programme
- Housing Revenue Account
- Capital Programme
- Hartlepool Regeneration Vision
- Strategic Planning

- Town Centre Investment Plan and Masterplan
- Towns Fund Projects - £25m also known as 'Town Deal'
- Town Deal
- Levelling Up Hartlepool
- Production Village
- Future National Funding Opportunities
- Options for Interventions
- Partnership Working
- Working with Others
- Possible Incentives – Empty Homes

In the lengthy discussion that followed Members debated issues arising from the presentation and officers responded to queries raised. The Chair expressed concern that HDC had been invited to participate in the engagement process in relation to empty properties and had failed to contribute. During discussions around the importance of communication and engagement, a Member advised that business owners were keen to work with HDC and improve communications.

Concerns were raised in relation to the challenges around the capital programme arrangements and how the Council would continue to contribute to various town centre capital projects which were now part of HDC. Clarification was provided as to how the Council would challenge future capital projects and arrangements and the impact of prudential borrowing in terms of growth. The wider issues around growth and empty/derelict properties were discussed.

A Member was pleased to note the re-opening of the Housing Revenue Account with 349 homes now owned and managed by HBC. Whilst Members were of the view that the Council's housing stock should be expanded further, questions were raised around the benefits of investing in new-builds and were keen to see more focus on bringing empty properties back into use, the benefits of which were outlined. The Executive Director reported on the background to the decision to invest in new builds which included a number of financial benefits, details of which were provided. It was also suggested that consideration be given to purchasing properties in bulk to enable a higher degree of control in terms of letting arrangements.

Recommended

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

97. Derelict Land and Buildings Investigation Survey Update – Presentation (*Scrutiny and Legal Support Officer*)

The Scrutiny and Legal Support Officer provided an update presentation which outlined the results from the second phase of the Derelict Land and Buildings investigation consultation. Members were advised that phase two covered an 8 week period with 40 participants, 45 survey responses, 25 areas had been identified overall, 7 properties highlighted by multiple participants and 12 survey responses were in relation to the former Odeon Cinema. The consultation findings were comparable with the findings from phase one.

The presentation included details of responses in terms of areas identified by Ward, how long this has been an issue, what impacts you the most about this building/land, how does this impact where you live and what should be done to tackle the problem. Commercial buildings had generated the most response with areas identified scattered throughout the wards. The Odeon had received the highest number of comments. More people perceived that this issue had been a problem for 10 years plus with sense of pride and bad impression being the main factors of concern.

The Scrutiny and Legal Support Officer responded to issues raised arising from the update. Clarification was provided in relation to how the survey had been promoted and the option for a leaflet drop to further promote the survey was discussed.

Recommended

That the results of Phase 2 of the consultation process and comments of Members be noted.

98. Derelict Land and Buildings Investigation Update Report (*Statutory Scrutiny Manager*)

The Statutory Scrutiny Manager sought the Committee's views on the following revised timetable for further evidence gathering and to consider the recommendations in relation to the derelict land and buildings investigation, the reasons for which were outlined:-

- Working Group of 19 December – cancel as evidence already provided

- Closure of survey – January 2024
- Consideration of best practice (North Ormesby) / Sweep up of evidence – 27 February A and G meeting
- Working Group - Formulation of investigation recommendations – March 2024
- Consideration of Draft Final Report by A and G June 2024
- Consideration of Final Report by Finance and Policy Committee /Council – July 2024

The Statutory Scrutiny Manager advised that various sources of evidence would continue to be pursued, details of which were provided. Committee approval was also sought to close the survey in January.

Recommended

- (i) That the revised investigation timetable, as set out above, be agreed.
- (ii) It was agreed that the survey be closed in January 2024.

99. Crustacean Deaths Working Group - Verbal Update

Cllr Creevy provided an update from the last meeting of the Crustacean Deaths Working Group where presentations had been received from various commissioners and the Group had also reflected on the report presented to a previous meeting by CEFAS. In relation to attendance at future meetings, a response was still awaited from Mayor Houchen and the MP for Redcar. A site visit to the Lobster Hatchery was also planned for January.

Whilst the original plan was to present the final report before the purdah period it was now envisaged that the report would be delayed pending the receipt of the core samples testing information and completion of the peer review. However, an interim report was expected pre-purdah.

Recommended

That the information given be noted.

100. Council Referral – Verbal Progress Update *(Director of Legal, Governance and Human Resources)*

The Statutory Scrutiny Manager advised that interviews had been held and a draft report would be presented to a meeting early in the New Year.

Recommended

That the update be noted.

101. Minutes of the Meeting of the Tees Valley Area Integrated Care Partnership

Received.

102. Date and Time of Next Meeting

The Chair reported that the next meeting would be held on Tuesday 30 January 2024 at 5.00 pm.

The meeting concluded at 6.05 pm.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

31 January 2024



Report of: Director of Finance, IT & Digital

Subject: TREASURY MANAGEMENT STRATEGY 2024/25
AND THIRD QUARTER REVIEW 2023/24

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
- where people are enabled to live healthy, independent and prosperous lives.
- where those who are vulnerable will be safe and protected from harm.
- of resilient and resourceful communities with opportunities for all.
- that is sustainable, clean, safe and green.
- that has an inclusive and growing economy.
- with a Council that is ambitious, fit for purpose and reflects the diversity of its community.

2. PURPOSE OF REPORT

2.1 The purposes of the report is to:

- i. Provide the third quarter update of the 2023/24 Treasury Management activity; and
- ii. Enable the Audit and Governance Committee to scrutinise the recommended 2024/25 Treasury Management Strategy before it is referred to Council for approval.

3. BACKGROUND

3.1 The Treasury Management Strategy covers:

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

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

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

3.4 The Act requires the Council to set out a Treasury Management Strategy for borrowing and to prepare an Annual Investment Strategy, which sets out the policies for managing investments and for giving priority to the security and liquidity of those investments. The Secretary of State issued Guidance on Local Government Investments which came into force on 1st April 2004, and has subsequently been updated, most recently in 2021.

3.5 The Council is required to nominate a body to be responsible for ensuring effective scrutiny of the Treasury Management Strategy and policies, before making recommendations to full Council. This responsibility has been allocated to the Audit and Governance Committee.

3.6 This report covers the following areas:

- Economic background and outlook for interest rates;
- Treasury Management Strategy 2023/24 3rd Quarter review;
- Treasury Management Strategy 2024/25; and
- Minimum Revenue Provision and Interest Cost and Other Regulatory Information 2024/25.

4. ECONOMIC ENVIRONMENT AND OUTLOOK FOR INTEREST RATES

- 4.1 **UK** – The Bank of England’s Monetary Policy Committee (MPC) held the Bank Rate unchanged at 5.25% at its December meeting, for the third time in a row and pushing back against the prospect of near-term interest rate cut. The vote was a clear majority, with six in favour of no change, while three members voted to increase by 25bps. The minutes of the meeting suggested that the rates need to be sufficiently restrictive for sufficiently long and that if there were evidence of more persistent pressures, then further tightening in monetary policy would be required. As such whilst the MPC has paused increases, it is far from certain that a cut in the Bank Rate will be made in the near future, albeit there is an increasing expectation from independent economists that rate cuts will commence during 2024, given the more positive forecasts on inflation.
- 4.2 The latest Consumer Price Index data for November 2023 shows that the UK CPI measure of inflation dropped back to 3.9% (from 4.6% in October), the lowest inflation rate since January 2022. Some of the reduction was owing to the global influence of core goods inflation and a decline in services inflation.
- 4.3 The Office for Budget Responsibility’s revised growth forecast up to 2027 is set out in the following table:

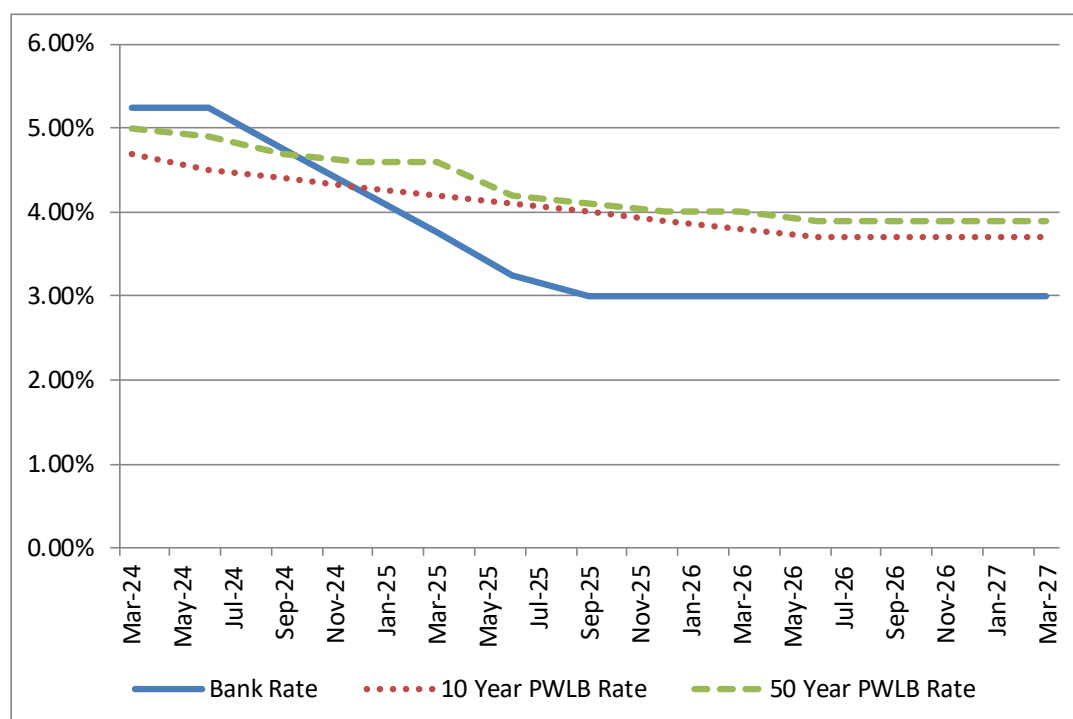
Year	March 2023 Growth Forecast	November 2023 Growth Forecast
2023	(0.2%)	0.6%
2024	1.8%	0.7%
2025	2.5%	1.4%
2026	2.1%	2.0%
2027	1.9%	2.0%

- 4.4 **European Union (EU)** – The European Central Bank kept interest rates unchanged at its December meeting after ten consecutive rate hikes. Inflation rates in the European Union decreased to 3.10% in November 2023 (from 3.6% in October). The Governing Council is determined to ensure that inflation returns to the 2% medium-term target in a timely manner. Future decisions will ensure that its policy rates will be set at sufficiently restrictive levels for as long as necessary.
- 4.5 **USA** – During the December policy meeting the Federal Reserve Committee voted unanimously for no change to the headline policy rate and do not expect any further increase in rates from current levels. Inflation measures 2.6% in November, still above the 2% target, but a major improvement from the four-decade high of 7.1% in June 2022. The minutes of the meeting stated that it was appropriate for policy to remain at a restrictive stance for some time until inflation was clearly moving down sustainably towards the Committee’s objective.

- 4.6 **Other Economies** – In China, the People's Bank of China (PBoC) maintained its lending rates steady at the December fixing, as the central bank continued to attempt to revive a sputtering economy. In November CPI decreased by 0.5% month on month. A rebound in the coming months seems unlikely as household confidence also remained weak. In Japan, headline inflation dropped to 2.8% in November from 3.3% in the prior month.

Interest Rate Forecasts

- 4.7 Link Asset Services (the Council's Treasury Management advisors) continue to update their interest rate forecasts to reflect statements made by the Governor of the Bank of England and changes in the economy.
- 4.8 Expectations are that the Bank Rates will remain on hold at 5.25% until September 2024. Data is suggesting that inflation is dipping, albeit slowly, and that the economy is heading for a shallow recession. This would suggest that further monetary policy tightening above 5.25% is not required.
- 4.9 Link anticipate the Bank of England will be keen to loosen monetary policy when the worst of the inflationary pressures are behind us – but that timing will be one of fine judgement; cut too soon, and inflationary pressure may well build up further; cut too late and any downturn or recession may be prolonged.
- 4.10 Economic and interest rate forecasting remains difficult with so many influences impacting on the economy. UK gilt yields (i.e. Government borrowing) and PWLB rates forecasts made by Link Asset Services may be liable to further amendment depending on how the political and economic developments transpire over the next year.

4.11 Interest Rate Forecasts up to March 20275. **TREASURY MANAGEMENT STRATEGY 2023/24 3rd QUARTER REVIEW**

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

	£m	Average Rate
PWLB Loans	27.2	3.42%
Market Loan (Annuity)	16.5	2.31%
Market Loans (Maturities)	25.0	3.92%
Non-Market Loans (Maturities)	0.4	0.00%
Market Loans (LOBOs)	15.0	3.71%
Gross Debt	84.1	3.39%
Investments	59.2	4.7%
Net Debt as at 31-12-23	24.9	

- 5.2 The Council continues to keep under review the most opportune approach to borrowing. Given the increase in interest rates experienced since 2022, no long term borrowing has been entered into to ensure that the Council was not exposed to increased costs at a time of volatility and high interest rates.
- 5.3 As the Capital programme progresses, coupled with anticipated significant use of reserves both to support capital expenditure and the in-year position, the approach to borrowing may need to adapt. Whilst the aim will be to take out shorter term borrowing should rates remain high, we may need to mitigate risk by taking out some longer term borrowing at a higher rate than we would have originally anticipated. This will be kept under close review. The aim will continue to be to minimise the borrowing cost to the revenue budget.

- 5.4 Net Debt has decreased since 30th September 2023 (second quarterly review) following the repayment of a LOBO. The Council continues to actively manage cash flows on a day to day basis to maximise returns. Investments of a year duration have been made to achieve the best rate available, however, this is unlikely to be sustainable beyond the short term given the potential for significant use of reserves in the current year and the progress anticipated on the capital programme.
- 5.5 As at 31st December 2023, the funds managed by the Council's in house team amounted to £59.243m. All investments complied with the Annual Investment Strategy and are shown below.

Borrower	Duration	Value of Loan (£m)	Rate (%)	Start Date	Maturity Date
Call Accounts*					
Svenska Handelsbanken	On Call	11.814	2.100		Call
NatWest Bank	On Call	0.034	1.150		Call
		11.848	2.097		
Fixed term Deposits					
Standard Chartered	1 year	10.000	4.520	06/01/23	05/01/24
Standard Chartered	1 year	5.000	4.590	13/01/23	12/01/24
Goldman Sachs	1 year	5.000	5.810	22/09/23	20/09/24
NatWest Markets Plc	1 year	5.000	5.690	22/09/23	20/09/24
Lloyds	1 year	15.000	5.910	06/10/23	04/10/24
Debt Management Office	<2 month	4.395	5.195	05/12/23	26/01/24
Debt Management Office	<1 month	3.000	5.190	20/12/23	19/01/24
		47.395	5.332		
Total Deposits		59.243	4.685		

- 5.6 There are no changes to the counter party investment limits as agreed as part of the Investment Strategy.

6. TREASURY MANAGEMENT STRATEGY 2024/25

- 6.1 Prudential Indicators and other regulatory information in relation to the 2024/25 Treasury Management Strategy are set out in Appendix A.
- 6.2 The key elements of the Treasury Management Strategy which Members need to consider are the Borrowing and Investment Strategies, detailed in sections 7 and 8 below.

7. BORROWING STRATEGY 2024/25

- 7.1 Borrowing strategies are needed for the core borrowing requirement and the borrowing requirement related to specific business cases, as outlined in the following paragraphs.

Core Borrowing Requirement

- 7.2 The continuing objective of the Council's Treasury Management Strategy is to fund the core annual borrowing requirement at the lowest possible long term interest rate.
- 7.3 Historically owing to the low Base Rate the Treasury Management Strategy has been to delay borrowing by temporarily utilising cash balances available for investment. The existing Treasury Management Strategy has always recognised that this approach was not sustainable in the longer term as the one-off resources which have been used to temporarily avoid long term borrowing would be used up.
- 7.4 Total borrowing remains below the Capital Financing Requirement (CFR) and the strategy continues an element of delaying borrowing by temporarily utilising cash balances available for investments. Whilst this is currently sustainable it will become necessary to take out further borrowing and the position will be kept under constant review. A decision to borrow up to the CFR may be taken by the Director of Finance, IT and Digital if it is in the best interests of the Council to do so. It is recommended that the Director of Finance, IT and Digital is authorised to implement Treasury Management arrangements which minimise the short and long term cost to the Council.
- 7.5 Given the financial pressures of the Councils wider budget, flexibility on the financing options for the Capital Programme may be considered from time to time as required. Should this result in any increase to the approved borrowing level, Council approval will be sought as necessary.

Borrowing Requirement Business Cases (including the Housing Revenue Account)

- 7.6 The financial viability of each business case is assessed on an individual basis reflecting the specific risk factors. This includes the repayment period for loans and fixed interest rates for the duration of the loan. This assessment is designed to ensure the business case can be delivered without a General Fund budget pressure.
- 7.7 Historically the strategy was to fully fund the borrowing for business cases. However, given the current interest rate forecasts and in order to consider borrowing requirement holistically for the council the strategy will be aligned to that of the core borrowing requirements.

Borrowing in Advance of Need

- 7.8 The Council has some flexibility to borrow funds for use in future years for the approved capital programme. The Director of Finance, IT and Digital may do this under delegated power, for instance, where the forecast increase in interest rates over the next few years is not expected to reduce as highlighted earlier in the report. In these circumstances borrowing early at fixed interest rates may be undertaken where this will secure lower fixed interest rates for specific business cases; or to fund future debt maturities

(i.e. if the remaining LOBOs were called). Any borrowing taken out will be reported to Council in the next Treasury Management report.

8. INVESTMENT STRATEGY 2024/25

8.1 The Department of Levelling Up, Housing and Communities (DLUHC) issued investment guidance in 2010, updated in 2017, and this forms the structure of the Council's policy. The key intention of the Guidance is to maintain the current requirement for authorities to invest prudently and that priority is given to security and liquidity before interest return. This Council has adopted the CIPFA publication Treasury Management in the Public Services: Code of Practice and Cross-Sectoral Guidance Notes and applies its principles to all investment activity. In accordance with the Code, the Director of Finance, IT and Digital has produced Treasury Management Practices covering investment counterparty policy which requires approval each year.

8.2 The primary objectives of the Council's investment strategy in order of importance are:

- safeguarding the re-payment of the principal and interest of its investments on time;
- ensuring adequate liquidity; and
- investment return.

Counterparty Selection Criteria

8.3 The Council's criteria for providing a pool of high quality investment counterparties uses the credit rating information produced by the three major ratings agencies (Fitch, Moody's and Standard & Poor's) and is supplied by our treasury consultants, Link. All active counterparties are checked against criteria outlined below to ensure that they comply with the criteria. Any counterparty failing to meet the criteria would be omitted from the counterparty list. Any rating changes, rating watches (notification of a likely change), rating outlooks (notification of a possible longer term change) are provided to officers almost immediately after they occur and this information is considered on a daily basis before investments are made. For instance a negative rating watch applying to a counterparty at the minimum criteria will be suspended from use, with all others being reviewed in light of market conditions.

8.4 The lowest common denominator method of selecting counterparties and applying limits is used. This means that the application of the Council's minimum criteria will apply to the lowest available rating for any institution. For instance if an institution is rated by two agencies, one meets the Council's criteria, the other does not, the institution will fall outside the lending criteria

- 8.5 The Director of Finance, IT and Digital will continue to adopt a vigilant approach resulting in what is effectively a 'named' list. This consists of a select number of counterparties that are considered to be the lowest risk.
- 8.6 The proposed changes to the counter parties list is to increase the Money Market Funds to £20m in totality, limited to £10m per fund. Money Market Funds are high quality, low risk investments that can secure positive rates of return. The previous counterparty limits were considered exceptionally low in comparison to risk.

Category	Fitch	Moody's	Standard & Poor's	Proposed Counterparty Limit	Proposed Time Limit
A	F1+/AA-	P-1/Aa3	A-1+/AA-	£20m	1 Year
B	F1/A-	P-1/A3	A-1/A-	£15m	1 Year
C	Debt Management Office/Treasury Bills/Gilts			£40m	1 Year
D	Part Nationalised Banks			£15m	1 Year
E	Other Local Authorities Individual Limits per Authority: - £8m County, Metropolitan or Unitary Councils - £3m District Councils, Police or Fire Authorities			£40m	1 Year
F	Three Money Market Funds (AAA) with maximum investment of £10m per fund			£20m	Liquid (instant access)

Specified and Non-Specified Investments

- 8.7 DLUHC regulations classify investments as either Specified or Non-Specified. Non-Specified Investment is any investment not meeting the Specified definition.
- 8.8 The investment criteria outlined above is different to that used to define Specified and Non-Specified investments. This is because it is intended to create a pool of high quality counterparties for the Council to use rather than defining what its investments are.
- 8.9 Specified Investments are sterling investments of not more than one-year maturity, or those which could be for a longer period but where the Council has the right to be repaid within twelve months if it wishes. These are low risk assets where the possibility of loss of principal or investment income is small. These would include investments with:
- The UK Government (such as the Debt Management Office, UK Treasury Bills or a Gilt with less than one year to maturity);

- Other Councils;
- Pooled investment vehicles (such as Money Market Funds) that have been awarded a high credit rating (AAA) by a credit rating agency; and
- A body that has been awarded a high credit rating by a credit rating agency (such as a bank or building society). This covers bodies with a minimum rating of A- (or the equivalent) as rated by Standard and Poor's, Moody's or Fitch rating agencies. Within these bodies, and in accordance with the Code, the Council has set additional criteria to set the time and amount of monies which will be invested in these bodies.

8.10 Non-specified Investments are any other type of investment (i.e. not defined as Specified above). The identification and rationale supporting the selection of these other investments and the maximum limits to be applied are set out below. Non specified investments would include any investments with:

- Building societies not meeting the basic security requirements under the specified investments. The operation of some building societies does not require a credit rating, although in every other respect the security of the society would match similarly sized societies with ratings; and
- Any bank or building society that has a minimum long term credit rating of A- for deposits with a maturity of greater than one year (including forward deals in excess of one year from inception to repayment).

9. **MINIMUM REVENUE PROVISION AND INTEREST COSTS AND OTHER REGULATORY INFORMATION 2024/25**

9.1 There are two elements to the Councils annual loan repayment costs – the statutory Minimum Revenue Provision and interest costs. The Council is required to pay off an element of the CFR each year through a revenue charge called the Minimum Revenue Provision (MRP).

9.2 DLUHC Regulations require the Council to approve an MRP Statement in advance of each year. This will determine the annual loan repayment charge to the revenue account.

9.3 The budget strategy is based on the following MRP statement and Council is recommended to formally approve this statement:

- For capital expenditure incurred before 1st April 2008 the Council's MRP policy is to calculate MRP based on a 50 year annuity repayment.
 - i. Where MRP has been overcharged in previous years, the recovery of the overcharge will be implemented by reducing the MRP in relation to this capital expenditure by reducing future MRP charges that would otherwise have been made. It should be noted that this will ensure the debt will be paid off by 2056/57 whereas the previous 4% reducing balance MRP charge would have left debt of £9.4m at this date;

- ii. The total MRP after applying the adjustment will not be less than zero in relation to this capital expenditure; and
 - iii. The cumulative amount adjusted for will never exceed the amount of the overpayment.
- From 1st April 2008 the Council calculates MRP based on asset life for all assets or where prudential borrowing is financed by a specific annuity loan, MRP will be calculated according to the actual annuity loan repayments.
 - DLUHC revised its MRP guidance in 2017, which would impact on any future changes to the Council's MRP policy, however the guidance is not retrospective. The approved MRP policy implemented prior to the DLUHC changes is therefore compliant with these revisions and will be carried forward in future years, until such time as an alternative approach is considered to be appropriate.

CIPFA Treasury Management Code of Practice

- 9.4 The Council is adopting the updated CIPFA Treasury Management Code of Practice published 20th December 2021.
- 9.5 The revised Treasury Management Code requires the implementation of the following:
1. Adopt a new liability benchmark treasury indicator to support the financing risk management of the capital financing requirement, with material differences between the liability benchmark and actual loans explained, this is detailed in the following paragraphs;
 2. A knowledge and skills register for officers and members involved in the treasury function;
 3. Reporting to members on a quarterly basis; and
 4. Have consideration for Environmental, social and governance (ESG) issues.
- 9.6 The current loans are above the liability benchmark and the excess will be invested.

Treasury Management Advisors

- 9.7 The Council uses Link Asset Services – Treasury as its external treasury management advisors.
- 9.8 The Council recognises that responsibility for treasury management decisions remains with the organisation at all times and will ensure that undue reliance is not placed upon our external service providers.
- 9.9 It also recognises that there is value in employing external providers of treasury management services in order to acquire access to specialist skills and resources. The Council will ensure that the terms of their appointment and the

methods by which their value will be assessed are properly agreed and documented, and subjected to regular review.

Markets in Financial Instruments Directive (MIFID II)

- 9.10 On 3rd January 2018 an updated version of the European Union’s Markets in Financial Instruments Directive (known as MIFID II) came into effect. It is designed to offer greater protection for investors and inject more transparency into financial markets. Under MIFID II all local authorities will be classified as “retail” counterparties and will have to consider whether to opt up to “professional” status and for which type of investments.
- 9.11 Local authorities that choose not to opt up or do not meet the minimum criteria for opting up (i.e. minimum investment balances of £10m) may face a reduction in the financial products available to them, a reduction in the number of brokers and asset managers that they will be able to engage with and may face increased fees.
- 9.12 Local authorities that choose to opt up must be able to satisfy some quantitative tests, and each Financial Institution will independently determine whether the Authority meet the qualitative test of being appropriately knowledgeable, expert and experienced. Financial Institutions also need to satisfy themselves that the Authority can make its own investment decisions and understands the risks involved.
- 9.13 The Council chose to opt up, in order to maintain the Council’s ability to operate effectively under the new regime.

