

AUDIT AND GOVERNANCE COMMITTEE

AGENDA



15th July 2025

at 5pm

in Council Chamber
Civic Centre, Hartlepool

AUDIT AND GOVERNANCE COMMITTEE:

Councillors Boddy, Cook, Darby, Hall, Holbrook, Jorgeson, Moore (C), Reeve, Roy and Vacancy.

Standards Co-opted Independent Members: - Mr Martin Slimings and David Whitmore

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

Local Police Representative

1. **APOLOGIES FOR ABSENCE**
2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
3. **MINUTES**

None

4. **AUDIT ITEMS**

- 4.1 Anti-Fraud and Corruption Policy - *Head of Audit and Governance*
- 4.2 Letter to those charged with Governance - *Head of Audit and Governance*
- 4.3 Internal Audit Plan 2025/26 Update - *Head of Audit and Governance*
- 4.4 Internal Audit Annual Report and Opinion 2024/25 – *Head of Audit and Governance*
- 4.5 Annual Governance Statement 2024/25 – *Head of Audit and Governance*

CIVIC CENTRE EVACUATION AND ASSEMBLY PROCEDURE

In the event of a fire alarm or a bomb alarm, please leave by the nearest emergency exit as directed by Council Officers. A Fire Alarm is a continuous ringing. A Bomb Alarm is a continuous tone.

The Assembly Point for everyone is Victory Square by the Cenotaph. If the meeting has to be evacuated, please proceed to the Assembly Point so that you can be safely accounted for.

5. STANDARDS ITEMS

5.1 None

6. STATUTORY SCRUTINY ITEMS

6.1 Scrutiny Work Programme Preparation - *Statutory Scrutiny Manager*

Crime and Disorder Issues

6.2 None

Health Scrutiny Issues

6.3 None

7. OTHER ITEMS FOR DECISION

7.1 Youth Justice Strategic Plan - *Executive, Director of Children's & Joint Commissioning Services and Operational Lead (Pre Court)*

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 CONSIDERS URGENT

For information: - forthcoming meeting dates: -

Tuesday 23rd September 2025, 4pm

Tuesday 14th October 2025, 5pm

Tuesday 4th November 2025, 4pm

Tuesday 2nd December 2025, 5pm

Tuesday 27th January 2026, 4pm

Tuesday 17th March 2026, 5pm



AUDIT AND GOVERNANCE COMMITTEE

15th July 2025



Report of: Head of Audit and Governance

Subject: DRAFT ANTI-FRAUD AND CORRUPTION
STRATEGY

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
- where people live healthier, safe and independent lives. (People)
- that is connected, sustainable, clean and green. (Place)
- that is welcoming with an inclusive and growing economy providing opportunities for all. (Potential)
- with a Council that is ambitious, fit for purpose and reflects the diversity of its community. (Organisation)

2. PURPOSE OF REPORT

- 2.1 The purpose of the report is to enable members of the Audit and Governance Committee to consider and endorse the Anti-Fraud and Corruption Strategy.

3. BACKGROUND

- 3.1 In order to ensure that the Council has robust and relevant procedures and processes in place in respect of the detection and deterrence of fraud and corruption, it is necessary to periodically revisit the current strategy to ensure it is up to date and relevant. This refresh occurs on a cyclical basis to consider any relevant changes in legislation or accepted best practice.
- 3.2 The Council's Anti-Fraud and Corruption Strategy has been aligned to the Local Government Fraud Strategy "Fighting Fraud and Corruption

Locally”. This is considered best practice in terms of describing what actions are needed for an organisation to take to be effective in countering fraud and corruption.

4. BETTER GOVERNANCE FORUM GUIDANCE ON COUNTERING FRAUD

- 4.1 The following Chapter is a copy of the guidance produced by the Better Governance Forum to help members of Audit Committees in their role in relation to assessing and reviewing counter fraud arrangements.

Counter fraud arrangements – What is the role of the Audit Committee?

- 4.2 The Audit Committee exists to gain and provide independent assurance that there are adequate controls in place to mitigate key risks and to provide assurance that the organisation is operating effectively – calling the organisation to account. Its key role is overseeing and assessing the risk management, control and governance arrangements and advising the governing body (for example the full Council in a local authority) on the adequacy and effectiveness of these arrangements. An Audit Committee’s main responsibilities include advising the organisation on all matters relating to its governance and in doing so considering the effectiveness of the risk management arrangements, the control environment and associated anti-fraud and anti-corruption arrangements.
- 4.3 Fundamentally, the Audit Committee makes sure that effective actions to counter fraud and corruption take place. It acts to enforce, enable and encourage successful actions to counter fraud. Good counter fraud is essential for organisations that want to stop losing money, harm, hurt and fear and maintain a high status and good reputation with their stakeholders, regulators and funders. On the other hand, poor governance weakens an organisation’s potential and, at worst, can pave the way for financial difficulties, poor performance, loss of reputation, fraud and corruption.
- 4.4 The mere existence of an Audit Committee does not eliminate the risks of serious fraud, misconduct or misrepresentation of the financial position. However, an Audit Committee can:
- gain and give assurance through a process of independent and objective review
 - raise awareness of the need for sound control and the implementation of recommendations by internal and external audit.
- 4.5 Managers (directly employed people) are responsible for establishing and implementing arrangements to counter fraud and corruption. The Audit Committee is responsible for overseeing these management

arrangements. The Audit Committee is powerful (e.g. it has delegated responsibility to act on behalf of the full Council, and is “those charged with governance”).)

The role of the Audit Committee is crucial to support managers in achieving their anti-fraud objectives. The action needed to be effective in countering fraud and corruption is described in the CIPFA Red Book 2, *“Managing the Risk of Fraud – Actions to Counter Fraud and Corruption”*.

Countering fraud and corruption is everyone’s job. It requires organisational and individual commitment to a culture of zero-tolerance, Nolan principals and ensuring that money is spent on what it was intended for.

“Taking actions to proactively stop fraud occurring in the first place is a far better remedy than merely managing the risk.”

Steve Freer, former Chief Executive, CIPFA.

Counter fraud arrangements – So, what questions should an Audit Committee ask?

4.6 20 Questions:

This checklist can be used by those responsible for governance (Audit Committees or equivalent) to assess their contribution to the fraud defences of their organisation and determine what action is needed. This is appropriate to use in any organisation.

Checklist for those responsible for governance

Issue	Yes	No	Action
1. Have we committed ourselves to zero tolerance against fraud?			
2. Do we have appropriate strategies, policies and plans?			
3. Do we have dedicated counter-fraud resources?			
4. Do the resources cover all of the activities of our organisation?			
5. Do we receive regular reports on fraud risks, plans and outcomes?			
6. Have we assessed our management of counter fraud resources against good practice?			
7. Do we raise awareness of fraud risks with: - new staff (including agency staff)? - existing staff? - non executives/members?			
8. Do we join in appropriately with national, regional and local networks and partnerships to ensure we are up to date with current fraud risks and issues?			
9. Do we have working arrangements with relevant organisations to ensure effective sharing of knowledge and data about fraud?			

10. Do we identify areas where internal controls may not be performing as intended?			
11. Do we maximise the benefit of our participation in data matching?			
12. Do we set the right “tone at the top” to influence the creation / maintenance of a strong counter fraud culture in the organisation?			
13. Is there a level of financial investment in work to counter fraud and corruption that is proportionate to the risk that has been identified?			
14. Have we reassessed our fraud risks because of the current economic climate?			
15. Have we amended our counter-fraud action plan as a result?			
16. Have we reallocated staffing as a result?			
17. Are we satisfied that payment controls are working as intended?			
18. Have we reviewed our contract letting procedures against the good practice guidance issued by the Office of Fair Trading to reduce the risk of illegal practices such as cartels?			
19. Are we satisfied that our recruitment procedures are: - preventing employment of people working under false identities? - validating employment references effectively? - ensuring applicants are eligible to work in the UK?			
20. Do we have a reporting mechanism that encourages our staff to raise their concerns of money laundering?			

5. PROPOSED ANTI FRAUD AND CORRUPTION STRATEGY

5.1 The strategy is in line with the Local Government Fraud Strategy “Fighting Fraud and Corruption Locally” and covers six themes (the six Cs):

- Culture
- Capability
- Competence
- Capacity
- Communication
- Collaboration

5.2 Attached as Appendices to the Strategy are documents that support the Strategy. These are the:

- Fraud Response Plan;
- Whistleblowing Policy;
- Prosecution Policy.

Taken together these documents add weight and back up the overall purpose of the strategy by outlining ways in which employees or members can voice their concerns about suspected fraud and corruption and how they will be protected if they do so. It also details the Councils commitment to prosecute cases where appropriate.

6. OTHER CONSIDERATIONS/IMPLICATIONS

RISK IMPLICATIONS	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. The council has inadequate processes in place to combat and deal with instances of fraud leading to potential financial loss and reputational damage.
FINANCIAL CONSIDERATIONS	No relevant issues.
SUBSIDY CONTROL	No relevant issues.
LEGAL CONSIDERATIONS	No relevant issues.
CHILD AND FAMILY POVERTY CONSIDERATIONS	No relevant issues.
EQUALITY AND DIVERSITY CONSIDERATIONS	No relevant issues.
STAFF CONSIDERATIONS	No relevant issues.
ASSET MANAGEMENT CONSIDERATIONS	No relevant issues.
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	No relevant issues.
CONSULTATION	No consultation required.

7. RECOMMENDATION

- 7.1 The Audit and Governance Committee considers and endorses the updated Anti-Fraud and Corruption Strategy attached as **Appendix A**.

8. REASON FOR RECOMMENDATIONS

- 8.1 To ensure that the Audit and Governance Committee is kept up to date with all issues that are relevant to the pursuance of its remit.

- 8.2 To ensure that the Council has in place arrangements to ensure all possible steps are taken to protect the Council against fraud.

9. BACKGROUND PAPERS

- 9.1 CIPFA Code of practice on managing the risk of fraud and corruption. Fighting Fraud and Corruption Locally – The Local Government Fraud Strategy.

10. CONTACT OFFICER

- 10.1 Noel Adamson
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Appendix A

HARTLEPOOL BOROUGH COUNCIL

ANTI-FRAUD

&

CORRUPTION

STRATEGY

HARTLEPOOL BOROUGH COUNCIL
ANTI-FRAUD & CORRUPTION STRATEGY

CONTENTS

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5. Conclusion

Appendix 1 - Fraud Response Plan

Appendix 2 - Whistleblowing Policy and Procedure

Appendix 3 - Prosecution Policy

HARTLEPOOL BOROUGH COUNCIL **ANTI-FRAUD & CORRUPTION STRATEGY**

1 INTRODUCTION

- 1.1 We (Hartlepool Borough Council) employ approximately 2,000 employees and have a revenue budget of over £300 million, as well as a sizeable capital budget. As with other large organisations, the size and nature of our services puts us at risk of loss due to fraud and corruption both from within the Council and outside it.
- 1.2 The stewardship of public money is a fundamental responsibility for both elected Members and employees. We are committed to making sure that the opportunity for fraud and corruption is reduced to the lowest possible risk. Where there is the possibility that fraud, corruption or other irregularities have occurred, we will deal with the issue in a firm and controlled manner.
- 1.3 An important part of Hartlepool Borough Council's approach is introducing an anti-fraud and corruption strategy, which we will use to advise and guide Members and employees on our approach to the serious issues of fraud and corruption. This document also includes a 'fraud response plan' which provides more detailed guidance on how to deal with instances of potential fraud and corruption.
- 1.4 In administering its responsibilities the Council is committed to the prevention of fraud and corruption. This strategy statement emphasises to all employees the importance placed by the Council on probity, financial control and honest administration. The main message is that we expect all Members, employees, consultants, contractors, and others, to be fair and honest, and to give us any help, information and support we need to deal with fraud and corruption.
- 1.5 The Council is fully supportive of the Local Government Fraud Strategy "Fighting Fraud Locally" and has aligned this strategy and its anti-fraud and corruption framework with this recommended strategic approach in mind. The Council's Anti-Fraud and Corruption Strategy also meets the requirements of CIPFA's Code of Practice on Managing the Risk of Fraud and Corruption.

2 ANTI-FRAUD CULTURE

- 2.1 The Council's Executive Leadership Team (ELT) is committed to ensure robust governance arrangements and executive support to ensure anti-fraud, bribery and corruption measures are embedded throughout the organisation. Having a holistic approach to tackling fraud is part of good governance.

- 2.2 ELT acknowledge the threats of fraud and corruption and the harm they can cause the Council, its aims and objectives and to service users. ELT acknowledges the importance of a culture that is resilient to the threats of fraud and corruption and aligns to the principles of good governance. As a council we will publicise what is being done to combat fraud and corruption, ensuring that the message that fraud is a serious matter and takes resources away from important services is adequately relayed. This makes fraud against the authority socially unacceptable both internally and externally.
- 2.3 We will develop clear reporting lines both internally and externally by using a whistle blowing policy and procedure, fraud hotline and fraud response plan so that employees and the public are clear as to what action to take to report a fraud and do not shy away or feel fearful of doing so.
- 2.4 We will ensure that fraud and corruption is a key issue in policy design.
- 2.5 We will ensure training is provided for our employees who are involved in, or managing, internal control systems, to make sure that their responsibilities and duties are regularly reviewed and reinforced. We will also ensure that any employees who may be involved in investigating fraud and corruption, have received suitable training.
- 2.6 We will ensure that everyone is aware that they have a role to play in tackling fraud and corruption.
- 2.7 We will make counter fraud literature available in induction packs and on the intranet.
- 2.8 To continue to ensure our counter fraud response is comprehensive and effective will consider performance against each of the six themes (the six Cs) as detailed in the Fighting Fraud and Corruption Locally Strategy:
- Culture
 - Capability
 - Competence
 - Capacity
 - Communication
 - Collaboration

How we expect Council Members and employees to behave

- 2.9 We expect all people and organisations that are in any way associated with us to be honest and fair in their dealings with us. We expect our Members and employees to lead by example in these matters.
- 2.10 Our separate Codes of Conduct for Members, and employees, when issued, set out an approach to work that is both honest and fair. Members and employees must act in line with the codes at all times (the Codes of Conduct can be viewed in the Council's Constitution ([Hartlepool Borough Council's Constitution | Hartlepool Borough Council](#))).

- 2.11 Hartlepool Borough Council Members and employees have an important part to play in our anti-fraud and corruption arrangements. We encourage our employees and Members to inform us if they suspect a case of fraud. We will endeavour not to reveal the names of the people who gave us the information. We will deal with all information fairly and confidentially. Our fraud response plan attached (**Appendix 1**) gives more advice on this issue for employees.
- 2.12 Members are required to record their financial and other interests and record any receipt and offering of hospitality or gifts. At formal meetings Members are required to declare any interest in the matters under discussion, where the interest is a disclosable pecuniary interest, registrable interest or a non-registrable interest.
- 2.13 The Relevant Authorities (General Principles) Order 2001 set out the original ten guiding principles that should apply to people who serve the public and incorporated the original seven general principles of conduct developed by the Nolan Committee and which are now to be found within Section 28 of the Localism Act, 2011 (Codes of Conduct). We will develop our working behaviour around these principles, which are set out below:

Selflessness

Holders of public office should act solely in terms of the public interest.

Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must disclose and resolve any interests and relationships.

Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

Honesty

Holders of public office should be truthful.

Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

- 2.14 We expect our Senior Officers and Managers to deal firmly and quickly with anyone who is responsible for fraud or corruption. The Managing Director, in consultation with the Director of Finance, IT and Digital (S151 Officer) and the Director of Legal, Governance and Human Resources (Monitoring Officer), may refer matters to the police if they suspect any criminal activity has been carried out.
- 2.15 We must ensure that any investigative process is not misused and, therefore, any abuse, such as raising unfounded malicious allegations, may be dealt with as a disciplinary matter.

3 PREVENTION OF FRAUD***Deterrence***

- 3.1 We will ensure strong systems that act as a deterrent to any potential fraudster are in place so that they feel that the attempt is not worthwhile.
- 3.2 We will put effective detective processes in place so that the potential fraudster feels that the risk of getting caught is too great.
- 3.3 The presence of investigators and professional investigation work will help to make the fraudster feel that evidence of fraud can always be uncovered.
- 3.4 The use of effective legal action and sanctions and publicising results will help to make the fraudster feel penalties of being caught are too certain and too severe.
- 3.5 By seeking the effective recovery of losses to fraud from the perpetrator we will ensure the fraudster feels they stand to gain nothing from the fraud.
- 3.6 We will ensure there is a strong declaration of intent about what will happen to those who commit fraud to provide a deterrent effect.
- 3.7 We will ensure that the effective use of publicity will put a strong message out that the council has a zero-tolerance policy on fraud and potential fraudsters may be deterred from attempting to commit the fraud if they are aware that strong measures are in place to prevent and detect their attempts.

Prevention

- 3.8 To address the potential challenge of fraud and corruption, we must endeavour to prevent it from happening in the first place. It is essential that we have clear rules and procedures, to provide a framework within which Members, employees, consultants and contractors can work. These are:

- Financial Procedure Rules.

- Contract Procedure Rules.
- Scheme of Delegation.
- Officer Employment Procedure Rules.
- Code of Conduct for Employees.
- Code of Conduct for Members.
- Disciplinary Procedures.
- Employees' Conditions of Service.

3.9 The Council also recognises the high level of public scrutiny of its affairs by a variety of bodies including;

- External Audit.
- Government Departments.
- HM Revenue and Customs.
- General Public.
- Local and National Media.

3.10 The Council will positively respond to such scrutiny, demonstrating its commitment to this process, by effective liaison with External Audit and other statutory agencies to ensure that it achieves the required standards of probity.

3.11 Individual departments have also introduced their own measures, which are designed to control their activities. Examples include accounting control procedures, working manuals and operating procedures. Senior Officers and Managers must make sure that suitable levels of internal checks are included in working procedures, particularly financial procedures. It is important that duties are organised so that no one person can carry out a complete transaction without some form of checking process being built into the system.

3.12 Senior Officers and Management must make sure that all employees have access to these rules and regulations and that staff receive suitable training. Members and employees must make sure that they read and understand the rules and regulations that apply to them, and act in line with them.

3.13 If anyone breaks these rules and regulations we may take formal action against them. This may include, in particular circumstances, ending their employment with the Council in respect of employees and referral to the Audit and Governance Committee (exercising standards functions) following investigation in respect of Members. It will be the responsibility of the Monitoring Officer to make arrangements for dealing with complaints alleging breaches of the Members Code of Conduct applying adopted procedures and which are accessible on the Council's website.

3.14 We will as an authority regularly review and update our written rules and procedures.

3.15 To ensure the effective use of audit resources an annual risk based Internal Audit Activity Plan is in operation. This plan ensures that the challenge of potential fraud is appropriately addressed through;

- regular reviews of controls within the main financial systems;
- protective audit visits to Council establishments to ensure appropriate standards of financial administration are in operation;
- detailed probity work using computer interrogation techniques.

- 3.16 By its nature, corruption is difficult to identify and prosecute successfully. The Council's approach is to have in place a robust framework of procedures and subject them to regular review.
- 3.17 We will check the previous employment records of anyone we are considering employing. This applies to both temporary and permanent employees. The role that employees are expected to play in ensuring effective internal control will be included within employee induction procedures when they begin their employment. This will be followed up with training as appropriate.
- 3.18 We are committed to working and co-operating with other organisations to prevent organised fraud and corruption. Wherever possible, we will be prepared to help and exchange information with other Authorities and organisations to deal with fraud.
- 3.19 We will participate in computerised data matching initiatives, co-ordinated by the Home Office and other government agencies and we will abide by Codes of Practice covering such processes. This kind of work needs to be tightly controlled particularly in relation to data protection issues.
- 3.20 We will make sure that full details of arrangements for reporting concerns are widely published to the public, Members and employees, and that all information we receive in this way is investigated and dealt with.

Detection and Investigation

- 3.21 The array of preventative systems, particularly internal control systems, within the Council has been designed to provide indicators of any fraudulent activity, although generally they should be sufficient in themselves to deter fraud. Additional relevant information is held within our fraud response plan (**Appendix 1**) and our Prosecution Policy (**Appendix 3**).
- 3.22 Under our Code of Conduct and Financial Procedure Rules, employees should report any suspected cases of fraud and corruption to the appropriate manager, or, if necessary, direct to the Head of Audit and Governance. Reporting cases in this way is essential to the anti-fraud and corruption strategy and makes sure that:
- suspected cases of fraud and corruption are investigated properly;
 - the fraud response plan is properly carried out;
 - there is a standard process for dealing with all suspected cases of fraud and corruption; and people and our interests are protected.
- 3.23 The Council's Whistleblowing Policy and Procedure (**Appendix 2**) is intended to encourage and enable employees and others to raise serious concerns of

misconduct. Employees reporting concerns in this way are afforded certain protection against discrimination through legislation (Public Interest Disclosure Act 1998).

- 3.24 The Head of Audit and Governance will work with the Managing Director and Senior Officers and Managers to decide on the type and course of the investigation. This will include referring cases to the police where necessary. We will prosecute offenders, and we will carry out our disciplinary procedures where appropriate. We will ensure that any internal proceedings do not prejudice any criminal case.
- 3.25 The investigation protocol agreed between HR and Internal audit will be followed in all relevant investigations.
- 3.26 We will ensure the existence of skilled Investigators in order to ensure that detected frauds are investigated to the highest possible standards and expeditiously and that good results are achieved.
- 3.27 We will ensure that the Investigators are, or become, professionally trained and accredited. This ensures that all suspected instances of fraud or corruption are investigated objectively and in the most professional and timely manner possible and that the laws surrounding investigation work are adhered to at all times.
- 3.28 We will ensure that cases accepted for investigation, are assigned following an intelligence-led and risk-based approach. This ensures that the right cases (with the highest chance of a successful outcome) are identified for investigation and that resources are being used efficiently.

4 SANCTIONS AND REDRESS

- 4.1 Where investigations find evidence of fraud, it is desirable to seek to impose some form of sanction.
- 4.2 In every individual case, it is necessary to consider the full range of sanctions that are available at the earliest opportunity. All investigations are conducted in accordance with the Police and Criminal Evidence Act 1984 i.e. to a criminal standard and to ensure that the full range of sanctions remains available.
- 4.3 At the conclusion of an investigation we are able to make a fully informed and proportionate judgment, based on all the evidence obtained, about a recommendation on action to penalise the individual concerned.
- 4.4 **For employees** – The sanctions available are disciplinary action in accordance with the Council's Discipline Policy and Procedure; prosecution (either taken by the Council's Legal Services or by the Crown Prosecution Service where the Police have been involved in the investigation); Police Caution or by civil remedy (to recover money, interest and costs). Prosecution may result in imprisonment or suspended prison sentence, fine, confiscation

or compensation orders or community punishment order. Any sentence will be determined by a Magistrates or Crown Court. Where a combination of sanctions is applied e.g. disciplinary action and prosecution, this is known as applying parallel sanctions.

- 4.5 **For the public** – For non-housing benefit instances of fraud or theft committed by the public against the authority, cases will be investigated to a criminal standard where the option to prosecute the offender is always considered. Where prosecution is not seen to be in the public interest or the evidence is not considered robust enough to result in a successful prosecution, civil action will be considered to recover any losses to the authority.
- 4.6 We will ensure that the message is put across that all methods to recover losses to fraud will be sought to ensure that fraud does not pay.
- 4.7 We will ensure systems are in place and staff are properly trained for the effective recovery of losses gained through fraud.
- 4.8 We will use all available methods to recover losses from fraud. Losses may be recovered through the criminal process with the use of restraint, confiscation, forfeiture and/or compensation orders. Alternatively, losses may be recovered through the civil courts where the court can make an order against the defendant requiring them to compensate the plaintiff if it is proven, on the balance of probabilities, that it has cause of action against the defendant and the amount taken.

5 CONCLUSION

- 5.1 We are committed to tackling fraud and corruption whenever it happens. Our response will be effective and organised and will rely on the principles included in this document. The Council has in place a clear network of systems and procedures to assist it in the fight against fraud and corruption. It is determined that these arrangements will keep pace with any future developments in both preventative and detection techniques regarding fraudulent or corrupt activity that may affect its operation.
- 5.2 To this end, the Council maintains a continuous overview of such arrangements through its Section 151 Officer, and its Internal and External Auditors.

Appendix 1**FRAUD RESPONSE PLAN****1. INTRODUCTION**

- 1.1 Hartlepool Borough Council is committed to the highest possible standards of openness, probity and accountability in all its affairs. It is determined to develop a culture of honesty and opposition to fraud and corruption.
- 1.2 In line with that commitment, the Council's Anti-Fraud and Corruption Strategy the principles we are committed to in relation to preventing, reporting and managing fraud and corruption.
- 1.3 This Fraud Response Plan reinforces the Council's robust approach by setting out the ways in which employees or members of the public can voice their concerns about suspected fraud or corruption. It also outlines how the Council will deal with such complaints.

2. WHAT DO WE WANT TO KNOW ABOUT?

- 2.1 This Plan is intended to be implemented where suspicions of fraud or corruption have been raised.

Fraud is defined as:

"The intentional distortion of financial statements or other records by persons internal or external to the Authority which is carried out to conceal the misappropriation of assets or otherwise for gain".

Corruption is defined as:

"The offering, giving, soliciting or acceptance of an inducement or reward, which may influence the action of any person".

- 2.2 Concerns or allegations which fall within the scope of other, existing procedures e.g. discrimination issues will normally be referred for consideration under those procedures.
- 2.3 Fraudulent or corrupt acts may include:
 - Systems Issues i.e. where a process/system exists which is prone to abuse by either employees or the public;
 - Financial Issues i.e. where individuals or companies have fraudulently obtained money from the Council e.g. invalid invoices/work not done;
 - Equipment Issues i.e. where Council equipment is used for personal use e.g. unauthorised/inappropriate personal use of Council vehicles;
 - Resource Issues i.e. where there is a misuse of resources e.g. theft of materials;

- Other Issues i.e. activities undertaken by employees of the Council which may be: unlawful; against the Council's Procedure Rules or policies, falls below established standards or practices; or amounts to improper conduct e.g. receiving inappropriate hospitality.

2.4 This is not an exhaustive list. If you are in any doubt about the seriousness of your concern, advice and guidance can be obtained from the Head of Audit and Governance on 01429 266522.

3. SAFEGUARDS

- 3.1 **Harassment or Victimisation** – The Council recognises that the decision to report a concern can be a difficult one to make, not least because of the possible fear of reprisal from those responsible for the malpractice. The Council will not tolerate harassment or victimisation and will take action to protect those who raise a concern in good faith.
- 3.2 **Confidentiality** – The Council will do its best to protect an individual's identity when he or she raises a concern and does not want their name to be disclosed. It must be appreciated, however, that the investigation process may reveal the source of the information and a statement by the individual may be required as part of the evidence.
- 3.3 **Anonymous Allegations** – This policy encourages individuals to put their names to allegations. Concerns expressed anonymously are much less powerful, but they will be considered at the discretion of the Director of Finance, IT and Digital and Managing Director of the Council. In exercising this discretion, the factors to be taken into account would include:
- the seriousness of the issues raised;
 - the credibility of the concern; and
 - the likelihood of confirming the allegation from attributable sources.
- 3.4 **Untrue Allegations** – If an allegation is made in good faith, but it is not confirmed by the investigation, no action will be taken against the originator. If, however, individuals make malicious or vexatious allegations, disciplinary action may be considered against the individual making the allegation.

4. WHAT SHOULD AN EMPLOYEE DO IF THEY SUSPECT FRAUD OR CORRUPTION?

- 4.1 Employees may be the first to realise that there is something seriously wrong within the Council. However, they may not express their concerns because they feel that speaking up would be disloyal to their colleagues or to the Council. They may also fear harassment or victimisation. In these circumstances, it may be easier to ignore the concern rather than report what may just be a suspicion of malpractice.
- 4.2 The Council's Whistleblowing Policy and Procedure is intended to encourage and enable staff to raise legitimate concerns within the Council rather than overlooking a problem or blowing the whistle to the media or other external

bodies. This policy has been discussed with the relevant Trade Unions and professional organisations and has their support.

- 4.3 A full copy of the Whistleblowing Policy and Procedure is provided on the Council's intranet, in the staff handbook and can be obtained from your Customer and Workforce Services Section, Trade Union Representative or Director of Legal, Governance and Human Resources.
- 4.4 In essence, employees should approach the relevant line manager, who, if they find the claim to be substantiated, then in accordance with the Whistleblowing Policy and Procedure, the Managing Director (Head of Paid Service), Director of Finance, IT and Digital or alternatively the Head of Audit and Governance should be informed. The nature of the complaint will determine the Council's course of action.
- 4.5 Internal Audit can be contacted by phone on 01429 266522 or by email at InternalAudit@Hartlepool.Gov.Uk.

