



Tees Valley Joint Health Scrutiny Committee

Date: Thursday, 17 July 2025
Time: 10.00 am
Venue: Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

Membership: -

Darlington BC: Councillors Holyroyd, Layton and Scott
Hartlepool BC: Councillors Boddy, Moore and Roy
Middlesbrough BC: Councillors Cooper, Morrish and Vacancy
Redcar and Cleveland BC: Councillors Cawley, Crane and Kay
Stockton-on-Tees BC: Councillors Besford, Coulson and Hall

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TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Thursday, 8 May 2025 at the Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

PRESENT

Councillor
Councillors M Besford, C Cawley, C Cooper,
J Coulson, S Crane, L Hall, C Hannaway,
B Holroyd, M Layton and A Roy.

OFFICIALS

C Breheny, D Dwarakanath, L Garcia, C Jones,
G Jones, C Leng, C Lunn, D Monkhouse,
D Palmer, R Scrimmour, B Swanson and
G Woods.

IN ATTENDANCE

Councillor .

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors S Kay, S Moore, I Morrish and H Scott.

1 APPOINTMENT OF CHAIR FOR 2025/2026

Members were invited to make nominations for the position of Chair, and the following were received:

Councillor Cawley was nominated by Councillor Cooper, seconded by Councillor Besford.

Councillor Kay was nominated by Councillor Hall, seconded by Councillor Coulson.

RESOLVED that as the vote was tied a Vice Chair be nominated to Chair the meeting and the appointment of Chair for 2025/26 be reconsidered at the next Committee meeting, following each Council's Annual General Meeting.

2 APPOINTMENT OF VICE CHAIR FOR 2025/2026

Members were invited to make nominations for Vice Chair and the following nominations were received:

Councillor Cooper was nominated by Councillor Hall, seconded by Councillor Coulson.

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RESOLVED that Councillor Cooper be elected as Vice Chair of the Tees Valley Joint Health Scrutiny Committee for this meeting only and invited to Chair the meeting.

3 **MINUTES OF THE MEETING HELD ON 13 MARCH 2025**

RESOLVED that the minutes of the meeting held on 13 March 2025 be confirmed and signed by the Chair as a correct record.

4 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

5 **TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE - PROTOCOL AND TERMS OF REFERENCE**

The Senior Democratic Services Officer presented a report confirming the Tees Valley Joint Health Scrutiny Committee protocol.

A query was raised regarding the merits of paragraph 14 and continued inclusion of the statement that 'where a review of 'substantial development or variation' will only affect the residents of part of the Tees Valley, Councils where residents will not be affected will not take part in any such review'. The view was expressed that very few NHS services were now delivered on a smaller than Tees Valley footprint thereby negating the need to include this provision. The Senior Democratic Services Officer advised that further legal advice would be sought, and feedback provided at the next meeting.

RESOLVED that the relevant legal advice be sought and the protocol resubmitted to the next meeting for approval.

6 **SOUTH TEES HOSPITALS NHS FOUNDATION TRUST QUALITY ACCOUNT FOR 2024/2025 - DIRECTOR OF NURSING SOUTH TEES NHS FOUNDATION TRUST**

The Director of Nursing at South Tees Hospitals NHS Foundation Trust began by providing an overview of the Trust's progress following the establishment of a Group model. Members were advised that the governance arrangements had been formalised in mid-2024, which had allowed clinical boards to operate as a single service model rather than separate entities across multiple sites. It was explained that this approach aimed to address workforce vulnerabilities, improve disparities in patient access, and ultimately deliver consistent, high-quality care across the Group.

In terms of the quality priority setting process for 2025/26 it was highlighted that a strategic shift had taken place to ensure that the cross-

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cutting priorities set out in 2024/25, which were yielding tangible benefits, were further embedded to improve service delivery. It was noted that infection prevention and control had been added as a priority for the upcoming year, reinforcing the Trust's commitment to enhancing patient safety.

The Director of Nursing drew reference to improvements in the Accident and Emergency (A&E) department, noting that concerted efforts to reduce wait times had resulted in a 1.7% decrease, significantly impacting patient outcomes. Ambulance handover times had also improved, allowing for faster turnaround and reducing delays in community response times. In addition, new triage protocols had been implemented to streamline patient flow within the department.

Members were advised that a further performance highlight for 2024/25 was the introduction of Martha's Rule. This enabled relatives and carers to access an independent review team if they believed a patient's care needs were not being adequately met. The Director of Nursing advised that the Trust had been proactive in implementing this initiative, having introduced the Call for Concern process in 2022. It was explained that a key focus had also been on asking patients how they were feeling and taking their response as seriously as altered physiology. Early interventions through this system had allowed for critical care escalations, often identifying patient deterioration up to 24 hours before physiological changes became apparent. It was noted that for patients with cognitive impairments, who may struggle to communicate their symptoms, structured parameters were in place to ensure their needs were not overlooked.

The Director of Nursing advised that digital transformation remained a key priority for the Trust, with Electronic Prescribing and Medicines Administration (EPMA) leading to a reduction in medication incidents. Improvements had also been made in compliance rates for insulin and venous thromboembolism (VTE) assessments. On infection prevention, it was highlighted that ongoing collaborative learning across the Group, had led to notable improvements in antimicrobial stewardship.

