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Tees Valley Joint Health Scrutiny Committee

Date: Thursday, 11 December 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 staff 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, although concerns around parking remained, with only 27 spaces 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**.

Thursday, 2 October 2025

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Thursday, 2 October 2025 at the Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

PRESENT Councillors C Cawley (Chair), M Besford, J Coulson and L Hall.

OFFICIALS C Breheny, G Jones and G Woods.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Boddy, S Crane, C Hannaway, N Johnson, M Layton, S Moore and H Scott.

21 **MINUTES OF THE MEETING HELD ON 17 JULY 2025**

As the meeting was inquorate no formal decision was made, and the minutes were deferred to the 2 October 2025 meeting for approval.

22 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

23 **SUICIDE PREVENTION - PUBLIC HEALTH UPDATE**

The Lead Preventing Suicide (Tees) Public Health Practitioner attended the meeting following a commitment made in November 2024, to provide an update on suicide surveillance and prevention activity across the Tees Valley. The presentation drew on strategic public health intelligence from the Real-Time Surveillance System (RTSS), covering four local authorities (excluding Darlington). Members were advised that all figures related to suspected deaths by suicide, pending confirmation by the Coroner. Due to the sensitive nature of the subject matter, a short recess was scheduled following the presentation.

The Lead Preventing Suicide (Tees) Public Health Practitioner clarified that Public Health operated in a strategic capacity and was not involved in frontline response. The RTSS enabled timely identification of suicide clusters, with scene attendance triggering notification to Public Health and Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) within 24 hours. Public Health Leads and Directors of Public Health (DPHs) were then informed, and the Integrated Care Board (ICB) received the data for audit purposes. Additional intelligence was provided by drug and alcohol services and NHS care providers, helping to identify emerging risks.

Members were informed that the half-year review (January to June 2025) showed a reduction in the overall suicide rate across the Tees Valley, from 6.5 to 5.6 per 100,000 population. The most affected age group was 30–39 years, and 70 per cent of deaths were male—consistent with national trends. Hartlepool was the only local authority to record an increase, rising from 4.7 to 5.9 per 100,000, with a notable shift in gender profile: 45 per cent of deaths were female, the highest proportion in Teesside. Stockton saw a reduction from 6.1 to 5.0, Middlesbrough from 7.5 to 6.0, and Redcar & Cleveland from 7.3 to 5.7, with female deaths in RCBC rising from 10 to 30 per cent.

Age-related trends also shifted. In 2024, the most affected group had been 0–19 years; in 2025, this changed to 20–29 and 50–59 years. Analysis of deprivation data showed that most deaths occurred in the most deprived centile, with a secondary peak in the least deprived decile. Mondays were the most common day of occurrence, with May recording the highest number of deaths, followed by February.

The Lead Preventing Suicide (Tees) Public Health Practitioner outlined the Year One priorities for the Tees Suicide Prevention Programme. The importance of recognising the complexity of suicide and addressing common risk factors, including online safety and responsible media reporting was emphasised. It was advised that public deaths were monitored to ensure language was used sensitively and accurately, with efforts made to hold organisations accountable for appropriate terminology.

Members were advised that although Public Health did not own crisis pathways, the service played a key role in promoting them and ensuring partner organisations followed correct procedures. Collaborative work with local authorities, Police, and Fire & Rescue services aimed to reduce high-frequency and high-risk deaths. Environmental interventions such as “talking benches” and “bed benches” were implemented in line with national guidance to reduce access to means and methods.

Members noted that bereavement support formed a critical component of the prevention strategy. It was explained that the four Tees Valley authorities jointly commissioned CRUSE, and from July 2025, If U Care Share had started offering immediate support to families affected by suicide. This timely intervention, particularly around funerals and coroner enquiries, helped to reduce further risk. Schools also received rapid support following a death, with helpline information and local resources shared on the day of notification. Support was provided by CAMHS, CRUSE, and If U Care Share.

In addition, Members were advised that destigmatising suicide remained a core objective. The Lead Practitioner highlighted the importance of using the term “suicide” in everyday conversation and promoting awareness

through community training. The Better Mental Health in the Community programme continued to offer free training across the region.

In terms of key achievements, during the period January to June 2025, it was highlighted that a new information-sharing agreement had been agreed with Cleveland Police, with Public Health granted access to the NICHE system, which had improved data quality. Referral pathways with drug and alcohol services had also been strengthened. Updates on the work undertaken by the Teesside Prevention Taskforce had also been provided at the South Tees Loneliness and Isolation Conference in March and the Hartlepool Men's Health Event in June. Members were advised that future collaboration was planned with Harbour, Halo, and My Sister's Place to further coordinate suicide prevention efforts.