5. WHAT SHOULD A MEMBER OF THE PUBLIC DO IF THEY SUSPECT FRAUD OR CORRUPTION?

- 5.1 The Council encourages members of the public who suspect fraud and corruption to contact the Council via email at Investigations@Hartlepool.gov.uk and SPDInvestigations@Hartlepool.Gov.Uk
- 5.2 The Internal Audit Section is a unit, which operates independently of all other Council Services, whose work includes reviewing procedures with the following aims:
 - To deter, prevent, detect and investigate fraud and corruption.
 - To see appropriate action taken against those who commit or seek to commit some sort of fraud or corruption.
 - To develop an anti-fraud culture.

The possible courses of action taken by the Council are outlined below.

- 5.3 Internal Audit can be contacted by phone on 01429 266522, or by writing to the Head of Audit and Governance, Level 3, Civic Centre, Victoria Road, Hartlepool.

6. HOW WILL HARTLEPOOL BOROUGH COUNCIL DEAL WITH ALLEGATIONS OF FRAUD OR CORRUPTION?

- 6.1 For issues raised by employees or members of the public, the action taken by the Council will depend on the nature of the concern. The matters raised may be investigated internally or referred to the Police.
- 6.2 Within 10 working days of a concern being received, the designated officer will write to the complainant:

- acknowledging that the concern has been received;
- indicating how it is proposed the matter will be dealt with;
- giving an estimate of how long it will take to provide a final response;
- telling them whether any initial enquiries have been made; and
- telling them whether any further investigations will take place, and if not, why not.

6.3 The Council accepts that those people who reported the alleged fraud or corruption need to be assured that the matter has been properly addressed. Thus, subject to legal constraints, they will receive information about the outcomes of any investigation.

7. ALTERNATIVE METHODS FOR TAKING A COMPLAINT FORWARD

7.1 If either a member of the public or an employee feels it is right to take the matter outside these processes, the following are possible ways forward:

- elected Members of the Council. If you are unsure how to contact them, call the Council on 01429 266522 for advice.
- the External Auditors – who are the organisation, appointed to scrutinise the Council's finances and performance. By law, they must be completely independent from the Council.
- your Trade Union – employees may invite their Trade Union to raise a matter on their behalf.
- the Police – suspicions of fraud or corruption may be reported directly to the Police.
- the Local Government and Social Care Ombudsman – this is an independent body set up by the Government to deal with complaints against Authority's in the United Kingdom.
- Protect – this is an independent authority which seeks to ensure that concerns about malpractice are properly raised and addressed in the workplace.

Appendix 2

WHISTLE BLOWING POLICY AND PROCEDURE

The Whistle Blowing Policy and Procedure can also be viewed on the below link: [Whistle Blowing Policy.pdf](#)

1. Introduction

Hartlepool Borough Council is committed to ensuring that all its activities are lawful and that the highest possible standards are observed. A number of policies and procedures exist which are intended to promote high standards and to investigate and rectify any shortcomings. Employees and workers (i.e. casual, agency personnel etc) are often the first to realise when something is wrong within a public authority but may not always voice their concerns. This might be because they fear reprisals or harassment or because they think speaking up is disloyal to colleagues.

This policy document and its procedure provides a way in which concerns in the public interest about malpractice or wrongdoing may be raised and investigated when other procedures are not sufficient or are inappropriate. It is intended to encourage employees and workers to raise serious concerns and to protect them from any form of harassment. All employees and workers of the Council may use this procedure. Agency workers and staff seconded to or from a third party, may raise concerns relating to that third party, if relevant through the individual's secondment, but can also be raised under this policy and procedure. Contractors working for the Council may also use the provisions of these procedures to make the Council aware of any concerns that the Contractor's staff may have with regard to any contractual or other arrangement with the Council.

2. Existing Procedures

The Grievance Policy exists for employees to raise complaints about their employment. This is available on the intranet or a copy can be requested from your Manager or Human Resources. The 'Bullying and Harassment Policy' provides a special procedure for employees and workers to make a complaint about intimidation, victimisation or discrimination. This policy is also available on the intranet or can be obtained from your Manager or Human Resources. These procedures do not replace and are separate to the Council's Complaints Procedure

3. Aims of the Whistle Blowing Policy

- Encourage employees and workers to feel confident in raising serious concerns in the public interest and feel confident that the Council will act upon those concerns.
- Provide ways for employees and workers to raise those concerns and receive feedback on any action taken as a result.
- Ensure that employees and workers get a timely response to their concerns.
- Reassure employees and workers that if they raise any concerns in the public interest and reasonably believe them to be true, they will be protected from: - harassment by their colleagues. The Council as the employer could be liable should any such harassment occur. - detrimental treatment by the employer as a result of raising a concern.

4. What is Malpractice or Wrongdoing?

Employees and workers are encouraged, and expected, to report malpractice or wrongdoing and could in certain circumstances be subject to disciplinary action if they know of this and do not report it. Malpractice or wrongdoing might include any of the following. This is not a comprehensive list but gives examples of the sorts of things which could be raised, under the procedures listed in section 2, where appropriate, or under this procedure:

- a) Unlawful acts or omissions, acts which are criminal or in breach of civil law or statutory duty;
- b) failure to comply with appropriate professional or other established standards;
- c) corruption or fraud;
- d) actions which are likely to cause physical danger to any person;
- e) failure to take reasonable steps to report and rectify any situation which is likely to cause a significant avoidable cost, or loss of income, to the Council or would otherwise seriously prejudice the Council;
- f) failure to draw relevant matters to the attention of Councillors or Chief Officers or failure to comment appropriately on matters within an employee's or worker's responsibilities which might significantly affect an action or decision of, or on behalf of, the Council.
- g) abuse of power, or the use of the Council's powers and authority for any unauthorised or ulterior purpose;
- h) unfair discrimination in the Council's employment or services;
- i) other unethical conduct

If an employee or worker has a concern, then he/she should raise it with their Line Manager as soon as possible. If there are reasons why he/she cannot raise it with his/her manager, or through the procedures listed in section 2, then the following procedure should be followed.

5. How do I raise a concern?

- 5.1 Raise the matter with The Director of Legal, Governance and Human Resources, or in the absence of the Monitoring Officer, with the Assistant Chief Solicitor, who is the Deputy Monitoring Officer.
- 5.2 Letters to the Monitoring Officer will not be opened by anyone else if marked Personal & Confidential. The Monitoring Officer can be contacted on Tel: 523002
- 5.3 Whilst any concerns may be raised verbally in the first instance, they should then be confirmed in writing.
- 5.4 When a matter is raised with the Monitoring Officer he/she will review the information made available and determine whether any of the following actions are appropriate, namely;
 - conduct his/her own investigations
 - investigation by another officer or through Internal Audit as appropriate
 - referral to the Police
 - referral to the external Auditor
 - referral for independent enquiry
 - referral for consideration under another procedure (for example, disciplinary, grievance, etc)
 - no action
- 5.5 Any action will be determined upon the information provided, and if appropriate through meeting with the employee or worker raising the concern (off site if necessary). In respect of a written report, or a verbal report which the Monitoring Officer has agreed to accept, the Monitoring Officer will advise the employee or worker in writing within 10 days of the next steps and where applicable will give an estimate of the time any investigation is expected to take. The Monitoring Officer will also report as necessary to Council Members. Some concerns may be resolved by agreed action without any need for a formal investigation. If any urgent action is required this will be taken before any investigation is conducted.

6. Support and safeguards

It can be difficult for employees and workers to raise concerns and Hartlepool Borough Council aims to support those who do so and to take steps to ensure that they are not victimised or harassed.

The Monitoring Officer may take appropriate action to protect those individuals' raising concerns in the public interest. An employee or worker who raises concerns will not be penalised by the Council, e.g. in relation to general treatment or to any job or promotion application, or any request for a reference.

This procedure does not override or affect an employee's rights to protection under the provisions of the Employment Rights Act 1996 inserted by the Public Interest Disclosure Act 1998 (and as amended by the Enterprise and Regulatory Reform Act 2013). The Act protects employees and workers against detriment as a result of making a

"protected disclosure" and specifies a range of matters, which may be the subject of a protected disclosure.

Namely.

- a) that a criminal offence has been committed, is being committed or is likely to be committed,
- b) that a person has failed, is failing or is likely to fail to comply with any legal obligation to which he is subject,
- c) that a miscarriage of justice has occurred, is occurring or is likely to occur,
- d) that the health or safety of any individual has been, is being or is likely to be endangered,
- e) that the environment has been, is being or is likely to be damaged, or
- f) that information tending to show any matter falling within any one of the preceding paragraphs has been, is being or is likely to be deliberately concealed.

6.1 Harassment

Disciplinary action will be taken against anyone harassing an employee or worker because he/she has raised legitimate concerns in the public interest.

6.2 Anonymous Allegations

Anonymous allegations are difficult to investigate and, for that reason, cannot always be given the same consideration as formal written allegations. In considering whether any action is to be taken the seriousness and credibility of the allegations will be taken into account as will the feasibility of investigating them and the reason(s) for anonymity being maintained.

6.3 Confidentiality

It is much easier to investigate concerns when those raising them are willing for their names to be disclosed if necessary in the investigation. However, if employees and workers specifically ask for their names not to be disclosed then this will be respected subject only to any requirement to disclose under any obligation, as a matter of law or required good practice. This may, in some situations impede the investigation. If the only evidence of wrongdoing or malpractice is that of the complainant as an eyewitness then he/she will usually need to be prepared to make a statement.

7. Links to other procedures

7.1 Disciplinary Action

Employees who are subject to disciplinary action and who raise concerns under this procedure should note that the disciplinary action will not necessarily be halted or delayed as a result. However in some circumstances this may be appropriate or necessary.

7.2 Unproven Allegations

If an employee or worker makes an allegation in the public interest and in a responsible and reasonable way and if this is not confirmed through the investigation, no action will be taken against him/her. The Council will also try to minimise any negative effects of an allegation being investigated and not confirmed.

7.3 Deliberately False Allegations

The Council will take disciplinary action against any employee deliberately making allegations they know to be false or unfounded, whether frivolously or maliciously. Action will also be taken against any employee or worker inventing or otherwise falsifying facts in order to make a complaint.

7.4 Other Procedures

If a matter is raised under the Whistle-Blowing policy which could more appropriately be dealt with under another procedure the Monitoring Officer will consult the appropriate Chief Officer who would institute the other more appropriate procedure and, if this is agreed, refer the matter on, advising the complainant accordingly.

The Care Act 2014 (Section 42) places a legal duty on Local Authorities to investigate adult safeguarding concerns. If an employee is concerned that vulnerable adults using a service are not being cared for in a way that keeps them safe, they can raise their concerns under the Whistle Blowing Policy, in addition to the Council's safeguarding procedures.

8. Taking concerns/complaints further

8.1 If employees and workers are not able to have their concerns addressed satisfactorily through this or the Council's other procedures then they may need to consider taking matters outside the authority and consulting one of the following:-

- The Council's External Auditor
- The Police
- The Local Government Ombudsman
- The Monitoring Officer (for issues regarding a Councillor's conduct)
- The relevant professional bodies or regulatory organisations
- Protect
- The employees Trade Union
- Citizens Advice Bureau
- The Information Commissioner
- The Health and Safety Executive
- The Office for Environmental Protection

8.2 Employees engaged in Adult Social Care and Community Services are encouraged to refer matters of concern to the Care Quality Commission (www.cqc.org.uk), who act as the independent regulator for all health and

social care services. Details of how to contact the above is attached at **Appendix 1**.

8.3 Protect (www.protect-advice.org.uk) is the Whistle Blowing charity. The organisation has four primary activities:

- To offer free, confidential advice to people concerned about crime, danger or wrongdoing at work.
- To help organisations deliver and demonstrate good governance.
- Inform public policy and;
- Promote individual responsibility, organisational accountability and the public interest.

8.2 The Director of Finance, IT and Digital or The Director of Legal, Governance and Human Resources can give advice on raising concerns externally, as can trade unions and professional associations.

8.3 Employees who raise concerns outside the Council should ensure that confidential information is not disclosed inappropriately.

8.4 The Public Interest Disclosure Act 1998 (as amended by the Enterprise and Regulatory Reform Act, 2013) also provides for protection under the Act to be extended to disclosure to a 'prescribed person' identified by the Secretary of State in regulations made under the Act. For matters relating to the proper conduct of public business, value for money, fraud and corruption in local government bodies, the 'prescribed person' is the Council's External Auditor whose details can be confirmed through the Monitoring Officer or the Director of Finance, IT and Digital.

9. Record of complaints

The Monitoring Officer will be responsible for maintaining records of concern raised and of outcomes. Records will be kept in a form, which does not compromise confidentiality.

10. Trade Unions

This procedure has been agreed with the Hartlepool Joint Trade Union Committee and Trade Union representatives as indicated may give advice on the use of this or other procedures to raise concerns. Employees and workers raising concerns may invite their Trade Union representative, or a colleague, to accompany them during any meetings or interviews.

APPENDIX 1 Contact details for outside organisations as outlined in Paragraph 8 of the Whistle Blowing Policy & Procedure

Name of organisation	Address	Telephone number	Email/ Web Address
External Auditor - Forvis Mazars	Forvis Mazars The Corner Bank Chambers 26 Mosley Street Newcastle-Upon-Tyne NE1 1DF	0191 383 6300	Durham.contact@mazars.co. uk
Police – Cleveland Constabulary	Ash House, 3 Acres, Princeton Drive, Thornaby, Stockton on- Tees, TS17 6AJ	Emergency/N on emergency lines	www.cleveland.police.uk
Local Government Ombudsman	Local Government Ombudsman PO BOX 4771 Coventry CV4 OEH	0300 061 0614	www.lgo.org.uk
Monitoring Officer	Hartlepool Borough Council, Civic Centre, Victoria Road, Hartlepool, TS24 8AY	01429 523002	hayley.martin@hartlepool.gov.uk
Deputy Monitoring Officer	Hartlepool Borough Council, Civic Centre, Victoria Road, Hartlepool, TS24 8AY	01429 284 383	neil.wilson@hartlepool.gov.uk
Protect	The Green House 244-254 Cambridge Heath Road London E2 9DA	020 3117 2520	www.protect-advice.org.uk
Care Quality Commission	CQC National Correspondence, Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA	03000 616 161	enquiries@cqc.org.uk

Office for Environmental Protection	Office for Environmental Protection, Wildwood, Wildwood Drive, Worcester, WR5 2QT	03300 416 581	www.theoep.org.uk
The Information Commissioner	Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF	0303 123 1113	www.ico.org.uk
Citizen Advice Bureau	87 Park Road, Hartlepool, TS26 9HP	01429 408401	enquiries@hartlepool.cabnet.org.uk
Health and Safety Executive	Health and Safety Executive, Redgrave Court, Merton Road, Bootle, Merseyside, L20 7HS	0300 003 1647	www.hse.gov.uk
Relevant Professional bodies or regulatory organisations	For more information please enquire at Hartlepool Borough Council, Civic Centre	01429 523003	customer.services@hartlepool.gov.uk

Appendix 3**PROSECUTION POLICY**

Hartlepool Borough Council is committed to preventing fraud and corruption and has developed an 'Anti-Fraud and Corruption Strategy' in order to minimise its occurrence.

The Council will constantly monitor its systems and amend procedures as required.

This procedure does not supersede other internal disciplinary codes implemented by the Council and internal offenders (e.g. Council employees or Members) will be liable to general disciplinary procedures as well as prosecution.

General

The Council's policy on fraud is to:

- deter it in the first instance;
- detect it quickly;
- investigate it efficiently; and
- prosecute offenders when appropriate.

In most cases, the Managing Director in consultation with the Director of Legal, Governance and Human Resources/Director of Finance, Digital and IT or the Head of Audit and Governance, will be involved in deciding if reporting the matter to the Police is appropriate. In exceptional circumstances the Director of Legal, Governance and Human Resources/Director of Finance, Digital and IT or the Head of Audit and Governance may refer matters to the Police direct without prior consultation with the Managing Director.

In deciding whether a fraud should be reported to the police the following factors will be considered.

- the extent of the fraud/corruption in financial terms;
- the sufficiency and appropriateness of evidence;
- whether the public interest will be served.

In general, all cases, where there is evidence of a criminal act, will be reported to the Police.

AUDIT AND GOVERNANCE COMMITTEE

15th July 2025



Report of: Head of Audit and Governance

Subject: LETTER TO THOSE CHARGED WITH
GOVERNANCE

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:

- where people live healthier, safe and independent lives. (People)
- that is connected, sustainable, clean and green. (Place)
- that is welcoming with an inclusive and growing economy providing opportunities for all. (Potential)
- with a Council that is ambitious, fit for purpose and reflects the diversity of its community. (Organisation)

2. PURPOSE OF REPORT

- 2.1 To inform Members of the proposal to reply to the letter received from the Director and Engagement Lead of our External Auditor, Mazars, for understanding how those charged with governance gain assurance from management.

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, detailing how the committee has complied with the requirements of International Standards for Auditing.

5. OTHER CONSIDERATIONS/IMPLICATIONS

RISK IMPLICATIONS	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.
FINANCIAL CONSIDERATIONS	No relevant issues.
SUBSIDY CONTROL	No relevant issues.
LEGAL CONSIDERATIONS	No relevant issues.
CHILD AND FAMILY POVERTY CONSIDERATIONS	No relevant issues.
EQUALITY AND DIVERSITY CONSIDERATIONS	No relevant issues.
STAFF CONSIDERATIONS	No relevant issues.
ASSET MANAGEMENT CONSIDERATIONS	No relevant issues.
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	No relevant issues.
CONSULTATION	No consultation required.

6. RECOMMENDATION

- 6.1 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.

7. REASON FOR RECOMMENDATIONS

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

8. BACKGROUND PAPERS

- 8.1 Understanding how those charged with governance gain assurance from management letter.

9. CONTACT OFFICER

- 9.1 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

Our Ref:

Your Ref:

15.07.25

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

Dear James,

Further to your letter, **Audit of Hartlepool Borough Council financial statements for the year ended 31 March 2025 - understanding how those charged with governance gain 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) How do you exercise oversight of management's processes in relation to:**
- ***undertaking an assessment of the risk that the financial statements may be materially misstated due to fraud or error (including the nature, extent and frequency of these assessments);***
 - ***identifying and responding to risks of fraud in the Authority, including any specific risks of fraud which management have identified or that have been brought to its attention, or classes of transactions, account balances, or disclosure for which a risk of fraud is likely to exist;***
 - ***communicating to employees its view on business practice and ethical behaviour (for example by updating, communicating and monitoring against the Authority's code of conduct); and***
 - ***communicating to you the processes for identifying and responding to fraud or error?***

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 Corporate Affairs 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.

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

We considered Internal Audit Plan 2024/25 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.

2) How do you oversee management processes for identifying and responding to the risk of fraud and possible breaches of internal control? Are you aware of any breaches of internal control during 2024/25?

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.

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 has also successfully progressed 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.

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 2024/25 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.

3) How do you gain assurance that all relevant laws and regulations have been complied with? Are you aware of any instances of non-compliance during 2024/25?

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.

The Committee considered Internal Audit Plan 2024/25 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.

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 2024/25.

4) Are you aware of any actual or potential litigation or claims that would affect the financial statements?

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.

5) Have you carried out a preliminary assessment of the going concern assumption and if so have you identified any events which may cast significant doubt on the Authority's ability to continue as a 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.

Please see response to your question in Appendix 1 below:

No.	Questions for those charged with governance	Those charged with governance response
1.	Are you aware of any instances of actual, suspected or alleged fraud within Hartlepool Borough Council during the period 1 April 2024– 31 March 2025?	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 has also progressed further measures to address suspected single person discount fraud.
2.	Do you suspect fraud may be occurring within the Authority? • Have you identified any specific fraud risks within the Authority? • Do you have any concerns that there are areas within the Authority that are at risk of fraud? • Are there particular locations within the Authority where fraud is more likely to occur?	The Committee is not aware and 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.
3.	Are you satisfied that internal controls, including segregation of duties, exist and work effectively? • If not where are the risk areas? • What other controls are in place to help prevent, deter or detect fraud?	The Committee is satisfied that internal controls, including segregation of duties, exist and work effectively and is satisfied that adequate arrangements are in place to tackle suspected fraud.
4.	How do you encourage staff to report their concerns about fraud? • What concerns about fraud are staff expected to report?	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.
5.	From a fraud and corruption perspective, what are considered to be high risk posts within the Authority? • How are the risks relating to these posts identified, assessed and managed?	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.

6.	<p>Are you aware of any related party relationships or transactions that could give rise to instances of fraud?</p> <ul style="list-style-type: none"> • How do you mitigate the risks associated with fraud related to related party relationships and transactions? 	<p>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.</p>
7.	<p>Are you aware of any entries made in the accounting records of the Authority that you believe or suspect are false or intentionally misleading?</p> <ul style="list-style-type: none"> • Are there particular balances where fraud is more likely to occur? • Are you aware of any assets, liabilities or transactions that you believe were improperly included or omitted from the financial statements of the Authority? • Could a false accounting entry escape detection? If so, how? • Are there any external fraud risk factors which are high risk of fraud? 	<p>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.</p>
8.	<p>Are you aware of any organisational, or management pressure to meet financial or operating targets?</p> <ul style="list-style-type: none"> • Are you aware of any inappropriate organisational or management pressure being applied, or incentives offered, to you or colleagues to meet financial or operating targets? 	<p>The Committee is not aware of any organisational, or management pressure to meet financial or operating targets.</p>

9.	What arrangements has the Authority put in place in response to the Bribery Act 2010?	The Council has an Anti-Fraud and Corruption Policy in place. The Council has a well-established and publicised Whistleblowing Policy in place. Employees are expected to report all instance of suspected fraud and corruption and are encouraged to do so.
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Yours Faithfully

Cllr Shane Moore

Audit and Governance Committee Chair

AUDIT AND GOVERNANCE COMMITTEE

15th July 2025



Report of: Head of Audit and Governance

Subject: INTERNAL AUDIT PLAN 2024/25 UPDATE

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:

- where people live healthier, safe and independent lives. (People)
- that is connected, sustainable, clean and green. (Place)
- that is welcoming with an inclusive and growing economy providing opportunities for all. (Potential)
- with a Council that is ambitious, fit for purpose and reflects the diversity of its community. (Organisation)

2. PURPOSE OF REPORT

- 2.1 To inform Members of the progress made to date completing the internal audit plan for 2024/25

3. BACKGROUND

- 3.1 In order to ensure that the Audit and Governance Committee meets its remit, it is important that it is kept up to date with the ongoing progress of the Internal Audit section in completing its plan. Regular updates allow the Committee to form an opinion on the controls in operation within the Council. This in turn allows the Committee to fully review the Annual Governance Statement, which will be presented at this meeting of the Committee, and after review, will form part of the statement of accounts of the Council.

4. PROPOSALS

- 4.1 That members consider the issues within the report in relation to their role in respect of the Councils governance arrangements. In terms of reporting internally at HBC, Internal Audit produces a draft report which includes a list

of risks currently faced by the client in the area audited. It is the responsibility of the client to complete an action plan that details the actions proposed to mitigate those risks identified. Once the action plan has been provided to Internal Audit, it is the responsibility of the client to provide Internal Audit with evidence that any action has been implemented by an agreed date. The level of outstanding risk in each area audited is then reported to the Audit and Governance Committee.

- 4.2 The benefits of this reporting arrangement are that ownership of both the internal audit report and any resulting actions lie with the client. This reflects the fact that it is the responsibility of management to ensure adequate procedures are in place to manage risk within their areas of operation, making managers more risk aware in the performance of their duties. Greater assurance is gained that actions necessary to mitigate risk are implemented and less time is spent by both Internal Audit and management in ensuring audit reports are agreed. A greater breadth of assurance is given to management with the same Internal Audit resource and the approach to risk assessment mirrors the corporate approach to risk classification as recorded corporately. Internal Audit can also demonstrate the benefit of the work it carries out in terms of the reduction of the risk faced by the Council.
- 4.3 Table 1 of the report summarises the assurance placed on those audits completed with more detail regarding each audit and the risks identified and action plans agreed provided in **Appendix A**.

Table 1

Audit	Assurance Level
Business Continuity	Limited
Town Hall Theatre/Borough Hall	Limited
Supporting Families Grant Claim	Satisfactory
Cash/Bank	Satisfactory
VAT	Satisfactory
Highways Capital Grant	Satisfactory
Safeguarding Children's Hub	Satisfactory
Deprivation of Liberty Standards	Satisfactory
Direct Payments	Satisfactory
Schools Capital Condition Schemes	Satisfactory
ICS Liquid logic IT application	Satisfactory

- 4.4 For Members information, Table 2 below defines what the levels of assurance Internal Audit places on the audits they complete and what they mean in practice:

Table 2

Assurance Level	Meaning
Satisfactory Assurance	Controls are operating satisfactorily, and risk is adequately mitigated.
Limited Assurance	Several key controls are not operating as intended and need immediate action.
No Assurance	A complete breakdown in control has occurred needing immediate action.

- 4.5 As members will have noted Business Continuity, Town Hall Theatre and Borough Hall have been assessed as limited assurance. I have outlined in the paragraphs below the reasons for these assessments.
- 4.6 Since the last audit the Business Continuity Policy has not been formally circulated. Formal testing of BC arrangements has taken place; however, it is unclear if the results of this testing has been feedback to improve or amend BCP's as per BCI Good Practice Guidelines. Not all documentation requested was provided to enable testing that arrangements comply with BCI guidance to be fully completed.
- 4.7 In order to mitigate the risks identified, comprehensive actions have been agreed with the Assistant Director (Regulatory Services). The agreed actions are detailed in Appendix A and cover the following areas:
- When the new staff intranet is produced, staff will be directed to the Business Continuity plan & other documents. E training has been produced to be provided via Skillgate. Comms to staff will be put out during Business Continuity Week in May.
 - The Emergency Response Communications Plan will be completed in April 2025.
 - Formal debriefs to be introduced following all exercises to document how the exercise has informed learning on effectiveness of BC plans. 2 exercises have been arranged during 2025 in March and May to validate and test BC plans.
- 4.8 The auditor recognises that significant changes have been made to improve the control environment within the Town Hall Theatre and Borough Hall Service, and once fully implemented, exposure to risks identified should be managed at an acceptable level. However, testing identified the following issues that need to be addressed:
- Supervisory checks on Town Hall Theatre Bar Income Reports provide assurance that all income is received, and any discrepancies are identified. However, it is evident that there are errors/omissions in till entry and till systems appear to be unable to produce reconciliation totals and account for all stock issued.
 - Delays in posting significant Box Office Income to the Town Hall Theatre budget codes.
 - Implementation of an effective performance management system.

- Delays in processing income at the Borough Hall.
- Unavailability of booking form for 1 event.

4.9 In order to mitigate the risks identified, comprehensive actions have been agreed with the Assistant Director (Preventative and Community Based Services). The agreed actions are detailed in Appendix A and cover the following areas:

- Support is being given by a Corporate Working Group that has been established to advise and guide regarding the consideration of fit for purpose and compatible card machines and new till systems.
- Training on the use of tills has been provided to staff in February 2025 to address the appropriate use of money bags; appropriate use of the banking book and associated paperwork; process for pre & post event checks; banking processes; staff roles & responsibilities allied to the processes and procedures.
- Bar Income reports are signed by operatives and subject to supervisory checks immediately following the conclusion of each event, by the Duty Officer and/or Creative Venues & Events Manager.
- Stock discrepancies - a manual process has been in place since September 2024 (albeit there was a gap in December and January due to significant sickness absences) involving the Creative Venues & Events Manager working alongside a casual member of staff, to consistently apply stock control procedures.
- In broader terms, the Creative Venues and Events Manager has been working with colleagues in Active Hartlepool to align with pre-existing and approved processes, procedures and standards that have been in place with Active Hartlepool, for some time. There is a clear commitment to ensure consistent and fit-for-purpose approaches across the service.
- The Town Hall Theatre has and will continue to benefit from structural changes from a business administration and management perspective, currently underway across Active & Creative Hartlepool. This involves the re-orientation of some existing business management and administration skills within the service to directly support Creative Hartlepool services and delivery. Business management colleagues are and will continue to help to review, revise, establish and implement business and administration policies and procedures; develop and deliver training; support with systems development needs and contribute to business and audience development strategies.
- Creative Hartlepool has been operating since March 2024 with only 3fte members of staff. Recruitment is currently underway to appoint appropriately skilled, experienced and qualified team members to posts as Duty Officer and Creative Venues & Events officers.

