

AUDIT AND GOVERNANCE COMMITTEE

AGENDA



Tuesday 11 June 2024

at 5.00 pm

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

MEMBERS OF AUDIT AND GOVERNANCE COMMITTEE:

Councillors Boddy, Buchan, Darby, Hall, Holbrook, Jorgeson, Moore, Morley, Roy and Thompson.

Standards Co-opted Independent Member:- Mr Martin Slimings

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

Local Police Representative

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

3.1 To confirm the minutes of the meetings held on 12th March 2024.

4. **STATUTORY SCRUTINY ITEMS**

4.1 Introduction to Scrutiny - *Statutory Scrutiny Manager*

4.2 Scrutiny Work Programme Preparation - Presentations:

- i) Health in Hartlepool - Inequalities and Challenges - *Director of Public Health*
- ii) Crime and Disorder in Hartlepool - Challenges - *Assistant Director (Regulatory Services) and Superintendent, District Commander, Cleveland Police*

4.3 Appointment to Committees / Forums:-

- (i) Annual Appointments to Committees/Forums – *Statutory Scrutiny Manager*
- (ii) Personnel Sub-Committee – *Director of Legal, Governance and Human Resources*

5. AUDIT ITEMS

- 5.1 Annual Governance Statement 2023/24 - *Head of Audit and Governance*
- 5.2 Joint Declarations from Management and those Charged with Governance – *Head of Audit and Governance*

6. OTHER ITEMS FOR DECISION

- 6.1 Regulation of Investigatory Powers Act 2000 (RIPA) – Quarter 1 Update - *Director of Legal, Governance and Human Resources*

7. STANDARDS ITEMS

No Items.

8. MINUTES FROM RECENT MEETINGS FOR RECEIPT BY THE COMMITTEE

- 8.1 Health and Wellbeing Board – None
- 8.2 Finance and Policy Committee relating to Public Health issues – None
- 8.3 Tees Valley Health Scrutiny Joint Committee – None
- 8.4 Safer Hartlepool Partnership – None
- 8.5 Tees Valley Area Integrated Care Partnership – None
- 8.6 Regional Health Scrutiny – None –
- 8.7 Durham, Darlington and Teesside, Hambleton, Richmondshire And Whitby STP Joint Health Scrutiny Committee – None

9. ANY OTHER BUSINESS WHICH THE CHAIR

For information: - forthcoming meeting dates: -

Tuesday 25 June, 2024 at 5.00 pm
Tuesday 16 July, 2024 at 5.00 pm
Tuesday 24 September, 2024 at 5.00 pm
Tuesday 15 October, 2024 at 5.00 pm
Tuesday 5 November, 2024 at 5.00 pm
Tuesday 10 December, 2024 at 5.00 pm
Tuesday 28 January, 2025 at 5.00 pm
Tuesday 4 March, 2025 at 5.00 pm
Tuesday 1 April, 2025 at 5.00 pm

AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

12 MARCH 2024

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, Christopher Groves,
David Nicholson, Veronica Nicholson and Cameron Sharp

Standards Co-opted Members:

Martin Slimings and Tracy Squires – Independent Members
Parish Councillor Michael Jorgeson (Headland)

Also Present:

Gavin Barker and Ross Woodley, Mazars
Derek Bell, James Bromlley, Derek Bell, Ray Martin-Wells, North
Tees and Hartlepool NHS Foundation Trust
Steve Thomas, Healthwatch

Officers:

James Magog, Director of Finance IT and Digital
Noel Adamson, Head of Audit and Governance
Sandra Shears, Head of Finance, Corporate and Schools
Gemma Ptak, Assistant Director, Preventative and Community
Based Services
Sylvia Pinkney, Assistant Director, Regulatory Services
Joan Stevens, Statutory Scrutiny Manager
Gemma Jones, Scrutiny and Legal Support Officer
Denise Wimpenny, Democratic Services Team

133. Apologies for Absence

Apologies for absence were submitted on behalf of Councillor Pamela Hargreaves and Parish Councillor Representative Kane Forrester (Wynyard).

134. Declarations of Interest

None

135. Minutes of the meetings held on 21 February 2024 and 27 February 2024

Confirmed.

136. North Tees and South Tees Foundation Trusts – Group Model – Covering Report /Verbal Update

The Chair welcomed representatives from North Tees and Hartlepool Foundation Trust, who were in attendance at the meeting to provide an update on the group model arrangements between North Tees and South Tees Foundation Trusts.

The Committee was advised that Stacey Hunter, the Group Chief Executive, was unable to attend the meeting due to conflicting diary commitments.

As part of the ongoing engagement process, the Committee was provided with an update on the implementation of the group model arrangements. This included background information in relation to progress made in delivering the partnership agreement within four key work streams, details of which were provided. It was envisaged the Joint Board would be established in the next financial year. Reference was made to the clinical strategy and the proposals in terms of appointments of chief officers to Clinical Boards. Work was ongoing between the two Trusts to explore how clinical and patient pathways could be maximised. An Enablement Strategy was also being developed to address the barriers identified by staff and patients and work had commenced to establish the most appropriate methods to effectively engage with patients and staff in terms of what patients expected from the Group and would include engagement with Healthwatch, the Council and Primary Care. It was highlighted that the Hartlepool site was an essential part of the development of the Clinical Strategy. The representatives were pleased to report on the successes at the Hartlepool site which included urgent treatment services and surgical hub status. Work had commenced in relation to development of Hartlepool Health and Social Care Academy and details of the proposals in relation to the development of the chemotherapy service and signage work were also provided.

In the discussion that followed Members commented on a number of issues arising from the update and representatives responded to queries raised. Members welcomed the development of the social care academy and were keen to see services expanded at the Hartlepool site to include Accident

and Emergency. Concerns were expressed that A and E should not have been removed from Hartlepool as well as the current state of disrepair of the North Tees building and the impact on delivery of services going forward. The importance of services being delivered from both sites was also emphasised. Members were advised that it was envisaged that delivery of services would continue from two sites, however, this would be explored as part of the Estates Strategy which was currently being developed alongside the Clinical Strategy. In response to a query raised regarding the number of elective surgery hub beds and a breakdown on the number of surgeries being dealt with in Hartlepool by day-case/overnight stay, the representative agreed to provide clarification following the meeting.

Emphasis was placed upon the need to utilise empty space at the Hartlepool site and the benefits of utilising land to the side of the building was also highlighted.

In response to further queries raised, clarification was provided in relation to the group model proposals in terms of engagement with staff around cultural differences.

Recommended

- (i) That the contents of the update and comments of Members be noted and actioned as appropriate.
- (ii) That details of the number of elective surgery hub beds be provided following the meeting to include a breakdown on the number of surgeries being dealt with in Hartlepool by day-case/overnight stay.

137. Mazars Report - Audit Completion Report *(Director of Finance, IT and Digital Services)*

A representative from Mazars was in attendance and updated the Committee on those matters within the Audit Completion Report 2022/23, a copy of which was appended to the report and drew Members attention to the key messages, main findings and timescales for completion of the report. Information was awaited from the audit of the Pension Fund which needed to be resolved before the completion report could be signed off.

The representatives responded to issues raised arising from the report. Clarification was provided in relation to value for money arrangements and whilst the challenges facing local authorities in terms of financial sustainability were acknowledged, the representative confirmed that no significant weaknesses in the Council's arrangements had been identified in terms of financial sustainability.

Recommended

That the contents of the report be noted.

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

The Director of Finance, IT and Digital Services reported on the arrangements for approving the Council's financial report for 2022/23 including the Statement of Accounts, a copy of which was attached at Appendix A. Members were referred to the background as set out in the report in relation to the delays in approving the accounts.

Members were advised that there had been two misstatements identified in the audit, details of which were provided.

Recommended

- (i) That the report be noted.
- (ii) That the Financial Report detailed in Appendix A be approved
- (iii) That should a material error be identified in the outstanding issues, resulting in an amendment to the Financial Report, these amendments be actioned and authority be delegated to the Director of Finance, IT and Digital Services, in consultation with the Chair of this Committee to approve the updated Statement of Accounts 2022/23.
- (iv) The Committee approved the reason outlined in paragraph 5.2 for not amending the accounts to reflect the Towns Fund Grant misstatement and noted that the Management Letter of Representation would be issued once the audit had concluded.

139. Internal Audit Plan 2024/25 – Charter and Strategy *(Head of Audit and Governance)*

The Head of Audit and Governance updated Members on the direction of internal audit activity and sought approval of the annual operational Internal Audit Plan and the Internal Audit Charter and Strategy for 2024/25, a copy of which was appended to the report.

The report provided background information in relation to the Council's responsibilities under the Accounts and Audit Regulations 2015 and the production of a Strategic Audit Plan. Details of Internal Audit Resources were provided together with information in terms of how the audit would be

delivered, integration arrangements and the background to the requirement to produce an Internal Audit Charter and Strategy.

The Head of Internal Audit and Governance provided clarification in response to queries raised in relation to the statutory and governance responsibilities in compliance with the Public Sector Internal Audit Standards, the roles and responsibilities on the Internal Audit Team and the various options in terms of service delivery. The Committee placed emphasis upon the need to continue to explore innovative options around service delivery. The Director of Finance, IT and Digital highlighted the benefits of an in-house multi-functional team.

Recommended

- (i) That the 2024/25 Internal Audit Plan be approved.
- (ii) The Committee noted the Internal Audit budget for 2024/25 of £263,291.
- (iii) That the Internal Audit Charter and Strategy be approved.

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

The Head of Audit and Governance reported on progress made to date completing the Internal Audit Plan for 2023/24. The report set out a summary of the assurances placed on completed audits and more detail regarding each audit, the risks identified and action plans agreed by way of an appendix. Members were referred to the levels of assurance Internal audit placed on audits they completed and what they mean in practice. I

In relation to the Town Hall and Borough Hall theatre audits which had been assessed as “no assurance”, the Assistant Director of Preventative and Community Based Services had been invited to attend to respond to any questions in relation to the agreed actions as detailed in Appendix A. Information was also provided in relation to ongoing audits.

In the lengthy discussion that followed the Head of Internal Audit and Governance and Assistant Director of Preventative and Community Based Services responded to queries raised arising from the report. Clarification was provided in relation to the actions in place, control measures introduced and proposals to mitigate the risks identified in the audit. These included an on-line booking system, integrating financial systems, recruitment of Hartlepool Manager, additional staff training and updating operating procedures, details of which were provided. The Chair expressed concerns regarding the budget implications and impact on revenue as a result of the failures. Assurances were provided that working practices and banking procedures and processes would be continually reviewed and monitored to ensure issues of this type did not reoccur.

In relation to instances where “no assurance” was identified Members were of the view that actions in relation to such audits should be reported back to the next meeting of the Audit and Governance Committee.

Recommended

- (i) That the contents of the report and comments of Members be noted.
- (ii) In instances where “no assurance” was identified, actions in relation to such audits be reported back to the next meeting of the Committee.

141. Derelict Land and Buildings Investigation – Working Group Update (*Statutory Scrutiny Manager*)

The Statutory Scrutiny Manager reported on progress towards completion of the Derelict Land and Buildings Investigation and confirmed the timetable for production and presentation of the Committee’s final report and recommendations.

A summary of the areas discussed during the course of each of the Working Group sessions was provided in Appendix A. The outcomes of these sessions along with all other evidence provided during the course of the investigation would be utilised in the formulation of the Committee’s findings and recommendations. The Committee was asked to consider any additional evidence prior to production of the final report.

Members were advised that a Working Group had been agreed for 2 April at 10.00 am of which Members were encouraged to attend.

Members agreed the revised timetable and that the recommendations would be finalised at the working Group on 2 April and the final report would be agreed in the new municipal year.

Recommended

- (i) Progress towards completion of the Derelict Land and buildings investigation and the key points raised during the course of discussions at meetings of the informal Derelict Land and Buildings Working Groups were noted.
- (ii) That Members consider any additional evidence before the production of the final report.
- (iii) The Committee agreed the revised timetable for production and presentation of the Committee’s final report and recommendations in the new municipal year.

142. Scrutiny Investigation – Recommendation Update (Scrutiny and Legal Support Officer)

The Scrutiny and Legal Support Officer provided Members with details of progress made on the delivery of the agreed scrutiny recommendations of the Audit and Governance Committee. Members were referred to Appendix A which provided an overview of the recommendations as well as a detailed explanation of the progress made against each outstanding scrutiny recommendation agreed by the Committee since the last report was presented in January 2023.

In the discussion that followed, the Assistant Director responded to issues raised arising from the report and provided clarification in relation to the reasons behind the recommendations marked as “not feasible”.

In relation to recommendations that were still outstanding, the reasons behind those would continue to be monitored and reported back to Members as part of the 6 monthly monitoring updates.

Recommended

That progress against the agreed recommendations of the Audit and Governance Committee be noted.

143. Minutes of the Meeting of the Safer Hartlepool Partnership held on 2 October 2023

Received.

144. Chair’s Closing Remarks

The Chair highlighted that this was the last meeting of the current municipal year and took the opportunity to thank all Members of the Committee, officers and representatives from partner organisations for their input and support during the year. Particular thanks and tributes were expressed to Tracy Squires, Independent Member who had decided to resign with effect from the new municipal year.

The meeting concluded at 6.45 pm.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

11th June 2024



Report of: Statutory Scrutiny Manager

Subject: INTRODUCTION TO SCRUTINY

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

2. BACKGROUND INFORMATION

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

Statutory Health Scrutiny

- 3.2 In fulfilling the requirements of the Health and Social Care Act 2012, the Council has a statutory responsibility to review and scrutinise matters relating to the planning, provision and operation of health services at both local and regional levels. In doing this, local authorities not only look at themselves (i.e. in relation to public health), but also at all health service providers and any other factors that affect people's health.
- 3.3 The Audit and Governance Committee will review / scrutinise and make reports with recommendations to the Council (and / or Finance and Policy Committee where appropriate), a 'responsible person' (that being relevant NHS body or health service provider) and other relevant agencies about possible improvements in service in the following areas:-

- (i) health issues identified by, or of concern to, the local population;
- (ii) proposed substantial development or variation in the provision of health services in the local authority area (except where a decision has been taken as a result of a risk to safety or welfare of patients or staff);
- (iii) the impact of interventions on the health of local inhabitants;
- (iv) an overview of delivery against key national and local targets, particularly those which improve the public's health;
- (v) the development of integrated strategies for health improvement; and
- (vi) The accessibility of services that impact on the health of local people to all parts of the local community.

Additional Responsibilities:

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

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

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

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

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

Statutory Crime and Disorder Scrutiny

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

- (i) Scrutiny of the work of the partners (insofar as their activities relate to the partnership itself);
- (ii) The review or scrutiny of decisions made or other action taken in connection with the discharge, by responsible authorities, of their crime and disorder functions (in this context responsible authorities means the Council, the Police, the Fire Authority and the Health Bodies) and make reports or recommendations to the Council or the appropriate Policy Committee with regard to the discharge of those functions. Key areas for review or scrutiny being:
 - Policy development – including in-depth reviews;
 - Contribution to the development of strategies;
 - Holding to account at formal hearings; and
 - Performance management.
- (iii) Making reports and recommendations to the Council or to the appropriate Policy Committee on any local crime and disorder matter (as defined by section 19 of the Police and Justice Act 2006) which has been referred to it by a Member of the Council as a Councillor Call for Action.