The Medical Director drew reference to the Friarage Hospital, outlining its achievements, ongoing challenges, and a recent national evaluation outcome. It was explained that the hospital functioned as a high-volume, low-complexity surgical centre, which delivered efficient procedures without any disruptions from acute emergency pressures.

Members were advised that although previously the Friarage had operated within an aging estate the effective governance measures in place had ensured that ring-fenced surgical pathways were established and that elective surgeries could proceed without interruption. It was advised that the British Association of Day Case Surgery had endorsed

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the Friarage's approach, confirming it was ideally suited to a high-efficiency, low-complexity surgical environment.

The Medical Director explained that the Getting It Right First Time (GIRFT) programme, a national NHS improvement initiative, had also recently conducted an inspection of the Friarage to assess its operational effectiveness. It was advised that the inspection team had been highly impressed, deeming the Friarage to be one of the best sites they had ever evaluated, out of a 60-hospital review cohort.

Members were advised that the national accreditation gained via the GIRFT programme had been received in advance of the official opening, on 1 June 2025, of the Friarage's new £35.5million surgical centre. The Medical Director explained that the national GIRFT team had taken away operational insights from the Friarage, with the intention of applying its governance model to other NHS sites. In addition, plans to implement further improvements were underway and these included a six-day surgical working model to increase procedural capacity. It was emphasised that maintaining over 90% efficiency rates remained a core priority, and the hospital would seek further improvements where feasible.

The Medical Director also provided an update on the Targeted Lung Cancer Screening programme, which had been in operation since August 2022. It was explained that the programme covered 67 GP practices and one prison population and focused on individuals aged 55 to 74 with a history of smoking. A proactive approach had been adopted with telephone health checks undertaken initially, followed by an invitation for screening. It was explained that over the course of the programme 278 incidental cases of lung cancer had been detected. A dramatic shift in cancer diagnosis rates had also taken place and Members were advised that whereas previously 80% of lung cancers were diagnosed at stage 3 or 4, today 80% were being detected at stage 1 or 2. This meant that curative treatments such as surgery and chemotherapy were becoming more viable.

The Medical Director acknowledged that these advancements in early diagnosis had placed additional pressure on oncology services and pathology departments, with a rise in demand of 24% since 2020/21. It was noted that a £1 million funding allocation had been secured to support non-surgical oncology, facilitating enhanced clinical staffing and improved diagnostic pathways.

The Medical Director advised that significant progress had also been made in the management of prostate cancer, with waiting times for treatment reduced from 62 weeks to approximately 25 days, with an expected further reduction to under 20 days. It was explained that the introduction of cancer navigators had proven instrumental in ensuring timely diagnostics and treatment for patients. The navigators primarily

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operated from administrative backgrounds, tracking each case through radiology, pathology, and multidisciplinary team (MDT) discussions to ensure no delays in treatment decisions. In cases where the initial MRI scan results came back negative patients were now receiving this information within 10 to 12 days.

Following the presentation, the Committee engaged in discussion and the following key points were raised: -

Martha's Rule and Patient Advocacy

A Member drew reference to Martha's Rule and reflected on its importance in ensuring patients and their families had a mechanism to escalate concerns when they felt their care needs were not being met. It was acknowledged that, while tragic incidents had led to its introduction, its adoption by many hospitals and trusts was a significant step forward in patient advocacy. It was queried whether the next phase of the implementation would extend to mental health trusts and maternity services. The Director of Nursing advised that maternity services were indeed prioritised in the upcoming rollout, with mental health trusts participating as part of pilot programmes. It was also explained that this initiative complemented existing measures such as the Call for Concern, which had been established at South Tees in 2022 to ensure patients and carers could request an independent review of care concerns.

Targeted Lung Cancer Screening and Oncology Care Expansion

A Member commended the significant improvements in lung cancer diagnosis rates, referencing the shift from 80% of cases being diagnosed at stage 3 or 4, to 80% now being detected at stage 1 or 2, allowing for earlier, more effective treatment.

Vaping and impact on young people

A Member queried whether there was any emerging scientific data on vaping-related cancer risks, given the rise in young people using these products. The Medical Director responded that, while there were no confirmed direct links between vaping and cancer, respiratory specialists had observed an increase in inflammatory conditions and lung-related pathologies among long-term users.

A Member highlighted their further concerns about vaping addiction among young people, emphasising that the current cessation programmes were not effectively addressing nicotine dependency amongst young people. A Member drew reference to a recent Panorama documentary that highlighted alarming statistics on youth vaping habits and associated health risks. The view was expressed that the scale of addiction amongst young people was being underestimated, with

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disposable vapes hooking young people at an alarming rate and the long-term impact being greater than anticipated.

Mortality Reviews

A Member raised concerns regarding the current state of the mortality review process, specifically querying how KPIs were being applied to evaluate patient deaths and whether the system was effectively embedded across the Trust. In response, the Medical Director explained that a key aspect of the mortality review process involved Medical Examiners, who conducted initial mortality assessments. It was also explained that the Medical Examiner system was well embedded, having been established in May 2018, but the variability in referrals stemmed from the complex nature of patient eligibility criteria for secondary reviews.

The Medical Director outlined the specific cohorts of patients prioritised for mortality review, including:

- Patients with learning disabilities (LeDeR reviews).
- Patients with serious mental health conditions.
- Patients under the age of 40.
- Deaths following elective surgery.
- Clinical incidents or reported safety concerns flagged within the Trust's incident reporting system.
- Transfers from other hospitals where clinical concerns had been raised.