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

- Members queried the effectiveness of collaboration and data sharing generally across the Tees Valley. It was advised that partnership working continued through weekly forums and Monday morning meetings, supporting both informal and formal dialogue. Monthly data reviews between colleagues from TEWV and regional leads across North East and North Cumbria Integrated Care Board (NENC ICB) facilitated a whole-systems approach to service delivery, particularly in response to inpatient deaths and deaths in service within six months. It was noted that efforts were made to avoid postcode-based disparities in care and to ensure consistent cross-boundary collaboration.
- Members revisited the suicide prevention agenda, with particular concern noted around male suicide. It was explained that work was ongoing, and local intelligence had been prioritised over delayed national datasets, enabling timely responses. Voluntary sector engagement also remained strong, with information cascaded via alliance meetings and the Stockton Mental Health Steering Group. The prevention agenda was reported to be active and progressing.
- Members drew reference to the Office for National Statistics (ONS) data, and it was queried how the Tees Valley figures compare with other areas of the UK. It was advised that recent suicide data indicated persistent challenges in the 20–39 age bracket. While Redcar and Cleveland had previously held the highest rates nationally, County Durham had overtaken, with Redcar and Cleveland showing a 34 per cent reduction over five years. Hartlepool's figures remained static; other boroughs showed modest improvement. It was noted that the next ONS release was expected on 7 October. The Lead Practitioner agreed to circulate updated figures once available.
- Members queried the age range variations across the Tees Valley.

It was noted that early-year clusters of younger deaths had impacted averages in Hartlepool, with Redcar and Cleveland showing a higher prevalence in older age groups. Socioeconomic pressures, particularly among those “just managing” were cited as contributing factors. In terms of ethnicity, it was noted that the data indicated a predominance of white British deaths, although it was acknowledged that there was underreporting in some communities. It was advised that work was ongoing with BAME colleagues to address cultural and religious barriers to mental health disclosure.

- Members queried the impact of the 111 mental health crisis pathway on service accessibility. It was advised that this query would be forwarded to the Programme Manager at TEWV for a response.

AGREED that the information presented be noted and that:-

a) The updated ONS data due for release on 7 October 2025 be circulated to all Members once published.
b) The query relating to the impact of the 111 mental health crisis pathway on service accessibility be forwarded to TEWV.

24 **COMMUNITY MENTAL HEALTH TRANSFORMATION - TEES, ESK & WEAR VALLEY NHS FOUNDATION TRUST**

The Associate Director of Partnerships and Strategy at TEWV attended to update Members on the Community Mental Health Transformation programme, which it was advised, aligned with the strategic shifts outlined in the NHS’s 10-Year Health Plan. The longstanding challenges in mental health data infrastructure were acknowledged, although it was noted that progress from fragmented systems to more standardised, analogue-level data quality had taken place.

Members were advised that in terms of mental health services a consistent model had been developed across the Tees Valley, which although tailored to local populations was underpinned by shared standards. The transformation aimed to reduce inappropriate referrals and improve signposting, with strengthened partnerships ensuring individuals were directed to the most appropriate services.

The Associate Director advised that Peer Support Workers had been commissioned across the region, which had been led by Teesside Mind, reversing previous models where statutory services outsourced provision. Capacity for psychological therapies had increased by 22 per cent, although access to specialist support, particularly for conditions such as bipolar disorder, remained limited nationally. Physical Health Practitioners for severe mental illness (SMI) had been embedded within Primary Care Networks, with 66 per cent of patients receiving annual health checks, including outreach to those least likely to engage.

Members were advised that the service model had drawn on the THRIVE framework, supporting self-management and enabling stepped access to GP services, community hubs, virtual hubs, and TEWV staff. Multidisciplinary teams and Care Navigators facilitated seamless transitions across services, ensuring equal voice and shared responsibility in care planning.

It was highlighted that since August 2023, the number of patients receiving at least two contacts had grown from 2,200 to over 8,000, with more than 40,000 appointments delivered in primary care by Mental Health Nurse Prescribers. The programme had received national recognition, including invitations to contribute evidence to a parliamentary enquiry and engagement with NHS England and the Centre for Mental Health.

The Associate Director advised that integrated neighbourhood teams were expected to build on the same principles, with emphasis on system-wide understanding, reduced hand-offs, and continuity of care. Regular “huddles” had supported shared learning and coordination, while voluntary and community sector (VCS) partners had played a central role in delivery. Service design had remained rooted in feedback from Healthwatch and service users, with efforts focused on reducing waiting times, improving readiness for therapies such as Eye Movement Desensitisation and Reprocessing (EMDR), and minimising the need for individuals to repeat their stories.

Members were informed that staff satisfaction had improved, with reduced turnover and sickness rates. The workforce had expanded, including additional peer workers, and patient-reported recovery outcomes had increased. It was noted that continued investment and partnership working were seen as key to sustaining progress.

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

- Members queried the transition from child to adult mental health services. It was noted that CAMHS operated under a distinct model, with transition planning beginning before the age of 17. It was advised that while there was no automatic fit with adult services, employment support workers and Job Centre links had helped bridge gaps. In addition, efforts had been made to reduce the historic “cliff edge” at age 18, with care planning embedded earlier in the pathway.

- Members raised concerns about workforce retention and development and highlighted the national shortage of mental health nurses and psychological therapy practitioners. It was advised that

locally, the ICB had invested in talking therapies and trained 30 high-intensity practitioners. TEWV had developed overseas recruitment strategies and worked closely with universities to promote the North East as a desirable place to live and work to boost retention and recruitment efforts.