4. RECOMMENDATIONS

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

BACKGROUND PAPERS

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

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

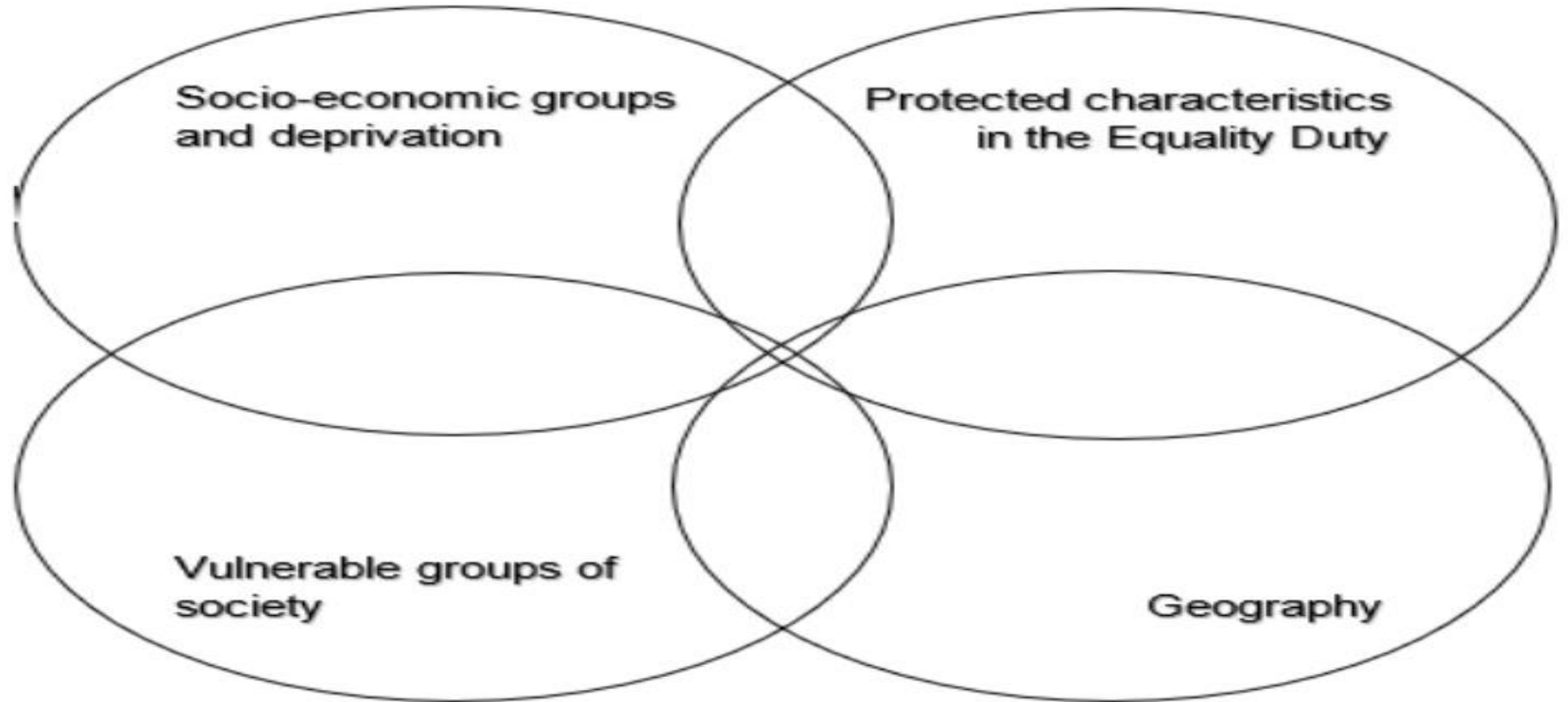


Health Inequalities and the Challenges in Hartlepool

Craig Blundred
Director of Public Health
Hartlepool Borough Council

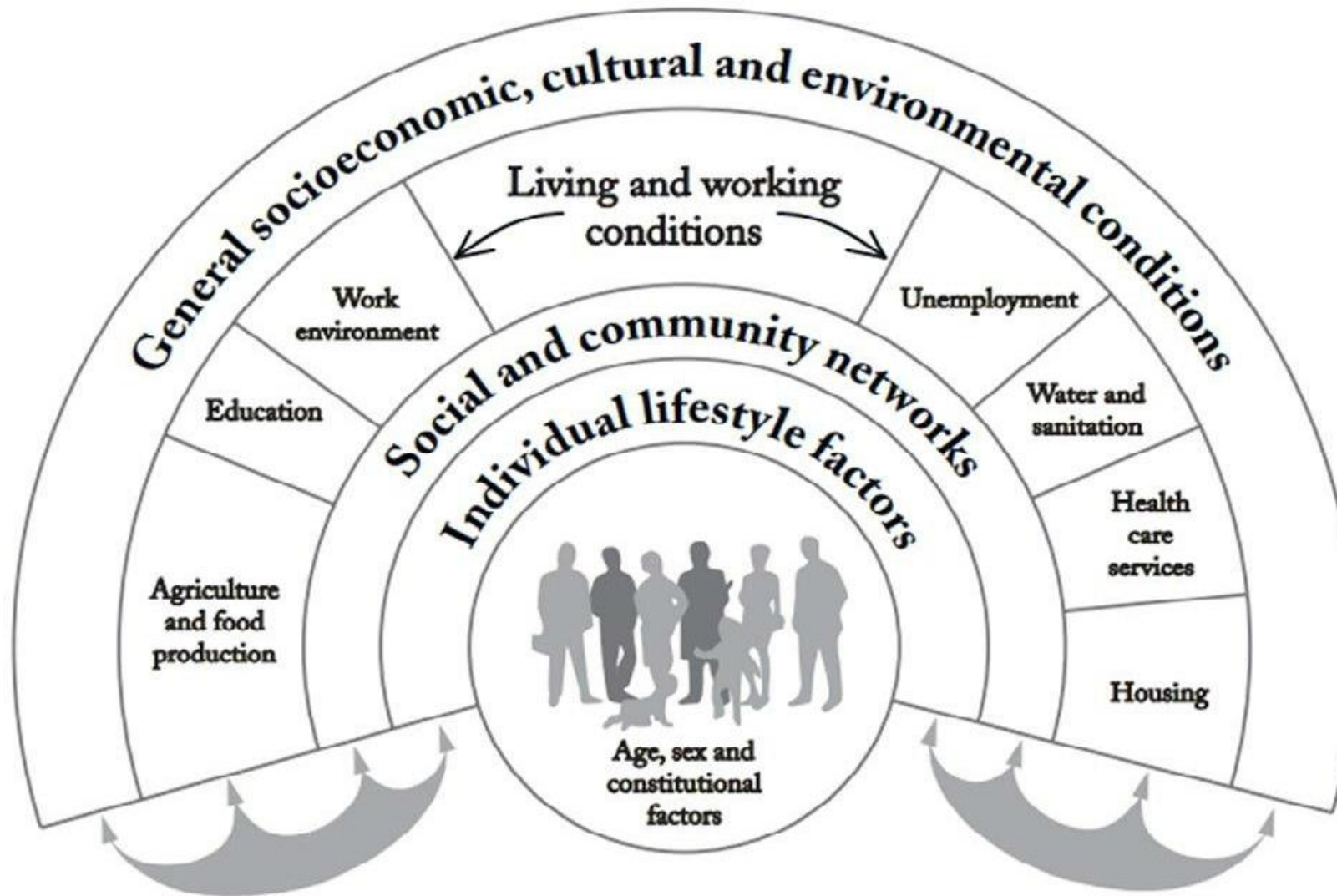
People in Hartlepool live shorter lives and experience more ill health than people in the North East and England.

Inequalities



Source: NHS England

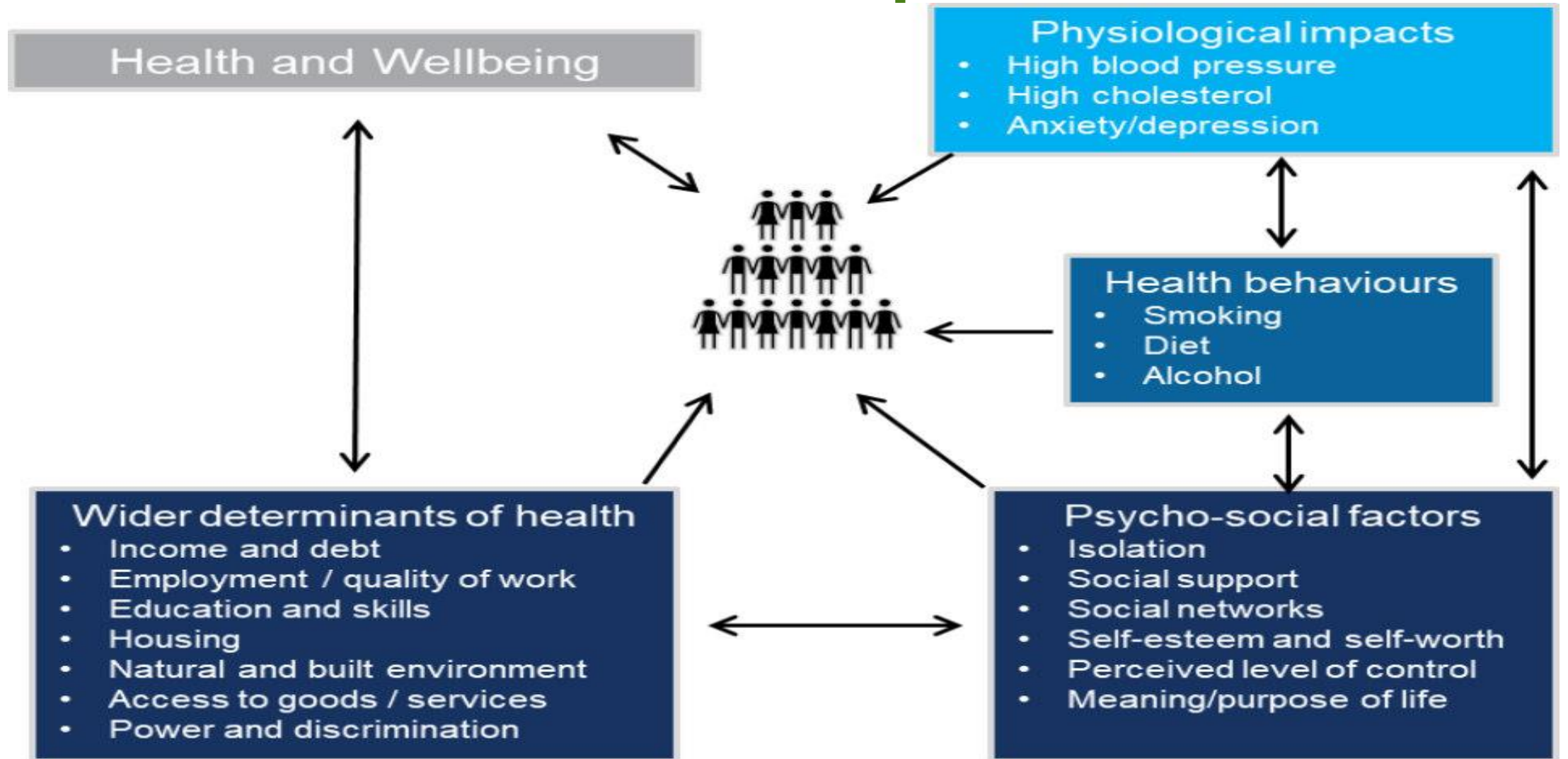
Determinants of Health



Source: Dahlgreen and Whitehead

Page 4

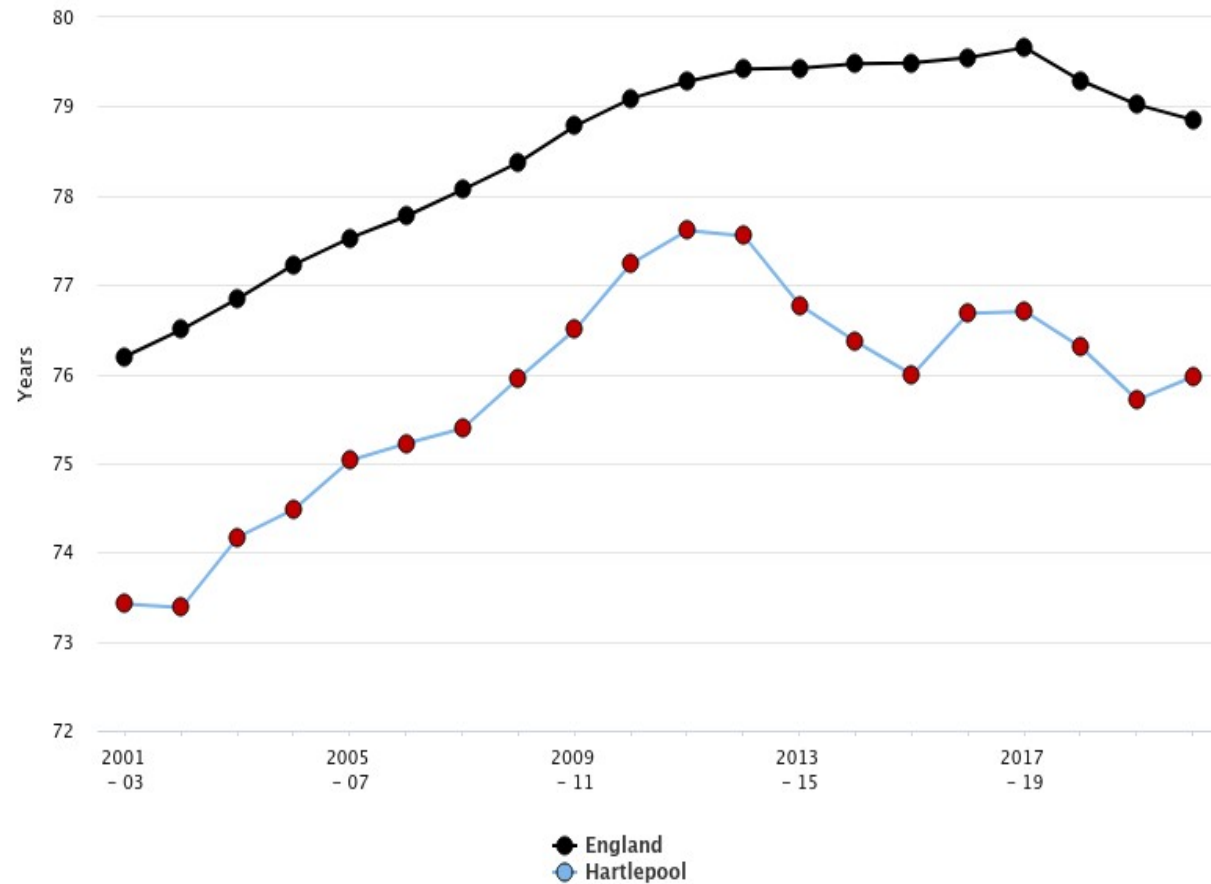
Causes of Inequalities



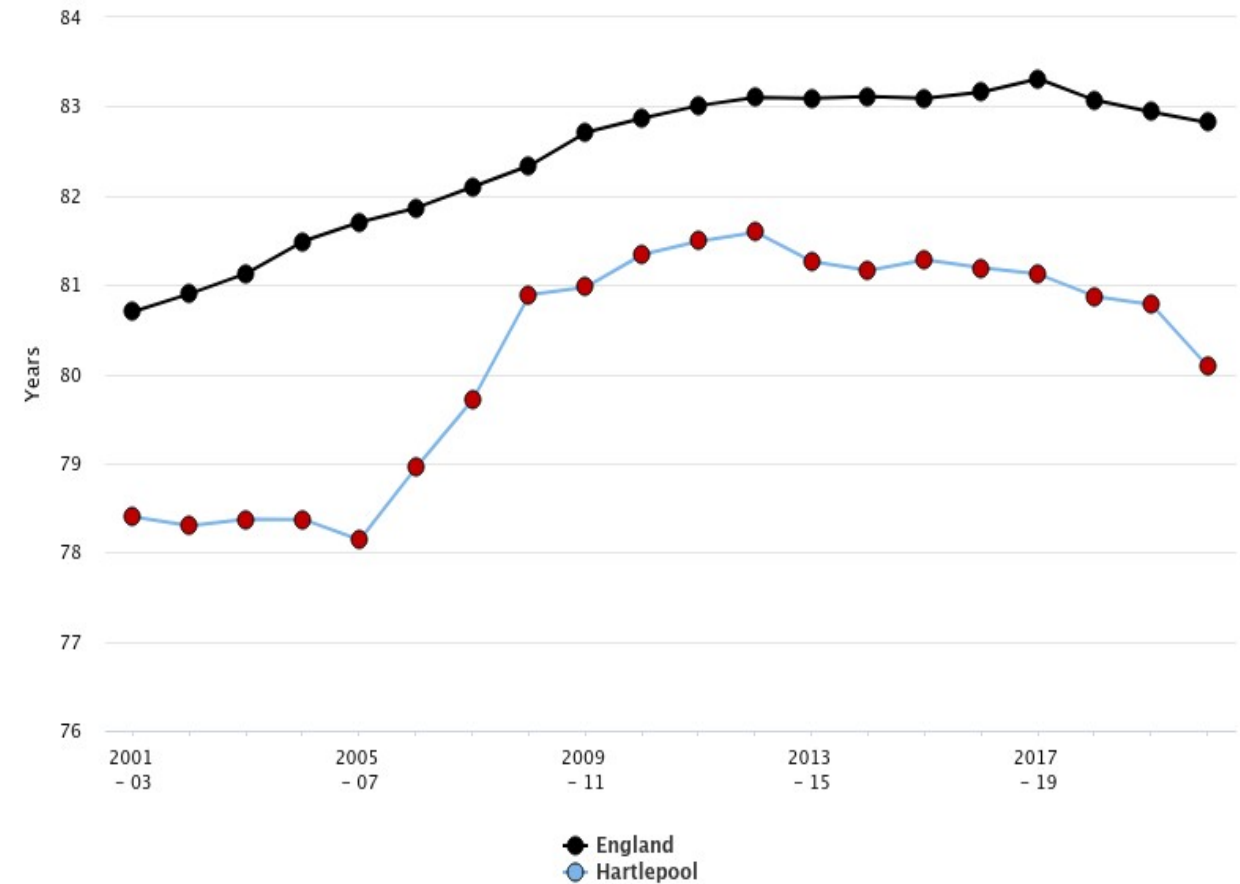
Source: Place-based approaches for reducing health inequalities NHS England

Life Expectancy at Birth

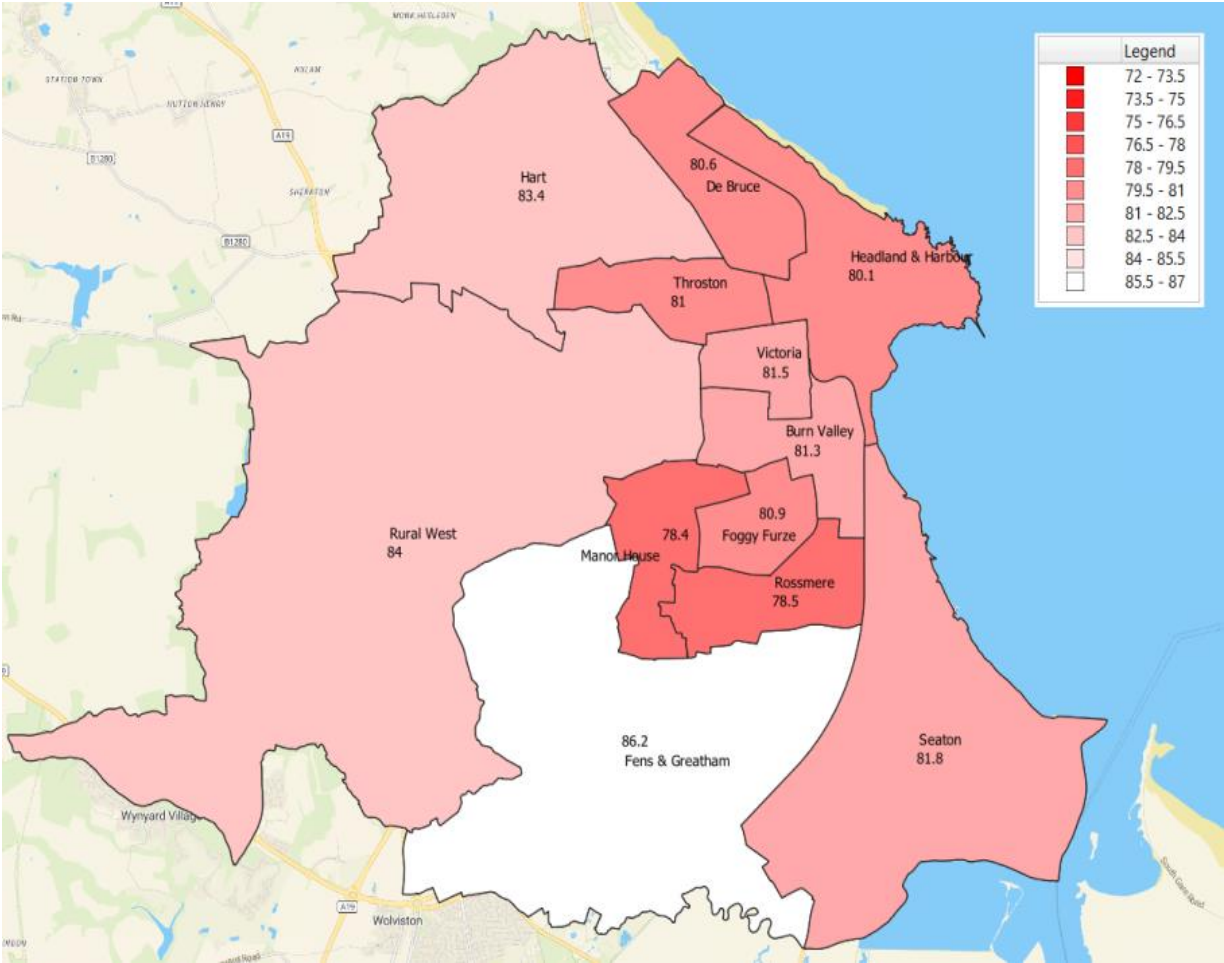
A01b – Life expectancy at birth (Male, 3 year range) for Hartlepool