The Medical Director advised that in addition, when a Medical Examiner met with a deceased patient's family, if any concerns were raised, they could request a second-level review, regardless of whether the case met the standard eligibility criteria.

A Member queried the lack of inclusion of Black and Minority Ethnic (BME) patients as a specific review criterion, despite emerging national discussions about health outcome disparities in BME populations. The Medical Director acknowledged that BME considerations had not been explicitly factored into the Trust's local review criteria and advised that this would be taken back for further evaluation.

Ambulance Conveyance Rates and Urgent Care Access

A Member raised concerns about ambulance conveyance rates, particularly among individuals who did not drive or lacked access to reliable transport options. It was highlighted that certain demographics appeared to experience higher conveyance rates, and it was queried whether the Trust had assessed local transport challenges as a contributing factor to emergency admissions. The Director of Nursing explained that there were clear criteria for how ambulances were triaged

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and therefore it was not necessarily local demographics that contributed to emergency admissions, although it did have an impact on ease of access.

A Member highlighted concerns regarding operational inconsistencies in respect of the Redcar Urgent Treatment Centre (UTC). Reference was made to specific cases where patients were directed to James Cook University Hospital (JCUH) despite Redcar's UTC being equipped to handle their treatment. It was queried whether these referrals were necessary, given that at prior meetings assurances had been given to the Committee regarding community-based treatment models, yet in practice some patients were being redirected unnecessarily, increasing pressure on emergency hospital services.

The Medical Director acknowledged the issue and confirmed that there were variations in triage decisions across different UTC sites. It was explained that some of these inconsistencies were influenced by individual clinician discretion, resulting in patients being redirected when, in some cases, treatment could have been provided at the originating UTC. It was explained that a key factor contributing to these variations was differences in individual risk appetite among clinicians. The Medical Director agreed that standardising the triage protocols across the different urgent treatment sites remained a priority and horizontal integration efforts were underway.

The Medical Director emphasised, however, that while standardisation was essential, a cautious approach was still necessary in cases where escalation was genuinely warranted. It was acknowledged that some cases of "failure of nerve" in clinical judgment could contribute to inefficiencies, but it was also highlighted that sometimes over-cautious risk assessment protected patients from potential harm.

RESOLVED that: -

- a) That the Committee considered and commented on the update on performance in 2024-25 and the priorities for quality improvement in 2025-26.
- b) That a statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Committee Vice Chair.

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**NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST
QUALITY ACCOUNT FOR 2024/25 - DEPUTY DIRECTOR OF QUALITY
UNIVERSITY HOSPITALS TEES**

The Committee welcomed the Medical Director for North Tees and Hartlepool NHS Trust, who began by highlighting the Trust's strong performance against key emergency care indicators, particularly in the Accident and Emergency Department (A&E), including wait times and

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ambulance handover efficiency.

The Medical Director advised that the Trust had achieved 85.6% compliance with the 4-hour A&E wait target, placing the Trust among the top three nationally in terms of performance. It was advised that this was significantly above both the regional and national averages, demonstrating the effectiveness of the operational improvements that had been made over the past year. In addition, handover delays were exceptionally low, with 12-hour wait times standing at just 0.5%, compared to the national average of 6.4%. It was explained that this marked a significant achievement, particularly given the steady rise in demand for urgent and emergency care services. In terms of non-elective hospital stay durations the mean had been reduced to an average of six days, which demonstrated improved patient throughput and discharge efficiency.

The Medical Director discussed the operation of the two Urgent Treatment Centres (UTCs) within North Tees, which had been functioning at a consistent level year-round. It was advised that a revised workforce model was in development, ensuring that GP-led urgent care services were aligned with demand. The Trust was actively modelling GP-led workforce structures, assessing how staffing adjustments could optimise patient flow without unnecessary reliance on A&E resources.

In terms of key challenges, the Medical Director drew reference to the growing number of incidents involving violence and abuse toward staff, particularly within A&E departments on Friday and Saturday nights. It was acknowledged that emergency staff were regularly subjected to verbal and physical aggression, which necessitated additional security presence at peak hours.

The Medical Director acknowledged that in terms of challenges, although the Trust maintained good national participation in various audits, Structured Judgement Reviews (SJRs) were not performing all well as expected. The Trust was therefore focused on improvements and ensuring that learning from adverse events was effectively captured and acted upon to improve patient safety outcomes. Reference was also made to the rising burden of diabetes, as 15 per cent of patients admitted to hospital had the condition. It was advised that diabetes care was becoming more complex, with evolving treatment regimes requiring more advanced clinical oversight. It was explained that this formed part of the Trust's wider clinical upskilling strategy, to support staff in recognising early deterioration in patients with complex health conditions.

The Director of Nursing drew reference to the Trust's success stories and the Trust's evolving approach to patient safety, emphasising that the organisation had moved away from traditional incident-reporting frameworks and toward a more holistic and proactive model. It was

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explained that instead of focusing solely on isolated patient safety incidents, the Trust had adopted a wider learning-based approach, which evaluated systemic factors that could influence patient outcomes. A key aspect of this approach was also the integration of shared learning across different care settings, which allowed for best practices to be disseminated more effectively across wards and clinical teams.