10. OTHER CONSIDERATIONS

Risk Implications	There is a risk in relation to the level of interest rates the Council is able to secure for long term borrowing and the proposals detailed in this report are designed to manage these risks. There are also risk implications in relation to the investment of surplus cash and these are addressed in the strategy recommended in section 8.
Financial Considerations	As set out in report.
Legal Considerations	The report details how the Council will comply with the relevant legal and regulatory requirements in relation to Treasury Management activities.
Child and Family Poverty	None

Equality and Diversity Considerations	None
Staff Considerations	None
Asset Management Considerations	None
Environment, Sustainability and Climate Change Considerations	None
Consultation	Not applicable

11. RECOMMENDATIONS

- 11.1 That members note the 2023/24 Treasury Management 3rd Quarter Position detailed in Section 5.
- 11.2 That members recommend to Council for approval, the Treasury Management Strategy 2024/25, including;
- i) The borrowing strategy for 2024/25;
 - ii) The investment strategy for 2024/25;
 - iii) The prudential indicators as outlines in Appendix A; and
 - iv) The minimum revenue provision statement.

12. REASON FOR RECOMMENDATIONS

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

13. BACKGROUND PAPERS

Treasury Management Strategy Update 2023/24, report to Audit and Governance Committee 27th June 2023.

Treasury Management Strategy Quarter 2 Update 2023/24, report to Audit and Governance Committee 7th November 2023.

14. CONTACT OFFICER

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TREASURY MANAGEMENT STRATEGY 2024/25 REGULATORY INFORMATION AND PRUDENTIAL INDICATORS

1. INTRODUCTION

- 1.1 The regulatory information and prudential indicators for the 2024/25 Treasury Management Strategy are set out below.

2. PRUDENTIAL INDICATORS

- 2.1 The Local Government Act 2003 requires the Council to adopt the CIPFA Prudential Code and set prudential indicators. Each indicator either summarises the expected capital activity or introduces limits upon that activity.
- 2.2 The first prudential indicator is confirmation that the Council has adopted the CIPFA Treasury Management Code of Practice, which the Treasury Management Strategy report confirms.
- 2.3 Details of the proposed prudential limits are set out in the following sections.

3. CAPITAL EXPENDITURE AND FINANCING REQUIREMENT

- 3.1 The Council's Borrowing Strategy is driven by the Capital Financing Requirement (CFR) and the Council's view of interest rates. The CFR is the amount the Council needs to borrow to fund capital expenditure incurred in previous financial years and forecast capital expenditure in the next three years which is funded from borrowing. Historically the majority of the Council's CFR related to capital expenditure supported by Government borrowing approvals.
- 3.2 Government borrowing approvals are authority to fund capital expenditure from loans. Prior to the introduction of the prudential borrowing system in the Local Government Act 2003 Councils could only borrow for capital expenditure authorised by a Government borrowing approval.
- 3.3 Following the introduction of the prudential borrowing systems Councils can determine their own borrowing levels, subject to revenue affordability. The Council has managed this flexibility carefully owing to the ongoing revenue commitment of taking on new additional borrowing. The Council has only approved specific self-funding business cases, for example affordable housing schemes and a limited amount of General Fund capital expenditure where the resulting loan repayment and interest costs have been funded as a revenue budget pressure.

3.4 Councils ultimately need to fund the CFR by borrowing money from the Public Works Loan Board (PWLB) or banks. The CFR is then repaid over a number of years reflecting the long term benefits of capital expenditure. In simple terms the CFR represents the Council's outstanding mortgage, although the legislation and accounting requirements are significantly more complex.

3.5 The estimated Capital Finance & Borrowing Requirement is shown in the following table:

Capital Financing & Borrowing Requirement	2023/24 Revised £'000	2024/25 Estimate £'000	2025/26 Estimate £'000	2026/27 Estimate £'000
CFR at 1st April	113,660	119,177	139,393	152,395
Capital Expenditure Financed by New Borrowing	14,534	19,818	14,276	397
Less Borrowing to be Rephased to Future Years	(6,334)	3,001	1,169	2,164
Less Repayment of CFR	(2,683)	(2,603)	(2,443)	(2,361)
CFR at 31st March	119,177	139,393	152,395	152,595
Less assets held under Finance Lease	(837)	(802)	(769)	(736)
Borrowing Requirement	118,340	138,591	151,626	151,859
Corporate Borrowing Requirement	78,664	96,625	107,975	106,912
Business Case Borrowing Requirement	29,073	31,263	32,804	34,101
Housing Revenue Account Borrowing Requirement	10,603	10,703	10,847	10,847
Borrowing Requirement	118,340	138,591	151,626	151,859

3.6 As part of the Medium Term Financial Strategy the Council is required to approve the 2024/25 capital programme summarised as follows:

Capital Expenditure	2023/24 Revised £'000	2024/25 Estimate £'000	2025/26 Estimate £'000	2026/27 Estimate £'000
New Approved Capital Expenditure	70,660	60,576	22,139	4,570
2023/24 Capital Expenditure to be rephased	(29,045)	6,807	17,129	5,109
Capital Expenditure for the Year	41,615	67,383	39,268	9,679
Financed by:				
Capital grants and contributions	53,190	37,073	5,863	4,173
Other Capital Funding	2,936	3,685	0	0
Capital Expenditure to be funded from New Prudential Borrowing	14,534	19,818	14,276	397
Unconfirmed Funding	0	0	2,000	0
Rephased Expenditure between years.	(29,045)	6,807	17,129	5,109
Total Funding	41,615	67,383	39,268	9,679
Non-HRA Capital Expenditure	39,732	66,348	36,852	9,679
HRA Capital Expenditure	1,883	1,035	2,416	0
Total Capital Expenditure	41,615	67,383	39,268	9,679

4. AFFORDABILITY PRUDENTIAL INDICATORS

- 4.1 The affordability of the approved Capital Investment Programme was assessed when the capital programme was approved and revenue costs are built into the Medium Term Financial Strategy or individual business cases. The 'Affordability Prudential Indicators' are detailed below and are intended to give an indication of the affordability of the planned capital expenditure financed by borrowing in terms of the impact on Council Tax and the Net Revenue Stream.

Incremental Impact of Capital Expenditure on Housing Rent Levels

- 4.2 This indicator shows the revenue impact on any newly proposed changes to HRA capital expenditure. At present there will be no impact on housing rent levels as these have been set taking into account the existing HRA capital programme.

	2023/24 £'000	2024/25 £'000	2025/26 £'000	2026/27 £'000
Weekly Housing Rent Levels	£0.00	£0.00	£0.00	£0.00

Ratio of Financing Costs to Net Revenue Stream

- 4.3 This shows the cost of capital borrowing as a percentage of the net budget. The increased ratio reflects the additional revenue budget for capital costs.

	2023/24 Estimate	2024/25 Estimate	2025/26 Estimate	2026/27 Estimate
Non-HRA financing cost to General Fund Net Revenue Stream	6.70%	6.58%	7.13%	7.94%

Ratio of Finance Costs to HRA Net Revenue Stream

- 4.4 This shows the net cost of capital borrowing as a percentage of the net HRA budget arising from the phased implementation of the business case.

	2023/24 Estimate	2024/25 Estimate	2025/26 Estimate	2026/27 Estimate
HRA financing cost to HRA Net Revenue Stream	21.06%	20.09%	20.77%	21.46%

- 4.5 This reflects the profile of funding used to finance the HRA, including delaying the use of borrowing.

5. BORROWING PRUDENTIAL INDICATORS

Debt Projections 2023/24 – 2026/27

- 5.1 The following table sets out the Council's projected Capital Financing Requirement (CFR) and level of debt:

Debt and Investment Projections	2023/24 Revised £'000	2024/25 Estimated £'000	2025/26 Estimated £'000	2026/27 Estimated £'000
Long Term Borrowing 1 April	94,745	94,745	110,607	126,967
Expected change in Long Term Debt	0	15,862	16,360	2,953
Debt at 31 March	94,745	110,607	126,967	129,920
Borrowing Requirement	118,340	138,591	151,626	151,859
Under Borrowing	(23,595)	(27,984)	(24,659)	(21,939)
Non-HRA Debt	84,142	99,904	116,120	119,073
HRA Debt	10,603	10,703	10,847	10,847
Total Debt	94,745	110,607	126,967	129,920

- 5.2 The table reflects the borrowing that will need to be taken out in future years.

Limits to Borrowing Activity

- 5.3 Within the prudential indicators there are a number of key indicators to ensure the Council operates its activities within well defined limits.
- 5.4 The Council needs to ensure that total borrowing does not, except in the short term, exceed the total of the CFR in the preceding year plus the estimates of any additional CFR for 2024/2025 and the following two financial years. This allows some flexibility for limited early borrowing for future years, but ensures that borrowing is not undertaken for revenue purposes. The following table demonstrates that borrowing will not exceed the CFR.

External Debt	2023/24 Revised £'000	2024/25 Estimated £'000	2025/26 Estimated £'000	2026/27 Estimated £'000
Gross Borrowing	94,745	110,607	126,967	129,920
Other Long Term Liabilities	837	802	769	736
Total Gross Borrowing	95,582	111,409	127,736	130,656
Borrowing Requirement	118,340	138,591	151,626	151,859

- 5.5 The following table shows two key limits for the monitoring of debt. The Operational Limit is the likely limit the Council will require and is aligned closely with the actual CFR on the assumption that cash flow is broadly neutral. The Authorised Limit for External Debt is a further key prudential indicator to control the overall level of borrowing. This represents a limit

beyond which external debt is prohibited, and this limit needs to be set or revised by the Council. In practice it needs to take account of the range of cash flows that might occur for the Council in addition to the CFR. This also includes the flexibility to enable advance refinancing of existing loans.

Borrowing Limits	2023/24 Revised £'000	2024/25 Estimated £'000	2025/26 Estimated £'000	2026/27 Estimated £'000
Operational Limit	128,000	148,000	161,000	161,000
Authorised limit	138,000	158,000	171,000	171,000

6. INVESTMENT PRUDENTIAL INDICATORS AND OTHER LIMITS ON TREASURY ACTIVITY

Investment Projections 2023/24 – 2026/27

- 6.1 The following table sets out the estimates for the expected level of resource for investment or use to defer long term borrowing.

2022/23 Outturn £'000	Year End Resources	2023/24 Revised £'000	2024/25 Estimate £'000	2025/26 Estimate £'000	2026/27 Estimate £'000
52,112	Balances and Reserves	35,973	24,734	21,409	18,689
113	Collection Fund Adjustment Account	0	0	0	0
3,250	Provisions	3,250	3,250	3,250	3,250
55,475	Total Core Funds	39,223	27,984	24,659	21,939
15,581	Working Capital	7,300	7,300	7,300	7,300
71,056	Resources Available for Investment	46,523	35,284	31,959	29,239
(18,915)	(Under)/over borrowing	(23,595)	(27,984)	(24,659)	(21,939)
52,141	Expected Investments	22,928	7,300	7,300	7,300

Sensitivity to Interest Rate Movements

- 6.2 Sensitivity to Interest Rate Movements is a prudential indicator that the Authority is required to disclose. The following table highlights the estimated impact of a 1% increase/decrease in all interest rates to the estimated treasury management costs/income for next year. These forecasts are based on a prudent view of a +/- 1% change in interest rates for the borrowing requirement that has not yet been fixed (i.e. under borrowing). Equally for investments they are based on a prudent view of the total amount invested. That element of the debt and investment portfolios which are of a longer term, fixed interest rate nature will not be affected by short interest rate changes.

Impact on Revenue Budgets	2024/25 Estimated 1% £'000	2024/25 Estimated -1% £'000
Interest on Borrowing	280	(280)
Investment income	(73)	73
Net General Fund Borrowing Cost	207	(207)

6.3 There are four further treasury activity limits and the purpose of these are to contain the activity of the treasury function within certain limits, thereby managing risk and reducing the impact of an adverse movement in interest rates.

6.4 The limits are:

- i) Upper limits on variable interest rate exposure – This identifies a maximum limit for the percentage of the Council's borrowing and investments that are held with variable interest rates. The proposed limits are detailed in the following table.

Limits on Variable Interest Rates	2023/24 Upper £'000	2024/25 Upper £'000	2025/26 Upper £'000
Borrowing	75%	75%	75%
Investments	100%	100%	100%

- ii) Upper limits on fixed interest rate exposure – Similar to the previous indicator this covers a maximum limit for the percentage of the Council's borrowing and investments that are held with fixed interest rates.

Limits on Fixed Interest Rates	2023/24 Upper £'000	2024/25 Upper £'000	2025/26 Upper £'000
Borrowing	100%	100%	100%
Investments	100%	100%	100%

- iii) Maturity structure of borrowing – Limits for the 'Maturity Structure of Borrowing' are intended to reduce exposure to large fixed rate sums falling due for refinancing. Previous experience has shown that it is possible to move from a position of predominantly fixed rate borrowing to variable rate borrowing and then back to fixed rate borrowing over a period of two years. In the Director of Finance, IT and Digital's professional opinion this proactive management of investments and borrowing continues to provide the most cost effective strategy for the Council, whilst not exposing the Council to unnecessary risk. The Council

should ensure maximum flexibility to minimise costs to the revenue budget in the medium term. These limits are detailed in the following table:

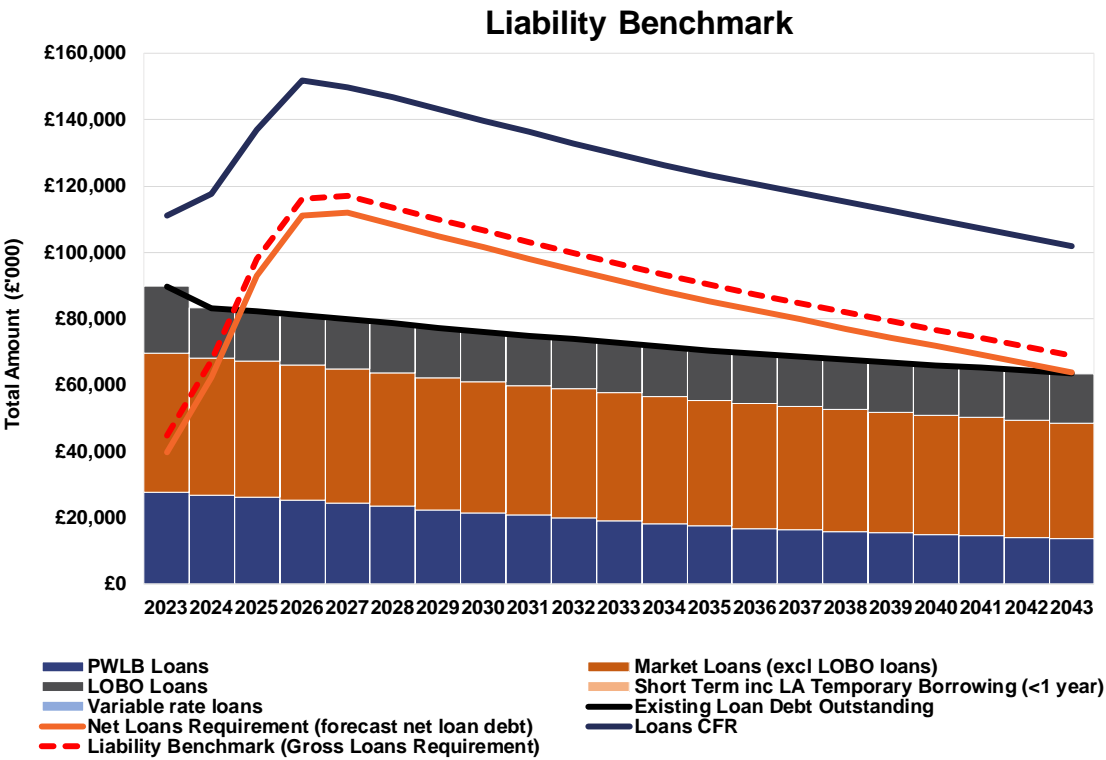
Maturity Structure of fixed interest rate borrowing 2023/24				
	2023/24	2023/24	2024/25	2024/25
	Lower Limit	Upper Limit	£000 Lower Limit	£000 Upper Limit
Under 12 months	0	90%	0	90%
12 months to 2 years	0	100%	0	100%
2 years to 5 years	0	100%	0	100%
5 years to 10 years	0	100%	0	100%
10 years to 20 years	0	100%	0	100%
20 years to 30 years	0	100%	0	100%
30 years to 40 years	0	100%	0	100%
40 years to 50 years	0	100%	0	100%
50 years to 60 years	0	100%	0	100%
60 years to 70 years	0	100%	0	100%

- iv) Maximum principal sums invested – Total principal funds invested for greater than 364 days – These limits are set with regard to the Council's liquidity requirements and reflect the current recommended advice that investments are limited to short term investments i.e. up to one year.

Limit for Maximum Principal Sums Invested > 364 days			
	1 year	2 years	3 years
	£000	£000	£000
Maximum	20,000	0	0

Liability Benchmark

- 6.5 The liability benchmark treasury indicator is to support the financing risk management of the capital financing requirement, with material differences between the liability benchmark and actual loans. The liability benchmark is a long-term forecast of the Authority's gross loan debt based on its current capital programme and other forecast cash flow movements.
- 6.6 The chart therefore tells an authority how much it needs to borrow, when and to match maturities with its planned borrowing needs.



AUDIT AND GOVERNANCE COMMITTEE

31st January 2024



Report of: Director of Legal, Governance and Human Resources

Subject: COUNCIL REFERRAL – STANDARDS
INVESTIGATION REPORT

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place

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

2. PURPOSE OF REPORT

- 2.1 To consider the investigation findings following the referral from Council on the 16th October 2023 in relation to the conduct of the Leader and other Conservative group members (Item 11.1 refers).

3. BACKGROUND

- 3.1 An Extraordinary Council meeting was held on the 16th October 2023 following receipt of the following requisition:-

“We the undersigned request an extraordinary meeting of Full Council to discuss and/or pass motions regarding the misleading of both the public and elected members on the issue of Council Tax by the Council Leader and potentially other members of the Conservative Coalition.

This is a matter of utmost urgency in the context of the financing position of the authority, the preparation of the MTFs, which will happen ahead of the next council meeting, and public confidence in the council leadership.”

Signed: Councillors Harrison, Brash, Allen, Boddy, Clayton, Creevy, Feeney, Hall, Hargreaves, Howson, Morley, Thompson, Sharp, Dodds, Holbrook, Oliver and Dunbar.

- 3.2 A presentation to Council outlined a case that the public, the Council or both had been misled by the Leader of the Council and the Conservative Party in Hartlepool on the issue of Council Tax which would constitute a material breach of the code of conduct and the Nolan principles of conduct in public life. It was agreed by Council that the matter of whether the leader of the Council and other Conservative members deliberately misled the public,

elected member or both be referred to Audit and Governance to conduct a full investigation in conjunction with an independent person (Minute No. 60 refers).

3.3 In its role as the Council's Standards Committee, the Audit and Governance Committee at its meeting on the 17th October 2023 approved:-

- i) The referral of the investigation to the Chief Solicitor, in conjunction with an Independent Person; and
- ii) That whilst no specific timescale had been set by Full Council for the completion of the investigation, it should be undertaken as a matter of urgency. The outcome of the investigation to then be reported back to a future meeting of the Committee for consideration before referring back to Full Council.

4. FINANCIAL CONSIDERATIONS

4.1 At the time of writing, this investigation has cost circa £8500 (excluding HBC officer time).

5. LEGAL CONSIDERATIONS

5.1 Legal considerations are considered within the investigation report.

6. OTHER CONSIDERATIONS

CHILD AND FAMILY POVERTY	N/A
EQUALITY AND DIVERSITY CONSIDERATIONS	N/A
STAFF CONSIDERATIONS	N/A
ASSET MANAGEMENT CONSIDERATIONS	N/A
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	N/A

7. RECOMMENDATIONS

7.1 That the Committee consider the appended investigation reports and consider any sanctions and/or recommendations to make to Full Council.

8. REASONS FOR RECOMMENDATIONS

8.1 To comply with the referral from Council.

9. BACKGROUND PAPERS

Extraordinary Council Minutes – 16 October 2023
 Audit and Governance Committee Minutes – 17 October 2023
 Member Code of Conduct – Constitution

Arrangements for Dealing with Complaints -

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

10. CONTACT OFFICERS

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AUDIT AND GOVERNANCE COMMITTEE

31st January 2024



Report of: Statutory Scrutiny Manager

Subject: GP ACCESS IN HARTLEPOOL – COVERING
REPORT

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
<ul style="list-style-type: none">- where people are enabled to live healthy, independent and prosperous lives.

2. PURPOSE OF REPORT

2.1 To:

- Introduce a presentation from the Integrated Care Board (ICB) Director of Primary and Community Care, and Clinical Directors, in relation to access to General Practitioners (GP's) in Hartlepool; and
- Facilitate the sharing of information and allow requests for / provision of clarification where required.

3. BACKGROUND

3.1 Access to General Practitioner (GP) services has been discussed across the country and is an issue of ongoing interest to the Audit and Governance Committee.

3.2 The Committee has considered the issue on a number of occasions:

- On the 9th March 2023¹ consideration was given to the findings of the Healthwatch Hartlepool consultation², and actions of the Integrated Care Board's (ICB) in response to it.
- On the 19th September 2023³, Members welcomed confirmation that the application to close the Hartfields GP Practice had been withdrawn and

¹ [Agendas, reports and minutes | Hartlepool Borough Council](#)

² [GP Access Report | Healthwatch Hartlepool](#)

³ [Agendas, reports and minutes | Hartlepool Borough Council](#)

agreed to meet with Hartfields residents to discuss further their access to health services issues. At a subsequent meeting, whilst some residents continued to be concerned about access to services, it was encouraging to find that some residents were finding appointments / services more easily accessible and it was agreed that this would be fed back to the Practice. It was also agreed at the meeting on the 19th September 2023 that GP access on a town wide basis would be discussed further at a future meeting of the Committee.

4. PROPOSALS/ISSUES FOR CONSIDERATION

4.1 At the request of the Committee, Karen Hawkins (ICB Director - Primary & Community Care) and a number of Clinical Directors who liaise with practices will be in attendance at today's meeting. Information to be provided will include an overview of:

- General Practice;
- GP contracts;
- Enhanced services;
- Appointment activity;
- Survey results; and
- Access issues.

4.2 In addition to this, specific information has also been requested in relation to:

- The local and national position in terms of GP access. How does the position in Hartlepool compare with that experienced nationally or in neighbouring Local Authorities?
- What percentage of appointments are face to face.
- How do GP practices fulfil their responsibilities around our veteran community (especially given the new covenant duty and the veteran friendly accreditation scheme)?
- What GP's are commissioned to provide and how.
- The direction of travel in relation to access to GP services.
- Any possible changes to the way in which GP's are commissioned, or working arrangements with them, as a result of the new ICB arrangements.

4.3 Members are asked to consider the information provided and seek clarification where required to assist in the formulation of a clearer understanding of the:

- Current situation in relation to GP (services and appointments);
- Pressures and challenges that face GP's (now and in the future); and
- What the future holds for GP service provision.

5. RISK IMPLICATIONS

5.1 No material implications.

6. FINANCIAL CONSIDERATIONS

6.1 No material implications.

7. LEGAL CONSIDERATIONS

7.1 No material implications.

8. CHILD AND FAMILY POVERTY

8.1 No material implications.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

9.1 No material implications.

10. STAFF CONSIDERATIONS

10.1 No material implications.

11. ASSET MANAGEMENT CONSIDERATIONS

11.1 No material implications.

12. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

12.1 No material implications.

13. RECOMMENDATIONS

13.1 That the Committee notes the presentation and seeks clarification where required.

14. REASONS FOR RECOMMENDATIONS

14.1 To increase the Committee's understanding of the position in terms of access to GP services in Hartlepool.

15. BACKGROUND PAPERS

A&G reports and minutes:

- 9th March 2023 ([Agendas, reports and minutes | Hartlepool Borough Council](#))

- 19th September 2023 ([Agendas, reports and minutes | Hartlepool Borough Council](#))

[GP Access Report | Healthwatch Hartlepool](#)

16. CONTACT OFFICERS

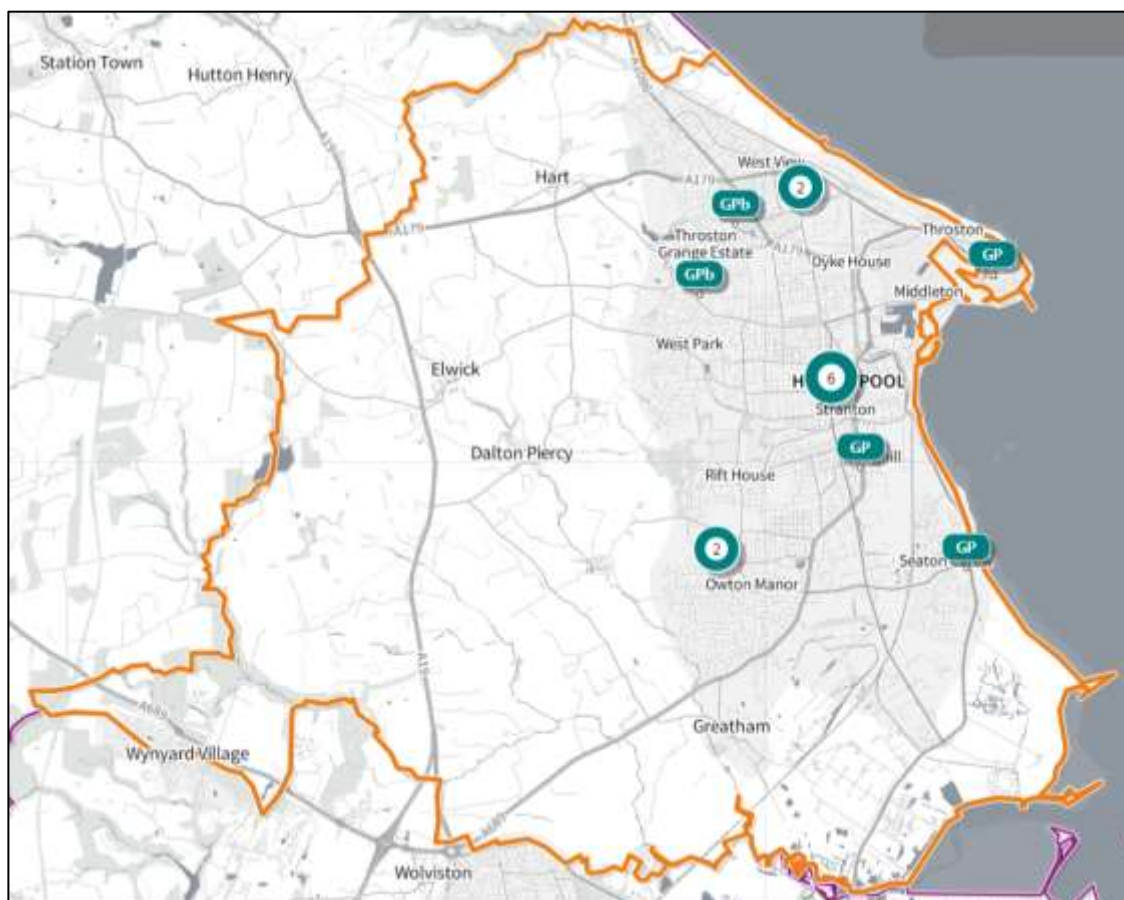
Contact Officer: -

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Primary Medical Care and General Practice Access: Hartlepool Data Pack

**Better health
and wellbeing for all...**

Hartlepool General Practice Overview



Location of general practices and branch sites:

Data Source: SHAPE Atlas (<https://app.shapeatlas.net/>)

In Hartlepool there are 11 practices in 3 Primary Care Networks, covering a registered population of 98,607 (1st January 2024).