4.10 It is suggested that the Assistant Director (Preventative and Community Based Services) and Assistant Director (Regulatory Services) give an update to the Committee at September's meeting, in relation to progress made implementing actions agreed relating to limited assurance audits.

- 4.11 Table 3 below details the audits that were ongoing at the time of compiling the report.

Table 3

Audit	Objectives
National Fraud Initiative (NFI)	Manage NFI process.
Schools Capital High Needs Funding	Ensure adequate procedures are in place to meet statutory duties.
Employee Protection Register	Ensure adequate procedures are in place to meet statutory duties.

5. OTHER CONSIDERATIONS/IMPLICATIONS

RISK IMPLICATIONS	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.
FINANCIAL CONSIDERATIONS	No relevant issues.
SUBSIDY CONTROL	No relevant issues.
LEGAL CONSIDERATIONS	No relevant issues.
CHILD AND FAMILY POVERTY CONSIDERATIONS	No relevant issues.
EQUALITY AND DIVERSITY CONSIDERATIONS	No relevant issues.
STAFF CONSIDERATIONS	No relevant issues.
ASSET MANAGEMENT CONSIDERATIONS	No relevant issues.
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	No relevant issues.
CONSULTATION	No consultation required.

6. RECOMMENDATIONS

- 6.1 It is recommended that Members note the contents of the report.
- 6.2 It is further recommended that the Assistant Director (Preventative and Community Based Services) and Assistant Director (Regulatory Services), give an update to the Committee at Septembers meeting, in relation to progress made implementing actions agreed.

7. REASON FOR RECOMMENDATIONS

- 7.1 To ensure that the Audit and Governance Committee meets its remit, it is important that it is kept up to date with the ongoing progress of the Internal Audit section in completing its plan.

8. BACKGROUND PAPERS

- 8.1 Internal Audit Reports.

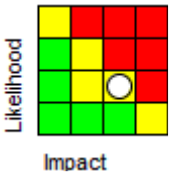
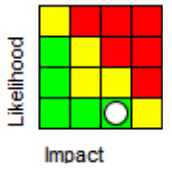
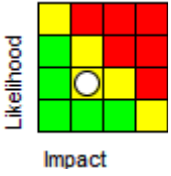
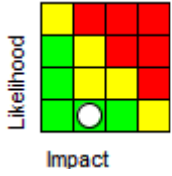
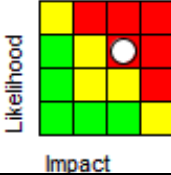
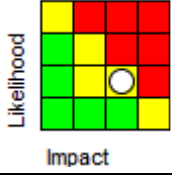
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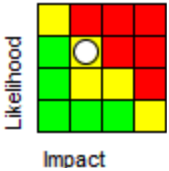
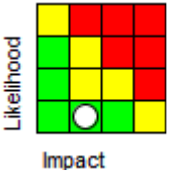
- 9.1 Noel Adamson
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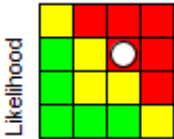

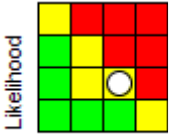
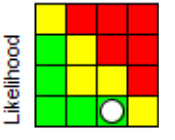
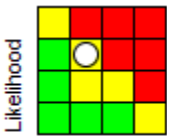

Email: noel.adamson@hartlepool.gov.uk





Appendix A



Audit	Objective	Assurance Level		
Business Continuity	Ensure adequate arrangements are in place to mitigate business continuity risks.	Limited		
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
The Authority does not have a structured approach for measuring and improving its BC culture leading to a lack of awareness amongst employees and a BC system that is not fit for purpose resulting in a lack of adequate resilience for prioritised activities in the event of a disruption.		This will be covered when the new staff intranet is produced which will direct staff to the BC plan & other documents. E training that has been produced to be provided via Skillgate. Comms to staff will be put out during Business Continuity Week in May		
Agreed suitable solutions are not identified and implemented leading to a lack of suitable BC plans and processes being designed resulting in the Authority's inability to deploy a scalable response in the event of any incident type occurring.		The Emergency Response Communications Plan will be completed in April 2025		
Competencies are not measured leading to the quality of the BCMS and effectiveness of the BC capabilities not being tested resulting in the inability to prove or disprove the efficacy of the resources deployed to deal with incidents.		Formal debrief to be introduced following all exercised to document how the exercise has informed learning on effectiveness of BC plans. 2 exercises have been arranged during 2025 in March and May to validate and test BC plans.		

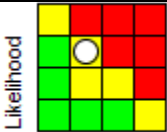
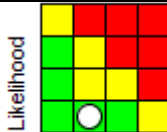
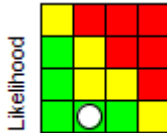
Audit	Objective	Assurance Level		
Town Hall Theatre	Review the control weakness identified in the previous audit undertaken and reported on 25 January 2024 for the following areas: Collection and banking of income, Procurement, Stock Control, Budgetary Control, Performance Management.	Limited		
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
All income is not collected, recorded, stored securely and banked promptly and intact, leading to the possibility for monies being lost / stolen resulting in loss of income to the service.		<p>Training on the use of tills has been provided to staff in February 2025 to address the appropriate use of money bags; appropriate use of the banking book and associated paperwork; process for pre & post event checks; banking processes; staff roles & responsibilities allied to the processes and procedures.</p> <p>Bar Income reports are signed by operatives and subject to supervisory checks immediately following the conclusion of each event, by the Duty Officer and/or Creative Venues & Events Manager.</p> <p>Support is being given by a Corporate Working Group that has been established to advise and guide regarding the consideration of fit for purpose and compatible card machines and new till systems.</p> <p>Since February 2025, it has been standard procedure that supervisory checks are undertaken to ensure that all income recorded and held in tills is reconciled and correctly banked. Improvement in part, is linked to the purchase of a new till system.</p> <p>Stock discrepancies - a manual process has been in place since September 2024 (albeit there was a gap in December and January due to significant sickness absences) involving the Creative Venues & Events Manager working alongside a casual member of staff, to consistently apply stock control procedures.</p> <p>In broader terms, the Creative Venues and Events Manager has been working with colleagues in Active Hartlepool to align with pre-existing and approved processes, procedures and standards that have been in place with Active Hartlepool, for some time. There is a</p>		





		<p>clear commitment to ensure consistent and fit-for-purpose approaches across the service.</p> <p>The Town Hall Theatre has and will continue to benefit from structural changes from a business administration and management perspective, currently underway across Active & Creative Hartlepool. This involves the re-orientation of some existing business management and administration skills within the service to directly support Creative Hartlepool services and delivery. Business management colleagues are and will continue to help to review, revise, establish and implement business and administration policies and procedures; develop and deliver training; support with systems development needs and contribute to business and audience development strategies.</p> <p>Finally, Creative Hartlepool has been operating since March 2024 with only 3fte members of staff. Recruitment is currently underway to appoint appropriately skilled, experienced and qualified team members to posts as Duty Officer and Creative Venues & Events officers.</p>	
All income is not collected, recorded, stored securely and banked promptly and intact, leading to the possibility for monies being lost / stolen resulting in loss of income to the service.	<p>Likelihood</p> <p>Impact</p>	Appropriate procedures are now in place and being implemented to reconcile the float with takings on an event-by-event basis, to ensure that the float is always correct. This is managed by the Duty Officer and/or Creative Venues & Events Manager.	<p>Likelihood</p> <p>Impact</p>
All income is not collected, recorded, stored securely and banked promptly and intact, leading to the possibility for monies being lost / stolen resulting in loss of income to the service.	<p>Likelihood</p> <p>Impact</p>	<p>The Service has now identified, in consultation with the Council's insurance team, that a minimum of £5m in PLI is now a standard requirement. This is already being applied to hirers and/or individual service providers linked to hires and is being fully incorporated into booking/hire documentation accordingly.</p> <p>With regard to PRS/PPL, the service now has a consistent, dedicated officer from the Performing Rights Society allocated to the Council to advise appropriately on all matters related to charges and costs of PRS/PPL. A process is now also in place to receive quotes prior to</p>	<p>Likelihood</p> <p>Impact</p>

		events, to ensure that accurate PRS/PPL costs are identified and recharged. These costs are reflected in unique event budget spreadsheets that have also been established to manage more accurately, the detail of income and expenditure for individual events.	
All income is not collected, recorded, stored securely and banked promptly and intact, leading to the possibility for monies being lost / stolen resulting in to loss of income to the service.	 <p>Likelihood</p> <p>Impact</p>	<p>The service has addressed accruals and journaled income and had provided information prior to the end of year 2024/5 to the Finance Team. The delay has been in part, we believe, due to the lack of capacity at the end of year within the Finance Team itself.</p> <p>The service has put in place a new settlement process, including Finance colleagues, with fortnightly meetings to address all reconciliations linked to recent performances.</p>	 <p>Likelihood</p> <p>Impact</p>
Goods / services are purchased without appropriate segregation of duties and authorisation, leading to the possibility that purchases may be made for personal use or in breach of HBC Financial Procedures, resulting in financial loss to the Authority.	 <p>Likelihood</p> <p>Impact</p>	<p>This matter has previously been addressed in 2023/4 through informal discussions with a number of local suppliers. However, in short, companies are/were not interested in tendering for contracts with the service due solely to the relatively low volumes of sales, which means that it is impossible to pass on any significant discounts to us as a customer.</p> <p>We will continue to regularly but informally reassess our position as the theatre recovers, its programme builds, and it becomes a more attractive proposition for suppliers. When we get to that point, we will undoubtedly progress through a formal procurement process.</p>	 <p>Likelihood</p> <p>Impact</p>
Goods / services are purchased without appropriate segregation of duties and authorisation, leading to the possibility that purchases may be made for personal use or in breach of HBC Financial Procedures, resulting in financial loss to the Authority.	 <p>Likelihood</p> <p>Impact</p>	The matter specifically in relation to the Comedy Club is currently being addressed as part of a review of THT programme.	 <p>Likelihood</p> <p>Impact</p>
Regular independent checks of stock are not undertaken and significant differences investigated, leading to the possibility that assets may be lost and / or misappropriated leading to financial loss for the		Resolution of this matter is directly linked to the purchase of an upgraded till system. Support is being given by a Corporate Working Group that has been established to advise and guide regarding the consideration of fit for purpose and compatible card	

service.		machines and new till systems.	
Effective arrangements are not in place to monitor / manage the performance of the service, resulting in Service standards not being in line with desired levels leading to financial loss arising from events and activities		<p>Performance is and has been managed consistently since March 2024 via:</p> <ul style="list-style-type: none"> The Head of Service and service manager monthly 1-2-1 meetings Support from the Group Accountant who works with the service manager on a monthly basis to review budget position Monthly meetings between the Group Accountant and Head of Service, to review budgetary performance Head of Service reporting to Assistant Director (PCBS) in support of monthly corporate budget clinic reviews. 	

Audit	Objective			Assurance Level
Borough Hall	Review the control weakness identified in the previous audit undertaken and reported on 25 January 2024 for the following areas: Collection and banking of income, Procurement, Stock Control, Budgetary Control.			Limited
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
All income is not collected, recorded, stored securely and banked promptly and intact, leading to the possibility for monies being lost / stolen resulting in loss of income to the service.			Support is being given by a Corporate Working Group that has been established to advise and guide regarding the consideration of fit for purpose and compatible card machines and new till systems.	
All income is not collected, recorded, stored securely and banked promptly and intact, leading to the possibility for monies being lost / stolen resulting in loss of income to the service.			Training on the use of tills has been provided to staff in February 2025 to address the appropriate use of money bags; appropriate use of the banking book and associated paperwork; process for pre & post event	

	 <p>Likelihood</p> <p>Impact</p>	<p>checks; banking processes; staff roles & responsibilities allied to the processes and procedures.</p> <p>Bar Income reports are signed by operatives and subject to supervisory checks immediately following the conclusion of each event, by the Duty Officer and/or Creative Venues & Events Manager.</p> <p>Appropriate procedures are now in place and being implemented to reconcile the float with takings on an event-by-event basis, to ensure that the float is always correct. This is managed by the Duty Officer and/or Creative Venues & Events Manager.</p>	 <p>Likelihood</p> <p>Impact</p>
<p>All income is not collected, recorded, stored securely and banked promptly and intact, leading to the possibility for monies being lost / stolen resulting in loss of income to the service.</p>	 <p>Likelihood</p> <p>Impact</p>	<p>Review is currently underway to administrative processes, the format and detail of hire/application forms and associated terms and conditions.</p> <p>In broader terms, the Creative Venues and Events Manager has been working with colleagues in Active Hartlepool to align with pre-existing and approved processes, procedures and standards that have been in place with Active Hartlepool, for some time. There is a clear commitment to ensure consistent and fit-for-purpose approaches across the service.</p> <p>The Town Hall Theatre has and will continue to benefit from structural changes from a business administration and management perspective, currently underway across Active & Creative Hartlepool. This involves the re-orientation of some existing business management and administration skills within the service to directly support Creative Hartlepool services and delivery.</p> <p>Business management colleagues are and will continue to help to review, revise, establish and implement business and administration policies and procedures; develop and deliver training; support with systems development needs and contribute to business and audience development strategies.</p> <p>Finally, Creative Hartlepool has been operating since March 2024 with only 3fte members of staff.</p> <p>Recruitment is currently underway to appoint appropriately skilled, experienced and qualified team members to posts as Duty Officer and Creative Venues</p>	 <p>Likelihood</p> <p>Impact</p>

<p>All income is not collected, recorded, stored securely and banked promptly and intact, leading to the possibility for monies being lost / stolen resulting in loss of income to the service.</p>	 <p>Likelihood</p> <p>Impact</p>	<p>& Events officers.</p> <p>The matter will be addressed in part through the appointment of new team members to increase operational capacity at the Borough Hall and Town Hall Theatre and the provision of training to those team members, as outlined in the response to Issue 1, The service has put in place a new settlement process, including Finance colleagues, with fortnightly meetings to address all reconciliations linked to recent performances.</p> <p>In broader terms, the Creative Venues and Events Manager has been working with colleagues in Active Hartlepool to align with pre-existing and approved processes, procedures and standards that have been in place with Active Hartlepool, for some time. There is a clear commitment to ensure consistent and fit-for-purpose approaches across the service.</p> <p>The Town Hall Theatre has and will continue to benefit from structural changes from a business administration and management perspective, currently underway across Active & Creative Hartlepool. This involves the re-orientation of some existing business management and administration skills within the service to directly support Creative Hartlepool services and delivery. Business management colleagues are and will continue to help to review, revise, establish and implement business and administration policies and procedures; develop and deliver training; support with systems development needs and contribute to business and audience development strategies.</p>	 <p>Likelihood</p> <p>Impact</p>
<p>All income is not collected, recorded, stored securely and banked promptly and intact, leading to the possibility for monies being lost / stolen resulting in loss of income to the service.</p>	 <p>Likelihood</p> <p>Impact</p>	<p>This matter has already been addressed but will continue to be assessed with a view to reducing the sum further. The reduction in the size of the float means that it is easier for staff to manage and reconcile after each event and hence reduce the likelihood of errors.</p>	 <p>Likelihood</p> <p>Impact</p>

Audit	Objective			Assurance Level
Supporting Families Grant Claim	Ensure grant terms and conditions are adhered to.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				

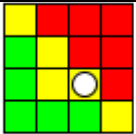

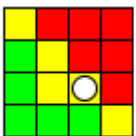

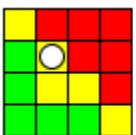

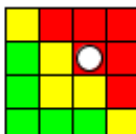

Audit	Objective			Assurance Level
Cash/Bank	Provide assurance on processes in place for the following areas of Cash Office / Customer Services: Cash collection - contract payments, Collection / recording of income, Overs/Unders, Reconciliation, Returned Payments, and Security.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				

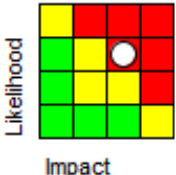
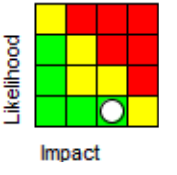
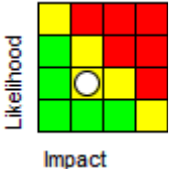
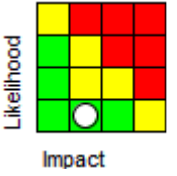
Audit	Objective			Assurance Level
VAT	Review the arrangements in place for administering VAT to ensure that that staff involved in the processing of VAT are aware of their responsibilities, VAT categories are correctly identified, accounted for, and effective planning ensures efficient, effective and economic operations which maximise benefits to the Council.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				


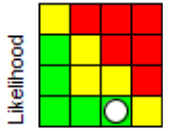
Audit	Objective			Assurance Level
Highways Capital Grant	Ensure grant terms and conditions are adhered to.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified				



Audit	Objective			Assurance Level
Safeguarding Children's Hub	Ensure activities within the Children's Hub with respect to the receipt and response to referrals received are in line with statutory Guidance 'Working Together to Safeguard Children.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified				

Audit	Objective			Assurance Level
Deprivation of Liberty Standards	Assess and provide assurance on the controls in place to mitigate risks in the following areas: Legislation & Procedures, Best Interest Assessments, Mental Capacity Assessments, Best Interest Assessors, Relevant Person Representatives, Third Party Payments, Financial Management, GDPR/Data Protection.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
Best Interest Assessors are not suitably qualified and/or aware of their roles and			BIA sent agreement to sign and return.	




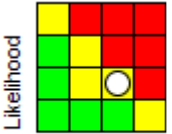
responsibilities leading to the deprivation of liberty not being in the person's best interest resulting in the Authority not meeting it's statutory requirements as the Supervisory Body.	 <p>Likelihood</p> <p>Impact</p>		 <p>Likelihood</p> <p>Impact</p>
Best Interest Assessors are not suitably qualified and/or aware of their roles and responsibilities leading to the deprivation of liberty not being in the person's best interest resulting in the Authority not meeting it's statutory requirements as the Supervisory Body.	 <p>Likelihood</p> <p>Impact</p>	BIA to provide written evidence of Senior Manager approval for work outside HBC.	 <p>Likelihood</p> <p>Impact</p>
Ineffective payment controls may be in place leading to payments differing to amounts agreed, paid to the incorrect provider or not processed in a prompt and timely manner resulting in financial loss and reputational damage to the Authority.	 <p>Likelihood</p> <p>Impact</p>	Discussion with Admin to check codes at input & agreed MCA Lead to complete further visual check on authorisation.	 <p>Likelihood</p> <p>Impact</p>
Ineffective payment controls may be in place leading to payments differing to amounts agreed, paid to the incorrect provider or not processed in a prompt and timely manner resulting in financial loss and reputational damage to the Authority.	 <p>Likelihood</p> <p>Impact</p>	<p>MCA Lead to confirm with commissioning that information in agreements is same as within the IBIA/RPR protocol.</p> <p>Historic agreements may have differed & protocol written to attempt to bring all into same payment schedule.</p> <p>Protocol may be incorrect & will be amended to ensure payments adhere to agreements and confirmation of payment schedule re-sent to all independent contractors.</p> <p>For reference this will be £30phr with mileage paid at 52p per mile with additional payment of £15.00 made for visits undertaken outside of a 30-mile radius of Hartlepool.</p> <p>Late invoice sent due to personal circumstances of the individual RPR notified to MCA Lead.</p>	 <p>Likelihood</p> <p>Impact</p>

Audit	Objective	Assurance Level		
Direct Payments	Effective controls are in place which ensure that Direct Payments are in line with Support Plans, are net of any service user contributions and are appropriately authorised.	Satisfactory		
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
Direct payments are not subject to appropriate checks and authorisation to verify that they are sufficient to provide defined service provision or packages of care and are clearly communicated to Service Users leading to failure to achieve planned outcomes, misuse or illegal use of funds resulting in failure to meet the needs of Service Users and breach of legal requirements.		<p>Children's services are going to offer a drop-down box on liquid logic, this will be an audit trail and prompt and reminder for social worker and team manager that the direct payment agreement has been completed and uploaded to files. This will be checked within case supervision. Admin have a tracker that is monitored with dates and prompts that will be given to manager and if not completed</p> <p>Adult Social Care will run a monthly report to ascertain any Direct Payment authorised has a signed agreement. ASC will add a drop-down box on CareFirst 7 which will act as a prompt for the Worker and Assistant Team Manager/Team Manager to ensure that the signed DP agreement is completed and loaded on the system. Within regular bite sized learning sessions rolled out to all staff this issue of signed agreements will be highlighted.</p>		
Direct payments are not subject to appropriate checks and authorisation to verify that they are sufficient to provide defined service provision or packages of care and are clearly communicated to Service Users leading to failure to achieve planned outcomes, misuse or illegal use of funds resulting in failure to meet the needs of Service Users and breach of legal requirements.		<p>Consult with Performance Manager to enquire whether or not authorisation parameters can be set within Controcc to ensure that only appropriately delegated people authorise.</p> <p>If the above is not possible, a monthly report will be developed, in order to ascertain who has authorised that month's direct payment and any deviation from the appropriate authorisation will be address with the individual and monitored accordingly.</p>		

Effective mechanisms are not in place to review use of Direct Payments on a regular basis to ensure that funding is used for agreed purposes resulting in failure to promptly identify the misuse or mismanagement of Direct Payments or surplus funds resulting in outcomes for individuals not being achieved or monies being used for ineligible / fraudulent means.	 <p>Likelihood</p> <p>Impact</p>	<p>Consult with the Performance Manager to ensure review documentation includes an explicit section to record detail of how the direct payment has been used, whether the spend is appropriate – in line with the plan, and that the balance held within the account has been reconciled.</p> <p>If a light touch reconciliation by the worker is not adequate then a formal, more detailed reconciliation is carried out by Penderel's/Central Finance. The timeframe around this action needs to be discussed further with Central Finance and Penderel's to ensure that they can carry out financial reconciliations.</p>	 <p>Likelihood</p> <p>Impact</p>
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Audit	Objective			Assurance Level
Schools Capital Condition Schemes	Ensure adequate procedures are in place to meet statutory duties.			Satisfactory
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
Contracts for goods / services are not awarded in line with Contract Procedure Rules, leading to failure to achieve value for money and potential accusation of favouritism resulting in potential reputational damage and legal repercussions from unsuccessful suppliers.	 <p>Likelihood</p> <p>Impact</p>	Increases in costs of schemes will be identified as part of quarterly budget monitoring and where they impact on the overall value of approved individual schemes, will be documented in lists for approval by the Managing Director, Director of Finance, IT and Digital, and / or relevant Directors in accordance with virement rules detailed in Budget and Policy Framework Procedure Rules.	 <p>Likelihood</p> <p>Impact</p>	

Audit	Objective			Assurance Level
ICS Liquid Logic IT Application	Ensure IT application controls in place			Satisfactory

Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
Access Policy requirements are not complied with which could lead to inappropriate/unauthorised access to the application and to personal / sensitive information which could result in fraudulent or malicious misuse of the information and the potential for fines or sanctions or reputational damage as a result.		CICT and Children's Development team to complete the documentation of the user access lifecycle.	
Access Policy requirements are not complied with which could lead to inappropriate/unauthorised access to the application and to personal / sensitive information which could result in fraudulent or malicious misuse of the information and the potential for fines or sanctions or reputational damage as a result.		User reports are now working within the LCS application	

AUDIT AND GOVERNANCE COMMITTEE

15th July 2025



Report of: Head of Audit and Governance

Subject: INTERNAL AUDIT ANNUAL REPORT AND
OPINION 2024/25

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
- where people live healthier, safe and independent lives. (People)
- that is connected, sustainable, clean and green. (Place)
- that is welcoming with an inclusive and growing economy providing opportunities for all. (Potential)
- with a Council that is ambitious, fit for purpose and reflects the diversity of its community. (Organisation)

2. PURPOSE OF REPORT

2.1 This report provides members with the Head of Audit and Governance assurance opinion on the adequacy and effectiveness of the Council's internal control environment.

2.2 The report also informs members of the outcomes of audit work covering the period April 2024 to March 2025.

3. BACKGROUND

3.1 This report summarises the work carried out by internal audit during the financial year 2024/25 and provides assurance on the effectiveness of the Council's internal control environment, risk management and corporate governance arrangements in place during the year.

- 3.2 The requirement for an internal audit function is contained within Section 151 of the Local Government Act 1972 which requires Local Authorities ‘make arrangements for the proper administration of their financial affairs and ensure that one of its officers has responsibility for the administration of those affairs’. Authority has been delegated to the Director of Finance IT and Digital to fulfil this function.
- 3.3 Part 2, Regulation 5 of the Accounts and Audit Regulations 2015 requires that “A relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance”.
- 3.4 The Public Sector Internal Audit Standards (PSIAS) established in 2013 (revised in 2016 and 2017) are the agreed professional standards for internal audit in local government. PSIAS was the Code under which the Internal Audit Service operated during 2024/2025, as confirmed by an external assessment carried out by CIPFA. PSIAS sets out the requirement for the Head of Audit and Governance (“Chief Audit Executive”) to report to officers and the Audit Committee (“The Board”) to help inform their opinions on the effectiveness of the Internal Control environment in operation within the Council. From 2025/2026 the section will be operating in compliance with the new Global Internal Audit Standards as previously reported to committee.
- 3.5 The Annual Internal Audit Report should therefore be considered in the context of fulfilling the above requirement. The annual internal audit opinion contributes to the completion of the Annual Governance Statement (AGS).
- 3.6 Internal Audit has a professional duty to provide an unbiased and objective view of the Council’s Internal Control environment. Internal Audit is independent of the processes that it evaluates.
- 3.7 No system of internal control can provide absolute assurance against material misstatement or loss, nor can internal audit give absolute assurance. This report provides accountability for internal audit delivery and performance and allows Members to monitor the application of the delegated authority for ensuring an effective and satisfactory internal audit function.
- 3.8 All auditors are instructed to declare if they have any links to the subject matter of any audits undertaken or relationships with auditees that could compromise the impartiality or objectivity of the work undertaken. If a declaration is made arrangements are in place to ensure the independence of internal audit and that individuals are protected.
- 3.9 Information for Members on the standards of financial administration and management arrangements operating within the Authority is

detailed in this report, together with a progress report on the extent of implementation of audit action plans. The consideration and effective implementation of audit action plans is fundamental in ensuring effective financial stewardship and robust financial systems, controls and procedures.

- 3.10 This report also details the performance of internal audit in 2024/25 on a range of key performance indicators.
- 3.11 Hartlepool Borough Council also provides audit services to Cleveland Fire Authority. In addition to the audits detailed in **Appendix A**, internal audit completed 12 major systems and probity reviews for the CFA during 2024/25.
- 3.12 Staffing resources were as anticipated and a balanced program of work covering all Council departments was achieved for 2024/25.

4 ROLES AND RESPONSIBILITIES

- 4.1 The council is accountable collectively for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system. The AGS is an annual statement by the council setting out:
- how the responsibilities of the council are discharged with regards to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives
 - the purpose of the governance arrangements as evidenced by a description of the risk management and review processes
 - the conduct and results of the review of the effectiveness of the system of internal control, including any disclosures of significant control failures, together with assurances that actions are or will be taken where appropriate to address issues arising
- 4.2 The council's framework of assurance should bring together all the evidence required to support the AGS. In addition to the assurances provided by both internal audit and external audit over the adequacy of the controls in place to manage key risks, there are numerous internal mechanisms through which management can provide their own assurances that the risks that they have ownership of are being managed effectively. In addition, there are also assurances provided by various external bodies which are independent of the organisation.

5 THE OBJECTIVES AND SCOPE OF INTERNAL AUDIT

- 5.1 The objectives and scope of internal audit are set out in the Internal Audit Strategy and Charter. In accordance with the PSIAS, the Internal

Audit Strategy and Charter is reviewed by the Audit & Governance Committee on an annual basis. Internal Audit work during 2024/25 was performed in accordance with the Internal Audit Strategy and Charter approved by the Audit & Governance Committee in March 2024. The Audit Strategy and Charter defines the mission, mandate, scope, roles, and responsibilities of the internal audit function.

- 5.2 The opinion does not imply that internal audit has reviewed all risks and assurances relating to the council. The purpose of the opinion is to contribute to the assurances available to the council which underpin the council's own assessment of the effectiveness of the organisation's governance arrangements and system of internal control.

6. HEAD OF INTERNAL AUDIT OPINION ON THE EFFECTIVENESS OF INTERNAL CONTROL

- 6.1 Based on the audit work undertaken for the 2024/25 internal audit plan, the internal control environment (including the key financial systems, risk and governance) is well established and operating effectively in practice.
- 6.2 Where audits have resulted in 'Limited/No Assurance' opinions, and we have highlighted weaknesses that may present risk to the council, we have agreed actions to further improve the arrangements in place. Although significant to the control environment in place for the individual system areas that have been audited, these weaknesses are not material enough to have a significant impact on the overall opinion on the adequacy of the Council's governance, risk management and control arrangements at the year end.