The Director of Nursing detailed how the Trust used benchmarking data, comparing national audit results with internal performance metrics to critically evaluate patient safety standards. This ensured that every aspect of service delivery, from infection prevention to acute care responsiveness, was consistently monitored and refined.

Members were advised that one of the major advancements in patient safety at the Trust had been the real-time responsiveness to patient feedback. It was explained that feedback from patients now formed a core part of structured safety reviews, rather than being examined separately from clinical performance. The Director of Nursing explained how data collected from patients across multiple sources including formal complaint systems, family and friends' tests, and national satisfaction surveys was triangulated with clinical audit outcomes to provide a comprehensive view of patient experiences. It was acknowledged that not all feedback was positive and that was precisely why it was so important. It was accepted that even a 3 per cent negative response rate was significant and systems were in place to ensure frontline teams were aware of the feedback in real time.

The Director of Nursing advised that the Trust had adopted a rapid response model, ensuring that issues raised on a Friday were actively reviewed by clinical teams the same afternoon or by Monday morning. This prevented delays in addressing concerns and ensured that patients felt their feedback was acknowledged and acted upon.

Following the presentation, the Committee engaged in discussion and the following key points were raised: -

Maternity Safety Assurance and Ongoing Engagement

A Member expressed concerns about the scale of public dissatisfaction with maternity services at the Trust, citing the petition recently submitted to the Care Quality Commission (CQC), which contained 1,100 signatures from concerned individuals, and queried whether an update from the Trust could be provided.

The Director of Nursing advised that the Trust had actively engaged with the national maternity safety advisor and that discussions regarding maternity concerns were ongoing. It was explained that the Trust was aware of the feedback from service users and had taken action to

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evaluate concerns raised within the petition.

The Director of Nursing provided further insights into the actions the Trust had taken to improve maternity services, confirming that all objectives outlined in the 2022 NHS England maternity safety improvement plan had been met. It was explained that the Trust had undergone visits from NHS England and peer review teams, reinforcing external oversight of progress.

A Member queried whether feedback could be gathered from patients at the point of care through direct engagement with ward teams rather than through third-party evaluations.

The Director of Nursing addressed the importance of direct service-user engagement in maternity care, stating that maternity patients were encouraged to provide feedback at multiple stages of their journey, ensuring real-time evaluation of service quality at the Trust. It was advised that Maternity Voices Partnership representatives were actively involved in reviewing service quality, offering a critical service-user perspective on maternity care policies and decisions.

Support for Young Mothers

A Member raised a specific concern regarding younger mothers aged 19-21, stating that this demographic often struggled to feel heard during their maternity care experiences. It was suggested that introducing a peer-led model, where young mothers could seek reassurance from individuals with similar lived experiences, might improve engagement and confidence during the maternity journey.

The Director of Nursing confirmed that the Trust had been exploring community-led maternity support initiatives, particularly in relation to breastfeeding education and postnatal care. It was acknowledged that while a direct policy for peer mentoring had not yet been formalised, efforts were being made to reflect the needs of younger service users within maternity care planning. The Committee welcomed the updates provided and encouraged the Trust to continue evaluating maternity services, engaging with service users and ensuring transparency in ongoing improvements.

Workforce Safety Concerns

Members expressed concerns regarding workplace violence and the support available to frontline A&E staff. A Member queried whether violence toward healthcare staff had worsened since COVID, to which the Medical Director provided definitive confirmation.

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A Member expressed concern over the diminished police presence in Stockton, highlighting that PCSO coverage had been significantly reduced, and queried whether the reduction had impacted the Trust. The Medical Director advised that regular discussions were held with Cleveland Police and briefings were provided to facilitate proactive intervention strategies where required.

A Member queried whether incidents of aggression impacted other patients, particularly those witnessing violent outbursts from individuals in distress. The Director of Nursing confirmed that while physical assaults on other patients were rare, psychological distress among bystanders was a known issue. It was advised that the Trust had been working on tailored risk assessments and ensuring cognition-related incidents were managed appropriately.

RESOLVED that: -

- a) That the Committee considered and commented on the update on performance in 2024-25 and the priorities for quality improvement in 2025-26.
- b) That a statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Committee Vice Chair.

8 WORK PROGRAMME FOR 2025/26

The Work programme for 2025/26 was discussed and a further item relating to the impact of waste incinerators on health identified for inclusion.

RESOLVED that: -

- (i) The impact of waste incinerators on health be added to the Committee's 2025/26 work programme.
- (ii) Any further items identified for the work programme for 2025/26 be discussed at the next Committee.

9 ANY OTHER ITEMS WHICH THE CHAIR CONSIDERS URGENT

Quality Accounts 2024/25 - TEWV and NEAS

The Senior Democratic Services Officer advised that the Quality Account 2024/25 documents for TEWV and NEAS had recently been circulated, along with the draft third party statements, which had been prepared on behalf of the Committee by the Scrutiny and Legal Support Officer at Hartlepool Council.

Members were invited to provide any feedback or comments on the statements by Friday 9 May 2025, prior to sign off by the Chair / Vice

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Chair and formal submission to the respective Trusts.

RESOLVED that following receipt of any final comments / amendments the third-party statements be submitted to TEWV and NEAS for inclusion in the Quality Accounts for 2024/2025.