Number of Practices	Smallest List Size	Largest List Size	Average List Size	Number of PCNs
11	3,866	18,916	8,964	3

The 11 practices and list sizes as of 1st January 2024 are seen below:

Practice	Practice List Size
Bankhouse Surgery	10,110
Chadwick Practice	11,597
Dr Koh and Trory	6,093
Gladstone House Surgery	5,863
Hart Medical Practice	9,454
Havelock Grange Practice	13,536
Headland Medical Centre	5,422
McKenzie Group Practice	18,916
McKenzie House (Wynyard Road)	6,393
Seaton Surgery	3,866
West View Millennium Surgery	7,357

Data Source: NHS Digital (<https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/january-2024>)

Practice Opening Hours

Practice	Opening Hours
Bankhouse Surgery	Monday to Friday: 08:00 to 18:00
Chadwick Practice	Monday to Friday: 08:00 to 18:00
Dr Koh and Trory	Monday to Friday: 08:30 to 18:00 <i>The practice closes every day between 12:00-13:00</i>
Gladstone House Surgery	Monday to Friday: 08:30 to 18:00
Hart Medical Practice	Monday to Friday: 08:00 to 18:00
Havelock Grange Practice	Monday to Friday: 08:30 to 18:00
Havelock Grange Practice - branch (Brierton Medical Centre)	Monday to Friday: 08:30 to 17:00 <i>The branch surgery closes every day between 12:30-13:00</i>
Headland Medical Centre	Monday to Friday: 08:00 to 18:00 <i>The practice closes every day between 12:30-13:30</i>
McKenzie Group Practice (McKenzie House)	Monday to Friday: 08:30 to 18:00
McKenzie Group Practice – branch (Throston Medical Centre)	Monday to Friday: 08:30 to 18:00
McKenzie Group Practice – branch (Victoria Medical Centre)	Monday to Friday: 08:30 to 18:00
McKenzie Group Practice (Wynyard Road)	Monday to Friday: 08:00 to 18:00
McKenzie Group Practice – branch (Hartfields)	Monday to Friday: 08:00 to 18:00
Seaton Surgery	Monday to Friday: 08:30 to 18:00
West View Millennium Surgery	Monday to Friday: 08:00 to 18:00 <i>The practice closes every day between 12:00-13:30</i>

Data Source: GP Practice Websites

CQC Rating

Practice	Overall CQC Rating	CQC Domain Ratings
Bankhouse Surgery	Good Latest Inspection: 21 June 2016 Latest Review: 6 July 2023	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Chadwick Practice	Good Latest Inspection: 29 September 2016 Latest Review: 6 July 2023	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Dr Koh and Trory	Good Latest Inspection: 16 November 2017 Latest Review: 6 July 2023	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Gladstone House Surgery	Good Latest Inspection: 7 January 2016 Latest Review: 6 July 2023	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Hart Medical Practice	Good	Safe: Good

	Latest Inspection: 4 April 2018 Latest Review: 6 July 2023	Effective: Good Caring: Good Responsive: Good Well-led: Good
Havelock Grange Practice	Good Latest Inspection: 12 May 2016 Latest Review: 20 September 2019	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Headland Medical Centre	Good Latest Inspection: 25 April 2018 Latest Review: 6 July 2023	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
McKenzie Group Practice (McKenzie House)	Good Latest Inspection: 10 December 2021 Latest Review: 6 July 2023	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
McKenzie Group Practice (Wynyard Road Medical Centre)	Good Latest Inspection: 10 December 2021 Latest Review: 6 July 2023	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Seaton Surgery	Good Latest Inspection: 14 January 2016 Latest Review: 6 July 2023	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
West View Millennium Surgery	Good Latest Inspection: 24 May 2017 Latest Review: 6 July 2023	Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

Data Source: [Care Quality Commission \(cqc.org.uk\)](http://carequalitycommission.org.uk)

Staffing Levels

	Headcount (HC) and Full Time Equivalent (FTE)* for:			
Practice	GP	Nurse	Direct Patient Care	Admin
Bankhouse Surgery	HC 11	HC 4	HC 3	HC 20
	FTE 11.84	FTE 2.37	FTE 3	FTE 17.62
Chadwick Practice	HC 5	HC 6	HC 3	HC 16
	FTE 4.54	FTE 5.06	FTE 2.49	FTE 12.08
Dr Koh and Trory	HC 4	HC 4	HC 3	HC 9
	FTE 2.40	FTE 2.8	FTE 1.33	FTE 6.84
Gladstone House Surgery	HC 2	HC 2	HC 1	HC 6
	FTE 1.70	FTE 1.46	FTE 0.94	FTE 5.88
Hart Medical Practice	HC 5	HC 4	HC 3	HC 17
	FTE 4.56	FTE 3.28	FTE 2.09	FTE 12.32
Havelock Grange Practice	HC 16	HC 6	HC 2	HC 22
	FTE 12.40	FTE 6.00	FTE 1.65	FTE 17.77
Headland Medical Centre	HC 2	HC 3	HC 2	HC 11

	FTE 2.11	FTE 1.89	FTE 1.65	FTE 8.50
McKenzie Group Practice (McKenzie House and Wynyard Road Medical Centre)	HC 13	HC 15	HC 5	HC 46
	FTE 12.48	FTE 12.38	FTE 3.92	FTE 38.19
Seaton Surgery	HC 2	HC 2	HC 1	HC 9
	FTE 1.60	FTE 1.28	FTE 0.58	FTE 4.89
West View Millennium Surgery	HC 5	HC 5	HC 1	HC 12
	FTE 4.18	FTE 4.22	FTE 1.02	FTE 8.41

Data Source: NHS Digital ([General Practice Workforce, 30 November 2023 - NHS Digital](#)) General Practice Workforce Data – 30 November 2023

*FTE refers to the number of full-time hours being worked, whilst HC is the number of staff employed.

GP Headcount and Full Time Equivalent as a ratio to patient list size:

Practice	Headcount		Full time Equivalent	
	GP	GP: patient ratio	GP	GP: patient ratio
Bankhouse Surgery	11	1:919	11.84	1:853
Chadwick Practice	5	1:2,319	4.54	1:2,554
Dr Koh and Trory	4	1:1,523	2.40	1:2,538
Gladstone House Surgery	2	1:2,931	1.70	1:3,448
Hart Medical Practice	5	1:1,890	4.56	1:2,073
Havelock Grange Practice	16	1:846	12.40	1:1,091
Headland Medical Centre	2	1:2,711	2.11	1:2,569
McKenzie Group Practice (McKenzie House and Wynyard Road Medical Centre)	13	1:1,946	12.48	1:2,027
Seaton Surgery	2	1:1,933	1.60	1:2,416
West View Millennium Surgery	5	1:1,471	4.18	1:1,760

The table above and below are based on November 2023 workforce data and January 2024 GP practice list sizes.

Area	HC GP: patient ratio	FTE GP: patient ratio
Hartlepool	1:1,517 patients	1:1,705 patients
Tees Valley	1:1,454 patients	1:1,816 patients
England	1:1,334 patients	1:1,746 patients

As seen in the above table, Hartlepool has a GP (HC) to patient ratio of 1:1,517 compared to England which has a ratio of 1:1,334

Data Source: General Practice Workforce Data ([General Practice Workforce, 30 November 2023 - NHS Digital](#)) and Patient List Sizes ([Patients Registered at a GP Practice - NHS Digital](#))

Direct Enhanced Services - NHS England

Direct Enhanced Services (DESS) are nationally agreed and have to be offered to all GP practices in England. Practices can decide whether they sign up to a DES or not, but they must be offered the opportunity to do so.

Weight Management DES: The Covid-19 pandemic focused on obesity and weight management, which led to the introduction of a new DES in 2022/23. The aim of this DES was to introduce new measures to tackle obesity.

Learning Disabilities DES: The DES is designed to encourage practices to identify patients aged 14 and over with learning disabilities, to maintain a learning disability 'health check' register and offer an annual health check, which will include a health action plan.

Minor Surgery DES: The DES allows GPs to conduct minor surgical procedures, including injections and incisions or excisions which helps increase patient satisfaction in general practice.

Out of Area DES: All GP practices are free to register new patients who live outside their practice area without any obligation on the practice to provide home visits for such patients when the patient is at home, away from, and unable to attend, their registered practice. The purpose of the DES is for the practice to provide primary medical services to patients in their home area during core hours if they have an urgent care need and if they cannot reasonably be expected to attend their registered practice.

All but one practice in Hartlepool are signed up to the Minor Surgery DES; all are signed up to the Learning Disability and Weight Management DES; 4 practices are signed up to the Out of Area DES.

Patient Online Management Information

Practice	% of patients enabled to use:		
	Appointment booking and cancellation	Repeat prescription ordering	View detailed coded record
National Average	45.23%	50.31%	37.03%
Tees Valley Average	44.25%	50.12%	31.73%
Bankhouse Surgery	46.61%	49.03%	45.79%
Chadwick Practice	47.83%	48.35%	46.79%
Dr Koh and Trory	54.07%	54.78%	5.12%
Gladstone House Surgery	47.26%	47.60%	43.37%
Hart Medical Practice	23.89%	42.90%	40.00%
Havelock Grange Practice	40.59%	40.84%	31.74%
Headland Medical Centre	24.39%	52.12%	2.83%
McKenzie Group Practice (McKenzie House)	53.37%	54.16%	48.45%
McKenzie Group Practice (Wynyard Road)	57.56%	57.82%	52.14%
Seaton Surgery	50.26%	53.16%	49.02%
West View Millennium Surgery	45.93%	47.22%	44.15%

Data Source: Patient Online Management Information: [Patient Online Management Information \(POMI\) - NHS Digital](#) (30 November 2023)

Veteran Friendly Accreditation

The following practices are accredited:

- Bankhouse Surgery
- Chadwick Practice
- Gladstone House Surgery
- Havelock Grange Practice
- Headland Medical Centre
- McKenzie Group Practice (McKenzie House)
- McKenzie Group Practice (Wynyard Road)
- Seaton Surgery

Data Source: <https://elearning.rcgp.org.uk/mod/book/view.php?id=12533>

General Practice Appointment Data

The appointment rate per 1,000 for all appointments include face-to-face, telephone, online/ video, home visits and unknown appointments.

Tees Valley

Month	Appointment rate per 1,000 (All appointments)	Face-to-face appointment rate per 1,000	Telephone appointment rate per 1,000
October 2019	555.4	447.0	50.5
October 2020	519.2	334.2	149.6
October 2021	558.7	392.7	132.7
October 2022	553.9	435.7	91.2
October 2023	563.0	426.2	76.0

Data Source: [Appointments in General Practice - NHS Digital](#)

From October 2019 (pre-pandemic) till October 2023 the appointment rate per 1,000 has increased in Tees Valley, meaning that more appointments have been booked in 2023 than in 2019.

Hartlepool

Month	Average appointment rate per 1,000 (All appointments)	Face-to-face appointment rate per 1,000	Telephone appointment rate per 1,000
October 2022*	547.5	425.3	104.5
January 2023	532.6	418.9	109.3
April 2023	438.5	361.4	72.9
July 2023	491.4	410.2	76.0
October 2023	596.4	499.6	89.1

Data Source: [Appointments in General Practice - NHS Digital](#)

*Prior to October 2022, the data was reported as Tees Valley CCG, therefore not able to disaggregate. General practice appointment data at individual practice level commenced in October 2022.

Detailed practice breakdown Oct 2022 - Oct 2023:



Practice level
appointments- 12 mo

GP Patient Survey results

Data Source: [GP Patient Survey \(gp-patient.co.uk\)](http://gp-patient.co.uk)

		Q32. Overall, how would you describe your experience of your GP practice?				Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?				Q16. Were you satisfied with the type of appointment you were offered?				Q21. Overall, how would you describe your experience making an appointment?				Q6. How satisfied are you with the general practice appointment times that are available to you?			
		National Average 2023				National Average 2023				National Average 2023				National Average 2023				National Average 2023			
		71%				50%				72%				54%				53%			
Practice Code	Practice	PCN Av	2023	2022	2021	PCN Av	2023	2022	2021	PCN Av	2023	2022	2021	PCN Av	2023	2022	2021	PCN Av	2023	2022	2021
A83005	Whinfield Medical Practice	81%	75%	79%	85%	64%	75%	45%	33%	78%	73%	70%	78%	63%	52%	53%	60%	62%	58%	60%	60%
A83006	Orchard Court Surgery	81%	98%	93%	98%	64%	92%	88%	100%	78%	93%	89%	98%	63%	92%	89%	94%	62%	82%	85%	85%
A83010	Moorlands Surgery	81%	78%	71%	73%	64%	41%	41%	49%	78%	70%	70%	75%	63%	55%	58%	61%	62%	48%	52%	55%
A83013	Neasham Road Surgery	81%	73%	73%	84%	64%	54%	46%	56%	78%	73%	74%	78%	63%	43%	65%	72%	62%	55%	63%	67%
A83031	Carmel Medical Practice	81%	74%	64%	92%	64%	47%	26%	80%	78%	72%	59%	84%	63%	51%	39%	72%	62%	54%	35%	58%
A83034	Blacketts Medical Practice	81%	88%	87%	90%	64%	85%	88%	99%	78%	82%	90%	91%	63%	76%	84%	88%	62%	71%	78%	85%
A83040	Clifton Court Medical Practice	81%	78%	69%	83%	64%	62%	45%	64%	78%	66%	71%	81%	63%	57%	63%	68%	62%	57%	62%	66%
A83047	Denmark Street Surgery	81%	61%	67%	87%	64%	26%	30%	49%	78%	74%	65%	82%	63%	50%	49%	75%	62%	42%	53%	71%
A83048	Rockliffe Court Surgery	81%	100%	92%	96%	64%	98%	96%	96%	78%	94%	97%	96%	63%	86%	91%	94%	62%	82%	89%	91%
A83070	St George's Medical Practice	81%	87%	93%	97%	64%	94%	94%	96%	78%	80%	90%	88%	63%	76%	87%	91%	62%	69%	69%	80%
A83641	Parkgate Surgery	81%	75%	70%	81%	64%	68%	67%	76%	78%	83%	76%	78%	63%	56%	54%	68%	62%	56%	67%	73%

The table above is a comparison of the results from 2023 to 2022.

		Q32. Overall, how would you describe your experience of your GP practice?				Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?				Q16. Were you satisfied with the type of appointment you were offered?				Q21. Overall, how would you describe your experience making an appointment?				Q6. How satisfied are you with the general practice appointment times that are available to you?			
		National Average 2023				National Average 2023				National Average 2023				National Average 2023				National Average 2023			
		71%				50%				72%				54%				53%			
Practice Code	Practice	PCN Av	2023	2022	2021	PCN Av	2023	2022	2021	PCN Av	2023	2022	2021	PCN Av	2023	2022	2021	PCN Av	2023	2022	2021
A83005	Whinfield Medical Practice	81%	75%	79%	85%	64%	37%	45%	33%	78%	73%	70%	78%	63%	52%	53%	60%	62%	58%	60%	60%
A83006	Orchard Court Surgery	81%	98%	93%	98%	64%	92%	88%	100%	78%	93%	89%	98%	63%	93%	89%	94%	62%	82%	85%	85%
A83010	Moorlands Surgery	81%	78%	71%	73%	64%	41%	41%	49%	78%	70%	70%	75%	63%	55%	58%	61%	62%	48%	52%	55%
A83013	Neasham Road Surgery	81%	73%	73%	84%	64%	54%	46%	56%	78%	73%	74%	78%	63%	43%	65%	72%	62%	55%	63%	67%
A83031	Carmel Medical Practice	81%	74%	64%	92%	64%	47%	26%	80%	78%	72%	59%	84%	63%	51%	39%	72%	62%	54%	35%	58%
A83034	Blacketts Medical Practice	81%	88%	87%	90%	64%	85%	88%	99%	78%	82%	90%	91%	63%	76%	84%	88%	62%	71%	78%	85%
A83040	Clifton Court Medical Practice	81%	78%	69%	83%	64%	62%	45%	64%	78%	66%	71%	81%	63%	57%	63%	68%	62%	57%	62%	66%
A83047	Denmark Street Surgery	81%	61%	67%	87%	64%	26%	30%	49%	78%	74%	65%	82%	63%	50%	49%	75%	62%	42%	53%	71%
A83048	Rockliffe Court Surgery	81%	100%	92%	96%	64%	98%	96%	96%	78%	94%	97%	96%	63%	86%	91%	94%	62%	82%	89%	91%
A83070	St George's Medical Practice	81%	87%	93%	97%	64%	94%	94%	96%	78%	80%	90%	88%	63%	76%	87%	91%	62%	69%	69%	80%
A83641	Parkgate Surgery	81%	76%	70%	81%	64%	68%	67%	76%	78%	83%	76%	78%	63%	56%	54%	68%	62%	56%	67%	73%

The table above is a heat map of the GP Patient survey results from 2021 to 2023 for Hartlepool.

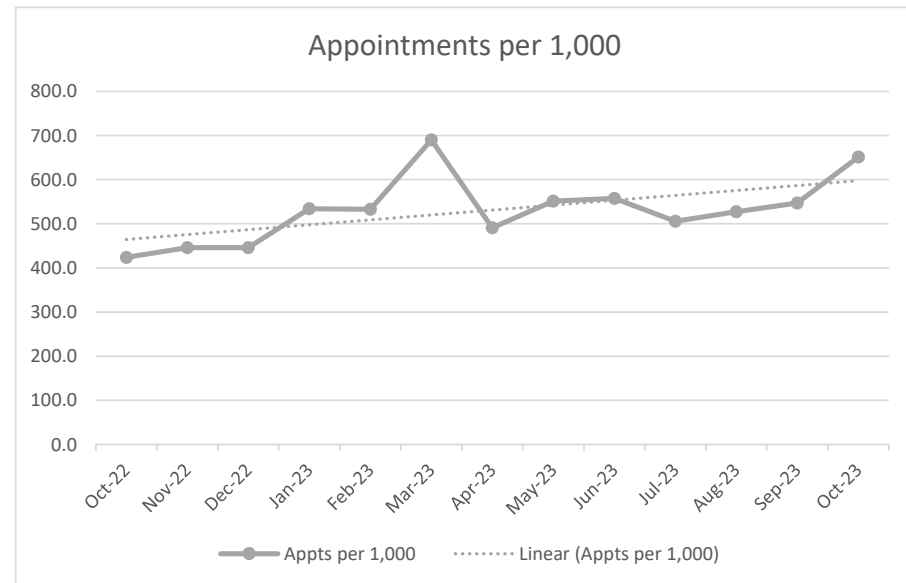
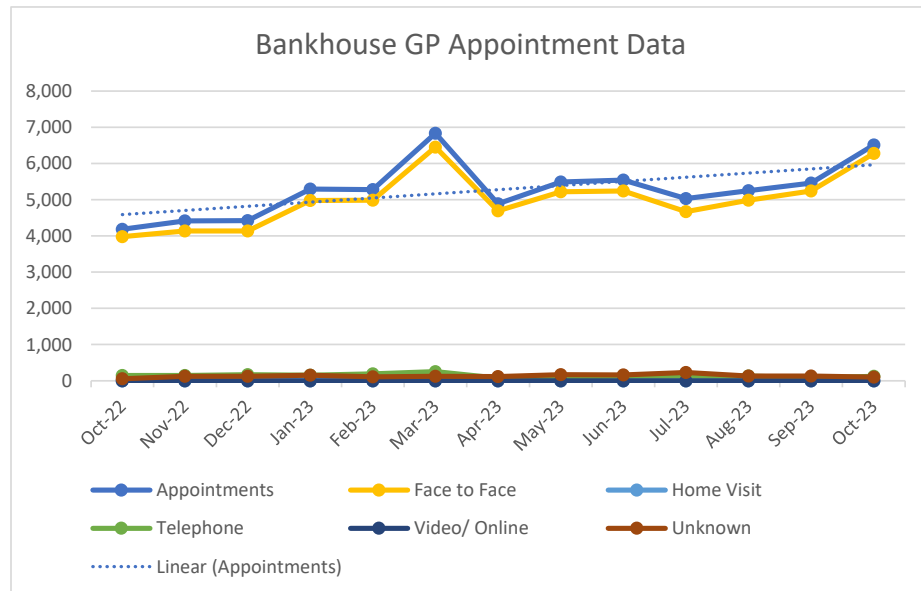
		Q32. Overall, how would you describe your experience of your GP practice?				Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?				Q16. Were you satisfied with the type of appointment you were offered?				Q21. Overall, how would you describe your experience making an appointment?				Q6. How satisfied are you with the general practice appointment times that are available to you?			
		National Average 2023				National Average 2023				National Average 2023				National Average 2023				National Average 2023			
		71%				50%				72%				54%				53%			
Practice Code	Practice	TV Av. 2023	2023	2022	2021	TV Av. 2023	2023	2022	2021	TV Av. 2023	2023	2022	2021	TV Av. 2023	2023	2022	2021	TV Av. 2023	2023	2022	2021
A83005	Whinfield Medical Practice	74%	75%	79%	85%	49%	37%	45%	33%	75%	73%	70%	78%	57%	52%	53%	60%	55%	58%	60%	60%
A83006	Orchard Court Surgery	74%	98%	93%	98%	49%	92%	88%	100%	75%	93%	89%	98%	57%	93%	89%	94%	55%	82%	85%	85%
A83010	Moorlands Surgery	74%	78%	71%	73%	49%	41%	41%	49%	75%	70%	70%	75%	57%	55%	58%	61%	55%	48%	52%	55%
A83013	Neasham Road Surgery	74%	73%	73%	84%	49%	54%	46%	56%	75%	73%	74%	78%	57%	43%	65%	72%	55%	55%	63%	67%
A83031	Carmel Medical Practice	74%	74%	64%	92%	49%	47%	26%	80%	75%	72%	59%	84%	57%	51%	39%	72%	55%	54%	35%	58%
A83034	Blacketts Medical Practice	74%	88%	87%	90%	49%	85%	88%	99%	75%	82%	90%	91%	57%	76%	84%	88%	55%	71%	78%	85%
A83040	Clifton Court Medical Practice	74%	78%	69%	83%	49%	62%	45%	64%	75%	66%	71%	81%	57%	57%	63%	68%	55%	57%	62%	66%
A83047	Denmark Street Surgery	74%	61%	67%	87%	49%	26%	30%	49%	75%	74%	65%	82%	57%	50%	49%	75%	55%	42%	53%	71%
A83048	Rockliffe Court Surgery	74%	100%	92%	96%	49%	98%	96%	96%	75%	94%	97%	96%	57%	86%	91%	94%	55%	82%	89%	91%
A83070	St George's Medical Practice	74%	87%	93%	97%	49%	94%	94%	96%	75%	80%	90%	88%	57%	76%	87%	91%	55%	69%	69%	80%
A83641	Parkgate Surgery	74%	76%	70%	81%	49%	68%	67%	76%	75%	83%	76%	78%	57%	56%	54%	68%	55%	56%	67%	73%

The table above show the Hartlepool practices' results in 2023 compared to the Tees Valley average.