- Members queried the degree of progress made in improving access for BAME communities. It was highlighted that progress was being made including the establishment of a dedicated post within TEWV and a new project had been launched with Middlesbrough Mind and local universities. Poverty-proofing measures were also discussed, including the importance of locating services in accessible community buildings and supporting service-user-led groups to increase engagement and reduce drop-out rates.

- It was acknowledged that the Stockton Wellbeing Hub, opened in July 2022, had delivered significant impact through the provision of walk-in access to advice, information, and partner services. A similar model was in place in Darlington. In Middlesbrough, staff operated from Mind premises, including out-of-hours provision. Despite challenges such as vandalism in Grangetown, alternative community venues had been utilised. Members expressed interest in expanding the hub model across Tees Valley, ideally with seven-day access and inclusion of children and young people, subject to capacity.

- Future planning would focus on integrated neighbourhood health teams and end-to-end pathways tailored to local needs. HWBB oversight of neighbourhood health plans was expected to ensure evidence-based delivery.

- Members emphasised the importance of providing discrete services for children and young people, particularly in respect of counselling services.

- Members raised concerns regarding the complexity of neurodiverse pathways. It was noted that children faced longer waits due to multi-agency diagnostic processes, while adult referrals were triaged based on need.

- In response to a query, it was advised that neurodiverse adults often faced long waits, with prioritisation based on severity of impact. The population requiring support continued to grow.

- Members reiterated the importance of learning from diverse communities and improving service design. It was advised that a Middlesbrough-specific project had recently launched, with ongoing

collaboration between Mind and the university. This work would continue until meaningful and sustainable improvements were achieved.

AGREED that the information presented be noted.

25 **VAPING / NITROUS OXIDE - PUBLIC HEALTH UPDATE**

The Committee received an update on public health issues relating to vaping behaviours in South Tees. Members expressed concern at the unprecedented levels of nitrous oxide canisters found during recent litter picks, with a whole box discovered, and agreed to share this information with the relevant Officers.

The discussion emphasised that smoking and tobacco remained the primary focus, as smoking continued to be the single largest preventable cause of premature deaths in the UK. Locally, smoking rates were significantly high, with Middlesbrough recording 18.6 per cent the highest nationally. South Tees initiatives were being mirrored in neighbouring authorities, given smoking's major contribution to health inequalities. The North East average stood at 11.6 per cent with Tees Valley showing higher rates among key groups.

It was confirmed that vaping was scientifically assessed as 95 per cent less harmful than tobacco smoking and intended as a quit aid rather than a recreational activity. Members were advised that data from ASH continued to inform local statistics, which showed higher levels of smoking compared to vaping. Misconceptions remained widespread, with 53 per cent of smokers believing vaping was as harmful or more harmful than smoking. Disposable vape use had peaked in 2023.

Members noted with concern that youth smoking had increased for the first time in eight years, rising from 14 per cent in 2023 to 21 per cent in 2025. South Tees remained the only area in the North East, and one of only three nationally, to offer equivalent support to vapers as to smokers. Two pathways were available: evidence-based behavioural support and nicotine replacement therapy (NRT), which had been rolled out mainstream from April 2025. Outreach teams had also engaged with secondary schools, with the hope of expanding provision across the region. The agreed position was clear: those who smoke should be encouraged to quit through vaping, but those who do not smoke should not take up vaping.

The Redcar and Cleveland's Trading Standards Officer reported that vapes were governed by legislation and disposable vapes should not now be sold in retail premises. Test purchases were conducted with adults and children, and tobacco detection dogs were deployed. Enforcement powers included seizure of products and closure orders of three to six months.

Members were advised that counterfeit products were identified as a major issue, often linked to organised crime, with concealments and offsite storage used. Since April 2023, significant seizures had been made, including half a million cigarettes from a flat in Middlesbrough. Despite strong partnerships with HMRC and use of CCTV, resource limitations remained a challenge. It was noted that disposable vapes continued to be sold under the counter, and intelligence from the public was vital.

Members discussed the wider policy context, noting the Tobacco and Vapes Bill progressing through Parliament. Concerns were raised about rising youth vaping, with suggestions that a requirement for nicotine-based vapes to be made prescription only could help to reduce illegal access. The Committee welcomed outreach work in schools and acknowledged the Panorama documentary highlighting teenage vaping.

Middlesbrough's Trading Standard Officer confirmed that premises had to be licensed to sell regulated products and HMRC assumed responsibility for duty. It was noted that there had been no significant change in consumer use since the introduction of the disposal vape ban in June 2025. Members commended the information requested and formally requested that the data requested from Stockton's Trading Standards Team be circulated.

The Committee discussed the issue of illegal vapes containing spice. It was noted that these products were not reflected in the published figures. Trading Standards reported that such items were treated as drug paraphernalia, highlighting the lengths to which illicit suppliers would go. Members acknowledged that these vapes contained zero nicotine and that packaging would never disclose their true content, confirming their illicit nature.

Members were informed that schools and substance use teams continued to engage with pupils, addressing any incidents relating to illicit substance use. It was observed that spice was not typically found in disposable vapes but rather in rechargeable devices, which Trading Standards would not purchase.

The Committee resolved to support the Nicotine and Tobacco Bill by adding signatures to the national letter prior to its formal submission.

AGREED that the information presented be noted and requested data circulated.