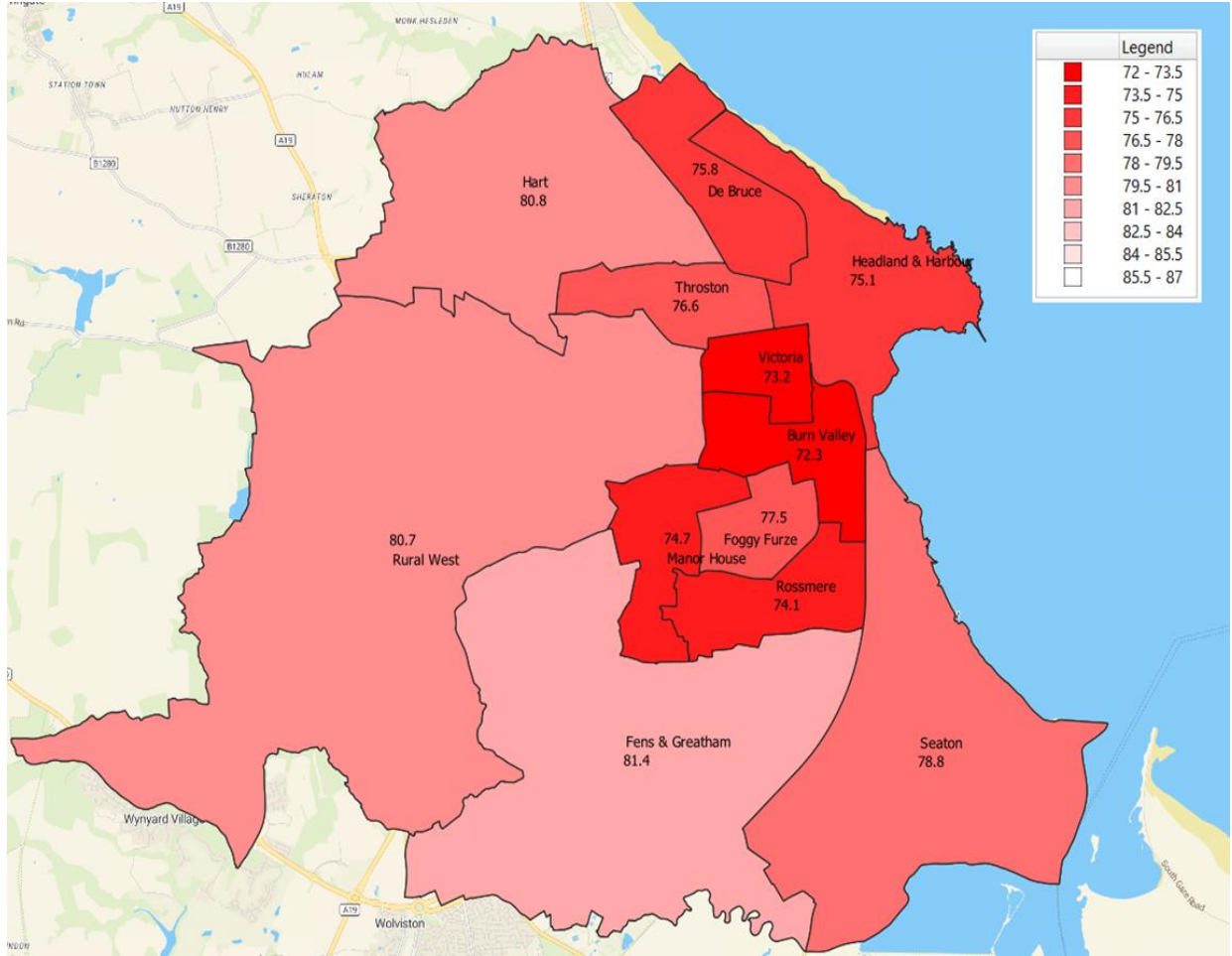
A01b – Life expectancy at birth (Female, 3 year range) for Hartlepool



Inequality in Life Expectancy in Hartlepool



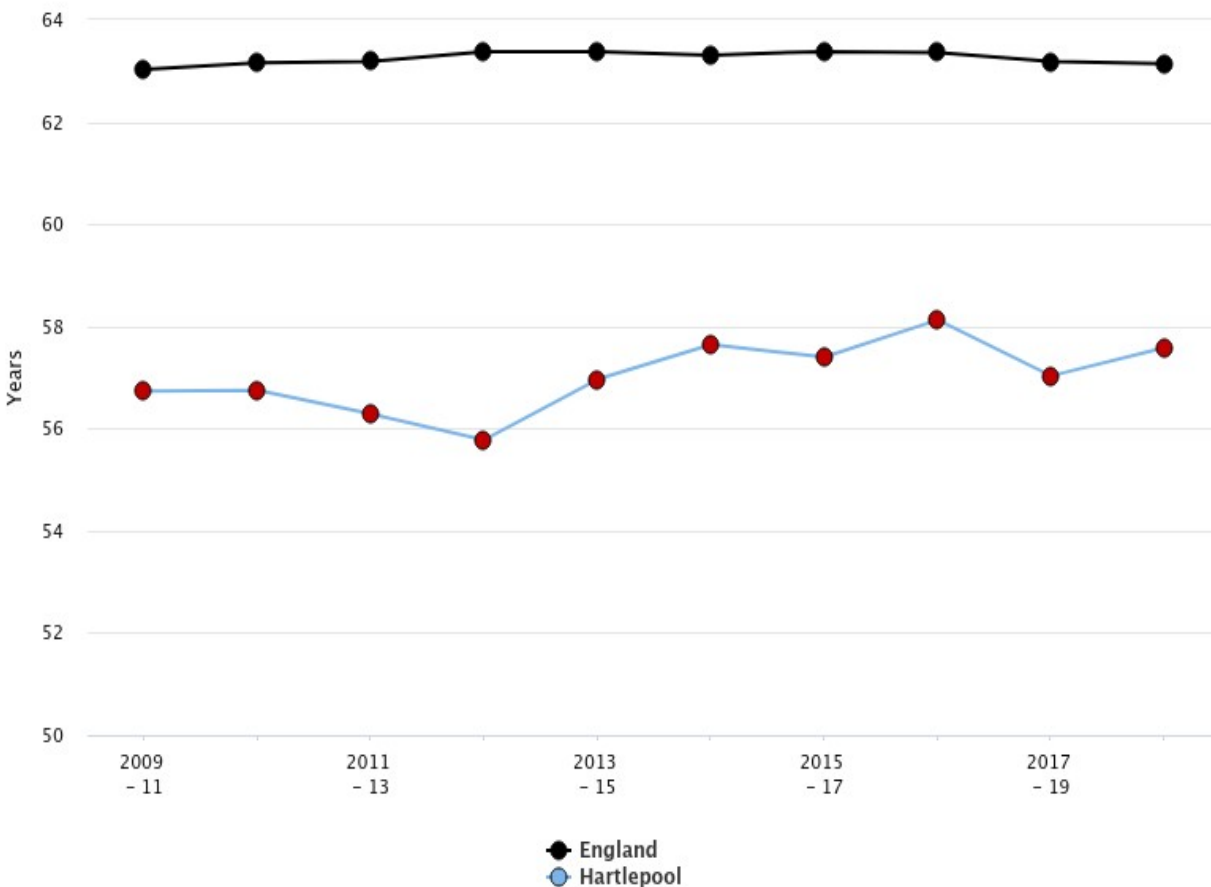
Female



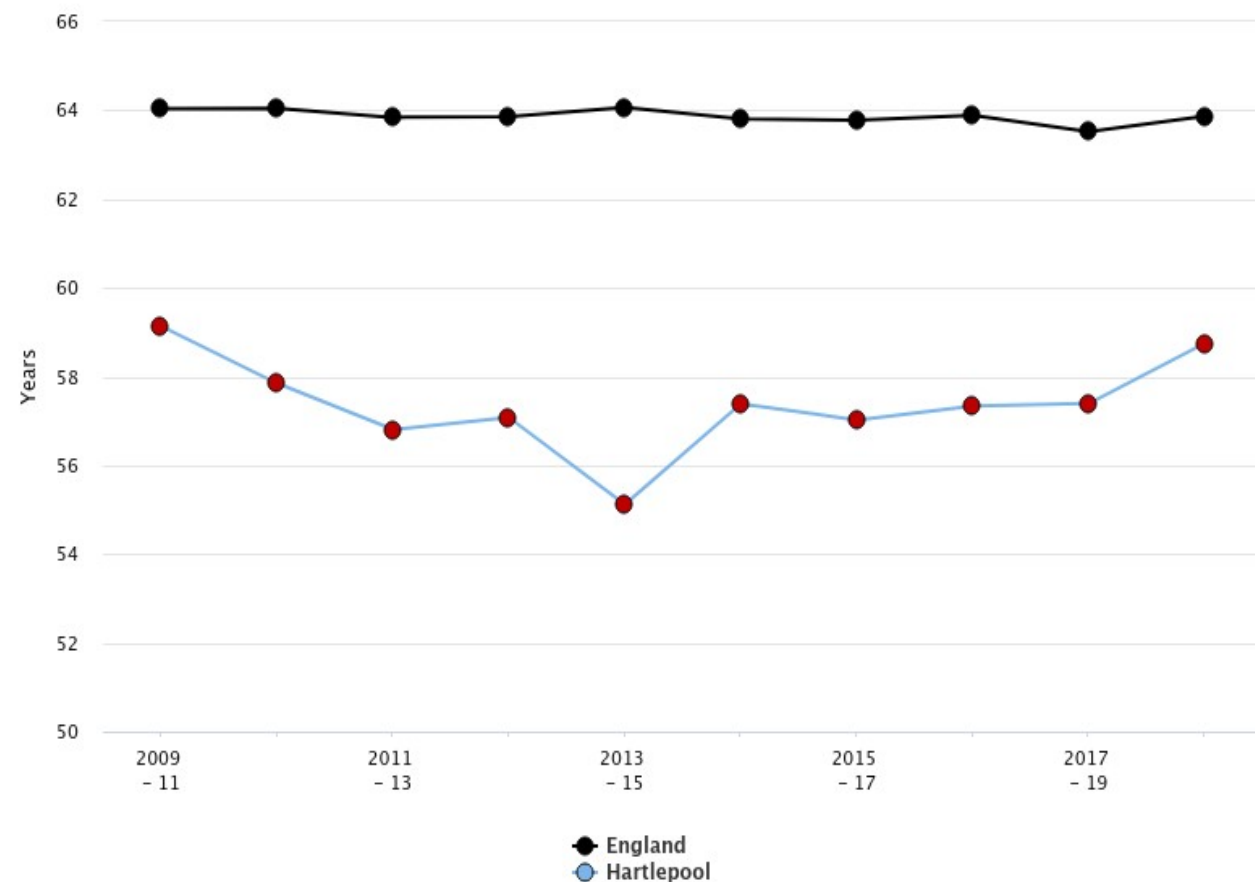
Male

Healthy Life Expectancy at Birth

A01a – Healthy life expectancy at birth (Male) for Hartlepool

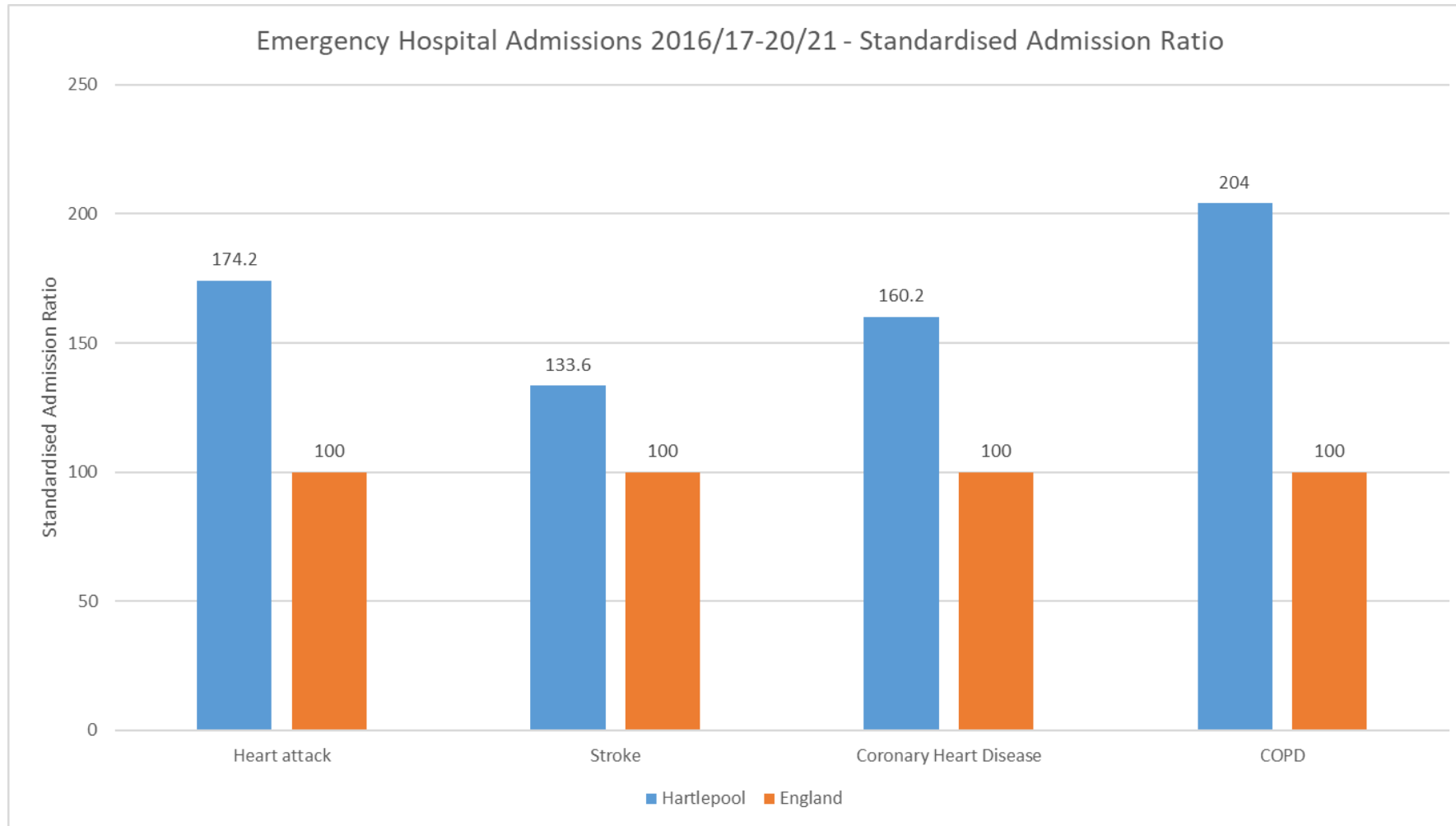


A01a – Healthy life expectancy at birth (Female) for Hartlepool



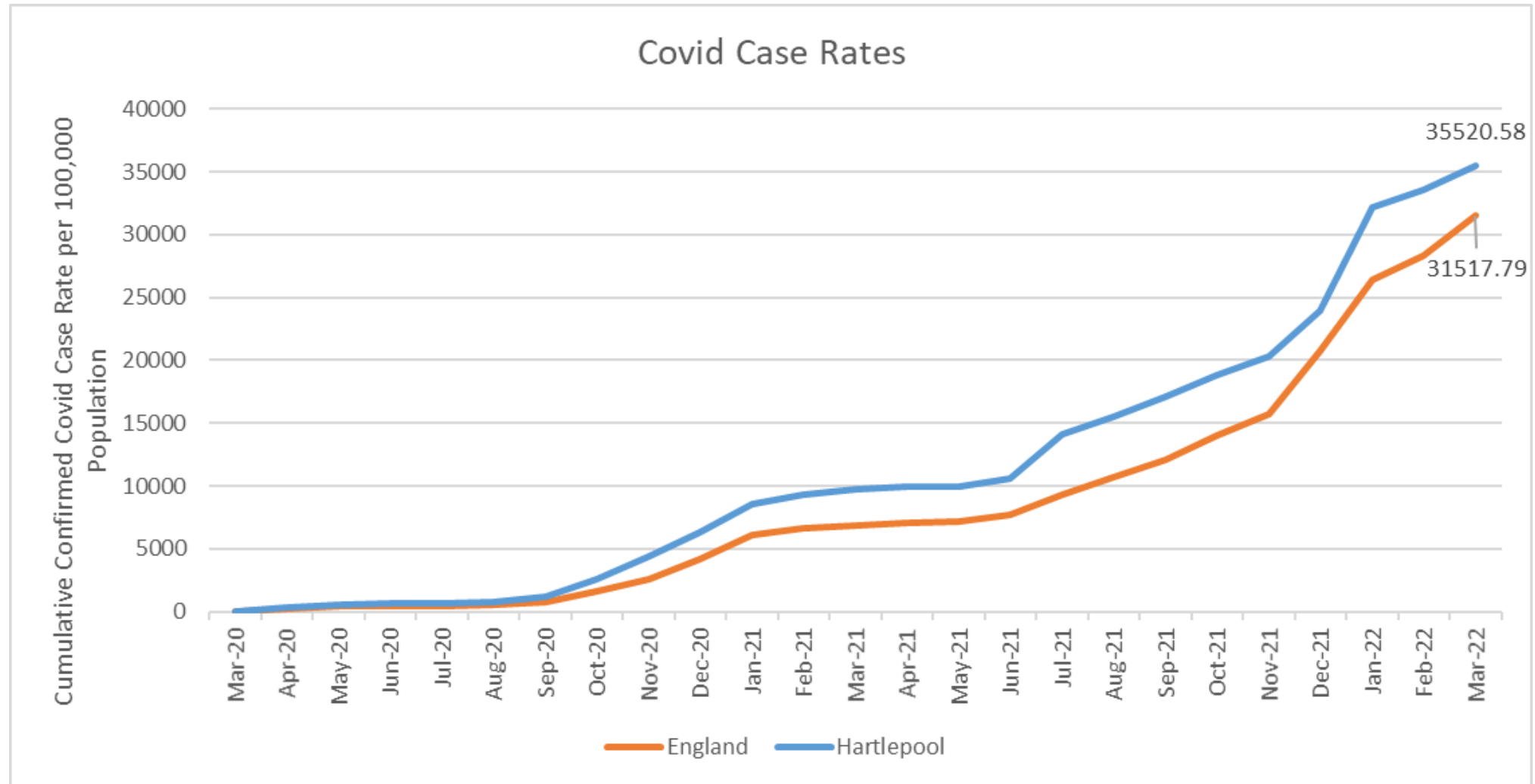
Source: Public Health Outcome Framework Fingertips – accessed May 2024