GP Appointments

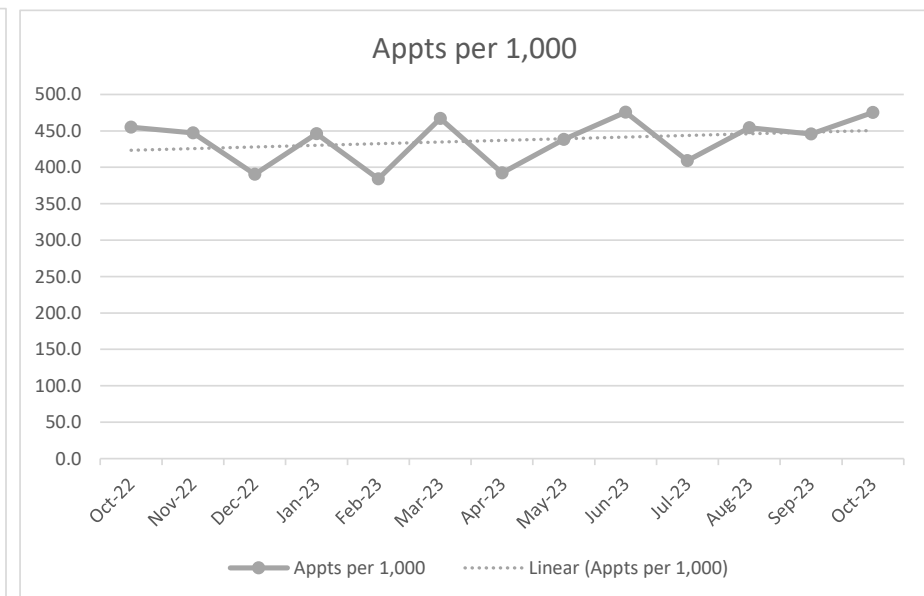
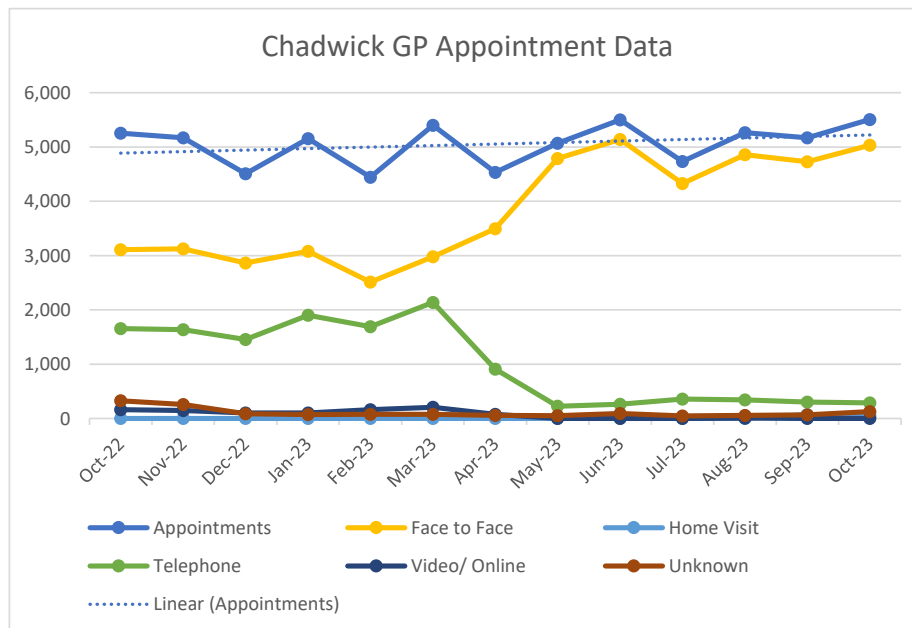
BANKHOUSE SURGERY

Practice	Bankhouse Surgery									
Month	Appointments	List size	Appts per 1,000	Face to Face	Home Visit	Telephone	Video/ Online	Unknown	DNA	
Oct-22	4,185	9,868	424.1	3980	0	150	0	55	x	
Nov-22	4,414	9,897	446.0	4137	0	149	0	128	x	
Dec-22	4,426	9,923	446.0	4136	0	166	0	124	x	
Jan-23	5,294	9,913	534.0	4980	0	156	0	158	x	
Feb-23	5,282	9,910	533.0	4984	0	191	0	107		207
Mar-23	6,835	9,904	690.1	6454	0	254	0	127		249
Apr-23	4,887	9,953	491.0	4695	0	74	0	118		186
May-23	5,488	9,951	551.5	5,216	0	105	0	167		221
Jun-23	5,540	9,938	557.5	5242	0	134	0	164		215
Jul-23	5,033	9,945	506.1	4,674	0	129	0	230		191
Aug-23	5,251	9,959	527.3	4,989	0	130	0	132		227
Sep-23	5,457	9,969	547.4	5,244	0	83	0	130		207
Oct-23	6,511	9,996	651.4	6,282	0	127	0	102		246



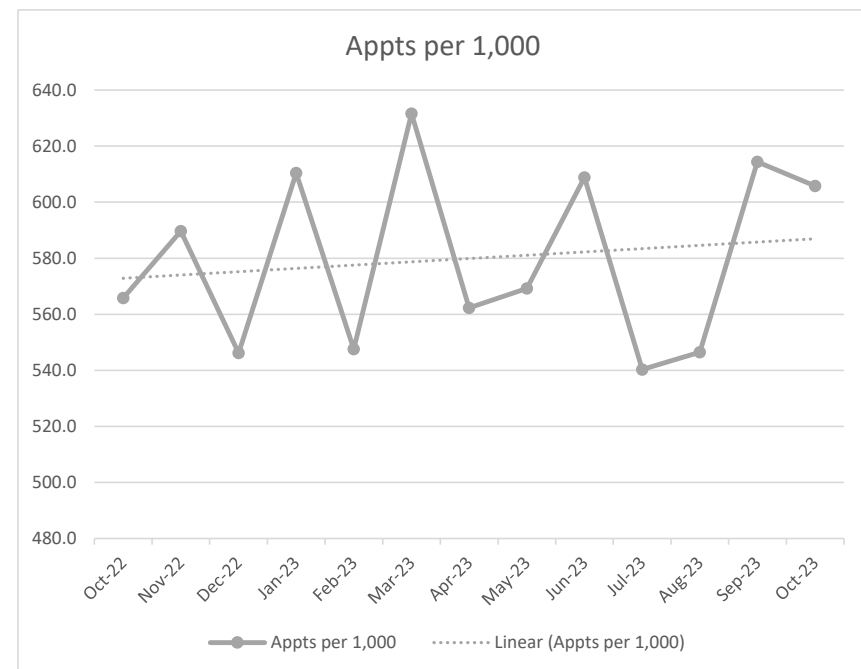
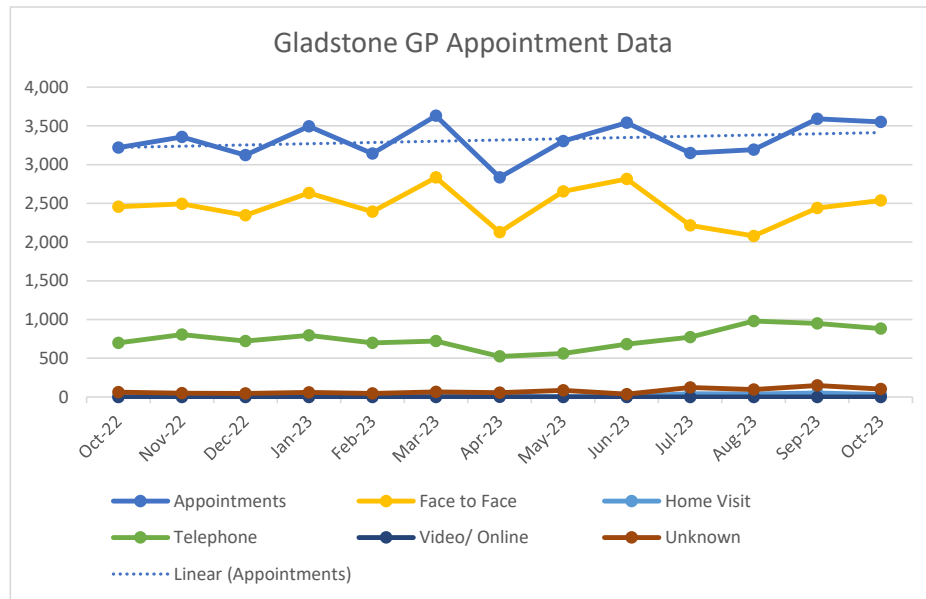
GP Appointments

Practice	The Chadwick Practice								
Month	Appointments	List size	Appts per 1,000	Face to Face	Home Visit	Telephone	Video/ Online	Unknown	DNA
Oct-22	5,253	11,546	455.0	3110	0	1656	161	326	x
Nov-22	5,167	11,550	447.4	3123	0	1638	147	259	x
Dec-22	4,509	11,550	390.4	2865	0	1455	102	87	x
Jan-23	5,153	11,556	445.9	3080	0	1899	102	72	x
Feb-23	4,445	11,569	384.2	2512	3	1692	160	78	134
Mar-23	5,401	11,561	467.2	2979	0	2138	206	78	162
Apr-23	4,535	11,565	392.1	3493	0	910	76	56	113
May-23	5,069	11,567	438.2	4,790	1	225	0	53	139
Jun-23	5,500	11,564	475.6	5140	4	264	0	92	175
Jul-23	4,735	11,576	409.0	4,327	3	358	0	47	135
Aug-23	5,265	11,588	454.3	4,858	2	342	6	57	172
Sep-23	5,169	11,599	445.6	4,729	71	302	0	67	132
Oct-23	5,507	11,588	475.2	5,035	56	287	0	129	155



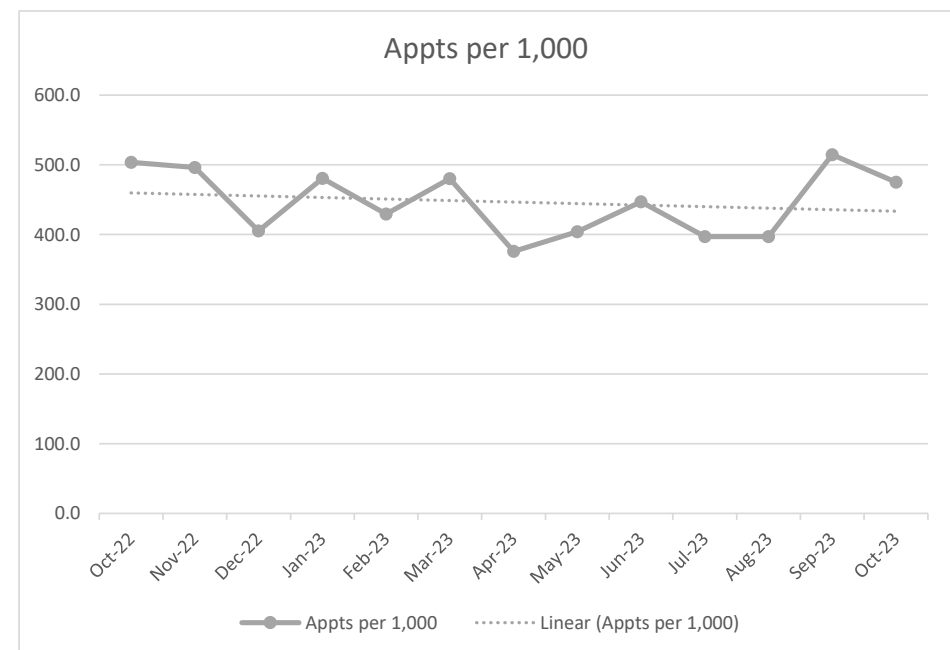
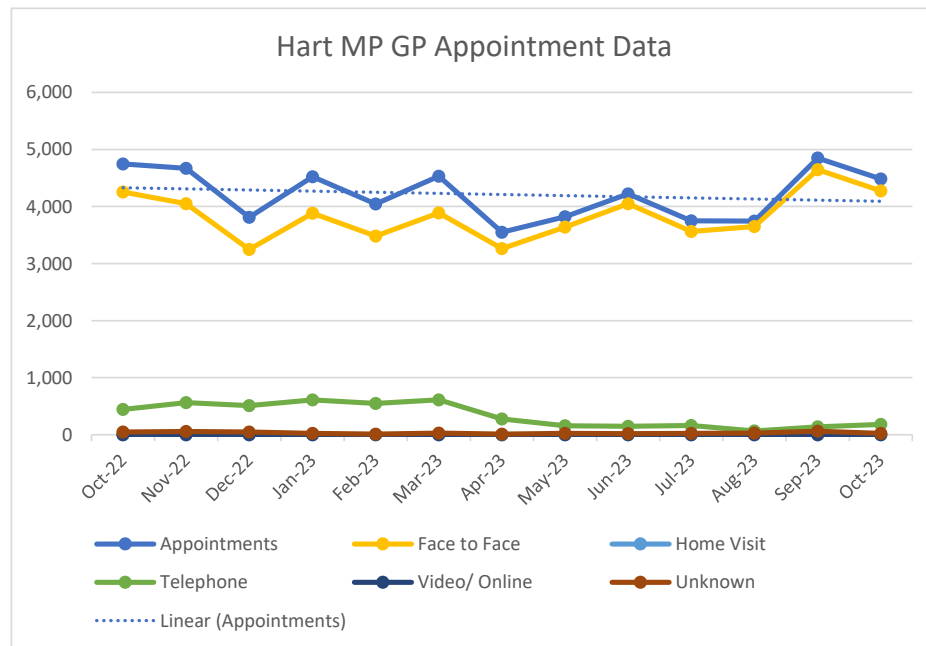
GP Appointments

Practice	GLADSTONE HOUSE SURGERY 78									
Month	Appointments	List size	Appts per 1,000	Face to Face	Home Visit	Telephone	Video/ Online	Unknown	DNA	
Oct-22	3,219	5,689	565.8	2456	2	698	0	63	x	
Nov-22	3,357	5,693	589.7	2493	10	806	0	48	x	
Dec-22	3,121	5,714	546.2	2345	8	723	0	45	x	
Jan-23	3,494	5,724	610.4	2634	7	794	0	59	x	
Feb-23	3,142	5,738	547.6	2393	7	698	0	44		135
Mar-23	3,630	5,747	631.6	2833	8	722	0	67		155
Apr-23	2,835	5,042	562.3	2127	5	523	1	54		124
May-23	3,304	5,805	569.2	2,652	6	561	0	85		173
Jun-23	3,541	5,816	608.8	2816	6	682	0	37		164
Jul-23	3,150	5,830	540.3	2,215	42	772	0	121		134
Aug-23	3,193	5,843	546.5	2,079	39	980	0	95		141
Sep-23	3,591	5,845	614.4	2,441	51	951	0	148		174
Oct-23	3,552	5,864	605.7	2,535	31	884	0	102		231



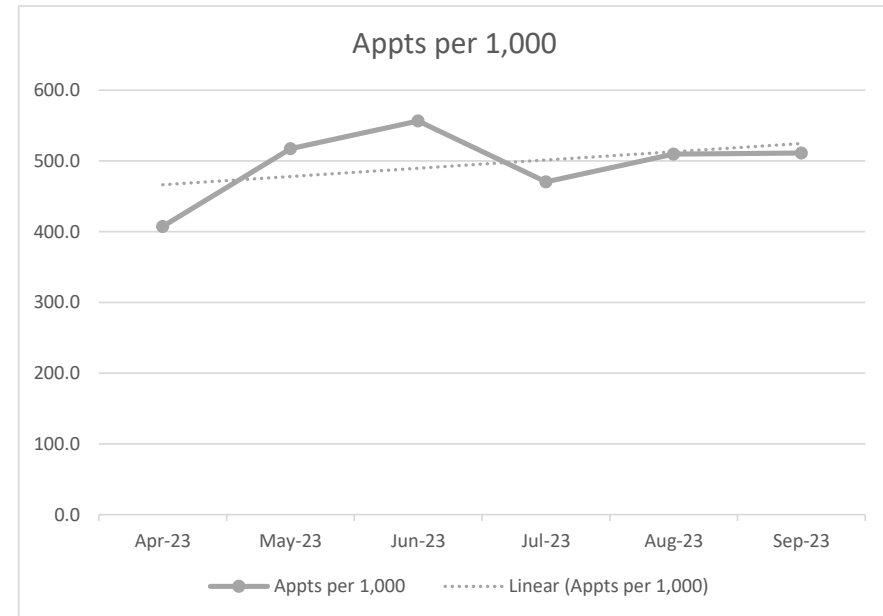
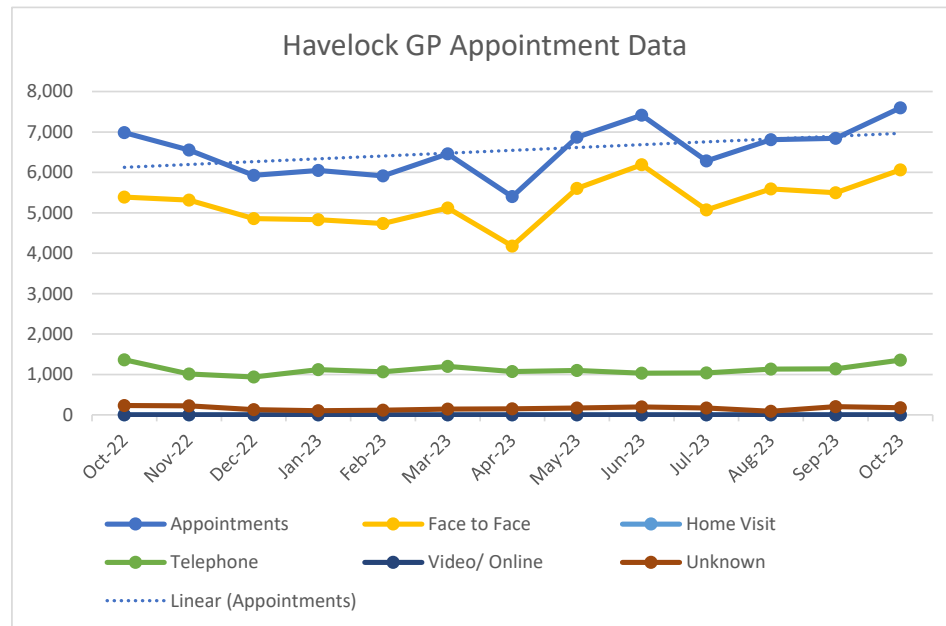
GP Appointments

Practice	HART MEDICAL PRACTICE								
Hart	Appointments	List size	Appts per 1,000	Face to Face	Home Visit	Telephone	Video/ Online	Unknown	DNA
Oct-22	4,744	9,421	503.6	4255	0	442	0	47	x
Nov-22	4,671	9,417	496.0	4052	0	562	0	57	x
Dec-22	3,812	9,406	405.3	3248	0	513	1	50	x
Jan-23	4,523	9,412	480.6	3885	0	612	0	26	x
Feb-23	4,045	9,419	429.5	3484	0	549	0	12	164
Mar-23	4,530	9,434	480.2	3890	0	613	0	27	217
Apr-23	3,550	9,445	375.9	3262	0	276	0	12	181
May-23	3,821	9,460	403.9	3,639	0	159	0	23	231
Jun-23	4,221	9,439	447.2	4049	0	150	0	22	151
Jul-23	3,749	9,441	397.1	3,562	0	164	0	23	152
Aug-23	3,746	9,434	397.1	3,651	0	67	0	28	173
Sep-23	4,849	9,423	514.6	4,647	0	140	0	62	621
Oct-23	4,482	9,432	475.2	4,275	0	182	0	25	263



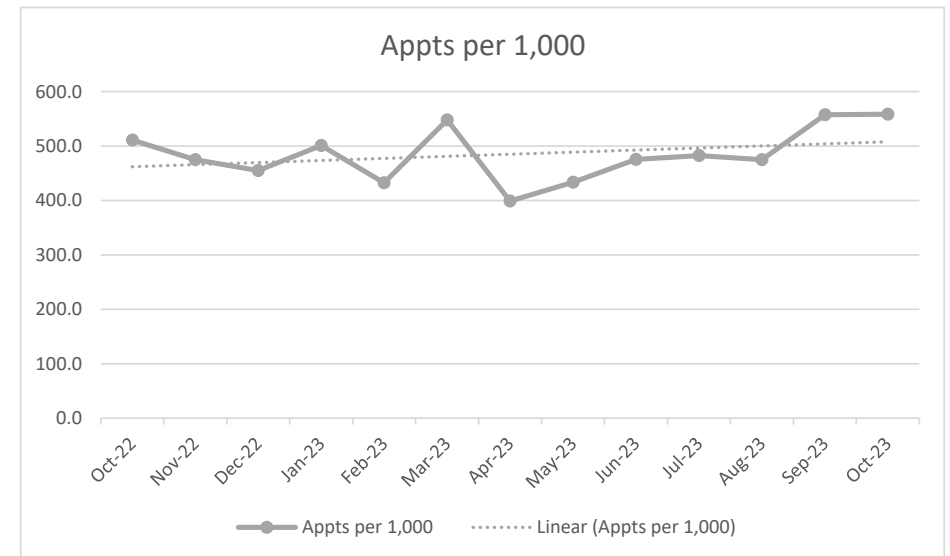
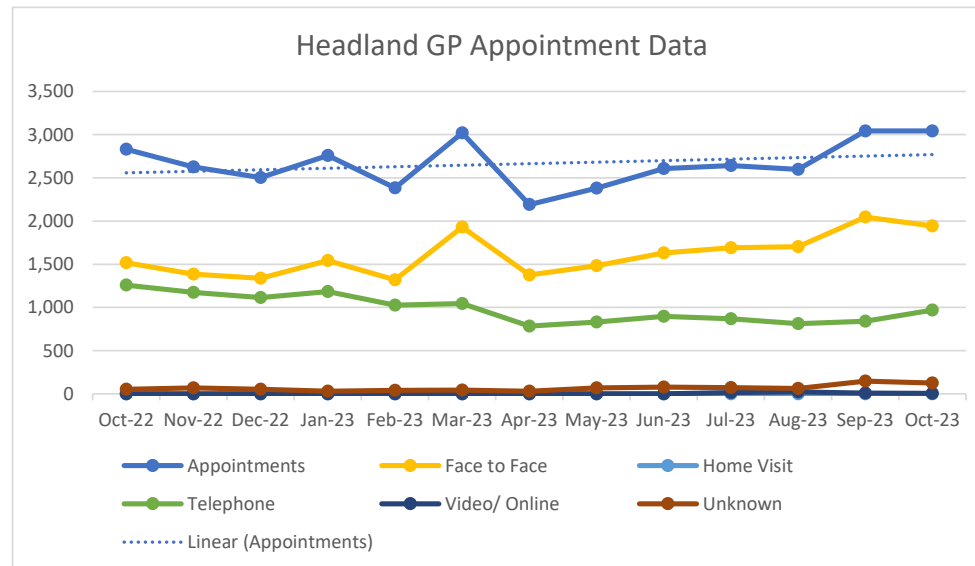
GP Appointments

Practice	HAVELOCK GRANGE PRACTICE								
Month	Appointments	List size	Appts per 1,000	Face to Face	Home Visit	Telephone	Video/ Online	Unknown	DNA
Oct-22	6,984	13,117	532.4	5389	0	1364	0	231	x
Nov-22	6,554	13,141	498.7	5315	0	1013	0	226	x
Dec-22	5,924	13,177	449.6	4857	0	937	0	130	x
Jan-23	6,047	13,186	458.6	4829	0	1116	0	102	x
Feb-23	5,915	13,184	448.6	4735	0	1063	0	117	299
Mar-23	6,460	13,217	488.8	5116	0	1202	0	142	299
Apr-23	5,398	13,249	407.4	4178	0	1070	0	150	284
May-23	6,868	13,279	517.2	5,603	0	1099	0	166	325
Jun-23	7,412	13,321	556.4	6188	0	1028	0	196	380
Jul-23	6,280	13,346	470.6	5,073	0	1,035	0	172	353
Aug-23	6,806	13,359	509.5	5,588	0	1,129	0	89	304
Sep-23	6,840	13,385	511.0	5,498	0	1,136	0	206	313
Oct-23	7,596	13,446	564.9	6,064	0	1,355	0	177	371



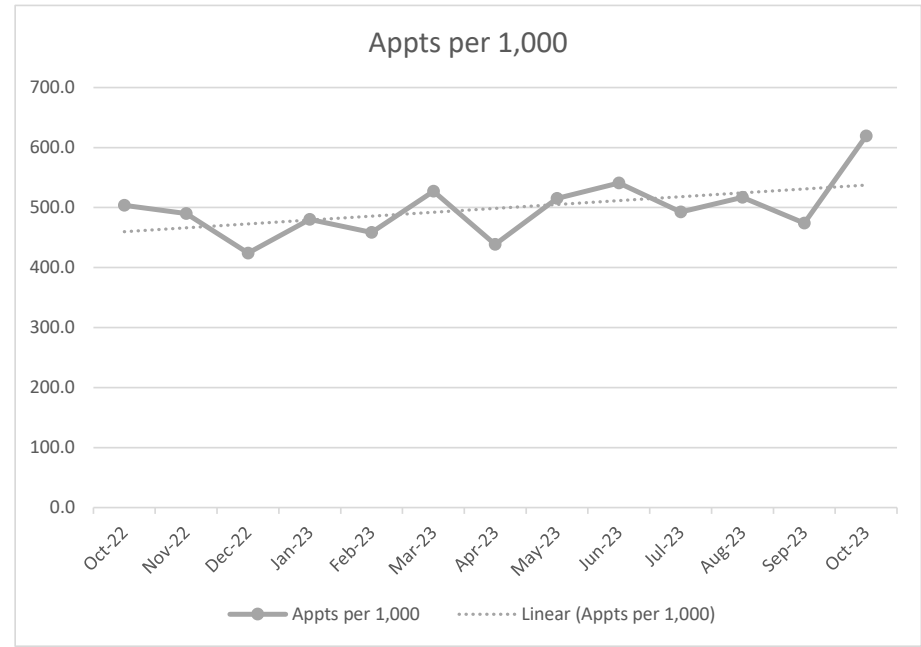
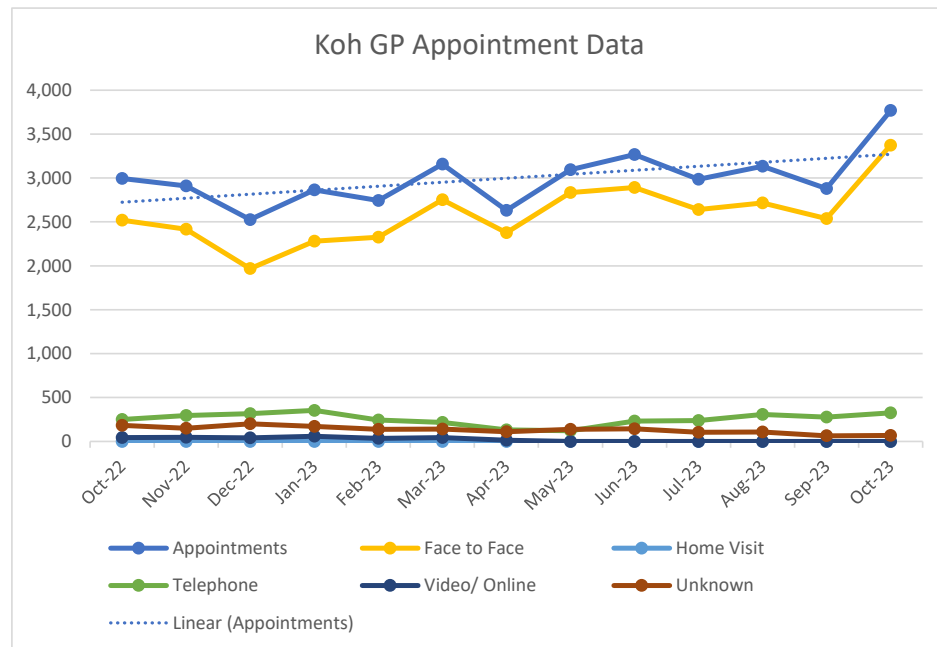
GP Appointments