Member Report

Protocol for the Tees Valley Joint Health Scrutiny Committee

Report to: Tees Valley Joint Health Scrutiny Committee

Report from: Senior Democratic Services Officer

Portfolio: Adults and Health, Welfare and Housing

Report Date: 17 July 2025

Decision Type: Committee

Council Priority: All

HEADLINE POSITION

1.0 Summary of report

To seek adoption of the Protocol and Terms of Reference for the Tees Valley Joint Health Scrutiny Committee.

2.0 Recommendation

That Members agree and adopt the Protocol and Terms of Reference for the Tees Valley Joint Health Scrutiny Committee for the 2025/26 municipal year.

BACKGROUND

3.1 The Protocol and Terms of Reference, attached at Appendix A, are presented to the Tees Valley Joint Health Scrutiny Committee at the beginning of each municipal year

3.2 Following the amendment requested at the last meeting, as shown via track changes in the document, the Committee is asked to consider if any further changes, or amendments, are required to the Protocol or Terms of Reference prior to its adoption for the 2025/26 municipal year.

4.0 Background Papers

4.1 Background papers used in the preparation of this report were minutes from the meeting of the TVJHSC held on 8 May 2025.

5.0 Contact Officer

5.1 Name: Caroline Breheny

5.2 Position: Senior Democratic Services Officer

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Protocol for the Tees Valley Health Scrutiny Joint Committee

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

Tees Valley Local Authorities

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

NHS England Area Teams

4. Durham, Darlington and Tees Area Team.

NHS Foundation Trusts

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

Integrated Care Board

6. North East and North Cumbria ICB.

Tees Valley Health Scrutiny Joint Committee

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

Membership

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

Chair and Vice-Chair

16. The Chair of the Joint Committee will be rotated annually between the Tees Valley Authorities in the following order:-
 - Stockton-on-Tees
 - Hartlepool
 - Redcar & Cleveland
 - Middlesbrough
 - Darlington
17. The Joint Committee shall have a Vice-Chair from the Authority next in rotation for the Chair. At the first meeting of each municipal year, the Joint Committee shall appoint as Chair and Vice-Chair the Councillors nominated by the relevant Councils. If the Chair and Vice-Chair are absent from a meeting, the Joint Committee shall appoint a member to act as Chair for that meeting. The Chair will not have a second or casting vote.
18. Where the Authority holding the Chair or Vice-Chair has chosen not to be involved in a Tees-wide review, the Chair and Vice-Chair of the Joint Committee for the duration of that review will be appointed at a general meeting of the Joint Committee.

Co-option of other Local Authorities

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

Terms of Reference

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

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

Administration

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

Final Reports and Recommendations

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

Substantial Developments or Variations to Health Services

34. The Joint Committee will act as a depository for the views of its constituent authorities when consultation by local NHS bodies has under consideration any proposal for a substantial development of, or variation in, the provision of the health service across the Tees Valley, where that proposal will impact upon residents of each of the Tees Valley Local Authorities.
35. In such cases the Joint Committee will seek the views of its constituent authorities as to whether they consider the proposed change to represent a significant variation to health provision, specifically taking into account:-
 - changes in accessibility of services
 - impact of proposal on the wider community
 - patients affected
 - methods of service delivery
36. Provided that the proposal will impact upon residents of the whole of the Tees Valley, the Joint Committee will undertake the statutory review as required under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013. Neighbouring authorities not normally part of the Joint Committee, may be included where it is considered appropriate to do so by the Joint Committee. In accordance with paragraph 22, the Joint Committee will agree the arrangements for carrying out the Review.
37. Where a review does not affect the residents of the whole of the Tees Valley the provisions of paragraphs 14 and 15 will apply and the statutory review will be conducted accordingly.
38. In all cases due regard will be taken of the NHS Act 2006 as amended by the Health and Social Care Act 2012, and the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013.

Principles for Joint Health Scrutiny

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



Member Report

North East and North Cumbria Integrated Care Board: NHS Dentistry Update

Report to: Tees Valley Joint Health Scrutiny Committee

Report from: Senior Democratic Services Officer

Portfolio: Adults and Health, Welfare and Housing

Report Date: 17 July 2025

Decision Type: Committee

Council Priority: All

HEADLINE POSITION

1.0 Summary of report

The Committee will receive an update on NHS primary care dental services and dental access developments.

2.0 Recommendation

It is recommended that Members note the position and the actions undertaken to improve access to dental services across the Tees Valley.

BACKGROUND

3.1 An update on NHS dentistry was last provided to the Committee in December 2023 by the North East and North Cumbria Integrated Care Board (NENC ICB) Director of Place Based Delivery. Key information and subsequent discussion points can be found within the published minutes of that meeting – please see [Agenda item - North East and North Cumbria Integrated Care Board - NHS Dentistry Update - Stockton-on-Tees Borough Council](#)

3.2 Dave Gallagher, Chief Contracting and Procurement Officer at NENC ICB, is scheduled to be in attendance to provide this latest update. A presentation has been provided and can be found at Appendix 1.

4.0 Background Papers

4.1 Background papers used in the preparation of this report were minutes from the meeting of the TVJHSC held on 15 December 2023.