Emergency Hospital Admissions

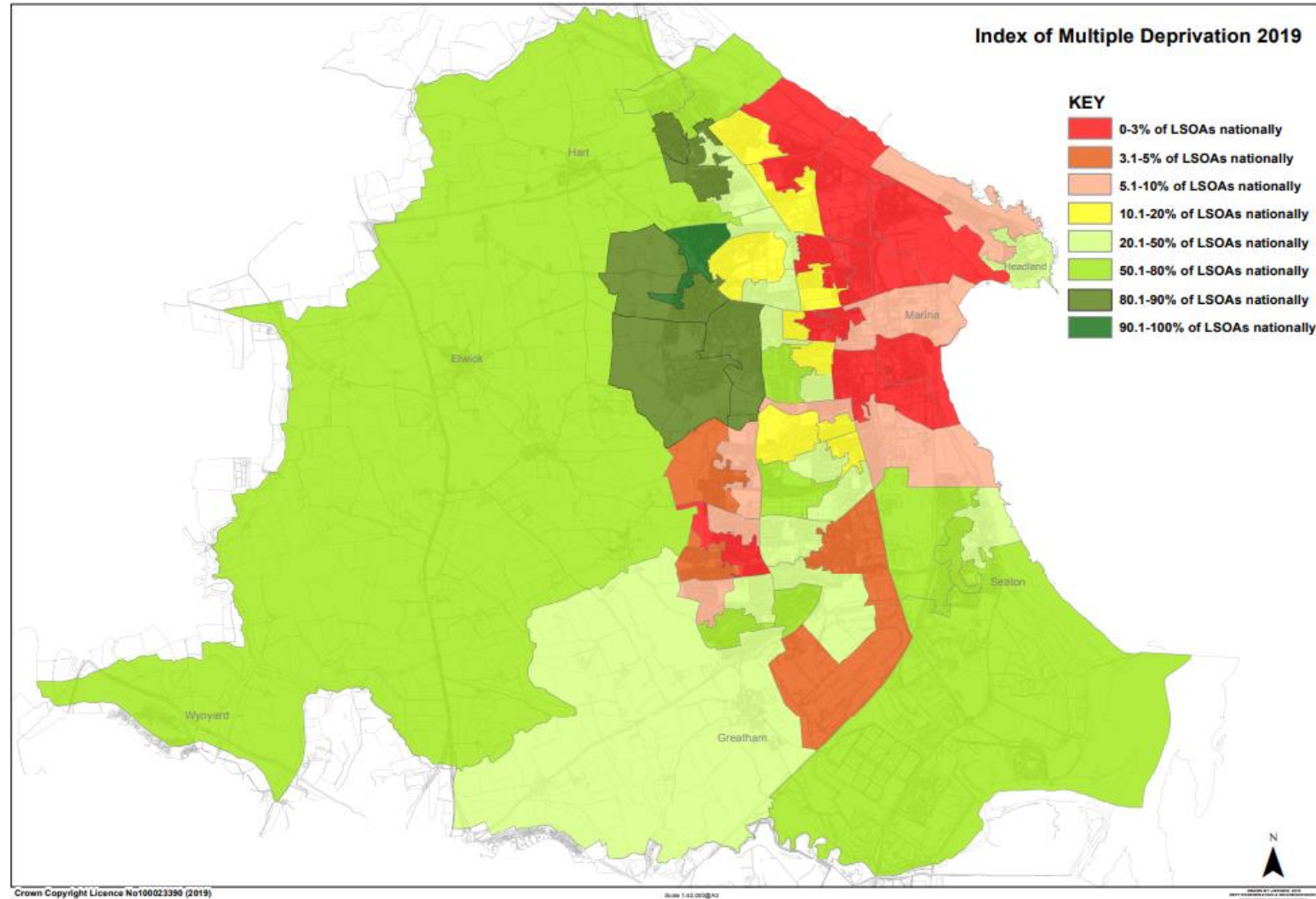


Source: NHS Digital 2023

COVID-19 Case Rates



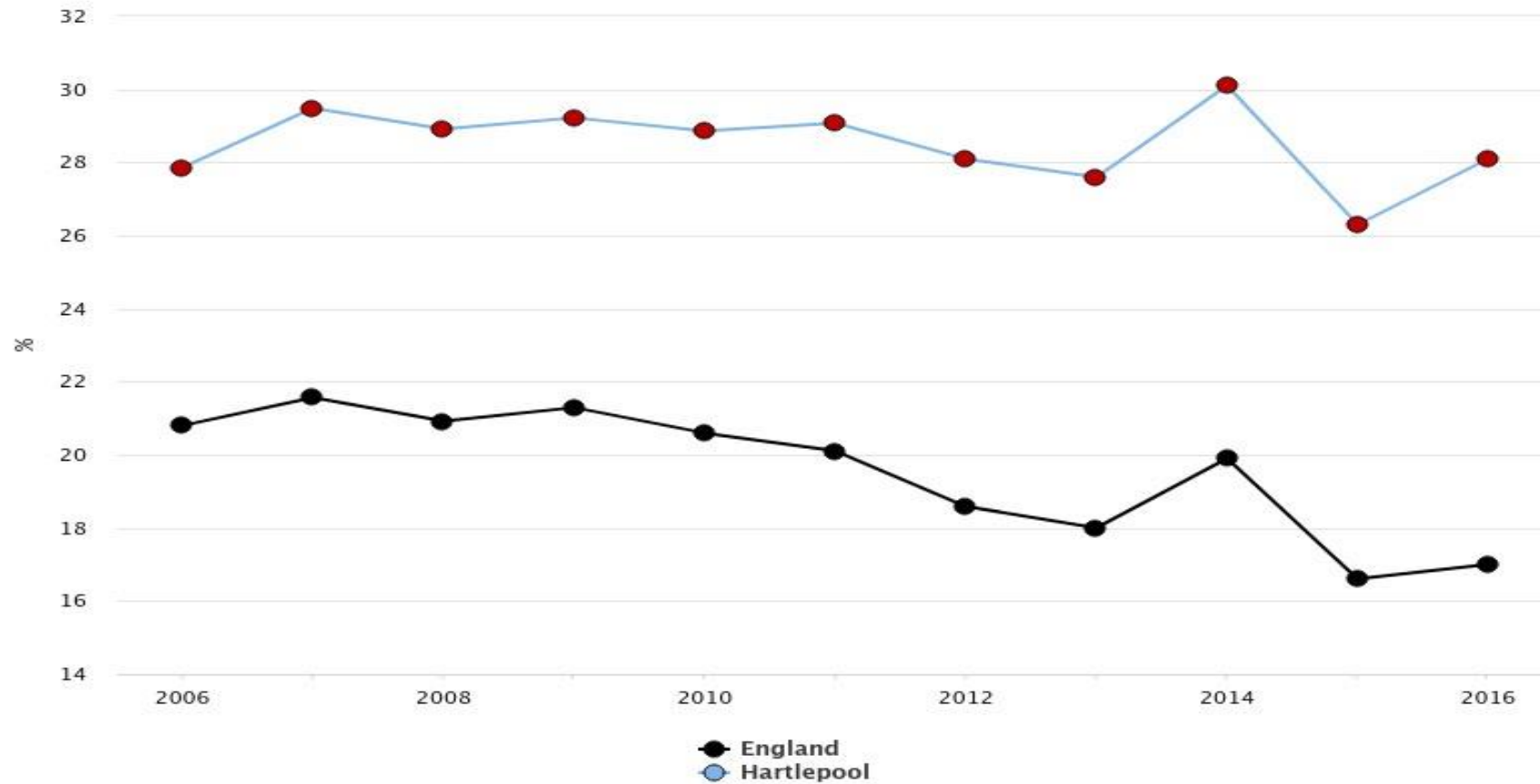
Deprivation in Hartlepool



Source: IMD 2019

Child Poverty in Hartlepool

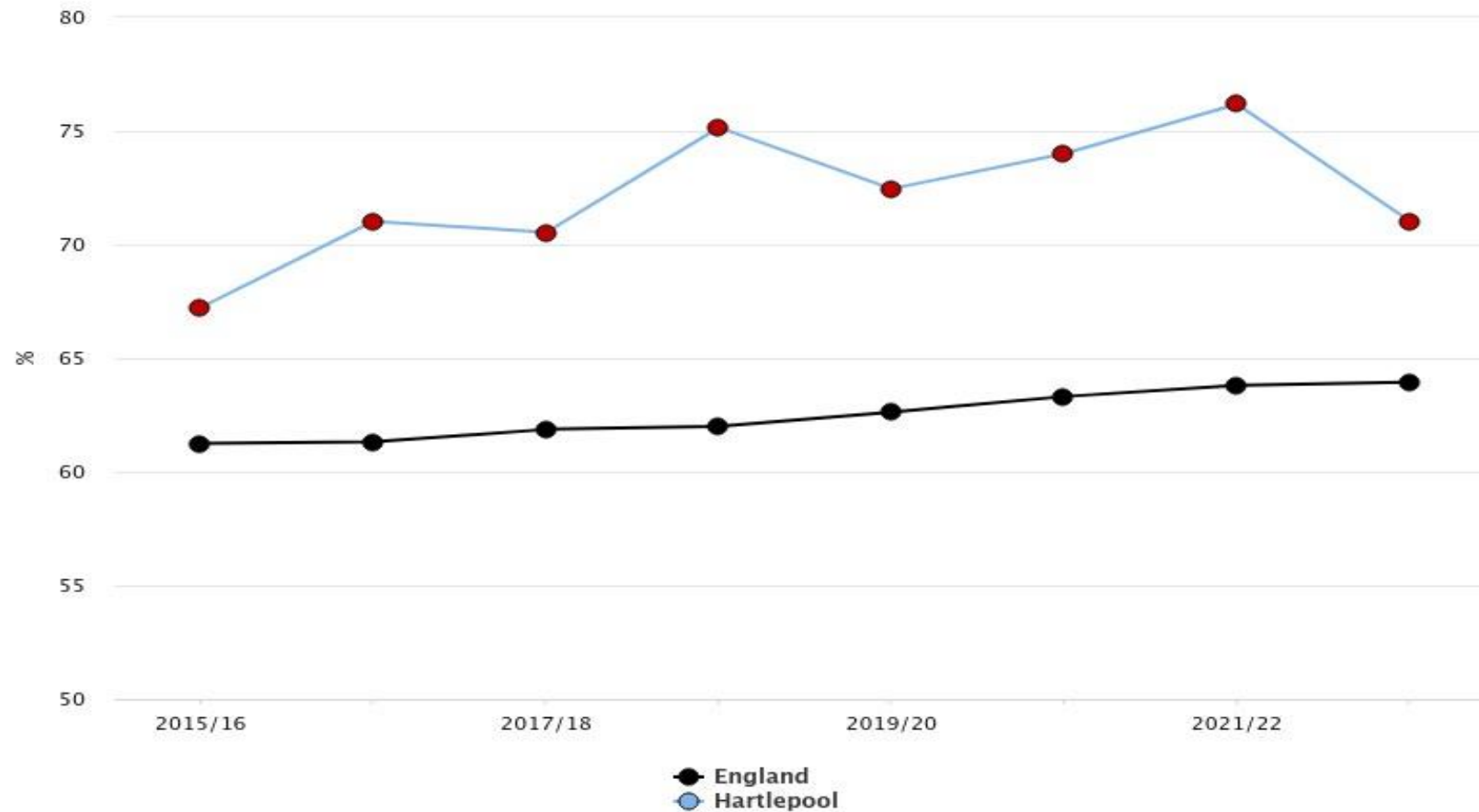
1.01i – Children in low income families (all dependent children under 20) for Hartlepool



Source: Public Health Outcome Framework Fingertips – accessed May 2024

Adult Obesity

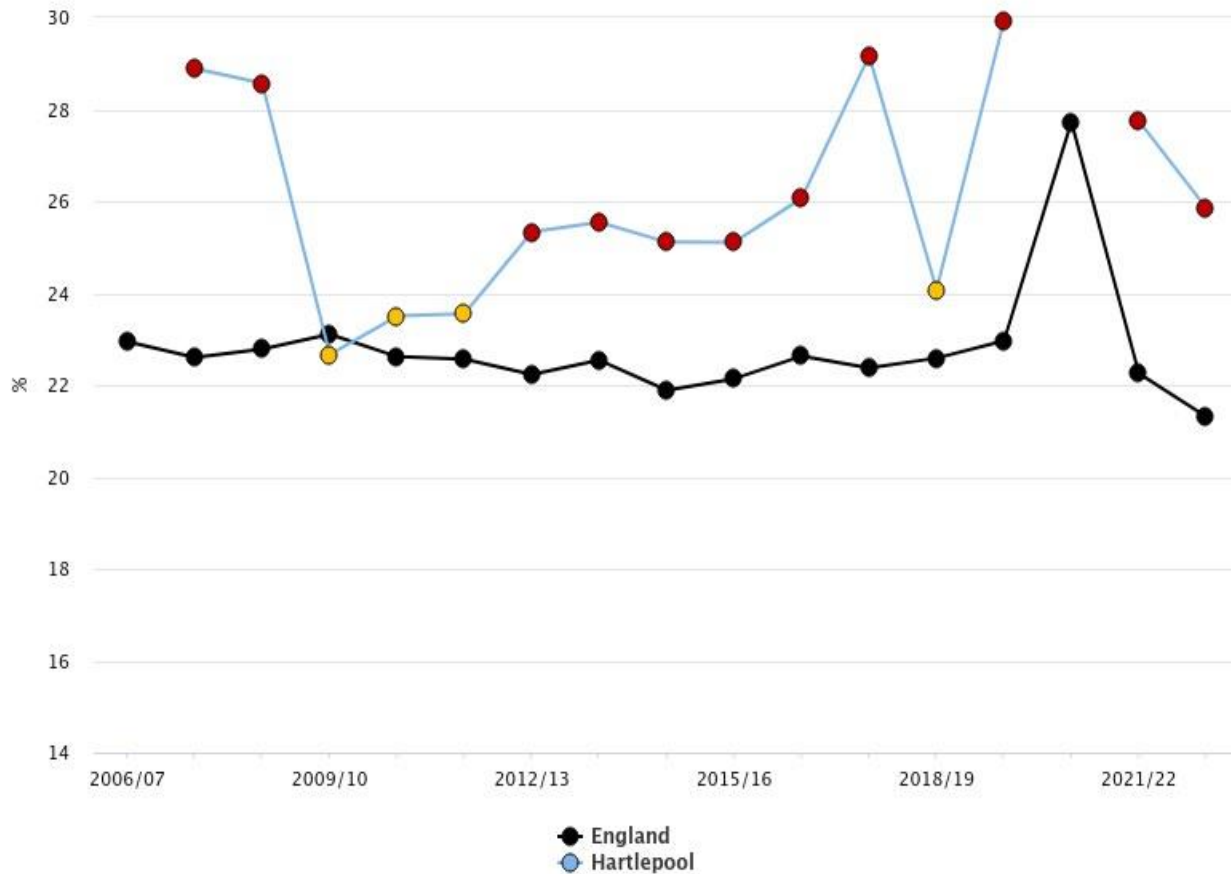
C16 – Overweight (including obesity) prevalence in adults (18+ yrs) for Hartlepool



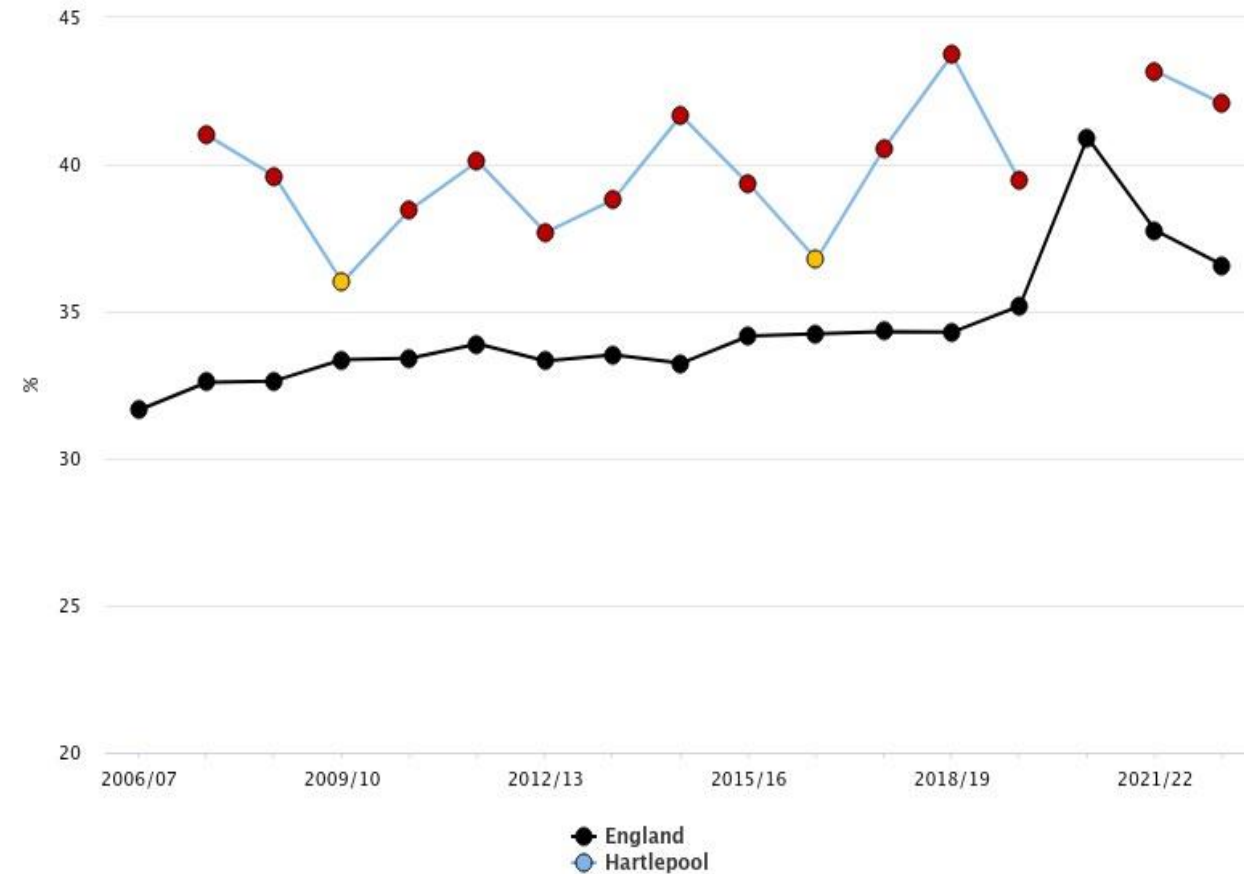
Source: Public Health Outcome Framework Fingertips – accessed May 2024

Childhood Obesity

C09a – Reception prevalence of overweight (including obesity) (4–5 yrs) for Hartlepool