7 THE PROCESS OF ARRIVING AT THE OPINION

- 7.1 The basis for forming my opinion is as follows:
- ongoing support and review of the design and operation of the governance arrangements including supporting processes, the Code of Corporate Governance and the process for producing the Annual Governance Statement
 - an assessment of the risk management arrangements and the framework of assurance
 - an assessment of the range of individual opinions arising from risk-based audit assignments, contained within the internal audit risk-based plan, that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses (this is summarised in Section 8 below)

- 7.2 In addition to these considerations, I have also considered the work of Internal Audit in previous years, particularly around key financial systems. There have been no significant changes to these systems and the council's external auditors have issued unqualified opinions on the financial statements and the value for money conclusion.
- 7.3 Taking all these considerations into account, I have concluded that I am able to issue an opinion for 2024/25 without any limitations of scope.

8 SUMMARY OF THE INTERNAL AUDIT WORK USED TO INFORM THE OPINION

- 8.1 Appendix A details the status and assurance level placed on planned audits in 2024/25. Table 1 below summarises completed coverage over the year.

Table 1 – Audit Plan Coverage

Number of planned audits	55	
Number of audits undertaken	59	%
Number of audits completed	53	90
Number of audits at draft report	2	3
Number of audits deferred	1	2
Number of audits carried forward	1	2
Number of audits ongoing support	2	3

Table 2 below summarises the levels of assurance placed on the completed audits over the course of the year.

Table 2 – Assurance level of completed audits

Number of Audits Completed	53	%
Satisfactory Assurance	45	86
Limited Assurance	4	7
No Opinion Provided	4	7

- 8.2 **Fundamental Financial Systems**
The internal audit plan included reviews of the fundamental financial systems in 2024/25. The volume of work undertaken in this area was structured to ensure all major risks are covered on a rolling programme basis. The fundamental financial systems benefit from established and stable system procedures and audit testing found no high priority issues.
- 8.3 **ICT Governance**

Internal audit has covered high risk Council IT application systems in 2024/25 and works with CICT to champion the move to new technology platforms. Audit testing in these areas found no high priority issues.

8.4 Risk Management Arrangements

The corporate risk register is populated with risks to the achievement of the council's corporate objectives and all risks are categorised and allocated to a responsible Officer. Risk management arrangements provide a key source of assurance for the Council. As part of the development of the corporate risk register, Internal Audit continue to provide support and guidance to senior management in its development.

8.5 Grant Assurance

Internal Audit continue to provide assurance on the processes in place to manage grant expenditure in line with grant terms and conditions in the following areas:

- Levelling Up Fund and Town Deal Fund
- Highways Capital Grant
- Highways Potholes Grant
- Highways Traffic Signals Grant
- Youth Employment Grant
- Supporting Families Grant
- UK Shared Prosperity Fund

9 FOLLOW UP

9.1 Internal Audit reports are issued to auditees following a discussion of any audit findings and risks. Where findings are to be reported, each report includes an Action Plan developed by management and agreed with Internal Audit, recording:

- Action taken to revise systems, procedures and operating arrangements.
- A timescale for introducing the action plan improvements.
- An officer responsible for implementing the action

9.2 In accordance with PSIAS, a system of follow up of agreed action plans is in operation to monitor what action has been taken by management in response to audit work. During 2024/25, all audits completed, that had reached the date when a follow up was due, have been the subject of follow up activity. Table 3 below details the status of follows as at the end of July 2025.

Table 3 – Follow Up Status

Actions agreed in completed audits	76
Actions implemented	22
Actions not yet due	54

All actions are followed up in line with deadlines agreed by management. New follow up procedures have been implemented for 2025/26 in line with Global Internal audit Standards. This will ensure more detailed and timely information is provided to management and members regarding the implementation of actions agreed.

10 INTERNAL QUALITY ASSURANCE & IMPROVEMENT PROGRAMME

10.1 Internal Audit's Quality Assurance and Improvement Program (QAIP) is designed to provide reasonable assurance to the various stakeholders of the Internal Audit activity that Internal Audit:

- Performs its work in compliance with its Charter, which is consistent with PSIAS, the PSIAS definition of Internal Auditing and Code of Ethics
- operates in an effective and efficient manner
- is perceived by stakeholders as adding value and improving internal Audit's operations

10.2 Internal Audit is committed to the delivery of a quality service, which accords with the UK PSIAS, and to being responsive to the needs of service departments. In common with other central service providers, several core performance indicators for Internal Audit Services have been determined for 2024/25. Performance against these targets is detailed in Table 4 below:

Table 4 - Internal Audit Performance Indicators

Indicator	Target Set for 2024/25	Actual Performance 2024/25
Completion of fundamental systems audits provides assurance that financial procedures are operating effectively.	90%	100%
In addition to managing auditor reviews, quality reviews of Teammate working paper files and evidence by the Head of Audit and Governance to ensure compliance with the standards laid down in Codes of Practice and adopted in the Internal Audit Manual.	10%	10%
Annual Report to Members by 30 th July following year-end.	30.07.25	15.07.25

- 10.3 As well as audit plan completion, several service improvement targets were identified in the section's development plan. Table 5 below details targets set and their achievement during 2024/25.

Table 5 – Service Improvements

Target	Activity	Outcome
Provide training for Internal Audit staff.	Excel and Power BI training provided. Ethics training undertaken. Corporate Policy training delivered. Teammate updates/training delivered. Global Internal Audit Standards update delivered.	Ongoing development of team skills and professional competencies.
Undertake Public Sector Internal Audit Standards (PSIAS) assessment.	CIPFA carried out review December 2024.	Internal audit fully complies with PSIAS.
Update Internal Audit Charter and Strategy to reflect revised reporting procedures to both ELT and Statutory Officers	Internal Audit Charter and Strategy approved by Audit and Governance Committee 01.04.25. Update provided to staff.	Internal Audit Charter and Strategy implemented.
Update procedures to reflect new Global Internal Audit Standards.	Root cause update delivered to staff. Teammate set up to include root cause analysis on audit reports.	Compliance with Global Internal Audit Standards root cause analysis.

- 10.4 As per PSIAS requirements, an External Assessment of HBC Internal Audit must be completed once every five years. A self-assessment was undertaken in 2024 and then externally reviewed by CIPFA. The external assessment concluded:

“It is our opinion that the self-assessment for the Internal Audit Service is accurate, and we therefore conclude that they GENERALLY CONFORM to the requirements of the Public Sector Internal Audit Standards and the CIPFA Local Government Application Note”.

- 10.5 This is the highest level of conformance that can be achieved and is a positive outcome, reflecting the high standards that Internal Audit adhere to when carrying out their duties. CIPFA have concluded that the relevant structures, policies, and procedures of the internal audit service, as well as the processes by which they are applied, comply with the requirements of the individual Standard, the element of the Code of Ethics, and the Local Government Application Note in all material respects.

11 OTHER CONSIDERATIONS/IMPLICATIONS

RISK IMPLICATIONS	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.
FINANCIAL CONSIDERATIONS	No relevant issues.
SUBSIDY CONTROL	No relevant issues.
LEGAL CONSIDERATIONS	No relevant issues.
CHILD AND FAMILY POVERTY CONSIDERATIONS	No relevant issues.
EQUALITY AND DIVERSITY CONSIDERATIONS	No relevant issues.
STAFF CONSIDERATIONS	No relevant issues.
ASSET MANAGEMENT CONSIDERATIONS	No relevant issues.
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	No relevant issues.
CONSULTATION	No consultation required.

12. RECOMMENDATION

12.1 That Members note the contents of the report.

13. REASONS FOR RECOMMENDATIONS

13.1 The information in the report allows members of the committee to review the opinion of the Head of Audit and Governance and fulfils the statutory requirement of the Head of Audit and Governance.

14. BACKGROUND PAPERS

14.1 Internal Audit Reports.
Internal Audit Quarterly Updates.
CIPFA Code of Practice for Internal Audit in Local Government.
UK Public Sector Internal Audit Standards (PSIAS 2017).

15. CONTACT OFFICER

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Appendix A

Summary of Internal Audit Planned Work Undertaken for 2024/25

Audit	Assurance Level	Status	Assistant Directors
Highways - Repairs and Maintenance (Inspections)	Satisfactory	Final Report	Kieran Bostock
Highways Capital Grant	Satisfactory	Final Report	Kieran Bostock
DHLUC LUF / Town Deal Grant	Satisfactory	Final Report	Bev Bearne
Procurement (OPEN Application Audit and Procurement Procedure Handbook Review)	Satisfactory	Final Report	Bev Bearne
Fens Primary School	Satisfactory	Final Report	Amanda Whitehead
Schools Capital - Condition Funding	Satisfactory	Final Report	Amanda Whitehead
ICS Liquid logic - Children's Services System	Satisfactory	Final Report	Amanda Whitehead; Laura Gough; Rebecca Stephenson
Direct Payment Review Group	Satisfactory	Final Report	John Lovatt; Laura Gough
Safeguarding Child Hub Front Door Referral System Review	Satisfactory	Final Report	Laura Gough
Supporting Families Grant Claim 1	Satisfactory	Final Report	Laura Gough
Supporting Families Grant Claim 2	Satisfactory	Final Report	Laura Gough
Supporting Families Grant Claim 3	Satisfactory	Final Report	Laura Gough
Supporting Families Grant Claim 4	Satisfactory	Final Report	Laura Gough
Members Allowances/Travel/Subsistence	Satisfactory	Final Report	Neil Wilson
IT Governance	Satisfactory	Final Report	Laura Griffiths
IT Contract	Satisfactory	Final Report	Laura Griffiths
IT Access Controls (Network)	Satisfactory	Final Report	Laura Griffiths
IT Policies - Access Policy	Satisfactory	Final Report	Laura Griffiths
Iworld IT Application	Satisfactory	Final Report	Laura Griffiths
Firmstep IT Application	Satisfactory	Final Report	Laura Griffiths
Enterprise IT Application	Satisfactory	Final Report	Laura Griffiths
Benefits - Housing	Satisfactory	Final Report	Laura Griffiths
Council Tax	Satisfactory	Final Report	Laura Griffiths
Local Council Tax Support Scheme	Satisfactory	Final Report	Laura Griffiths

NNDR	Satisfactory	Final Report	Laura Griffiths
Budgetary Control	Satisfactory	Final Report	Paul Dixon
Cash/Bank	Satisfactory	Final Report	Laura Griffiths; Paul Dixon
Creditors	Satisfactory	Final Report	Paul Dixon
Debtors	Satisfactory	Final Report	Paul Dixon
Loans & Investments	Satisfactory	Final Report	Paul Dixon
Main Accounting	Satisfactory	Final Report	Paul Dixon
Officers Expenses	Satisfactory	Final Report	Paul Dixon
Salaries and Wages	Satisfactory	Final Report	Paul Dixon
V.A.T.	Satisfactory	Final Report	Paul Dixon
Integra IT Application	Satisfactory	Final Report	Paul Dixon
ResourceLink & MyView IT Application	Satisfactory	Final Report	Paul Dixon
Social Care - Safeguarding (Alert/Referral System)	Satisfactory	Final Report	John Lovatt
Deprivation of Liberty Safeguards	Satisfactory	Final Report	John Lovatt
Controcc IT Application	Satisfactory	Final Report	John Lovatt; Rebecca Stephenson
Carefirst IT Application	Satisfactory	Final Report	John Lovatt; Rebecca Stephenson
Cemeteries & Crematoriums	Satisfactory	Final Report	Gemma Ptak
UK Shared Prosperity Fund	Satisfactory	Final Report	Gemma Ptak
Youth Employment Initiative Grant	Satisfactory	Final Report	Gemma Ptak
Highways Pothole Grant	Satisfactory	Final Report	Kieran Bostock
Highways - Traffic Signal Grant	Satisfactory	Final Report	Kieran Bostock
Disaster Recovery / Business Continuity	Limited	Final Report	Sylvia Pinkney
Risk Management	Limited	Final Report	Bev Bearne
Gladstone Leisure Management System	Limited	Final Report	Gemma Ptak
Culture and Events - Town Hall Theatre/Borough Hall	Limited	Final Report	Gemma Ptak
Employee Protection/Violence Register	Limited	Draft Report	Sylvia Pinkney
Schools Capital – High Needs Funding	Limited	Draft Report	Amanda Whitehead
IT Annual Review of Risk (Assurance Map)	No Opinion Provided	Final Report	Laura Griffiths

Homes England Grant	No Opinion Provided	Final Report	Bev Bearne
Insurances	No Opinion Provided	Final Report	Paul Dixon
Fraud Awareness	No Opinion Provided	Final Report	Paul Dixon
Risk Management (Risk Register Reviews)	No Opinion Provided	Ongoing Support	All AD's
NFI	No Opinion Provided	Ongoing Support	Paul Dixon
Energy Management	Deferred	Final Report	Kieran Bostock
Housing Revenue Account - Asset Management (Housing Management)	Carried Forward 25/26	Final Report	Bev Bearne

AUDIT AND GOVERNANCE COMMITTEE

15th July 2025



Report of: Director of Finance, IT and Digital

Subject: ANNUAL GOVERNANCE STATEMENT
2024/25

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:

- where people live healthier, safe and independent lives. (People)
- that is connected, sustainable, clean and green. (Place)
- that is welcoming with an inclusive and growing economy providing opportunities for all. (Potential)
- with a Council that is ambitious, fit for purpose and reflects the diversity of its community. (Organisation)

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 2024/25 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. OTHER CONSIDERATIONS/IMPLICATIONS

RISK IMPLICATIONS	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.
FINANCIAL CONSIDERATIONS	No relevant issues.
SUBSIDY CONTROL	No relevant issues.
LEGAL CONSIDERATIONS	No relevant issues.
CHILD AND FAMILY POVERTY CONSIDERATIONS	No relevant issues.
EQUALITY AND DIVERSITY CONSIDERATIONS	No relevant issues.
STAFF CONSIDERATIONS	No relevant issues.
ASSET MANAGEMENT CONSIDERATIONS	No relevant issues.
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	No relevant issues.
CONSULTATION	No consultation required.

6. RECOMMENDATIONS

- 6.1 That Members review and approve the attached 2024/25 Annual Governance Statement.

7. REASONS FOR RECOMMENDATIONS

- 7.1 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.

8. BACKGROUND PAPERS

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

9. CONTACT OFFICER

- 9.1 James Magog
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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,
- 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 2025 and up to the date of approval of the statement of accounts.

3 Significant Governance Issues Update from 2023/24 Statement

- 3.1 Progress has been made over the course of 2024/25 to actively manage and address issues identified as part of the 2023/24 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.	<p>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. Through increased government and local funding, coupled with spending reductions and efficiencies, the council were able to set a balanced budget for 2025/26, with significantly reduced reliance on one-off balances.</p> <p>During 2024/25 work focused on the development of a new Council Plan for the Borough beginning with analysis of the Big Conversation which had taken place over 12 weeks between November 2023 and February 2024.</p> <p>A change in the political leadership of the Council took place in May 2024 and whilst focus was on delivering on the new</p>

	administration's election pledges work continued developing the new Council Plan. The Council Plan 2030 was approved by Finance and Policy Committee in April 2025. The final Annual Report for the Council Plan 2021/22 – 2023/24 was produced in summer 2024 and shared on the Council's website.
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 for major projects are embedded and are providing strategic oversight of progress and budget position. Regular updates are provided to the Capital Programme Group which enables bi-monthly reporting to the Executive Leadership Team (ELT). Regular updates are provided to members via quarterly update reports to Finance and Policy Committee. A refreshed Capital Strategy and Capital Programme were approved at Council on the 20 February 2025.
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.
Increase in Limited/No assurance internal audit reports	Internal Audit procedures strengthened to ensure actions are implemented within agreed timescales and non-implementation to be reported to ELT and Audit and Governance Committee. Assistant Directors attended Audit and Governance Committee and gave

	member briefing on progress made in addressing risks identified.
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4 **The Governance Framework**

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

Hartlepool Borough Council's Constitution 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 series of reviews and updates to the Council's Constitution were carried out by the Constitution Committee between May 2024 and May 2025. Key outcomes are summarised below:

May 2024

- Transfer of Communications & Marketing, Strategic Procurement, Capital Programme Delivery, Estate Management, Business Growth, and related grant schemes from Finance and Policy Committee to Economic Growth and Regeneration Committee;
- Culture and Events, Learning and Skills to Adult and Community Services Committee;
- That the Chair of the Safer Hartlepool Partnership is no longer required to be the Leader of the Council; and
- That Parish Councils were invited to nominate non-voting representatives to be appointed to each Policy Committee.

July 2024

- Forward Plan removed from the Constitution as it's no longer a statutory requirement; now an internal document for Chief Officers.
- Grant Oversight Clause added to each Policy Committee's remit to clarify responsibility over grant usage and monitoring.

September 2024

- Reinstated the Local Joint Consultative Committee with updated terms of reference
- Personnel Sub-Committee renamed to Appeals Committee
- Tree Felling Decisions delegated to Executive Director of Development (in consultation with Chair of Neighbourhood Services) in line with the Environment Act 2021.

January – May 2025

- New wording inserted in to the Council Procedure Rules to clarify the purpose and notice requirements for calling Extraordinary Council Meetings
- Finance and Policy Committee renamed to Finance and Corporate Affairs Committee.
- Responsibilities for Facilities Management and Safer Hartlepool Partnership transferred to Neighbourhood Services Committee.

These changes were all approved by Full Council following the recommendation of the Constitution Committee and collectively modernised committee responsibilities, improved clarity in governance processes, and enhanced stakeholder engagement.

- 4.3 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 has resulted in a more efficient and consistent approach to processing ODRs. Members' Seminars are held as bi-monthly to ensure Members are updated/briefed on key strategic issues.
- 4.4 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.
- 4.5 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.
- 4.6 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.

- 4.7 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 28th January 2025 and referred to Council for approval on 20th February 2025 for the financial year 2025/26. 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 Ministry of Housing, Communities and Local Government (MHCLG) 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).
- 4.8 The full range of Member committees regularly meet to review specific policy areas, to consider plans, reports and progress of the Council.
- 4.9 An updated Code of Conduct for Employees has been approved, published and communicated to all employees. Health and Safety Policy Statement reviewed, signed and rolled out in July 2024. Health & safety training is now a mandatory element of the induction process. All managers are required to undertake Health & Safety training on Skill Gate and are automatically signed up for IOSH Managing Safety.
- 4.10 The Workforce Strategy (2023-2026) and the introduction of a Council wide Values (CARING) and Behaviour Framework in 2024 continues to be promoted. This includes through revised HR policies aimed to bring these into everyday workplace practices and encounters, such as the Annual Review and 1:1 policy, our Bullying and Harassment including Sexual Harassment Policy, our Workforce Equality, Diversity and Inclusion (EDI) Policy with 2 year action plan, our new Jobs and Careers Website, to ensure our employees are treated fairly, with respect and dignity, and our new mandatory induction training for new managers to shape our culture into the future. An employee survey across the Council was undertaken in 2024, with a 37% response, and provides a benchmark to evaluate the success of the strategy during the 3 years.
- 4.11 Employee Wellbeing and Engagement has been a key focus in 2024/25 with the Council successfully retaining the North East Better Health at Work Award Maintaining Excellence and Ambassador status

and engaging employees through surveys and focus groups. There is a strategic structure in place and the Council approved the revised Employee Wellbeing Strategy to 2026 which was successfully launched with a series of staff roadshows across various Council buildings across the town to maximise engagement. There is a health and wellbeing and an EDI campaign calendar to engage the workforce has been agreed for 2025. Qualitative interviews have been set up to explore practical ways to understand and support employee's mental wellbeing and focus groups are taking place across May 2025. Information from this consultation will feed into the new policy development.

- 4.12 A new workforce planning framework was agreed and rollout commenced in late 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 a longer-term project to complete and a policy framework to ensure the work is continually updated will be agreed later in 2025. 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.
- 4.13 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. The Council continues to provide a comprehensive learning and development offer, and full utilisation of its Apprentice Levy in the recent years. A new Council e-induction was launched in 2024 for all employees to undertake prior to starting their employment and a new manager e-induction programme has been implemented. This has been strengthened with an investment for all new managers to go through a Managing People bespoke training that will help them to shape positive work environments and teams. New Work Experience and Apprenticeship Policies have been agreed that both prioritise the Council's commitment to support care leavers into work. 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.
- 4.14 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.

- 4.15 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.
- 4.16 During 2024/25 work focused on the development of a new Council Plan for the Borough beginning with analysis of the Big Conversation which had taken place over 12 weeks between November 2023 and February 2024. During the Big Conversation the Council sought to engage as many people as possible including residents, employees and partners from the public, private, voluntary, community and social enterprise sectors. During the Big Conversation there were over 1,600 engagements including:
- 662 public survey responses (including paper, online and easy read versions)
 - 48 business survey responses
 - 149 responses to the quick poll
 - 522 postcard responses
 - 266 attendances registered at face-to-face sessions supported by officers from the Council
 - 18 face-to-face sessions held by the Council or other public, voluntary, community and social enterprise partner organisations
- 4.17 A change in the political leadership of the Council took place in May 2024 and whilst focus was on delivering on the new administration's election pledges work continued developing the new Council Plan. The Council Plan 2030 was approved by Finance and Policy Committee in April 2025. The Plan establishes a clear vision for Hartlepool and outlines the Council's priorities for the next 5 years.
- 4.18 The Council's Performance Assurance Framework brings together all the strategies and plans that the Council has in place across the whole organisation. The Council Plan sits at the top of the Framework because it sets out the top strategic priorities for the Council. This is underpinned by the Strategic Framework. These are the other corporate-level strategies that provide greater detail for key themes such as transformation, economic growth, community safety, health and wellbeing or finance. It includes strategies that are shared with strategic partners and those that are only relevant to the Council. The Council's aim is to ensure that we have a streamlined process where performance information is shared in the right place, with the most appropriate audience. Progress reports on the Council Plan go to Finance and Policy Committee but other performance information may be more appropriate to go to a different Policy Committee, a

Partnership Board such as the Safer Hartlepool Partnership or the Health and Wellbeing Board, Audit and Governance Committee, or an officer group such as Departmental Management Teams. The Council ensures that the information presented to the identified audience is relevant and sufficient to enable oversight of our work whilst upholding the principle of openness and transparency. As a Council we monitor our performance through our Performance Assurance Framework using performance indicators (PIs), actions and risks.

- 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 an updated Risk Management Framework in November 2024 following a Limited Assurance finding by Internal Audit. There were no fundamental changes to the Framework however improvements were made to ensure that it was more robust including:
- An explanation of the Council's risk appetite.
 - Updates to the section on roles and responsibilities to provide greater clarity.
 - Reference to Departmental Management Teams considering departmental and operational risk registers at least annually.
 - Changes to the Risk Capture Form so that officers are required to identify the risk category (type of risk), how they intend to deal with the identified risk (Transfer, Tolerate, Terminate or Treat) and the addition of a risk review section with a checklist and space to record the evidence from the review.
- 4.21 The updated Risk Management Framework and an updated Officer Toolkit are available to all staff via the intranet. As part of the roll out of the updated Framework all managers within the Council have completed mandatory risk management training. Going forward all new managers will be required to complete the training within their first 3 months in post and mandatory refresher training will be completed by all managers every 2 years.
- 4.22 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 assurance framework are considered as part of the preparation of the AGS.

- 4.23 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. Work is underway to develop a new central repository for the storing of risks. This will ensure that risks across the Council can be easily accessed, updated, compared and escalated for consideration by Departmental Management Teams and the Executive Leadership Team as appropriate. This will include review schedules and where possible automated prompts for updates.
- 4.24 In the UK, data protection law is made up of the GDPR and the DPA 2018. Together, they regulate the collection and use of personal data – information about identified or identifiable individuals. 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.
- 4.25 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.
- 4.26 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.
- 4.27 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.

- 4.28 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.
- 4.29 In order to demonstrate our compliance with the above requirements, we have produced a 2023-2024 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 EDI Policy was agreed by Finance and Policy Committee on 13th March 2023 to set out the Council's commitment to EDI.
- 4.30 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.
- 4.31 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 were externally assessed in line with Public Sector Internal Audit Standards in December 2024. In delivering its assessment, CIPFA stated "It is our opinion that the self-assessment for the Internal Audit Service is accurate, and we therefore conclude that they GENERALLY CONFORM to the requirements of the Public Sector Internal Audit Standards and the CIPFA Local Government Application Note". This is the highest level of conformance that can be achieved and is a positive outcome, reflecting the high standards that Internal Audit adhere to when carrying out their duties.

- 4.32 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 or outstanding by OFSTED.
- 4.33 The Continuous Improvement Group within Adult Social Care continues to oversee all assurance related activity and an Annual Quality Assurance Report summarises progress on a wide range of issues including the safeguarding adult's quality assurance framework, performance benchmarking, compliments and complaints, audit activity and continuous professional development. 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 95% of services 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 over the last two years. Adult Social Care services delivered by the Council were rated 'Good' by the Care Quality Commission (CQC) following an inspection in November 2024. The CQC described 'an organisation which had strong leaders, who were committed to making improvements' and stated that 'staff at the authority were passionate about serving local people and had a good understanding of how to meet their needs'. The CQC found that there were governance, management and accountability arrangements at all levels in the local authority which provided visibility and assurance on quality, sustainability and risks to carry out Care Act duties and commented that 'Hartlepool Borough Council should be pleased with the many positive findings in our report and are already building on this with further improvement plans'.

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 were externally assessed in line with Public Sector Internal Audit Standards in December 2024. In delivering its assessment, CIPFA stated "It is our opinion that the self-assessment for the Internal Audit Service is accurate, and we therefore conclude that they GENERALLY CONFORM to the requirements of the Public Sector Internal Audit Standards and the CIPFA Local Government Application Note". This is the highest level of conformance that can be achieved.
 - 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.
- 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 auditors' 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.

6 **Significant Governance Issues**

6.1 The following significant governance issues have been identified:

No	Issue	Action	Timescale	Responsible Officer
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1	<p>Delivery of Council Plan, revised Performance Assurance Framework and Medium Term Financial Strategy. The sustainability of services, level of performance and the continuing need to achieve housing growth. (Include transformation programme)</p>	<p>The MTFS approved in February 2025 forecast a cumulative break-even position over the 3-year period. This position included a number of budget assumptions including on pressures, government and local funding, and the potential for savings to be delivered via the council's transformation programme.</p> <p>The council agreed at its June 2024 Finance and Policy Committee an overarching transformation plan. This plan was embedded as part of the Budget Strategy, with delivery targets being included within the MTFS. On-going monitoring of the programme will be reported, together with any other budget changes, to Finance and Policy Committee as part of the MTFS updates during 2025/26.</p> <p>During 2025/26 work to embed the Council Plan 2030 and Performance Assurance Framework will be undertaken with new style Council Plan progress reports being developed and taken quarterly to Finance and Policy Committee.</p> <p>During 2025/26 work to embed the Council Plan 2030 and Performance Assurance Framework will be undertaken with new style Council Plan progress reports being developed and taken quarterly to Finance and Policy Committee.</p>	2025/26	ELT
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2	Delivery of Regeneration/ Capital Programme on time and budget in line with key Council objectives.	Arrangements previously adopted will continue to be followed as projects move from design to construction phase.	2024/25 onwards	Capital Programme Board
3	Potential for Cyber Security attack/breach of IT defences leading to service disruption and potentially serious financial implications	<p>Cyberattacks against local government are a real and persistent threat. While cyber threats have been around for a while, the increasing sophistication of attacks and the greater reliance on technology have made the threat more severe and impactful. HBC continues to 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. 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 as well as phishing campaigns to alert staff to the dangers of clicking links in unsolicited emails. More measures are being considered such as 24/7 monitoring of the HBC network. The regular cyber security meetings allow HBC to understand the evolving threat landscape and consider suitable mitigation and weigh up options based on cost and risk.</p>	2024 Onwards	ELT

4	Changes to Senior leadership team and restructures	The council will lose two experienced Executive Directors in early 2025/26, taking up job opportunities elsewhere. Consideration of structure opportunities has been discussed both within the Executive Leadership Team and wider with members to ensure the officer leadership team are best placed to meet the on-going challenges facing local government and drive forward the councils' priorities in conjunction with our members.	25/26	ELT
5	Impact of new government legislative requirements	The council will ensure it is able to respond to new government legislation introduced in the coming year and embed those changes recently enacted. We will work with partners, including the Tees Valley Combined Authority, to support actions arising from the English Devolution White Paper, and will proactively engage with the associated funding reform and long-term financial stability sought by government.	25/26	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 2024/25, 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 2024/25.

