Public Document Pack

Tees Valley Joint Health Scrutiny Committee

Date: Thursday, 2 October 2025
Time: 10.00 am
Venue: Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

Membership: -

Darlington BC: Councillors Johnson, Layton and Scott
Hartlepool BC: Councillors Boddy, Moore and Roy
Middlesbrough BC: Councillors Cooper, Kabuye and Stephenson
Redcar and Cleveland BC: Councillors Cawley, Crane and Hannaway
Stockton-on-Tees BC: Councillors Besford, Coulson and Hall

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Thursday, 17 July 2025

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Thursday, 17 July 2025 at the Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

PRESENT Councillors M Besford, M Boddy, C Cawley, C Cooper, J Coulson, S Crane, L Hall, J Kabuye, M Layton and A Roy.

OFFICIALS S Bonner, C Breheny, C Jones, G Jones and G Woods.

IN ATTENDANCE Councillor Gallagher, K Lawson, K Smith, J Todd and J Walker.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors N Johnson, S Moore and H Scott.

10 **APPOINTMENT OF CHAIR 2025/26**

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 Crane was nominated by Councillor Hall, seconded by Councillor Coulsen.

RESOLVED that Councillor Cawley be elected as Chair of the Tees Valley Joint Health Scrutiny Committee for 2025/26.

11 **APPOINTMENT OF VICE CHAIR 2025/26**

There was no requirement for this item to be considered, as the appointment for Vice Chair had been resolved at the previous meeting and the minutes for that meeting would be amended accordingly. **NOTED**

Thursday, 17 July 2025

12 **MINUTES OF THE MEETING HELD ON 8 MAY 2025**

The minutes of the meeting held on 8 May 2025 were confirmed as a correct record subject to an amendment regarding the appointment of Vice Chair. It was noted that the appointment of Vice Chair had been for the 2025/6 Municipal Year and not solely for that meeting. **NOTED**

13 **DECLARATIONS OF INTEREST**

The following declaration of interest was raised by Councillor C Cawley: -

- Item 8 – Family member currently awaiting assessment by CAMHS.

It was **RECOMMENDED** that the Committee note this declaration.

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

Agreed subject to the removal of section 4 - NHS England Area Teams; **NOTED**

15 **NORTH EAST AND NORTH CUMBRIA (NENC) INTEGRATED CARE BOARD (ICB) - NHS DENTISTRY UPDATE**

The Chief Contracting and Procurement Officer asExecutive Lead for Commissioning Primary Dental Care at NENC ICB provided an overview of current challenges and strategic responses in NHS dental provision across the Tees Valley and wider North East region. It was acknowledged that difficulties in accessing NHS dental services were not unique to the region but were being actively addressed through a range of local initiatives.

Members were advised that several dental practices had and were continuing to return NHS contracts, prompting efforts to recommission activity and replace lost capacity. The Commissioning Team, although small, was in continuous dialogue with practices to support service delivery and prioritise access in deprived communities. Measures to address the issues faced included incentivising over-delivery, increasing urgent care appointments, and expanding out-of-hours provision in collaboration with NHS 111.

The Chief Officer explained that access to routine dental procedures, for example scale and polish services, and urgent dental surgery remained a key concern. In response, an additional 1,000 urgent access sessions had been commissioned this year, contributing to a total of 51,000 sessions region wide. Tees Valley alone accounted for nearly 11,000 of these. It was highlighted that the rollout of Urgent Dental Access Centres

(UDACs), had begun in Darlington and Carlisle, with plans to establish 30 surgeries at centres across the North East and North Cumbria (NENC). These offered patients a choice of providers beyond their local practice, aiming to standardise urgent care and improve accessibility.

In terms of other key challenges, it was advised that workforce development was also a key priority. Efforts included upskilling Dental Therapists and Hygienists, particularly in Darlington, and introducing loyalty bonuses to retain NHS dental staff. The Chief Officer emphasised the importance of supporting lifestyle changes to reduce demand and noted that most Local Authorities now had an Oral Health Strategy in place. An additional £2 million had been allocated to the Tees Valley and North East Combined Authorities, supplementing national funding.

The Chief Officer referenced the recent successful national consultation to extend water fluoridation across the region and stressed the need to modernise NHS dental contracts. It was noted that a public consultation was currently underway, closing mid-August, which would inform future contract reform.

During the discussion that ensued the following points were raised: -

- A Member highlighted the importance of continuity in urgent dental care. The Chief Officer acknowledged that although Urgent Dental Access Centres (UDACs) were established to address immediate needs, many patients sought temporary treatment without a clear pathway to complete their course of care. The need to “close the loop” so that patients received full treatment beyond the initial episode was emphasised.
- A Member expressed concerns in relation to workforce retention and professional development. The view was expressed that many dentists felt disheartened by limited career progression opportunities. The Chief Officer acknowledged the importance of this and confirmed that the ICB was working closely with the dental deanery to ensure a balanced skill mix across dental teams, including the opportunities available to technicians and support staff, to help maximise workforce potential.
- A Member raised a query about the timing and communication of service expansion and cautioned against encouraging patients who have not accessed dental care for some time until systems were robust enough to manage increased demand.
- Members commented that many patients remained unaware of how to access services, particularly when their regular dentist was unavailable. Improved communications were being planned to ensure visibility of practices offering extended services.
- Members welcomed updates on self-referral pathways and loyalty bonuses.

- The Chief Officer provided clarity on site rollout, advising that three new UDAC centres were expected to go live in August and four in September.
- A Member queried whether an up-to-date list of available NHS dental practices was publicly accessible. The Chief Officer confirmed that the national “Find My Dentist” website was updated by practices and included open lists for children. A local version was also available on the council’s website, though coverage may vary.
- A Member raised concerns about data quality and timeliness. The view was expressed that although commissioning data on appointment slots was available, information on actual patient access was often delayed and lacked granularity. It was suggested that more detailed and timely data would support better decision-making and service planning.

- The Chief Officer commented that the establishment of UDAC’s across NENC formed part of the initial strategy for implementing improvements in oral health services in the region, noting that the draft Oral Health Strategy was scheduled for presentation at the upcoming ICB Board meeting later that month. Members acknowledged the importance of integrating the NHS 111 single point of access into the approach, recognising its potential to guide patients to the most appropriate care pathways.

- The Chief Officer advised that a communications campaign was proposed to raise awareness and support uptake. Members expressed regret at the absence of Healthwatch’s input, highlighting the value of its community reach and the insight it provided into patient experience, particularly in areas that were otherwise difficult to access. The challenge of maintaining robust patient and public engagement in the absence of Healthwatch was acknowledged, and it was agreed that a new approach would be required to ensure continued access to meaningful feedback.

- The evolving role of elected members in fulfilling aspects of Healthwatch’s function was noted, with reference to Healthwatch’s work in linking into existing community networks. Members emphasised the importance of designing and delivering services that were responsive to local needs.

- It was agreed that a further update would be provided once key elements of the Oral Health Strategy were confirmed.

AGREED that the information presented be noted and a further update provided once the Oral Health Strategy had been confirmed.

16 **TEES ESK & WEAR VALLEY NHS FOUNDATION TRUST - CAMHS UPDATE**

The Director of Operations and Transformation provided a comprehensive update on developments within children's community services, framed within a whole-system, evidence-based approach aligned with local authority commissioning priorities. A clear distinction was made between treatment and support services, with reference to the NHS Long Term Plan's ambition to empower children and young people as active participants in their care.

Mental Health Services and Access Standards

Key performance metrics were shared regarding general mental health services for children, particularly within the "Getting Help" and "Getting More Help" pathways. While services compared favourably in some areas, the average wait time for assessment currently stood at 63 days, exceeding the national benchmark of 28 days. DNA rates were noted as a contributing factor to waiting times and work was ongoing to improve engagement.

Members were advised that treatment typically commenced within 6–12 weeks, depending on individual needs. Capacity constraints and national medication supply issues had impacted service delivery, prompting the implementation of alternative care models and increased collaboration with pharmacy colleagues.

The children's eating disorder service was highlighted as a positive example, achieving 100 per cent compliance with appointment standards over the past four weeks. Operating 8am–8pm, seven days a week, the service had contributed to a reduction in hospital admissions and improved access to care closer to home. Breaches of 4-hour and 1-week standards were attributed primarily to family-related factors. Across Teesside, access and support from children's crisis mental health support (NHS111 option 2) were successfully completed more than 90% of the time and consistently achieving the national standard. .

Expanding Access and Managing Demand

The Director of Operations explained that as part of a national programme to increase access to core services, the local system had delivered over 11,000 appointments as of May 2025, exceeding the target set for the years to date and on track to exceed this at year-end. However, significant challenges remained for some assessments for Autism and ADHD in line with national trends. In Darlington, the average wait time for ADHD and Autism assessments was 566 days, with delays spanning up to 45 months. While there is no backlog for initial triage and screening, the system was operating beyond its commissioned capacity due to

prolonged excessive demand. To mitigate this, the Trust was working closely with the ICB and Local Authority partners on a range of improvements. The Trust had implemented a revised neurodevelopmental assessment pathway which had been positively evaluated, enabling some young people to be seen sooner and improving family engagement. A “needs-led bubble of support” model existed in Teesside as a means of support whilst waiting, signposting families to voluntary sector providers such as Daisy Chain for assistance with sleep, behaviour, and coping strategies. All families on waiting lists received a “keeping in touch” contact from the Trust which included advice and guidance on access to crisis support if required.

Referral pathways were being redesigned to include accredited providers, with investment enabling more families to access assessments earlier. Transformation efforts were ongoing, with mental health support teams now embedded in schools across the region, achieving 100 per cent mainstream school coverage in Darlington and work with the ICB on next phases of investment in these teams. MHST’s had supported hundreds of young people and helped schools adopt broader approaches to mental health and wellbeing, with further expansion anticipated over the next 3–5 years.

Service Integration and Future Commissioning

Members were informed of a forthcoming tender to reprocure a more integrated model of care, encompassing current partners of getting help services and local VCSE organisations. The proposed model would offer earlier access to services including IAPT, counselling, and CBT, with specifications designed to promote integration and be service user focused. A strong partnership bid had been submitted, though there remained a risk of award to a national organisation.

Governance and Assurance

TEWV has responded to scrutiny reports with significant improvement activity. A recent update from Niche noted clinical practice was now compliant with required standards and governance and quality assurance processes were in place. The progress made reflected substantial effort during a challenging period.

Following the presentation discussion ensued and the following points were raised:-

- A Member declared a personal interest, advising that her children were currently attempting to access neurodevelopmental services. Concerns were raised about the length of prolonged delays, given that her child entered the pathway at age 11½ and was now 14, yet had never been seen or contacted. The emotional toll on families and the

need for more meaningful engagement, beyond occasional leaflets or letters was emphasised. The support provided by Daisy Chain service was praised, however, transport costs and the limited availability of HAF and SEND activities were noted as barriers. It was stressed that for families unfamiliar with support systems, the process felt overwhelming and impersonal.

- A Member raised concerns regarding excessive waiting times for ADHD and autism assessments, referencing NICE guidelines which indicated significant risk of mental health deterioration and hospitalisation within 12–14 months. Current average waits of 35 months were described as unacceptable. Reference was drawn to the I-Thrive model and the view expressed that the model was externally imposed and not tailored to local needs. Members acknowledged the national scale of the issues faced and the limitations of non-recurring funding. It was noted that efforts were underway to prioritise assessments for those most in need, though a clear plan to meet NICE targets was lacking. Workforce shortages and post-COVID demand were identified as key barriers to transformation.
- A Member shared a deeply concerning, recent account of five youth suicides locally within a short time period, including among his son's peers. It was highlighted that suicide rates across Tees Valley boroughs exceeded both regional and national averages. Members discussed the need for retrospective learning and importance of examining whether those individuals had accessed services, been on waiting lists, or received GP support. The Director of Operations confirmed that formal safeguarding investigations were conducted in such cases, with findings shared via appropriate forums. The role of social media as a potential catalyst was acknowledged. It was requested that the latest regional and national data be shared with Members, and the Committee agreed to maintain oversight of this issue.
- A Member highlighted that Darlington had recently appointed a Suicide Prevention Lead, with recent data showing a rise in female suicides. The Senior Democratic Services Officer advised that an update on the suicide prevention work being undertaken across the Tees Valley would be brought to the October meeting of the Committee.
- A Member highlighted the importance of system-wide collaboration and governance in addressing neurodevelopmental challenges. The need for consistent service delivery regardless of provider was emphasised and assurance was provided that any change resulting from the current tender process would not compromise service standards.
- A Member highlighted Darlington's "Keep in Touch" initiative as a model of meaningful engagement, contrasting it with less consistent contact provided elsewhere in the Tees Valley. Proactive information-sharing was desribed as a "prescription against pain" and positive feedback from families had been received.

AGREED that the information presented be noted and that the latest suicide data for the Tees Valley be shared with Members of the Committee.

17 **NORTH EAST AND NORTH CUMBRIA (NENC) INTEGRATED CARE BOARD - TEES RESPITE CARE / ADULT LEARNING DISABILITY UPDATE**

The Head of Strategic Commissioning at NENC ICB provided an update on the development of a revised respite short break service, marking her third presentation to the Committee on this issue. The current position was outlined, and it was highlighted that respite provision has historically been delivered by Tees, Esk and Wear Valley (TEWV) NHS FT at Bankfields and Aysgarth. Following notice from the TEWV to cease this arrangement, significant engagement had taken place with families and carers to identify a suitable alternative.

Members were advised that since September 2024, a co-production approach had been adopted, including listening events held in October/Novermber 2024. These sessions highlighted widespread concerns among families, particularly fears that the changes were financially motivated. The importance of respite in supporting the physical and mental wellbeing of carers, many of whom were older and increasingly frail, was also strongly emphasised.

The Head of Strategic Commissioning advised that key feedback from families indicated a preference for continuity in service quality and structure. In response to the feedback received, a project group was established in December 2024 to develop a new service model. The Committee was advised that the proposed approach centred on the provision of a bed-based respite service at Levick Court, Middlesbrough, supported by a clinical staff team from TEWV.

Members were advised that four open days had been held at Levick Court, which were well attended and positively received. A family event held on 3 July 2025 attracted over 35 attendees and provided a platform for discussion and challenge. It was noted that feedback was broadly supportive, with families expressing reassurance and conditional approval of the model.

The Head of Strategic Commissioning explained that the business case had now been finalised and would be presented to the All in Common committee on 24 July 2025, with ICB consideration scheduled for August. Under the new Public Sector Resourcing (PSR) framework, the proposal would be published on the portal for 14 days under the ‘most suitable provider’ terms. Should no alternative provider emerge, a direct contract award would be pursued, subject to any necessary adjustments. It was

hoped that implementation could be completed by Christmas, noting the importance of continued collaboration with the Trust, families, and local authorities. The Committee was asked to endorse the co-production approach and support the progression of the proposed model to meet future client needs.

Following the presentation discussion ensued and the following points were raised: -

- A Member raised concerns regarding the TUPE transfer of staff from Aysgarth and Bankfields. The Head of Strategic Commissioning confirmed that the proposed commissioning of eight beds at Levick Court presented an opportunity for service growth, including emergency provision. Due diligence had been undertaken on current usage and transitional needs. It was advised that the TUPE process would apply between TEWV and Middlesbrough Council, with recognition of pay disparities between the two organisations. Efforts were underway to avoid a two-tier staffing model. It was explained that staff had attended open days and expressed interest in transferring; of the 16 eligible staff, recruitment of an additional two was planned. It was also noted that while TUPE applied, staff retained the right to decline transfer, and caveats would be managed accordingly. Assurance was provided to Members that continuity of care during the transition remained a priority.
- The Head of Strategic Commissioning confirmed that both Bankfields and Aysgarth sites were expected to close. Although Aysgarth offered a stronger clinical environment, it was no longer fit for purpose. In contrast, Levick Court had been co-designed with TEWV to meet the requirements of a modern respite service. Staff had responded positively, with no union objections raised.
- A Member raised concerns regarding the interface between health and local authority responsibilities, particularly around Friday day service pickups. The Service Manager explained that families had been advised that this issue would not be resolved within the current year due to funding constraints. However, Middlesbrough Council was developing a new booking system and the Registered Managers of Bankfields and Aysgarth were coordinating allocations to ensure equitable access to respite.
- In response to a query the Service Manager confirmed that future planning discussions had begun with families, acknowledging the sensitive nature of long-term care needs. Supported accommodation options were being explored alongside the secure delivery of the new respite model.
- A Member raised a query, on behalf of the families and carers, regarding ownership of the service and continued provision of NHS care once the service was CQC-registered. The Head of Strategic Commissioning clarified that Middlesbrough Borough Council would

own and operate the building under a long-term contract with the ICB, and TEWV commissioned to provide clinical input. Dual registration with CQC would be pursued to enable nursing provision. It was emphasised that the Commissioning Team was committed to ensuring equitable healthcare access for service users.

- In response to a procurement query, it was confirmed that the service would be advertised via the most suitable provider route. Should an alternative provider express interest, timeframes and delivery expectations would need to be delivered on and this would be managed with procurement colleagues. However, given the lack of suitable premises and the urgency of provision required, a direct award via the most suitable provider remained the anticipated route.

The Chair thanked the representatives for their attendance and passed on her best wishes for the conclusion of the commissioning process.

AGREED that the information presented be noted.