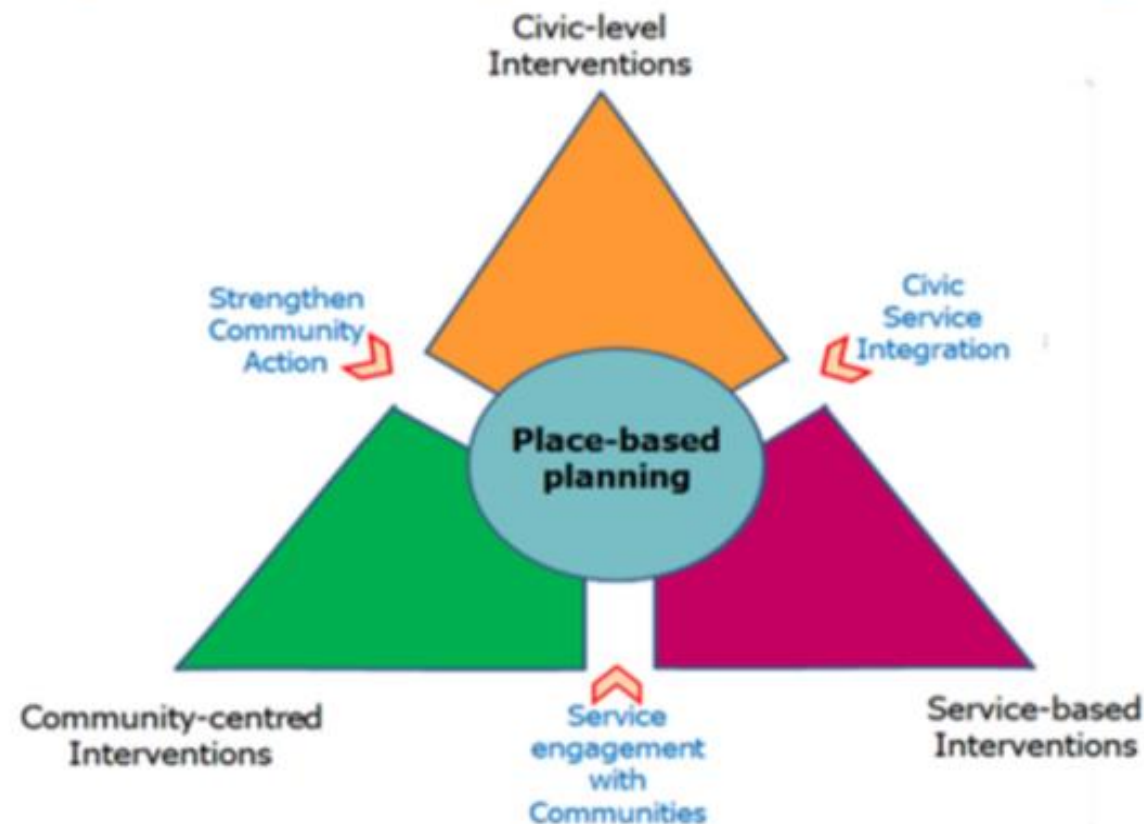
C09b – Year 6 prevalence of overweight (including obesity) (10–11 yrs) for Hartlepool



Solutions

- **Building Good Health**
- **Resilient Communities**
- **Tackling stigma**
- **Multi-faceted approach**
 - Civic
 - Community
 - Services

Components of the Population Intervention Triangle



Report of: Superintendent Martin Hopps, District Commander,
Cleveland Police

Subject: HARTLEPOOL CRIME & DISORDER CHALLENGES

1. COUNCIL PLAN PRIORITY

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

2. PURPOSE OF REPORT

2.1 The purpose of this report is to provide members of the Audit and Governance Committee an update in respect of Hartlepool Crime & Disorder challenges including an overview of recorded crime, anti-social behaviour incidents and domestic abuse for the 12-month period up to and including May 2024.

2.2 The bulk of the statistics utilised for this report have been obtained from Cleveland Police crime statistic databases, the figures are correct at the time of data extraction as provided by Cleveland Police on 08/06/2024. The data is extracted from 'live' systems and therefore remains the subject of on-going operational activity, audit, and scrutiny. This report will not provide any detailed analysis unless there are any substantial changes to patterns or trends.

3. BACKGROUND

3.1 Since the last Safer Hartlepool Partnership the following changes have been made:

- A local Hartlepool Proactive Team commenced in early May 2024. They fall under the leadership of Neighbourhood Inspector Dack. Within the first month they have:
 - Received 24 taskings received, of which 17 have been actioned resulting in arrests.
 - Made 30 arrests in total.
 - Arrested and recalled 5 offenders to prison.
 - Arrested 6 offenders on warrant.
 - Conducted 20 stop searches with 9 of those resulting in the recovery of drugs and / or suspected stolen property.

3.2 Local Crime, ASB and Hate Crime

Focused Offence Types	Last Month (May)			Last 6 Months			Last 12 Months		
	Current	Diff	%	Current	Diff	%	Current	Diff	%
Violence without injury	170	10	6.3	930	2	0.2	1898	-7	-0.4
Violence with injury	136	17	14.3	623	6	1.0	1272	16	1.3
Stalking & Harassment	150	-46	-23.5	885	-217	-19.7	1865	-457	-19.7
Shoplifting	178	31	21.1	942	31	3.4	1975	511	34.9
Vehicle Theft Offences	28	-17	-37.8	216	-66	-23.4	519	-74	-12.5
Burglary Residential	36	0	0.0	210	-71	-25.3	469	-195	-29.4
Theft from person	4	-1	-20.0	18	-11	-37.9	41	-17	-29.3
Criminal Damage	131	-6	-4.4	720	-37	-4.9	1681	113	7.2
Arson	6	-3	-33.3	41	-10	-19.6	96	-11	-10.3
Robbery	17	5	41.7	72	11	18.0	131	18	15.9
Hate Crime	32	11	52.4	104	-19	-15.4	229	-19	-7.7
Domestic Abuse	205	-26	-11.3	581	-14	-2.4	2482	-36	-1.4
Sexual Offences	61	2	-3.2	217	17	8.5	436	20	4.8
Anti-Social Behaviour	299	-50	-14.3	778	270	53.1	2742	-442	-13.9
Total	1207	5	0.4	6360	-522	-7.6	13,490	-561	-4.0

- 3.5 Violence offences (with or without injury) remain static over the last 12 months with an increase in injury related offences experienced in the past month. Stalking and harassment continues to follow a declining trajectory whilst shoplifting has seen the largest increase of all crimes within Hartlepool, with 1,975 reports in the last 12 months.
- 3.6 Neighbourhood crime types such as Burglary Residential, Vehicle related theft offences, and Theft from Person continue to show a decrease month on month with some 286 less offences in the last 12 months. However, Robbery offences (personal and business) are experiencing exceptionally high levels of offending currently, with an additional 5 offences in May 2024 compared to May 2023. An initiative to combat this rise will be launched in June 2024 utilising the serious violence funding.
- 3.7 Arson, anti-social behaviour, and hate crime continue to show decreases in the last 12 months. Hate Crime in May 2024 experienced a 52.4% increase with an additional 11 offences compared to May 2023.
- 3.8 The total number of all crimes rose by 5 in May 2024, but has decreased by 522 offences in the last 6 months and 561 in the last 12 months demonstrating a 4% reduction in overall recorded crime.

Problem Solving

- 3.9 The Neighbourhood Policing Team continue to manage several problem-solving plans (15), a reduction of one since the last Safer Hartlepool Partnership meeting.

3.10 Engagement

Hartlepool Neighbourhood Team conducted 118 face-to-face engagements in the month of April 2024. In addition, engagement surveys have been conducted in each ward and the ward priorities have been identified as Off-Road Motorbikes, Drug Dealing, and Youth related anti-social behaviour.

Our established IAG continues to meet, with the next meeting due to take place in July.

We also continue to hold Ward Surgeries hosted by our PCSOs, and provide regular updates on our group activities, via the Hartlepool Neighbourhood Policing Team Facebook page.

3.11 **Organised Crime**

Operation Artemis, aimed at targeting serious and organised crime across Teesside, returned to Hartlepool on May 16th with the following results:

- A warrant was executed based on community intelligence resulting in two persons being arrested on suspicion of conspiracy to supply class A drugs.
- A further warrant was executed, and officers seized a quantity of drugs, believed to be cannabis, and suspected stolen goods.
- Two people were arrested on suspicion of possession of class A drugs, production of a class B drug, fraud, handling stolen goods and abstracting electricity.
- Another warrant was executed resulting in a further male being arrested for being concerning in the supply of class A drugs.
- The Matrix Team checked for off-road bikes and uninsured vehicles using the ANPR system and conducting proactive patrols in the area.
- Several schools and local community groups were visited for engagement and educational sessions.

4. **PROPOSALS**

4.1 **Neighbourhood Strategy Review**

Cleveland Police will soon undertake a review of their Neighbourhood Policing Strategy to strengthen partnership working, community engagement, and proactive prevention activity.

5. **RECOMMENDATIONS**

- 5.1 There are no recommendations arising from this paper. This paper is intended to brief the Audit and Governance Committee only.

6. **CONTACT OFFICERS**

Superintendent Martin Hopps, District Commander.



Community Safety Plan

**Audit and Governance Committee
Tuesday 11 June 2024**

COMMUNITY SAFETY PLAN PRIORITIES

Anti-Social Behaviour
Drugs and Alcohol
Domestic Violence and Abuse
Serious Violence

Anti-Social Behavior

Three multi agency working groups

- Deliberate Fires
- Fly Tipping
- Off Road Vehicles

Drugs and Alcohol

- Work in partnership with the Combatting Drugs Partnership (CDP) to reduce drug supply
- Local delivery of the Drug and Alcohol Strategy Action Plan

Domestic Violence and Abuse

- Local delivery of the Domestic Abuse Local Strategic Partnership Action Plan 2022-2025
- Learning from Domestic Homicide Reviews is disseminated, resulting in improved service delivery across the whole system

Serious Violence

- Local delivery of the CURV Response Strategy
- Assist in the delivery of the CURV Night Time Economy Action Plan.

Joint Working

- **Premises closures**
- **AS 13**
- **Action Days**
- **Community Protection Warning /
Community Protection Notice**

Projects

- ASB Hot Spot Funding
- Safer Streets 5
- UKSPF
- CURV

AUDIT AND GOVERNANCE COMMITTEE

11 June 2024



Report of: Statutory Scrutiny Manager

Subject: ANNUAL APPOINTMENT TO COMMITTEES / FORUMS

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.

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

2. PURPOSE OF THE REPORT

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

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

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

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

3. BACKGROUND INFORMATION

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

- (a) North East Regional Joint Health Scrutiny Committee - The North East Regional Joint Health Scrutiny Committee comprises the following Local Authorities, Darlington Borough Council, Durham County Council,

Gateshead Council, Hartlepool Borough Council, Middlesbrough Council, Newcastle upon Tyne City Council, North Tyneside Council, Northumberland County Council, Redcar and Cleveland Borough Council, South Tyneside Council, Stockton-on-Tees Borough Council and Sunderland City Council. The Committee scrutinises issues around the planning, provision and operation of health services in and across the North-East region.

The membership of the Joint Committee is made up of one member from each Local Authority. **The Committee is requested to note the self-selecting appointment of the Chair of Audit and Governance Committee (Cllr Moore made by Council on 21 May 2024, as the Council's representative on the North East Regional Joint Health Scrutiny Committee.**

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

- (b) Tees Valley Combined Authority Audit and Governance Committee – The Tees Valley Audit and Governance Committee assures sound governance, effective internal control and financial management of the Combined Authority. The Committee usually meet at least three times per year, details of which are awaited from the Combined Authority.

Each Constituent Authority is required to nominate a Member and Substitute Member with current or recent experience of having served on its Audit or Governance Committee. The membership of the Tees Valley Audit and Governance Committee is politically balanced across the Tees Valley area and on this basis this appointment is required to be filled by a Labour Councillor from the membership of Hartlepool's Audit and Governance Committee.

Full Council on the 21 May 2024 agreed the appointment of Councillor Morley to serve on the Tees Valley Combined Authority Audit and Governance Committee and Cllr Roy appointed as the nominated substitute.

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

Each Constituent Authority is required to nominate 3 Members and Substitute Members (membership of Overview and Scrutiny not to include TVCA Overview and Scrutiny Member) to the Tees Valley Combined Authority Overview and Scrutiny Committee. The membership of the Tees Valley Overview and Scrutiny Committee is politically balanced across the Tees Valley area and, on this basis, this appointment is

required to be filled by 2 Labour Members and 1 Conservative Member of the Council.

Full Council on the 21 May 2024 agreed the appointment of the following Councillors:-

Cllr Creevy (Labour) (substitute Cllr Allen)
Cllr Nelson (Labour) (substitute Cllr Dodds)
Cllr Young (Conservative) (substitute to be notified)

- (d) Tees Valley Combined Authority Independent Remuneration Panel – As outlined in the Tees Valley Combined Authority (Functions and Amendment) Order 2017, the Tees Valley Combined Authority has in place an Independent Remuneration Panel. The purpose of the Panel being to recommend allowances payable to the Mayor.

The panel membership consists of one member from each Constituent Authority who has current, or recent, experience of their own Independent Remuneration Panel.

Full Council on 21 May 2024 appointed Martin Slimings (Independent Member) to serve as Hartlepool's representative on the Tees Valley Combined Authority Independent Remuneration Panel.

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

Full Council on 21 May 2024 agreed the appointment of the following to serve on the Crustacean Deaths Working Group:-

Councillor Creevy (Mover of the Motion)
Councillor Feeney
Vacant (Economic Growth and Regeneration Committee Member)
Joan Stevens (Statutory Scrutiny Manager)

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

- (a) Tees Valley Joint Health Scrutiny Committee - The Tees Valley Joint Health Scrutiny Committee comprises of the following Local Authorities, Hartlepool Borough Council, Stockton-On-Tees Borough Council, Redcar and Cleveland Borough Council and Darlington Borough Council. The Committee facilitates the exchange of information about planned health scrutiny work and shares information and outcomes from local health scrutiny reviews.

The Committee also considers proposals for scrutiny of regional or specialist health services in order to ensure that the value of proposed health scrutiny exercises is not compromised by lack of input from appropriate sources and that the NHS is not over-burdened by similar

reviews taking place in a short space of time. A full copy of the Committees Terms of Reference is attached at **Appendix A**.

The administration of the Joint Committee is rotated annually across the local authorities involved and for 2024/25 this responsibility sits with Hartlepool Borough Council who will also provide the Chair for the Committee. The Committee will meet quarterly, dates as set out below:-

10 July 2024 – 4.00 pm, Committee Room B, Civic Centre, Hartlepool
 18 September 2024 – 4.00 pm, Council Chamber, Civic Centre
 4 December 2024 – 4.00 pm, Council Chamber, Civic Centre
 19 March 2025 – 4.00 pm, Council Chamber, Civic Centre

The membership of the Tees Valley Joint Health Scrutiny Committee consists of three Members from each Local Authority and Full Council at its meeting on 21 May 2024 took the decision to refer the filling of these positions to the Audit and Governance Committee.

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

- **1 Councillor (Self-selecting as Chair of A&G – Cllr Moore)**
- **1 Member of A&G (Labour)**
- **1 Member of A&G (Labour)**

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

The network provides a mechanism to:-

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

Following a change to the terms of reference for the network, all overview and scrutiny members are to be given the opportunity to participate in network meetings and training sessions. The network will meet on a quarterly basis via TEAMS (dates not yet set).

The Committee is asked to appoint at least one Member to the North East Regional Joint Member / Officer Scrutiny Network from the membership of the Audit and Governance Committee.

- (c) Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee - The Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee was established in 2017, as the body through which it is proposed that the respective Local Authorities respond to consultations as part of the Sustainability and Transformation Partnership (STP) process. A full copy of the Committees Terms of Reference is attached at **Appendix B**.

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

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

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

The Committee is asked to make the below appointments to the Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee, based ideally but not prescriptively on Hartlepool's political balance:

- 1 Councillor (Self-selecting as Chair of A&G – Cllr Moore)
 - 1 Member of A&G (Labour)
 - 1 Member of A&G (Labour or Conservative)
- (d) Health and Wellbeing Board - There is a position on the Health and Wellbeing Board for a non-voting official observer, who will be invited along to the Health and Wellbeing Board meetings to observe at the meeting and update the Audit and Governance Committee following each Board meeting.

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

Monday 8 July 2024 – 10.00 am
Monday 9 September 2024 – 10.00 am
Monday 2 December 2024 – 10.00 am
Monday 17 March 2024 – 10.00 am

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

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

- (e) Safer Hartlepool Partnership - There is a position for a non-voting observer at meetings of the Safer Hartlepool Partnership, who will observe and update the Audit and Governance Committee following each Partnership meeting.

The Partnership meets six times a year, dates of which are awaited.

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

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

4. PARISH COUNCIL REPRESENTATIVE NOMINATION

- 4.1 Under the terms of the Localism Act 2011, the Borough Council needs to have in place 'arrangements' whereby allegations that a Member has not complied with the Code of Conduct can be investigated. The Borough Council are obliged to facilitate these arrangements on behalf of Parish Councils' in its area.
- 4.2 To reflect this, the Council's Constitution allows for the appointment of Parish Council Representative's to the Audit and Governance Committee when considering Standards issues relating to Parish Councils and Parish Councillors.
- 4.3 Parish Council representatives will only be involved in those matters that specifically relate to Parish Council business or during the investigation of Parish Council complaints.
- 4.4 Parish appointments rotate and a replacement Member has been sought from Headland PC for the municipal years 2024 – 2026 to replace Councillor Michael Jorgeson following his election as a Borough Councillor. A nomination from Headland PC is still awaited and will be reported at the meeting. The Committee is asked to consider the appointment of the nomination.

5. RECOMMENDATIONS

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

5.2 That the Audit and Governance Committee:-

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

- 1 Councillor (Self-selecting as Chair of A&G – Cllr Moore)
- 1 Member of A&G (Labour)
- 1 Member of A&G (Labour)

(b) Appoint at least one Member to the North East Regional Joint Member / Officer Scrutiny Network from the membership of the Audit and Governance Committee.

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

- 1 Councillor (Self-selecting as Chair of A&G – Cllr Moore)
- 1 Member of A&G (Labour)
- 1 Member of A&G (Labour or Conservative)

*Ideally but not prescriptively requires to be politically balanced.

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

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

5.3 To consider the Headland Parish Council representative nomination to serve on the Audit and Governance Committee.

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

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

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

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

Tees Valley Local Authorities

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

NHS England Area Teams

4. Durham, Darlington and Tees Area Team

NHS Foundation Trusts

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

Clinical Commissioning Groups

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

Tees Valley Health Scrutiny Joint Committee

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

Membership

8. When holding general meetings, the Joint Committee will comprise 3 Councillors from each of the Tees Valley Local Authorities (supported by appropriate Officers as necessary) nominated on the basis of each authority’s political proportionality, unless it is determined by all of the constituent Local Authorities that the political balance requirements should be waived.

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

Chair and Vice-Chair

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

Stockton
Hartlepool
Redcar & Cleveland
Middlesbrough
Darlington

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

Co-option of other local authorities

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

Terms of Reference

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

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

Administration

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

committees (for information) and shall be confirmed at the next meeting of the Joint Committee.