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

15th July 2024



Report of: Democratic Services and Statutory Scrutiny Manager

Subject: SCRUTINY WORK PROGRAMME 2025/26 -
PREPARATION

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:

- where people live healthier, safe and independent lives. (People)

2. PURPOSE OF REPORT

2.1 To:-

- Outline the process for the selection of the Overview and Scrutiny Work Programme;
- Explore potential proactive topics for investigation as part of the Statutory Scrutiny Work Programme for the 2025/26 Municipal Year; and
- Seek approval of the work programme for 2025/26.

3. BACKGROUND

3.1 The Council's Audit and Governance Committee has responsibility for two areas of statutory scrutiny:

- Health. Matters relating to the planning, provision and operation of health services at a local and regional level; and
- Crime and Disorder. Activities of the Safer Hartlepool Partnership, as the local authority's Crime and Disorder Committee.

3.2 In order to fulfil these responsibilities, the Audit and Governance Committee establishes an annual work programme that includes:

- Potential proactive investigations;
- Policy Framework Items, as detailed below.

BUDGET AND POLICY FRAMEWORK ITEMS	TIMETABLE FOR CONSIDERATION
Youth Justice Strategic Plan	July 2025
Community Safety Plan 2024 – 2027	2027

- Reactive issues of local concern that arise during the year with the potential for bespoke 'one off' meetings; and

- iv) Mandatory topics (e.g. substantial variations / changes in service provision).

4. SELECTION OF WORK PROGRAMME TOPICS

- 4.1 As part of the process for identification of the work programme, it is important that the Committee focuses its proactive resources and time on issues of interest to the residents of Hartlepool, where it can have influence and add value. The Committee must also retain capacity to respond to reactive issues, such as service change, as and when they may arise during the course of the year.
- 4.2 To assist the Committee in effectively assessing the availability of resources and time to undertake proactive scrutiny investigations, **Appendix A** illustrates the items already scheduled for consideration in 2025/26. The presentation of similar data in previous years, has informed the Committee's decision to focus on a maximum of one proactive investigation and it is suggested to Members that the same principle be applied in 2025/26 work programme.
- 4.3 In preparation for today's work programming discussion, the Chair of the Audit and Governance Committee has also discussed with the Chair's of the Safer Hartlepool Partnership (SHP) and Health and Wellbeing Board (HWB) the most effective way of fulfilling the Committee's statutory scrutiny responsibilities. Whilst also preventing duplication of activities.
- 4.4 It was agreed with the respective Chairs of the SHP and HWB that the Audit and Governance Committee would focus its activities on the monitoring of performance, as detailed below. The Committee would, however, continue to act reactively in its 'critical friend' capacity, should it be required, in terms of both areas.

HWB – Joint Health and Wellbeing Strategy - Progress against the action plan to be presented to the Committee (March 2026).

SHP – Community Safety Plan - Progress against the action plan to be presented to the Committee on a 6 monthly basis (October 2025 / June 2026)

- 4.5 Members are today asked to explore the potential identification of topics for proactive investigation and in doing so are reminded of the need for topics to fall within the remit of the Committee (as detailed in para 3.1). It is also recommended that the suggestion of any potential topic be informed by below areas identified within the scoring matrix. Details of which are provided in **Appendix B:**

- Public interest: the concerns of local people should influence the issues chosen.
- Impact: priority should be given to the issues which make the biggest difference to the social, economic and environmental well-being of the area.
- Council performance and efficiency: priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support the current Efficiency, Improvement and Transformation Programme.
- Keep in context: work programmes must take account of what else is happening in the areas being considered to avoid duplication or wasted effort.

- 4.6 Once the Committee has identified its Scrutiny topics, anticipated time frames need to be applied, and scoping undertaken. To allow this to occur a further report on prospective topic- will be brought back to the next meeting of the Committee.
- 4.7 It is recognised that the Committee's workload needs to be managed carefully, with due consideration given to the allocation of appropriate time to allow effective exploration of the identified health and crime and disorder topics. In order to assist in achieving this, it is suggested that the Committee may need to consider the potential value of establishing working/ task and finish groups to carry out work relating to topics. Evidence gathered by the groups outside of the normal scheduled Committee meetings, to be reported back to the full Committee, maximising the use of resources and time.

5. OTHER CONSIDERATIONS/IMPLICATIONS

RISK IMPLICATIONS	None
FINANCIAL CONSIDERATIONS	None
SUBSIDY CONTROL	None
LEGAL CONSIDERATIONS	None
SINGLE IMPACT ASSESSMENT	None
STAFF CONSIDERATIONS	None
ASSET MANAGEMENT CONSIDERATIONS	None
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	None
CONSULTATION	None

6. RECOMMENDATIONS

- 6.1 The Audit and Governance Committee is requested to:
- i) Agree its work programme for 2025/26, as detailed in Appendix A.
 - ii) Explore the identification of a potential topic(s) for proactive investigation, with a further report to the next meeting on the Committee.

7. REASONS FOR RECOMMENDATIONS

- 7.1 To develop an effective Audit and Governance Work Programme which will add value and complement the work of other bodies.

Contact Officer:- Joan Stevens – Democratic Services and Statutory Scrutiny Manager
Chief Executive's Department – Legal Services
Hartlepool Borough Council

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TIMETABLE 2025/26		24 June 2025	15 July 2025	23 Sept 2025	14 Oct 2025	4 Nov 2025	2 Dec 2025	27 Jan 2026	3 March 2026
General Items									
Statutory Scrutiny Work Programming									
Conduct of investigation(s)									
Appointment to other Committees and Outside Bodies									
Dedicated O&S Budget / Introduction to O&S									
Scrutiny Investigation update Report (annual)									
Crustacean Deaths Working Group – Final report for comment									
Retail Crime – final report									
Youth Justice Strategic Plan									
Crime and Disorder Items									
Community Safety Plan (performance monitoring)									
Community Safety Plan 2024 – 2027 (not to be reviewed until 2027)									
Health Items									
Healthwatch:									
• Healthwatch Hartlepool Annual Report									
• Healthwatch Work Programme (Enter and View work)									
• Home Care Report 2025									
Quality Accounts:									
• Tees, Esk & Wear Valleys NHS FT – Quality Account (via TVJHSC)									
• North East Ambulance Service									
• North Tees and Hartlepool Foundation Trust – Quality Account and Regular General Update									
North Tees and Hartlepool Foundation Trust/NEAS - Hospital Admissions Avoidance Scheme									
Complaints Advocacy - Annual Update									
Pharmaceutical Needs Assessment Refresh									
Care Quality Commission Update (CQC) (TBC)									
Rowan Unit Update (Further update to the timetabled)									
Health and Wellbeing Strategy (performance monitoring)									
Audit / Standards Items									
2024/25 Financial Report (including the audited statement of accounts)	Final Accounts								
Joint Declarations from Management and those Charged with Governance	Final Accounts								
Audit Completion Report 2024/25	Final Accounts								
Treasury Management Strategy 2026/27 and Update 2025/26	Treasury Management Strategy								
Treasury Management Strategy Update 2025/26	Treasury Management Strategy								
Internal Audit Annual Report and Opinion 2024/25	Internal Audit								
Audit Strategy Memorandum	Final Accounts								
Internal Audit Plan 2025/26 Update	Internal Audit								
Internal Audit Charter, Strategy and Plan 2026/27	Internal Audit								
Annual Governance Statement 2024/25	Final Accounts								
Anit Fraud and Corruption Policy									
Letter to those Charged with Governance	Final Accounts								
Regulation of Investigation Powers Act 2000 (RIPA)		Q1			Annual / Q2		Q3		Q4
Standards Complaint Investigations (as required)									
Independent Remuneration Panel (as required)									
Standards/Conduct Annual Report (TBC)									

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

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

I for Impact

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

C for Council Performance

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

K for Keep in Context

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

PICK Scoring System

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

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

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

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

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

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

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

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

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

AUDIT AND GOVERNANCE COMMITTEE

15 JULY 2025



Subject: YOUTH JUSTICE STRATEGIC PLAN
Report of: Executive Director, Children's Services
Decision Type: For Decision Non key

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
- where people live healthier, safe and independent lives. (People)
- a place with a Council that is ambitious, fit for purpose and reflects the diversity of its community. (Organisation)

2. PURPOSE OF REPORT

- 2.1 The purpose of this report is to present Audit and Governance Committee the Youth Justice Strategic Plan for 2025 - 2026 (**Appendix 1**) as part of the consultation process for the approval of this plan. The plan will be presented to Children's Services Committee 1 July 2025, to Safer Hartlepool Partnership 18 July 2025. Recommendations made by the Children's Services Committee, Safer Hartlepool Partnership, Finance and Corporate Affairs Committee and Audit and Governance Committee will be incorporated into the final plan which will be reported back to Children's Services Committee prior to final adoption of the plan by full Council.
- 2.2 The final plan will be presented to Children's Service Committee on 23 September 2025 to seek approval for the presentation to Full Council on 2 October 2025, to seek adoption of the Youth Justice Plan 2025 – 2026.
- 2.3 The final plan will also be sent to the National Youth Justice Board.

3. BACKGROUND

- 3.1 The national Youth Justice System primarily exists to ensure that children and young people between the age of 10 and 17 do not engage in offending or re-offending behavior and to ensure that where a young person is arrested and charged with a criminal offence, they are dealt with differently to adult offenders to reflect their particular welfare needs as children.

- 3.2 Local Youth Offending Services were established under the Crime and Disorder Act 1998 to develop, deliver, commission and coordinate the provision of youth justice services within each Local Authority.
- 3.3 Hartlepool Youth Justice Service was established in April 2000 and is responsible for youth justice services locally. It is a multi-agency service and is made up of representatives from the Council's Children's Services, Police, Probation, Health and Education.
- 3.4 The primary objectives of Youth Justice Services are to prevent offending and re-offending by children and young people and reduce the use of custody.
- 3.5 There is a statutory requirement for all Youth Justice Services to annually prepare, a local Youth Justice Plan for submission to the national Youth Justice Board.
- 3.6 The annual Youth Justice Plan provides an overview of how the Youth Justice Service, the Youth Justice Service Strategic Management Board and wider partnership will ensure that the service has sufficient resources and infrastructure to deliver youth justice services in its area in line with the requirements of the National Standards for Youth Justice Services to:
- Promote performance improvement;
 - Shape youth justice system improvement; and
 - Improve outcomes for young people, victims and the broader community.

4. PROPOSALS

- 4.1 It is proposed that the Youth Justice Service adopts the following Strategic Objectives and Priorities for 2025-2026 Plan.

Re-offending - reduce further offending by children who have committed crime with a particular emphasis on continuing the development of Service interventions that are structured, responsive, tailored to meet identified individual need and evaluated. (Both within Youth Justice Services and provided by external agencies).

Early/Targeted Intervention, Prevention & Diversion – sustain the reduction of first time entrants to the youth justice system by ensuring that creative strategies and services remain in place locally to prevent children from becoming involved in crime and anti-social behaviour.

Remand, Custody & Constructive Resettlement – demonstrate that there are robust and comprehensive alternatives in place to support reductions in the need for remands and custody. Ensure bespoke constructive resettlement packages are implemented at the earliest opportunity.

Risk and Safety & Wellbeing (Asset Plus) – ensure all children entering or at risk of entering the youth justice system benefit from a high quality structured needs assessment to identify risk of harm, safety and wellbeing concerns and desistance factors, to inform effective intervention and risk management.

Restorative Justice – ensure all victims of youth crime have the opportunity to participate in restorative justice approaches and restorative justice is incorporated in to the work undertaken with children who offend.

Effective Governance – ensure that the Youth Justice Strategic Management Board is a well constituted, committed and knowledgeable Board which scrutinises Youth Justice Service performance and drives continuous improvement.

Voice of the Children – ensure that all children are actively involved in developing their own plans and are encouraged and supported to inform current and future service delivery.

‘Child First’ – ensure that the Child First principles are regularly reviewed and embedded within the Youth Justice Service and that every child has the opportunity to live a safe and crime free life and make a positive contribution to society.

Education, Training, Employment – Working in collaboration with partners i.e. Schools, Virtual School and One Stop Shop to ensure all children open to the YJS are actively engaging in some form of suitable ETE, thus reducing NEET numbers, increasing attendance and improving outcomes.

Substance Misuse – Working in collaboration with partners i.e. Horizons/START to improve and sustain the engagement of children open to the YJS within substance misuse services

Serious Violence & Exploitation – Working with and alongside all partners including the Police, MACE and Violence Reduction Unit to address and reduce serious violence and all forms of child exploitation

Over Represented Children - Identify and adress any areas of over representation within the YJS cohort alongside the management board and partners.

5. OTHER CONSIDERATIONS/IMPLICATIONS

RISK IMPLICATIONS	<p>The strategic plan identifies key risk to future delivery as detailed in Section 8. of the plan these are:</p> <ul style="list-style-type: none"> • The unpredictability associated with secure remand episodes and secure remand length has the potential to
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	<p>place significant financial pressure on Youth Justice Service and the broader Local Authority</p> <ul style="list-style-type: none"> • Managing the potential for reduction in YJB grant and partnership financial and 'in-kind' contributions pre and post 2024/25 • Performance on reoffending outcomes and impact on children • Continued concerns around Serious Youth Violence, Criminal Exploitation and County Lines.
FINANCIAL CONSIDERATIONS	There are no financial considerations arising from this report.
LEGAL CONSIDERATIONS	Crime and Disorder Act 1998 A local authority must submit a youth justice plan annually to the Youth Justice Board setting out (a) how youth justice services are to be provided and funded in their area and (b) how the YOTs established by them are to be composed and funded, how they are to operate and what functions they are to carry out. The plan must be published in such manner and by such date as the Secretary of State may direct.
CHILD AND FAMILY POVERTY (IMPACT ASSESSMENT FORM TO BE COMPLETED AS APPROPRIATE.)	There are no specific additional consideration relating to child and family poverty arising from this report, however such considerations are included in our assessment into the circumstances for children and young people and will, if necessary, have actions working alongside partners in place to seek to limit the impact upon children and families as a consequence of child poverty
EQUALITY AND DIVERSITY CONSIDERATIONS (IMPACT ASSESSMENT FORM TO BE COMPLETED AS APPROPRIATE.)	Equality and Diversity is considered within the report in relation to specific individual and groups of young people
STAFF CONSIDERATIONS	There are no specific staffing considerations
ASSET MANAGEMENT CONSIDERATIONS	There are no asset management considerations arising from this report.
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	There are no specific environmental, sustainability and climate change considerations arising from this report

CONSULTATION	The report is being presented to Audit and Governance Committee as part of the consultation process on the draft 2025 – 2026 plan. Additionally, Consultation will be undertaken with children, young people and their families, partners and other key stakeholders prior to a final draft of the plan being prepared which will be presented to Children’s Services Committee and full Council.
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6. RECOMMENDATIONS

- 6.1 To note the progress made against the local Youth Justice Plan (2024/2025).
- 6.2 To approve the draft local Youth Justice Plan (2025/2026) for consultation as outlined in the report prior to the final report being presented to Children’s Services Committee in September 2025.

7. REASONS FOR RECOMMENDATIONS

- 7.1 The development of the Youth Justice Plan for 2025 – 2026 will provide the Youth Justice Service with a clear steer to bring about further reductions in youth offending and contribute to improving outcomes for children, young people and their families alongside the broader community.
- 7.2 The local Youth Justice Strategic Plan for 2025 – 2026 will establish responsibility across the Youth Justice Service and the Youth Justice Strategic Board for taking each improvement activity forward within agreed timescales.

8. BACKGROUND PAPERS

- 8.1 The following background paper was used in the preparation of this report:
 - Crime and Disorder Act 1998

9. CONTACT OFFICERS

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Hartlepool Youth Justice Service Strategic Plan 2025-26



Service	Hartlepool Youth Justice Service (YJS)
Assistant Director	Laura Gough, Assistant Director Children's Services
Chair of YJS Board	Jo Heaney, Head of Commissioning (Children, Young People and Maternity - Tees Valley) North East & North Cumbria Integrated Care Board. (Chair Hartlepool YJS Management Board)

Contents

1. Introduction, vision, strategy & local context
2. Governance, leadership and partnership arrangements
3. Update on the previous year 24/25
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 - Performance & National Key performance indicators
 - Risks and Issues
4. Plan for the forthcoming year
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6. National Priority Areas
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 - Diversion
 - Education
 - Restorative approaches & Victims
 - Serious Violence & Exploitation
 - Detention in Police custody
 - Remands
 - Use of Custody & Constructive Resettlement
 - Working with Families
7. Sign off, Submission & Approval

Appendix 1 – Staffing Structure

Appendix 2 – Budget costs & contributions 2025/26

Foreword

Welcome to the 2025-2026 Hartlepool Youth Justice Strategic Plan. This plan sets out our ambitions and priorities for Hartlepool Youth Justice Service and the broader local Youth Justice Partnership for the next year.

The Safer Hartlepool Partnership, Community Safety Plan 2024-27 establishes a vision for the town:

“Hartlepool will be a place: - that is sustainable, clean, safe and green” and their strategic objective is “to make Hartlepool a safe, prosperous and enjoyable place to live, work and visit”. The priorities for the partnership are Anti-social Behaviour, Drugs and Alcohol, Domestic Violence and Abuse and Serious Violence.

The Youth Justice Service and broader partnership has a key role in contributing to this vision, by continuing to deliver a high quality, effective and safe youth justice service that prevents crime and the fear of crime, whilst ensuring that children who do offend are identified, managed and supported appropriately, without delay.

In recent years, Hartlepool has witnessed a significant reduction in youth crime. The local youth justice partnership has been particularly effective in reducing the numbers of children entering the youth justice system for the first time, but there remains a need to drive down incidents of re-offending by children who have previously offended.

This will be achieved through a combination of robust interventions designed to manage and reduce risk of harm, support safety & wellbeing, restore interpersonal relationships, promote whole family engagement and achieve positive outcomes all wrapped around a “Child First” ethos. Encouragingly, Hartlepool Youth Justice Service, alongside partners, continues to maintain a strong health offer for all children and is constantly striving to build upon its restorative offer, whilst ensuring that victims of youth crime also have a voice.

2023-2024 saw a continued increase in work placed upon the service; Turnaround continued to grow, the learning also continued around the new KPI's and the service continued to work alongside the OPCC and Community Safety partners with the Immediate Justice programme. Despite the added workload, Hartlepool Youth Justice Service and the broader Youth Justice Partnership continue to help make Hartlepool a safe, prosperous and enjoyable place to live, work and visit.

In 2025-26, we will strive to continuously improve by:

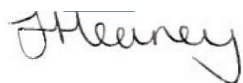
- Maintaining and building upon the current health offer, with trauma informed practice at its core.
- Continuing to work with partners to develop a clear and consistent approach to all forms of child exploitation.
- Embedding a ‘child first’ approach and making sure children are put first, regardless of their age.
- Continuing to maintain a creative Early/Targeted Intervention, Prevention and Diversion offer.
- Enhance the management of risk for those children assessed as being a high risk of harm to others, ensure we are safeguarding the public and preventing further victims of crime

None of the above will be possible without the continued support and close working relationships of our partners and Children’s Services. In addition, these relationships allow us to mitigate the

risks of reducing partnership budgets whilst maintaining the quality and effectiveness of the Service.

As always, the local authority and Strategic Management Board is extremely grateful for the skill, commitment and dedication shown by managers, staff, employees and volunteers of the YJS in continuing to support children who offend or are at risk of becoming involved in offending.

On behalf of the Youth Justice Service Strategic Management Board, I am pleased to pledge my support to, and endorse, the Youth Justice Strategic Plan 2025-26

A handwritten signature in black ink, appearing to read 'J Heaney', with a stylized, cursive script.

Jo Heaney, Head of Commissioning (Children, Young People and Maternity - Tees Valley)
North East & North Cumbria Integrated Care Board.
(Chair Hartlepool YJS Management Board)

1. Introduction, vision, strategy & local context

Introduction

The National Youth Justice System primarily exists to ensure that children between the age of 10 and 17 (who are arrested and charged with a criminal offence) are dealt with differently to adult offenders, to reflect their welfare needs.

In summary, children who offend are:

- Dealt with by youth courts
- Given different sentences in comparison to adults and
- When necessary, detained in special secure centres for children.

It is the responsibility of the Local Authority and statutory partners to secure and coordinate local youth justice services for children in our area, who encounter the Youth Justice System, because of their offending behaviour. This is achieved through the established Youth Justice Services.

The primary functions of Youth Justice Services are to prevent offending and re-offending by children, reduce the use of custody and ensure all the above are delivered with a “Child First” ethos embedded across the service.

Hartlepool Youth Justice Service was established in April 2000 and is a multiagency service, made up of representatives from Children’s Services, Police, Probation, Public Health, Health and Education. Hartlepool Youth Justice Service seeks to ensure that:

- All children entering the youth justice system benefit from a structured needs assessment, to identify risk and protective factors associated with their offending behaviour, to inform effective interventions.
- Courts and Referral Order panels are provided with high quality reports that enable informed decisions to be made.
- Orders of the Court are managed in such a way that they support the primary aim of the youth justice system, alongside managing risk of harm, and ensuring there is due regard to the welfare of the child.
- Services provided to Courts are of a high quality and ensure that Magistrates and the judiciary have confidence in the YJS’s supervision of children.
- Comprehensive bail and remand management services are in place locally for children remanded sentenced to custody, or on bail whilst awaiting trial or sentence.
- The needs and risks of children, sentenced to custodial sentences (including long-term custodial sentences), are assessed to ensure effective resettlement and management of risk.
- Those in receipt of youth justice services are treated fairly, regardless of race, language, gender, religion, sexual orientation, disability or any other factor, and actions are put in place to address discrimination, if identified.

In addition to the above, the remit of the service has widened significantly in recent years, due to both national and local developments relating to prevention, diversion and restorative justice, and there is now a requirement to ensure that:

- Creative strategies and services are in place locally to prevent children from becoming involved in crime or anti-social behaviour

- Out-of-court disposals deliver targeted and bespoke interventions for those at risk of entering the Youth Justice System
- Assistance is provided to the Police when determining whether Youth Caution's should be issued
- Restorative approaches are used, where appropriate, with victims of crime and ensures that restorative justice is central to work undertaken with children who offend
- The Turnaround Programme continues to meet targets in line with Government criteria

The Hartlepool Youth Justice Plan for 2025-2026 sets out how youth justice services will be delivered, funded and governed in response to both local need, national policy changes and in line with the standards for children in the youth justice system 2019, our most recent HMIP inspection findings, ongoing HMIP Thematic reports and the YJB Strategic Plan 2024 - 2027. It also highlights how Hartlepool Youth Justice Service will work in partnership to prevent offending and re-offending by children and reduce the use of remands and custody, ensuring we put the "child first" throughout all processes.

Vision & Strategy

Hartlepool's Children's Strategic Partnership has set out its vision for children within the town as follows:

Vision:

Our ambition, as a children's partnership, is to enable all children and families in Hartlepool to have the opportunity to make the most of their life chances and be supported to be safe in their homes and communities.

Priorities:

- Children can make the most of their life chances and are safe
- Improving family relationships, strengths, skills and resilience
- Reducing the impact of domestic violence, mental health, drugs and alcohol misuse on children and families
- Helping parents, carers and children to gain skills and secure jobs

The Youth Justice Service, as part of the wider Children's Services, seeks to deliver on the vision and objectives through a number of identified Youth Justice Service Strategic Priorities for 2025 - 2026.

In addition, these priorities align and overlap with the strategic priorities set by the Safer Hartlepool Partnership for 2024-27:

- Anti-social Behaviour;
- Drugs and Alcohol;
- Domestic Violence and Abuse and
- Serious Violence.

Youth Justice Service Strategic Objectives and Priorities – 2025-2026

We will use our grant, partner contributions and available resources, to deliver our services that enable us to work towards achieving the following objectives and priorities annually:

Re-offending - reduce further offending by children who have committed crime with a particular emphasis on continuing the development of Service interventions that are structured, responsive, tailored to meet identified individual need and evaluated. (Both within Youth Justice Services and provided by external agencies).

Early/Targeted Intervention, Prevention & Diversion – sustain the reduction of first-time entrants to the youth justice system by ensuring that creative strategies and services remain in place locally to prevent children from becoming involved in crime and anti-social behaviour.

Remand, Custody & Constructive Resettlement – demonstrate that there are robust and comprehensive alternatives in place to support reductions in the need for remands and custody. Ensure bespoke constructive resettlement packages are implemented at the earliest opportunity.

Risk and Safety & Wellbeing (AssetPlus/Prevention and Diversion assessment) – ensure all children entering or at risk of entering the youth justice system benefit from a high-quality structured needs assessment to identify risk of harm, safety and wellbeing concerns and desistance factors, to inform effective intervention and risk management.

Risk of Harm – Support for children who are assessed as being a high/very high risk of harm to others. Children who are deemed to be a significant risk to the public will benefit from a multiagency approach to manage and reduce their potential risk. Children who remain a high or a very high risk of harm, will now be subject to a separate review at the 12-week point, to see what, if anything, may be done differently to reduce the risk.

Restorative Justice – ensure all victims of youth crime have the opportunity to participate in restorative justice approaches and restorative justice is incorporated into the work undertaken with children who offend.

Effective Governance – ensure that the Youth Justice Strategic Management Board is a well-constituted, committed and knowledgeable Board, which scrutinises Youth Justice Service performance and drives continuous improvement.

Voice of the Children – ensure that all children are actively involved in developing their own plans and are encouraged and supported to inform current and future service delivery both operationally and strategically.

‘Child First’ – ensure that the Child First principles are regularly reviewed and embedded within the Youth Justice Service and that every child has the opportunity to live a safe and crime free life and make a positive contribution to society. Ensure the children we support are treated as children, regardless of their age.

Education, Training, Employment – Working in collaboration with partners i.e. schools, virtual school and the One Stop Shop to ensure all children open to the YJS are actively engaging in some form of suitable ETE, thus reducing NEET numbers, increasing attendance and improving outcomes.

Substance Misuse – Working in collaboration with partners i.e. Start to improve and sustain the engagement of children, open to the YJS, within substance misuse services.

Serious Violence & Exploitation – Working with, and alongside, all partners including the Police, Harm outside the Home (HoTH) and Violence Reduction Unit to address and reduce serious violence and all forms of child exploitation

Overrepresented Children - Identify and address any areas of over representation within the YJS cohort alongside the management board and partners.

Local Context

Hartlepool Youth Justice Service (YJS) covers the local authority area of Hartlepool, which is impacted upon by a range of social, economic and environmental factors.

Using the 2019 average score of the Indices of Deprivation, Hartlepool is the 10th most deprived area based on percentage of LSOA's in 10% of most deprived areas nationally. High levels of unemployment, crime and anti-social behaviour, domestic violence and substance misuse are all factors which provide significant challenges to the children we work with impacting on their behaviours and influencing outcomes. At the time of the plan being written, there was no new data published.

According to the mid 2023 population estimates – ONS, the population of Hartlepool is in the region of **95,366** with approx.**9750** being between the ages of 10-17.

The BAME population in Hartlepool has seen an increase, however, continues to remain somewhat low in comparison to other areas locally, **4574** or **4.9%** of Hartlepool Population (Non-White ethnic groups, Census – ONS). The 10-17year olds age range BAME population is – **662**. At the time of writing there was no new data published.

Current number of Children in our Care (CIOC), all ages – **338** (as of 31 March 2025, Hartlepool Performance Team)

Current CIOC figures 10–17 – **219** (as at 31 March 2025, Hartlepool Performance Team)

****At the time of writing this Strategic Plan there are 9 children open to the YJS who are CIOC.**

Hartlepool is served by five secondary schools, 1 Pupil Referral Unit (Horizon School) and Catcote Academy, which caters for secondary and post-16 students with special educational needs. There are four sixth form providers, two of which are located within secondary schools.

Hartlepool YJS has had to evolve over the years in response to changing local circumstances and economic factors. The current service is a traditional YJS model with two small operational teams delivering case management across Prevention/Diversion/Out of Court Disposals and Post Court Orders/DTO. The operational teams are supported by a Leadership Team, which carry out day-to-day operational oversight, performance management, service planning and policies & procedures. There is also a small business support team, as well as sessional staff and Referral Order panel volunteers who provide a very valuable service.

The YJS is constantly striving to ensure that the service can meet the current and future demands of the young people referred in, based on a '*fit for purpose*' structure, which supports high quality service delivery. Central to this, is the recognition that all staff will need to be well equipped to deal with a wide variety of service user needs and keep abreast of emerging areas of practice, not least trauma informed practice, the developing body of knowledge and evidence surrounding County Lines, Modern Day Slavery and Serious Youth Violence as well as findings from HMIP and other relevant inspection bodies.