26 **WORK PROGRAMME 2025/26**

The Senior Democratic Services Officer advised that representatives from the Community Diagnostic Centre in Stockton had offered to facilitate a

visit for the Committee on either Thursday 23rd or Friday 24th October 2025. Both options would be emailed to all Members of the Committee, and the necessary arrangements made for a visit to be held on the preferred date.

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

27 **WINTER PLAN UPDATE - NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE BOARD**

Members received an update on the Tees Valley Winter Plan for 2025/26, which had been developed as part of the wider North East and North Cumbria (NENC) Integrated Care Board (ICB) system approach and coordinated across all partner organisations. It was noted that the Local Accident and Emergency (A&E) Delivery Board retained oversight of the plan, which had been aligned with Local Authorities' priorities and shared through Health and Wellbeing Boards. Assurance had been provided by the NENC ICB, with regional stress-testing exercises completed in September. Members were informed that the plan had been formally signed off earlier in the week.

Members were advised that seven key priorities had been identified to support urgent and emergency care (UEC) improvements, extending beyond A&E delivery. These included prevention, enhanced access to pharmacy services, Acute Respiratory Infection (ARI) hubs, and hospital-at-home models. A pilot between North and South Tees had supported care coordination, with a focus on retaining patients in their own homes wherever possible.

It was highlighted that respiratory pathways had been strengthened, with targeted support for high-risk COPD patients previously provided across nine practices, now expanded. ARI hubs were to be mobilised from 3 November. It was noted that the provision of the urgent treatment centres in South Tees had improved patient flow, alongside collaboration with GP federations and expanded same-day emergency care pathways. Paramedics were now able to refer directly to same-day services, bypassing A&E.

In addition, the "Call Before Convey" pilot in North and South Tees aimed to reduce unnecessary hospital admissions. Additional urgent care capacity had been planned for bank holidays, with continued efforts to provide safe alternatives to hospital-based care. Mental health services were working to prevent any delays in A&E exceeding 24 hours, ensuring patients were placed appropriately.

Regarding seasonal vaccination campaigns these had commenced under the "Be Wise – Immunise" banner, with promotion across GP practices,

staff groups, and partner organisations. Public Health Teams and Local Authorities were monitoring infectious disease trends, with pharmacies supporting self-care and timely prescription management.

It was noted that communications were coordinated regionally, with local NHS Trusts amplifying messages around Urgent Treatment Centre availability and integrated care options. A system control centre was in place to oversee performance and adapt messaging as required.

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

- Members raised concerns about ensuring eligible groups maximised uptake of seasonal vaccinations. Members were advised that promotion was supported through GP practices and that further data could be provided via health protection figures.

- Clarification was sought regarding urinary tract infection (UTI) pathways, which were noted to apply primarily to women in uncomplicated cases. It was confirmed that further clarification would be sought and an update provided to Members via email.

- Members queried the variation in COVID-19 and flu vaccine scheduling. It was advised that this was attributed to vaccine availability and recall processes.

- Members queried the omission of data relating to the shingles vaccination in the documentation. It was confirmed that health professionals had attended community spaces to promote availability and that the shingles vaccination was available from age 70. Clarification was sought on whether there was a need for 2 doses of the vaccine. It was advised that further information would need to be sought from the vaccination lead and provided to Members following the meeting.

AGREED that the information presented be noted and that:-

a) Information regarding UTI pathways to be obtained and the response shared with Members.

b) Clarification to be provided to Members regarding the required dosage for the shingles vaccination.

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

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

Member Report
University Hospitals Tees – Strategy Update

Report to: Tees Valley Joint Health Scrutiny Committee
Report from: Senior Democratic Services Officer
Portfolio: Adults and Health, Welfare and Housing
Report Date: 11 December 2025
Decision Type: Committee
Council Priority: All

HEADLINE POSITION

1.0 Summary of report

The Committee will receive an update on the development of the clinical strategy and wider strategy for the University Hospitals Tees Group (North Tees and Hartlepool NHS FT and South Tees Hospitals NHS FT).

2.0 Recommendation

The Committee's comments will be sought on the recently published University Hospitals Tees (UHT) Caring Better Together Strategy 2025 to 2030, which can be accessed via the following link:- Caring Better Together Strategy.

The Committee's feedback in respect of the discussion areas detailed below has been requested by UHT:-

- Do you have any feedback on our early ideas for strategic changes to clinical services?
- Does our high level timetable for engagement look appropriate?
- Our work with Healthwatch suggests most people would be willing to travel further to be seen quicker by a specialist. We are investigating whether there are clinical benefits of consolidating some services and will carry out detailed travel time analysis – what other considerations would we need to take into account for your communities?
- How would you like to be involved on an ongoing basis and how should we involve Members more widely?

BACKGROUND

3.1 An update on University Hospitals Tees Clinical Strategy was last provided to the Committee in January 2025 by Dr Michael Stewart, Chief Medical Officer at University Hospitals Tees (UHT) and Matt Neligan, Chief Strategy Officer, UHT. 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 Matt Neligan and James Bromily, Assistant Director Group Development are scheduled to be in attendance to provide a further 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 9 January 2025.