5.0 Contact Officer

5.1 Name: Caroline Breheny

5.2 Position: Senior Democratic Services Officer

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5.4 Telephone Number: 01642 444065

Dental services update

17 July 2025

Dave Gallagher

Chief Contracting & Procurement Officer

Overview

What we're doing to make it easier to get a routine dental appointment:

- Increased the minimum rate paid to NHS dental practices to deliver NHS dental care above the nationally mandated minimum rate of £28 – the ICB's minimum unit of dental activity (UDA) rate is now £32.92.
- Offering NHS dental practices the opportunity to be paid to deliver more than their contracted level of activity.
- Progressing plans to commission additional general dental access to replace capacity lost from contract hand- backs.
- Making funding available to support, where required, practices in our most deprived communities and to replace capacity in areas where NHS services have been lost.
- Working with our local dental networks and committees and NHS England Regional Workforce Training and Education Directorate to stabilise, upskill and grow the dental workforce.

Overview

What we're doing to increase urgent care and access to specialist services:

- Increasing the number of urgent care appointments available from dental practices.
- Providing more urgent out-of-hours appointments.
- Providing additional dental clinical assessment workforce and triage capacity within the NHS 111 service.
- Building a network of Urgent Dental Access Centres to treat patients with the greatest clinical needs.
- Increasing specialist orthodontic and oral surgery capacity where required to help patients access the services they need quicker.

We also continue to collaborate with local authorities and other partners to promote good oral health practices across the region.

Improving access to urgent care

Increased out-of-hours treatment capacity

- Dental out-of-hours providers have been offered the opportunity to provide additional treatment sessions. An **additional 1,034 sessions** have been commissioned for 2025/26.

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NHS 111 Dental Clinical Assessment Services (DCAS)

- Due to lack of general dental access, call volumes to NHS 111 remain high. We have committed non-recurrent funding for 2025-26 to increase the dental clinical workforce capacity for DCAS to improve ability to safely manage and respond to dental calls.

Incentivised access scheme

- Offered all dental practices opportunity to deliver access appointments for patients in greatest clinical need. Over **51,000 additional appointments** secured for 2025-26 to date.

Incentivised access appointments by area (April to September 2025)

Area	Sum of appointments commissioned as of June 2025
County Durham	6070
North Cumbria	1464
Darlington	130
Gateshead	4848
Newcastle	6858
North Tyneside	4362
Northumberland	5450
South Tyneside	6654
Sunderland	4981
Hartlepool	4506
Middlesbrough	315
North Tees	1797
Redcar and Cleveland	4177
Total	51,612

10,925
additional urgent
care appointments
across Tees
Valley

Urgent Dental Access Centres

Investing up to £9.5m in a network of Urgent Dental Access Centres (UDACs) across the North East and North Cumbria:

- Building on the success of two pilot sites in Darlington and Carlisle that opened in 2024.
- Will provide circa 30 UDAC surgeries with just over 109,000 appointments per year.
- Working towards full NENC ICB wide network being mobilised by the end of September 2025.
- This is one of the local initiatives needed to support delivery of the Government's manifesto pledge to provide 700,000 additional urgent care appointments across England, of which the ICB's expected contribution is 57,559 additional appointments.

Commissioned UDAC sites to date include:

- Carlisle x 1
- Whitehaven x 1
- Alnwick x 1
- Blyth x 1
- Walker x 1
- Gateshead x 1
- Peterlee x 1
- Darlington x 1
- Middlesbrough x 2
- Normanby x 1
- Eston x 1

with more to follow

Full UDAC network

Locality	UDAC location(s)
North Cumbria	Carlisle and Whitehaven
Northumberland	Alnwick, Blyth (site in west to be confirmed)
Newcastle	Walker (potential further site in the west)
North Tyneside	North Shields
Gateshead	Gateshead
South Tyneside	Site(s) yet to be confirmed
Sunderland	Site(s) yet to be confirmed
Durham	Durham City and Peterlee
Darlington	Darlington
Middlesbrough	Middlesbrough
Stockton	Site(2) yet to be confirmed
Redcar and Cleveland	Normanby and Eston
Hartlepool	Site to be confirmed

- Locations informed by population and ease of transport access
- Residents can use any UDAC
- Provides standardisation of urgent care
- Long-term, structured approach to in-hours unscheduled care across North East and North Cumbria

Workforce

- £878k provided in 24-25 to NHSE Northeast Workforce, Training and Education Directorate to support a range of initiatives:
 - upskilling dental workforce,
 - dental therapist mentoring,
 - continuation/expansion of “Mouth Care Matters” programme
 - Provision of oral health training resources.
- Loyalty bonus to be paid to experienced dentists in recognition of their contribution in treating our most high needs patients who require more complex treatment.
- NHS Dental Recruitment Incentive Scheme (“Golden Hello” payment) – being considered as part of our wider recovery programme on how we improve both recruitment and retention of dentists.

Improving oral health

- Oral health and care strategy – working with Local Authorities (LAs) and other key stakeholders to develop/agree a system wide strategy building on existing LA and ICB plans.
- £2m made available to our combined/local authorities to tackle oral health needs due to poverty and support a range of oral health programmes, including:
 - expanding supervised toothbrushing schemes in schools
 - providing toothbrushing kits for children with special educational needs, families and older people in residential homes.
- Department of Health approval to extend community water fluoridation within the North East.