18 **NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST - COMMUNITY DIAGNOSTIC CENTRE UPDATE**

The Head of Radiology at South Tees NHS FT provided an overview of the operational performance and strategic development of diagnostic services across South Tees and North Tees, with particular focus on the Stockton-based Community Diagnostic Centre (CDC) operating under a hub-and-spoke model. The £25m Stockton hub had received strong feedback from both patients and staff, with services delivered across multiple sites and a combined annual activity volume of approximately 140,000 tests. The hub alone accounted for 60,000 tests annually.

Patient flow was managed through an extension of existing services, offering the next available appointment at the most appropriate site. This approach aimed to improve population health outcomes, enhance diagnostic productivity and efficiency, and reduce health inequalities in underserved areas. It was advised that performance data was closely monitored, with weekly scrutiny to ensure compliance within a 10 per cent activity threshold. Although a brief delay was noted initially, current data showed improving compliance against plan.

The Head of Radiology advised that endoscopy services had been consolidated across South and North Tees, resulting in significant improvements in waiting times, with most patients now seen within six weeks. A small proportion of complex cases requiring anaesthesia remained. MRI and NOUS services had also been combined, with notable improvements in service delivery and alignment of access times across the patch.

Members were informed that South Tees NHS FT had supported

neuroscience services by shifting elective workload off acute sites, increasing capacity for lung biopsies and cardiac scanning. A one-visit diagnostic model had been introduced, enabling same-day CT and other scans, which has reduced the cancer pathway by 15 days. Innovations included a two-stop prostate clinic and the introduction of a foetal scanner previously only available in Newcastle.

The Head of Radiology highted that North Tees NHS FT had improved MRI access and increased colonoscopy capacity, contributing to enhanced performance metrics. Rapid access chest X-ray sites had also been introduced, and new funding had supported radiology installation at RPCH.

Members were informed that dtaff development had been a key success, particularly at the Stockton hub where non-medical staff are trained in CT/MRI and emergency response. Feedback had been positive, despite initial concerns around parking, which had largely been resolved with 27 spaces now available via a Stockton Borough Council car park. AI was being trialled for chest X-ray reporting and stroke-related brain scans.

Members were informed that cross-site collaboration between NT and ST has been effective, with shared control areas and staff integration. Urology services were currently under review to enhance patient experience through a comprehensive diagnostic suite. However, a delayed start due to CQC registration was noted.
Following the presentation discussion ensued and the following points were raised:-

- A Member raised concerns regarding gynaecology services, particularly endometriosis, and referenced a forthcoming meeting to discuss this issue.
- A Member queried the impact on patient outcomes, citing a 30% increase in waiting lists year-on-year and the challenges faced in paediatric audiology. Members were advised that despite the challenges, the region remained one of the best performing nationally, with continued reductions in waiting times.
- The Head of Radiology highlighted the need for increased capacity and workforce investment, referencing the findings of the Richards Report. The CDC was commended for its rapid mobilisation and potential. Members highlighted that issues around disabled parking had been swiftly addressed, though general parking remained a concern.
- A Member praised the CDC initiative and emphasised the importance of reducing patient drop-off between sequential tests.
- A Member drew reference to the performance dashboard used by South Tees NHS FT, which included weekly reviews and scan-specific action plans. The opportunity to operate CT and MRI scans flexibily to

aid recovery was noted, with NHS England scrutiny ongoing.

AGREED that the information presented be noted and a site visit to the CDC be arranged.

19 **WORK PROGRAMME 2025/26**

The Work Programme was presented to Members; **NOTED**.

20 **ANY OTHER ITEMS WHICH THE CHAIR CONSIDERS URGENT**

There were no items certified as urgent by the Chair; **NOTED**.

Member Report
Suicide Prevention

Report to: Tees Valley Joint Health Scrutiny Committee
Report from: Senior Democratic Services Officer
Portfolio: Adults and Health, Welfare and Housing
Report Date: 2 October 2025
Decision Type: Committee
Council Priority: All

HEADLINE POSITION

1.0 Summary of report

The Committee will receive an update on the work undertaken by the Tees Suicide Prevention Taskforce to reduce and prevent suicides across Tees.

2.0 Recommendation

It is recommended that Members note the position and the actions undertaken to reduce suicides within Teesside and ensure that those bereaved or affected by suicide receive the best support available.

BACKGROUND

3.1 An update on Suicide Prevention was last provided to the Committee in November 2024 by Andrea McGloughlin, Lead Preventing Suicide (Tees) Public Health Practitioner and Jo Cook, Programme Manager at Tees, Esk and Wear Valley NHS Foundation Trust (TEWV). Key information and subsequent discussion points can be found within the published minutes of that meeting – please see 9 January 2025: Tees Valley Joint Health Scrutiny | Hartlepool Borough Council

3.2 Members will recall at the last meeting of the TVJHSC, held on 17 July 2025, concerns were raised in respect of an increase in the number of young people in Hartlepool impacted by suicide. Reference was drawn to the recent suicide statistics, which were subsequently shared with Members.

3.3 Andrea McGloughlin and Jo Cook are scheduled to be in attendance to provide a further update. A presentation has been provided and can be found at Appendix 1. A copy of the Tees Suicide Prevention Strategic Plan 2024-2029 is attached at Appendix 2 for Members reference.

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 7 November 2024.

5.0 Contact Officer

5.1 Name: Caroline Breheny
5.2 Position: Senior Democratic Services Officer
5.3 Email address: Caroline.Breheny@redcar-cleveland.gov.uk
5.4 Telephone Number: 01642 444065

Tees Suicide Prevention

Andrea McLoughlin

Preventing Suicide (Tees) public health Practitioner

Disclaimer

- The information provided is for the four local authorities of Teesside. Darlington is covered by a separate practitioner due to them having a different Police Force area.
- Data is taken from Real Time Surveillance system meaning all deaths are referred to as ‘suspected suicide’ as they have not yet been confirmed as suicide by the coroner.
- No individual cases or events can be discussed to protect the identity of both the individual and their family.
- The public health practitioner role is a strategic public health role and is not involved in first line support for people in crisis

Real Time Surveillance

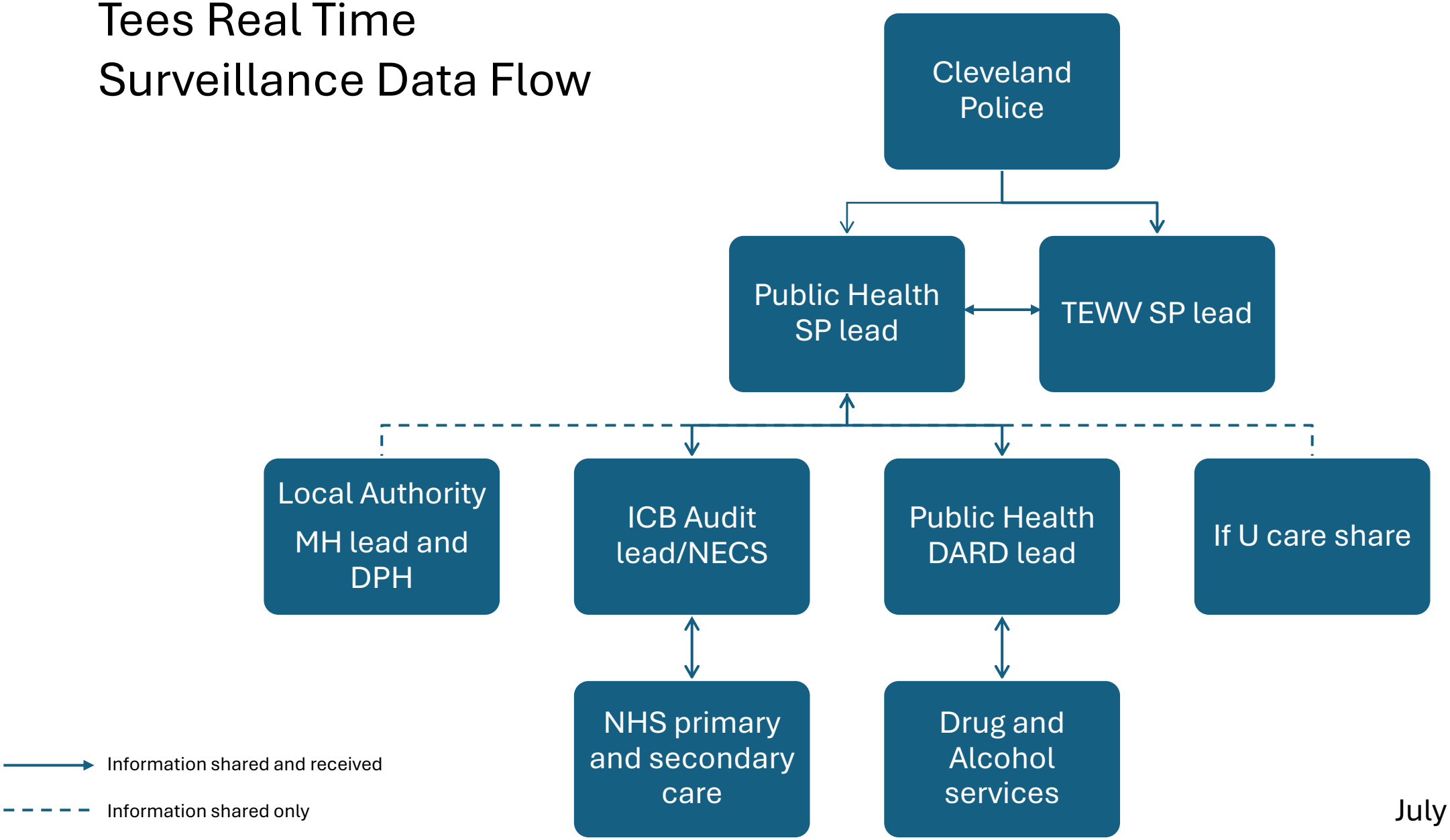
Real Time Surveillance data

Processes for gathering and using real time data more effectively to help prevent future suicides, including responding to suicide clusters. Informs postvention support, suicide prevention activity and national real time data.

Following scene attendance Public Health and TEWV are informed of basic details of the death of any suspected suicide (Suspected as cases have not been to coroners' court and ruled suicide)