As with the majority of YJS's the service is dealing with smaller caseloads, however these are much more complex individuals with multiple risks and vulnerabilities, the main cohort are predominantly young white males aged between 14 and 17, many of whom reside within

Hartlepool's most deprived neighbourhoods. Although not mutually exclusive, the common criminogenic and welfare issues prevalent amongst this cohort are identified as:

- higher than average mental health needs
- higher levels of drug and alcohol use than for the general population
- low educational attachment, attendance and attainment
- having family members or friends who offend
- higher than average levels of loss, bereavement, abuse and violence experienced within the family – historical trauma
- a history of family disruption
- chaotic and unstructured lifestyles
- vulnerable to all elements of exploitation
- exposure to Adverse Childhood Experiences (ACE's) from a young age

Alongside this cohort of young males, there is another cohort of young, white females of similar age (14-17), whom, although perhaps not as prolific in terms of reoffending, are of significant concern due to multiple complex issues, which are more welfare orientated. These include substance misuse, chaotic lifestyles, sexual exploitation, missing from home episodes and family breakdown. Again, as with the male cohort, young females who are offending are noted to have a higher prevalence of poor emotional well-being and poor school attainment and outcomes.

As can be seen from the figures above Hartlepool does have a relatively low BAME percentage compared to locally and regionally, however the service does have the necessary training and skills to respond to work with children from a BAME or other diverse background. More notably the number of Children in Our Care (CIOC) does fluctuate within the YJS cohort, the data is regularly analysed and there is ongoing work with partners and carers to ensure appropriate actions are in place to support this vulnerable group of children. This is a strategic priority; actions and progress are reported to the Strategic Management Board on a quarterly basis.

The YJS Leadership Team are aware of the increase in children who have an EHCP, SEN or identified as needing SEN support. The YJS, through support with their commissioned services is ideally placed to identify children who may have an unmet educational need which may be masked with poor behaviour in an educational setting and schools using their behaviour policies to manage behaviour as opposed to the underlying need.

Working in partnership is key to supporting a greater understanding of these underlying issues and addressing them in a holistic and co-ordinated way, to provide “pathways out of offending”, reduce crime and break the cycle of offending behaviour across generations.

2. Governance, leadership and partnership arrangements

Governance:

The Youth Justice Service is part of Hartlepool Borough Council's Children & Joint Commissioning Services Department, which also includes Children's Social Care and Early Help services. The Management Board is chaired by Jo Heaney, Head of Commissioning (Children, Young People and Maternity - Tees Valley) North East & North Cumbria Integrated Care Board.

The board is made up of representatives from Children's Social Care, Police, Probation, Public Health, Courts, Education, Youth Support Services, and Office of the Police & Crime Commissioner, Community Safety, and elected members.

Effective integrated strategic partnership working and clear oversight by the Management Board are critical to the success and effective delivery of youth justice services in Hartlepool. The board is directly responsible for:

- Determining how appropriate youth justice services are to be provided and funded
- Overseeing the formulation each year of the youth justice plan
- Agreeing measurable objectives linked to key performance indicators as part of the youth justice plan
- Ensuring delivery of the statutory aim to prevent offending by children and young people
- Giving strategic direction to Youth Justice Service Manager and Youth Justice Service Team
- Providing performance management of the prevention of youth crime and periodically report this to the Safer Hartlepool Partnership
- Ensuring that Standards for children in the youth justice system 2019 and the Child First ethos are embedded across the whole service and audits are completed within required timescales
- Promoting the key role played by the Youth Justice Service within local integrated offender management arrangements
- Advocate on behalf of the YJS within their own service areas and beyond, specifically supporting the YJS to overcome barriers to effective multiagency working
- Oversight of all data submissions to the YJB ensuring timeliness, especially conditions set out in the YJB grant
- Ensuring the recommendations outlined in YJB papers and HMIP inspection reports/thematic reviews are addressed and monitored at board meetings

The Management Board is clear about the priority areas for improvement and monitors the delivery of the Youth Justice Strategic Plan, performance and prevention/diversion work. It is well attended and receives comprehensive reports relating to performance, finance and specific areas of service delivery.

Members of the Board are knowledgeable, participate well in discussions and are members of other related boards, such as the Children and Young People's Partnership, Local Safeguarding Children's Board, Safer Hartlepool Partnership and Health and Wellbeing partnerships, as well as the Cleveland Criminal Justice Board, all of which contribute to effective partnership working at a strategic level. Board meetings are well structured, and members are held accountable.

Leadership/Structure

Hartlepool Youth Justice Service has a total staff team of 25, which includes three seconded staff, and YJS volunteers, numbers fluctuate due to the nature of the arrangement although we are considering how we best utilise volunteers, so the arrangement is mutually beneficial and rewarding. (**Staffing structure attached at Appendix 1**). Within this figure, the service benefits from a team of three active volunteers who are Referral Order Panel members. All staff and volunteers are subject to Disclosure and Barring Service (DBS) checks, which are renewed every three years.

There are also three external staff commissioned into the service one x PT (0.3) Speech and Language Therapist (SALT) (funded by the YJS), one x PT Clinical Psychologist (funded by the ICB) and one x PT (0.1) Educational Psychologist (funded by the YJS).

Via the Violence Reduction Unit (CURV) four Custody Navigators have been employed; they are in the central custody suite (Middlesbrough) and engage all children entering the custody, with a view to support, guide and direct them for further support. (These are not included in the total staff team numbers)

At the time of writing this report all statutory partners have seconded staff within the YJS or have provided direct pathways i.e. Health, Education, Police, Social Care and Probation. The YJS are without a Seconded Probation Officer; in the absence of a Probation Officer, the National Probation Service provide a financial contribution. Despite there being no Probation Officer in post, the YJS have strong links with Probation to ensure those children who are transitioning from the YJS to Probation understand the roles, expectation and how service delivery and expectations are very different.

The YJS delivery model has been reconfigured and restructured during the last year to ensure the service remains sufficiently flexible to address future challenges. This will continue to be achieved through a generic case management and intervention delivery model, across pre and post court functions. This will ensure maximum resilience, capacity and flexibility to meet the needs of children and the service.

The current YJS structure aims to consolidate areas of strong performance and effective practice, whilst also providing a dynamic framework to respond to emerging priorities, recognised by both the Local Authority and key partners. This model (alongside the YJS strategic plan) allows the organisation and the wider YJS partnership to action the priorities for service delivery and to achieve best outcomes for children across the range of statutory and preventative services.

Hartlepool Borough Council recruited a new Assistant Director (AD) in the summer of 2024; the AD brings a wealth of experience in the field of Safeguarding and children in our Care, and exploitation of children. The AD Children & Families is also the designated Head of Service for the Youth Justice Service with a service manager having responsibility and oversight for all elements of service delivery. The AD reports directly to the Director of Children's Services (DCS).

Sadly, the YJS Team Manager, Roni Checksfield passed away suddenly in March 2025. The sudden death had a profound impact on the whole YJS team. Roni advocated on behalf of the team and was determined to ensure all children received the best possible service and their needs were met. Despite the significant emotional upheaval, it is testament to the team, that despite what they were going through, they continued supporting the children and providing the best possible service for children open to the YJS. Roni left a strong legacy that will continue to be built upon within the team. At the time of this report being written the recruitment process is ongoing.

Partnership Arrangements

Hartlepool Youth Justice Service is a statutory partnership which includes, but also extends beyond, the direct delivery of youth justice services. To deliver youth justice outcomes it must be able to function effectively in both of the two key sectors within which it operates, namely:

- Criminal justice services
- Services for children and their families

The Youth Justice Service contributes both to improving community safety and to safeguarding and promoting the welfare of children and in particular protecting them from significant harm.

Many of the children involved with the Youth Justice Service are amongst the most vulnerable children in the Borough and are at greatest risk of social exclusion. The Youth Justice Service's multiagency approach ensures that it plays a significant role in meeting the safeguarding needs of these children. This is achieved through the effective assessment and management of safety & wellbeing, as well as risk, through working in partnership with other services; for example, Children's Services, Health, Education, Secure Estate and Police to ensure children's wellbeing is promoted and they are protected from harm. Regular communication, meetings, joint training opportunities and speedy information/intelligence sharing ensure ongoing strong links and relationships.

All high-risk cases can be escalated to the Multi Agency Harm Outside the Home (HoTH) or the Strategic Risk Management Group; Youth Justice Service has representation on both groups, which meet monthly. Discussions around serious youth violence, criminal exploitation and county lines are conducted within these forums, ensuring tight plans are implemented and strategic management oversight is afforded

The YJS also has good links into the Voluntary and Community Sector (VCS).

The YJS has both operational and strategic representation on the following forums that all contribute to the support of children in the justice system.



3. Update on the previous Year 2024-2025

Progress on previous strategic priorities

Youth Justice Strategic Priorities 2024/25

Re-offending - reduce further offending by children who have committed crime with a particular emphasis continuing the development of Service interventions that are structured, responsive and tailored to meet identified individual need and evaluated. (Both within Youth Justice Services and provided by external agencies).

Key Actions

- Undertake quality assessments of children at risk of re-offending, ensuring risks, desistance factors and needs are identified which inform effective intervention planning
- Continue to improve interventions delivered, through innovation and collaboration where appropriate
- Improve intelligence and timely information sharing relating to those children who are at risk of offending, to inform service-wide improvement activity or targeted work
- Continue to improve the 'Child First' approach and Health offer within the service and with partners
- Continue to undertake activities in relation to retaining both the Speech & Language Therapist, Trauma Informed Care Pathway and Emotional Wellbeing pathways within the YJS beyond March 2025

Update

- All of the above actions have been achieved.
- Hartlepool YJS run a Reoffending report from Child View and are utilising the tracker available. The information being provided is timelier and allows us to update Leadership meetings and Management boards much quicker with data and analysis
- Senior representation at the regional Reoffending Group chaired by the OPCC
- Since the inception of the HoTH team there are now far greater sources of intelligence alongside the Police and partners, which aids service wide improvements and targeted work.
- Reoffending figures do however continue to fluctuate and there has been some considerable increase in time between charge and outcome for those children open under the National Referral Mechanism (NRM).

Concerns

- No current concerns. Locally children who re-offend have a team around them to ensure there is adequate support and oversight in place.

Early & Targeted Intervention/Diversion – Continue to prioritise a reduction in first time entrants to the youth justice system by ensuring that creative strategies and services remain in place locally to prevent children and children from becoming involved in crime and anti-social behaviour.

Key Actions

- Maintain and enhance the YJS Early & Targeted Intervention programme "Choices" across Children's Services and the partnership
- Operate a targeted approach to supporting individuals and groups of children at risk of offending - based on intelligence and collaborative working with key partners (Police, ASB, Early Help, Voluntary Community Sector, Schools, etc.)
- Work with the HOTH team and partners to reduce and respond to Child exploitation

- Ongoing trend analysis of past and current FTE's to identify key themes and responses
- Ongoing briefings to key partners (such as Police and Social Care) to emphasise and promote the Prevention and Diversion agenda
- Continue to review and deliver our point of arrest diversion as a distinct and substantially different response to formal out of court disposals
- Continue to review the Diversion & Prevention strategy in place ensuring it includes how children are identified for diversion/prevention, how the services are delivered, by whom and how success is evaluated.

Update:

- All the above actions were achieved
- Early & Targeted Intervention programme, Choices is continuing to receive referrals from within Children's Services.
- The service continues to work directly with children through our diversionary offer of Restorative Intervention and both Triage 1 and 2, all referrals are via the Police and Courts.
- The Turnaround programme continues to add a further offer alongside Preventions & Diversion
- Immediate Justice (Making Good) went live on the 25 Sept 2023, unfortunately the MoJ funded programme ended in March 2025

Concerns

- Turnaround was funded for 2025/26, unfortunately the funding was significantly reduced forcing us to review the programme and delivery model. If the programme continued beyond 2026, it would allow us to continue the programme but year on year funding is a concern for the staff it funds.
- Making Good was beginning to build momentum when the funding was stopped. The programme enabled us to identify children involved in ASB and deliver direct restorative interventions with a focus on victims and how the wider community is affected.

Remand and Custody & Resettlement – demonstrate that there are robust and comprehensive alternatives in place to support reductions in the use of remands and custody and the YJS Resettlement Policy is reviewed and evaluated.

Key Actions

- Monitor and maintain the use of Compliance Panels to ensure continued effectiveness
- Ensure the Service provides intensive packages of supervision and support to high intensity orders and bail arrangements
- Ensure that the needs of children in custody and the factors relating to their offending behaviour are addressed in the secure estate to prevent further offending upon release
- Continue to review and evaluate the Resettlement Policy in place for children upon release from the secure estate (HMIP Youth Justice inspection framework, standard 4.1 Resettlement, May 2021)
- Regularly review capacity to deliver ISS, and resource appropriately, through a multiagency approach

Update

- All the above was achieved
- We continue to utilise and review our Resettlement Policy.
- We continue to work closely with the courts and partners to ensure all children receive the best support available.
- Hartlepool YJS are part of the YRO (ISS) pilot, which commenced on the 3rd July 2023 and is ongoing at the time of the report being written.
- The YJS commission a Court Officer who has an excellent relationship with the Magistrates and knowledge of legislation and sentencing, which puts us in a

favourable position when liaising with the courts. The commissioning arrangement has been extended for a further three years.

Concerns

- There continues to be a national shortage of suitable regulated local placements for children remanded to local authority accommodation, which places huge challenges both financially and operationally on the authority, service and most importantly the children and their families. There are ongoing strategic discussions nationally.
- The Teesside Court User Group was due to be re implemented in June 2024, there are no confirmed dates for the meeting to be held.

Risk and Safety & Wellbeing (Asset Plus/Prevention and Diversion assessment)

– ensure all children who are at risk of entering the youth justice system benefit from a structured needs assessment to identify risk of harm, safety and wellbeing concerns and desistance factors, to inform effective intervention and risk management.

Key Actions

- Continued AssetPlus refresher training, ensuring robust assessment of a child's needs
- All of the YJS Pre-Court Team have had internal training on the completion of the YJB approved, Prevention and Diversion assessment which focusses on several areas including, building on strengths, family needs, child friendly language and more focus on behaviour.
- Work in partnership with other agencies to ensure there is a co-ordinated assessment and plan relating to a child's risk and safety & wellbeing
- Implement an audit cycle/performance clinic to ensure assessment and plans are meeting the appropriate quality standards through robust and transparent quality assurance and feedback.
- Ensure that desistance factors are identified and analysed in all assessments of every child subject to YJS supervision through quality assurance and staff supervision.
- Attendance and contribution to YJB Regional Effective Practice groups and peer collaboration with Tees Valley and North East YJS colleagues
- Ongoing internal staff training and workshops to benchmark quality standards in the management of risk and safety & wellbeing
- Continue to work alongside the partnership to identify suitable interventions and pathways for children, those criminally exploited and potentially being drawn into County Lines activity

Updates

- All above achieved however acknowledgement is given to children who are routinely assessed as being a high or very high risk of harm. The YJS Leadership Team are exploring factors that may be keeping a child as high or very high risk and what can be done differently to reduce the risk.
- The YJS Management Team have begun to explore what can be done differently in the management of risk. Meetings will be held with colleagues from Forensic CAMHS and Educational Psychology to look at an alternative approach.

Restorative Justice & Victims – ensure all victims of youth crime can participate in restorative justice approaches and restorative justice is incorporated into the work undertaken with children who offend.

Key Actions

- Ensure that victims of youth crime can participate in restorative justice (RJ) approaches leading to improved outcomes for victims
- Continue to use restorative practice across all aspects of the Youth Justice Service

- Regularly re-visit, review and develop practice and process around Referral Order panels to ensure increased involvement from victims, panel members, children and their families
- Continue to develop the in-house RJ 'offer' to consolidate and embed current and better integrated working practices – including the victim's evaluation

Updates

- RJ continues to be a priority area across all service delivery
- We are seeing an increase in victim participation
- Victim evaluation & feedback is improving
- We continue to provide suitable reparation projects and will aim to source projects in line with the child's voice.
- The current YJS Victim Policy has been updated and re-written in line with the new Victim's Code
- There are no current concerns with our victim offer or the support offered to victims of youth crime
- The YJS now have a victim audit to monitor victims and ensure their needs and wishes are being met
- Victim audits will be completed once a month with a weekly RJ Surgery being held by the RJ Officer

Effective Governance – ensure that the Youth Justice Strategic Management Board is a well-constituted, committed and knowledgeable Board, which scrutinises Youth Justice Service performance.

Key Actions

- The Youth Justice Management Board will provide oversight and scrutiny of the service action plan and performance
- Ensure Management Board members attend regular development and shadowing opportunities as provided by the YJS Manager.
- Continue to review the Terms of Reference for the YJS board to ensure it is fit for purpose and includes appropriate representation and contribution of all statutory partners.
- Attendance and representation at YJB Regional executive meetings with colleague YJS Managers from the North East – to share learning and Governance issues to improve wider regional service delivery

Update

- All the above was achieved
- There is a continued programme in place for all board members
- Board members are regularly reminded to prioritise their attendance at the quarterly board meetings
- There are no current concerns

Voice of the Children – ensure that all children are actively involved in developing their own plans having the opportunity to develop and inform current and future service delivery

Key Actions

- Ensure children's involvement in relation to their assessment and plans is clearly evidenced within the records.
- Children to be actively involved in developing their own plans and their comments are captured at implementation, review and closure of all plans
- The service will ensure children are provided with opportunities to influence and shape service delivery – through access to, and completion of, Survey Monkey feedback, session evaluations, closure summaries and SAQ

- YJS leadership team to hold regular evaluation/feedback meetings to ensure all comments are seen and actioned where required and findings shared at quarterly management board meetings

Update

- Considerable work has been undertaken across the service with all staff, the implementation of a Child First operational guidance includes how we capture the voice of the child and more importantly, what we do with the findings. The Voice of the Child continues to be captured via SAQ, sessional feedback sheets, Survey Monkey and Closure Summaries. All findings are analysed at leadership meetings and produced at board meetings for further scrutiny and action.
- We continue to look at ways in which we can engage with and capture feedback from children to ensure that their views help shape the delivery of what we do. The YJS will look at ways in which children can actively be involved in board meetings, this may include focus groups on a specific topic that directly affects the children and the work we do

'Child First' – ensure that the Child First principles are regularly reviewed and embedded within the Youth Justice Service and that every child can live a safe and crime free life, and make a positive contribution to society.

Key Actions

- Prioritise the best interests of children, recognising their needs, capacities, rights and potential.
- Encourage children's active participation, engagement and wider social inclusion.
- Ensure that all work carried out by the service is a meaningful collaboration with children and their parents/carers.
- The YJS will promote a childhood that is removed from the Justice System, using prevention, diversion and minimal intervention and that all work minimises stigma.

Update

- We continue to advocate strongly on the "Child First" ethos embedded within the YJS
- We treat children as children and acknowledge those young people who may be 16/17 and approaching adulthood but have not yet transitioned to adult services. We continue to support young people from 10-17 and apply the Child First principles
- Guidance clearly highlights what is expected throughout assessment, planning, interventions, reviews and closures for all children within the YJS.
- The above is monitored by way of children feedback and evaluation as well as via supervision, QA, case audits and direct 1:1 with the child.
- There are no current concerns

Education, Training, Employment – Working in collaboration with partners i.e. schools, virtual school, One Stop Shop etc. to ensure all children open to the YJS are actively engaging in some form of suitable ETE, thus reducing NEET numbers and increasing attendance and attainment.

Key Actions

- Ensure education is suitably represented on the Strategic Management Board
- Education reports are submitted by partners for each Strategic Management Board meeting and contain as a minimum, how many children are not receiving their education entitlement, how many are excluded, on part time timetables or electively home educated. This data should be analysed to identify any disproportionality and care status of the child. The number of children who have Education and Health Care Plans (EHCP) who are open to the service should be provided.
- Encourage children's active engagement with their respective education provider
- Continue working in collaboration regarding children with EHCP/SEN

Update

- Education reports are now presented at every management board meeting, data is provided on how many children are not receiving their education entitlement, how many are excluded, on part-time timetables or electively home educated. This data is analysed to identify any disproportionality and care status of the child. The number of children who have Education and Health Care plans (EHCP) who are open to the service is also provided, analysed and discussed.
- Our education support is growing and our communication and challenge with education providers is vastly improving. We have secured the time of an Education Psychologist (once per week), which is proving very beneficial for both children and staff.
- There are processes in place which remove the need for a separate YJS education meeting. The YJS has representation on the Hartlepool Inclusion Panel meeting and Vulnerable Pupils Operational Group

Concerns

- There are still far too many children receiving exclusions/suspensions. There is a need for schools, academies and education providers to engage and where needed reach out to wider services in a timelier manner.
- Schools and academies will routinely use alternative provision, or reduced timetables, as a means of 'managing' the child's behaviour, which can mask an unmet learning need. Hartlepool YJS will continue to challenge education providers to ensure children open to the service are receiving an appropriate education which meets their needs. They are also working with other services to manage behaviour to reduce exclusions.

Serious Youth Violence & Exploitation – Working in collaboration with the HoTH, Police and all other partners to ensure that all forms of serious youth violence and exploitation are identified and suitable plans implemented to reduce the risks.

Key Actions

- Continue to have representation at all HoTH meetings
- Ensure any identification of potential exploitation via assessment and ongoing work is referred into the HoTH straight away
- Alongside partners, ensure NRM referrals are completed for all relevant children and followed up
- Build upon the risk management meetings (RMM) convened by the YJS ensuring all actions are completed, safety plans are in place and suitable contingency plans are identified
- Continue to ensure senior YJS representation at all relevant strategies/complex case discussions and mapping meetings
- Continue to have senior representation at all PREVENT meetings
- Continue to work alongside the OPCC/Police and all partners in improving and sustaining the Violence Reduction Unit – CURV

Update

- The YJS have senior representation at all HoTH person and location of interest meetings
- All ongoing NRM and potential NRM are discussed and scrutinised at the HoTH meetings
- The YJS attend monthly Police Tactical Control Group (TCG) and Multi Agency Risk of Serious and Organised Crime meetings to discuss in depth Organised Crime Groups, Criminal Peer Groups and any children potentially linked to these
- Regular staff training is made available by the LA re exploitation, County Lines and all forms of Modern Day Slavery
- RUI continue to be analysed in monthly leadership meetings and scrutinised alongside serious youth violence offences with the Police and CPS, daily data spreadsheets are produced by the seconded Police Officer, giving live updates on all cases.
- The three Cleveland YJS's have strategic representation across all tiers of the VRU (CURV)

- Via CURV, and with management oversight by the Cleveland YJS's, we have 4 x Custody Navigators in post, this ensures earlier engagement with all children entering the Custody Suite.
- All children who are assessed as high or very high risk of harm are subject to internal RMM. The YJS Leadership Team will hold a separate review for all children who are assessed as a high or very high risk of harm and what, if anything, may be done differently to reduce the risk
- A separate report will now be completed which outlines the cohort of children open to both the YJS and HoTH

Concerns

- We still don't appear successful as a partnership in disrupting and prosecuting potential perpetrators of CCE. This is primarily Police led and staff from Hartlepool YJS will continue to submit intelligence reports to safeguard and support the disruption of child exploitation.

Substance Misuse – Working in collaboration with partners i.e. Horizon/Start to improve and sustain the engagement of children open to the YJS within substance misuse services.

Key Actions

- Ensure substance misuse providers are suitably represented on the Strategic Management Board
- Regular reports/updates submitted to the Strategic Management Board by substance misuse providers
- Ensure the continued working arrangements/pathways are embedded between the YJS and substance misuse partners
- All children identified as needing support are actively encouraged to engage with appropriate substance misuse services

Updates

- All the above has been achieved
- Pathways into substance misuse services are maintained with regular communication and their representation at board meetings
- 3 way introductory meetings are now held, where required, with children, Hartlepool YJS and Start to discuss and encourage engagement with the service.
- There will always be work to do in encouraging and maintaining a child's engagement with these services, however we are seeing more creative methods being implemented.

Concerns

- There continues to be an under representation of children within the YJS cohort open to substance misuse services, especially where misuse has been identified as a concern within assessments.
- At the time of the report being written there has been an increase in the use of street bought pregabalin. This is concerning, yet many children open to the YJS don't yet appear ready or willing to address their substance misuse.
- Hartlepool YJS continues to link in with the substance misuse service

Over represented children – Identify and address any areas of over representation within the YJS cohort alongside the management board and partners

Key Actions

- Ensure a quarterly needs analysis of the YJS cohort continues to be presented at each Management Board for analysis of over representation and ongoing needs/gaps within service delivery
- Continue to scrutinise all HMIP Thematic report findings i.e. the over representation of black and mixed heritage boys, Children in Our Care (CIOC), stop and searches/strip searches etc and ensure discussions and any potential actions are agreed and implemented by the management board

Update

- Disproportionality is now an agenda item within the YJS managers report, to quarterly management boards, highlighting any over representation. Discussions are undertaken and all actions are formulated and monitored.
- Stop searches and strip searches are monitored and all information/data discussed at Management Board meetings.
- Regular discussions with all partners including Police and Social Care are undertaken to address and look at potential actions for any areas of over representation within the service.
- If there is an increase in the number of over represented children the YJS will review referrals on an individual basis and respond accordingly.

Concerns

- No major concerns identified
- The YJS have recognised that the number of children open to the YJS who have an EHCP, SEN or SEN Support has increased. Whilst this is a concern, it is a positive that the YJS are proactive in referring to in-house commissioned service who are identifying unmet needs.

Performance over the previous year

Binary reoffending rate -

Hartlepool's data team, YJS Leadership team, have now completed work with Business support to set up the reoffending toolkit within our management information system Child View, this data is very useful and informative for management boards and any reports requested.

We continue to establish and embed a collaborative multiagency solution and response to reoffending. Strong communication across Children's Services and Cleveland Police ensures regular discussions/mapping meetings are being undertaken, with clear accountable actions for everyone. Alongside this, the YJS puts a great deal of focus on their multiagency risk management meetings for those small numbers of cases posing the highest risk of reoffending.

The YJS have representation on the Cleveland Reducing Re-offending Group, which feeds into the Cleveland and Durham Local Criminal Justice Partnership. There is also representation on the Cleveland Prevention and Diversion, and Youth Offending sub-groups.

The information below are local reports tracked through our MIS Child View and gives a timelier update on reoffending data. It is worth noting that the cohorts highlighted below are tracked from their start date for 12 months tracking and a further 6 months to ensure there is nothing outstanding, this is in line with the MOJ/YJB tracking model.

Latest last 4 Qtrs. reoffending Binary rates:

- 2024/25 Qtr 1 – Cohort used: Jan – March 2023 – 20% (3/15*)
- 2024/25 Qtr 2 – Cohort used: Apr – June 2023 – 20% (4/20)
- 2024/25 Qtr 3 – Cohort used: July – Sept 2023 – 32% (7/22)
- 2024/25 Qtr 4 – Cohort used: Oct – Dec 2023 – 20% (3/15)

The cohort we are reporting on is small which has an adverse impact on the overall re-offending percentage. Rates of re-offending can be attributed to a small number of children who, in most instances, are linked to criminal peer groups or are being exploited by adults. This is an area the YJS continue to work hard on to reduce and work with partners is continuing.

*these figures denote the number of children in the cohort and how many re-offended in the reporting period.

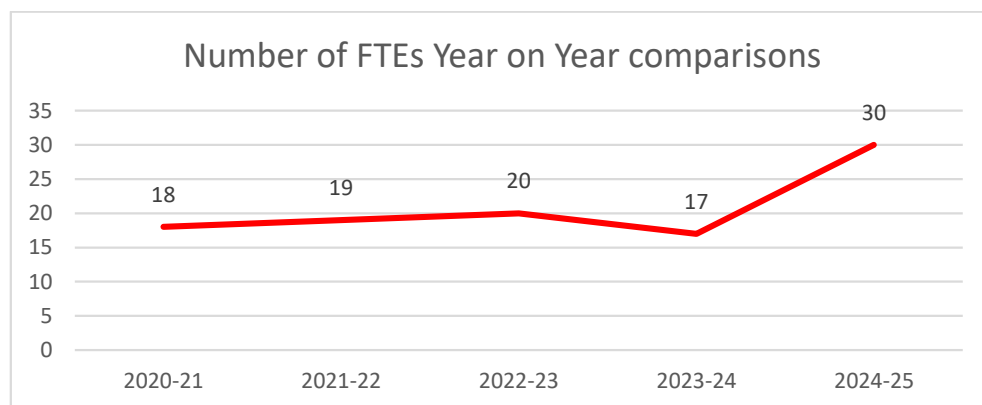
As can be seen from the figures above reoffending binary rates do fluctuate. It continues to be

20

an area of priority for the YJS and partners to identify these YP earlier and offer suitable packages of support.