National context

NHS 10 Year Health Plan

A commitment to 'fix the foundations' of dentistry by:

- Improving access to NHS dentistry
- Improving children's oral health
- Increasing the number of NHS dentists working in the system by making the dental contract more attractive
- Introducing tie-ins for those trained in the NHS

<https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>



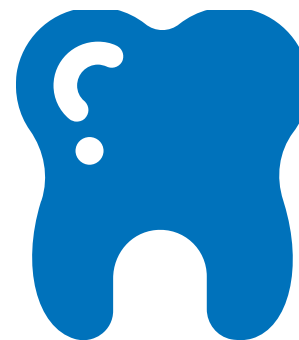
NHS dentistry contract: quality and payment reforms

Package of proposed changes designed to:

- Support a focus on the highest priority patient groups
- Help deliver important and evidence-based prevention activity
- Introduce a quality-related element into the contract for the first time

Public consultation open until 19th August 2025.

<https://www.gov.uk/government/consultations/nhs-dentistry-contract-quality-and-payment-reforms/nhs-dentistry-contract-quality-and-payment-reforms-consultation-document>





Member Report

Tees, Esk & Wear Valley NHS Foundation Trust - CAMHS Update

Report to: Tees Valley Joint Health Scrutiny Committee

Report from: Senior Democratic Services Officer

Portfolio: Adults and Health, Welfare and Housing

Report Date: 17 July 2025

Decision Type: Committee

Council Priority: All

HEADLINE POSITION

1.0 Summary of report

The Committee will receive an update in respect of Children and Adolescent Mental Health Services (CAMHS) across the Tees Valley.

2.0 Recommendation

It is recommended that Members note the position and actions undertaken to improve access to CAMHS across the Tees Valley.

BACKGROUND

- 3.1 James Graham, General Manager, Durham and Tees Valley Community CAMHS at TEWV NHS FT attended Darlington's Health and Housing Scrutiny Committee on 2 April 2025. Please see the following link to the respective agenda pack ([Public Pack](#)) [Agenda Document for Health and Housing Scrutiny Committee, 02/04/2025 10:00](#) (pages 41-50). Key information and subsequent discussion points can be found within the published minutes of that meeting – please see [Minutes extract 2 April 2025](#).
- 3.2 The key areas of interest discussed including the i-THRIVE framework of care, waiting times for triage, needs assessment and commencement of mental health services, access to specialist eating disorders treatments and waiting times for neurodevelopmental assessments are shared by all Tees Valley local authorities. It has been requested that a similar presentation containing information pertaining to all five Tees Valley local authorities be provided.
- 3.3 Jamie Todd, Care Group Director of Operations and Transformation and James Graham, General Manager CAMHS at TEWV NHS FT are scheduled to be in attendance to provide this latest update.

4.0 Background Papers

- 4.1 Background papers used in the preparation of this report were minutes from the

meeting of the Darlington Health and Housing Scrutiny Committee held on 2 April 2025.

5.0 Contact Officer

5.1 Name: Caroline Breheny

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Member Report

Respite Care and Adult Learning Disability Service

Report to: Tees Valley Joint Health Scrutiny Committee

Report from: Senior Democratic Services Officer

Portfolio: Adults and Health, Welfare and Housing

Report Date: 17 July 2025

Decision Type: Committee

Council Priority: All

HEADLINE POSITION

1.0 Summary of report

The Tees Valley Joint Health Scrutiny Committee has a long-standing interest in the provision of respite care and has previously considered the issue at its meeting 19 September 2024 and 9 January 2025. A further update is being presented at the Committee today by representatives from NENC Integrated Care Board and Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust on the provision of respite care across the Tees Valley.

2.0 Recommendation

It is recommended that Members note the position and rationale for change including the approach being taken to the co-production of respite support, market engagement and development of potential options for future respite provision.

BACKGROUND

- 3.1 At the Committee's meeting on 9 January 2025 Members were advised that ICB introductory meetings had been held, listening events arranged, and a partnership project group established in respect of future respite provision. It was advised that the next steps would involve development sessions with the partnership project group, the co-production of respite support, consideration of market engagement and development of various options. It was advised that potential procurement options would be presented to Members at the July meeting of the TVJHSC.
- 3.2 Kimm Lawson, Head of Strategic Commissioning (Tees Valley) NENC Integrated Care Board and John Savage, General Manager, Adult Learning Disabilities, Tees, Esk and Wear Valley NHS Foundation Trust will be in attendance to provide an update and respond to Members queries on the provision of respite care across the Tees Valley.

4.0 Background Papers

- 4.1 Background papers used in the preparation of this report were minutes from the

meeting of the TVJHS held on 19 September 2024 and 9 January 2025.

5.0 Contact Officer

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Member Report

North Tees and Hartlepool NHS Foundation Trust: Community Diagnostic Centre Update

Report to: Tees Valley Joint Health Scrutiny Committee

Report from: Senior Democratic Services Officer

Portfolio: Adults and Health, Welfare and Housing

Report Date: 17 July 2025

Decision Type: Committee

Council Priority: All

HEADLINE POSITION

1.0 Summary of report

The Committee will receive an update on the Community Diagnostic Centre (CDC) Hub in Stockton and the Spoke sites at the University Hospital of Hartlepool, the Friarage Hospital and the Redcar Primary Care Hospital.

2.0 Recommendation

It is recommended that Members note the position and the necessary arrangements are made for representatives of the Committee to visit the CDC.