This document was classified as: OFFICIAL

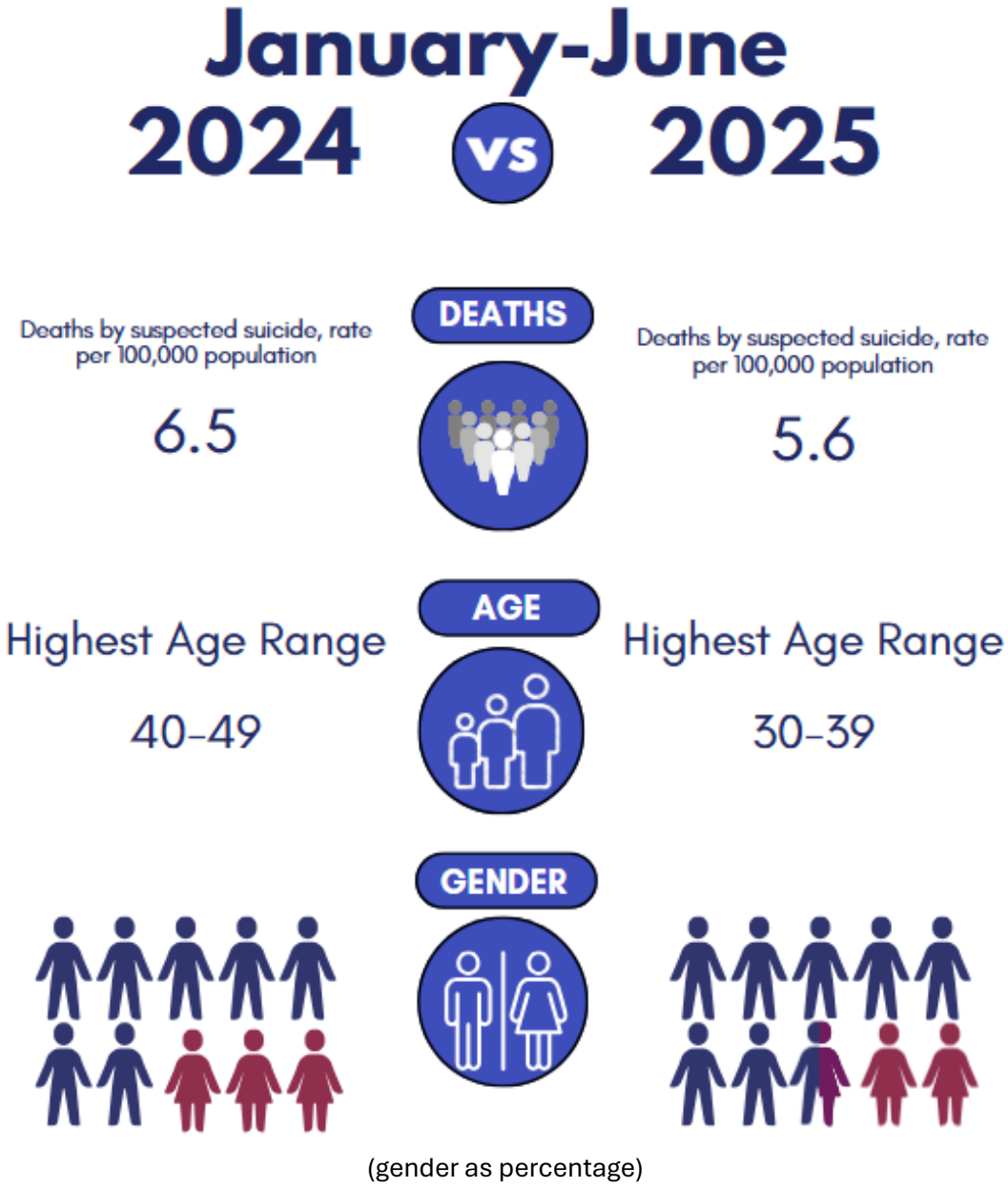
Tees Real Time Surveillance Data Flow



July 2025

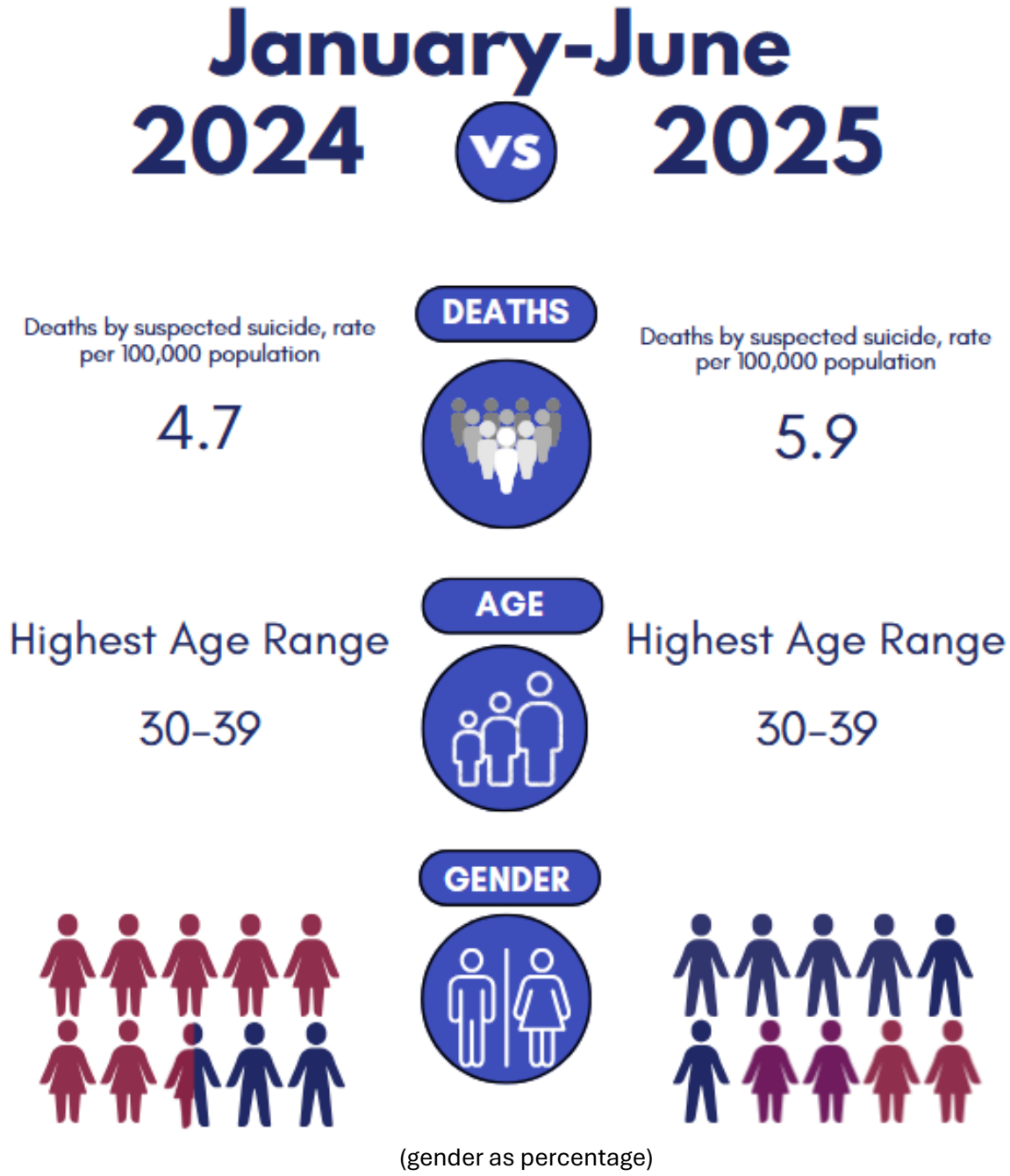
Local Authority Mid-Year overview 2025

Teesside



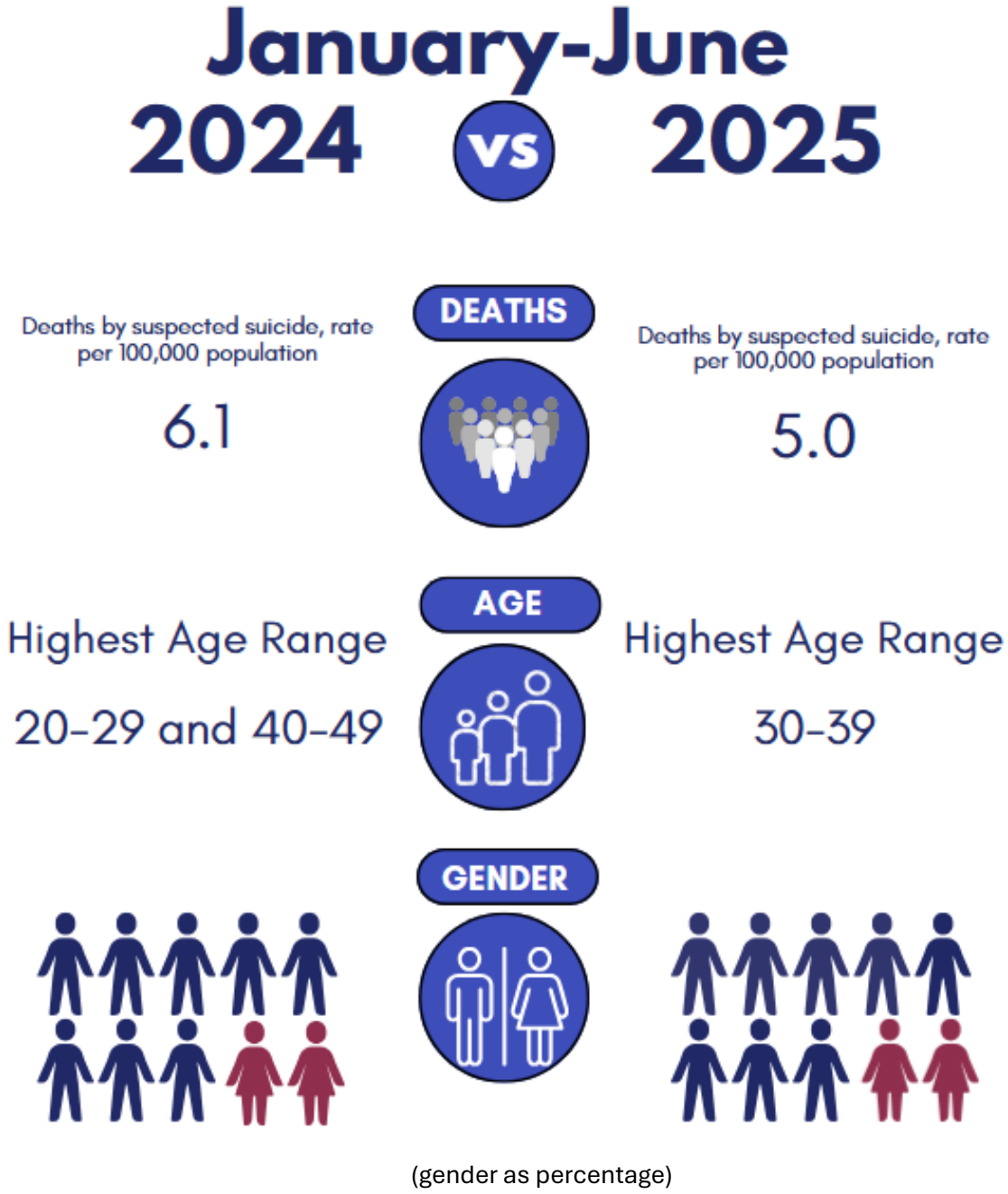
Local Authority Mid-Year overview 2025

Hartlepool



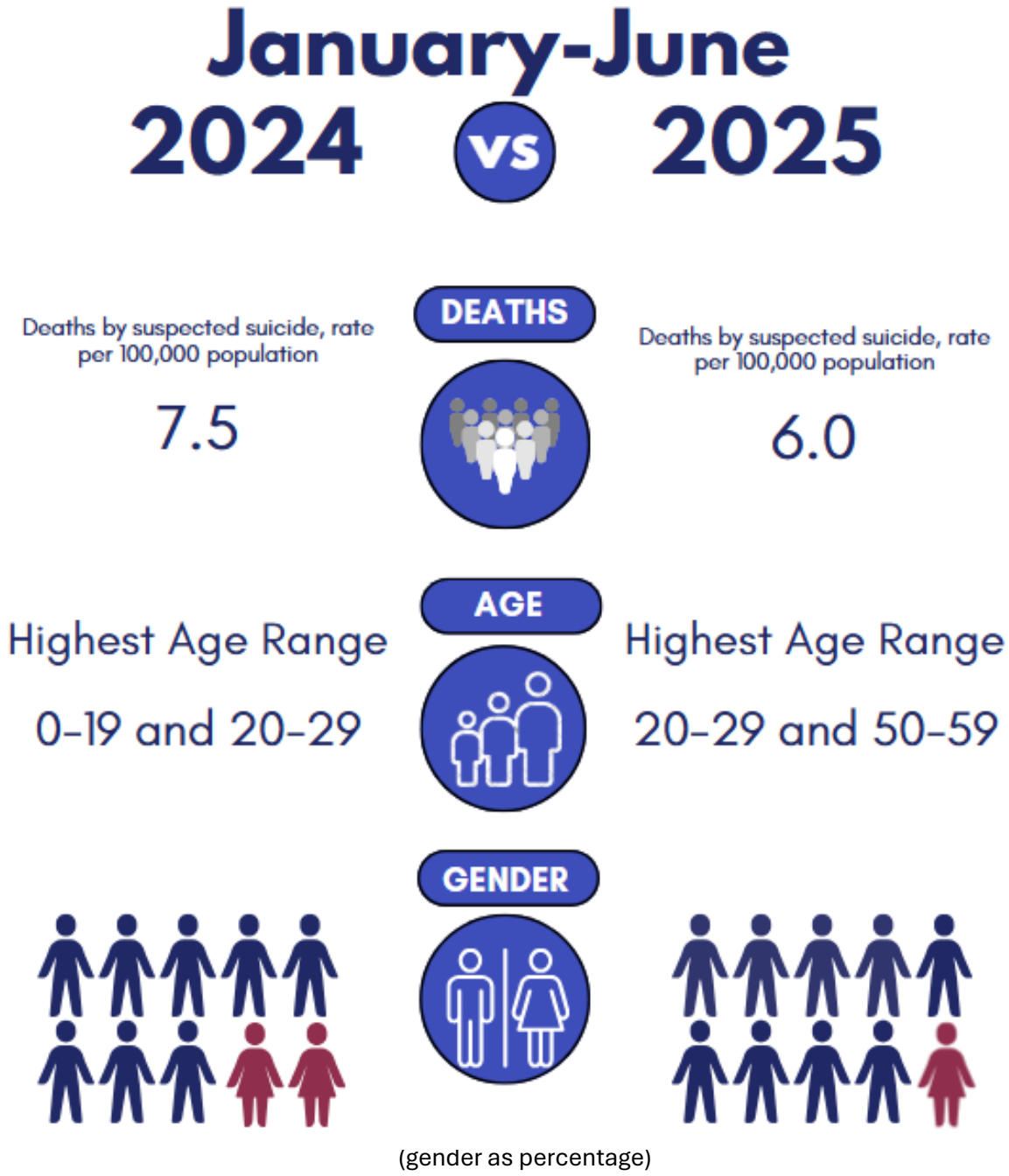
Local Authority Mid-Year overview 2025

Stockton on Tees



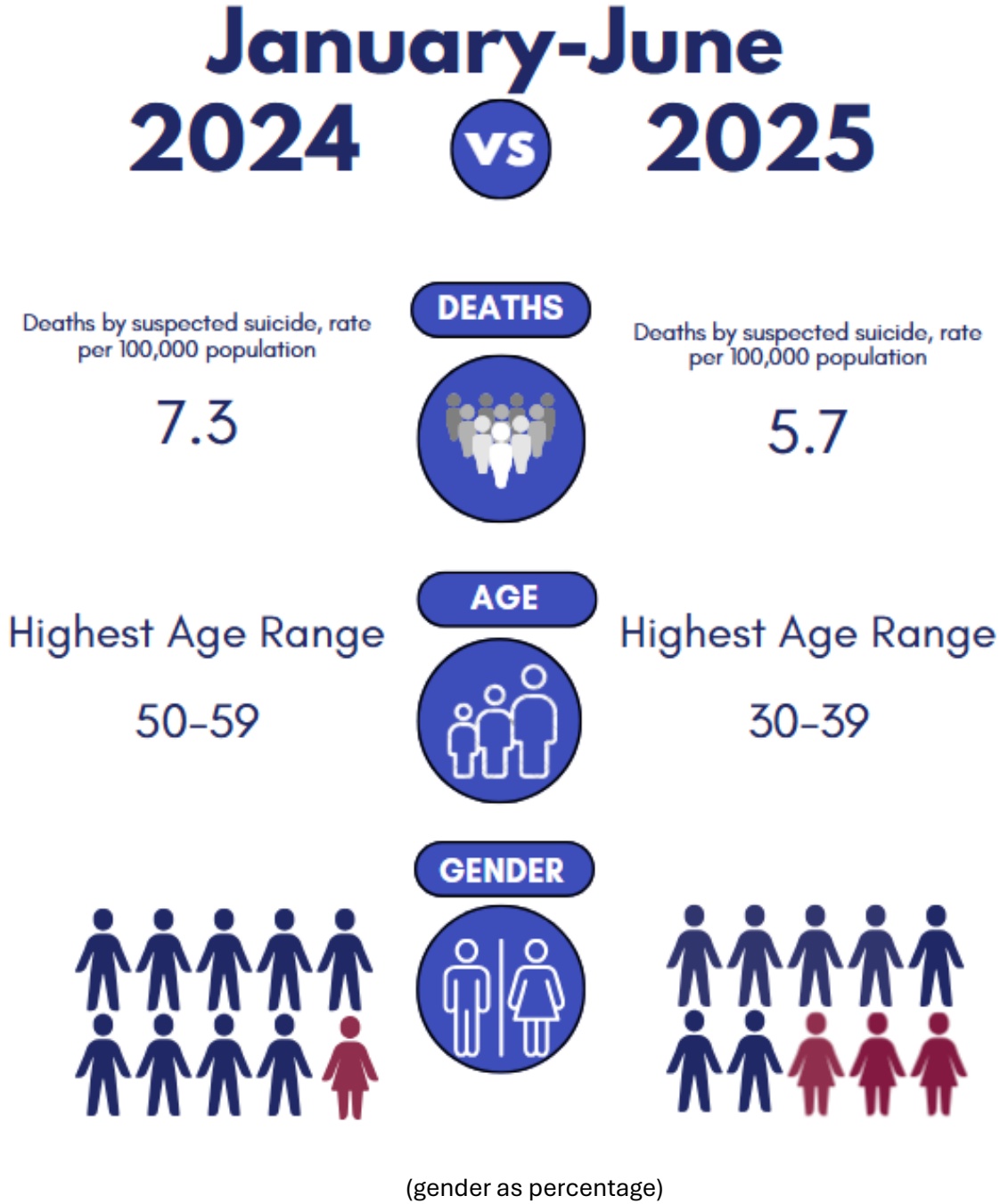
Local Authority Mid-Year overview 2025

Middlesbrough



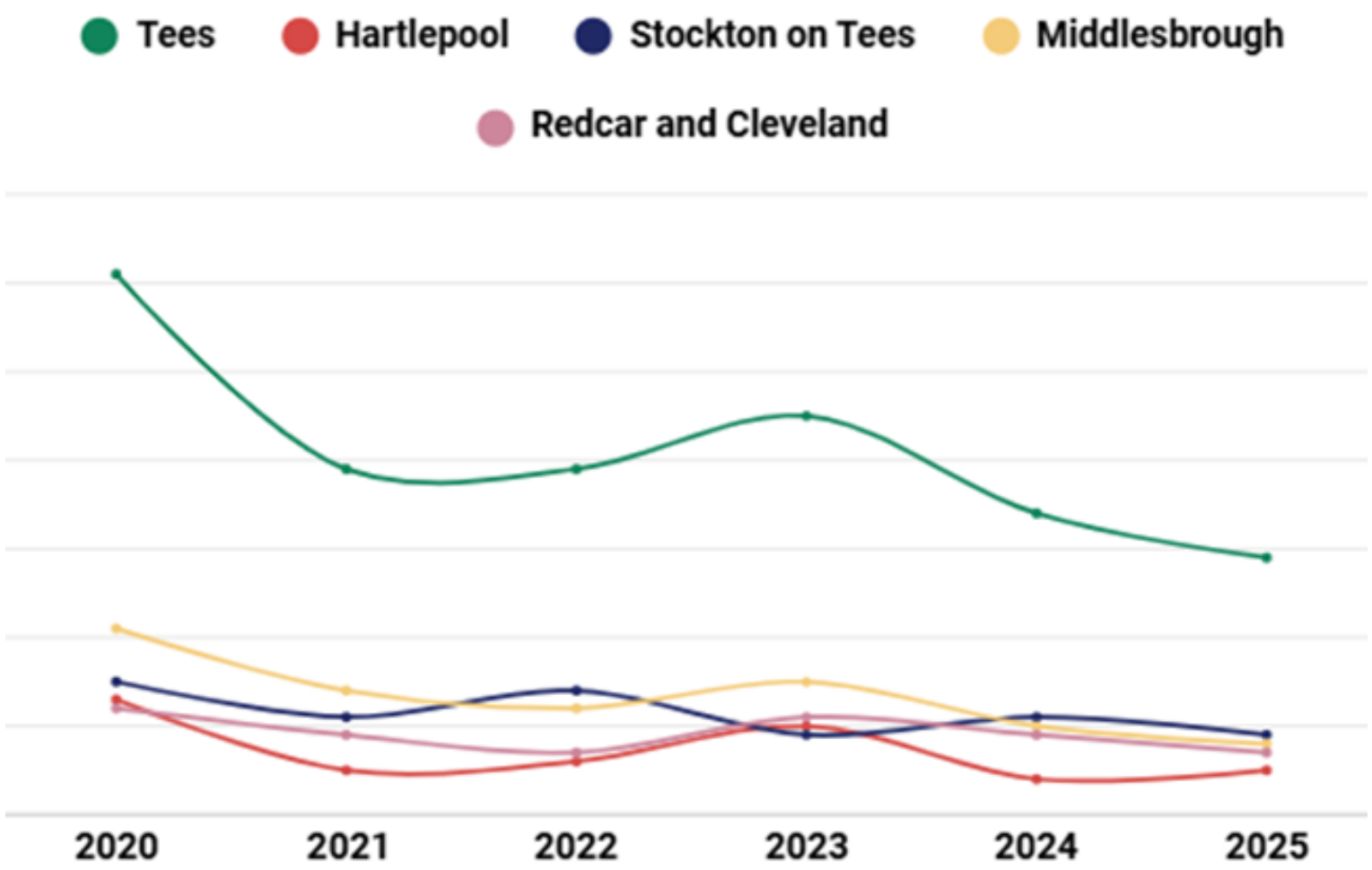
Local Authority Mid-Year overview 2025

Redcar and Cleveland

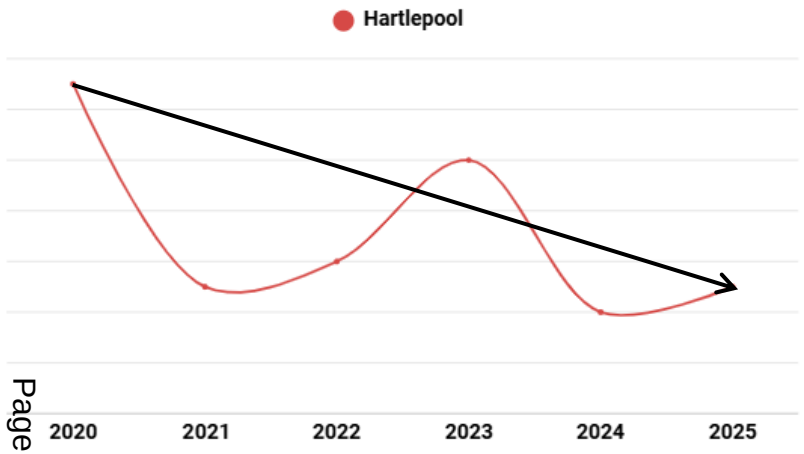


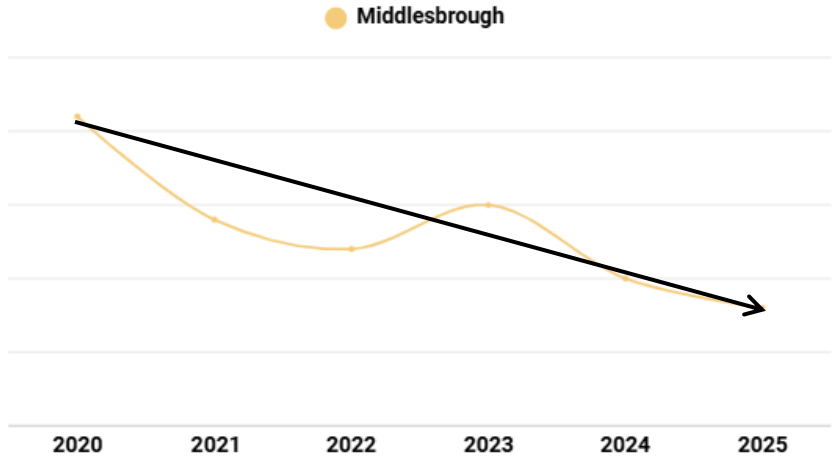
(gender as percentage)