Practice	THE HEADLAND MEDICAL CENTRE								
Month	Appointments	List size	Appts per 1,000	Face to Face	Home Visit	Telephone	Video/ Online	Unknown	DNA
Oct-22	2,831	5,540	511.0	1519	0	1258	0	54	x
Nov-22	2,627	5,529	475.1	1384	0	1175	0	68	x
Dec-22	2,503	5,505	454.7	1337	0	1114	0	52	x
Jan-23	2,758	5,504	501.1	1544	0	1182	0	32	x
Feb-23	2,384	5,513	432.4	1320	0	1025	0	39	151
Mar-23	3,021	5,512	548.1	1931	0	1046	0	44	208
Apr-23	2,190	5,491	398.8	1376	0	784	0	30	123
May-23	2,381	5,494	433.4	1,482	0	832	0	67	105
Jun-23	2,606	5,481	475.5	1632	0	896	0	78	130
Jul-23	2,643	5,481	482.2	1,691	0	867	15	70	155
Aug-23	2,599	5,472	475.0	1,702	0	813	22	62	142
Sep-23	3,043	5,458	557.5	2,046	0	841	9	147	129
Oct-23	3,043	5,449	558.5	1,943	0	968	6	126	121



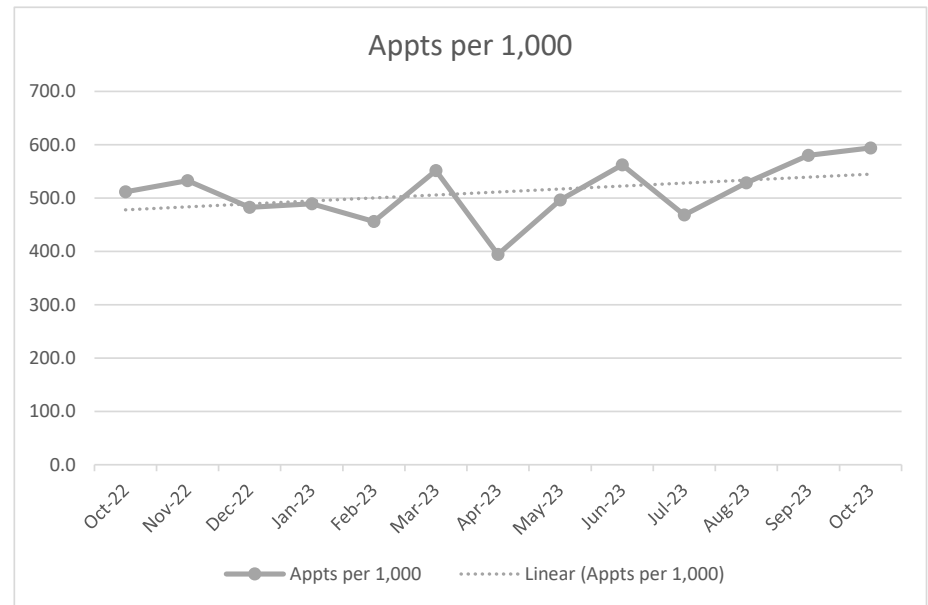
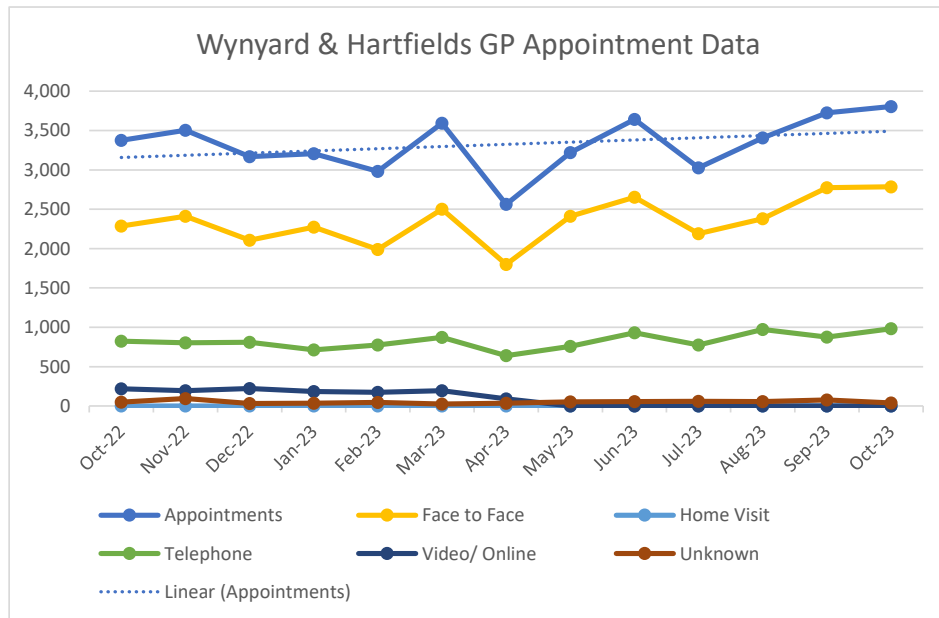
GP Appointments

Practice	THE KOH PRACTICE									
Month	Appointments	List size	Appts per 1,000	Face to Face	Home Visit	Telephone	Video/ Online	Unknown	DNA	
Oct-22	2,995	5,948	503.5	2519	0	251	43	182	x	
Nov-22	2,910	5,940	489.9	2417	0	296	46	151	x	
Dec-22	2,527	5,957	424.2	1968	0	316	42	201	x	
Jan-23	2,865	5,968	480.1	2280	0	354	59	172	x	
Feb-23	2,745	5,984	458.7	2326	0	245	36	138		84
Mar-23	3,157	5,990	527.0	2753	0	217	45	142		125
Apr-23	2,632	6,000	438.7	2377	0	132	13	110		92
May-23	3,096	6,009	515.2	2,835	0	122	0	139		110
Jun-23	3,267	6,038	541.1	2892	0	231	0	144		97
Jul-23	2,986	6,060	492.7	2,642	0	238	0	106		90
Aug-23	3,135	6,063	517.1	2,717	0	309	0	109		90
Sep-23	2,880	6,073	474.2	2,539	0	277	0	64		82
Oct-23	3,768	6,085	619.2	3,374	0	327	0	67		146



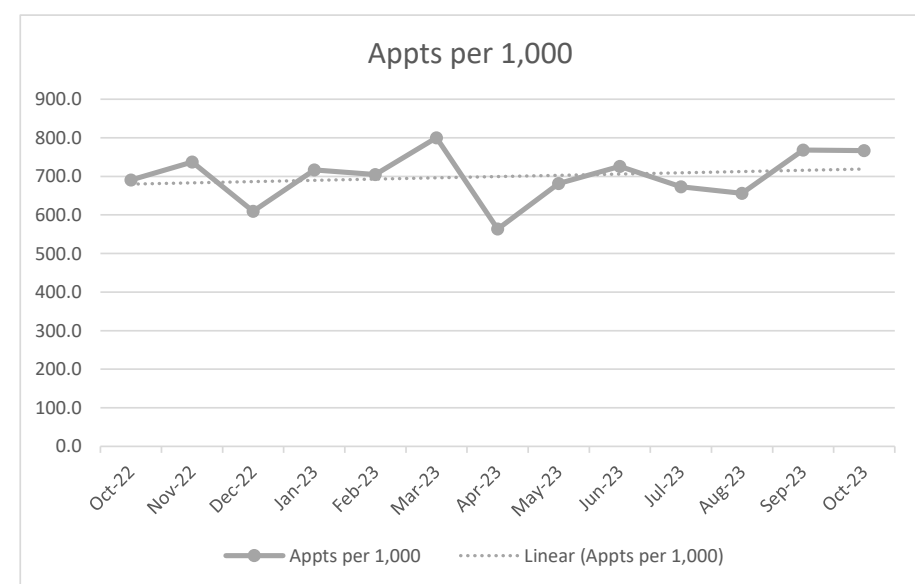
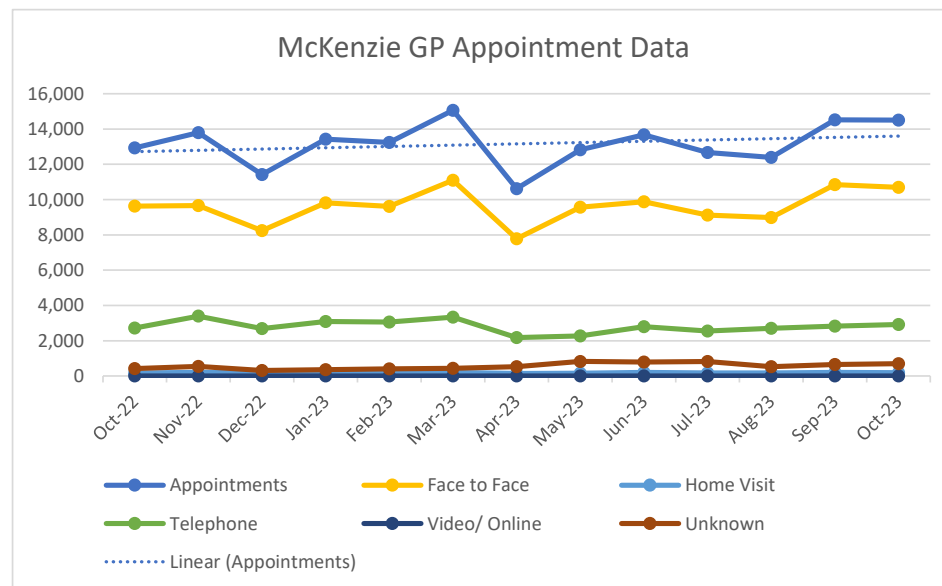
GP Appointments

Practice	MCKENZIE GROUP PRACTICE (Wynyard and Hartfields)								
Month	Appointments	List size	Appts per 1,000	Face to Face	Home Visit	Telephone	Video/ Online	Unknown	DNA
Oct-22	3,375	6,594	511.8	2287	0	822	217	49	x
Nov-22	3,504	6,581	532.4	2412	0	804	193	95	x
Dec-22	3,168	6,562	482.8	2106	0	808	222	32	x
Jan-23	3,205	6,553	489.1	2272	0	713	184	36	x
Feb-23	2,982	6,537	456.2	1988	1	775	174	44	115
Mar-23	3,593	6,516	551.4	2500	0	873	195	25	143
Apr-23	2,562	6,498	394.3	1799	0	639	89	35	109
May-23	3,221	6,488	496.5	2,410	0	757	0	54	110
Jun-23	3,640	6,476	562.1	2651	0	932	0	57	128
Jul-23	3,027	6,463	468.4	2,190	0	776	0	61	134
Aug-23	3,405	6,439	528.8	2,379	0	971	0	55	104
Sep-23	3,725	6,419	580.3	2,773	0	874	0	78	121
Oct-23	3,805	6,405	594.1	2,785	0	981	0	39	210



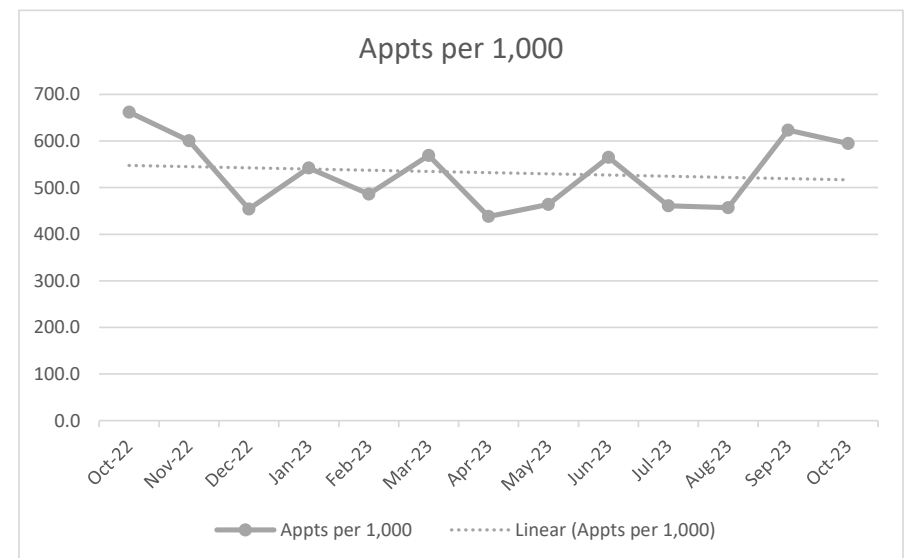
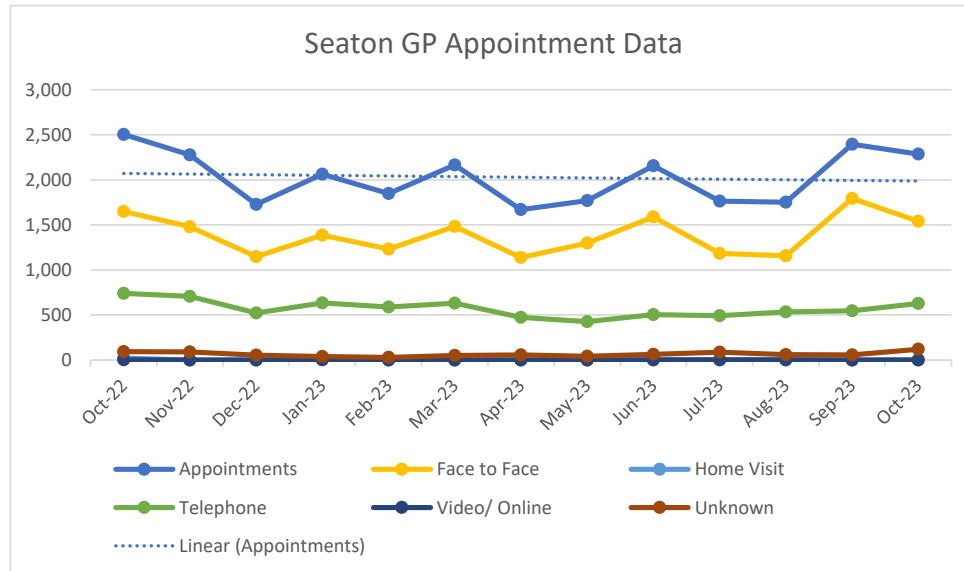
GP Appointments

Practice	MCKENZIE HOUSE SURGERY								
Month	Appointments	List size	Appts per 1,000	Face to Face	Home Visit	Telephone	Video/ Online	Unknown	DNA
Oct-22	12,925	18,722	690.4	9622	167	2714	1	421	x
Nov-22	13,790	18,712	737.0	9663	197	3389	0	541	x
Dec-22	11,422	18,733	609.7	8235	185	2690	0	312	x
Jan-23	13,426	18,729	716.9	9807	175	3091	0	353	x
Feb-23	13,239	18,786	704.7	9610	160	3059	0	410	559
Mar-23	15,061	18,820	800.3	11096	198	3339	0	428	559
Apr-23	10,621	18,851	563.4	7779	142	2177	0	523	432
May-23	12,826	18,831	681.1	9,562	164	2273	0	827	514
Jun-23	13,668	18,833	725.7	9878	202	2801	0	787	502
Jul-23	12,668	18,833	672.6	9,124	176	2,546	0	822	517
Aug-23	12,384	18,867	656.4	8,983	177	2,697	0	527	477
Sep-23	14,522	18,908	768.0	10,844	198	2,823	0	657	411
Oct-23	14,499	18,914	766.6	10,695	190	2,911	0	703	614



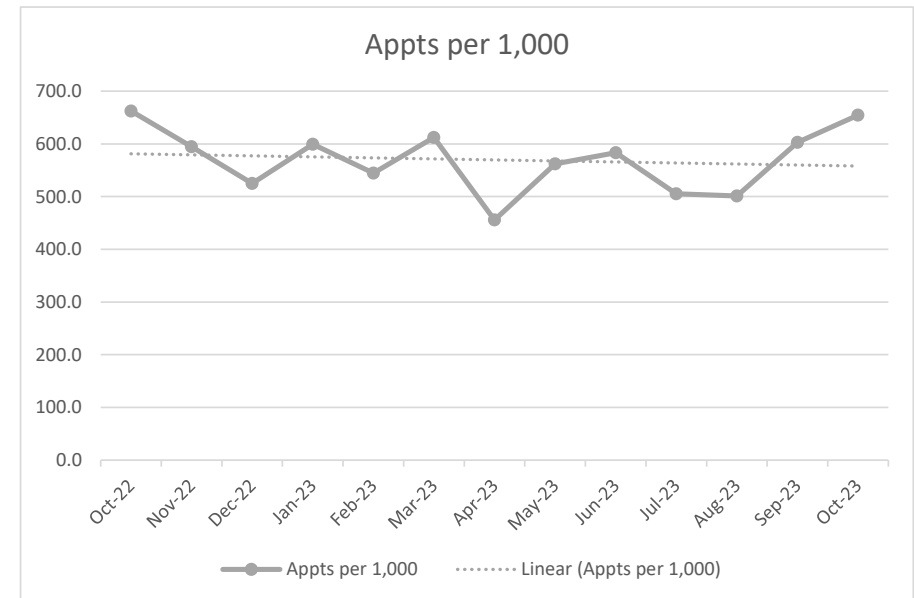
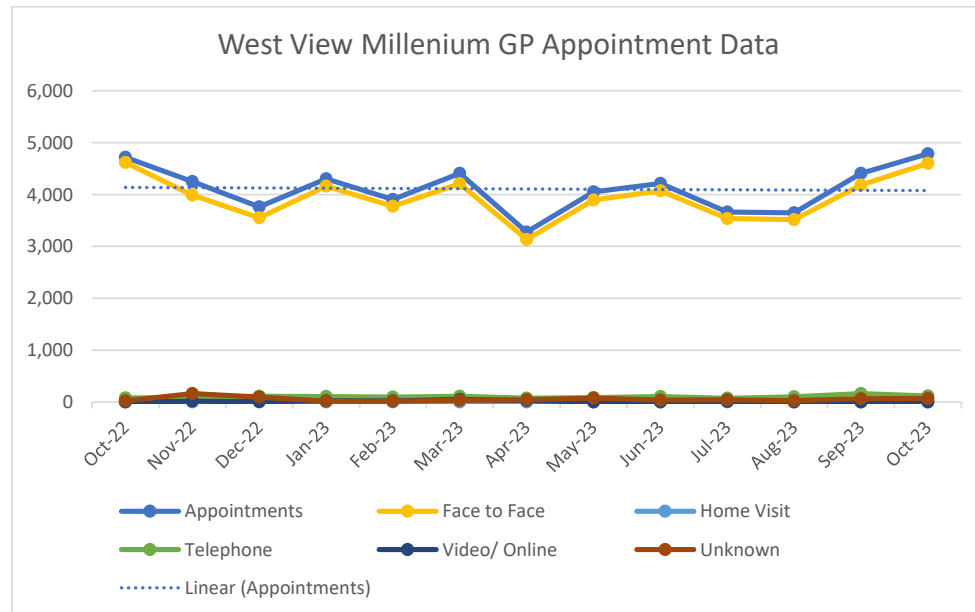
GP Appointments

Practice	THE PATEL PRACTICE								
Month	Appointments	List size	Appts per 1,000	Face to Face	Home Visit	Telephone	Video/ Online	Unknown	DNA
Oct-22	2,504	3,782	662.1	1648	22	740	1	93	x
Nov-22	2,276	3,790	600.5	1480	0	707	0	89	x
Dec-22	1,726	3,799	454.3	1148	0	523	0	55	x
Jan-23	2,063	3,803	542.5	1386	3	635	1	38	x
Feb-23	1,849	3,801	486.5	1233	0	587	0	29	81
Mar-23	2,165	3,803	569.3	1484	0	631	0	50	110
Apr-23	1,669	3,810	438.1	1137	0	475	0	57	118
May-23	1,768	3,809	464.2	1,299	0	426	0	43	129
Jun-23	2,157	3,817	565.1	1589	0	503	2	63	164
Jul-23	1,764	3,827	460.9	1,184	0	491	3	86	107
Aug-23	1,752	3,833	457.1	1,157	0	533	1	61	140
Sep-23	2,394	3,839	623.6	1,793	0	545	0	56	127
Oct-23	2,286	3,845	594.5	1,539	1	627	0	119	149



GP Appointments

Practice	WEST VIEW MILLENium SURGERY A								
Month	Appointments	List size	Appts per 1,000	Face to Face	Home Visit	Telephone	Video/ Online	Unknown	DNA
Oct-22	4,720	7,125	662.5	4620	0	78	0	22	x
Nov-22	4,253	7,152	594.7	3986	3	84	17	163	x
Dec-22	3,762	7,164	525.1	3553	0	109	7	93	x
Jan-23	4,302	7,179	599.2	4159	0	106	22	15	x
Feb-23	3,905	7,171	544.6	3773	0	93	24	15	159
Mar-23	4,406	7,197	612.2	4211	1	111	50	33	175
Apr-23	3,277	7,193	455.6	3135	0	73	28	41	172
May-23	4,052	7,207	562.2	3,896	0	84	0	72	201
Jun-23	4,214	7,222	583.5	4074	1	104	0	35	232
Jul-23	3,664	7,248	505.5	3,538	0	72	9	45	203
Aug-23	3,647	7,274	501.4	3,516	0	103	0	28	236
Sep-23	4,407	7,308	603.0	4,181	0	163	0	63	269
Oct-23	4,786	7,311	654.6	4,603	0	114	0	69	272





**North East and
North Cumbria**

Primary Medical Care and General Practice Access

Emma Joyeux – Commissioning Lead, Primary Care

What is General Practice

- General practices are the small to medium-sized businesses whose services are contracted by NHS commissioners to provide generalist medical services in a geographical or population area
- Some practices are operated by an individual GP, some by provider organisations (e.g. IntraHealth) but most are run by a GP partnership. This involves two or more GPs working together as business partners, employing staff, and together owning a stake in the practice business
- Every individual or partnership of GPs must hold an NHS GP contract
- GP partners are jointly responsible for meeting the requirements set out in the contract for their practice and share the income it provides
- General practice is the first point of contact with healthcare for many patients, as gatekeepers to secondary care; as generalists, practices see the whole patient and even whole patient's families
- Responsibility for commissioning primary care services, including general practice, sits formally with NHS England, however Integrated Care Boards (ICBs) have taken on full delegation of these commissioning responsibilities

GP Contract

- There are three different types of GP contract arrangements used by NHS commissioners in England:
 - General Medical Services (GMS)
 - Personal Medical Services (PMS) and,
 - Alternative Provider Medical Services (APMS)
- Some core parts of the GP contract include:
 - Agreeing a geographical or population area the practice will cover
 - Maintaining of a list of patients for the area and setting out specific circumstances a patient might be removed from it
 - Provision of essential medical services to registered patients
 - Standards for premises and workforce and requirements for inspection and oversight
 - Expectations for public and patient involvement
 - Key policy requirements including indemnity, complaints, liability, insurance, clinical governance and contract termination conditions
- **Practices must provide essential services at such times, within core hours, as are appropriate to meet the reasonable needs of its patients**
- Core hours are 8.00am until 6.30pm, Monday to Friday, except Good Friday, Christmas Day or bank holidays

Regulation of general practice

- The **Care Quality Commission** is the regulator of primary medical care and is responsible for the inspection of GP practices in England in order to monitor standards against set key areas:
 - Safe
 - Effective
 - Caring
 - Responsive
 - Well-led
- Each practice must be registered with the CQC and appoint a registered manager
- The practice is expected to be able to evidence how it is run in considerable detail, helped by the prior preparation of a series of policy documents, protocols and procedures

Other key agencies

Local Medical Committee

- A Local Medical Committee (LMC) is the body statutorily recognised by successive NHS Acts as the professional organisation representing individual NHS GPs and GPs as a whole in NHS England, including Primary Care organisations
- An LMC is the only elected professional body that represents the views of local GPs and practice teams, at a national and local level, on issues of local interest in general practice
- NHS England and ICBs have a statutory responsibility to recognise local practitioner committees
- An LMC is an independent, self-financing body with statutory functions. LMCs are funded via a levy paid by each practice
- Representatives of LMCs meet at an annual conference which makes policy which the General Practitioners Committee is mandated to effect through negotiating with NHS Employers and the Departments of Health.