BACKGROUND

3.1 An update on the CDC was last provided to the Committee in September 2024 by the Director of Transformation at North Tees and Hartlepool NHS Foundation Trust (NTH NHS FT). Key information and subsequent discussion points can be found within the published minutes of that meeting – please see [Agendas, reports and minutes | Hartlepool Borough Council](#).

3.2 Representatives from NT NHS FT and South Tees Hospitals NHS FT (ST NHS FT) are scheduled to be in attendance to provide this latest update.

4.0 Background Papers

4.1 Background papers used in the preparation of this report were minutes from the meeting of the TVJHSC held on 19 September 2024.

5.0 Contact Officer

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TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE**WORK PROGRAMME 2025-2026**

Meeting Date	Topic	Attendance
8 th May 2025	TVJHSC: Appointment of Chair & ViceChair TVJHSC: Protocol / Terms of Reference TVJHSC: Work Programme Timetable North Tees and Hartlepool NHS Foundation Trust Quality Account for 2024/25 South Tees Hospitals NHS Foundation Trust Quality Account for 2024/2025	Deepak Dwarakanath, Medical Director Beth Swanson, Director of Nursing Diane Palmer, Interim Deputy Director of Quality University Hospitals Tees Rachel Scrimgour, Compliance and Regulation Manager Lindsay Garcia, Director of Nursing Diane Monkhouse, Medical Director
17 th July 2025	Tees, Esk & Wear Valley NHS Foundation Trust - CAMHS Update Tees Respite care/Adult Learning Disability update NHS Dentistry Update Community Diagnostic Centre (Tees Valley Community Diagnostic Centre, Stockton)	Jamie Todd, Care Group Director of Operations and Transformation, TEWV James Graham, General Manager, Durham and Tees Valley Community CAMHS, TEWV Kim Lawson, Strategic Head of Commissioning (Tees Valley), North East and North John Savage, General Manager, Adult Learning Disabilities, TEWV David Gallagher, Chief Procurement and Contracting Manager (NENC ICB) Sam Peat, Chief Operating Officer, South Tees Hospitals NHS FT (ST NHS FT) Rowena Dean, Chief Operating Officer, North Tees and Hartlepool NHS Foundation Trust (NT&H NHS FT)
2 nd October 2025	North East and North Cumbria Integrated Care Board: Winter Plan Update	Karen Hawkins, Director of Delivery [Tees Valley], North East and North Cumbria Integrated Care Board (NENC ICB)

	Opioid prescribing and dependency across the Tees Valley	Rowena Dean, Chief Operating Officer, North Tees & Hartlepool Foundation NHS Trust (NTHFT) Alistair Monk – Medicines Optimisation Pharmacist, NHS North of England Commissioning Support Unit Angela Dixon – Head of Medicines (Tees Valley), (NENC ICB)
	Vaping / Nitro Oxide – Public Health	Mark Adams, Joint Director of Public Health South Tees
	Suicide Prevention Strategy	Andrea McLoughlin – Preventing Suicide (Tees) Public Health Practitioner, Middlesbrough Council Jo Cook – Programme Manager Preventing Suicide, Durham Tees Valley and Forensics, Tees Esk and Wear Valleys NHS Trust (TEWV).
	Health Inequalities	Sarah Paxton - Head of communications, TEWV Catherine Parker – Public Health Lead, TEWV
	Community Mental Health Transformation	Kim Lawson, Strategic Head of Commissioning (Tees Valley), North East and North Cumbria Integrated Care Board (NENC ICB) Ann Bridges - Executive Director of Corporate Affairs and Involvement, TEWV John Stamp - Associate Director of Partnerships and Strategy, TEWV Julian Penton – VCSE partner, Hartlepower Community Trust
11 th December 2025	Tees Respite Care / Short Breaks Service - Update	Kim Lawson, Strategic Head of Commissioning (Tees Valley), (NENC ICB) Joe Walker, Service Manager, Respite Day and Residential Services, Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) Hannah Warburton, Communications Manager, TEWV
	Clinical Services Strategy Update – Group Model	Mike Stewart, Chief Strategy Officer, University Hospital Tees (UHT)

	Palliative and End-of-Life Care Strategy – Development / Implementation NEAS: Staff Safety and performance update	Matt Neligan, Chief Strategy Officer, University Hospital Tees (UHT) Katie McLeod, Deputy Director of Delivery, (NENC ICB) Dr Nicky Miller, Clinical Lead, (NENC ICB) Mark Cotton, Assistant Director of Communications and Engagement (NEAS). Victoria Court, Deputy Chief Operating Officer, NEAS
12 th March 2026	North East Ambulance Service: Quality Account 2025-2026 (to include performance updates) Tees, Esk and Wear Valleys NHS Foundation Trust: Quality Account 2025-2026 (to include performance updates) Urgent care / NHS111 / mental health crisis line update	Rachael Lucas, Assistant Director of Quality & Safety (NEAS) Mark Cotton, Assistant Director of Communications and Engagement (NEAS). Beverley Murphy, Chief Nurse, Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) Shaun McKenna, General Manager, Adult Mental Health – Urgent Care, TEWV

Items to be scheduled

- Recruitment and Retention Planning (ICB) Julie Bailey
- Chronic Pain Services – Paula Swindale
- TEWV trends for quality matrix
- NHS England: CQC: Update