First time entrants

The YJS continue to work hard to manage and reduce the number of FTE. Previous years have shown the FTE' to plateau, however there is a notable increase in the 2024/25 FTE'. Whilst this would ordinarily be a concern, the rise is linked to the violent disorder in July 2024 and the children who were involved. Following an extensive investigation and liaison between the Police, CPS and the YJS, it was agreed the children would be diverted away from Court and issued with Youth Conditional Cautions. All the children involved in the violent disorder were FTE' and whilst this may be a worry, with support and open communication with the Police/CPS, these children were successfully kept out of the judicial system. The YJS continue to apply child first principles when reviewing all referrals and will apply the lowest possible disposal which takes into consideration the offence, personal circumstances, previous YJS involvement. ACEs and any aggravating/mitigating factors. This is a strategy to support and divert children from further offending and keep them out of the criminal justice system.



Use of custody

There has been 1 remand to Local Authority Accommodation and a brief period of remand to Youth Detention Accommodation in early 2025/26; both episodes involved the same child. Where there is a risk of remand, Hartlepool YJS will explore what bail support packages are available to prevent the unnecessary use of remand, however, we also consider the potential risk to the victims, the wider community and the child.

Hartlepool YJS have a clear process for alternatives to custody through the offer of Bail/ISS packages and utilisation of pre-breach compliance meetings for those at risk of custody via non-compliance. Hartlepool YJS alongside other North East colleagues are also participating in the YRO (ISS) Pilot, which commenced in July 2023; to date we have had 2 children use the pilot.

Year	Remands	Custody
2021-22	0	1
2022-23	2	2
2023-24	1	2
2024-25	1	0
2025-26	1	2

Additional key performance indicators (KPIs)

It is a requirement of the service to report on the following new key performance indicators, our first submission was August 2023 and quarterly thereafter. Hartlepool YJS have purchased the KPI reporting tool from CACI for their MIS ChildView and are hoping to be in a position very shortly to provide more updated, accurate and in-depth data on the below KPI's.

Suitable accommodation – *The proportion of children in suitable accommodation at the end of their order*

We know that access to safe and suitable accommodation reduces the risk of reoffending. This KPI indicates how many children are in suitable/unsuitable accommodation. This will allow us to understand and evidence the barriers to escalate with partners and to target support when children are in unsuitable accommodation.

The YJS have senior representation on the local authority housing and accommodation panel. Attendance at all relevant Social Care meetings and ongoing communication will ensure we are able to identify suitable/unsuitable accommodation and challenge/address where needed.

Education, training and employment – *The proportion of children in suitable ETE at the end of their order*

There are established links between low educational engagement and attainment and the risk of childhood offending. This KPI will highlight where children are not in suitable ETE to help us to escalate concerns with ETE providers. At a wider level, this data will allow the MoJ and YJB to understand where the wider system acts as a barrier to a child's desistance and raise these with relevant other government departments if necessary. There is senior representation from the Virtual School and Post 16 service at management boards and a consolidated report is produced quarterly. The YJS have representation on the Hartlepool Inclusion Panel (HIP) and the Team Around Secondary School (TASS) meetings. Both meetings enable the YJS to work closely with the respective schools, most of which now have Academy status. Staff within the YJS are confident at challenging schools on what their offer is and how we may be able to support them. The post-16 education offer in Hartlepool is minimal for children who may have struggled in a mainstream school, or they may have been permanently excluded, electively home educated or accessing alternative provision. The YJS continues to work closely with the One Stop Shop to see what provision is available and how we support the child and provider if necessary.

Special educational needs and disabilities/additional learning needs – *The number of children with a formal plan in place as a proportion of children with identified SEND/ALN.*

Identifying SEND/ALN and providing support early is key to a child's educational engagement and attainment. This KPI should highlight where children are not receiving SEND/ALN support, to provide the evidence for us to escalate concerns with ETE providers.

Via the virtual school, pathways have been implemented with the SEND team. Regular communication, attendance at meetings and suitable challenge should ensure we are able to monitor and record sufficiently. The YJS continue to commission an Educational Psychologist (EP) for 0.5 days per week, the EP's knowledge and insight into SEN is proving invaluable to identify unmet learning needs and what support may be necessary to enable the child to reach their full potential.

Mental health care and emotional wellbeing – *The number of children with a screened or identified need for a mental health (MH) or emotional wellbeing (EW) intervention at the end of their order as a proportion of number of children with an order ending in the period.*

Rates of poor mental health are higher for children across all stages of the youth justice system than in the general population. We need to monitor access to mental health interventions so we can escalate concerns (at the appropriate level) where children are not receiving access to support for mental health and emotional wellbeing.

The YJS have a very good health offer via the YJS nurse specialist, Speech and Language therapist, Clinical Psychologist for the Trauma Informed Care Pathway (TICP) and Educational Psychologist. All have access to their own service systems and information and speedier (at times) processes for further referrals. Waiting lists locally for access to emotional wellbeing services, does cause some issues which are beyond the control of the YJS. Where a need is identified we will refer children into in-school services for low level psychological support. Unfortunately, there are waiting lists due to demand within schools. We are also able to refer to the School Nurses for continued support in school. However, the YJS have a relationship with CAMHS, we are acutely aware of what local support is available and there are online support services (Kooth) which allows children to engage with trained counsellors. Support is also available via the YJS Nurse.

Substance misuse – *The number of children with a screened or identified need for intervention or treatment to address substance misuse at the end of their order as a proportion of number of children with an order ending in the period.*

Children in the youth justice system are particularly vulnerable to substance misuse. We need to monitor access to substance misuse interventions and treatment so that we can escalate concerns where children are not receiving access to support for substance misuse.

The HOS for substance misuse attends the management board and produces a quarterly report. There are pathways/referral routes in place to ensure a speedy process and regular information sharing. The YJS continue to work closely with the substance misuse service and encourage children to engage with the service for support to address their problematic substance misuse. Where identified we will support children to meet with the substance misuse staff to address any concerns (anxieties) they may have. All YJS staff are trained to deliver low level brief intervention.

Out-of-Court Disposals – *The number of children who completed O OCD intervention programmes in the period as a proportion of the number of children with an O OCD intervention programme ending in the period.*

An increasing number of cases supervised by the YJS are now out-of-court-disposals (O OCD). We need to ensure that interventions attached to these are completed and that children achieve a positive outcome. We have a considerable amount of data and information available on all children engaging with the service via an O OCD as well as early/targeted intervention and Turnaround. The YJS Pre-Court Team, like many YOTs nationally, is generally the busiest service area in terms of the number of referrals being made. The level of need varies, although it is becoming abundantly clear that children referred in for consideration of an OoCD often have unmet needs which is a causal link to their behaviour and a factor in why they have been referred to the YJS.

Links to wider services – *The proportion of children connected to or supported by wider care and support services at end of order.*

Real, effective multiagency working is essential to reducing offending and reoffending. We need to engage consistently and proactively with other services to ensure holistic support and the early identification of risk. This KPI will help us to understand where we have good information sharing in place with social care and early help services etc. The YJS can clearly highlight and indicate the links to wider services and outward referrals made.

Management board attendance – The number of senior partners attending management boards (MBs) out of five

It is vital for YJSs to have strong leadership and consistent senior level representation at management boards. This KPI will indicate when there is an issue in this area. This will be monitored on a quarterly basis and board members politely reminded of attendance on an ongoing basis.

Serious violence – The number of proven serious violence offences as a rate per 100,000 of the 10-17 population (2021).

Serious Violence rates have increased and given the severity/ consequences of this form of crime, this is a high priority concern. Data on this will provide a more accurate picture and help to direct local, regional and/or national action to prevent and tackle knife and gang-related crime. The YJS has an excellent ongoing working relationship with Cleveland Police and is well represented within CURV where regular ongoing meetings are held to identify, discuss and analyse all elements of Serious Violence.

Victims – The number of victims engaged with on Restorative Justice opportunities as a proportion of total number of victims who consent to be contacted.

All YJSs have a statutory duty to provide support to victims. YJSs need to ensure compliance with the Victims' Code to protect the rights of victims. A lot of work is carried out with victims of crime, the YJS RJ worker contacts all victims and ascertains their willingness to engage and follows very clear processes. All data is collected and stored securely on the MIS. The revised Victims Code of Practice and HMIP inspection framework puts greater onus on YOTs to consider their victim offer and how victims receive the support they are entitled to, and their voice is heard, regardless of the crime and outcome.

Local performance

The service is dealing with smaller caseloads consisting of very complex individuals with multiple risks and vulnerabilities. The revised KPI' removed the need for a local needs analysis as it was seen and felt as though we were duplicating information which we can report on from our MIS. The size and demographics of the YJS caseload enable us to monitor any emerging or sudden trends linked to the behaviour of the children. Areas of concern will be raised in the Management Board meetings for strategic oversight and action where necessary.

Risks and Issues

The key risks and issues that have the capacity to have an adverse impact on the Youth Justice Service in the coming twelve months and potentially beyond are detailed below:

Risks	Potential Impact	Control Measures
An increase in secure Remand Costs and children remanded to Local Authority Accommodation	The continued unpredictability associated with remand episodes and remand length has the potential to place significant financial pressure on the YJS and broader Local Authority. The increasing and significant lack of suitable regulated accommodation locally for	It remains essential that the service can demonstrate to the courts that there are robust and comprehensive alternatives in place to support reductions in the use of remands and custody. Coordinated multiagency responses to children at risk of remand where safe and secure

	children RLAA leading to children being placed out of area in unregulated placements at significant costs.	accommodation is the precipitating factor and is continuously monitored and further developed. Remand budget is incorporated within Wider Children's Services placement costs. North East YJSs piloting the YRO (ISS) since July 23.
Grant received and there has been a slight uplift in the grant allocation.	Whilst the 2025/26 YJB Grant was received earlier than previous years, late confirmation of the grant award does not allow the forward planning of interventions to support the wider service aims and objectives. Restricts service creativity and forward planning	Targeted resources to address need. Continue to administer and embed the current structure and practice. Robust financial management and oversight from strategic board.
Continued concerns around Serious Youth Violence, Criminal Exploitation and County Lines	The unpredictability in reoffending rates, serious youth violence and exploitation of vulnerable children. Ultimately leading to criminalisation and wider service involvement having an adverse impact on Remand, Custody and CIOC figures.	Continued regular communication, intelligence and information sharing via HoTH/CURV and across all services. Ensuring a multiagency approach is adopted with senior strategic oversight. Ongoing joint training and regular updates on the national and local picture enabling timely and relevant interventions. Ensure clear processes and pathways (known to all staff) are implemented to work with identified children. Continue working alongside the OPCC, Cleveland Police and partners to support the VRU (CURV). The YJS and HoTH continue to work closely with those children who are at risk of exploitation. A report will now be produced for the quarterly board meeting
Issues	Potential Impact	Proposed Controls/actions
Much more onus being placed on YJS nationally by YJB, HMIP etc. via research, thematic and HMIP inspections to ensure	Much more pressure being placed on YJS to ensure a more bespoke package of support is available for children entering the service i.e. SALT, Trauma Informed Care Pathways etc and YJS not	Research has identified that 85% + children entering the youth justice system have a speech, language and/or communication need. Services need to be supported and funded to provide this offer to all

<p>certain services are available for children open to the YJS i.e. Speech and Language, TICP.</p>	<p>being adequately funded, supported for these specialist services.</p>	<p>children. Schools/academies are best placed to identify the early signs of communication difficulties, although this can often be perceived as 'difficult behaviour' and dealt with via the school's internal behaviour system as opposed to what may be influencing the child's behaviour.</p> <p>Hartlepool is a National Pilot area for Early Language Support in Schools (ELSEC). This is a different approach which may help shape future models, policies and service delivery.</p>
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4. Plan for the forthcoming year 2025/26

Child First

In line with the Youth Justice Boards Strategic Plan 2024-27 Hartlepool Youth Justice Service (YJS) is committed to:

- Prioritise the best interests of children and recognise their individual needs, capacities, rights and potential. All work is child-focused, developmentally informed, acknowledges structural barriers and meets responsibilities towards children.
- Promote children's individual strengths and capacities to develop their pro-social identity for sustainable desistance, leading to safer communities and fewer victims. All work is constructive and future-focused, built on supportive relationships that empower children to fulfil their potential and make positive contributions to society.
- Encourage children's active participation, engagement and wider social inclusion. All work is a meaningful collaboration with children and their carers.
- Promote a childhood removed from the justice system, using pre-emptive prevention, diversion and minimal intervention. All work minimises criminogenic stigma from contact with the system.

We continue to ensure the "Child First" principles are embedded and maintained within all areas of service delivery in collaboration with other services and all partners.

In early 2022 Hartlepool YJS produced a "Child First" guidance for all staff to ensure this approach is embedded across all areas of service delivery from assessment, planning, intervention and at closure and exit.

The YJS have embedded the Child First ethos and regardless of the offence, children are seen and treat as children, whilst trying to understand what is driving and influencing their behaviour and intervening at the earliest possible stage. The current YJS makeup and health input is continuing to benefit the children referred in and identifying unmet need. It's acknowledged that we may not always see the outcomes, but we are the catalyst for implementing change, especially within an education setting

Voice of the child

Hartlepool YJS work collaboratively with all Children/Parents/Carers to ensure their voice is heard listened to and helps shape service delivery as required.

We continuously review and enhance our delivery, so that the views of children are sufficiently captured, central to our work, and lead to change in the system to support children into positive outcomes and successful adulthood.

We strongly promote and encourage relationship building between staff and children from the outset of all involvement with the YJS. Staff will start the process of capturing the child's voice during this period, which also aids assessment. All SAQ and feedback sessions are completed face to face where possible and relevant and staff will encourage the child to expand on their responses. This process is also carried out with parents/carers.

We ensure that the child's voice is captured throughout the child's journey with the service:

- All SAQs
- Designing the child's plan
- After all completed interventions
- Asset Plus and all other reviews
- Closure Summaries
- Survey Monkey

Very helpful,
support was
really good.

I don't want to get
in trouble and have
a criminal record

Some of the things
we have done has
been good

I found the team very
helpful towards myself
and my daughter.

Very helpful, support
was really good.

Feedback is consolidated from the various sources and analysed via the monthly leadership meetings and quarterly service management boards. Any potential areas for concern or good practice are addressed appropriately.

The YJS will always advocate on behalf of the child at all meetings attended and where required their voice and that of parents/carers will be gathered in advance. There has been a marked increase and improvement in this process which has been very evident within education meetings. More in depth discussions are now taking place with education providers on a regular basis especially around exclusions/suspensions, reduced timetables and alternative provision.

Example – The YJS Educational Psychologist recently completed some work with a young person, where over the course of several sessions exploring her views on school, she reported some difficulties with reading and words “moving about”. Rather than dismissing this, we explored the conditions where this happened for her and how this affected on her ability to access texts. Feeding this back to school, we were able to do some further work with her to identify changes to text to increase its readability, which school can adopt. Feeding this information back to mum through the Ed Psych and YJS Officer led to mum arranging an optician's appointment, where further assessment work is ongoing relating to a possible diagnosis of an eye condition.

This piece of work highlights the importance of drawing on successful positive relationships built with the young person (and staff) to feel comfortable sharing their difficulties, and the importance of sharing their voice with those around them to identify effective and timely support.

Resources and Services

The Youth Justice Service budget is resourced by a combination of Local Authority funding Youth Justice Board grant and partner contributions.

****2025/26 budget costs and contributions are attached at Appendix 2**

We received confirmation of our grant funding allocation on May 9th, 2025, there has been a slight uplift in the funding. Early notification has allowed the Service to plan and meet its objectives. At the time of the 2025/26 plan being written, like many YOTs, we are currently without a Seconded PO. It was agreed that the YJS would receive funding in lieu of a Probation Officer. The agreement £5,000 which does us allow us to plan and support other budget pressures. The ICB contribution is a non-cash contribution via the commissioning of the Trauma Informed Care Pathway and the YJS Nurse Specialist is funded from Public Health.

Cleveland Police continue to provide a full-time seconded Police Officer. Funding once again has been secured from the Police and Crime Commissioner towards the delivery of Triage, this is secured until 2026.

We use our grant, partner contributions and available resources to deliver the strategic priorities highlighted in Vision & Strategy previously and via the services identified below to all children. In 2025/26, we aim to improve and maintain our performance across all areas of delivery ensuring a child first ethos is embedded throughout.

- Early/Targeted Intervention
- Prevention & Diversion
- OOC
- All Post Court orders

Board development

It has been agreed that Board members will also be given an overview of the new HMIP Inspection framework which came into effect as of Spring 2025. The inspection framework has undergone significant changes to make sure the inspectorate put the work delivered to children and victims is at the forefront of their inspections. The introduction of the new standalone victim standard will look at both the individual support given to victims and organisational arrangements. It is planned that an overview of the framework will be delivered in 2025.

	Board Development	Action Taken/Planned	Owner	Target Date/Completed
1	Board induction for all new members	Board induction to be undertaken with all new board members, utilising the template shared by the AYM	YJS Manager/Board chair	Ongoing throughout the year and as and when there is a new Board member.
2	Review the new HMIP framework, ensuring board members understand their role.	Board members will be given the revised HMIP framework documentation and an overview provided at a Board meeting.	YJS Manager/Board chair	YJS Manager/Board chair

Workforce Development

An annual YJS training needs analysis is completed with the staff and forwarded to the local authority Workforce Development team. The YJS is constantly looking at creative and bespoke training for the staff and in line with identified needs of the children we work with.

Staff also attend all relevant local authority training as and when required.

	Workforce Development	Action Taken/Planned	Owner	Target Date/Completed
1	YJS refresher trg - All staff to attend YJS internal training sessions identified in training programme.	1. Internal training programme updated and circulated to all staff 2. Attendance monitored to ensure all staff are captured within the training	YJS Manager/Health team/Business Support	1. Internal training programme ongoing 2. Programme reviewed 6 monthly
2	YJS training needs will continue to be reviewed and monitored.	1. Where needed, bespoke training will be sourced. All staff have access to the training provided by the Workforce Development Team	YJS Leadership Team	1. Ongoing – all staff are aware of the internal training. 2. Additional training opportunities may be identified through meetings held with partners, YJB bulletins or other communications
5.	YJS internal risk management review training.	YJS Leadership Team to review current risk management processes and what action to take for children who are assessed as High/Very High after 12 weeks or more.	YJS Leadership Team.	To be completed 2025/26

Evidence-based practice and innovation

The purpose of evidence-based practice and innovation is to promote effective practices, which achieve positive outcomes for children.

This includes systems, ways of working or specific interventions, which are based on the best available research, are child focused and developmentally informed.

Alongside this the YJS are constantly looking at creative ways to improve delivery and evidence effectiveness, all commissioned services deliver evidence-based practice i.e. SLCN, TICP.

The following 2 recent examples of emerging practice and innovation below had a very positive impact on the children, Staff and board members.

Emerging Practice – Sports based intervention. There is evidence which supports the use of sports as a means of engaging children. The YJS met with colleagues from Street Games to look at what is available locally and whether we can deliver a sports-based intervention. After completing the appropriate risk assessments as directed by Health and Safety, the YJS sports-based intervention was available for all children, regardless of their disposal. There are exceptions which include children arrested for sexual/violent offences or bail conditions prohibiting them from having contact with other children or the victim. Sessions can be mixed sex although ages are considered due to physical size of older children. The sessions are inclusive and not based on skill. Sessions go ahead regardless of how many children attend on the day. The sessions, whilst predominantly sports-based incorporate discussions on leadership, peer pressure, lifestyle and emotional well-being. Children will be risk assessed on an individual basis to make sure they are able to participate and there are no underlying reasons which would prevent their participation. Sessions are staffed by a minimum of 2 staff.

Innovation – Consideration is being given to developing a music-based project. All children, regardless of age, background and cultural beliefs enjoy music of different genres. Music is expressive and we think it is an opportunity for children to share how they feel through the art of music. Sessions may include song writing, music overlay or using different instruments/forms to produce a piece of music. Hartlepool has an established music venue, one of their primary aims is to *“empower and support local youth and underprivileged individuals to actively participate in musical arts and culture projects, encouraging creativity, collaboration, and personal growth”*. The YJS is keen to explore new methods of engaging children in something different and creative, allowing them an opportunity to grow on a personal level and try something new or something they had never considered. This is very much in the early stages but there is a belief that it is both an achievable and worthwhile goal to pursue. The intention is that this specific project would be open to all children, regardless of their disposal.

Evaluation - All areas of intervention and delivery continue to be evaluated on a regular basis; commissioned services submit quarterly reports, which are internally evaluated within the local authority Commissioning team. Speech, Language & Communication Needs (SLCN) and Trauma Informed Care Pathway (TICP)

5. Priorities

Standards for children in the justice system

Alongside the Strategic Priorities of the service, we need to ensure that we deliver all of our services in line with the Standards for Children in the justice system (2019).

These standards being:

N1 OOC

N2 At Court

N3 In the Community

N4 In Secure Settings
N5 On Transition and resettlement

The YJB recently (February 2025) published their report on the Standards for children in the justice system: 2023 to 2024. Findings from this report highlighted 75% of youth justice partnerships rated themselves as Good and 21% as Outstanding, Hartlepool YJS rated ourselves as Outstanding in 13 (59%) of the 22 (41%) individual questions.

Areas of practice which are deemed to be working well by the YJB align with Hartlepool YJS, these include

- Robust and thorough quality assurance processes – no report is submitted to the Court without being quality assured and checked again prior to submission
- Resourcing of Court work – Hartlepool YJS continue to have an excellent commissioning arrangement with South Tees Youth Justice Service, the arrangement allows consistency and a dedicated Court Officer with extensive court knowledge, sentencing powers and legislation
- Engagement of children in the process – children who are appearing at court for the first time are contacted prior to allow them an opportunity to visit the Court room, understand what will happen on the day and they can meet the Court Officer

The report also highlights areas of weakness linked to the Police; Hartlepool YJS has an excellent relationship with Cleveland Police. We consistently apply the Child First principles, use the Gravity Matrix as a means of diverting children away from Court and the OoCD Decision Making Panels are held for every child referred in for consideration. The Seconded YJS Police Officer is highly regarded within the force and has excellent links and knowledge. Where a child is charged, consideration will be given as to whether they may be diverted from Court and the CPS will be contacted to gather their views.

Hartlepool YJS Leadership Team are planning an internal self-assessment on N3 In the Community, consideration given to areas of practice where we may look to validate our approach to supporting children and young people in the community. The self-assessment may identify areas of weakness that can be addressed to enhance our offer and commitment to achieving positive outcomes, reducing re-offending and plans are responsive to the individual and their needs.

There were no areas identified for immediate improvement within this standard, however the service will be carrying out an internal self-assessment of all National Standards again this year.

Service development

This Improvement Plan is presented quarterly within Management Board reports produced by the YJS Manager and discussed/monitored to ensure that relevant senior strategic oversight is in place and direction of travel remains positive.

	Service Improvement	Action taken/Planned	Owner	Target Date/Completed
1.	Review of Risk Management processes for children assessed as High or Very High risk of harm over a 12+ week period or more.	1. YJS Management Team to review current RMM process. 2. Wider YJS to support in reviewing the process and what can be done differently to	YJS Management Team. Broader YJS staff. Partners were/if identified.	Initial date (21/05/2025) planned to begin review of current processes. Reviewed process to be implemented by August, 2025.

		<p>manage/reduce potential risk</p> <ol style="list-style-type: none"> Where identified, partners to be consulted and held to account with their role in managing and reducing risk Meet with colleagues from Forensic CAMHS and the commissioned Educational Psychologist to identify areas where we may need to focus on 		
2.	Capturing victims opinions/views on their involvement with the YJS	<ol style="list-style-type: none"> How to improve feedback on the service offered by the YJS to victims Where the victim's needs and wishes met throughout the period of the YJS being involved. 	YJS Management Team, YJS RJ Officer	01/05/2025 We have made subtle changes to how we capture victim feedback. Verbal feedback is received during the final closure meeting and transferred to paper with confirmation it is an accurate reflection of the victims views. We are considering other options, such as a QR code.
3.	Additional support for victims and unmet needs linked to their learning/unmet needs, specific to young victims	<ol style="list-style-type: none"> YJS RJ Officer will complete a SLCN screening and if appropriate, refer into community SaLT services. We may also speak with the commissioned Educational Psychologist for further support. . Where there is an unmet need, the RJ Officer will make the appropriate referrals to put support in place. 	YJS RJ Officer	Ongoing as of 01/05/2025
4.	School attendance and attainment is an issue for children who are open to the YJS. We need to understand what is stopping a child from going to school and achieving their potential. What are the barriers	<ol style="list-style-type: none"> Continued attendance at the HIP will enable Hartlepool YJS to effectively challenge schools. YJS staff are advocating on behalf of children and exploring what support is in place. Hartlepool YJS Mgt Team now attend the Vulnerable Children's Operational Group, this may allow further 	YJS Management Team Executive Head Teacher of Vulnerable Pupils	Ongoing discussions with the Executive Head Teacher, and exploration of how we both identify and how we improve school attendance and understand what barriers are in the way which may be preventing the child from attending school.

	and how can we overcome these.	<p>discussions around overcoming barriers to their learning and supporting children to achieve their potential.</p> <p>4. With support from the Executive Head Teacher, there is an education plan in place for all children open to the YJS. The overarching goal is to put individual education plans in place for all children referred into Hartlepool YJS. .</p>		
5.	Increase the number of children who are working with the substance misuse service.	<p>1. Consideration given to recruiting a substance misuse worker on a fixed 1-year contract. This will allow us to be more reactive and have contact during the reachable moments when a child is agreeing to work with substance misuse services.</p> <p>2. Children misusing substances can be chaotic, having a dedicated substance misuse will be more responsive to individual need</p> <p>3. A dedicated worker will be solely responsible for children open to the YJS and not wider children's service which creates increased demand</p> <p>4. Recruitment will also allow us greater flexibility with appointments and availability.</p>	YJS Management Team HoS for START – substance misuse provider	Ongoing - This is in the early stages of planning and we need to meet with the HoS for the local Substance Misuse Service and discuss what options are available and feasible.

6. National Priority Areas

The service continues to work towards achieving and improving their delivery and outcomes of the identified Strategic Priorities highlighted earlier in this plan, which includes the National Priorities below:

Children from groups, which are over-represented

It is widely known that children from a range of backgrounds are over-represented in the youth justice system. Nationally it is known that black and mixed ethnicity boys are over-represented and a HMIP thematic report made a number of recommendations for local authorities, YJS partnerships and YJS managers in relation to these children.

However, it is not only black and mixed ethnicity children that are over-represented; the YJS are aware, and respond, to any local concerns about all children from over-represented groups. This includes but is not limited to children known to social care services, children excluded from school and Gypsy, Roma and traveller children.

There is no data to indicate that black and mixed ethnicity children are over-represented within Hartlepool YJS as well as Gypsy, Roma and traveller children. However, the number of children within our care does fluctuate and, at times, there can be an over-representation of these groups, as well as children excluded from school.

Disproportionality is covered within the YJS managers' report at quarterly management board meetings. The following information was presented and discussed at the board meeting held in May 2024.

Children in our Care (CIOC)

- As at 14.05.2025 there were **9** CYP who are CIOC open to the YJS, 5 on statutory court Orders, 4 on an OoCD.
- This equated to 15% of the current YJS cohort – as at 14.05.2025
- Of the **9** CYP **8** were CIOC before becoming open to the service and **1** due to the nature of the offences.
- As at the 14.05.2025 there were **219** CIOC 10–17-year-old – information received from Data Team
- **4%** of the overall 10-17 CIOC are currently open to the YJS which is a marginal increase compared to 2023/24

The YJS works very closely with Cleveland Police, CPS and the Courts to ensure protocol has been followed (10-point check) and there is clear transparent decision making. We also work alongside Social Care and the Through Care teams to ensure a good robust package of multiagency support is afforded to each child. RJ training is also available and delivered to Care Home staff if requested, and training is delivered by the YJS RJ officer.

Policing

Hartlepool YJS have excellent links and communication with Cleveland Police. Police representation at the management board is via a Chief Inspector whose input is invaluable. We are very fortunate to have a vastly experienced and knowledgeable seconded Police Officer who is located with the team and provides all daily information, data and intelligence as required. Regular meetings are held with Cleveland Police and within Local Policing Areas (LPA) that ensure we are always up to date with concerns, risks and challenges and more importantly, what is being done about them. As with most Police forces nationally, staff do move around roles and appointments quite quickly and at times this can cause a certain amount of uncertainty, especially re inducting a senior Police Officer onto the management board. Good communication, good links and pathways and open to good, frank discussions as required.