Federations

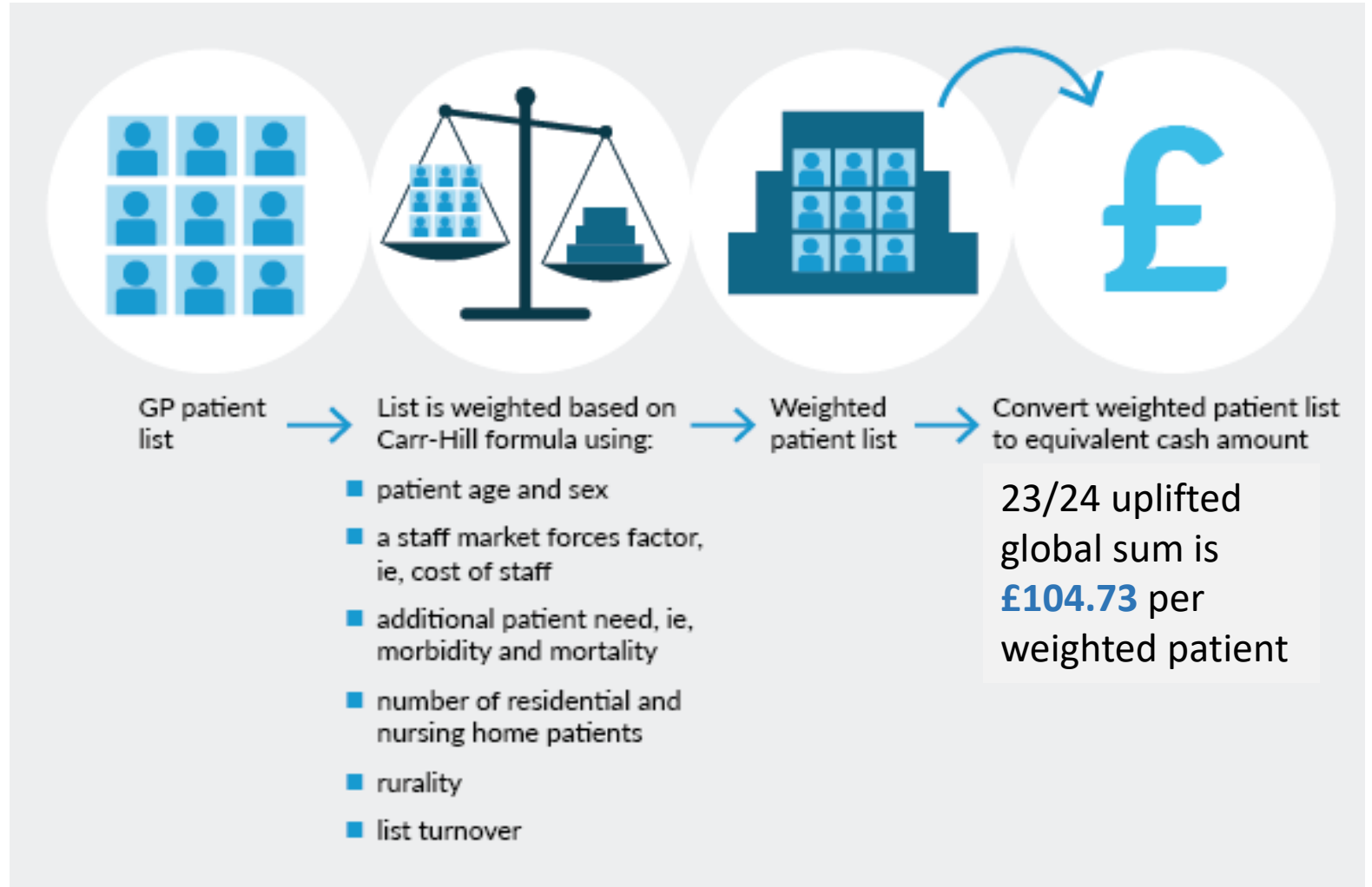
- GP Federations are groups of primary care providers, which form a single organisational entity and work together as economies of scale to deliver services for their combined patient communities, membership organisations of all practices

Healthwatch

- Healthwatch are governed by a Committee who set strategy, provide scrutiny and oversight, and approve policies and procedures that are needed for them to work effectively and are statutory committee of the Care Quality Commission (CQC)
- Healthwatch is the independent champion for people who use health and social care services
- They use patient feedback to better understand the challenges facing the NHS and other care providers nationally, to make sure patient experiences improve health and care services for everyone.
- They also have a role helping patients to get information and advice and can signpost patients to support available
- As an independent statutory body, Healthwatch have the power to make sure NHS leaders and other decision makers listen to patient's feedback and improve standards of care
- The Department of Health and Social Care (DHSC) fund Healthwatch through local councils

Core funding - global sum

Global sum payments are based on an estimate of a practice's patient workload and certain unavoidable costs (e.g. the additional costs of serving a rural or remote area or the effect of geography on staff markets and pay), **not on the actual recorded delivery of services**



Core funding – other income

- The Statement of Financial Entitlements (SFEs) sets out what General Practice can be reimbursed for
- Many practices also top up their NHS funding with fees for private services, such as medicals and travel prescribing that is outside of commissioned services.
- Most practice income is paid to the practice rather than to individual GPs

Quality and Outcomes Framework scheme (QOF)

- QOF is a voluntary scheme that provides funding to support aspiration to and achievement of a range of quality standards, by rewarding practices for the volume and quality of care delivered to their patients
- Practices earn points according to their levels of achievement and payments are calculated on the points the practices achieve
- The value of a QOF point in 2023/24 is £213.43 – and the scheme has 635 points

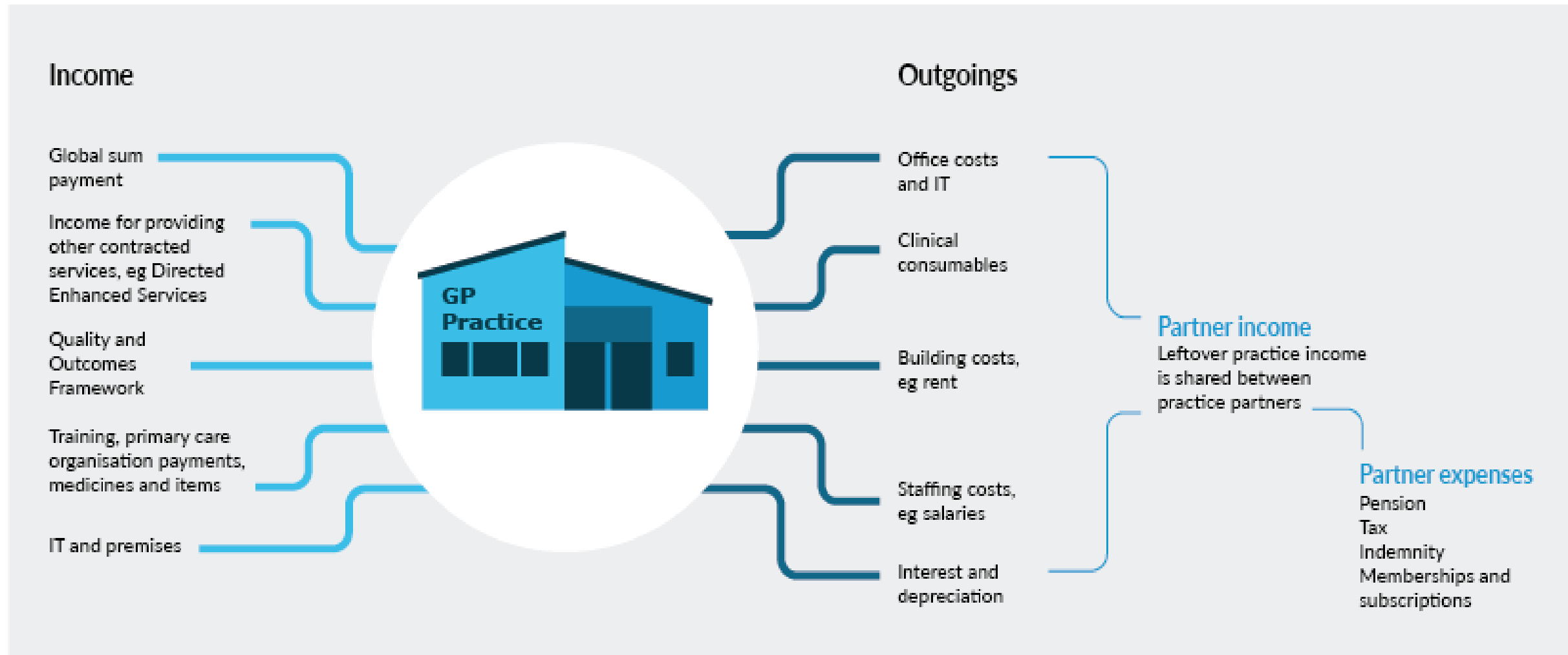
DES

- Each DES attracts a separate payment amount as set out in the SFEs

PCN

- Clinical Director payment
- Core PCN funding
- Enhanced Access payment
- Care Home premium
- PCN Leadership and Management payment
- Capacity and Access Support payment
- Additional Roles Reimbursement Scheme (ARRS)

Core funding - expenditure



Primary Care Networks (PCNs)

- PCNs, established in July 2019, are groups of practices working together to deliver nationally directed enhanced services (DES)
- PCNs are not organisations or legal entities – the PCN DES is offered to each individual practice as the legal entity agreeing participation
- Each PCN is led by a Clinical Director (CD) who represent the group of practices
- PCNs have their own governance arrangements agreed through collaborative agreements across the grouping in relation to decision making and operational arrangements
- There are 3 PCNs in Hartlepool
- PCNs have taken a fundamental role in the COVID-19 vaccination programme, establishing local vaccination services as PCN groupings and the provision of enhanced access
- PCNs have risen to these challenges, continuing to develop their relationships between practices and across the system to develop new ways of working

PCN Contract Directed Enhanced Services (DES)

PCNs are required to provide the following services – this is in addition to what practices are expected to provide as part of core GMS contracts

Services	
Enhanced Access	Medication reviews and medicines optimisation
Enhanced Health in Care Homes	Early Cancer Diagnosis
Social Prescribing Service	Tackling neighbourhood health inequalities
Personalised Care [including reviewing shared decision-making audit]	Cardiovascular disease and prevention

Investment & Impact Fund: redesigned for 23/24 to focus on 5 indicators:

Domain	Area	Indicators
Prevention and tackling health inequalities	Vaccination and immunisation	VI-02: Percentage of patients aged 18 to 64 years and in a clinical at-risk group who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024
		VI-03: Percentage of patients aged two or three years on 31 August 2023 who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024
	Tackling health inequalities	HI-03: Percentage of patients on the QOF Learning Disability register aged 14 or over, who received an annual Learning Disability Health Check and have a completed Health Action Plan in addition to a recording of ethnicity
Domain	Area	Indicators
Providing high quality care	Cancer	CAN-02: Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test result, with the result recorded in the twenty-one days leading up to the referral
	Access	ACC-08: Percentage of appointments where time from booking to appointment was two weeks or less

Overview of General Practices in Hartlepool

11 Practices

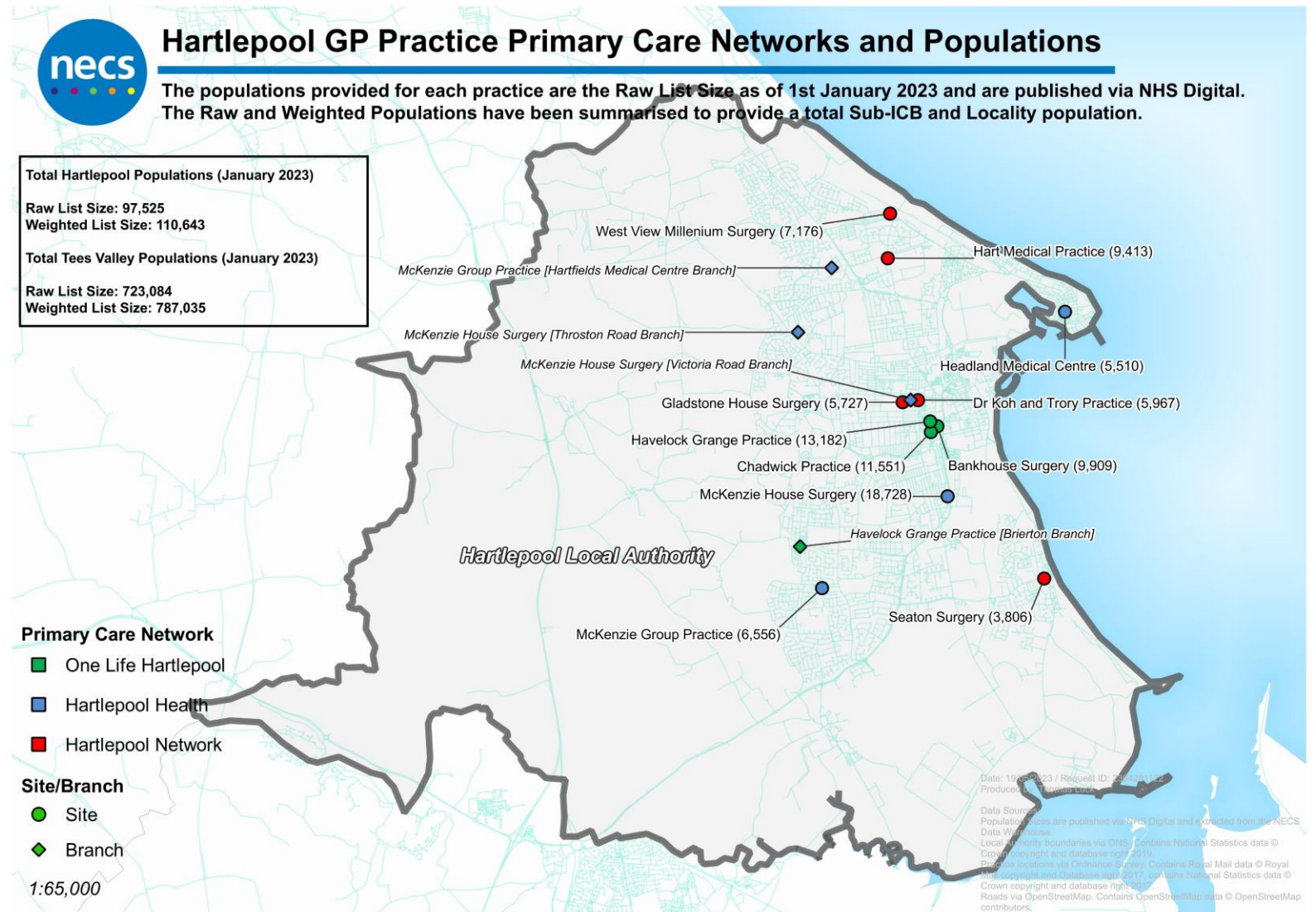
Smallest list size: 3,866

Largest list size: 18,916

Average list size: 8,964

3 Primary Care Networks

Registered population:
98,607 (January 2024)



Data pack overview

- Practice opening hours
- CQC rating
- Staffing levels – Headcount, full time equivalent and ratio of patients to GP
- Directed Enhanced Services (DES) overview
- Patient Online Management Information – appointment booking and cancellation; repeat prescription ordering; view detailed coded record
- General practice appointment data
- Veteran friendly accreditation
- GP patient survey results

Practice and PCN workforce

- Practices work as a Multi-Disciplinary Team (MDT). These figures provide a snapshot in time of the workforce as this data can fluctuate month to month.
- October 2023 workforce data from NHS Digital:

66 GPs (58.90 WTE)	24 Direct Patient Care (18.70 WTE)
50 Nurses (40.26 WTE)	167 Admin/ Non-Clinical (131.36 WTE)

- PCNs receive funding through the Additional Role Reimbursement Scheme (ARRS) to bring in new workforce to support an MDT approach and to deliver the DES requirements and in addition to current practice workforce
- Hartlepool PCNs have employed/engaged 55 staff (headcount)/ 45.90 whole time equivalent (WTE) roles as of September 2023:

ADDITIONAL ROLES (as of September 23)		
2 x Advanced Clinical Practitioner Nurse	3 x Health and Wellbeing Coach	
6 x Care Coordinator	3 x Mental Health Practitioner (Band 4)	
9 x Clinical Pharmacist	3 x Mental Health Practitioner (Band 7)	
2 x Digital and Transformation Lead	1 x Nursing Associate	2 x Trainee Nursing Associate
3 x First Contact Physiotherapist	2 x Pharmacy Technician	
7 x General Practice Assistant	12 x Social Prescribing Link Worker	

Primary care appointment activity

Hartlepool practices	Oct 2022	Jan 2023	Apr 2023	July 2023	Oct 2023
Total number of appointments	53,735	53,130	44,031	49,699	59,835
Total appointments (average) per 1,000 population	547.46	532.57	438.46	491.4	596.35
% of appointments where the time between booking and the date of the appointment was either same day or 1 day	45.7%	51.2%	53.2%	50.6%	50.5%
% of appointments where the time between booking and the date of the appointment was up to 2 weeks	35.3%	34.4%	29.1%	33.6%	31.7%
% of appointments where the time between booking and the date of the appointment was over 2 weeks	19%	14.3%	17.6%	15.8%	17.8%
% of appointments categorised as face to face	77.1%	76.9%	80.3%	80.9%	82.1%
% of appointments categorised as telephone or video	19.7%	20.8%	16.7%	15.0%	14.7%
Number of appointments recorded as Did Not Attend (DNA)	No Data	No Data	1,934	2,171	2,778

Enhanced access utilisation

Provided by	Site	Day and time offered	PCN	July Booked Utilisation	August Booked Utilisation	September Booked Utilisation	October Booked Utilisation	November Booked Utilisation
Hartlepool and Stockton Health	Chadwick Practice, One Life, Hartlepool Park Road, Hartlepool, TS24 7PW	Monday – Friday 18:30-21:00 Saturday - 08:30-17:00 Sunday - 09:00-13:00	One Life	81.01%	81.94%	87.88%	80.06%	81.82%
			Hartlepool Network	71.90%	80.06%	73.06%	79.59%	72.86%
			Hartlepool Health	61.90%	67.39%	72.25%	79.95%	61.91%

GP Patient Survey - 2023 results

Survey question	National average	Tees Valley	Hartlepool Average	Practice ranges
% of patients surveyed found it easy to get through to someone at their GP practice on the phone	50%	49%	45%	13%-92%
% of patients surveyed found the receptionists helpful	82%	85%	85%	68%-99%
% of patients surveyed were satisfied with the GP appointment times available to them	53%	55%	49%	26%-78%
% of patients surveyed were satisfied with the appointment(s) offered	72%	75%	70%	44%-85%
% of patients surveyed would describe their experience of making an appointment as good	54%	57%	51%	24%-82%
% of patients surveyed would describe their overall experience of their GP practice as good	71%	74%	72%	52%-88%

Access challenges

- Covid-19
- Staff sickness
- Recruitment and retention difficulties – admin and clinical
- Back log of care - long term condition management
- Continued high-level demand for same-day access
- Did Not Attend (DNA) appointments
- Public health concerns in press e.g. mpox, Strep A
- Outdated technologies e.g. analogue telephony
- Increased call waiting times
- Patient frustrations leading to increased complaints
- Increased abuse to practice staff
- Estates limitations



Primary Care Access Recovery Plan (PCARP)

- Published 9th May 2023
- **Ambitions:**
 - To tackle the 8am rush and reduce the number of people struggling to contact their practice
 - For patients to know on the day they contact their practice how their request will be managed
- **23/24 Focus:**
 - Empowering patients to manage their own health
 - Implementing Modern General Practice Access
 - Building capacity
 - Cutting bureaucracy

Empowering Patients

- **Improving information and NHS App functionality**
 - Enable prospective record access for patients by November 2023
 - Make online booking of routine appointments available
- **Increasing self-directed care**
 - Direct-referral – from community optometry to Ophthalmology services for urgent and elective consultations
 - Expansion of self-referral to community-based services from September 2023
- **Expanding community pharmacy services**
 - Introducing a Pharmacy First service to enable pharmacists to supply prescription-only medicines to treat seven common health conditions, and
 - Expanding two existing services - blood pressure check service and oral contraceptives [by the end of 2023 if agreed through consultation]

Implementing Modern General Practice Access

- **Better digital telephony**

- All practices using analogue lines to move to digital telephony that handles multiple calls and includes queueing, call-back, call routing and integration with clinical systems

- **Simpler online requests**

- All practices to have access to use online consultations
- Work with practices and PCNs to ensure they have appropriate messaging and booking tools to enable the move to Modern General Practice Access
- ICBs to review practice websites and work with practices to make improvements where required

- **Faster navigation, assessment and response**

- National Care Navigation programme available for one staff member per practice
- Approx £13,500 for practices who sign up to significant transformation

Building capacity

- **Larger multi-disciplinary teams [Additional Roles Reimbursement Scheme funding]**
 - PCNs encouraged to make full use of their entitlement
 - ARRS roles have been expanded to include
 - Digital and Transformation Leads [who will support the move the MGPA]
 - Advanced clinical practitioner nurses
 - Training for nursing associates
- **More new doctors**
 - All doctors completing GP specialty training can access the two-year fellowship
 - Increase the number of GP practices holding visa sponsorship licences
- **Retention and return of experienced doctors**
 - Pension changes
 - National and local GP retention schemes

Cutting bureaucracy

Improving the primary–secondary care interface

- Onward referrals
 - Patients referred into secondary care who need another referral, for an immediate or a related issue, the secondary care provider should make this for them, rather than sending patient back to GP to refer
- Complete care
 - Hospitals should ensure that on discharge or after an outpatient appointment, patients receive everything they need, including fit notes
 - Discharge letters should highlight clear actions for the GP (including prescribing medications required)
- Call and recall
 - Hospitals should establish their own call/recall systems for patients for follow-up tests or appointments so that patients do not have to ask their practice to follow up on their behalf
- Clear points of contact
 - Hospital providers should establish single routes for general practice and secondary care teams to communicate rapidly

National support

General Practice Improvement Programme

Universal offer

- Fundamentals of change programme
- Care navigation training
- Digital and Transformation Leads programme

Intermediate offer

12 facilitated sessions with Practices/ PCNs to agreed shared purpose

Intensive offer

Delivered over 6 months practices will benefit from on-site support

Support Level Framework

To support practices in gaining an understanding of what they do well, what they might wish to do better, and where they might benefit from development support to achieve, they can undergo a support level framework discussion with the ICB Primary Care Place Team

Transition cover and transformation funding

Practices will be able to receive an average of £13.5k in either 2023/24 or 2024/25 to enable them to pay for additional support to help clear existing work before they transition to a 'modern general practice access model'

Cloud based telephony funding/ High quality digital tools

- Non- recurrent funding to support practices on analogue telephony systems to move to a cloud-based system
- Funding for high quality tools for online consultation, messaging, self-monitoring and appointment books

Additional role reimbursement scheme

Ongoing funding to recruit to 18 roles available under the scheme

Ongoing support

- Support from ICB Primary Care Team to access expert advice and guidance, interpret national guidance and liaising with system partners and regional/ national colleagues, where required
- Implementation of key actions in the Primary Care Access Recovery plan e.g. cutting bureaucracy

Progress to date

- Telephony – 1 practice did not have a Cloud Based Telephony contract but has now signed up, 4 practices are taking part in Phase 2 to provide more functionality to telephony system
- National care navigation training – 9 practices have signed up to access the training and 1 practice has already signed up for advanced training.
- Modern General Practice Access (MGPA) – 9 practices have indicated they intend to move to MGPA in the next 2 years
- 3 practices are working with the ICB Digital team to make improvements to websites
- Improved use of social media and other communication methods to inform patients of the changes to practice and the benefits of these changes
- PCN Capacity and Access Improvement Plans (CAIP) approved and being implemented for March 2024
- 3 practices have undertaken the capability building webinar since April 23

PCN Capacity and Access Improvement Plans

- **Patient experience of contact**
 - Improve phone systems and websites
 - Undertake local patient surveys to seek feedback
 - Increase Patient Participation Group numbers
 - Promote Friends and Family Test feedback
- **Ease of access and demand management**
 - Standardise care navigation templates
 - Implement Modern General Practice Access approaches
 - Increase offer and uptake of online tools
- **Accuracy of recording in appointment books**
 - Review mapping of appointment slots
 - Capture non-clinical appointment activity
 - Accurately record PCN related activity

National Public Relations Campaign for GP Access

Phase one of a six-month public relations campaign to promote improvements in GP access is launched mid-October

The campaign focuses on care navigation and the multi-disciplinary approach, with case studies from the most commonly occurring roles in the general practice team (clinical pharmacists, paramedics, physios, social prescribers, care coordinators, health and wellbeing coaches, mental health practitioners, physician associates and nurses)

Key messages:

- To improve public confidence and understanding of accessing general practice services and of the role of reception/care navigation teams in directing requests for help to the right health professional or service.
- General practice reception teams are trained so that when a patient contacts their practice for help, whether that's online, by phone or in person, they will be asked some questions about their query so they can be directed to the right health professional in the team (or other service, such as a community pharmacy) helping them get the right care more easily and quickly.
- A wide range of health professionals work in general practice teams and the wider community to help you get the right care for your needs in a timely manner.