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NHS
University Hospitals Tees

UHT Strategy Update

Tees Valley Joint Health Scrutiny Committee
11 December 2025

Matt Neligan Deputy CEO
James Bromiley AD Group Development

Caring Better Together

Overview / Introduction

- We are committed to ongoing updates at this committee as part of our engagement plan
- In January 2025 we updated on the development of the UHT group and our clinical strategy
- Since then, we have made rapid progress in both of these
- We will cover the UHT strategy and the potential ideas for reconfiguring our services
- Our ongoing engagement with local authority officers and Members is vital in ensuring proper process and engagement with our population and forms part of our full engagement plan

Caring Better Together

Rationale for service change

- The need for fundamental change in services for Tees Valley and surrounding areas has been acknowledged by several system-led reviews spanning over 20 years
- We now need to take urgent action to ensure the sustainability of services for our population and address major issues:

Some of our key services have long-standing issues with resilience in staffing

Our population is ageing and that brings additional and different demands eg a need for greater focus on frailty and care closer to home

Parts of our estate, particularly at University Hospital North Tees, are beyond their economic life

We need to move to a different model to deliver a step change in efficiency and productivity

Caring Better Together

Our journey so far….

Feb 2024

Signing of Joint Partnership Agreement between North Tees and Hartlepool and South Tees Hospitals and co-signed by ICB

Mar - Jul 2024

Appointment of group executive team and single UHT board governance arrangements

May 2024 - Aug 2025

Clinical boards carry out review of services and develop future potential clinical model

Aug 2025

UHT strategy published

Oct 2025

Fully integrated clinical service unit (CSU) leadership model

Nov 2025

Case for change produced to set out rationale for major reconfiguration of services

Caring Better Together

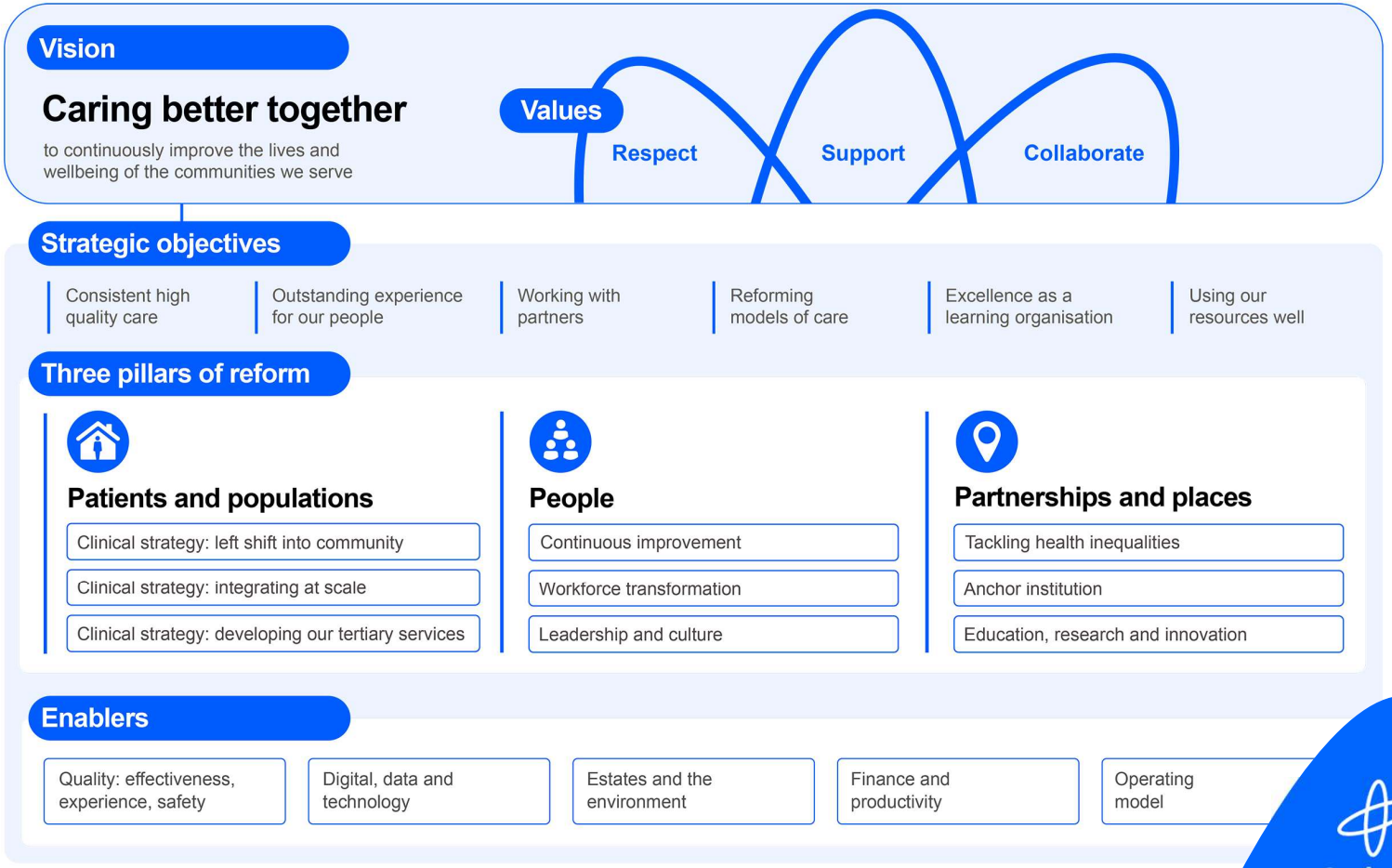
Our strategy

Strategy on a page

How we will work towards achieving our vision.