Prevention

Hartlepool YJS's early and/or targeted prevention programme is known locally as "The Choices Programme". Referrals are received from within Children's Services i.e. Social Care/Early Help for all children 10-17 displaying behaviours associated with offending, antisocial behaviour, or other vulnerabilities. All referrals are screened and discussed at management meetings

A worker is allocated from the Pre Court team who will gain consent and implement an intervention plan alongside the child, parent/carer. A copy of the plan is shared with the referrer to ensure there is no duplication of work. Feedback on engagement is provided to the referrer, the YJS will be invited to any meetings regarding the child.

The Choices programme is voluntary, children will and do decline to consent or disengage during interventions, we make every effort to keep all children engaged in the process which to date has proven effective. Where a child refuses to work with us, we offer advice and support to individual staff to support them in the delivery of YJS specific interventions.

As with all other YJSs nationally Hartlepool YJS has been heavily involved in the Turnaround Programme since its inception.

To date we have screened 566 children and directly worked with a total of 111.

The initial impact of the Turnaround Programme has shown promise in aligning youth justice partners with existing integrated early help models. It has led to a greater recognition by partners of the issues faced by children at risk of entering the youth justice system, including children missing school, those with neuro-diverse presentations, other speech, language & communications needs and their increasing need for mental health care. Prevention and diversion work, including out of court disposals, now accounts for a significant proportion of the YJS caseload, and we welcome the renewed focus on early help for children at risk of entering the criminal justice system. This needs to be viewed as an 'invest to save' model for our partners, which prevents the escalation into core statutory children's services and transition into adult criminal justice system. We welcomed the news that the MoJ would extend the Turnaround funding for 2025/26 although the funding was reduced significantly. The funding allowed us to continue offering support to children who are referred into the Service. We are on track to achieve the target set by the MoJ and will continue working with referrals up until the programme is due to end.

Hartlepool YJS were part of the Immediate Justice pilot programme, the programme was funded via the MoJ and aligned with the Anti-Social Behaviour Action plan. At the point of the programme ceasing on 31/03/2025, the YJS received a total of 42 referrals from our partners in Community Safety. Immediate Justice was a voluntary programme which meant the level of engagement fluctuated. Once the children were engaged, they generally completed the planned programme of work which was restorative in nature. The children completed a fantastic project in Burn Valley Community Park, this was an outdoor art gallery consisting of 12 Peter Pan themed paintings drew by the children.

At the time of compiling the plan, we are aware of the new Ministry of Justice initiative, Young Futures Prevention Partnership Panels Pilot. The guidance would align with Hartlepool YJS' aim of supporting children at the earliest stage and how we can intervene earlier to prevent offending by children and young people. At this time, a local pilot area has not yet been agreed by the Office of the Police and Crime Commissioner, it's something we are interested in as it supports the wider aims and objectives. We would welcome any ongoing discussions with relevant partners.

Diversion

Hartlepool YJS, as with the majority of YJS's, has a strong diversionary offer to steer children out of the criminal justice system and avoid criminal records.

Our direct diversionary offer delivered directly by YJS staff consists of:

- Restorative Intervention (RI)
- Triage1 & 2

Referrals are received via the Police (G26), a screening tool is carried out with family which is then presented at our weekly OoCD Joint-Decision Making Panel, all cases are discussed in depth and decisions agreed as to the most suitable programme for the child. Mitigation, Gravity Scores and historical factors are considered prior to any decisions being made. Attendance at the panels will be a YJS manager, YJS Police Officer, RJ Officer, SW/FSW (if open to other services). At times referrals can also be sent from the court for consideration of an OoCD and undergo the same process.

Prior to the OoCD panel being held, the referral is allocated and the YJS Officer will contact the family and child to gather their views on being referred to the YJS and what their thoughts are to working with us. It's important to acknowledge that a poor attitude or view of the offence/victim does not preclude the child from having an OoCD, nor will it up-tariff the disposal. Alongside this, the YJS RJ Officer will also contact the victim and get their views/feelings on the child being referred into the service and what, if anything, they may want from the YJS being involved and potential outcome. Victims wishes will be considered and incorporated into subsequent plans.

The YJS has senior representation on the Cleveland OoCD Scrutiny Panel where cases are looked at scrutinised/analysed i.e. was diversion the right offer, and all actions and future recommendations highlighted.

In 2024/25 Hartlepool YJS worked with 81 children via Triage (36), and RI (23), Youth Caution (11), Youth Conditional Caution (11)

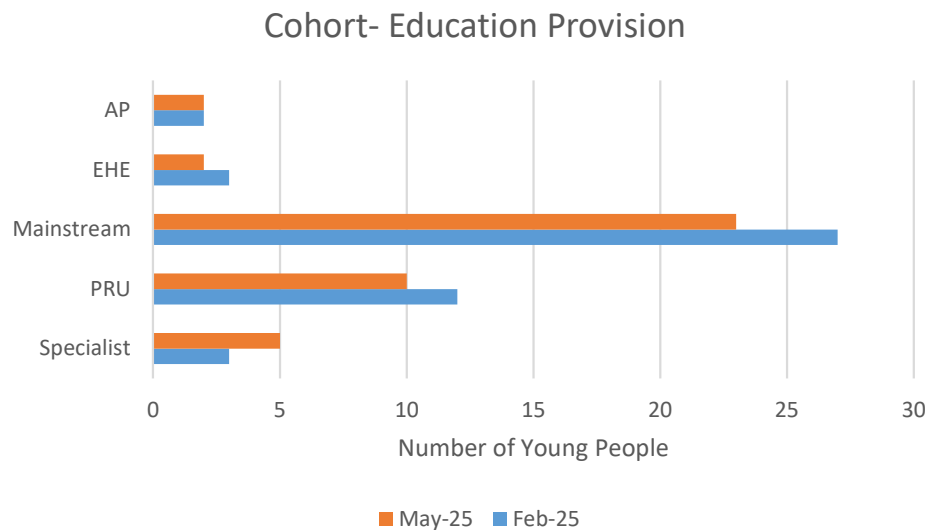
Education

All YJS staff have direct access to a named Education worker within the Virtual School and a named worker within the One Stop Shop for all Post 16 children. The YJS have also commissioned time from an Educational Psychologist who has significantly added to our education support offer.

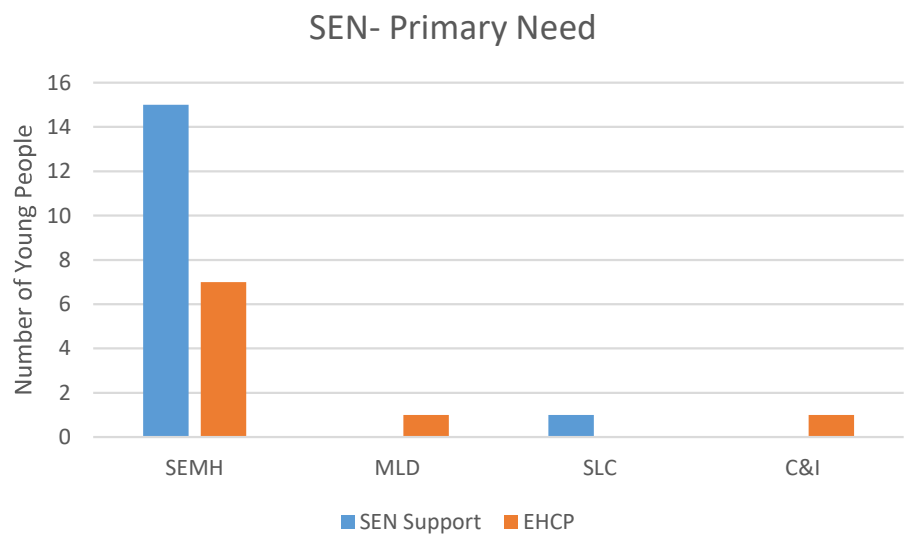
****The following is a snapshot of some of the data taken from the education report produced for the Management board meeting held in May 2025.**

As can be seen from the data below, education provides a clear and significant challenge to the partnership and one, which we are working very hard to understand better and be able to support both the children and education provider.

The data proved is invaluable and provides excellent discussion, challenges and clear actions moving forward.



The below chart highlights the primary SEN need for children open to the YJS and accessing education is that of Social, Emotional and Mental Health needs. Very few children have a diagnosis of cognition and learning or a moderate learning disability. We need to be curious as to whether the child’s presenting behaviour is masking their learning needs which can be difficult to understand when being assessed or observed in school, especially when attendance is an issue. There can also be a reluctance to engage with mental health professionals, education services and, or the Local Authority SEN Team. A child’s experience of education varies, we often discover schools focus solely on behaviour as opposed to what may be influencing their attitudes and views of school and provision. Schools also fund EP time and may prioritise other students who are engaged in learning and do not display the same challenging behaviours and are not persistently absent. Commissioning the EP is proving worthwhile as it allows the YJS to effectively challenge schools and see what support is needed.



Attendance Band	Number of young people (Feb 2025)	Number of young people (May 2025)
100-95	3	2
94-90	2	1
89-85	2	4
84-80	2	2
79-75	4	2
74-70	0	0
69-65	2	3
64-60	5	2
59-55	4	3
54-50	2	4
49-45	1	1
44-40	2	0
Under 40	14	16

Academic attainment of children open to the YJS is concerning. There are far too many children who are assessed as working significantly below age related expectations. Attainment may be linked to number of interconnecting factors, which may include, school moves disrupting their learning, suspensions, accessing alternative provision, children electively home educated and undiagnosed learning needs. The YJS are in a position where we can advocate on behalf of children open to us, however we are also bound by timescales and children being open for a set period. There will be occasions when we do not see the results of YJS intervention and challenge/support to schools but we may be the catalyst for support being put in place.

Academic Attainment	No of young people (Feb 2025)	No of young people (May 2025)
Significantly below age related expectations	40	38
Below age related expectations	5	4
At age related expectations	0	0
Significantly above age-related expectations	0	0

Number of School Moves	Number of Young People (Feb 2025)	Number of Young People (May 2025)
0	15	14
1	19	15
2	8	8
3	3	3
4	2	1
5	1	1

Restorative approaches and victims

Whilst crime rates in Hartlepool have fallen, the likelihood of being a victim of crime remains a reality, especially in our most vulnerable and disadvantaged communities. The YJS and broader Youth Justice Partnership are working hard to reduce the numbers of victims of crime, by incorporating the use of restorative justice practices. Restorative Justice (RJ) provides opportunities for those directly affected by an offence (victim, child responsible and members of the community) to communicate and ensure victims of youth crime have a voice. The YJS is currently re writing its Victim Policy in line with the recently published Victim's Code.

In addition, victims of youth crime are helped to access appropriate support pathways that enable them to move on from the impact of crime.

A personalised approach is taken to ensure that victims of crime in Hartlepool are placed at the centre. This includes ensuring that individual needs and wishes are fully considered. As a result, we aim to contact all victims (where consent is given) so they can access pathways to support, including the option to participate in restorative justice. Across 2024/25, there were **45** contacts with victims and the RJ Officer explored what their wishes were. As a Service we are focused on what the victim wants as opposed to what we think the victim may need. Some victims have shared that being listened to and an opportunity to share their concerns/worries was enough. However, some victims require a greater level of support, especially child victims who may have their own unmet needs.

RJ is an important underlying principle of all disposals for children on YJS caseload, from Diversion to Detention & Training Orders.

Whilst restorative processes technically result in practical reparation, for example participating in a task that benefits the community, the communication between victim and the child who has committed a crime, as part of this process, can also produce powerful emotional responses leading to mutual satisfaction and socially inclusive outcomes.

All YJS staff have undertaken service-wide RJ training, many to level 3 and the RJ/Victim lead to Level 4 plus Complex and Sensitive training to further enhance our offer to victims. The previous decision to bring RJ and victim work in house has enabled Hartlepool YJS to have direct control and influence in shaping the direction and quality of this work, including the establishment of updated working policies, practices and procedures. In turn, this has already begun to result in better outcomes for both victims and children and is much more responsive to local needs.

There is considerable evidence that RJ practice is much more integrated across all areas of the service. There is a closer link between those workers with additional RJ responsibility and case managers in relation to the needs and wishes of victims.

We aim where possible to ensure all children have a say in what they would like to do by means of practical reparation. We also have ongoing pieces of work, which are individual bespoke projects and are planned to take place involving furniture restoration, bird boxes for distribution to local groups, working alongside the RSPB, Heugh Gun Battery and local community projects at well-known landmarks/venues across the town.

Examples of the fantastic work completed by the children who have delivered reparation for the benefit of the community. The range of projects is diverse and tailored to the needs and interests of the individual and may, at times, be victim led/focused.



The above images, along with 9 others, were installed in a local park for the benefit of the community. A local resident emailed the ward Councillor;

"So it was with curiosity then delight we viewed these works daily. We now can name them in order before we even approach them. They bring joy. Especially Tinkerbell."

So I would like to thank these young persons. No matter your backgrounds or why you were originally involved in anti social behaviour. Know this: you all can go on to lead lives filled with achievement and pull away from those influences. I thank you all for bringing joy to many other children. And I hope my words encourage you all."



A mud kitchen designed and built by a 17yr old as part of his reparation project. The kitchen was delivered and installed in a local Primary School for the Nursery/Reception children to encourage messy and sensory play.



Several children have been painting the fence at a community ran sports field. The local football team actively engage with the service and are open to children, of all ages and backgrounds to attend their provision.

Serious Violence and Exploitation

All three Cleveland YJS` have strategic representation within the Cleveland Unit for the Reduction of Violence (CURV). There are several meetings, boards and training events organised via CURV that the YJS attends. Improved data sharing and intelligence is evident and there are much clearer links across the local authority and wider partners regarding Serious Violence. The YJS manager within his role as Secretary for the Association of YOT Managers (AYM) executive board led and produced the AYM national response for the consultation regarding the Serious Violence Duty.

The YJS Leadership Team also has serious incidents within their quarterly report to the board and these are discussed and analysed for any lessons learned etc. During 2024/25 Hartlepool YJS reported **3** Serious Incident to the YJB which is an increase on 2023/24.

There is ever improving partnership work across Hartlepool to address child criminal exploitation and interaction with the NRM. Hartlepool's Harm Outside the Home Team (HOTH) lead on all matters regarding exploitation. There are regular case discussions and People/Areas of interest meetings, which the YJS has senior representation at. The YJS has very good communication and information/intelligence sharing with the HOTH team and co work many complex cases. A lot of work is ongoing with the SCA re NRM and regular liaison with the Police, CPS and Courts ensures everyone is as updated as can be. All YJS staff have attended various training events organised by the HoTH re exploitation.

All YJS staff have carried out up to date PREVENT training in line with local authority requirements.

The majority of children RUI who meet the criteria will be offered Turnaround. As part of the YJS managers' report to management board meetings all RUI and bail figures are shared and discussed to measure the time from arrest to outcome. Suitable challenge is made where required.

The following data is correct as of May 2025 regarding outstanding Police investigations/enquiries

42 offences

- 26 - RUI
- 16 - Unconditional/Conditional Bail
- 5 - with CPS
- 37 - Ongoing (including offences where CYP are open on Out of Court disposals)

18 - 0 to 3 months
12 - 3 to 6 months
8 - 6 to 9 months
0 - 9 to 12 months
3 - 12 to 15 months (all Sexual offences, Sent back from CPS with an Action Plan pre-Charge)
1 – 15 months + 1 sexual Offence with CPS

The YJS monitors time from offence to outcome and updates all data via the quarterly YJS management board meetings and challenges the Police/CPS as required.

Detention in police custody

A significant amount of work has been undertaken across Cleveland over the last couple of years re children detained in Police custody. There is a monthly “Children in Custody” meeting where we discuss all children who have been held in custody 12 hours or more in the previous month. The meeting is attended by senior representation from the 3 Cleveland YJS, Police Custody Management, EDT, Social Care, Custody health team, Custody Navigators and L&D. Every child is discussed to ascertain the reasons behind their length of stay in custody and suitable actions highlighted where required. The meeting is well attended, and a lot of valuable information is shared.

The CURV funded four Custody Navigators to engage, liaise and where needed support all children entering the custody suite. Management oversight is via South Tees YJS, however the Custody Navigators will engage all children and liaise directly with the home YJS, working across all three YJS's. This does speed up the process for children in the custody suite, and the Navigators offer further support alongside the parent YJS outside of the Custody Suite.

Excitingly an area of the custody suite has been set aside for children only and after an extensive plan of works is now available as a Child custody area. There is a separate entrance and exit, and areas have been prepared with suitable reading materials, fidget objects, painted walls, breakout rooms etc.

Remands

There is constant dialogue locally, regionally and nationally re the use of remands, and we welcome the current shift in focus on remands, which has often been overlooked, to reduce the number, the length and seek community alternatives.

In 2024/25 Hartlepool YJS had 1 remand to Local Authority Accommodation

As a service, we are constantly offering creative alternatives to the use of remands and custody. The changes to ISS and the current YRO (ISS) pilot with trail monitoring does enhance this offer and allow us the opportunity to offer a more creative and potentially robust alternative to custody with an improved process of oversight and management. In 2023/24 we had two children on the YRO (ISS) pilot.

Use of custody

Nationally the use of custody has decreased significantly over the past five years, and this is rightly a success in the youth justice system. When children do go to custody it can have a damaging effect on their lives, disrupting education and straining family relationships. Children in custody are likely to be amongst the most complex and vulnerable children in society.

Hartlepool YJS generally has relatively low numbers of children with custodial sentences, and every effort is made by the service to offer creative alternatives to a custodial sentence.

The service has very good links to the local secure estate and ensures timely communication and planning is always undertaken. All relevant services are involved from the outset of a

custodial sentence and the 7-point plan is instigated from the beginning of every custodial sentence and followed throughout their sentence ensuring **Constructive Resettlement**.

In 2024/25 Hartlepool had 2 children serve custodial sentences. Where possible, alternatives to the use of custody will be considered. However, when the custody threshold is met, community packages of support will be explored as a proposal to the judiciary to prevent a custodial sentence. Any recommendation also factors in public protection, engagement with bail arrangements, response to current Community Order and can the risk be safely managed.

Hartlepool YJS have implemented a Constructive Resettlement Guidance document, which all staff follow to ensure every child is supported from sentence to resettlement.

There is regular management oversight of this via meetings, supervisions and QA. The guidance also highlights processes to be undertaken prior to sentence including Pre Sentence Reports (PSR) and the need for child/family involvement throughout. Actions to be undertaken at court after sentence and in the first 10 days of sentence and then throughout their sentence planning for constructive resettlement.

7 Point Plan:

1. Case Management and Transition: Ensure that young people serving custodial sentences receive effective, end to end service provision based on a thorough assessment of need and risk, in order to reintegrate them into the community

2. Accommodation: To ensure that all young people leaving custody can access suitable accommodation and support where appropriate.

3. Education Training and Employment: Provide all young people with suitable and sustainable Education, Training and Employment through their sentence and beyond.

4. Health: Ensure that all young people in custody have access to suitable and sustainable general and specialist healthcare services, based on individual need, so that problems are assessed and treated at the earliest opportunity and in the most appropriate manner.

5. Substance Misuse: Ensure that all young people entering custody are screened for substance misuse, with recognition of previous interventions. Those with identified needs should receive specialist assessment access to appropriate interventions and treatment services, with their aftercare needs met on return to community.

6. Families: Ensure that families of young people in custody receive timely, high quality support and information, from the point of arrest and throughout the young person's sentence.

7. Finance, Benefits and Debt: Ensure young people leaving custody and their families are provided with information and advice so that they are able to access appropriate financial support.

A multiagency approach is embedded to ensure each area of the above plan is monitored and every child receives the best and most timely support available from all services involved. The service has direct links to all partners in relation to accommodation, health, education, finance/budget, substance misuse and children's services such as Social Care and Early Help who are brought together at the point of sentence.

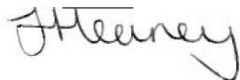
Working with families

The service works hard to include and work with families throughout a child's involvement. As highlighted throughout this plan the voice and input of parent/carers alongside those of the child are integral to successfully supporting children on their journey.

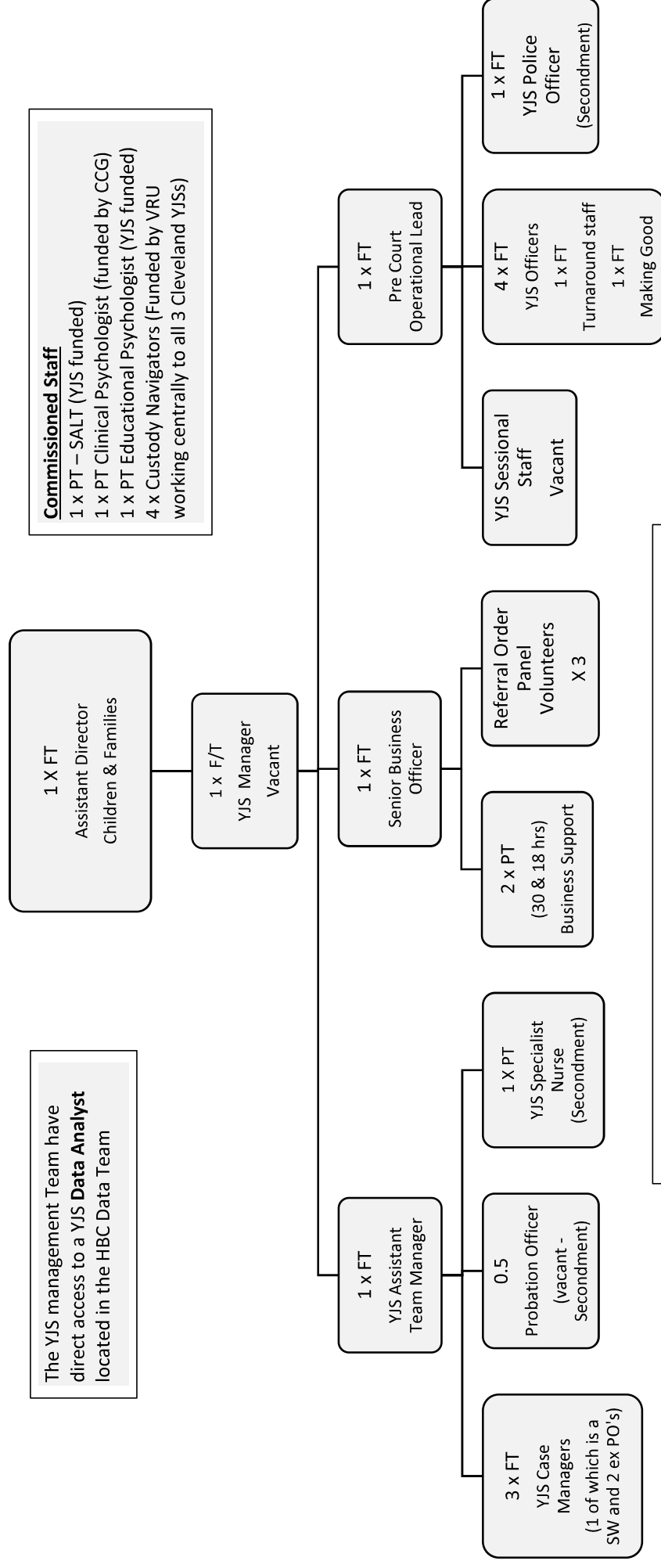
The YJS have staff trained to deliver the **Talking Teens** programme, this is based on the most recent research on adolescence, and consistent with the principles of the Nurturing Programme, the groups provide a positive view of teenage development and focus on relationships within the family, communication, negotiating, decision-making and strategies to reduce conflict. To date engagement with parents has been very positive; we have delivered it as group work and 1:1.

The **Turnaround** programme has been invaluable with helping support and work with families. This is currently the only programme available to the YJS with specific funding available to offer families direct support. The benefits of this have been huge, have enabled, and encouraged engagement from the outset. This needs to be viewed as an 'invest to save' model for our partners, which prevents the escalation into core statutory children's services and transition into adult criminal justice system. The initial multi-year funding for Turnaround has been very welcome, and we hope it can become permanent. There is always a worry that short-term initiatives come at the expense of investment in core service provision for the longer term, which requires sustained, multi-year settlements.

7. Sign off, submission and approval

Management Board Chair	Jo Heaney, Head of Commissioning (Children, Young People and Maternity - Tees Valley) North East & North Cumbria Integrated Care Board
Signature	
Date	20/05/2025

Appendix 2 – Hartlepool YJS Service Structure, March 2025



Education

All YJS staff have direct access to a named Education worker and Ed Psych within the Virtual School and a named worker within the One Stop Shop for Post 16. There are monthly education meetings held, and an education database updated at the monthly meetings. YJS have senior representation on the Hartlepool Inclusion Panel and have access to schools as required.

Staff

Ethnicity – All staff are WB
Female – 23
Male – 6
Known Disabilities - 1

Appendix 2 – Budget costs & Contributions 2025/26

B5: YOT budget
Costs and Contributions

2025/26 Budget - Hartlepool Youth Justice Service

	Staffing	Non-Pay	In-Kind	Total
Agency	£'000	£'000	£'000	£'000
Youth Justice Board	379	111	0	490
Hartlepool Borough Council	241	69	117	427
Cleveland Police	0	0	57	57
Police & Crime Commissioner	38	0	0	38
Probation Service	0	5	27	32
Health (Integrated Care Board)	0	0	6	6
Turnaround Grant	71	6	0	77
Total	729	191	207	1,127

'In-Kind' Contributions
<i>Hartlepool Borough Council - 0.6 FTE Specialist Nurse & Overhead Costs (eg. Management, accommodation, finance, legal etc)</i>
<i>Cleveland Police - 1 FTE Police Officer</i>
<i>Probation Service - 0.5 FTE Probation Officer</i>
<i>Integrated Care Board - 0.1 FTE Clinical Psychologist</i>

Common youth justice terms

ACE	Adverse childhood experience. Events in the child's life that can have negative, long-lasting impact on the child's health, and life choices
AIM 3	Assessment, intervention and moving on, an assessment tool and framework for children who have instigated harmful sexual behaviour
ASB	Anti-social behaviour
AssetPlus	Assessment tool to be used for children who have been involved in offending behaviour
CAMHS	Child and adolescent mental health services
CCE	Child Criminal exploitation, where a child is forced, through threats of violence, or manipulated to take part in criminal activity
Children	We define a child as anyone who has not yet reached their 18th birthday. This is in line with the United Nations Convention on the Rights of the Child and civil legislation in England and Wales. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection.
Child First	A system wide approach to working with children in the youth justice system. There are four tenants to this approach, it should be: developmentally informed, strength based, promote participation, and encourage diversion
Child looked-after	Child Looked After, where a child is looked after by the local authority
CME	Child Missing Education
Constructive resettlement	The principle of encouraging and supporting a child's positive identity development from pro-offending to pro-social
Contextual safeguarding	An approach to safeguarding children which considers the wider community and peer influences on a child's safety

Community resolution	Community resolution, an informal disposal, administered by the police, for low level offending where there has been an admission of guilt
EHCP	Education Health and care plan, a plan outlining the education, health and social care needs of a child with additional needs
ETE	Education, training or employment
EHE	Electively home educated, children who are formally recorded as being educated at home and do not attend school
EOTAS	Education other than at school, children who receive their education away from a mainstream school setting
FTE	First Time Entrant. A child who receives a statutory criminal justice outcome for the first time (youth caution, youth conditional caution, or court disposal)
HMIP	Her Majesty Inspectorate of Probation. An independent arms-length body who inspect Youth Justice services and probation services
HSB	Harmful sexual behaviour, developmentally inappropriate sexual behaviour by children, which is harmful to another child or adult, or themselves
JAC	Junior Attendance Centre
MAPPA	Multi-agency public protection arrangements
MFH	Missing from Home
NRM	National Referral Mechanism. The national framework for identifying and referring potential victims of modern slavery in order to gain help to support and protect them
OOCD	Out-of-court disposal. All recorded disposals where a crime is recorded, an outcome delivered but the matter is not sent to court
Outcome 22/21	An informal disposal, available where the child does not admit the offence, but they undertake intervention to build strengths to minimise the possibility of further offending
Over-represented children	Appearing in higher numbers than the local or national average

RHI	Return home Interviews. These are interviews completed after a child has been reported missing
SLCN	Speech, Language and communication needs
STC	Secure training centre
SCH	Secure children's home
Young adult	We define a young adult as someone who is 18 or over. For example, when a young adult is transferring to the adult probation service.
YJS	Youth Justice Service. This is now the preferred title for services working with children in the youth justice system. This reflects the move to a child first approach
YOI	Young offender institution