Links to key documents

- National GP contract: <https://www.england.nhs.uk/gp/investment/gp-contract/>
- National PCN DES contract: [NHS England » Network Contract DES – contract specification for 2023/24 – PCN requirements and entitlements](#)
- Access Recovery Plan: [NHS England » Delivery plan for recovering access to primary care](#)
- Capacity and Access guidance: [NHS England » Network Contract DES – capacity and access improvement payment for 2023/24](#)
- HealthWatch South Tees GP resource for public: <https://www.healthwatchmiddlesbrough.co.uk/sites/healthwatchmiddlesbrough.co.uk/files/HW%20ST%20GP%20Booklet%20Digital.pdf>
- GP workforce statistics: <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services>
- Appointments in general practice: <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>
- Patient Online Management Information: <https://digital.nhs.uk/data-and-information/publications/statistical/mi-patient-online-pomi/current>

AUDIT AND GOVERNANCE COMMITTEE

31 January 2024



Report of: Scrutiny and Legal Support Officer

Subject: North East Regional Joint Member/Officer Scrutiny Network Appointment

1. PURPOSE OF THE REPORT

1.1 To confirm appointments to the following forum:-

(a) North East Regional Joint Member / Officer Scrutiny Network;

2. BACKGROUND INFORMATION

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

The network provides a mechanism to:-

- (a) Share information on, for example: scrutiny best practice; outcomes of scrutiny investigations; benchmarking; service planning; performance indicators; conference feedback and funding streams.
- (b) Share ideas on improving scrutiny processes and enhancing effectiveness.
- (c) Provide a mechanism to facilitate personal and professional development.
- (d) Provide a conduit between the North East authorities and the Centre for Public Scrutiny for sharing up-to-date information, which would include inviting speakers to talk about recent national policy developments.

Following a change to the terms of reference for the network, all overview and scrutiny members are to be given the opportunity to participate in network meetings and training sessions. The network will meet on a quarterly basis via TEAMS (next meeting 21st March 2024).

4. RECOMMENDATIONS

4.1 That the Audit and Governance Committee:-

- (a) Appoints at least one Member to the North East Regional Joint Member / Officer Scrutiny Network

Contact Officers:- **Gemma Jones** – Scrutiny and Legal Support Officer
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Hartlepool Borough Council
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Denise Wimpenny – Democratic Services Team
Legal, Governance and Human Resources Department
Hartlepool Borough Council
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AUDIT AND GOVERNANCE COMMITTEE

31st January 2024



Report of: Statutory Scrutiny Manager

Subject: CRUSTACEAN DEATHS WORKING GROUP –
DEVELOPMENT OF DRAFT REPORT

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
- where people are enabled to live healthy, independent and prosperous lives.
- that is sustainable, clean, safe and green.
- that has an inclusive and growing economy.

2. PURPOSE OF REPORT

2.1 To:-

- i) Present the initial draft of the Crustacean Deaths Working Group; and
- ii) Seek from the Committee:
 - Any views or comments on the content of the initial report that Members wish to feed in to the finalisation of the Working Group's report; and
 - Potential recommendations for consideration by the Working Group.

3. BACKGROUND

- 3.1 In early October 2021, a large number of dead and dying crustaceans washed-up in various locations along the coast line of North-east of England, extending from Spittal Beach in the north to Scarborough in the South. Further die-off events and 'wash-ups' were reported by fishers and members of the public into 2022 and 2023.
- 3.2 Redcar and Cleveland Borough Council contacted all Tees Valley Local Authorities to establish their desire to work together and their willingness to participate in a joint scrutiny arrangement. Involvement in the piece of joint scrutiny work was considered by Hartlepool Borough Council, culminating in the decision to participate at the meeting of Full Council on the 3rd November 2022.

- 3.3 The Crustacean Deaths Collaborative Working Group went on to be formed in November 2022, with representation from Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton Borough Councils. Representatives from North Yorkshire Council joined the Working Group in July 2023 in view of the impact the events have had along to the coast to Scarborough.
- 3.4 The Working Group met on 12 occasions between January 2023 and January 2024, leading to the production of the initial draft. The draft nature of the report, and requirement for elements of its content still to be considered by Working Group attendees and witnesses has resulted in a request by the Crustacean Deaths Working Group that the report remain confidential at this time.
- 3.5 The report and discussion thereon are subsequently to be considered as an exempt item under para 3 of Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) (at item 12.1 of the agenda).

4. PROPOSALS/ISSUES FOR CONSIDERATION

- 4.1 Each local authority with representation on the Crustacean Deaths Working Group has been asked to feedback views and comments to the Working Group for consideration in the finalisation of its report and findings.
- 4.2 As part of this process, the Audit and Governance Committee, as the body responsible for conduct of the Council's overview and scrutiny responsibilities, has been asked at today's meeting to consider the initial draft report. Members are asked to express any views / comments they may have on the evidence provided and identify any potential recommendations. All of which will be fed back to the Crustacean Deaths Working Group by the 15th February 2024 deadline for consideration in the formulation of its final report.
- 4.3 Once finalised the Crustacean Deaths Working Group's report will be presented to the Audit and Governance Committee and Full Council.

5. RISK IMPLICATIONS

- 5.1 No material implications.

6. FINANCIAL CONSIDERATIONS

- 6.1 No material financial implications.

7. LEGAL CONSIDERATIONS

- 7.1 Legal considerations are considered within the Crustacean Deaths Working Group's draft report.

8. OTHER CONSIDERATIONS

CHILD AND FAMILY POVERTY	N/A
EQUALITY AND DIVERSITY CONSIDERATIONS	N/A
STAFF CONSIDERATIONS	N/A
ASSET MANAGEMENT CONSIDERATIONS	N/A
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	N/A

9. RECOMMENDATIONS

9.1 That the Committee:-

- i) Notes the content of the initial draft of the Crustacean Deaths Working Group;
- ii) Identifies any views or comments on the content of the report to be fed back to the Crustacean Deaths Working Group in the finalisation of its report; and
- iii) Based on the evidence provided in the report, explores potential recommendations for consideration by the Crustacean Deaths Working Group.

10. REASONS FOR RECOMMENDATIONS

- 10.1 To feed in to the development of the finalised Crustacean Deaths Working Group's final report.

11. BACKGROUND PAPERS

Reports and minutes of:

- Council – 3 Nov 2022
- Economic Growth and Regeneration Committee – 18 October 2022
- Council – 29 Sept 2022
- Motion – 14th July 2022

Agendas and noted of the Crustacean Deaths Working Group:

- 6 January 2023
- 3 February 2023
- 3 March 2023
- 31 March 2023
- 16 June 2023
- 1 September 2023
- 13 October 2023
- 3 November 2023
- 7 December 2023
- 8 January 2024
- 10 January 2024
- 12 January 2024

12. CONTACT OFFICERS

Joan Stevens – Statutory Scrutiny Manager,
Legal, Governance and Human Resources Department
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01429 284142

AUDIT AND GOVERNANCE COMMITTEE

31 January 2024



Report of: Director of Legal, Governance and Human Resources

Subject: REGULATION OF INVESTIGATORY POWERS ACT
2000 (RIPA) – QUARTER 3 UPDATE

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
- where those who are vulnerable will be safe and protected from harm.

- | |
|--|
| - where those who are vulnerable will be safe and protected from harm. |
|--|

2. PURPOSE OF REPORT

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

3. BACKGROUND

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

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

- 3.3 As from 1 November 2012 Local Authorities may only use their powers under the Regulation of Investigatory Powers Act 2000 to prevent or detect criminal offences punishable by a minimum term of 6 months in prison (or if related to underage sale of alcohol and tobacco – not relevant to this Council). The amendment to the 2000 Act came into force on 1 November 2012.
- 3.4 Examples of where authorisations could be sought are serious criminal damage, dangerous waste dumping and serious or serial benefit fraud. The surveillance must also be necessary and proportionate. The 2012 changes mean that authorisations cannot be granted for directed surveillance for e.g. littering, dog control, fly posting.
- 3.5 As from 1 November 2012 any RIPA surveillance which the Council wishes to authorise must be approved by an authorising officer at the council and also be approved by a Magistrate; where a Local Authority wishes to seek to carry out a directed surveillance or make use of a human intelligence source the Council must apply to a single Justice of the Peace.

4. RIPA AUTHORISATIONS

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

Communications Data	Nil
CHIS	Nil
Directed Surveillance	Nil

5. RECOMMENDATION

- 5.1 That the quarterly report be noted.

6. REASONS FOR RECOMMENDATIONS

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

7. CONTACT OFFICERS

- 7.1 Hayley Martin
 Director of Legal, Governance and Human Resources and Senior
 Responsible Officer for RIPA
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 01429 523003
 Amanda Whitaker
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HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

11 September 2023

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

Present:

Councillor Young, Leader of Council (In the Chair)

Prescribed Members:

Elected Members, Hartlepool Borough Council - Councillor Dunbar (as substitute for Councillor Allen), Councillor Harrison and Councillor Darby (as substitute for Councillor V Nicholson)

Representative of NHS North East and North Cumbria Integrated Care Board - Karen Hawkins

Director of Public Health, Hartlepool Borough Council – Craig Blundred

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

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

Representatives of Healthwatch - Margaret Wrenn and Christopher Akers-Belcher

Other Members:

Managing Director, Hartlepool Borough Council – Denise McGuckin

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

Representative of Hartlepool Voluntary and Community Sector – Christine Fewster

Representative of North Tees and Hartlepool NHS Trust - Linda Hunter

Representative of Cleveland Police – Chief Inspector Peter Littlewood (as substitute for Supt Martin Hopps)

Representative of GP Federation - Fiona Adamson

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

Also in attendance:-

Julian Penton, Development Officer, Hartlepower

Neil Atkinson, Managing Director for North Tees and Hartlepool NHS Foundation Trust

Professor Derek Bell OBE, Joint Chair | North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust

Fay Scullion, Non-Executive Director

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

54. Apologies for Absence

Elected Members, Hartlepool Borough Council – Councillors Allen and V Nicholson
Representative of NHS North East and North Cumbria Integrated Care Board - David Gallagher
Representative of Hartlepool Voluntary and Community Sector – Carl Jorgeson
Representative of Cleveland Police – Supt Martin Hopps
Representatives of Tees, Esk and Wear Valley NHS Trust – Brent Kilmurray and Patrick Scott

55. Declarations of interest by Members

Councillor C Akers-Belcher - appointed to the North East & North Cumbria (NENC) Integrated Care Board as the Healthwatch participant.

56. Minutes

The minutes of the meeting held on 10 July 2023 were confirmed.

The minutes of the meetings of the Children's Strategic Partnership, held on 25 Jan 2023 and 22 March 2023, were received.

The minutes of the Tees Valley Area ICP Meetings held on 31 March 2023 and 2 June 2023 were received.

57. Healthwatch Hartlepool Annual Report 2022-23 *(Chief Executive, Healthwatch Hartlepool)*

It was reported that as the Annual Report had not been circulated, this agenda item would be submitted for consideration at the December meeting of the Board.

Decision

It was agreed that the report would be submitted to the December meeting of the Board.

58. Healthwatch Work Programme 2023/24 *(Healthwatch Hartlepool CIO)*

The Healthwatch Hartlepool Chief Executive, who was in attendance at the meeting, presented the report. Details of salient issues addressed in the report were highlighted including the purpose of the work programme and

approach adopted by Healthwatch Hartlepool. A copy of the work programme was appended to the report.

The Chief Executive responded to questions raised by Board members arising from the report, including clarification regarding the remit of the published Discharge report and access to dentistry and GP services. Following clarification sought regarding the reopening of Sandwell Park Hospital, the Integrated Care Board representative undertook to request the Tees, Esk and Wear Valley Trust to provide an update on the issue to the Board.

Decision

The Healthwatch Hartlepool Work Programme was noted.

59. Final Draft Tobacco Strategy *(Director of Public Health)*

The final draft Tobacco Control strategy for Hartlepool was appended to the report. The draft strategy had been developed with partners and informed by the recent smoking needs assessment, which had been shared with the Board. The strategy outlined how the system would work across the system to make changes to reduce the harms associated with smoking and second hand smoke. A number of stakeholders and partners had been involved in developing the strategy and agreeing the contents.

The draft strategy had informed the development of an action plan, also appended to the report, which set out under each theme the detail of how each priority area would be delivered, who will deliver, the timescales and would be informed by indicators in order to measure success through an outcome framework. Governance of the strategy implementation would be through the Hartlepool Tobacco Control Alliance which would report to the Health and Wellbeing Board.

Board members expressed support of the strategy and debated issues arising from the report. Clarification was sought regarding the involvement of education establishments and Board members were assured that work was ongoing and the establishments had been advised of the support which can be provided.

Decision

The Board agreed the final draft strategy and requested that the process for reporting to the Board should be initially 3 monthly updates, then changing to 6 monthly updates.

60. Pharmaceutical Needs Assessment (PNA) 2022 Maintenance Report *(Director of Public Health)*

The Director of Public Health reported verbally that with regard to the previous quarter, no statements had been issued since the last meeting of the Board.

Decision

The update was noted.

61. Health and Wellbeing Board Refresh Update – Verbal Update *(Director of Public Health)*

The Director of Public Health sought the views of Board members regarding the future structure/format of Board meetings. It was reported that discussions had been held with partners and it was apparent that partners considered that arrangements were currently working well.

Decision

That no changes be made at this time and further consideration be given by the Board once the Health and Wellbeing Strategy has been implemented.

62. Hartlepool Young People's Social Prescribing Initiative - *Partnership of Hartlepool voluntary organisations & the Director of Children's Services*

The Development Officer, Hartlepower, presented the report including the background to the Hartlepool young people social prescribing service. The report updated the Board on the progress and outcomes of the first 20 months of the initiative. Board members were also requested to address the sustainability of the service.

The Board was advised that the service is financially supported by grants from Hartlepool's three Primary Care Networks (staff cost for full time worker) and the National Lottery (staff costs for part-time worker), the PFC Trust (activities budget) and in kind support from the Youth Service (management and administration) and Hartlepower VCS Development Team (co-ordination and facilitation).

The benefits to young people, particularly the impacts on mental health and social engagement, were discussed, in the context of rising demand on mental health services for young people. Board members discussed possible extension of the service and measurement of outcomes. It was noted that the initiative is being evaluated as part of a national research programme into young people social prescribing, led by Exeter University Medical School. It was requested that the outcome of that evaluation be shared with Board Members as soon as possible. Funding implications were highlighted and although views were expressed in support of sustaining the service, it was noted that contract negotiations would not commence until later in the year.

Decision

The update was noted.

63. South Tees Hospital NHS Foundation Trust and North Tees and Hartlepool NHS Foundation Trust Group

Model (*Joint Chair for North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS) Foundation Trust & Managing Director for North Tees and Hartlepool NHS Foundation Trust*)

Representatives of the Foundations Trusts attended the meeting to update the Board on the Group Model concept, the adoption of which had been agreed by both Trusts. The Board was given an update of current and proposed activities, including opportunities and aspirations for developing a broader site. Board members were advised that the infrastructure was in place to develop the ambition for the site which was vital to regional services. Assurances were provided to address concerns at how the Group Model would work; two statutory boards still existed. It was stated that it was not intended to move services to South Tees Trust.

The Board was advised that a grant application had been successful for Net Zero installations generating savings which would be reinvested back into healthcare services. It was highlighted, however, that the majority of changes would occur in the next financial year although all paper work for the health and social academy had been completed.

The success of the urgent care centre, in Hartlepool, was discussed which was considered to replicate the Integrated approach discussed by the Board, earlier in the meeting. It was stated that there were huge opportunities to continue to improve integration with more cohesion already being seen.

CHRISTOPHER AKERS-BELCHER DECLARED AN INTEREST AS A GOVERNOR OF NORTH TEES AND HARTLEPOOL NHS TRUST.

The Healthwatch Hartlepool Chief Executive referred to meetings which he had attended which had referenced investment in the Hartlepool Hospital site. The Chief Executive requested that details of the wider investment and wider vision be presented to a future meeting of the Health and Wellbeing Board.

Concerns that communication with the public needed to improve were acknowledged and Trust representatives advised that arrangements could be made for a tour of the site by a Board cohort; the offer was accepted on behalf of the Board by the Chair.

The Chief Executive, Hartlepool Carers, highlighted that funding for a post in the Trust is due to end and referred to the huge amount of work still to be

achieved. In response, the Managing Director for North Tees and Hartlepool NHS Foundation Trust undertook to discuss the issue following the meeting.

Decision

The update was noted.

Meeting concluded at 11.40 a.m.

CHAIR



DARLINGTON
Borough Council



HARTLEPOOL
BOROUGH COUNCIL



Stockton-on-Tees
BOROUGH COUNCIL

Tees Valley Joint Health Scrutiny Committee

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Friday 6 October 2023.

Present: Cllr Marc Besford (SBC) (Chair), Cllr Rachel Creevy (HBC) (Vice-Chair), Cllr Ceri Cawley (R&CBC), Cllr Lynn Hall (SBC), Cllr Susan Scott (SBC)

Officers: Michael Conway (DBC); Gemma Jones (HBC); Georgina Moore (MC); Sarah Connolly (R&CBC); Gary Woods (SBC)

Also in attendance: Craig Blair, Peter Rooney (North East and North Cumbria Integrated Care Board); James Graham, Patrick Scott, Jamie Todd (Tees, Esk and Wear Valleys NHS Foundation Trust)

Apologies: Cllr Jonathan Brash (HBC), Cllr Neil Johnson (DBC), Cllr Mary Layton (DBC), Cllr Paul McInnes (R&CBC), Cllr Vera Rider (R&CBC), Cllr Jan Ryles (MC), Cllr Heather Scott (DBC)

1	Evacuation Procedure The evacuation procedure was noted.
2	Declarations of Interest There were no interests declared.
3	Minutes Consideration was due to be given to the minutes from the Committee meeting held on 28 July 2023. However, approval of these minutes would need to be deferred to the next Committee meeting in December 2023 as attendance at this meeting was inquorate. AGREED that consideration of the minutes of the Committee meeting on 28 July 2023 be deferred until the next Committee meeting in December 2023.
4	North East and North Cumbria Integrated Care Strategy / Joint Forward Plan The Committee received a presentation on the implementation of the North East and North Cumbria Integrated Care Strategy and associated Joint Forward Plan

(included within the papers). Led by the North East and North Cumbria Integrated Care Board (NENC ICB) Director of Strategy and Planning, and supported by the NENC ICB Director of Place Based Delivery (In-Hospital Care), key aspects included:

- Process: Developing the Joint Forward Plan
 - National Guidance
 - NHS Plan aligned to our Partnerships
 - How the Plans fit together
 - Process and Timeline
 - Feedback
- Content: Sections of the Joint Forward Plan
 - North East and North Cumbria Plan
 - Service Action Plans
 - Enabler Action Plans
 - Place Action Plans
- Tees Valley Priorities and Strategic Context
- March 2024 Refresh

As per national guidance, the overarching purpose of the Joint Forward Plan (JFP) was to demonstrate how the ICB and its associated NHS Trusts would arrange and / or provide NHS services across the totality of healthcare. Allied to this, it would need to show how legal requirements for the ICB would be met, as well as support the delivery of the NHS Mandate and NHS Long-Term Plan across its footprint (the latter of which would end during the five-year period covered by the JFP (2023/24-2028/29) and would require a refresh).

The medium-term JFP sits between the 10-year partnership-based Integrated Care Strategy (focusing on population health), and the annual NHS Operating Plan (focusing on NHS activity, finance, performance, and workforce). It comprises a host of detailed Action Plans and acts as a summary document. The timeline for its construction was outlined, including opportunities for stakeholder feedback (which was widely encouraged, properly considered, and sometimes acted upon within the context of varying and occasionally directly opposing views). The final version was approved at last week's ICB meeting, and there were plans for an easy-read document given its existing detail and length. An annual update would take place each March (though maintaining the five-year horizon), and the ICB would seek input from the public, service-users, families / carers, Elected Members, partners, etc., at any point in time.

Feedback received on the proposed content of the JFP revealed several themes. Ensuring the appropriate use of language (to aid readability and avoid stigmatisation) was a key element, as was the need for clarity around the plan's objectives (including measurable indicators). Balancing local focus within a North East and North Cumbria footprint was always likely to be a challenge given the large geographic area the plan covers, though health and care issues were often replicated across numerous different locations.

Reflecting the system-wide priorities established through the NENC Integrated Care Partnership (ICP) *Better health and wellbeing for all* strategy, the JFP comprised fifteen service Action Plans which now included trauma-informed

services (not originally within the draft version) as well as women's health (acknowledging that provision was not always right for all women and recognising the national women's health strategy). Underpinning progress on these fifteen topics were several 'enabler' Action Plans concerning aspects such as workforce, finance, data and digital, estates, and environmental sustainability.

From a sub-regional perspective, Tees Valley priorities were outlined, though it was noted that even this smaller part of the overall North East and North Cumbria coverage was made up of a collection of five Local Authority areas each with its own characteristics (common themes did, however, exist, some of which could be viewed as unique to Tees Valley). Recognising the need for strong alignment with Health and Wellbeing Boards, five Tees Valley pillars that supported delivery of organisational, place and system plans had been identified – prevention; admission avoidance and hospital discharge (keeping hospitals / urgent care settings available for those who really need them); mental health, learning disabilities and autism (across all age bands); reducing health inequalities; and sustainability. Ultimately, health promotion and prevention should be at the root of everything services do.

Mindful of the JFPs annual March refresh, the NENC ICB had already identified required improvements in relation to clearer implementation of its content, as well as greater acknowledgement of the voluntary, community and social enterprise (VCSE) sector which plays such an important role in supporting health and care provision. Specific focus on general practice (GPs seeing more people than ever yet still the public continue to raise concerns about access), long-term conditions, and dementia (better clarity over future plans) would also feature. Recognition of anticipated changes to ICB resourcing (not to actual healthcare spend, though) would also be factored in.

Committee comments / questions centred predominantly on the JFPs service Action Plans. In response to a Member query around women's health, it was confirmed that there was already a specific piece on maternity matters within the 'best start in life' section of the plan (part of which was an attempt to drive improvements around pre-birth mental health for both mothers and fathers). For the autism strand, Members expressed a wish to see more autistic-friendly organisations and greater awareness of this condition – officers acknowledged the need for services that can serve all people by making any reasonable adjustments to its existing offer in the context of ongoing resource / demand challenges. With reference to the trauma-informed element of the plan, the Committee felt that numerous organisations needed to be involved in developing this aspect, not just Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), with officers adding that it was the ICBs desire for all healthcare services and their staff to have a basic awareness of trauma so individuals were less likely to experience further negative responses to a previous event.

Ensuring relevance for local areas within an overarching plan, and the inclusion of measurable targets, was debated, with the Committee also emphasising that aspects of good practice within a certain location should be shared on a wider North East and North Cumbria level. Officers described the national context which impacted upon regional planning, with NHS England publishing its operating framework each year setting out key requirements for the whole sector

	<p>which ICBs then needed to adjust to (including any financial repercussions) – the NHS Long-Term Plan also needed to be taken into consideration. Regarding targets, there were measurables within individual Action Plans that were not reflected within the JFP – the ICB was considering how it could best represent these as part of future versions. As for the dissemination of good practice, the ICB Learning Board enables the sharing of ideas and experiences, with a recent example being the standardisation of specifications for the urgent care offer (a key reason why North Tees and Hartlepool NHS Foundation Trust performs well compared to other NHS Trusts).</p> <p>Welcoming the emphasis on partnerships and the inclusion of Tees Valley-specific priorities, Members noted the additional pressures that could be created as a result of good performance as services are asked to support similar functions outside their organisation. Officers stated that there were situations where this would occur, and that the ICB was trying to meet demand in the best way possible within the context of a restrictive workforce. In response, the Committee highlighted the value of the voluntary sector in providing additional support to statutory services, with numerous newly retired people willing to give their time – further developing VCSE relationships to assist with the overarching health and care offer should therefore be a key part of future planning.</p> <p>Commenting on the expected focus on general practice as part of the JFP 2024 refresh, the Committee noted the ability for female patients to request to see a female GP and highlighted instances where a male patient had experienced difficulties requesting an appointment with a male GP. Officers were happy to follow-up specific cases outside this meeting, though confirmed that gender preference should be offered to patients.</p> <p>AGREED that the North East and North Cumbria Integrated Care Strategy / Joint Forward Plan update be noted.</p>
5	<p>Tees, Esk and Wear Valleys NHS Foundation Trust - CAMHS Update</p> <p>Consideration was given to an update on the current situation regarding the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) Child and Adolescent Mental Health Services (CAMHS). Presented by the TEWV CAMHS Head of Service, and supported by the TEWV Managing Director – Durham, Tees Valley and Forensic Care Group and Deputy Chief Executive, content in relation to children and young people services was as follows:</p> <ul style="list-style-type: none"> • Within the context of TEWVs previous Care Quality Commission (CQC) inspection outcomes and the issues this had raised (waiting lists, processes to manage risk, etc.), the five key areas of focus were outlined: <ul style="list-style-type: none"> ○ <u>Waits</u>: including what to do whilst waiting. ○ <u>Staffing</u>: vital issue, with a significant pressure area around Consultant Psychiatrists; realigning budgets; looking at skills mix and working with medical leadership to address gaps. ○ <u>Caseload / caseload management</u>: constantly reviewing; size of caseloads was previously flagged by the CQC – this had since been addressed. ○ <u>Training</u>: do this in partnership with acute Trusts and the voluntary sector

- (e.g. Oliver McGowan training).
- Community Transformation: strong partnership arrangements within Tees Valley – helps to deliver services in different ways.

Work to develop the service and address concerns raised by the CQC had continued, and it was hoped that improvements made would be reflected when the CQC next inspects.