30. Meetings shall be held at the times, dates and places determined by the Chair.

Final Reports and Recommendations

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

Substantial Developments or Variations to Health Services

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

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

Principles for Joint Health Scrutiny

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

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

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

Appendix B

Durham Darlington Teesside Hambleton Richmondshire and Whitby STP Joint Committee

Terms of Reference

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

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

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

Joint Health Overview and Scrutiny Committee of:

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

TERMS OF REFERENCE AND PROTOCOLS

Establishment of the Joint Committee

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

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

Aims and Objectives

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

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

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

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

Membership

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

Substitutes

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

Co-optees

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

Formation of Task and Finish/Working Groups

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

Chair and Vice-Chairs

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

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

Host Authority

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

Work planning and agenda items

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

Notice and Summons to Meetings

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

Attendance by others

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

Procedure at Joint Committee meetings

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

Voting

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

Urgent Action

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

Final Reports and recommendations

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

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

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

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

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

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

Timescale

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

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

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

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

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

Conduct of Meetings

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

HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

VERSION 3.1

June 2021

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1.0 Purpose and functions of the Health and Wellbeing Board

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

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

2.0 Roles and Responsibility of Board Members

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

2.1 Standards of behaviour

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

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

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

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

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

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

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

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

3.0 Membership

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

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

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

3.1 Chairing of the Health and Wellbeing Board

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

4.0 Principles

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

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

5.0 Performance Management

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

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

5.1 Information, advice and support

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

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

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

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

6.0 Developing capacity and capability

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

7.0 Engaging with stakeholders

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

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

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

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

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

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

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

8.0 Operation of the Health and Wellbeing Board

8.1 Attendance at meetings

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

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

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

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

8.2 Appointment of Substitutes

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

8.3 Declaration of Interests

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

8.4 Meeting Procedures

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

8.5 Decision-making and voting

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

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

8.6 Risk management

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

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

8.7 Freedom of Information Act

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

8.8 Public access to the Health and Wellbeing Board

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

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

8.9 Secretarial Support arrangements

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

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

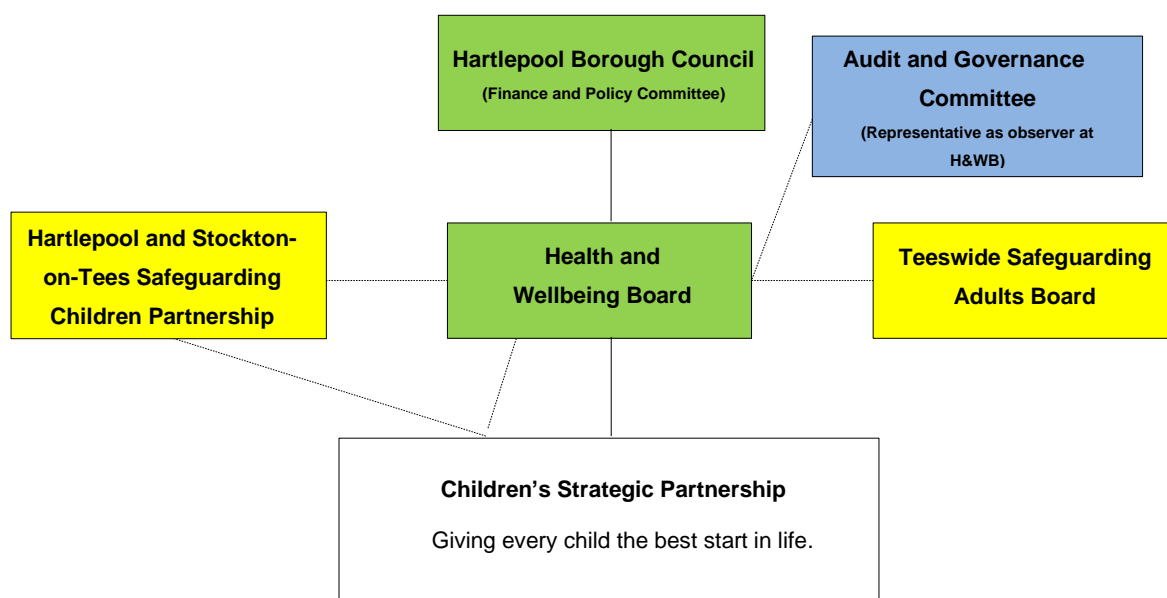
The Health and Wellbeing Board has a responsibility to act as a forum for key leaders from the local health and care system to jointly work to improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services. Key to achieving this is the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

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

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

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

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



8.11 Working with other theme groups

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

8.12 Updating the Terms of Reference

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

9.0 Engaging with other bodies

9.1 Statutory Scrutiny

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

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

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

9.2 Hartlepool and Stockton on Tees Safeguarding Children Partnership

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

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

9.3 Teeswide Safeguarding Adults Board

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

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

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

9.4 Outbreak Control Engagement Board

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

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

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

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

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

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

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

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



Safer Hartlepool Partnership Terms of Reference

Contents

1. Purpose and functions of the Safer Hartlepool Partnership
2. Roles and responsibilities of Safer Hartlepool Partnership members
 - 2.1 Standards of behaviour
3. Membership of the Safer Hartlepool Partnership
 - 3.1 Chairing of the Safer Hartlepool Partnership
4. Principles
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 - 9.1 Police and Crime Commissioner
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 - 9.3 Statutory Scrutiny
 - 9.4 Hartlepool and Stockton on Tees Clinical Commissioning Group

1. Purpose and functions of the Safer Hartlepool

Partnership

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

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

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

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

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

2. Roles and Responsibilities of Safer Hartlepool

Partnership Members

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

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

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

2.1 Standards of behaviour

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

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

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

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

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

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

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

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

3.0 Membership

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

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

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

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

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

3.1 Chairing of the Safer Hartlepool Partnership

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

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

The Chair will:

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

The Vice-Chair will:

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

4. Principles

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

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

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

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

5. Performance management

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

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

- Youth Justice Strategic Plan

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

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

5.1 Information, advice and support

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

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

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

6. Developing capacity and capability

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

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

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

7. Engaging with stakeholders

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

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

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

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

8. Operation of the Safer Hartlepool Partnership

8.1 Attendance at meetings

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

8.2 Declaration of Interests

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

8.3 Decision making and voting

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

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

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

8.4 Risk management

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

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

8.5 Meeting Procedures

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

8.6 Freedom of Information Act

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

8.7 Public access to the Safer Hartlepool Partnership

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

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

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

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

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

8.8 Secretarial Support arrangements

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

8.9 Sub Groups and Task Groups

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

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

8.10 Working with other theme groups

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

8.11 Updating the Terms of Reference

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

9. Engaging with other bodies

9.1 Police and Crime Commissioner

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

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

9.2 Police and Crime Panel

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

9.3 Statutory Scrutiny

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

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

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

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

9.4 Clinical Commissioning Group

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

AUDIT AND GOVERNANCE COMMITTEE

11 June 2024



Report of: Director of Legal, Governance and Human Resources

Subject: PERSONNEL SUB-COMMITEE

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

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

3. BACKGROUND

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

Governance Committee, this may not be fully possible. Based on the political balance of the Council, the Sub Committee would ideally be comprised of 2 Labour members and 1, either conservative or independent member to be determined by the Committee.

- 3.3 The remit of the Personnel Sub-Committee as set out in Part 3 of the constitution is set out below:-

Power to consider and determine:-

Appeals against dismissal

Appeals arising out of Departmental staffing reviews and/or re-structures

Grievances at the final internal stage

Home to School Transport Appeals

4. PROPOSALS/ISSUES FOR CONSIDERATION

- 4.1 In order to comply with the requirements of the current Constitution, the Committee is requested, therefore, to appoint three Elected Members to the Personnel Sub Committee and to determine which of those Elected Members will act as Chair.
- 4.2 Sitting as a member of this Sub Committee will often entail undertaking hearings within strict timescales. Hearings can last most of a day and often longer. Elected Members are urged to consider this when putting themselves forward for nomination. Appropriate training will be arranged for any Member that has not previously received such training.

5. RECOMMENDATIONS

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

6. REASONS FOR RECOMMENDATIONS

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

7. BACKGROUND PAPERS

- 7.1 Part 3 of the Council's Constitution.

8. CONTACT OFFICER

- 8.1 Hayley Martin, Director of Legal Governance and HR
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AUDIT AND GOVERNANCE COMMITTEE

11th June 2024



Report of: Director of Finance, IT and Digital

Subject: ANNUAL GOVERNANCE STATEMENT
2023/24

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:

- 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 To inform Members of the implications to the Council of the Accounts and Audit Regulations (England) 2015 requirement; that the Council publish an Annual Governance Statement (AGS) with the Financial Statements and the action undertaken by the Council to meet its obligations within the scope of the Regulations. The 2023/24 AGS is attached as **Appendix A**.
- 2.2 The report considers the following areas:
- Why the Council needs an AGS,
 - Who is responsible,
 - How the AGS was produced.

3. BACKGROUND

3.1 WHY

- 3.2 To clearly demonstrate to stakeholders, that the Council has adequate arrangements in place to ensure that it effectively manages and controls its financial and operational responsibilities in accordance with acknowledged best practice. Paragraphs 3.3 to 3.4 detail positive benefits to the Council of achieving this end.

3.3 Statutory Requirement

The Accounts and Audit Regulations require that: “the Council ensures that its financial management is adequate and effective and that there is a sound system of internal control which effectively facilitates its functions and which includes arrangements for the management of risk. The Council shall conduct a review at least once a year of the effectiveness of its internal controls and shall include a statement on internal control with any statement of accounts it is obliged to publish”.

3.4 Good Governance

Production and publication of an AGS are the final stages of an ongoing review of internal control and are not activities which can be planned and viewed in isolation. Compilation of an AGS involved the Council in:

- Reviewing the adequacy of its governance arrangements,
- Knowing where it needs to improve those arrangements, and
- Communicating to users and stakeholders how better governance leads to better quality public services.

3.5 **WHO**

3.6 Corporate Responsibility

The Council’s system of internal control must reflect its overall control environment, not just financial, which encompasses its organisational structure. Internal control is a corporate responsibility and the scope of internal control accordingly spans the whole range of the Council’s activities and includes controls designed to ensure:

- The Council’s policies are put into practice and its values are met,
- Laws and regulations are complied with,
- Required processes are adhered to,
- Financial statements and other information are accurate and reliable,
- Human, financial and other resources are managed efficiently and effectively, and
- High quality services are delivered efficiently and effectively.

3.7 Contributors to the AGS

- Audit and Governance Committee
- ELT
- Director of Finance, IT and Digital
- Monitoring Officer
- External Auditors and other Review Bodies
- Internal Audit and
- Management.

3.8 **HOW**

- 3.9 Having established a system of internal control, it is then necessary to consider which of these controls are key in mitigating against significant risk. By obtaining assurance on the effective operation of these key controls the Council is able to conclude on the effectiveness of the systems and identify where improvement is needed.

The review of internal control and AGS assurance gathering included:

- Establishing obligations and objectives,
- Identifying principal risks,
- Identifying and evaluating key controls to manage risks,
- Obtaining assurances on the effectiveness of controls,
- Evaluating assurances,
- Action planning to correct issues and continuously improve.

- 3.10 In practice the Council already had most of the necessary internal controls in place, what was required was to incorporate them into a framework for producing an AGS that met the requirements of the Regulations. In order to do this the Council has:

- Identified roles and responsibilities,
- Provided training,
- Gone through a process of establishing objectives, identifying risks and recording controls,
- Gathered and retained evidence for inspection,
- Drafted the AGS.

- 3.11 The AGS will form part of the Councils Statement of Accounts and will be publicised and available on the Councils Website or by request to the Councils Contact Centre.

- 3.12 In order to support members in the process of approving the Annual Governance Statement the Better Governance Forum has provided briefing papers for Audit and Governance Committee members in public sector bodies. The briefing paper is attached after the statement for members consideration in relation to issues they may want assurance on regarding the content and process followed in producing the statement. This committee report has been drafted in such a way as to answer the questions posed within the Better Governance Forum Briefing.

4. **PROPOSALS/ISSUES FOR CONSIDERATION**

- 4.1 To clearly demonstrate to stakeholders, that the Council has adequate arrangements in place to ensure that it effectively manages and controls its financial and operational responsibilities in accordance with acknowledged best practice.

5. RISK IMPLICATIONS

- 5.1 There is a risk that Members of the Audit and Governance Committee do not receive the information needed to enable a full and comprehensive review of governance arrangements at the Council, leading to the Committee being unable to fulfil its remit.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are no financial considerations.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 8.1 There are no child and family poverty considerations.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 There are no equality and diversity considerations.

10. STAFF CONSIDERATIONS

- 10.1 There are no staff considerations.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 There are no asset management considerations.

12. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

- 12.1 There are no environment, sustainability and climate change considerations.

13. RECOMMENDATIONS

- 13.1 That Members review and approve the attached 2023/24 Annual Governance Statement.

14. REASONS FOR RECOMMENDATIONS

- 14.1 In order for members to fulfil the remit of the committee it is important they review and approve the Annual Governance Statement in the context of all reports and information received over the course of the municipal year.

15. BACKGROUND PAPERS

- 15.1 Accounts and Audit Regulations 2015;
CIPFA/Solace Good Governance Framework;
Internal Audit Opinion/Reports;
External Audit Reports.

16. CONTACT OFFICER

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Appendix A

HARTLEPOOL BOROUGH COUNCIL **ANNUAL GOVERNANCE STATEMENT**

1 Scope of Responsibility

- 1.1 Hartlepool Borough Council is responsible for ensuring that:
- Its business is conducted in accordance with the law and proper standards; and
 - Public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.
- 1.2 The Council also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.
- 1.3 In discharging these overall responsibilities, Hartlepool Borough Council is also responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, which includes arrangements for the management of risk.
- 1.4 The Council has approved and adopted a code of corporate governance, which is consistent with the principles of the CIPFA/SOLACE *Delivering Good Governance in Local Government Framework 2016*. This statement explains how the Council has complied with the code and also meets the requirements of the Accounts and Audit (England) Regulations 2015, Part 2 6(1) (a), which requires the Council to conduct a review at least once a year of the effectiveness of its system of internal control and include a statement reporting on the review with the statement of accounts. Regulation 6(1) (b) of the Accounts and Audit (England) Regulations 2015, require that for a local authority that statement is an Annual Governance Statement (AGS).

2 The Purpose of the Governance Framework

- 2.1 The governance framework comprises the systems and processes, and culture and values, by which the Council is directed and controlled and its activities through which it accounts to, engages with and leads the community. It enables the Council to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate services and value for money.

- 2.2 The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can, therefore, only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the Council's policies, aims and objectives, to evaluate the likelihood of those risks being realised and to manage them efficiently, effectively and economically. The governance framework has been in place at the Council for the year ended 31st March 2024 and up to the date of approval of the statement of accounts.
- 2.3 In order to facilitate the completion of the Statement, officers have worked collectively and a programme of work developed. To ensure that the Statement has been given sufficient corporate priority and profile, the working group included both the Director of Finance, IT and Digital and the Assistant Director (Corporate and Financial Services). As part of the process regular updates have been given to the Executive Leadership Team (ELT).

3 Significant Governance Issues Update from 2022/23 Statement

- 3.1 Progress has been made over the course of 2023/24 to actively manage and address issues identified as part of the 2022/23 process. This approach ensures the Council actively manages these issues. The table below identifies action that has been taken to mitigate the areas identified.

Issue Raised	Action Undertaken
Delivery of Council Plan, revised Performance Management Framework and Medium Term Financial Strategy. The sustainability of services, level of performance and the continuing need to achieve housing growth.	The MTFS is an iterative process with regular reports being presented to Finance and Policy Committee during the year culminating in recommendations to Council in the February proceeding the financial year. The financial environment facing councils remains challenging. Despite this, an agreed budget reflecting known pressures, but also income in the form of government funding increases, increases in Council Tax, both rate and via housing growth has been achieved. The Council Plan 2021/22 – 2023/24 was agreed by Finance and Policy Committee on 15 th February 2021 and adopted by Council on 25 th February 2021. Progress against the Council Plan is reviewed by ELT 3 times a year and this is followed by reports to Finance and Policy Committee. The Annual Report was produced in summer 2023 and shared with all

	elected members and the public.
Delivery of Regeneration/ Capital Programme on time and budget in line with key Council objectives.	Responsibility for delivery of schemes are allocated to senior officers. Project Management Boards were embedded and are providing strategic oversight of progress and budget position. Regular updates are provided to members via quarterly update reports to Finance and Policy Committee. The monthly Capital Board is embedded, with the arrangements being reviewed during early 2024 to ensure still fit for purpose. A refreshed Capital Strategy and Capital Programme were approved at Full Council on the 2 nd February 2024.
Potential for Cyber Security attack/breach of IT defences leading to service disruption and potentially serious financial implications	HBC use the National Cyber Security Centre's Event Logging solution, which tracks a range of network events including staff who have clicked on links in suspicious emails. HBC have implemented a new firewall that provides additional protection including blocking access to our network from outside UK and 24/7 analysis of Internet access with auto blocking where activity falls outside of normal working patterns. Multifactor authentication has been rolled out to all staff with network access during the year to further safeguard access. Mandatory annual training for all staff in respect of cyber security and regular all staff emails give instruction on what to do with suspicious emails.
Change in political environment.	New member training provided as well as refresher training for existing members. Constitution refreshed in a number of areas in order to streamline processes and meetings, and the reestablishment of Group leader meetings.

4 **The Governance Framework**

4.1 The key elements of the Council's Governance Framework are as follows:

Hartlepool Borough Council has adopted a Constitution, which sets out how the Council operates, how decisions are made, the procedures that are followed to ensure that these decisions are efficient and transparent, and sets out the terms of reference for the Committee structure. The Constitution was developed in accordance with the Local

Government Act 2000 and it sets out the delegated responsibilities to key officers such as the Monitoring Officer and Section 151 Officer.

In accordance with the Council's Constitution at Article 13, the Monitoring Officer continues to monitor and review the operation of the Constitution to ensure that the aims and principles of the Constitution are given full effect.