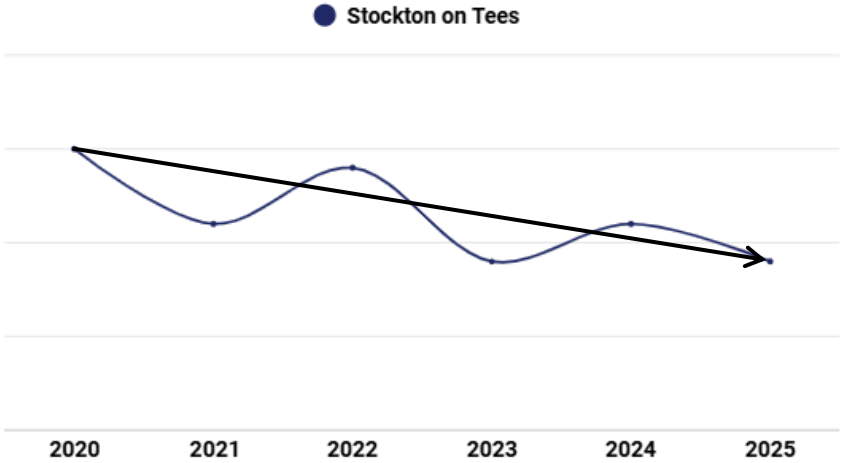
Tees Jan to June 2020-2024

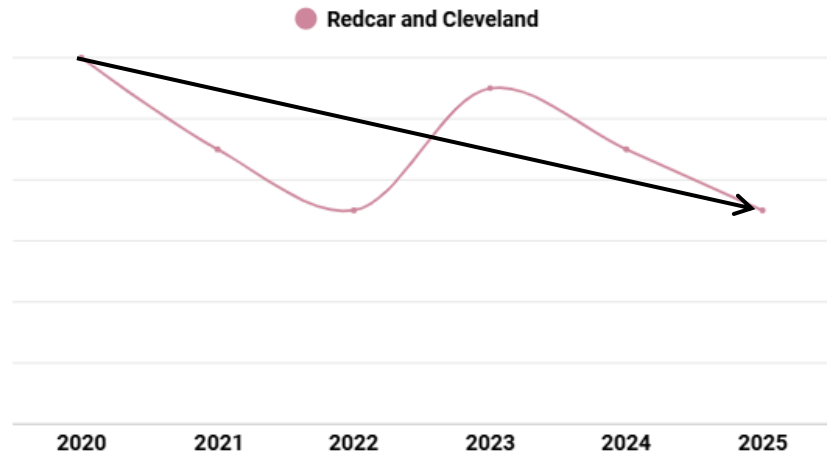


Local Authorities Jan to June 2020-2024









Observations on data

Hartlepool was the only local authority in Teesside to increase in deaths per 100,000 population in the first half of this year

Overall Teesside saw a drop in numbers in comparison to the same period in 2024

All local authorities have seen a reduction of deaths in this period since 2020

Deaths during this time period have predominantly occurred in IMD decile 1 areas (areas of greatest multiple deprivation factors) with the second highest numbers being in decile 10 (areas with the least multiple deprivation factors)

Deaths in this time period have occurred most on a Monday

In this time period May has had the highest numbers of deaths in comparison to June in 2024 and May again in 2023

Home address/private residence continues to be the highest location of death

Tees Suicide Prevention Year One Priorities

Tees Suicide Prevention Strategic Plan 2024-2029

Year 1 Priorities

Supporting practice through local data collection, research, and intelligence	Provide tailored, targeted support to key priority groups	Identifying and addressing common risk factors linked to suicide	Promoting online safety and responsible media content
Priorities/Objectives •Explore research options and funding with Health Determinants Research Collaborations (HDRC) •Pilot VCSE data collection in Hartlepool to address gaps within data reporting for those individuals supported by the voluntary sector and not accessing statutory services at crisis point, with possible further roll out across Teesside • Support the regional and national 'near miss' data collection systems.	Priorities/Objectives • Aim to develop link with NEAS, ICB and Acute trusts to gain a better understanding of the rates and impacts of self-harm • Aim to develop a post 16 education forum to link Teesside colleges together to support each other around death by suicide, attempts and suicidal behaviours as well as sharing good practice. • Work with police, probation, and prison services to seek continuing care for prison leavers and those in contact with the criminal justice system through the RECONNECT programme and Samaritans listening mentor programme	Priorities/Objectives •Further develop work with Cleveland police and VCSE organisations to explore the link between domestic abuse and suicide to establish more robust and timely support. •Encouraging suicide and mental health helplines to signpost interventions that tackle loneliness and prioritise community-based schemes that tackle loneliness within national signposting tools through social prescribers. •Work closely with drug and alcohol leads to tackle the link between drug and alcohol use and suicide.	Priorities/Objectives •Promote positive promotional materials that - encourage help-seeking behaviour; - encourage support, understanding and recognition of those at risk - Promote access to services offering support • Promote the use of the Samaritan's media guidelines for reporting suicide and self-harm • Work with local authority comms to ensure all internal and external correspondence meets standards
Indicators/output measures • Increased intelligence to inform local activity • Improved information sharing between organisations • Inform direction and delivery of year 2 priorities	Indicators/output measures • No increase in suicides of targeted groups • Improved information sharing between organisations	Indicators/output measures • No increase in suicides of targeted groups • Improved information sharing between organisations	Indicators/output measures • Regular positive community stories • Reduction in irresponsible reporting including social media groups • An increase in media reports with local support contact details • A consistent and considered approach to respond to media stories/campaigns

Our Tees Vision 'To contribute to a year-on-year reduction in local suicides within Teesside and ensure that those bereaved or affected by suicide receive the best available support'.

Tees Suicide Prevention Strategic Plan 2024-2029

Year 1 Priorities

Identifying and supporting crisis pathways across sectors

Priorities/Objectives

- Support and promote local directory of services so people are able to access crisis support in the most appropriate environment for them, when they need it, whether that is through statutory health, VCSE or social care services
- Using local data to ensure areas of high frequency used by people in crisis are managed correctly including increasing CCTV, footfall, signage etc to increase the opportunity for intervention

Indicators/output measures

- Regular updates and examples of effective partnership working to Tees Suicide Prevention Taskforce partnership

Reducing access to the means and methods of suicide

Priorities/Objectives

- Continue working with Teesside Samaritans to audit locations and signage
- Engage with local planning departments, architects, and design consultants to ensure we are encouraging suicide safety considerations in all levels of town planning
- Work with local authorities, police and VCSE organisations to explore collaborative work in areas of high frequency or high risk
- Develop a Tees River and bridges pilot project in conjunction with Cleveland Fire and Rescue and local voluntary organisations.

Indicators/output measures

- Visibility of Samaritan signage
- Reduction of deaths at high-frequency locations
- Reduced suicides on railways and waterways

Providing effective bereavement support to those affected by suicide

Priorities/Objectives

- Manage performance of local support services for those bereaved or affected by suicide including commissioned and voluntary services
- Provide information of local, regional, and national services/resources for those bereaved or affected by suicide
- Effectively and sensitively manage shrines and memorials to ensure public places do not become areas synonymous with suicidal behaviour

Indicators/output measures

- Number of people engaging with postvention support
- Strengthened links between agencies to promote access to support
- Established shrine and memorial regional working group

Making suicide everybody's business

Priorities/Objectives

- Engage with workplaces, social groups, vcse organisations and others to facilitate constructive conversations and empower people to check in on their friends, colleagues, and those around them
- Work within the Making Every Contact Count approach to encourage health and social care staff and health champions to use the opportunities arising during their routine interactions with individuals to have conversations about how they might make positive improvements to their health or wellbeing.

Indicators/output measures

- Increased mental health knowledge and skills across a range of settings.
- Increased awareness of mental health and reducing stigma
- Increased awareness of online training available

Our Tees Vision 'To contribute to a year-on-year reduction in local suicides within Teesside and ensure that those bereaved or affected by suicide receive the best available support'.

January to June 2025 – Key achievements

Improved information sharing agreement with Cleveland police with the Tees SP practitioner, having completing vetting and training, now having access to police internal information system (NICHE).

Improved information sharing arrangements with drug and alcohol recovery services to enhance understanding of drug and alcohol usage in suspected suicide deaths.

If U Care Share are now commissioned to provide postvention support across Tees Valley with referrals coming directly from SP practitioner, enhancing bereavement care in Teesside.

Tees suicide prevention provided updates and information about the strategic plan at both the South Tees loneliness and isolation conference in March and Men's health event in Hartlepool in June.

Inclusion in the DA perpetration strategy delivery and assurance group to explore links between DA/DV and suicide

Coordination of World suicide prevention day comms campaign with local partners

World Suicide Prevention Day 2025

https://youtu.be/WNj4X5laakY

Highlighting the collaboration of services across Teesside in suicide prevention

Any Questions

- Andrea McLoughlin
- andrea_mcloughlin@middlesbrough.gov.uk

Tees Suicide Prevention Strategic Plan

2024 - 2029

Contents

Appendices

Tees Vision

To contribute to a year-on-year reduction in local suicides within Teesside and ensure that those bereaved or affected by suicide receive the best available support.

Foreword

This Tees Suicide Prevention Strategic Plan sets out our vision and commitment to reducing and preventing suicides across Tees over the next five years building on the work and achievements we have made since 2013.

Every life lost to suicide is an enormous tragedy and every life lost leaves devastating and long-lasting impacts on families, friends, and communities across Tees. Data showed that 5,579 suicides were registered in England in 2023, significantly higher than in 2022 and the highest rate since 1999 and the North East has seen one of the highest rises.

As the data has shown suicide is complex, and rarely caused by one single factor. So, our approach to preventing suicide must be far reaching. Partners and communities must work together to achieve the priorities set out in this plan and draw on the evidence and expertise to create change. We welcome the launch of the national Suicide Prevention Strategy for England which sets out clearly that suicide prevention matters and acknowledges there is much more we must all do to save more lives.

Lastly, I would like to recognise the commitment of partners and people with lived experience who have supported the work across Tees, and I look forward to continuing to work with you all as Chair of the Tees Suicide Prevention Taskforce.

Claire Robinson

Public Health Principle, Hartlepool Borough Council,

and chair of the Tees Suicide Prevention Taskforce

Introduction

The causes of suicide are often complex and individual with rarely a single cause; therefore, the prevention of suicide must address this complexity. Whilst suicide is often the result of a combination of factors, we know that there are certain risk factors and adverse experiences that can result in the feeling of desperation.

Each suicide has far reaching consequences, with those affected often impacted economically, psychologically, and spiritually (McDonnell S, 2020). Family, friends, and carers of those who die by suicide have a 1 in 10 risk of making a suicide attempt after experiencing loss. Thus, suicides lead to the worsening and perpetuating cycle of inequalities (Mersey Care NHS Foundation Trust, 2016).

Figures released in April 2024 by the Office of National Statistics showed that 5,579 suicides were registered in England in 2023, significantly higher than in 2022 and the highest rate since 1999. One of the largest rises was seen in the North East. Suicide continues to be a leading cause of years of lives lost in Teesside.

Since 2013, local authorities have been responsible for leading on local public health and improvement, which includes coordinating and implementing work on suicide prevention. The Tees suicide prevention taskforce is working on strengthening local partnerships and developing its own action plans focusing on how the strategy action points are implemented in a way that reflects local population needs.

As there is no single risk factor for suicide, the prevention of suicide does not sit with any single organisation. In many cases, suicide can be reduced through identification of risk, public health interventions and high-quality evidence-based care.

In November 2023, the taskforce held a suicide prevention awareness conference for service providers, VCSE organisations, statutory services, and other allied professionals across Teesside. One of the purposes of the conference was to seek local input into the revision of the 2024 Tees Suicide Prevention Strategy. The discussions and conclusions from that event, along with feedback from relevant consultation groups, will help inform our local delivery.

Anyone can be at risk of suicide, and everyone has a role to play in its prevention.

Preventing Suicides – A National Priority

The National Suicide prevention strategy, updated and published in 2023, acknowledged that considerable progress has been made in the 11 years since the previous strategy, with all areas of the country now adopting local suicide prevention plans and supporting suicide bereavement services, however much more is needed.

The national strategy sets out the national ambitions for suicide prevention over the next 5 years and the steps we will collectively need to take to achieve them. This includes individuals, organisations across national and local government, the NHS, the private sector, the VCSE sectors, and academia.

To be successful, we should all consider and incorporate the following principles in the design and delivery of interventions, services, resources, and activities to prevent suicides. These are:

- suicide is everybody's business. Everyone should feel they have the confidence and skills to play their part in preventing suicides – not just those who work in mental health and/or suicide prevention directly – and take action to prevent suicides within and outside of health settings
- mental health is as important as physical health. We must reduce stigma surrounding suicide and mental health, so people feel able to seek help – including through the routes that work best for them. This includes raising awareness that no suicide is inevitable
- nobody should be left out of suicide prevention efforts. This includes being responsive to the needs of marginalised communities, addressing inequalities in access to effective interventions to prevent suicides. It also requires listening to individuals and being responsive to their needs
- early intervention is vital. In addition to providing support to those experiencing crisis and/or suicidal thoughts or feelings, action needs to be taken to stop people reaching this point
- voices, perspectives, and insights of people with personal experience should inform the planning, design, and decisions at all levels of suicide prevention activity. This includes people with experience of feeling suicidal, those who have made previous suicide attempts, and people who are bereaved by suicide
- strong collaboration, with clarity of roles, is essential. Suicide prevention is the responsibility of multiple government departments, as well as wider public, private and VCSE sector organisations
- timely, high-quality evidence is fundamental. Practice and policy should be informed by high-quality data and research and be responsive to trends and emerging evidence. This includes harnessing digital technology and data advancements to provide earlier interventions and wider access to support

How we have developed this strategy in Teesside.

Using feedback from November 2023's suicide prevention awareness conference, supported from analysis of the real time surveillance data (page 8) and following the framework set out by the national strategy, Teesside has, in collaboration, developed a local plan which sets out our key areas for action and how we aim to achieve our vision of reducing the rates of suicide.

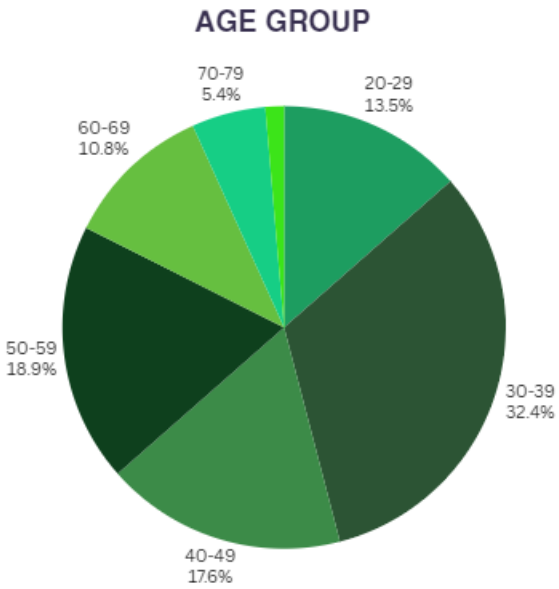
The strategy has been developed with and endorsed by key local partners, organisations, services, and communities who contribute to suicide prevention, postvention and supporting vulnerable groups. Where possible and appropriate we have sought the voice of lived experience.

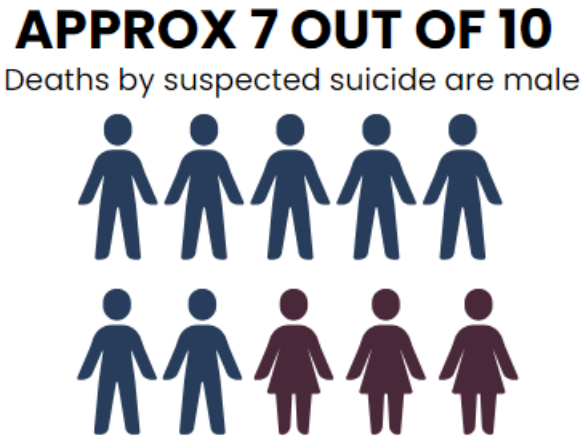
Endorsements of this strategy include;

Suicide prevention work does not exist in isolation and this strategy aligns with wider strategies and policies within each local authority, more widely across Tees and nationally, including the National Suicide prevention strategy which can be found at;

https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy

Teesside suspected suicide audit 2023





Key area for action 1

Supporting practice through local data collection, research, and intelligence

Timely and high-quality data, evidence and intelligence allows for better understanding of the drivers of suicide and self-harm, the development of more effective interventions, and more rapid responses to prevent suicides. It is an essential part of suicide prevention both to understand what has worked in preventing suicides and where to direct future efforts.