- The iThrive framework was explained, with the broad expectation that around 80% of those approaching CAMHS will only require advice to continue 'thriving'. Of the remaining 20%, around two-thirds to three-quarters would require focused goals-based input (e.g. low-intensity cognitive behavioural therapy (CBT)), with the rest being split between either those who need more extensive and specialised goals-based help, and those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services.
- Despite ongoing challenges, TEWVs 'Getting Help' and 'Getting More Help' teams compared favourably with national benchmarks, the Specialist Eating Disorders team was consistently compliant with national access standards, and Crisis and Intensive Home Therapy teams performed consistently well with high call handling rates and compliance with the four-hour response requirement for urgent referrals (both typically 90-96%). The Committee was reminded that TEWVs in-patient CAMHS provision within the Tees Valley region had ceased and was instead being provided by another Trust at the old West Lane Hospital, Middlesbrough site. However, TEWV was still jointly responsible for overseeing / managing the crisis pathway.
- There was a key pressure around neurodevelopmental assessments (autism and ADHD), demand for which had significantly increased since the emergence and impact of COVID. Assessment completed today had waited 18 months to two years, and the waiting list continued to grow. This was a national issue and was an area of focus for the Trust as part of whole-system planning and ICB commissioning.
- Several elements in the ongoing management and delivery of services were highlighted, including the Trust's 'Keeping in Touch (KIT)' process (which helps mitigate any risks associated with those waiting to access the existing offer), the impact of a young person's Engagement Lead to drive the co-production of care delivery and service development (linking-in with all teams to embed good practice and ensure appropriate engagement with / input of young people), and positive examples of joint-working with Local Authorities (e.g. involvement with family / multi-agency hubs, including an area of focus on perinatal mental health). The roll-out of Primary Care Network (PCN) practitioners to support general practices with the mental health and wellbeing of young people was also noted, as were schools-based Mental Health Support Teams (MHSTs) which were delivered by voluntary, community and social enterprise (VCSE) organisations (unique to Tees Valley) who already had contacts / relationships with schools.
- Transformation plans were relayed, with the intended expansion of MHSTs

and whole-system offer across Teesside, support with family hubs, recovery plans in relation to the neurodevelopmental pathway, and development of the 'Getting More Help' element to better manage expectations and meet demand. The Trust was also looking at smarter ways of working to help with recruitment (e.g. virtual clinic model).

Reference was also made to an additional 'benchmarks and performance data' paper which included response times for the Crisis service from September 2022 to August 2023 (demonstrating significant improvement in the percentage of patients seen face-to-face within four hours by a suitably trained practitioner), and single point of contact (SPOC – the team receiving the initial call for help) demand with regards referrals and caseloads (April 2022 to July 2023), and access and waiting times (May 2022 to October 2023). It was emphasised that some areas in the UK only accepted referrals to CAMHS from professionals – for TEWV, an open referral process was in operation (which therefore impacts upon volume).

The supplementary performance document highlighted the number of young people awaiting assessment per individual CAMHS team across the Tees Valley, though it was acknowledged that there were some data quality issues which needed to be addressed – assurance was provided that each team had a patient tracker list (as part of the KIT process) which was continually checked and followed up on. Information was also given on CAMHS Eating Disorders which showed the percentage of children and young people (routine cases) waiting four weeks or less (as per National Institute for Health and Care Excellence (NICE) guidelines) from referral to the start of treatment from April 2021 to August 2023. For urgent cases, issues with the data prohibited inclusion and were being addressed internally to get an accurate picture of compliance with NICE advice (within one week from first contact to start of treatment).

In response to TEWVs update, the Committee began by welcoming progress on the support provided via the SPOC, though raised the continuing need to break down barriers for those struggling to access services. Members acknowledged pre-COVID pressures which had been exacerbated by the pandemic, and heard that referrals for core services had broadly plateaued, whilst demand for specialist autism / ADHD element had surged.

Whilst praising TEWVs engagement with partners, the Committee encouraged connectivity with children's charities in terms of service development to ensure the voice of young people was at the forefront of future planning. Subsequent confirmation that TEWV already included HeadStart within its partnership groups was welcomed.

A question was raised around out-of-hours access and how this was currently being managed / delivered. TEWV confirmed that a bespoke approach to this aspect of the service was in place at present, and that additional slots were made available during peak times. The MHST also supported the alleviation of potential issues (though was not in every school – TEWV subsequently agreed to provide further details on the existing MHST offer), and it was the ambition to get full MHST coverage across the whole of the Tees Valley, though this would likely take time due to resource limitations.

	<p>The Committee noted the statistics around eating disorders and also drew attention to the need for services to be mindful of increases in self-harm incidents which could often be hidden (though, in some cases, was becoming more obvious). TEWV officers commented that it was not possible to funnel all young people into specialist services, and that partners across the health and care system needed to keep working together to lessen the likelihood of individuals getting to a point where they harm themselves.</p> <p>AGREED that:</p> <ol style="list-style-type: none"> 1) the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) CAMHS update be noted. 2) further information be provided by TEWV as requested by the Committee.
6	<p>Tees, Esk and Wear Valleys NHS Foundation Trust - Adult Learning Disability Respite Services Update</p> <p>Consideration was given to an update on the current situation regarding the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) adult learning disability respite provision. Led by TEWVs Durham, Tees Valley and Forensic Care Group Director of Operations & Transformation (CAMHS & LD), and supported by the TEWV Managing Director – Durham, Tees Valley and Forensic Care Group and Deputy Chief Executive, past and current context was noted as follows:</p> <ul style="list-style-type: none"> • TEWV is commissioned to provide adult learning disability (ALD) respite services for the population of Teesside from two sites – Asgarth (Durham Road, Stockton – 6 beds) and Bankfields Court (Middlesbrough – 5 beds). • As previously noted during the last update to the Committee (December 2021), in 2019, the Care Quality Commission (CQC) identified that these facilities did not meet Mixed Sex Accommodation (MSA) guidance – action was undertaken to comply with requirements, a by-product of which was a reduction in the number of days families were able to access services. • In 2020, a project steering group completed a comprehensive review of delivery models and building options. This work was paused due to the pandemic but restarted recently upon the appointment of a new director and general manager in ALD services – this included engagement with families, around 70 of which access this offer. • The estate is a significant challenge, with both buildings remaining in poor condition due to age. <p>The Committee was then informed of TEWVs vision for these services, the longer-term aim being to provide creative health and social care options that are responsive, with fair and equitable access, reflective of the evolving needs of the population, and go beyond a solely bed-based service. Recent developments towards this goal included the re-opening of conversations with stakeholders systemwide (including Local Authorities across Teesside and the NENC ICB) to explore new models of sustainable respite provision across ALD in Teesside,</p>

engaging with regulators to inform registration requirements linked to 'Right Care, Right Support, Right Culture', and the September 2023 appointment of a Programme Lead for transforming TEWVs ALD bed model. Officers provided assurance that TEWV remained in regular contact with families regarding the existing situation and fully recognised the profound disabilities of those accessing its services.

Members responded by requesting clarification around whether the number of beds available at the two sites had reduced – officers agreed to confirm any recent changes following this meeting.

Reflecting on the existing offer, the Committee noted that some may misguidedly view the service as a hospital, and questioned if TEWV was proposing that respite provision should be delivered by social care partners. Drawing attention to the regulatory requirement on TEWV to provide a certain level of service based on the licence it holds, officers confirmed that nothing was being ruled out in terms of future delivery options, though providing the best support for families would remain the priority. Potential alternatives to the existing offer would need to be worked through with partners as part of a broader conversation on ALD services, and assurance was given that TEWV was not attempting to offload this element despite previous regulatory challenges.

Referencing the systemwide-focus, the Committee welcomed the broader engagement with, and by, partners. However, there remained an issue with those leaving education who were, along with their families, at risk of feeling alone without the appropriate support in place as they moved into adult services. Officers stated that challenges around transition were very much recognised and an area which required improvement – TEWV would be working on this with the NENC ICB and other partners. Developing other models of support away from the bed-based-only offer may help with making the service more accessible to those transitioning into adult provision.

Emphasising the value of the respite offer for families and thanking those who cared for their loved ones (in turn, saving health and care organisations significant money), the Committee asked if services were flexible enough to meet the needs of those accessing them. TEWV reiterated its continuing close engagement with families who were not giving any indication of a lack of flexibility regarding access, highlighting the positive feedback it had received via the Friends and Family Test, as well as the soon-to-be-restarted service-user group. In addition, a Lived-Experience Lead had been brought into the ALD service to aid developments. Opportunities for families to submit their views were also promoted via a regular newsletter – the Committee subsequently requested a recently issued example of this communication.

AGREED that:

- 1) the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) adult learning disability respite provision update be noted.
- 2) further information be provided by TEWV as requested by the Committee.

7	<p data-bbox="252 152 691 192">Work Programme 2023-2024</p> <p data-bbox="252 230 1353 271">Consideration was given to the Committee's work programme for 2023-2024.</p> <p data-bbox="252 304 1425 600">Discussion ensued around the potential agenda for the next Committee meeting on 15 December 2023. It was agreed to retain the intended items on winter planning, strategic options for non-surgical oncology, and community water fluoridation, as well as add an update on NHS dentistry (to complement the latter). The North East Ambulance Service NHS Foundation Trust (NEAS) and Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) performance updates would instead be requested as part of the two Trusts Quality Account submissions at the Committee meeting scheduled for March 2024.</p> <p data-bbox="252 633 1425 784">Reference was also made to the list of 'To be scheduled' items included within the work programme document. Members discussed potential options for covering these issues either as part of a formal Committee meeting or outside these quarterly dates via informal sessions / email updates.</p> <p data-bbox="252 817 1299 857">AGREED that the Committee's work programme for 2023-2024 be noted.</p>
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CONFIRMED

Tees Valley Area Integrated Care Partnership (ICP) Meeting

Meeting held on: 24th November 2023, 12pm – 2pm

Held at: Boardroom, North East and North Cumbria ICB, 14 Trinity Mews, North Ormesby Health Village, Middlesbrough, TS3 6AL

Item No:	Meeting Notes	Action
TVICP/23/34	Welcome and Introductions	
	<p>Councillor Cook, as Chair, welcomed colleagues to the third Tees Valley Area Integrated Care Partnership (ICP) Meeting.</p> <p><u>Present:</u></p> <ul style="list-style-type: none"> • Councillor Bob Cook (Chair) – Health and Well-being Board Chair & Leader of Stockton Borough Council • David Gallagher – Executive Area Director (South), NENC ICB • Craig Blair - ICB Director of Place, Middlesbrough / Redcar & Cleveland, NENC ICB • Erik Scollay (ES) – Director of Adult Services, Middlesbrough Council • James Bromiley – Associate Director of Group Development, North Tees & Hartlepool FT • Jean Golightly - Director of Nursing (South), NENC ICB • Jon Carling – Voluntary Sector Lead / 3rd Sector, Catalyst Stockton • John Sampson – Managing Director and Chief Executive – Redcar and Cleveland Council • Josh Harbron – Assistant Director of Adult Social Care, Darlington Council (<i>attending for James Stroyan</i>) • Kerry McQuade – Director of Strategy Planning and Transformation, North East Ambulance Service • Lisa Oldroyd – Chief Executive and Monitoring Officer, Cleveland Police • Michelle Stamp – Consultant in Public Health, South Tees Hospital FT, and Public Health South Tees (<i>attending on behalf of Mark Adams</i>) 	

	<ul style="list-style-type: none"> • Martin Short (MS) - ICB Director of Place (Darlington), NENC ICB • Patrick Rice – Director of Adults and Communities, Redcar & Cleveland Council • Richard Morris – Associate Director of Operations, County Durham & Darlington FT (<i>attending on behalf of Sue Jacques</i>) • Richard Scothorn (RS) – Chair, County Durham & Darlington FT • Emma Champley (EC) – Assistant Director, Adult Social Care Stockton Borough Council • Rebecca Morgan (RM) – Project Development Manager / Healthwatch Sub-Regional Co-ordinator, Healthwatch • Rob Harrison – Managing Director, South Tees Hospitals NHS Foundation Trust <p><u>In Attendance:</u></p> <ul style="list-style-type: none"> • Jo Duffy – Cleveland Police Intelligence Analysis Manager • Paul Smithurst – Regional Fundraising Manager, SSAFA • Siobhan Brown - Director of Transformation (System), NENC ICB • Rebecca Herron – Governance Lead NENC ICB • Jane Smailes (Note Taker) – Office Manager, NENC ICB • Claire Attey – Corporate Secretary, NENC ICB 	
TVICP/23/35	Apologies for Absence	
	<ul style="list-style-type: none"> • Councillor Alec Brown (AB) – Joint HWBB Chair – Live Well South Tees Board, Redcar and Cleveland Council • Dr Bharat Kandikonda - PCN/CD Representative – Middlesbrough PCN • Brent Kilmurray – Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust • Clive Heaphy – Interim Chief Executive, Middlesbrough Council • Craig Blundred – Director of Public Health, Hartlepool Borough Council • Cllr Matthew Roche – Councillor, Darlington Borough Council • Mayor Chris Cooke – Joint HWBB Chair Live Well South Tees Board – Middlesbrough Council • Chris Piercy – Director of Nursing, NENC ICB • Dr Deepak Dwarakanath - Chief Medical Officer, North Tees and Hartlepool FT • Denise McGuckin – Managing Director of Hartlepool Borough Council • Professor Derek Bell – Chair, North Tees & Hartlepool 	

	<p>NHS Foundation Trust / South Tees Hospitals NHS FT</p> <ul style="list-style-type: none"> • Elaine Redding – Director of Childrens Services, Stockton Borough Council • Dr Dhirendra Garg – Stockton PCN Representative • Dr Helen McLeish – PCN Clinical Director, Darlington PCN • Helen Ray – Chief Executive, North East Ambulance Service • James Stroyan – Director of People (Children & Adult), Darlington Council • Ian Williams – Chief Executive, Darlington Council • Dr Jackie McKenzie - PCN/CD Representative, Hartlepool PCN • Jane Smith – Service Lead Strategy Quality & Improvement – Children’s Service, Stockton Borough Council • Jill Harrison - Director of Adult & Community Based Services, Hartlepool Borough Council • Julian Penton - Voluntary Sector Lead/3rd Sector, Hartlepower (Hartlepool) • Lynne Walton – Director of Finance (South), NENC ICB • Mark Adams – Director of Public Health, Middlesbrough Council / Redcar & Cleveland Council • Mike Greene – Chief Executive – Stockton Borough Council • Miriam Davidson – Interim Director of Public Health, Darlington Borough Council • Neil Atkinson – Managing Director, North Tees & Hartlepool FT • Peter Neal – Voluntary Sector Lead, Redcar & Cleveland Voluntary Development Agency (RCVDA) • Sandra Britten – Alice House Hospice • Sue Jacques – Chief Executive, County Durham and Darlington NHS FT • Dr Teik Goh - PCN/CD Representative, Redcar and Cleveland PCN • Alex Sinclair – ICB Director of Place, Stockton 	
TVICP/23/36	Declarations of Interest	
	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/23/37	Minutes from previous meeting held 8th September 2023	
	The minutes of the meeting, held 8 th September, had previously been circulated to members for comment. There were no amendments requested and therefore the minutes	

	<p>were AGREED as an accurate record. Confirmed minutes have also been shared with Health and Wellbeing Boards for information.</p>	
TVICP/23/38	Matters Arising & Action Log	
	<p>Action Log</p> <p><u>TVICP/23/26 – Matters Arising & Action Log</u> It was confirmed that an update around oral health work had been added to the forward planner. This action to be closed.</p> <p><u>TVICP/23/27 – Healthwatch Update</u> It was confirmed the presentation had been circulated to members. This action to be closed.</p> <p><u>TVICP/23/31 - Tees Valley Combined Authority (TVCA)</u> It was confirmed the presentation had been circulated to members. This action to be closed.</p> <p>Matters Arising There were no matters arising to note.</p>	
TVICP/23/39	Healthwatch Update	
	<p>The report had been circulated to members before the meeting.</p> <p>Rebecca Morgan (RM) provided the key highlights of the Healthwatch Quarterly report, which had been circulated to members, and included the work of Healthwatch organisations in Darlington, Hartlepool, Stockton, and South Tees. It was noted that local Healthwatch determine their own work plan determined by what they have heard from local people. However, there is some convergence in concerns and recently the highest number of concerns and enquiries was around the lack of provision of NHS dental services.</p> <p>The other key areas noted were:</p> <ul style="list-style-type: none"> • Pharmacy services • Consultation to investigate needs, preferences and experiences of adults with learning disabilities • Youthwatch <p>The Chair noted the importance of receiving the 'patient voice' and advised Healthwatch will be attending a future Health & Wellbeing Board in Stockton.</p>	

	<p>It was confirmed that local Healthwatch organisations also provide quarterly reports to the four place sub-committees (Darlington, Hartlepool, Stockton, and South Tees).</p> <p>RM noted that pharmacy and dentistry information is not always being updated on the national websites in a timely manner which is causing more inconvenience and concern for the public. David Gallagher (DG) acknowledged the difficulties with the website giving incorrect dentistry information and was picking up this issue as part of his portfolio of work.</p> <p>DG noted the national issue with pharmacy closures, explained that Health and Wellbeing Boards had responsibility for pharmacy needs assessments and suggested this item was added to the forward planner for further discussion.</p> <p>ACTION: Pharmacy closures to be added to future planner</p>	JS
TVICP/23/40	Tees Valley Places Plan 2023/24	
	<p>The presentation had been circulated to members before the meeting.</p> <p>Andrew Rowlands (AR) provided an overview of the Tees Valley Places Plan, highlighting how it was developed in line with the NENC Integrated Care Strategy, the Joint Health and Wellbeing Strategies and Council Plans for each local place, Joint Strategic Needs Assessments and joint 5 year-forward plan. The presentation included the following:</p> <ul style="list-style-type: none"> • Tees Valley Priorities • Tees Valley Strategic Context for Starting Well, Living Well, Ageing Well • Cross Cutting Themes • Timetable and Stakeholder Engagement <p>It was noted the plan would be a 'living' document to be updated annually, starting in March 2024.</p> <p>Craig Blair (CB) explained that local Health and Wellbeing plans had played a significant part in the development of this plan and described how it made sense to bring together and align the plan to health and social care in Tees Valley to improve outcomes for the shared population.</p> <p>It was acknowledged that due to national timescales it had not been possible to undertake the necessary level of community engagement prior to the development of the</p>	

	<p>initial plan. This would change now the plan was in place and the community voice, including voluntary sector would be included moving forward.</p> <p>Following a query regarding priorities in the plan, CB explained that due to the levels of deprivation in the Tees Valley it was recognised that it would not be possible to deliver all the priorities at the same pace. The plan had been developed to look for a balance for all.</p>	
TVICP/23/41	Overview of SSAFA, the Armed Forces charity	
	<p>Paul Smithurst (PS) provided an overview of SSAFA and the aims of the North East Regional Hub. PS advised members that SSAFA was working to promote its services to veterans and partners, and he provided an example of the work taking place with a hospital trust, in another part of the country, to identify veterans.</p> <p>PS drew members' attention to the number of North East beneficiaries from January to October 2023 and noted that the biggest support had been in the provision of household goods. It was noted that there had been 13 requests for 'medical' help and there was a request that some background information for these cases was shared at a future meeting to understand if they were issues that should be picked up locally.</p> <p>ACTION: Paul Smithurst to provide background information on the 13 'medical' queries received by the North East SSAFA hub to the next meeting.</p> <p>The meeting recognised the difficulties in finding out, or remembering to ask, if service users were veterans or family members of veterans. PS advised that SSAFA was being more proactive in advertising its services, for example in hospital trusts.</p> <p>The meeting noted the commitment of local trusts to support the Defence Employer Recognition Scheme; the work with GPs to help identify veterans and SSAFA links with local police to identify veterans who may need support.</p>	PS
TVICP/23/42	NTHFT / STHFT Joint Working Update	
	<p>James Bromiley (JB) provided a verbal update on the joint working arrangements for North Tees and Hartlepool FT (NTHFT) and South Tees Hospitals FT (STHFT). He explained good progress had been made with outlining the principles, with a formal partnership agreement to be signed in the next week between the ICB, NTHFT and STHFT.</p>	

	<p>JB said there was a clear rationale that would benefit patients and clinical services, and he outlined some key elements of this joint working as:</p> <ul style="list-style-type: none">• A joint Clinical Services Strategy• To align corporate services, i.e., ICT, Finance, HR, and Communications• A joint management structure, but still representing different organisations• Board level decisions to be taken in the interest of the wider population not just at individual Trust level. <p>The proposals had been approved by a joint committee and it was expected to be approved by both NTHFT and STHFT Boards next week.</p> <p>JB advised Stacey Hunter has been appointed as joint Chief Executive Officer from 1st February 2024.</p> <p>JB explained that Professor Derek Bell (Joint Chair) had written to a wide range of stakeholders in August with an invitation to comment on the plans of NTHFT and STHFT. Additionally, presentations had been made to colleagues in different areas including Primary Care, Local Authority Chiefs and Health & Wellbeing Boards. It was recognised, however, that engagement with stakeholders would be an ongoing process, especially with patients. JB confirmed that 'place' was an important feature of the group model and services needed to be based around place and communities. This would be a key area for Non-Executive Directors (NEDs)</p> <p>The Clinical Services Strategy (CSS) work, including Managed Clinical Networks need to have robust governance arrangements. The CSS workstreams are:</p> <ul style="list-style-type: none">• Medicine• Urgent and Emergency Care• Surgery and Elective Recovery• Community Services• Women and Children's Services• Diagnostics <p>JB advised that the above areas were only a small portion of the work undertaken by the Trusts but would give real gains at an early stage that would make a difference to patients. He confirmed that job descriptions and Terms of Reference for the Boards of the above groups were being developed and these roles would be for existing experts within the Trusts.</p>	
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	<p>Professor Scothon (PS) congratulated the Trusts on their work to date.</p> <p>Following a query from Professor Scothon, regarding the governance arrangements for this group model way of working JB advised that the Trusts had taken legal advice to ensure the proposals were within the framework of the Health and Care Act 2022. An example of the new ways of working would include holding Board meetings in-common, but they would technically remain separate statutory bodies. Whilst there would be scope for some joint committees there would also be times when the organisations would meet separately.</p> <p>Whilst it is expected that over time all the NEDs positions will be joint appointments the senior leadership on each site will remain separate. Both Trusts are looking for a balance between operational stability and beneficial changes, within the legal framework.</p> <p>Following a further query from PS, JB explained that there was still work to do around scoping the work of the Board with the Terms of Reference allowing for members of the Board who are not members of the Trusts.</p>	
TVICP/23/43	Serious Organised Crime	
	<p>Lisa Oldroyd (LO) introduced the presentation and explained the role of the Police and Crime Commissioner (PCC) in Cleveland. She noted that Darlington fell under the PCC for County Durham. She outlined the statutory responsibilities and priorities for the PCC in Cleveland. Additionally, she highlighted the links with the NHS and impact of crime, specifically the health, physical and emotional costs.</p> <p>Jo Duffy (JD) provided an overview of serious organised crime (SOC) in Cleveland, highlighting the impact on law enforcement, partner agencies and communities. She explained that Cleveland Police produce a Serious and Organised Crime Local Profile (SOCLP) every three years which highlights the areas of current, emerging, and future threats, vulnerabilities, and risks. JD also highlighted the three key issues being addressed by Cleveland Police.</p> <p>Rob Harrison (RH) welcomed the presentation and noted that working together across agencies should be the focus of the Tees Valley Area ICP meetings. Large anchor organisations had an opportunity to provide alternatives to crime. He highlighted the prevention work of the major</p>	

	<p>trauma unit at South Tees Hospital, and queried how organisations could work together to endeavour to stop knife crime, for example, being one of the things hospitals had to treat.</p> <p>A discussion took place around how to overlay the intelligence of the various organisations to ensure resources are directed to the right communities. For example, linking to the "Starting Well" priority in the Places Plan by working with primary schools. The discussion included development of methodologies for highlighting those most at risk and the potential difficulties of intervention in individual cases.</p> <p>David Gallagher (DG) welcomed the discussion and noted the benefit of broadening the group membership to include police colleagues.</p>	
TVICP/23/44	North East and North Cumbria Women's Health Programme	
	<p>The presentation had been circulated to members before the meeting.</p> <p>Siobhan Brown (SB) explained that there was now, for the first time, a National Women's Health Strategy. She noted that although women lived longer, they did so with bad health. SB advised that £25m of investment had been provided nationally for women's health hubs, with £700K available across the NENC. The funding can be used for a variety of models.</p> <p>SB advised that the successful bids would be announced on Tuesday 28th November.</p> <p>SB explained that this was an invitation for partners to be involved in the work and to consider how they would want to take forward the development of the North East and North Cumbria Women's Health Plan for Tees Valley. There is a Women's Health Collaborative where members will have access to resources and information via Boost. To join members are invited to email nencwomenshealth@nhs.net</p> <p>Michelle Stamp advised that there was a Tees collaborative for sexual health which was also looking at women's hubs from their perspective.</p>	
TVICP/23/45	Suggested Items for Next Meeting	
	<p>David Gallagher (DG) suggested the following as potential items for future meetings:</p>	

	<ul style="list-style-type: none">• Work / discussions with Directors of Public Health (DoPH) on dentistry and oral health (looking at preventative measures)• Continue to review the Tees Valley Places Plan <p>Other suggestions for future items:</p> <ul style="list-style-type: none">• Following a meeting with Sir Liam Donaldson, the Chair suggested Child Poverty• Michelle Stamp asked that the development of the Tees Valley Anchor Network was included for the agenda in February. <p>DG reminded members that the meetings were for all partners to bring forward items for discussion, not just health, and they contact him with any suggestions for future agenda items.</p>	
TVICP/23/46	Any Other Business	
	<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, 2nd February 2023 Time: 12-2pm Venue: Dolphin Centre, Darlington</p>	

Signed:



Date: 08.01.23

Cllr Bob Cook (Chair)