- 4.2 A report was submitted to the Constitution Committee on 26 June 2023 which set out the outcomes of a review which had been undertaken following the Corporate Peer Review to propose changes in the delegation scheme included in Part 3 of the Constitution. The Committee also considered issues which had arisen since the previous review of the Constitution including amending the Council Procedure Rules to allow for public questions to be debated and the commencement time of Council meetings being changed to 7.00 p.m. A change to the Budget and Policy Framework Procedure Rules that no virement of revenue budget transfer between 'Directorates' is permitted without approval of the Finance and Policy Committee (previously required the approval of Full Council) and updates to the Planning Code of Practice included in Part 5 of the Constitution were also recommended to Full Council. The subsequent report of the Committee was submitted to Full Council on 13 July 2023.
- 4.3 A further report was submitted to the Constitution Committee on 13 November 2023. The Monitoring Officer's report set out details of issues which had been referred to the Committee for consideration since the last meeting of the Committee. Issues included a proposal regarding the appointment of the Ceremonial Mayor to be the 'longest serving elected member' (excluding any breaks in service) and the inclusion of a provision to enable the Council to remove the Leader/Deputy Leader by resolution within the Municipal year. A change to the Budget and Policy Framework Rules was proposed to amend the capital virement rules to make them consistent with the Revenue rules and delegation to the Executive Director of Adult and Community Based Services was recommended to approve a request for a name to be added to a War Memorial. It was also recommended for any in-year informal, ad hoc vacancies on Committees, Partnerships or Boards normally appointed by Council be delegated to the Director of Legal, Governance and Human Resources in accordance with the agreed proportionality for the committee/body and Group wishes. The recommendations of the Committee were submitted to Full Council on 30 November 2023.
- 4.4 Officer Decision Records (ODRs) continue to be published on the internet and the process for producing and getting an Officer Delegated Decisions has changed to an online process using a new system available on the Intranet. The change will result in a more efficient and consistent approach to processing ODRs.

Members' Seminars are held as required to ensure Members are updated/briefed on key strategic issues.

- 4.5 Effective procedures to identify, evaluate, communicate, implement, comply with and monitor legislative change exist and are used. Legal Division procedures exist for monitoring new legislation, advising relevant departments, and members where appropriate. Workforce Services policies identify suitable recruitment methods and ensure appropriate job descriptions exist for legal staff.
- 4.6 Hartlepool Borough Council effectively deploy their staff resources through good people management, compliance with legislation, and best practice by ensuring a full complement of employment policies, guidance, toolkits, and procedures are in place. These are regularly reviewed, refreshed, and promoted so that they remain relevant and are utilised effectively by managers and staff.
- 4.7 This year has seen the introduction of a new Workforce Strategy (2023-2026) together with the introduction of a Council wide Values (CARING) and Behaviour Framework that will be reinforced through revised HR policies aimed to bring these into everyday workplace practices and encounters, such as the Annual Review and 1:1 policy which will contribute to the Council's performance management frameworks, and our Equality in Employment policy with action plan to ensure our employees are treated fairly, with respect and dignity. An employee survey across the Council was undertaken in 2023, with a 36% response, and will provide a benchmark to evaluate the success of the strategy across the next 3 years.
- 4.8 Employee Wellbeing has been a key focus in 2023/24 with the Council successfully retaining the North East Better Health at Work Award Maintaining Excellence and Ambassador status. There is a strategic structure in place together with the commitment to review the Council's Employee Wellbeing Strategy. A structure for health promotion campaigns to engage the workforce has been agreed in 2023 and rolled out in 2024. Additionally there is a commitment to develop policies to support and improve mental wellbeing and musculo-skeletal issues in the workforce in 2024/25, two large contributors to sickness absence across the Council.
- 4.9 A new workforce planning framework will be ready for rollout in 2024 fulfilling a key aim of the Workforce Strategy to ensure we have the right people, with the right skills, in the right place, at the right time. This is essential considering the demographic cliff-edge of older workers, the recruitment and retention difficulties in key services and the need to ensure we have effective talent pipelines for the future.
- 4.10 The Council has invested to improve its current Council wide and Manager Induction experiences through extending its licence agreements for eLearning and a new authoring tool. With limited

resources, the Council continues to provide a comprehensive learning and development offer, and full utilisation of its Apprentice Levy in the last few years. There is an ongoing commitment to develop a leadership and management development framework across the Council. This will further embed our values and behaviours and support our Equality, Diversity and Inclusion commitments.

- 4.11 The ResourceLink HR and Payroll Information System continues to be developed. Establishment control mechanisms are in place within the departments through the restructure process to enable staffing budgets to be closely monitored. This ensures that vacancies and employment changes are scrutinised with HR and Finance input before recruitment or contractual changes can be undertaken. The HR Dashboard provides managers with direct access to a comprehensive suite of staffing data reports when fully implemented. Data driven decisions are essential and the opportunity for a new reporting tool will enable the Council to review workforce monitoring data and information for operational and strategic decision making and improved performance.
- 4.12 Committee terms of reference are included in the constitution. A procedure is in place to ensure that all Committee agendas, minutes and supporting material are available to all staff and to the public on the Council's Internet site.
- 4.13 The constitution contains financial and contract procedure rules, and code of conduct for Members, which have been formally approved. Financial procedure rules have been updated and agreed by Council and contract procedure rules have also been updated to take into account new procurement procedures and legislative requirements. The constitution is available to all employees on the intranet and to the public on the Internet. A register of gifts and hospitality is maintained for Members and Officers. The Authority has a Treasury Management Strategy that was approved by Audit and Governance Committee on 31st January 2024 and referred to Council for approval on 22nd February 2024 for the financial year 2024/25. The approved Treasury Management Strategy includes the Investment and Borrowing strategies in compliance with revised CIPFA Prudential Code, CIPFA Treasury Management Code of Practice and Department for Levelling Up, Housing and Communities (DLUHC) guidance. The Audit and Governance Committee is responsible for ensuring effective scrutiny of the Treasury Management Strategy and policies before making any necessary recommendations to Council. The Section 151 Officer reports to the Audit and Governance Committee how the Council's financial arrangements conform to the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2010).
- 4.14 The full range of Member committees regularly meet to review specific policy areas, to consider plans, reports and progress of the Council.

- 4.15 An updated Code of Conduct for Employees has been approved, published and communicated to all employees. An updated Health and Safety Policy was approved by Finance and Policy Committee on 14th January 2019 and a Communication Strategy implemented to ensure general awareness. The Council has also implemented a programme of Health and Safety Leadership Training for senior managers.
- 4.16 The Council has an ongoing programme of monitoring and reviewing arrangements in place in respect of the operation of its key partnerships. A framework of reporting by exception to Executive Leadership Team operates and Internal Audit provides audit coverage of partnership arrangements.
- 4.17 The Council has a three-year Council Plan (2021/22 – 2023/24) that sets out the Council's ambitions for the Borough. The Plan was agreed by Finance and Policy Committee on 15th February 2021 and adopted by Council on 25th February 2021. Progress against the Council Plan is reviewed through dedicated ELT Performance and Challenge Clinics 3 times a year and this is followed by reports to Finance and Policy Committee. Annual Reports are produced each summer and shared with all elected members and the public.
- 4.18 The Council's Performance Management Framework includes information relating to departmental and officer responsibility for the collation of data and addressing performance issues. The Framework also includes priorities, risks and performance indicators enabling clearer links between corporate, departmental and service planning outcomes, risks and PIs.
- 4.19 Key policies such as the Corporate Complaints, Comments and Compliments Procedure, Proceeds of Crime (Money Laundering), Whistle Blowing Policy and Counter Fraud and Corruption Policy have been developed and approved for use across the whole Authority. The policies are available to employees via the intranet. The Council is a member of the National Anti-Fraud Network and takes part in regular National Fraud Initiative reviews and the North East Corporate Fraud Forum. The Council has updated its Fraud and Corruption Strategy in line with CIPFA Code of Practice on Managing the Risk of Fraud and Corruption.
- 4.20 The Council agreed its Risk Management Framework on 24th June 2019. The Framework simplified the Council's approach, provided further clarity to officers about how risk should be considered within the Council and demonstrates the added value of appropriate risk management. A Strategic Risk Register has been identified within the performance management framework and changes are reported to Elected Members regularly through the monitoring of the Council Plan.
- 4.21 The Risk Management Framework and an Officer Toolkit are available to all staff via the intranet. Key staff have undergone appropriate

training and departmental risk champions lead on communicating the process to all relevant staff in their departments.

- 4.22 There is corporate support at senior management level for development of Risk Management with risk assessment procedures published and training given to officers. Risk introduction/refresher sessions are offered as and when individual departments/teams require them. Each department also has a risk co-ordinator.
- 4.23 The Finance and Policy Committee is responsible for ensuring the consideration of risk across the Council and for reviewing the progress made in the management of strategic risks. The Audit and Governance Committee is responsible for reviewing the effectiveness of risk management arrangements and providing comment and challenge on risk management activity and progress. Risks and control measures relating to the Council Plan are analysed within performance reports to help ensure that risk and performance reporting are linked. The Council Plan and performance framework is considered as part of the preparation of the AGS.
- 4.24 The Council's Corporate Strategy and Performance Team hold information on the Council's Strategic Risks. Risk registers are also maintained for significant projects. Officers that manage risks are notified that risks need to be reviewed and progress is monitored on a regular basis through the service planning process.
- 4.25 The General Data Protection Regulation (GDPR) is European legislation and replaces the Data Protection Act in the UK. This was designed to harmonise data privacy laws across Europe, to protect and empower all EU citizens' data privacy and to reshape the way organisations across the region approach data privacy and security. In order to ensure compliance the Council has completed information audits identifying all personal data held, including a lawful basis for processing the data. Privacy notices have been developed and are available on the Council's website. All policies and procedures have been updated to ensure GDPR compliance and staff have received specific GDPR training. The Information Governance Group meets regularly to discuss GDPR compliance.
- 4.26 The Council has long-standing, nationally and regionally recognised emergency planning arrangements through the Cleveland Emergency Planning Unit (CEPU). The Council's Emergency Management Response Team (EMRT) meets bi-monthly and contributes to the makeup of the Council's Major Incident Plan which is tested annually.
- 4.27 Responsibility for updating and implementing Corporate Business Continuity has transferred to the Assistant Director (Regulatory Services). A significant amount of work has been progressed to address the concerns highlighted by internal audit with arrangements having been reviewed to reflect current best practice. These revised

arrangements have been rolled out across each Council department to ensure that accurate up to date information is held to assist in the recovery of services, should it be necessary. Tests are planned to ensure that these plans are fit for purpose and any lessons learnt from these exercises will be incorporated into future plans.

- 4.28 The Equality Act 2010 came into force on 1st October, 2010 and brought together over 116 separate pieces of legislation into one single Act. The Act provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. The Act covers the 9 protected characteristics – age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion/belief, gender and sexual orientation.
- 4.29 The Public Sector Equality Duty (PSED) is supported by "specific duties" to assist public bodies to achieve the aims of the general duty. Under the specific duties, the Council must:
- Publish equalities information to demonstrate its compliance with the Equality Duty by the 31st January each year; and
 - Develop and publish equality objectives every four years.
- 4.30 In order to demonstrate our compliance with the above requirements, we have produced a Workforce Equality Information Report 2022/23 and a 2022/23 Equality Report to demonstrate the progress that the Council has made to date. We are aware that there are gaps in our data and are working to provide more information in an accessible format. On that basis the report is regularly updated. Since the first equality objectives were published in April 2012 the Council has based them on the strategic objectives set out in our Council Plan. By doing this the Council demonstrates that equality and diversity is a core part of what we do as an organisation and not an add-on activity. The Council's vision as set out in the Council Plan 2021/22 – 2023/24 sets out our equality objectives. The Equality, Diversity and Inclusion (EDI) Policy was agreed by Finance and Policy Committee on 13th March 2023 to set out the Council's commitment to EDI.
- 4.31 Equality issues must influence the decisions reached by public bodies - in how they act as employers; how they develop, evaluate and review policy; how they design, deliver and evaluate services, and how they commission and procure from others. We do this by considering impacts on equality as an integral part of our decision-making process and this is reflected in reports to Committees in the Equality & Diversity Considerations section and through our use of Equality Impact Assessments.
- 4.32 Internal Audit reports on a regular basis to the Audit and Governance Committee on the effectiveness of the organisation's system of internal control. Recommendations for improvement are also made and reported on. Internal Audits performance is measured against standards agreed by management and Members. Internal Audit

reporting arrangements have been formalised and strengthened as part of the review of financial procedure rules. Internal Audit are in the process of preparing for a 5 yearly external assessment of their compliance with Public Sector Internal Audit Standards.

- 4.33 Ofsted has rated the overall effectiveness of the Council's Children's Services as 'Outstanding' in its most recent ILACS inspection which took place in March 2024. The Local Area Inspection of Services for Children with Special Educational Needs and Disabilities (SEND) took place in March 2023. The inspection judged that the local area partnerships arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The Council runs five children's homes all of which are judged as good.
- 4.34 As part of the national Adult Social Care Outcomes Framework there is an annual survey of people who use adult social care services in each Local Authority area and a survey every two years of people who are carers. Feedback from these surveys continues to be positive and the satisfaction rates of people in Hartlepool compare very favourably regionally and nationally. Over 96% of services that are commissioned by the Council for adults with care and support needs are rated 'good' by the Care Quality Commission (CQC) with no services rated inadequate. The Council is actively engaged with Sector Led Improvement via NE ADASS (the North East branch of the Association of Directors of Adult Social Services), which has had a particular focus on preparation for CQC assessment of Local Authority Adult Social Care Services. This involved an annual conversation in December 2022, an independent peer review of adult safeguarding arrangements in March 2023 and a mock inspection in May 2023. A Continuous Improvement Group has been established which is overseeing all assurance related work and an Annual Quality Assurance report was developed for the first time for 2022/23 and will now be produced each year providing information on a range of quality and assurance issues including compliments and complaints, audit activity, continuous professional development and performance benchmarking.

5 Review of Effectiveness

- 5.1 The Council has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by the work of the executive managers within the Council who have responsibility for the development and maintenance of the governance environment, the Head of Audit and Governance's annual report, and also by comments made by the external auditors and other review agencies and inspectorates.
- 5.2 The process that has been applied in maintaining and reviewing the effectiveness of the system of internal control includes:

- Executive Leadership Team agreed process for the review of the internal control environment. The risk inherent in meeting departmental objectives and the controls to mitigate those risks are recorded as part of the corporate service planning process at a departmental level. This has brought together risk management, control identification and the process for compiling the evidence needed to produce the AGS. This enables managers to provide documented evidence regarding the controls within their service units as part of the service planning process. The controls in place are designed to negate the identified and recorded risks of not achieving service, departmental or corporate objectives. In order to ensure adequate controls are in place the procedures, processes and management arrangements in place to mitigate identified risks and the officers responsible for them are also documented. Gaps in controls can be addressed as part of the regular reviews of departmental risks and control measures.
- Section 151 Officer – reports to the Audit and Governance Committee how the Council's financial arrangements conform to the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2010).
- Internal Audit – the Council has the responsibility for maintaining and reviewing the system of internal control and reviewing annually Internal Audit. In practice, the Council, and its External Auditors, takes assurance from the work of Internal Audit. In fulfilling this responsibility:
 - Internal Audit are in the process of preparing for a 5 yearly external assessment of their compliance with Public Sector Internal Audit Standards;
 - Internal Audit reports to the Section 151 Officer and Audit and Governance Committee;
 - The Head of Audit and Governance reports to the Audit and Governance Committee how the Council's financial arrangements conform to the governance requirements of the CIPFA Statement on the Role of the Head of Internal Audit (2019);
 - The Head of Audit and Governance provides an independent opinion on the adequacy and effectiveness of the system of internal control, quarterly update reports and an annual internal audit performance report to the Audit and Governance Committee; and
 - Internal audit plans are formulated from an approved risk assessment package and Internal Audit continues to provide

assurance across a broad range of Council activities and functions through the audits it completes.

- External Audit – in their annual report, comment on their overall assessment of the Council. It draws on the findings and conclusions from the audit of the Council.
- Other review and assurance mechanisms: for example, Department of Education, Care Quality Commission, Ofsted, HMI Probation and Service Excellence.

5.3 In December 2022 the Council took part in a voluntary Local Government Association (LGA) Corporate Peer Challenge (CPC). The CPC approach involves a team of experience officers and members spending time with another council as ‘peers’ to provide challenge and share learning. They are an established tool that supports councils to drive improvements and efficiency. The CPC covered five core elements and two additional areas:

- Local priorities and outcomes (core)
- Organisational and place leadership (core)
- Governance and culture (core)
- Financial planning and management (core)
- Capacity for improvement (core)
- Organisation risk and resilience (additional)
- Economic regeneration (additional)

5.4 The overall feedback was positive and Council agreed an action plan at their meeting on 23rd March 2023 setting out how the council will respond to the CPC recommendations. The six month peer review/progress update took place on 29th August 2023 and an update report was provided to Council at their meeting on 30th November 2023

6 **Significant Governance Issues**

6.1 The following significant governance issues have been identified:

No	Issue	Action	Timescale	Responsible Officer
1	Delivery of Council Plan, revised Performance Management Framework and Medium Term Financial Strategy. The sustainability of services, level of performance and the continuing need to achieve housing growth.	The MTFS approved in January 2024 forecast a cumulative annual deficit of £14.759m prior to Council tax increases over the 3 year period. As the MTFS is an iterative process, these forecasts will be updated to reflect the latest position on both pressures and funding. A savings strategy is in place, though the financial position remains challenging. During 2024/25 work to develop and embed a new Council Plan will be undertaken and this will include a range of consultation and stakeholder engagement activities. The intention is that the new Plan will be agreed by Finance and Policy Committee by September 2024 with an associated Performance and Accountability Framework, including reporting requirements.	2024/25	ELT
2	Delivery of Regeneration/ Capital Programme on time and budget in line with key Council objectives.	Arrangements previously adopted will continue to be followed and monitored as projects move from design to construction phase.	2024/25	Capital Programme Board

3	Potential for Cyber Security attack/breach of IT defences leading to service disruption and potentially serious financial implications	HBC use the National Cyber Security Centre's Event Logging solution, which tracks a range of network events including staff who have clicked on links in suspicious emails. HBC have implemented a new firewall that provides additional protection including blocking access to our network from outside UK and 24/7 analysis of Internet access with auto blocking where activity falls outside of normal working patterns. Multifactor authentication has been rolled out to all staff with network access during the year to further safeguard access. Mandatory annual training for all staff in respect of cyber security and regular all staff emails give instruction on what to do with suspicious emails.	2024 Onwards	ELT
4	Change in political environment.	New member training provision as well as refresher trainer for existing members. Constitution refresh in order to streamline meetings and the reestablishment of Group Leader meetings.	2024 Onwards	ELT
5	Increase in Limited/No assurance internal audit reports	Liaison with Assistant Directors. Risk Management support provided. Audit and Governance Committee oversight.	2024/25	ELT

6.2 No other significant governance issues have been identified, however, in the interests of improving and developing governance arrangements we propose over the coming year to take steps to address the above

matters to further enhance our governance arrangements. We are satisfied that these steps will address the need for improvements that were identified in our review of effectiveness and will monitor their implementation and operation as part of our next annual review.

- 6.3 The Head of Internal Audit reported in their Annual Opinion Report that “based on the work undertaken during the year 2023/24, my opinion on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management and control is that reliance can be placed on the adequacy and effectiveness of internal controls operating across the Council in 2023/24.