Local intelligence, including local real-time suicide surveillance data, has helped improve our knowledge and understanding of suicide trends in recent years in Teesside and helped us shape not only our strategy but also service provision to those at risk.

Our Tees approach;

- Utilise the Real Time Surveillance System to provide up to date trend analysis and identification, effective postvention support for bereaved families and communities, and support NECS in regional data collection and analysis
- Explore research options and funding with Health Determinants Research Collaborations (HDRC)
- Use real time data to identify multiple or linked suspected suicides (MOLSS) and work with local services and communities to prevent further deaths using MOLSS guidance (Appendix 3)
- Explore and develop existing attempted suicide data collection and analysis system with support from Cleveland Police.
- Support the regional and national 'near miss' data collection systems.
- Pilot VCSE data collection in Hartlepool to address gaps within data reporting for those individuals supported by the voluntary sector and not accessing statutory services at crisis point, with possible further roll out across Teesside
- Work with Teesside University to explore areas for research to support our ongoing plans and strategies and gain a better understanding of suicide rates in groups such as LGBTQIA+, refugees and asylum seekers, ethnic minority groups and people affected by domestic abuse

Key area for action 2

Provide tailored, targeted support to key priority groups

Mental health support to help prevent suicide needs a whole population approach with the aim to support as many groups and individuals as possible. However, there are some groups that could particularly benefit from more bespoke support. Through real time surveillance demographic and needs analysis, in Teesside we have identified the need for a more focused support approach for the following key priority groups;

- children and young people (see appendix 1)
- middle-aged men
- people who have self-harmed
- people in contact with mental health services
- people in contact with the justice system
- autistic people
- pregnant women and new mothers
- Over 65 age group
- Those not in Education, Employment or Training

Our Tees approach;

- Dynamic identification of Tees priority groups through ongoing local data analysis
- Work with the statutory, commissioned, and voluntary sector organisations who support the identified priority groups
- Aim to develop link with NEAS, ICB and Acute trusts to gain a better understanding of the rates and impacts of self-harm
- Develop a post 16 education forum to link Teesside colleges together to support each other around death by suicide, attempts and suicidal behaviours as well as sharing good practice.
- Improve postvention pathways in schools/colleges to local support services and postvention providers
- Embed suicide prevention and wellbeing initiatives in workplaces, especially traditionally male dominated occupations, through engagement and training
- Continue close and effective partnership with TEWV mental health trust
- Work with police, probation, and prison services to seek continuing care for prison leavers and those in contact with the criminal justice system through the RECONNECT programme and Samaritans listening mentor programme
- Work with Job Centre plus and DWP to develop skills and training when working with those who are not in education, employment, or training and are at risk of suicidality
- Engage with older persons services to explore themes or loneliness, bereavement, and physical illness as triggers to suicidality

Key area for action 3

Identifying and addressing common risk factors linked to suicide

Contributing factors leading to suicide are often complex and highly personal however we do know that there are often common risk factors across different individuals, groups, and communities. Addressing these common factors is an integral part of suicide prevention and provides an opportunity for early intervention and support.

The wider determinants of health such as housing, poverty, education, employment etc have shown to have a significant impact on mental health and ultimately suicide risk, however the national strategy identified some, although not all, specific factors that lead to increased risk. These are;

- physical illness
- financial difficulty and economic adversity
- harmful gambling
- substance misuse
- domestic abuse
- social isolation and loneliness

Our Tees approach;

- Engage with GPs to ensure mental health is considered alongside physical health and that suicide risk associated with long term physical ill health is acknowledged in the patient pathway. Recognising many groups, such as middle-aged men, are more likely to present with a physical problem when they are struggling with mental health
- Continue to improve access and signposting to debt management and support and ensure those supporting organisations identify opportunities to review and strengthen its guidance for staff to support customers that disclose that they are experiencing suicidal thoughts or feelings, with training to support staff to do this and with consideration to the role of financial difficulty
- Work with clinicians and support staff working in alcohol treatment services on identifying and managing immediate risk of suicide or self-harm in the upcoming UK clinical guidelines for alcohol treatment
- Encouraging suicide and mental health helplines to signpost interventions that tackle loneliness and prioritise community-based schemes that tackle loneliness within national signposting tools through social prescribers.
- Further develop work with Cleveland police and VCSE organisations to explore the link between domestic abuse and suicide to establish more robust and timely support.
- Work closely with drug and alcohol leads to tackle the link between drug and alcohol use and suicide. Using data systems to identify drug or alcohol use in recent deaths can help us identify areas of specific need and further work
- Work with ADPH NE gambling programme team to identify and progress joint work in this area

Key area for action 4

Promoting online safety and responsible media content

The media have a significant influence on behaviour and attitudes, while sensitive reporting can inform and educate the public about suicide and the signs to look out for, there is strong and consistent research evidence that some forms of news reporting led to increases in suicide rates, with compelling evidence that media reporting and portrayals of suicide can lead to copycat behaviour, especially among young people and those already at risk.

Over recent years the popularity of social media has provided an essential conduit for accessing immediate support and advice, however it also poses new and emerging risks as damaging and harmful content can now be accessed by anyone at any time. More work needs to be done to understand the risks posed as well as to make these safer spaces, especially for young people who can easily be influenced or affected by information communicated through these channels.

Our Tees approach;

- Promote the use of the Samaritan's media guidelines for reporting suicide and self-harm
- Work with local authority comms to ensure all internal and external correspondence meets standards
- Promote positive promotional materials that
    - encourage help-seeking behaviour;
    - encourage support, understanding and recognition of those at risk
    - Promote access to services offering support
- Continuing to support the internet industry to remove content that encourages suicide and provide ready access to suicide prevention services
- Offer support to schools to deliver training to students around media/online safety

Key area for action 5

Identifying and supporting crisis pathways across sectors

Ensuring consistent and effective crisis support is an essential element of suicide prevention. Research by NCISH suggests that, of all deaths by suicide by people in contact with mental health services in England between 2010 and 2020, 15% were under the care of crisis resolution and home treatment teams (CRHTTs). This is equivalent to 180 suicides per year on average across the UK. National NHS 24/7 mental health crisis lines currently receive around 200,000 calls each month. And many more people are in contact with crisis services provided by other organisations, including those from the voluntary sector.

In Teesside we are committed to ensuring people in crisis receive the appropriate care by encouraging and facilitating all sectors to work together in collaboration and partnership to assess, signpost, and provide the best individualised care.

Our Tees approach;

- Continue working with TEWV to ensure pathways between services and sectors are stronger, and uphold a person-centred, joined-up approach to crisis prevention and response, including through timely follow-up and aftercare processes
- Using local data to ensure areas of high frequency used by people in crisis are managed correctly including increasing CCTV, footfall, signage etc to increase the opportunity for intervention
- Support and promote local directory of services so people are able to access crisis support in the most appropriate environment for them, when they need it, whether that is through statutory health, VCSE or social care services
- Encourage local and regional collaboration to ensure pathways between services and sectors are stronger, and uphold a person-centred, joined-up approach to crisis prevention and response, including through timely follow-up and aftercare processes

Key area for action 6

Reducing access to the means and methods of suicide

The impact of a public suicide extends far beyond the usual circle of family members, friends, and acquaintances. Bystanders of all ages and backgrounds, including those in the emergency services, may suffer long-lasting trauma from witnessing a suicide in a public place or from discovering a body. Some methods of suicide also directly involve another person, such as a train driver, which can have devastating psychological consequences for those individuals. With around a third of all suicides taking place outside the home, preventing suicides in public places continues to be a priority in Teesside.

Ensuring we continue to promote the use of appropriate language when dealing with public area suicides remains vital, the reporting of suicides in public and in official correspondence is particularly important, previously areas of high frequency have been labelled 'hotspots', this gives places a reputation that may encourage further suicides. It's important that we address areas as either high risk or high frequency, this is more factually accurate and less sensationalised.

Across Teesside we continue to be guided by national guidance when identifying high frequency locations and subsequent action planning. Public Health England (2015) published a framework for site-specific suicide prevention which we continue to utilise (appendix 2).

Our Tees approach;

- Identify local high frequency locations through real time surveillance and attempted suicide data system to ensure effective and timely responses to safety in those locations
- Continue working with Teesside Samaritans to audit locations and signage
- Continue to engage with Network Rail and Samaritans to reduce deaths on the rail network and expand current working group to include all rail bridges in Teesside
- Engage with local planning departments, architects, and design consultants to ensure we are encouraging suicide safety considerations in all levels of town planning
- Work with local authorities, police and VCSE organisations to explore collaborative work in areas of high frequency or high risk
- Develop a Tees River and bridges pilot project in conjunction with Cleveland Fire and Rescue and local voluntary organisations.

Key area for action 7

Providing effective bereavement support to those affected by suicide

Research suggests that those directly impacted by a loss from suicide such as family, friends and colleagues may be up to 3 times higher risk of dying by suicide themselves. Timely, effective, compassionate and comprehensive bereavement support to those affected by suicide remains a vital part of suicide prevention. This is especially important in the death of a young person where a whole school approach to bereavement support and mental wellbeing needs to be in place (see appendix 1)

Whilst recognising that there is no single approach that will meet the need of the whole poulation, in Teesside we aim to work with commissioned services and voluntary sector services to provide a collaborative approach to immediate and ongoing support. In addition we aim to support front line staff who deal with the effects of suicide and loss as we acknowledge the impact on their own long term resillience and mental wellbeing.

A vital part of grief management is the sensitive and measured approach to memorials, especially those in public areas. Whilst there is no consistent evidence that they encourage further suicides at the site, it has been suggested that it is highly possible they do so, in the same way that media reporting does, by advertising the site as an effective means of suicide to other vulnerable individuals and establishing its reputation as a 'suicide spot'.

Our Tees approach;

- Manage performance of local support services for those bereaved or affected by suicide including commissioned and voluntary services
- Provide information of local, regional, and national services/resources for those bereaved or affected by suicide
- Work with Cleveland police on their development of sudden and traumatic death signposting resource for use 'on scene'
- Continue to use RTS to provide postvention support to families and communities bereaved by suicide
- Effectively and sensitively manage shrines and memorials to ensure public places do not become areas synonymous with suicidal behaviour
- Engage with lived experience groups to ensure available bereavement support, both commissioned and through the voluntary sector, is comprehensive and varied to account for the differences in the way people grieve

Key area for action 8

Making suicide everybody's business

Suicide has no one cause, no one solution. It can therefore be no one person, department, or organisations role to prevent suicide. Each member of society has a role to play in the prevention of suicide.

Suicide prevention is a collaboration of many different professionals, volunteers, those with lived experience, statutory organisations and more, working together to progress towards Teesside's vision of reducing suicides every year.

Through education and training we want to provide individuals the skills and resources to feel confident to break down stigma and shame, have open and honest conversations, use the correct language, and help people seek support when needed.

Our Tees approach;

- Improving skills and knowledge by encouraging training such as Safe talk, ASK, ASSIST and Mental Health first aid and online training provided by Samaritans, zero suicide alliance and papyrus.
- Encourage and enable conversation around suicide and mental health to help reduce the stigma around the subjects
- Engage with workplaces, social groups, vcse organisations and others to facilitate constructive conversations and empower people to check in on their friends, colleagues, and those around them.
- Work with the regions large employers to raise awareness of suicide in sectors such as routine and manual workers, health care staff and agricultural workers
- Work within the Making Every Contact Count approach to encourage health and social care staff and health champions to use the opportunities arising during their routine interactions with individuals to have conversations about how they might make positive improvements to their health or wellbeing.

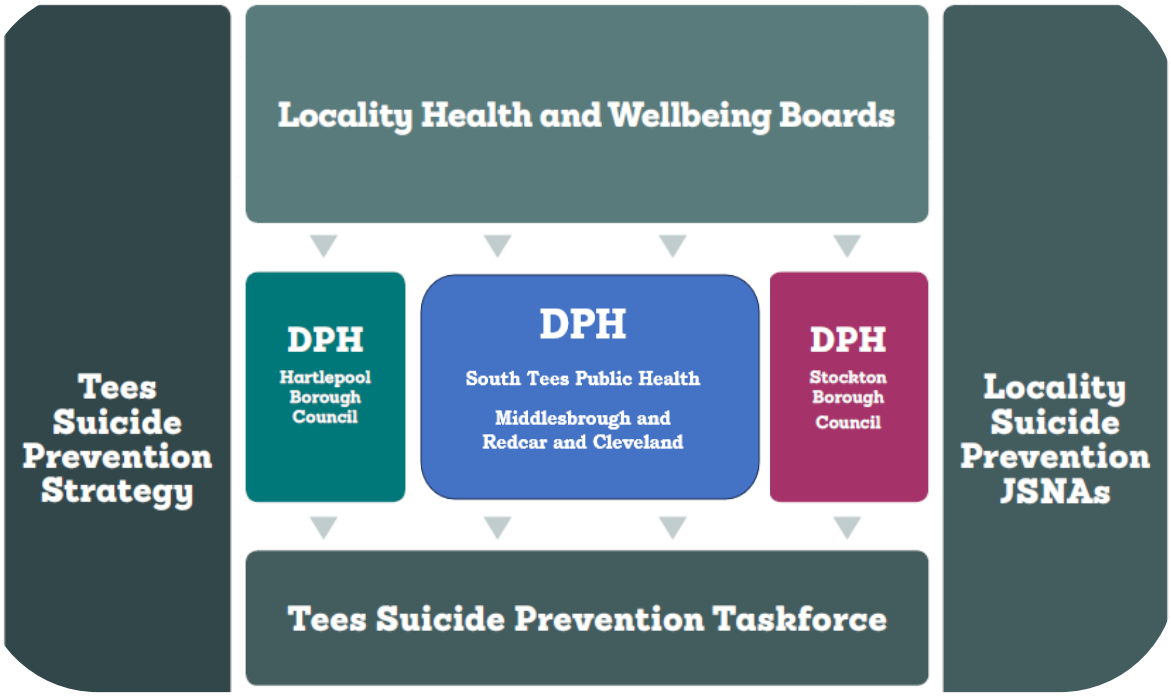
How will we deliver and monitor this strategy?

Ownership and responsibility for the delivery of this strategy will be shared across the local authorities, coordinated by the preventing suicide (Tees) public health practitioner. The strategy's aim is to be a working, dynamic plan that supports the partnership working happening across our region with actions and objectives reviewed on an annual basis.

The multi-agency, multi-sector, Tees suicide prevention taskforce will be responsible for developing an accompanying action plan with specific actions aimed at meeting these requirements. Actions will be reviewed during the taskforce meetings at least quarterly. Where specific projects, working groups or pieces of work take place, the lead will feed back to the taskforce when appropriate.

Real time surveillance data will continue to be monitored across Teesside to inform public health practice and service provision across the local authority areas and to assess progress. However, it is important to acknowledge that suicide prevention activity is difficult to measure as it is impossible to accurately capture information on suicides prevention by specific means.

The governance structure that supports this strategy is;



Key Contacts and Resources

Phone: 116 123 (24-hour helpline)
Address: 147 Borough Road, Middlesbrough, Cleveland. TS1 3AT
Opening times: Thursday 2pm-6pm, Saturday & Sunday 2pm-8pm
Email: jo@samaritans.org
Write to: Freepost, PO Box 9090, Stirling, FK8 2SA
samaritans.org.uk

Phone: 0800 068 4141
Text: 88247
Email: pat@papyrus-uk.org
papyrus-uk.org

Helpline: 0808 808 1677
Email: helpline@cruse.org.uk
cruse.org.uk

Helpline: 01642 257020
Email: info@teessidemind.org.uk
teessidemind.org.uk

Call: 111 (option 2 for mental health advice)
Text relay for hard of hearing : 18001 111
111.nhs.uk

Here to Help (here2help.uk) support for autistic people and their families and support people

Preventing suicides in public places (publishing.service.gov.uk) public health guidance on deaths in public places

The internet suicide and self-harm (samaritans.org) Samaritans training online harms

Training programmes :: Zero Suicide Alliance

Appendix 1

Children and Young People

Suicide is the biggest killer of people aged 35 and under in the UK (Papyrus, 2023), devastating families and communities. Previously in Teesside our numbers of children and young peoples (CYP) deaths have remained low with no under 18's dying by suicide in 2023, however in 2024 we experienced a marked increase in CYP deaths prompting additional focus to understand the work needed to support children and young people across Tees and prevent further deaths.

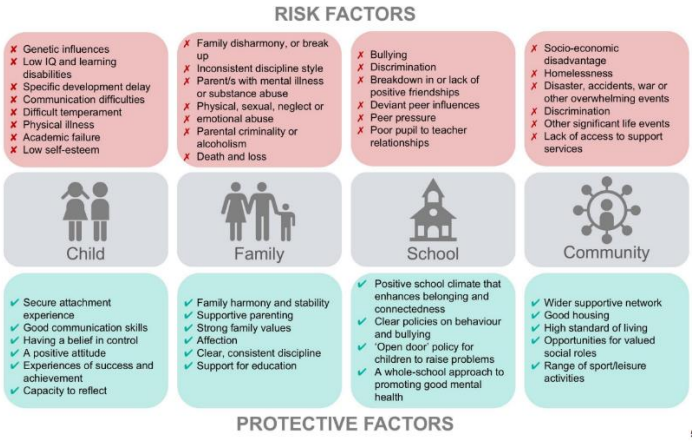
Prioritising and promoting the young people's mental health agenda across Teesside means we can work in collaboration with partners across local authorities, voluntary sector, and education to provide further analytical focus and action planning to support ongoing work or provide new areas of direction.