Transforming our ways of working to reform services and create our new offer for the population

Putting in place the right conditions for success



Caring Better Together

Three pillars of reform

To make progress against our strategic objectives we need to transform how we work. Our financial and demographic context means that our resources will not stretch far enough for us to try to do more of the same.

We are determined to seize the opportunity of working as a group to reform our services for the next generation so that we can provide great care for our patients and population on a sustainable basis.

We will focus our teams to transform ways of working under three 'pillars'

Patients and populations

implementing our clinical strategy that sets out how we will reform and transform clinical services to develop new models of care across the UHT footprint. Every service making use of operating at scale to meet the needs of patients and address population health priorities.

People

embedding a culture of continuous improvement and ensuring that we are a learning health organisation. Making University Hospitals Tees an employer of choice for our existing people and potential new colleagues. Developing our people through living our values and creating an outstanding experience across all teams in UHT.

Partnerships and places

building our close collaboration with all of our partners to deliver our shared integrated care strategy and developing ambitions in local places. Seeking to innovate in how we work across organisations in communities and maximising our impact as an anchor institution.

Caring Better Together

Developing clinical proposals

- Our clinical reforms are the core of our overall strategy – it is the reason we have come together as a group to transform healthcare for the population we serve.
- Our five clinical boards (formed in 2024), comprising senior professionals across both North Tees and South Tees trusts, developed initial proposals as a first step to designing the optimal model of healthcare for our area. They have:

reviewed data on performance across our group and recommended how to achieve consistent high performance and then to go further to meet external best practice

considered a wide range of evidence of best clinical practice for example from the Getting it Right First Time publications and the NHS Model Hospital and Model Health System

carried out study visits to other NHS providers to look at the best configuration of services within our group

Caring Better Together

Potential clinical changes

Community Services

- Develop community services to deliver left shift through Neighbourhood Health Systems with partners
- Expansion in Hospital at Home to equivalent of 500 beds
- Consistent service offer across all places with centres of excellence in both stroke rehab and neuro rehab

Women's and children's services

- Develop children's and young people's Hospital at Home offer
- Consider single service for complex obstetric and neonatal care
- Consider consolidation of children's and young people's services to develop specialist Children's Hospital

Urgent and emergency care

- Maintain two emergency departments at UHNT and JCUH; and Major Trauma Centre at JCUH
- Develop consistent, equitable urgent treatment centre (UTC) model across the places
- Review and develop critical care to support future service changes in other services

Caring Better Together

Potential clinical changes

Medicine

- Consider specialist services at JCUH: stroke, haematology, cardiology, neurology
- Consider further consolidation of services at UHNT in general medicine, gastroenterology, endocrine & diabetic medicine, chest medicine and elderly medicine

Surgery and anaesthetics

- Maximise activity through elective hubs in Hartlepool and Northallerton in all specialities
- Consider specialist services at JCUH: neuro, cardiac, thoracic, vascular, gyno-oncology, ophthalmology, urology, spinal, non-ambulatory trauma, paediatrics
- Consider consolidation of services at UHNT in general surgery to decompress JCUH

Tertiary and specialist

- Maintain and further develop Major Trauma Centre status at JCUH with interdependent services such as specialist surgery
- Extend Cancer Institute specialist surgery and non-surgery services and radiotherapy for regional population
- Orthogeriatrics centralised alongside community rehabilitation to provide specialist support

Phases of the potential clinical model

Our potential future changes are in three broad phases:

1 Phase 1 (2025-2026):

'Testing and learning from early integration'

- Expansion of services in the community towards the ambition of 500 hospital at home beds so that patients can get their care at home if it is right to do so.
- Offer more planned care through our two elective hubs. This will contribute to lower waiting lists and a reduction in cancellations for patients; and will free up space in our acute hospital sites.
- Deliver consistent care across the Group by beginning the horizontal integration of key services

2 Phase 2 (2026-2030):

'Consistent high quality services across the group'

- Complete the process of joining up our teams and clinical services for patients.
- Spread the learning from the early horizontal integration pilots and apply this across our full portfolio of services.

3 Phase 3 (2030 onwards):

'Reforming our services for our next generation'

- Move towards having an “acute specialist hospital” and an “acute general hospital” while also making full use of our community-facing sites and reforming the model to continue to expand services in the community
- Each of our main acute hospitals will retain a range of services but is also able to focus in on providing some key specialisms on behalf of our whole population.