Signed on behalf of Hartlepool Borough Council:

.....
Managing Director

.....
Chair of Audit and Governance Committee

Reviewing the Annual Governance Statement or Statement on Internal Control

What is an Annual Governance Statement (AGS)?

The AGS is a public statement, normally included with your statement of accounts, which explains how your organisation manages its governance and control arrangements. They are produced by both public and private sector organisations.

What does my organisation need to have?

Confusingly not all public bodies have the same requirement! While CIPFA recommends that all local government bodies in the UK have an Annual Governance Statement, this is only a statutory requirement in England and Northern Ireland. Welsh authorities have a Statement on Internal Control although an AGS is likely to be required from 2010/11 as the Welsh Assembly Government have consulted on this. In Scotland authorities are required to have a Statement on Internal Financial Control. Central government bodies and health authorities are all required to have a Statement on Internal Control.

What's included in these statements?

Although the names are different, there are many similarities between these statements as they all evolved out of the Statement on Internal Financial Control. And there are common features in all good statements. A good statement is open and honest, stating what works well and where improvements are needed. It includes a plan, showing who is responsible for taking action and when they will take action by. It also outlines progress against previous action plans. Whilst the focus of an SIFC is on financial controls, the other statements cover the full range of internal controls and the AGS covers wider governance matters such as ethics and leadership too. The statement summarises the key processes for delivering good systems of control and governance and indicates who is responsible for what. Processes are likely to include internal audit activity, risk management, performance management and other types of review and challenge. Responsibility lies with management, especially senior management, and the audit committee has an important role to play in providing challenge and oversight.

What does the Audit Committee do?

The audit committee has an on-going role in delivering good governance. Every time it reviews an audit report (internal or external) or holds an officer to account for his or her action (or inaction), it is helping to deliver good governance. In relation to the statement itself, the audit committee should take a robust and challenging approach, ensuring that:

- The statement reflects the organisation and is an honest self-assessment. Members should review evidence and challenge it where they believe it to be inaccurate or incomplete.
- They have sufficient assurance from enough separate parts of the organisation (this is known as 'triangulation' in audit circles) to be confident that, where controls and governance are deemed to be good, they are good and, where weaknesses are identified, the statement contains an accurate assessment of those weaknesses.
- The statement itself is well written and would be understood by someone with no knowledge of your organisation. In other words, it should be in plain English, with no jargon and it should include sufficient explanations.
- The action plan addresses all identified problem areas, including those identified in previous years where actions remain incomplete. Actions should be SMART (specific, meaningful, allocated, realistic and timely).

What makes for good governance?

Good practice approaches include:

- Creating and regularly reviewing a vision and direction for your organisation so that everyone understands what they are there to deliver.
- Indicating the level of service to be delivered – you can't be excellent at everything so what will you concentrate on and what can be good enough?
- Board / Member and officer roles are clearly defined, with schemes of delegation and codes of practice/conduct, so that everyone understands what they should and should not be doing.
- Having standing orders, financial regulations and guidance notes so that everyone knows what procedures are to be followed.
- A robust, challenging and supporting audit committee to provide oversight and review.
- Arrangements to ensure that you comply with laws and regulations and identify and act on changes promptly.
- Appropriate and flexible whistle-blowing arrangements.
- Methods to identify and act on officer and member development needs.
- Excellent and open communication with your community.
- Ways to ensure good governance in all your partnerships.
- Promotion of the values of good governance and ethical standards.

How do you draw up a good statement?

- Review and map your assurance framework to make sure that it covers all areas, including the hard to reach ones such as partnerships, and that you do not have any duplication in assurance.
- Obtain wide engagement – not just the head of audit or governance doing everything, but getting mini-governance or assurance statements from directors and heads of service that contribute to the overarching statement and/or setting up a working group to develop the statement.
- Be open and honest – it's about improvement and adding value, not about looking good.
- Be prepared to challenge yourself and look for areas for improvement, perhaps by benchmarking or comparing yourself with other organisations.
- Compare the assurances received to the strategic risk register. Are there any high risk areas that have not been adequately covered?
- Look for any inconsistencies or discrepancies. For example, has assurance been provided that there are no significant problems in an area but you have conflicting evidence from elsewhere (audit, risk, performance, complaints, fraud, etc)?
- Check progress against action plans during the year so problems can be dealt with quickly and governance becomes part of the way we do things round here, not just a once-a-year activity.
- Ensure that the action plan is widely known and understood in the organisation and beyond so that those charged with action are held to account and delivery is more likely.

Key questions to ask:

- 1. What process has the organisation gone through to gather evidence to support the AGS? Has it involved staff from across the organisation?**
- 2. Have assurance statements already gone through a process of challenge and review prior to presentation to the audit committee? What did this show?**
- 3. Does the action plan flow out of the statement and identify the major issues we need to address as an organisation?**
- 4. Does the action plan include actions outstanding from previous years, prioritised as necessary?**
- 5. How will the action plan be communicated to staff, stakeholders and the public?**

AUDIT AND GOVERNANCE COMMITTEE

11th June 2024



Report of: Director of Finance, IT and Digital

Subject: JOINT DECLARATIONS FROM MANAGEMENT
AND THOSE CHARGED WITH GOVERNANCE

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:

- 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 To inform Members of the proposal to reply to the report received from the Director and Engagement Lead of our External Auditor, Mazars, for Joint Declarations from Management and Those Charged with Governance.

3. BACKGROUND

- 3.1 In carrying out the annual accounts audit, Mazars have to demonstrate compliance with International Standards for Auditing (UK and Ireland). The Standard requires Mazars to gain each year, an understanding of how the Committee exercises oversight of management's processes for identifying and responding to the risks of fraud and the internal controls established to mitigate them.
- 3.2 Mazars must also gain a general understanding of the legal and regulatory framework applicable to the audited body and how the audited body is complying with that framework. After gaining a general understanding auditors need to undertake audit procedures to help

identify instances of non-compliance with those laws and regulations where this impacts on preparing the financial statements. This includes:

- Enquiring of management whether they have complied with all relevant laws and regulations;
- Written representation from management that they have disclosed to the auditor all known actual or possible areas of non-compliance; and
- Enquiring with “those charged with governance” whether they are aware of any possible instances of non-compliance.

4. PROPOSALS/ISSUES FOR CONSIDERATION

- 4.1 Attached as **Appendix A** is a letter to Mazars from the Chair of the Committee and myself as the Councils Section 151 Officer, detailing how the committee has complied with the requirements of International Standards for Auditing.

5. RISK IMPLICATIONS

- 5.1 There is a risk that Members of the Audit and Governance Committee do not receive the information needed to enable a full and comprehensive review of governance arrangements at the Council, leading to the Committee being unable to fulfil its remit.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are no financial considerations.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 8.1 There are no child and family poverty considerations.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 There are no equality and diversity considerations.

10. STAFF CONSIDERATIONS

10.1 There are no staff considerations.

11. ASSET MANAGEMENT CONSIDERATIONS

11.1 There are no asset management considerations.

12. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

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

13. RECOMMENDATION

13.1 It is recommended that Members agree the contents of the letter to Mazars outlining how the activities of the Committee comply with the requirements of International Standards for Auditing.

14. REASON FOR RECOMMENDATIONS

14.1 To ensure that in order for Mazars to comply with legislative requirements, those charged with governance supply the requested information.

15. BACKGROUND PAPERS

15.1 Request for Joint Declarations from Management and Those Charged With Governance

16. CONTACT OFFICER

16.1 James Magog
Director of Finance, IT and Digital Services
Civic Centre
Victoria Road
Hartlepool
T24 8AY

Tel: 01429 523003

Email: james.magog@hartlepool.gov.uk

Appendix A

Cllr Shane Moore

Audit and Governance Committee Chair
Civic Centre
Hartlepool
TS24 8AY

Tel: 01429 266522
www.hartlepool.gov.uk
Our Ref:
Your Ref:

11.06.24

James Collins,
Director, Public Services,
Mazars,
The Corner,
Bank Chambers,
26 Mosley Street,
Newcastle, NE1 1DF.

Dear James,

Further to your report to those charged with governance – Request for Declarations; in relation to understanding how Mazars gains assurance from management, I have outlined below in the answers to the questions posed, how the Audit and Governance Committee exercise oversight of the processes in place to prevent and detect fraud and gains assurance that all relevant laws and regulations are complied with.

1) Questions about arrangements for preventing and detecting fraud

How does the Authority assess the risk that the financial statements may be materially misstated due to fraud?

As the Audit and Governance Committee we review the Council's Financial Statements and take advice from both officers' internally and externally regarding the accounting statements and processes in place to ensure they are a true and fair view of the Council's financial position. A rigorous targeted quality assurance review of the final accounts and financial statements is undertaken by the Council's accounting staff who prepare the statements, supported by the Director of Finance, IT and Digital Services, to ensure that they are not subject to material misstatement. Financial reports are subject to a quarterly review which is scrutinised by the Executive Leadership Team and Finance and Policy Committee. Key systems e.g. Creditors, Debtors, Business Rates, Council Tax are robust and subject to annual internal audit reviews to significantly eliminate any risk of fraud. The Committee gain assurance from Internal Audit reports each quarter.

Is the Authority aware of management's process for identifying and responding to the risks of fraud generally and specific risks of misstatement in the financial statements and if so what are these processes?

We are regularly updated in relation to issues regarding potential fraud and review and approve the Council's Anti-Fraud and Corruption Strategy. The Audit and Governance Committee review and approve the Council's Code of Corporate Governance and also the Council's Risk Management Strategy. As an independent committee of the Council, the Audit and Governance Committee can at any time seek explanation from any officer of the Council regarding issues it considers. A rigorous targeted quality assurance review of the final accounts and financial statements is undertaken by the Council's accounting staff who prepare the statements, supported by the Director of Finance, IT and Digital Services, to ensure that they are not subject to material misstatement. Financial reports are subject to a quarterly review which is scrutinised by Executive Leadership Team and Finance and Policy Committee. Key systems e.g. Creditors, Debtors, Business Rates, Council Tax are robust and subject to annual internal audit reviews to significantly eliminate any risk of fraud. The Committee gain assurance from Internal Audit reports each quarter.

Is the Authority aware of the arrangements in place for management to report about fraud to the Authority and if so what are these arrangements?

We considered Internal Audit Plan 2023/24 updates. Reports were reviewed by the Committee during the year which allowed members to be kept up to date with the ongoing progress of the Internal Audit section in completing its annual audit plan. These reports allowed the Committee to review the outcomes of all completed internal audit reports and comment upon any areas of concern.

Is the Authority aware of the arrangements management have in place, if any, for communicating with employees, lay members, partners and stakeholders regarding ethical governance and standards of conduct and behaviour and if so what are these arrangements?

The Council has strong corporate governance arrangements in place in relation to the risk of fraud. Internal Audit has reviewed these arrangements in line with CIPFA and National Fraud Authority guidance to identify and respond to fraud risk areas.

Does the Authority have knowledge of actual or suspected fraud, including any entries made in the accounting records that you believe or suspect are false or intentionally misleading and if so is it aware of what actions management is taking to address it?

The Committee is aware of suspected fraud perpetrated against the Council in respect of benefit claims and the Council's participation in the National Fraud Initiative data matching exercise and the role of the Benefit Fraud Investigator.

The council is also progressing further measures to address suspected single person discount fraud. The Committee does not suspect fraud may be occurring in other areas within the Authority and is satisfied that adequate arrangements are in place to tackle suspected fraud. The Committee is not aware of any entries made in the accounting records of the authority that we believe or suspect are false or intentionally misleading. We do not believe any assets, liabilities or transactions have been improperly included or omitted from the accounts of the Council. The Committee takes assurance from both its internal and external audit coverage of the Council's accounting records and is satisfied that sufficient checks and balances are in place.

What arrangements are in place for the Authority to oversee management arrangements for identifying and responding to the risks of fraud and the establishment of internal control?

The Committee is satisfied that the Council has adequate governance arrangements in place in relation to its internal control environment and gains assurance from the work of its internal and external auditors. The Council has a well-established and publicised Whistleblowing Policy in place as well as an up to date Anti-Fraud and Corruption plan. Employees are expected to report all instance of suspected fraud and corruption and are encouraged to do so.

As a Committee we are not aware of any breaches of internal control during 2023/24, and will consider those significant governance issues highlighted in the Annual Governance Statement in the context of our knowledge and understanding of the Council over the financial year.

2) Questions about arrangements for complying with law and regulations responsibilities

Has management provided a clear statement which confirms its consideration of relevant laws and regulations and its compliance with them?

The Council's Monitoring Officer monitors all current and new legislation, ensuring adequate arrangements are in place to enable compliance. The Council has in place a robust management performance and reporting regime which helps monitor the achievement of objectives including compliance with laws and regulations. There is also a comprehensive internal audit regime which provides independent assurance.

How does the Authority satisfy itself that all relevant laws and regulations are being complied with?

The Committee considered Internal Audit Plan 2023/24 updates. These reports were reviewed by the Committee during the year which allowed members to be kept up to date with the ongoing progress of the Internal Audit section in completing its annual audit plan. These reports allowed the Committee to review the outcomes of all completed internal audit reports and comment upon any areas of concern. The Committee also receives assurance

via the work of the Monitoring Officer. Along with other updates from senior officers at the Council, this provides satisfactory assurance that all relevant laws and regulations are being complied with.

Is the Authority aware of any instances of non-compliance with laws or regulations?

Members of the Audit and Governance Committee are active in other areas of Council activity and bring that knowledge and experience to the Audit and Governance Committee in relation to the Council's operation. The Audit and Governance Committee reviews performance and risk management arrangements in place through the work of Internal Audit and other reports received and is not aware of any non-compliance with relevant laws or regulations during 2023/24.

Has management provided a list of litigation and claims?

The Committee is not aware of any new significant litigation or claims or changes to any existing litigation / claim that would affect the financial statements.

Has an assessment been made of the outcome of the litigation or claim and its estimate of the financial implications, including costs involved? Has the reasonableness of management's assessments been considered and additional information provided to the auditor where necessary?

The Committee is not aware of any significant litigation or claims that would affect the financial statements.

3) Questions about the appropriateness of the going concern assumption

Has a report been received from management forming a view on going concern?

Reports and information have been provided to the Committee over the course of the year, including reviewing the Council's previous Financial Statements and Annual Governance Statement. Members of the Committee are aware of the medium term financial strategy report where the Section 151 Officer gives his opinion on the robustness of reserves giving assurance about the Authority's financial sustainability in the medium term. We are aware that local authorities are presumed to be going concerns as long as there is no reason to suggest the services provided would not continue and there is no reason that we are aware of, or suspect core services would be discontinued in the foreseeable future.

Are the financial assumptions in that report (e.g. future levels of income and expenditure) consistent with the strategic business plan and the financial information provided to the Authority throughout the year? If

not, does the report contain a clear explanation, with supporting evidence, for the assumptions used, and are those assumptions appropriate? This should include written evidence of agreed income and expenditure for major funding streams.

Having reviewed the reports and information provided to the Committee over the course of the year, including reviewing the Council's Financial Statements and Annual Governance Statement, the Committee has no significant doubt as to the Council's ability to continue as a going concern. The Committee is aware of the approved budget strategy for 2024/25 with reliance on the use of the Budget Support Fund and potentially time limited Government Grant funding.

Are the implications of statutory or policy changes appropriately reflected in the business plan, financial forecasts and report on going concern?

The Council's Monitoring Officer monitors all current and new legislation, ensuring adequate arrangements are in place to enable compliance. The Council has in place a robust management performance and reporting regime which helps monitor the achievement of objectives including compliance with laws and regulations. There is also a comprehensive internal audit regime which provides independent assurance.

Have there been any significant issues raised with the Authority during the year (e.g. adverse comments raised by internal and external audit regarding financial performance or significant weaknesses in systems of financial control, or significant variances to activity levels compared to those planned), which could cast doubts on the assumptions made?

There have been no significant issues raised with the Audit and Governance Committee during the year that cast doubt on financial assumptions made when forming a view on the going concern assumption. There is also a comprehensive internal and external audit regime which provides independent assurance.

Has an analysis been undertaken of the Authority's projected or actual performance against its financial plan? If so, is it robust and does it identify any areas of potential concern? Where there are potential concerns what action is being taken to address those areas of potential weakness?

Members of this Committee are fully apprised of the Council's financial position via the Director of Finance, IT and Digital Services reporting of the in-year financial position and medium term financial plan to the Finance and Policy Committee and Council, and also the report presented to this Committee by your auditors concerning the positive Value for Money Opinion in the Auditors Annual Report. There have been no significant issues raised with the Audit and Governance Committee during the year that cast doubt on

financial assumptions made when forming a view on the going concern assumption.

Does the organisation have sufficient staff in post, with the appropriate skills and experience, particularly at senior management level, to ensure the delivery of the organisation's objectives? If not, what action is being taken to obtain those skills?

The organisation has sufficiently skilled and experienced staff to deliver the Council's objectives, for staff appointments robust recruitment process is in place to ensure suitably experienced and qualified staff are appointed. Appropriate support and training is provided to all staff in the organisation. The Committee considers those posts dealing with all aspects of procurement and cash handling to be high risk. The Committee takes assurance from the fact that support and training is provided to staff and that the Council has sufficiently skilled and experienced staff to deliver the Council's objectives.

4) Questions about the consideration of related parties

What controls are in place to identify, authorise, approve and account for and disclose related party transactions and relationships?

The Committee is aware that the Council is required to disclose material transactions with bodies or individuals that have the potential to control or influence the Council or to be controlled or influenced by the Council. Procedures are in place to update details of these interests which are recorded in the Register of Members' Interest. This document is open to public inspection at the Civic Centre during office hours and available on the Council's website. Training is provided to Members in this area to ensure a shared understanding of expectations exist.

Members of the Executive Leadership Team are required to provide an annual declaration of interest and to keep this under review during the year. These declarations are reviewed annually. Detailed notes explaining the nature of any related party transactions are recorded in the Council's Statement of accounts.

Can you confirm that you have disclosed to the auditor the identity of the entity's related parties and all the related party relationships of which you are aware:

The Committee can confirm it has disclosed to the auditor the identity of the Council's related parties and all the related party relationships of which it is aware and is not aware of any related party relationships or transactions that could give rise to instances of fraud.

Can you confirm that you have appropriately accounted for and disclosed such relationships and transactions in accordance with the requirements of the framework?

The Committee can confirm that it is assured that adequate arrangements are in place for the recording and declaration of any relationships or interests that may raise cause for concern and any such disclosures are appropriately accounted for and disclosed in accordance with the requirements of the framework.

Yours Faithfully

Cllr Shane Moore

Audit and Governance Committee Chair

James Magog

Section 151 Officer

AUDIT AND GOVERNANCE COMMITTEE

11 June 2024



Report of: Director of Legal, Governance and Human Resources

Subject: REGULATION OF INVESTIGATORY POWERS ACT
2000 (RIPA) – QUARTER 1 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
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