In addressing suicide in the under 18 age group several key areas need to be considered for further work and consultation;

- Promoting positive mental health
- Engaging with CYP
- Encouraging a whole school approach to mental health
- Social media
- Focusing on specific groups with increased vulnerability
- Effective postvention support

Promoting positive mental health

Good mental health is important for children and young people to thrive, a child's emotional health can influence not only their cognitive development, physical and social health but also their mental wellbeing and resilience into adulthood.



Across Teesside there are several different approaches to supporting young people's mental health. Each organisation having a unique focus or direction but ultimately sharing the overarching aim of enabling young people to overcome challenges and adversity and promoting positive mental wellbeing.

Engaging with CYP

Engaging children is about ensuring children's fundamental right to be heard. UNICEF (2017) describes CYP engagement as being about enabling the meaningful participation of CYP in "opportunities to form and express their views and to influence matters that concern them".

Young people have unique knowledge and insight of their own lives. Their participation in all aspects of youth mental health is vital to ensure that care provided is accessible, appropriate, and effective. Encouraging and providing opportunities for meaningful participation improves engagement, strengthens relationships, and empowers the CYP to take an active role in decision making.

Encouraging a whole school approach to mental health

A whole school approach is about developing and nurturing a positive culture and ethos requiring partnership between school senior leaders, teaching and support staff, parents, carers, and the wider community. This approach maximises opportunities for mental wellbeing through the curriculum, early support, staff pupil relationships, leadership, and strategy.

Many schools in Teesside are well supported by the 'Getting Help' service although some gaps in support provision need to be identified and addressed.

Figure 8: Elements of a whole-school approach for wellbeing interventions (PHE 2015)[44]

Social media

Social media is a growing part of young people's lives, it connects them to peer and social groups, provides entertainment and can be a useful tool for learning. However, when CYP begin to feel worried, stressed, annoyed, persecuted, or upset by online content is when mental health can start to be negatively impacted.

Encouraging positive online experiences is a key part of promoting good mental health. Signposting to education and training, such as Samaritans online safety training, we can equip parents, carers, schools, and organisations to be prepared in helping young people and children have a positive online experience.

Focusing on specific groups with increased vulnerability

In addition to effective mental health support and support in educational settings, bespoke work may be needed to further support CYP who have particular circumstances and experiences. These groups include;

- Children and young people who self-harm
- Looked after children and care leavers
- Children and young people who experienced significant loss (especially by suicide)
- Children and young people who are neurodivergent
- Children and young people who identify as LGBTQIA+ or may be uncertain
- Children and young people in contact with services, including mental health and social care
- Children and young people who are subject to or witness to abuse and neglect
- Children and young people who live with or around drug and alcohol addiction
- Children and young people in the 'transition' phase of education
- Children who are home educated

Effective postvention support

NICE published an evidence review in 2018 with recommendations that included the use of rapid intelligence gathering and data from sources such as real time surveillance to identify anyone who may be affected by a suspected suicide or may benefit from bereavement support; and offering those who are bereaved or affected by a suspected suicide practical information expressed in a sensitive way. This is especially pertinent to such a close community setting such as a school or college environment. The impact of a young persons death requires a timely, collaborative response ensuring students, staff, parents, and the wider school community are offered access to appropriate support.

As part of our offer in Teesside we signpost schools to commissioned bereavement support, statutory 'getting help' school offer, school-based support such as Educational psychology team and 5-19 service, local VCSE suicide support organisations and wider nationally recognised support services. The offer and process are set out in Appendix 1a.

Support for CYP;

Step by Step resources | Samaritans

Schools guide | Papyrus

PAPYRUS Prevention of Young Suicide

If you are having thoughts of suicide or are concerned for a young person who might be you can contact HOPELINE247 for confidential support and practical advice.

- Call: 0800 068 4141
- Text: 88247
- Email: pat@papyrus-uk.org
- Web: www.papyrus-uk.org

Appendix 1a – School Support offer

Hartlepool, Stockton and Middlesbrough

Notification of death of a school/college age child to PH SP practitioner via Cleveland Police

PH SP practitioner to identify (if not known) and contact school of deceased and any school age siblings.

If at college, to establish feeder school

To inform of available support (below)

Cruse bereavement care is our commissioned post suspected suicide bereavement service, I have let them know of the situation and they are anticipating a call from the school. Their number is 01642 210284

The schools 'getting help' offer is Inside out mental health support team. They can offer resilience work, self-esteem work, change management in both 1:1 and group work.

The HeadStart teamare available in South Tees schools and can support with group or individual support and can offer drop in sessions within school.

The Samaritans website has some excellent guidance and resources on managing social media, Memorials and supporting students and can be found at; Step by Step | Samaritans

Further to this support is available for staff, students and parents through the following external services;

Samaritans 116 123

Papyrus 0800 068 4141

Headlight project Contact - 07961579136

SHOUT – text 85258

Redcar and Cleveland

Notification of death of a school/college age child to PH SP practitioner via Cleveland Police

OR

Notifiction to Director of Education by school

PH SP practitioner to notify support services of death in school/college

Director of Education or designated deputy to contact school to inform of available support

Cruse bereavement care is our commissioned post suspected suicide bereavement service, I have let them know of the situation and they are anticipating a call from the school. Their number is 01642 210284

The schools 'getting help' offer is Inside out mental health support team. They can offer resilience work, self-esteem work, change management in both 1:1 and group work.

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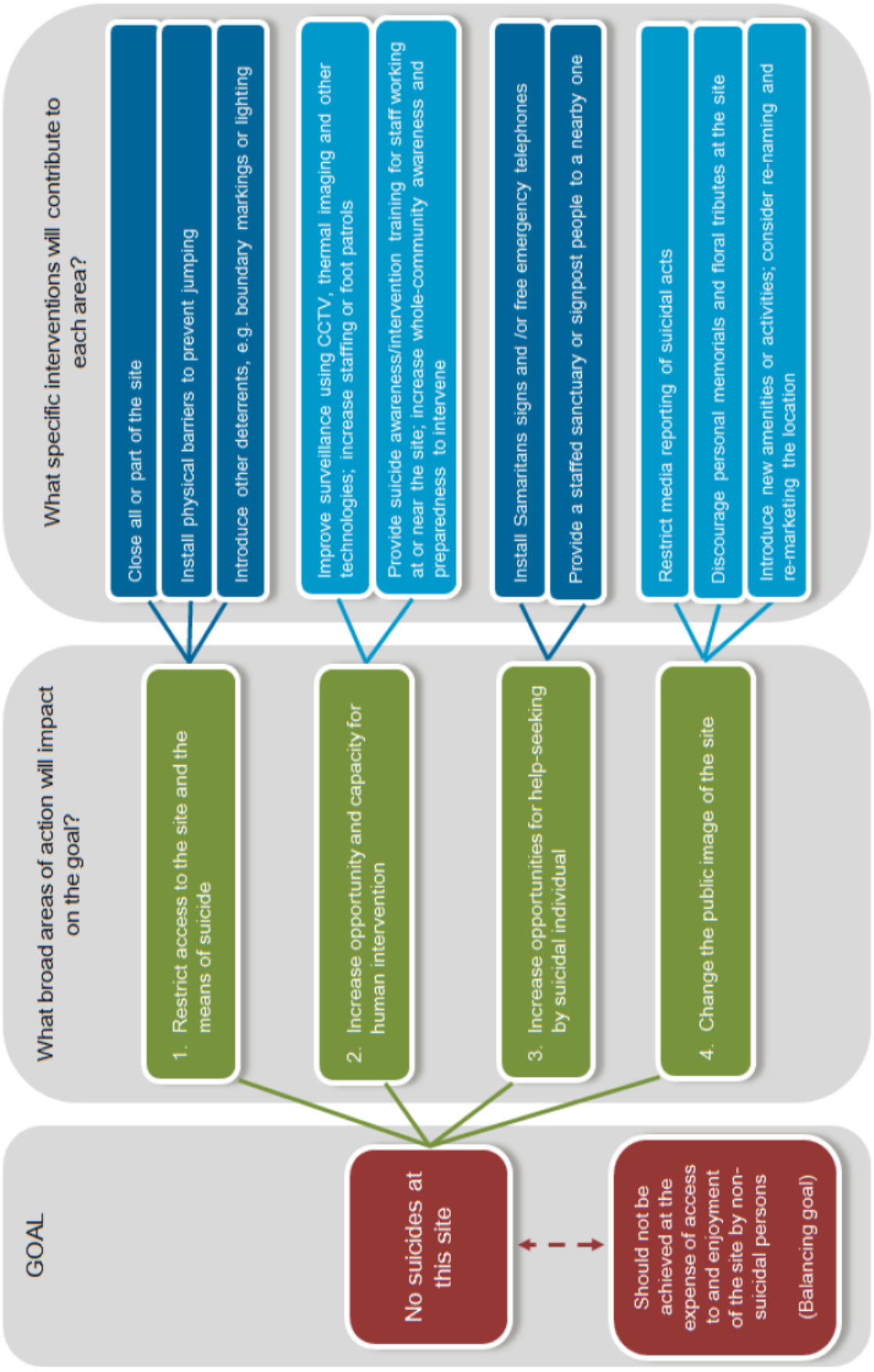
Headlight project Contact - 07961579136

SHOUT – text 85258

Appendix 2 – A framework for site-specific suicide prevention, PHE, 2015



Appendix 3 - Multiple or linked suspected suicides plan (MOLSS)

A suicide cluster may be defined as a group of suicides, suicide attempts, or self-harm events that occur closer together in time and space than would normally be expected in a given community. The cluster may be one type of event or any combination of the three listed above. The space may be physically or virtually close.

The two most common types of suicide clusters are:

- Point clusters: A greater-than-expected number of suicides that occur within a time period in a specific location. This might be in a community or an institution such as a school, university, or psychiatric inpatient setting.
- Mass clusters: A greater-than-expected number of suicides within a time period that are spread out geographically.

Suicide and self-harm injuries often involve different injury methods, the most common suicide in Teesside being hanging and poisoning. The most common methods of self-harm are poisoning and cutting. However, cluster cases do not necessarily need to involve the same injury method.

It may be difficult to determine if there are connections between cases or what the connection may be. For example, people in a cluster do not need to know each other. They may be connected by other factors such as having viewed the same social media content, connections to a third person who has died by suicide, or something else.

Research estimates that's between 1 and 5% of all suicides by young people occur in the context of a cluster, and that 6% of suicides in prisons and 10% of suicide by people with mental illness are due to imitation or clustering effects. Therefore, early identification and action are required to contain the impact.

It has been proposed that suicide clusters are due to 'contagion' or the process where one person's suicide influences another person to engage in suicidal acts. Contagion may be particularly likely to occur in circumstances where the second person is already contemplating a suicidal act or is particularly vulnerable or impressionable. The mechanisms by which contagion operates are not fully understood and may vary considerably from person to person. Possible links proposed by research includes:

- An expression of grief or a means of escaping from pain after experiencing the suicide of another, particularly a friend or relative.
- Imitation of another's suicidal behaviour as a way to deal with a range of emotions or events.
- A desire to be recognised, for identity, or to be part of a group, which may occur if previous suicides are perceived to have achieved recognition for those who have died; and
- Exposure to a particular method, providing a 'suggestion' for that method to be used again.

A community response plan should consider identifying and referring persons who may be at high risk of suicide, regardless of whether the community-identified cluster involves a statistically significant greater-than-expected number of cases.

Community Response Plan.

Because the Tees Real Time Data Surveillance System is in place, the identification of a cluster or potential cluster is facilitated by the Preventing Suicide Tees Public Health practitioner. As well as collating data relating to suspected suicide, in collaboration with Cleveland Police Tees public health preventing suicide practitioner collates information pertaining to incidents where an individual has attempted or threatened suicide. This database, whilst containing no personably identifiable information, also includes instances of self-harm, supporting the identification of those 'mixed clusters' and providing a richer understanding of our local issues.

PHE Guidance states that each local authority area should have an established Multi-agency Suicide Prevention group, led by the Public Health Suicide Prevention Lead. If the cluster occurs in just one LA area, it should follow the response as highlighted in the PHE guidance i.e. the group should be chaired by the suicide prevention/mental health lead within local authority. If cluster occurs over two local authority areas, the response group should be co-chaired by both leads. Due to the close proximity of the area, Tees will initially have a meeting to include all 4 boroughs and will determine at that meeting if future meetings should be Local authority or continue include all 4 boroughs.

To determine an appropriate level of concern it is important to establish the facts around suspected suicide/s. conclusively identifying a cluster should not stand in the way of responding to concerns.

	Key Steps	
Phase 1:	Identify a lead agency to develop and host the plan	1. This decision should be made based on: • Organisational mandates and existing responsibilities. • Existing networks and relationships. • Cultural considerations and community access; and • Availability of resources, particularly skilled and knowledgeable staff, and time • Start 'cluster reporting template' – actions to be revisited during each meeting
	Identify relevant available contacts and resources	2. Each Local Authority should have in place details of those organisations of individuals who would be convened in the event of a cluster. They might include; • Preventing Suicide (Tees) public Health Practitioner • Strategic Adult / Child Safeguarding Manager (within Local Authority) • ICB Suicide Prevention Lead • Postvention Support Provider • Police (Suicide Prevention Lead) • Police (Neighbourhood Inspector for that locality) • Coroner / Coroner's Officer • Healthcare NHS Trust (e.g. primary care, mental health services)
		• TEWV • School Nurse • CYPS • Local Authority Media Communications Lead • CAHMS • VCSE organisations (e.g. Mind, Samaritans, Talking Matters, etc) 3. Roles in this team might include: • Coordinating the response. • Collecting and monitoring suicide data and information. • Providing information. • Identifying and supporting those at risk; and • Follow-up, including longer term risk reduction programs
Phase 2:	Establish the facts – all involved agencies	4. To determine an appropriate level of concern it is important to establish the facts around suspected suicide/s, conclusively identifying a cluster should not stand in the way of responding to concerns. 5. A suicide and the possible onset of a cluster may be accompanied by significant rumour and suspicion, including that spread quickly through social media. A member of the cluster response team may need to check with a range of information sources to establish what is happening. 6. Where suspected suicides of school age young people occur, schools should be advised to alert students and parents about responsible social media use and encourage students to report any concerns to teaching staff.
	Provide ongoing and accurate information	7. The community plan should include identification of a designated media contact person to coordinate provision of a single, factual account of the situation and the response. Proactive engagement with the media may help ensure sensitive media reporting that encourages help seeking and doesn't increase the risk of further suicidal acts. All media correspondence should follow appropriate guidance.
	Identify individuals, groups, and areas of greater risk	8. Assessing the risk of a cluster forming requires exploration of community, social and environmental domains as well as individual circumstances. 9. Mapping and screening processes can be used to identify individuals, groups, and areas of potentially elevated suicide risk .
	Responding to risks and immediate support needs	10. The community plan will need to identify what services and support can be made available to support those affected by the suicidal act(s). The community should identify how to: • Provide immediate support to the bereaved, both for day-to-day practical needs and to assist them to cope with their grief. • Provide information, including about suicide risk, how to talk about suicide, and about available services. • Increase access to debriefing and counselling for those affected by, or involved in, responding to the crisis. • Establish support networks (e.g. people who can listen to others' concerns and monitor their level of risk), and ensure that people at risk are not left alone at critical times; • Organise group events to encourage a sense of identity and hope and to reduce individuals' isolation; and • Reduce access to means of suicide.
Phase 3:	Link to longer term suicide prevention work	11. Linking the crisis response to a longer-term program of suicide risk reduction and community recovery. The anniversaries of suicide deaths can bring to the surface a range of difficult emotions for family and friends and research shows deaths after suicide are most common over a year after initial death. The community plan should consider promoting help-seeking and making additional services available at this time.
	Revise and update the community plan	12. The experience of responding to a cluster will provide an opportunity to update and expand the contents of the community plan. Updating the plan may also allow the cluster response team to reflect on and debrief about the experience. 13. Share cluster report template with relevant DPH, ICB lead and regional colleagues for future learning 14. All child suicides should be reviewed at the Child Death Overview Panel (CDOP)

Member Report
Community Mental Health Transformation

Report to: Tees Valley Joint Health Scrutiny Committee
Report from: Senior Democratic Services Officer
Portfolio: Adults and Health, Welfare and Housing
Report Date: 2 October 2025
Decision Type: Committee
Council Priority: All

HEADLINE POSITION

1.0 Summary of report

The Committee will receive an update on the work undertaken on the development, and implementation of the Tees Valley Community Mental Health Transformation Model.

2.0 Recommendation

It is recommended that Members note the position and actions undertaken to deliver the Model across all five Tees Valley Local Authorities.

BACKGROUND

3.1 An update on Community Mental Health Transformation was last provided to the Committee in September 2024 by several representatives from North East and North Cumbria Integrated Care Board (NENC ICB), Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) and the Community Trust Community Hubs. Key information and subsequent discussion points can be found within the published minutes of that meeting – please see 7 November 2024: Tees Valley Joint Health Scrutiny | Hartlepool Borough Council

3.2 John Stamp, Associate Director of Partnerships and Strategy at TEWV 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 7 November 2024.