Estates is a key interdependency

- UHT estate especially at University Hospital North Tees has significant backlog maintenance issues and it is uneconomic to continue to fund this in the long-term
- We therefore need to rebuild or replace a substantial part of the site and want to use this opportunity to develop a hospital estate which meets the needs of the next generation

Our strategy includes making best use of all of our estate but there is a specific focus on our two acute sites. We have modelled some broad scenarios on which there are a number of variations:

Redevelopment of existing sites

Centralisation of some services on each site (but maintaining 2 EDs)

A full rebuild on a single site

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Engagement and Process

Process

- There is national guidance which sets out the process we need to follow to consider a major service change. This has 3 phases:

A case for change setting out why change is needed (this builds on several system-led reviews which have said the current services are not sustainable for the future) – **this is our current stage**

A pre-consultation business case which builds up options of how that change could be delivered for the next generation

A decision-making business case which sets out the final proposal

- Given the interdependency with estates, we have developed a Strategic Outline Case for funding and we will follow this process in parallel
- We know this is a major transformation and will take time but we want to drive delivery so that we can bring about the benefits for our population

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Engagement

- We have already undertaken a large amount of engagement on our strategy with the public (via Healthwatch); staff and partners, including local authorities – over 2,000 attendees at events since July 2024
- Our robust engagement plan sets out details of early and ongoing engagement with external and internal stakeholders and partner organisations including at Health and Wellbeing Boards and scrutiny committees
- Feedback from the ICB has reinforced the need for full engagement with local authority officers and members as a core part of our plan.
- We want to go beyond what is required and to use our engagement to find out in an open and transparent way what really matters to people - not just now but for the future and to build services around that. Members are crucial to our understanding in this.
- As part of the major service change process we are committed to extensive formal consultation on specific proposals where that is required, including with local authorities as statutory consultees.

Caring Better Together

Engagement timeline

Winter 2025/26

Development of case of change with wide engagement including informal sessions with scrutiny committees and wider population

Mar 2026

Agreement of case for change by ICB and NHS Executive

Spring-Summer 2026

Development of pre-consultation business case including formal sessions with scrutiny committees and clinical senate

Autumn 2026

Formal consultation on proposals to reconfigure services

Winter 2026/27

Decision-making business case and agreement to make changes from NHS England

Caring Better Together

Questions for discussion

- Do you have any feedback on our early ideas for strategic changes to clinical services?
- Does our high level timetable for engagement look appropriate?
- Our work with Healthwatch suggests **most** people would be willing to travel further to be seen quicker by a specialist. We are investigating whether there are clinical benefits of consolidating some services and will carry out detailed travel time analysis - what other considerations would we need to take into account for your communities?
- How would you like to be involved on an ongoing basis and how should we involve Members more widely?

Caring Better Together

NHS
University Hospitals Tees

Thank you

Tees Valley Joint Health Scrutiny Committee
11 December 2025

Caring Better Together

Member Report
Respite Care and Adult Learning Disability Service

Report to: Tees Valley Joint Health Scrutiny Committee
Report from: Senior Democratic Services Officer
Portfolio: Adults and Health, Welfare and Housing
Report Date: 11 December 2025
Decision Type: Committee
Council Priority: All

HEADLINE POSITION

1.0 Summary of report

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

2.0 Recommendation

It is recommended that Members note the updated position and progress made since the previous update.

BACKGROUND

3.1 At the Committee's meeting on 17 July 2025 Members received an update on the commissioning process and were advised that ICB introductory meetings had been held, listening events arranged, and a partnership project group established in respect of future respite provision.

3.2 The Head of Strategic Commissioning advised that key feedback from families indicated a preference for continuity in service quality and structure. 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. In terms of the commissioning process a direct contract award would be pursued and it was hoped that implementation could be completed by Christmas. The importance of continued collaboration with the Trust, families, and local authorities was noted.

3.2 Kimm Lawson, Head of Strategic Commissioning (Tees Valley) NENC Integrated Care Board and John Savage, General Manager, Adult Learning Disabilities, Tees, Esk and Wear Valleys NHS Foundation Trust will be in attendance to provide an update and respond to Members queries on the provision of respite care across the Tees Valley.

4.0 Background Papers

4.1 Background papers used in the preparation of this report were minutes from the meeting of the TVJHS held on 17 July 2025.