5.0 Contact Officer

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Tees, Esk and Wear Valleys
NHS Foundation Trust

Community mental health transformation update

Presentation to Tees Valley Joint Health Scrutiny Committee

2 October 2025

Respect Compassion Responsibility

journey to change

Supporting the 10 year health plan for England

Tees, Esk and Wear Valleys NHS Foundation Trust

The three major shifts:

Community mental health – an overview

Tees, Esk and Wear Valleys NHS Foundation Trust

What it is:

- A standard approach – with some variation to meet the needs of different communities
- No wrong door approach

Some of the key changes:

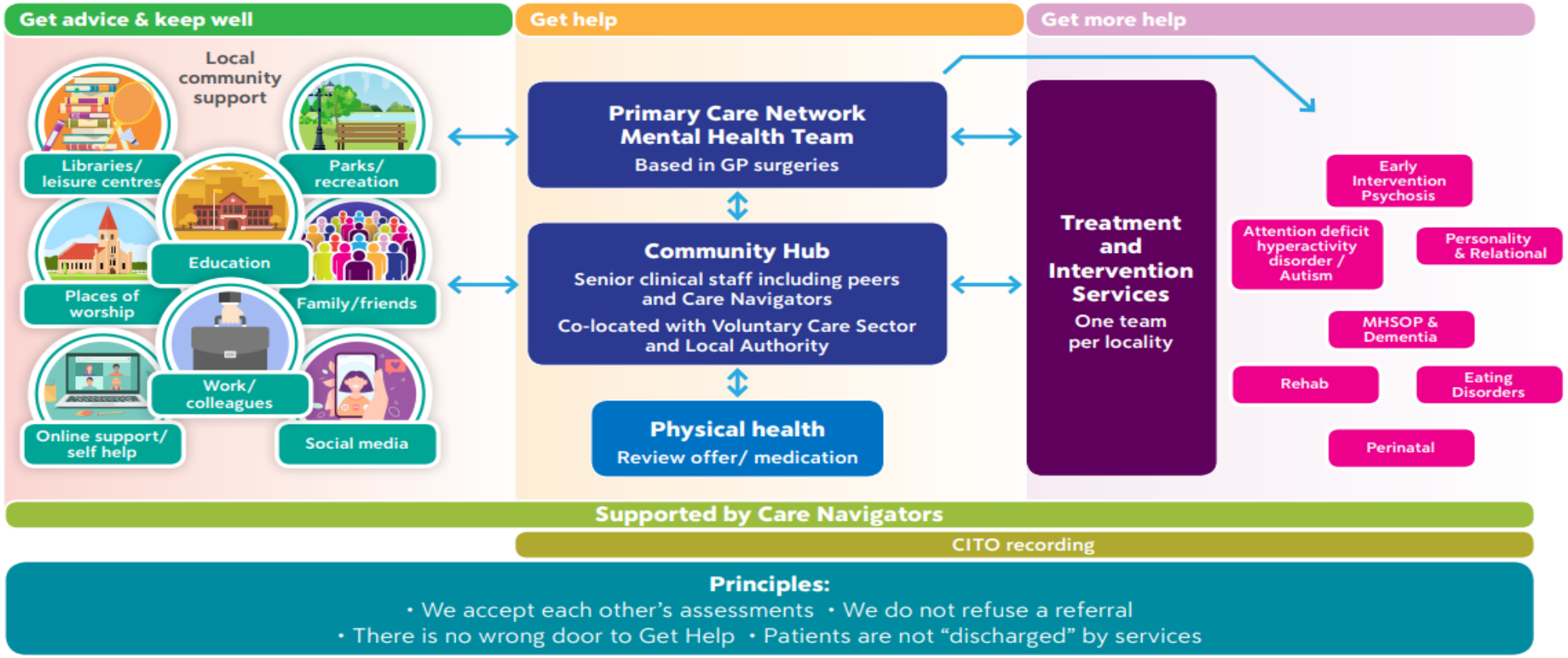
- Partners come together each week from voluntary sector, local authority, talking therapies and drug and alcohol services
- Mental Health roles embedded in all primary care networks (over 1000 appointments delivered each week)
- Lived experience forums established across Tees Valley boroughs
- Peer support workers in place
- Increase in capacity for psychological therapies within community teams
- Severe mental illness (SMI) physical health practitioners working within primary care networks (and assertive outreach model implemented for physical health checks)
- Standard operation policy, including workforce model, being developed and implemented across community teams

Community mental health – our aim

Tees, Esk and Wear Valleys NHS Foundation Trust

Community Transformation Our vision:

- Integrated services delivering collaborative pathways which meet the needs of the local population
- Empowering individuals to choose and manage their own personalised recovery, as experts in their own mental health (informed by social, cultural and ethnic needs)



Community mental health – the model

Tees, Esk and Wear Valleys NHS Foundation Trust

Core CMHT Staffing Pre-Transformation

- Consultant Psychiatrist
- CPN
- Psychologist
- Team Manager
- Advanced Nurse Practitioners
- Specialty Doctors & Junior Doctors

Transformation Model

Primary Care Network Mental Health Team

MDT input across both as a shared resource

Remit of each team

Community Hub

- Triage and assessment
- Medication reviews
- Interventions
- Graded exposure
- Anxiety management
- Hearing voices
- Life line work
- Stress vulnerability
- Sleep hygiene
- CBT
- Clinics
- Physical wellbeing checks
- Signposting & navigating
- Interface with PCN workforce
- ASD/ADHD assessment
- Peer support

Our vision: PS09
Get help
Get more help

Treatment and Intervention Services

- Complex presentation and prescribing
- Risk management
- ASD/ADHD complex needs
- Governed therapies
- Intense/high frequency/ complex referrals
- Physical wellbeing checks
- Interface with PCN workforce
- Peer support

Access, Affectice and Psychosis teams will be reconfigured into the Hub and treatment teams

* Ongoing development of roles to ensure equitable access across all teams

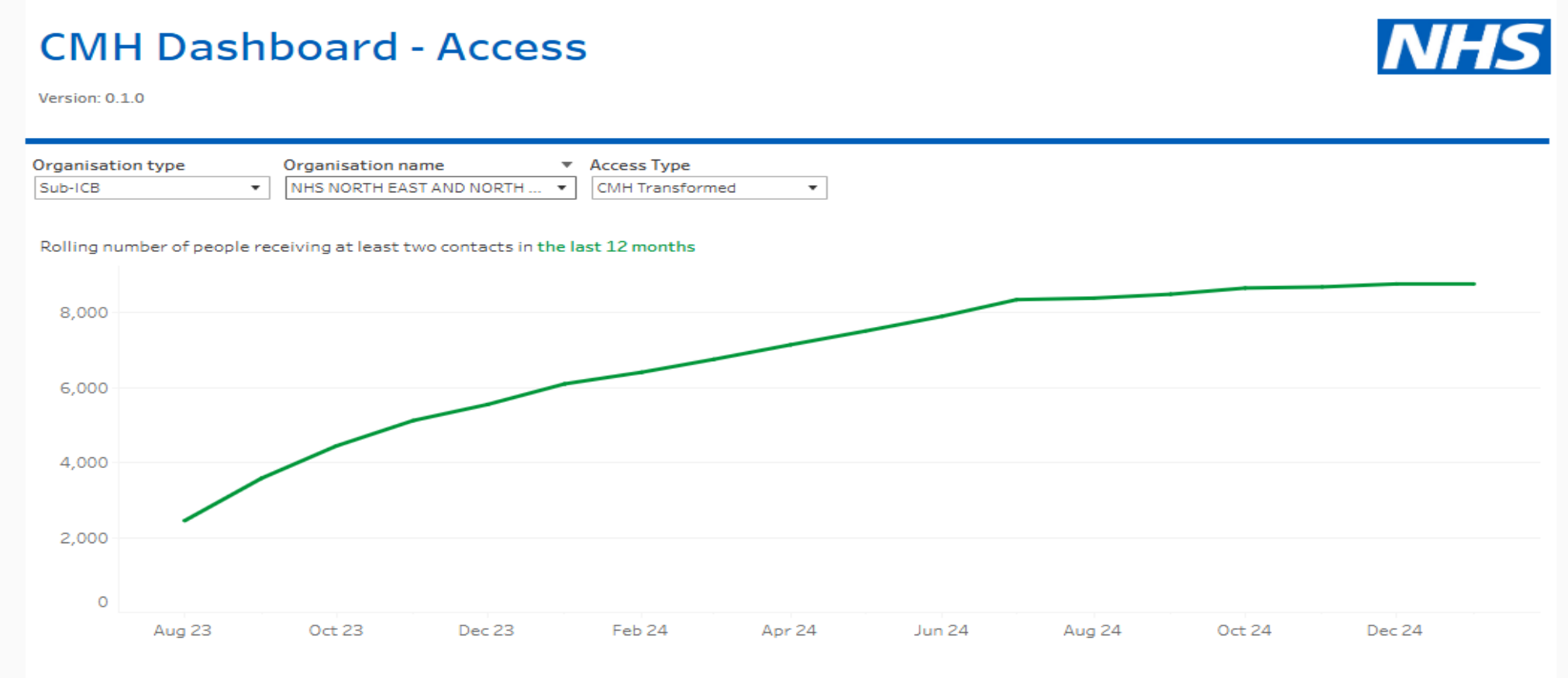
CMHT Staffing Post-Transformation

- Consultant Psychiatrist
- CPN
- Psychologist
- Team Manager
- Specialty Doctors & Junior Doctors
- Advanced Nurse Practitioners
- Mental Health Wellbeing Practitioners
- Occupational Therapists*
- Associate Practitioner
- Associate Nurse Consultants
- Dual Diagnosis*
- PCN / ARRS Practitioners
- Peer Support Workers
- Care Navigators

Key achievements

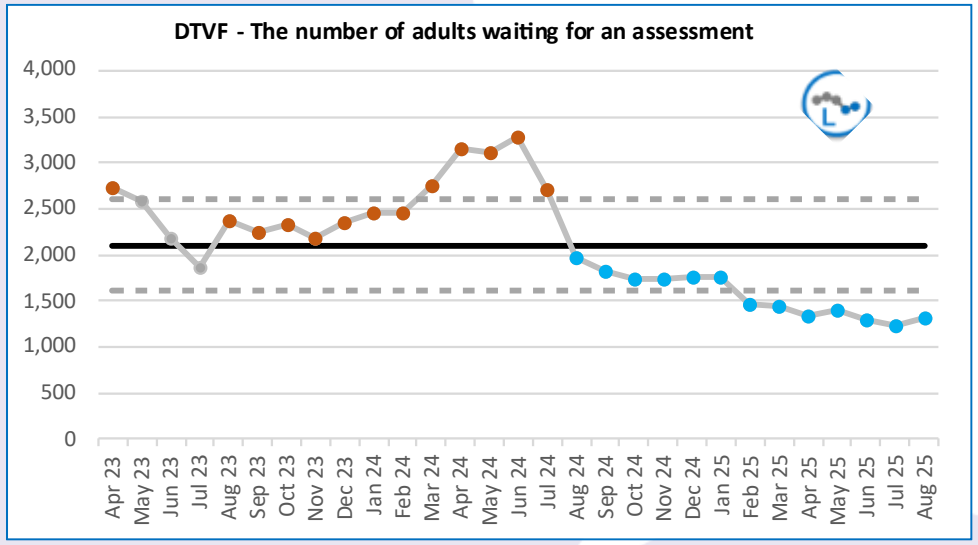
Tees, Esk and Wear Valleys NHS Foundation Trust

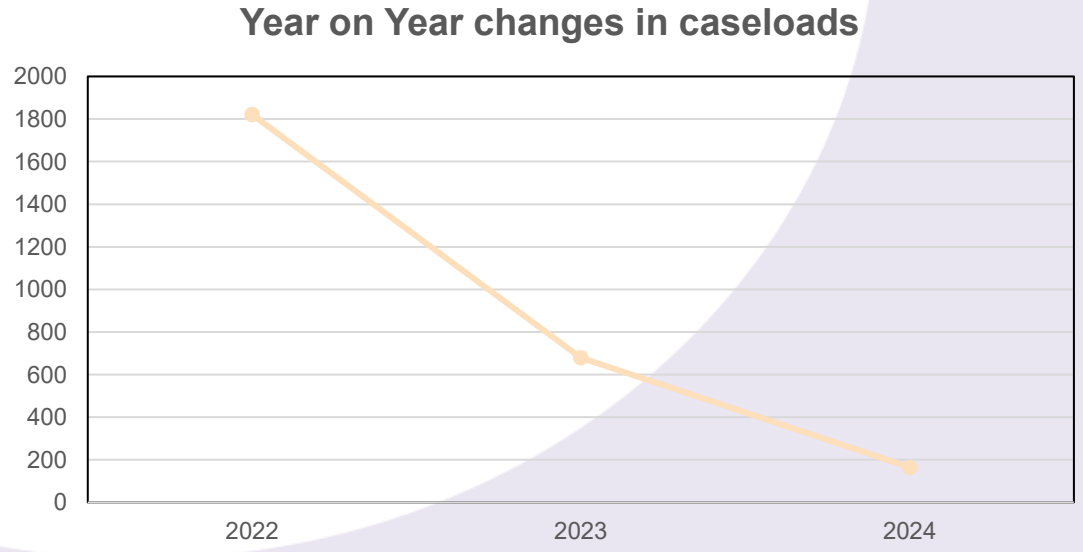
A significant increase in the number of patients receiving at least 2 contacts in a 12-month period



Key achievements

- Over 40,000 appointments in primary care (per year) by Mental health Nurse Prescribers and Mental Health and Wellbeing Practitioners.
- Of these appointments, only 948 (2.5%) of Additional Roles Reimbursement Scheme (ARRS) patients were stepped up to secondary care.
- 63% reduction in patients waiting for assessment
- 15%-20% reduction in secondary care referrals, at a time when we expected secondary care mental health referrals to increase 91% improvement in year-on-year changes in caseloads.
- Significant increase in the number of patients receiving at least two contacts in a 12-month period.
- 22% increase in capacity for psychological therapies.





Recognition

Tees, Esk and Wear Valleys NHS Foundation Trust

- Parliamentary Inquiry into impact of community mental health transformation
- Royal College of Psychiatrists
- NHS Providers
- NHS England / Centre for Mental Health
- National webinars
- Positive practice awards
- Collaboration with several trusts across the country

Integrated neighbourhood teams – what can we learn from community transformation

Tees, Esk and Wear Valleys NHS Foundation Trust

Approach:

- No wrong door – system thinking/no barriers
- Initial needs assessment
- Knowledge of what other parts of the system do (and don't do)
- Respect and trust of system partners
- Warm care transfers
- Huddles
- Empowering VCSE
- Patient in the middle
- Lived experience involvement/co-creation
- Services designed around people

Impact:

- Reduced waits for service users
- Reduced hand-offs
- Reduction in repeated assessment
- Better use of time (everyone)
- Access to support whilst waiting
- Increased staff satisfaction
- Better service user outcomes
- Diverse workforce/new roles
- Increased service user satisfaction
- Reduced did not attends (DNAs)

Member Report
Vaping and Nitrous Oxide – Public Health

Report to: Tees Valley Joint Health Scrutiny Committee
Report from: Senior Democratic Services Officer
Portfolio: Adults and Health, Welfare and Housing
Report Date: 2 October 2025
Decision Type: Committee
Council Priority: All

HEADLINE POSITION

1.0 Summary of report

The Committee will receive an update in respect of the prevalence of Vaping and use of Nitrous Oxide across the Tees Valley.

2.0 Recommendation

It is recommended that Members note the position and actions undertaken to reduce the health related and environmental harms associated with the use of these substances particularly amongst young people.

BACKGROUND

3.1 Rebecca Scott, Advanced Public Health Practitioner and John Stephenson, Health Improvement Operations Manager for South Tees are scheduled to be in attendance to provide the update. The Chair has requested that information pertaining to any work undertaken by Trading Standards teams to also tackle the issue of the illegal sales of vapes / nitrous oxide and any under-age test purchases also be highlighted.

4.0 Background Papers

4.1 There was no background papers used in the preparation of this report.

5.0 Contact Officer

5.1 Name: Caroline Breheny
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Member Report

North East and North Cumbria Integrated Care Board (NENC ICB): Winter Plan

Report to: Tees Valley Joint Health Scrutiny Committee

Report from: Senior Democratic Services Officer

Portfolio: Adults and Health, Welfare and Housing

Report Date: 2 October 2025

Decision Type: Committee

Council Priority: All

HEADLINE POSITION

1.0 Summary of report

The Committee will receive an update in respect of NENC ICB's 2025/26 Winter Plan.

2.0 Recommendation

It is recommended that Members note the position and actions undertaken to improve winter planning arrangements in 2025/26 across the Tees Valley.

BACKGROUND

3.1 Karen Hawkins, Delivery Director [Tees Valley] North East & North Cumbria Integrated Care Board (NENC ICB) and Rowena Dene, Chief Operating Officer North Tees and Hartlepool NHS Foundation Trust last attended the Tees Valley Joint Health Scrutiny Committee on 7 November 2024. Please see the following link to the respective agenda pack 7 November 2024: Tees Valley Joint Health Scrutiny | Hartlepool Borough Council (pages 12-35). Key information and subsequent discussion points can be found within the published minutes of that meeting – please see 9 January 2025: Tees Valley Joint Health Scrutiny | Hartlepool Borough Council.

3.2 The key areas of interest discussed included the system approach to winter planning, assurance processes, system priorities, local priorities and public messaging. It has been requested that a similar presentation containing information pertaining to NENC ICB's 2025/26 Winter Plan for all five Tees Valley local authorities be provided.

3.3 Karen Hawkins and Rowena Dene 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 Tees Valley Joint Health Scrutiny Committee held on 7 November 2024.

5.0 Contact Officer

5.1 Name: Caroline Breheny
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NHS
North East and North Cumbria

Winter Plan 2025/26: Tees Valley

Rowena Dean, Chief Operating Officer, North Tees & Hartlepool NHS Foundation Trust
&
Karen Hawkins, Director of Delivery, NENC ICB

Partnership working

Every organisation will have their own winter plan assured through own governance

This is the Tees Valley system plan for winter 25/26 co-ordinated through the Local A&E Delivery Board

NENC Integrated Care Board (ICB)	Primary Healthcare Darlington GP Federation
South Tees Hospitals NHS Foundation Trust	Stockton Borough Council
North Tees & Hartlepool NHS Foundation Trust	Middlesbrough Borough Council
County Durham & Darlington NHS Foundation Trust	Hartlepool Borough Council
Tees Esk & Wear Valley NHS Foundation Trust	Redcar Cleveland Borough Council
North East Ambulance NHS Trust	Darlington Borough Council
Yorkshire Ambulance NHS Trust	Cleveland Local Medical Committee
Hartlepool & Stockton Health GP Federation	Humber & North Yorkshire ICB
ELM Alliance GP Federation	

Winter planning 25/26

On 6th June 2025 NHS England (NHSE) and the Department of Health and Social Care (DHSC) published the **Urgent and Emergency Care Plan for 2025/26**

The plan identified 7 priorities that will have the biggest impact on UEC improvement this coming winter. As a minimum these are:

- patients who are categorised as Category 2 – such as those with a stroke, heart attack, sepsis or major trauma – receive an ambulance within **30 minutes**
- eradicating last winter's lengthy ambulance handover delays to a maximum handover time of **45 minutes**
- a **minimum of 78%** of patients who attend an A&E to be admitted, transferred or discharged within **4 hours**
- reducing the number of patients waiting over **12 hours** for admission or discharge from an emergency department compared to 2024/25, so that this occurs **less than 10%** of the time
- reducing the number of patients who remain in an emergency department for longer than **24 hours** while awaiting a **mental health** admission
- tackling the delays in patients waiting once they are ready to be discharged
- seeing more children **within 4 hours**

ICB Assurance

- In order to enhance our approach to, and oversight of, winter planning across NENC we have established the **Winter Planning Assurance & Delivery Group** to co-ordinate the production of our system plan and monitor its delivery throughout 2025/26. The group is directly accountable to the ICB Executive Committee.
- An assessment of '**winter readiness**' against the UEC plan 25/26 across NENC at a LAEDB level was undertaken to support production of the system winter plan.
- All ICBs and Trusts stress tested their draft winter plans by participating in an NHS England hosted **exercise** in September.
- Following completion of the regional testing exercises in September, NHSE have mandated that ICB and Trust Boards should sign-off winter plans and submit a **Board Assurance Statement** by **30th September**.

The following slides re the ICB's winter plan therefore remain in DRAFT until final sign off on 30th September

NENC system-wide priorities

Delivering Safer Urgent & Emergency Care - Right Place, First Time

Enhancing the respiratory pathway

- Initiate actions to deliver a targeted proactive care approach
- Implement improved access and integration to urgent care including ARI hubs, hospital @home step up/down, 2Hr UCR

Maximising preventative & home facing offer

- Increase vaccination rates for those at risk
- Implement Care Coordination Hubs and MDT approach for Respiratory & Frailty patients across system
- Increase alignment with NENC Urgent Care principles & ensure existing urgent care provision is maximised across the system

Improve in-hospital flow and discharge

- Develop alternative pathways to ED for individuals in mental health crisis
- Ensure ambulance handover delays are to a maximum handover time of 45 minutes
- Embed Clinical Operational Standards
- Develop best practice recommendations for Infection Prevention & Control
- Reduce ED attendances through improved referral routes to SDEC

Ensure we clearly communicate, engage and involve the public and staff in understanding appropriate available services & access routes

Improve vaccination rates across staff groups

Ensure all available services are visible and appropriately prioritised within DOS

Tracking and monitoring progress through the respiratory lens as a key indicator of improvement

Enhancing the respiratory pathway

Focus on:

- Vaccinations
- COPD & Asthma proactive, preventative 'OPTIMISED' care

Improved Access and Delivery

- Pharmacy, ARI, UCR / H@H step-up
- Same Day Urgent & Emergency care
- Care Coordination Hubs

Improved Hospital Discharge

- In-hospital respiratory bundles
- Step-down to H@H
- Care Transfer Hubs

Proactive Care | **Responsive Care** | **Recovery Care**

Communications

- System wide winter comms plan - respiratory

Profiling/DOS

- All assets are visible and prioritised on the DOS
- Availability of enhanced access appointments profiled

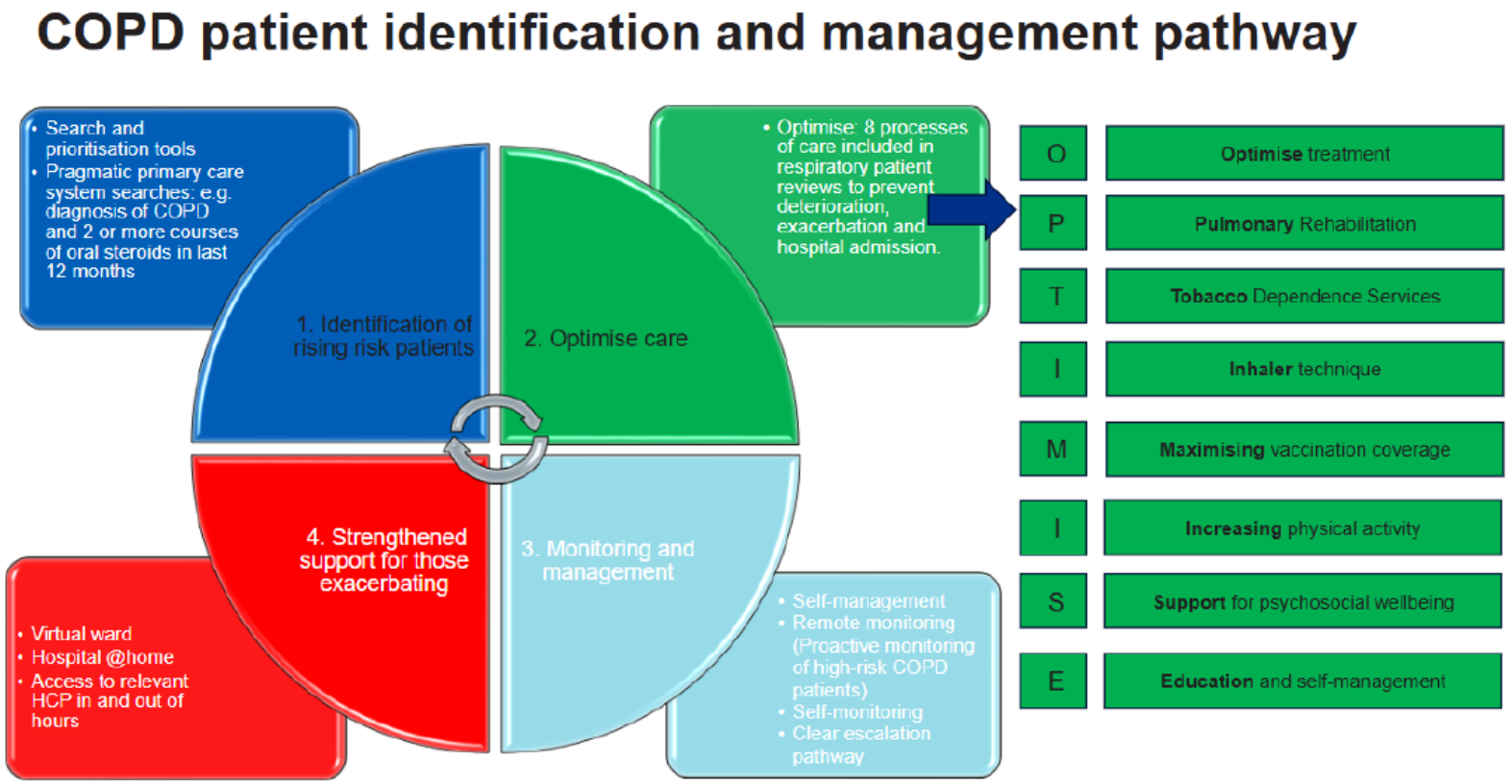
Digital/Data

- ECDS and CSDS – visibility of activity aligned to UEC outcomes

Workforce

- Capacity & capability of community assets/services

‘Optimised’ COPD care



Patients with COPD at high risk of admission are offered proactive care to help reduce episodes of illness and associated complications during winter

Maximising preventative & home facing offer

Maximising Preventative & Home Facing Offer Responsive Respiratory Care - Delivery

Pharmacy *Optimised Offer*	Acute Respiratory Hub *Enhanced Offer*	Hospital @Home *Optimised Offer*
Patients with COPD and Asthma are aware of and directed to services offered through Pharmacy	Patients with respiratory illness have access and support to community-based ARI hubs with appropriate direct onward referral (if needed)	Patients with acute respiratory illness needing 'specialist' support are offer direct step-up to Hospital @Home services

Maximising Preventative & Home Facing Offer Responsive Respiratory Care - Access

Community Care Coordination and Navigation - *Enhanced Offer*	Hospital Care Coordination and Navigation - *Enhanced Offer*
Professionals have access to Care Coordination Hubs to navigate patients (esp. Care Homes) to community - based services / teams for acute and urgent care support	Patients and professionals will have streamlined direct access (with a standardisation of offer) to alternatives to ED

Improve in-hospital flow & discharge

Improve In-Hospital Flow and Discharge
Recovery Respiratory Care – delivery and access

Hospital @Home Step Down
Enhanced Offer

Patients and professionals have access to Hospital @Home from an in hospital setting to support early discharge and recovery care at home

Recovery Care
Optimised Delivery

All eligible inpatients receive support and advice to manage their condition post discharge from hospital and appropriate recovery care at home through coordinated use of services

Improve In-Hospital Flow and Discharge
Urgent & Emergency Care - Delivery and access

Ambulance Handover - *Enhanced Offer*

Patients are receiving appropriate and timely care, reducing the undifferentiated risk to patients in the community

Mental Health Offer
Enhanced Offer

Optimise pathways within ED for those in mental health crises
Optimise alternative pathways to ED via 111 and community resource

Comms campaign – Here to Help

- Our region-wide umbrella campaign - *Here to Help* – provides the platform for joined-up campaigns

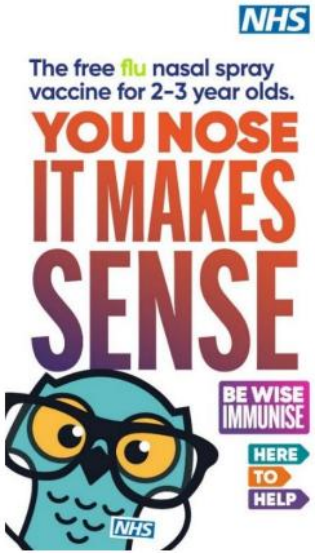
- Focusing on supporting health and wellbeing (keeping people well) and signposting people to the right service for their needs

- Joined-up approach to managing media – proactive

- Toolkits will be available on ICB website:

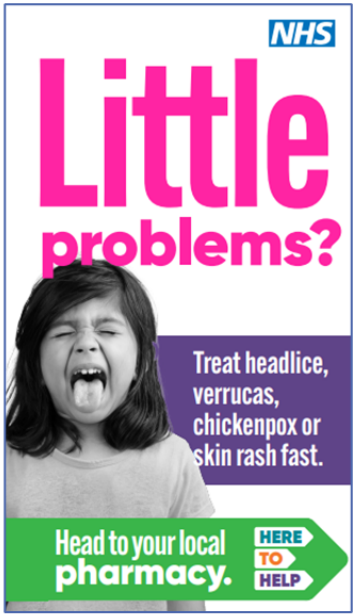
Winter vaccines - overview

- The 'Be wise, immunise' **flu campaign** for the North East and North Cumbria encourages all eligible groups, from **1 September**, to get their flu vaccine including:
  - pregnant women
  - all children aged 2 or 3 years on 31 August 2025
  - school aged children (from Reception to Year 11)
  - all children in clinical risk groups (including Asthma) aged from 6 months to less than 18 years
- **Further assets will be available for groups that are eligible for both flu and COVID-19 vaccinations from 1 October 2025.**



Head to your local pharmacy

- Raising awareness of services provided by local community pharmacists to direct people to the right place for their needs and reduce pressure on GP and emergency health care services.
- Ordering repeat prescriptions in plenty of time - Don't wait until it's too late
- Keeping a well-stocked medicine cabinet
- Thinking pharmacy first and the services on offer
- Bye Bye UTI campaign - advice and treatment for UTIs at your local pharmacy
- Common conditions you can go to a pharmacy for – Got an itch? Gut feeling? Little problems?



Local trust messages

- Local Trusts will help amplify wider system messages
- Will also have their own local focus
- Key emphasis on UTCs:
  - James Cook University Hospital
  - Hartlepool, Stockton, Redcar & Darlington

Surge

- Escalate comms during surge – agile approaches
- Approach depends on what is required – local or regional
- Supported by content from trusts from front-line teams and trusted voices

Glossary

- BCP – Business Continuity Plans
- CDDFT – County Durham & Darlington NHS Foundation Trust
- D2A – discharge to assess
- DoS – Directory of Service
- ED – Emergency Department
- FT – Foundation Trusts
- GIRFT – Getting It Right First Time
- H&SH – Hartlepool & Stockton Health GP Federation
- H@H/VW – Hospital @ Home/ Virtual Ward
- ICP - Integrated Care Partnership
- ICS – Integrated Care System
- iSPA – integrated Single Point of Access
- KLOE – Key Lines of Enquiry
- LAEDB – Local A&E Delivery Board
- LTC – Long term conditions
- MH – Mental Health
- NCtR – No Criteria to Reside
- NEAS – North East Ambulance Service
- NENC ICB – North East and North Cumbria Integrated Care Board
- NTHFT – North Tees & Hartlepool NHS Foundation Trust
- OPEL – Operational Pressure Escalation Level
- SCC – System Co-ordination Centre
- SDEC - Same Day Emergency Care
- STHFT – South Tees Hospital NHS Foundation Trust
- ToC – Transfers of Care
- UCR – Urgent Community Response
- UEC – Urgent and Emergency Care
- UECN – Urgent and Emergency Care Network
- UTC – Urgent Treatment Centre
- UTI – urinary tract infection

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME 2025-2026

Meeting Date	Topic	Attendance
8th 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
17th July 2025	NHS Dentistry Update Tees, Esk & Wear Valley NHS Foundation Trust - CAMHS Update Tees Respite care/Adult Learning Disability update Community Diagnostic Centre (Tees Valley Community Diagnostic Centre, Stockton)	David Gallagher, Chief Procurement and Contracting Manager (NENC ICB) Jamie Todd, Care Group Director of Operations and Transformation, TEWV Kim Lawson, Strategic Head of Commissioning (Tees Valley), North East and North Joe Walker, Service Manager, Adult Learning Disabilities, TEWV Kelly Smith, Head of Radiology, South Tees Hospitals NHS FT (ST NHS FT)
2nd October 2025	Suicide Prevention Strategy	Andrea McLoughlin – Preventing Suicide (Tees) Public Health Practitioner Jo Cook, Programme Manager - Preventing Suicide, TEWV

	Community Mental Health Transformation	John Stamp - Associate Director of Partnerships and Strategy, TEWV
	Vaping / Nitrous Oxide – Public Health	Rebecca Scott, Public Health Principal, Public Health South Tees John Stephenson, Strategic Manager for Health Improvement Services- Public Health South Tees
	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) Rowena Dean, Chief Operating Officer, North Tees & Hartlepool Foundation NHS Trust (NTHFT)
11th December 2025	Clinical Services Strategy Update – Group Model	Mike Stewart, Chief Strategy Officer, University Hospital Tees (UHT) Matt Neligan, Chief Strategy Officer, University Hospital Tees (UHT)
	Palliative and End-of-Life Care Strategy – Development / Implementation	Katie McLeod, Deputy Director of Delivery, (NENC ICB) Dr Nicky Miller, Clinical Lead, (NENC ICB)
	NEAS: Staff Safety and performance update	Mark Cotton, Assistant Director of Communications and Engagement (NEAS). Victoria Court, Deputy Chief Operating Officer, NEAS
	Opioid prescribing and dependency across the Tees Valley	Alistair Monk – Medicines Optimisation Pharmacist, NHS North of England Commissioning Support Unit Angela Dixon – Head of Medicines (Tees Valley), (NENC ICB)
	Health Inequalities	Sarah Paxton - Head of communications, TEWV Catherine Parker – Public Health Lead, TEWV
	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)
12th March 2026	North East Ambulance Service: Quality Account	Rachael Lucas, Assistant Director of Quality & Safety (NEAS)

	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	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
- The impact of waste incinerators on health