5.0 Contact Officer

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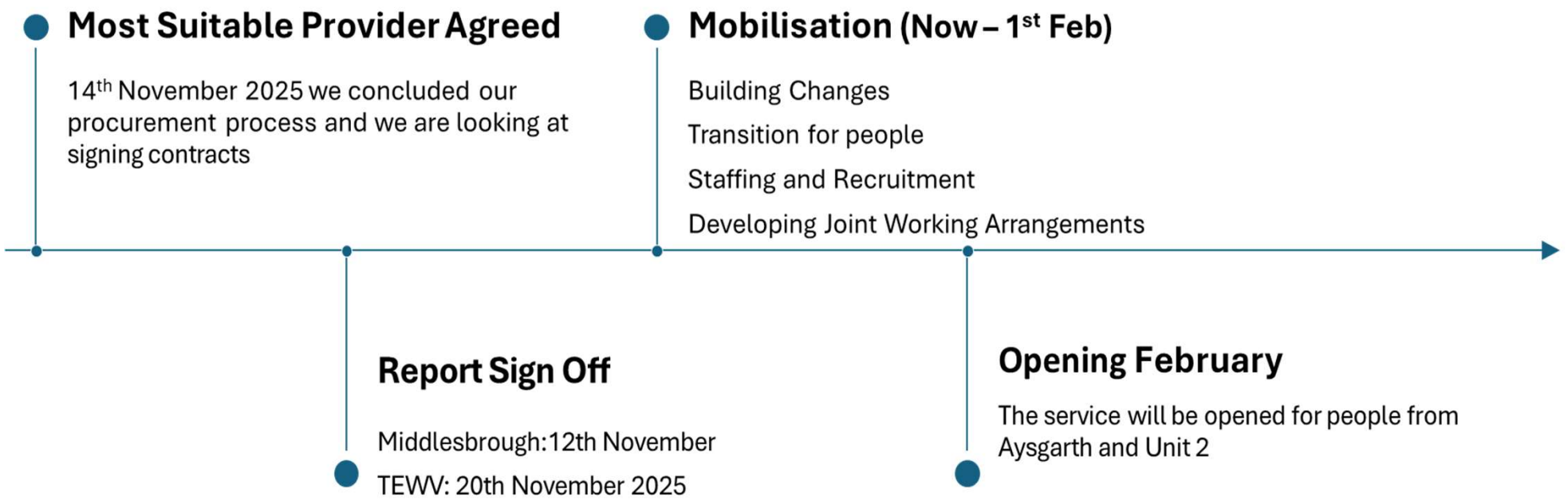
Respite/Short Break Service

Kimm Lawson
Strategic Head of Commissioning

Levick Court

Timeline

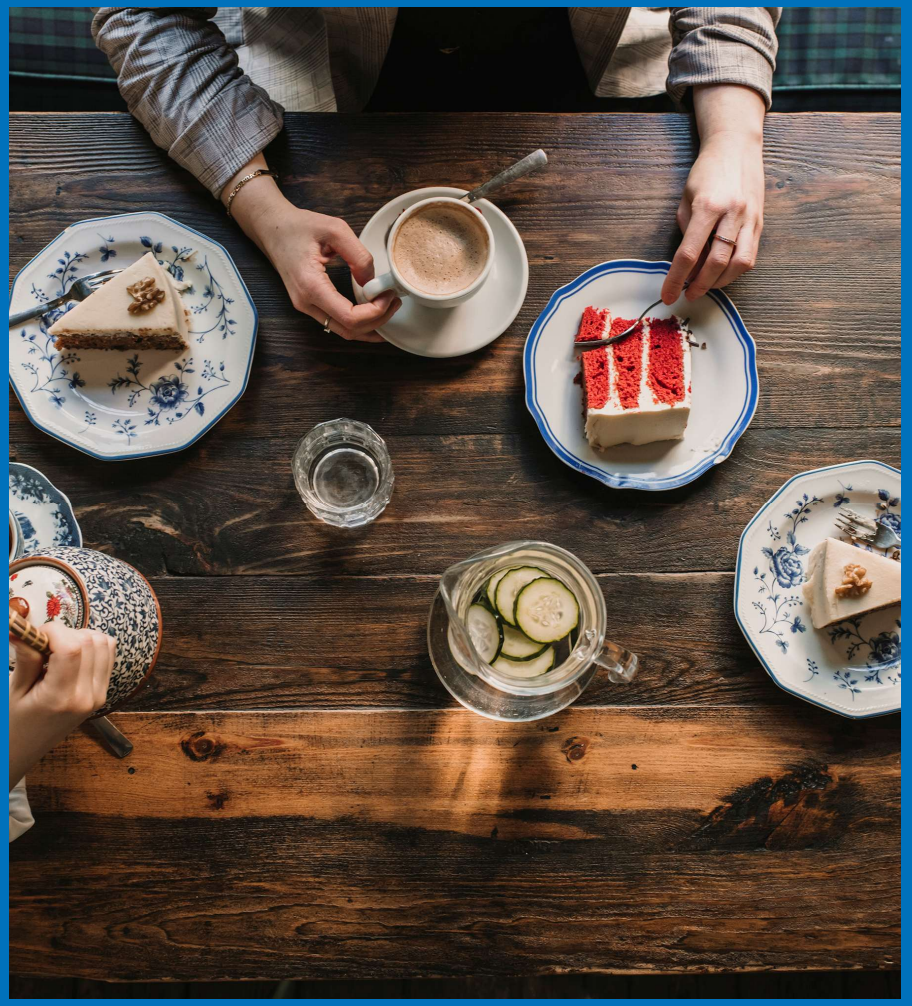

Most Suitable Provider Agreed
14th November 2025 we concluded our procurement process and we are looking at signing contracts
Mobilisation (Now – 1st Feb)
Building Changes
Transition for people
Staffing and Recruitment
Developing Joint Working Arrangements
Report Sign Off
Middlesbrough:12th November
TEWV: 20th November 2025
Opening February
The service will be opened for people from Aysgarth and Unit 2

Changes required to the building

- Hoists
- Redecoration
- Assistive Technology
- Cameras and Security
- Booking system

Last Family Meeting Held on the 19th November

- Discussed where we are
- Explained the next steps
- Answered questions
- Reassured families
- Parent/carer/reps and commissioners
- Hugs



Launch – 1st February 2026

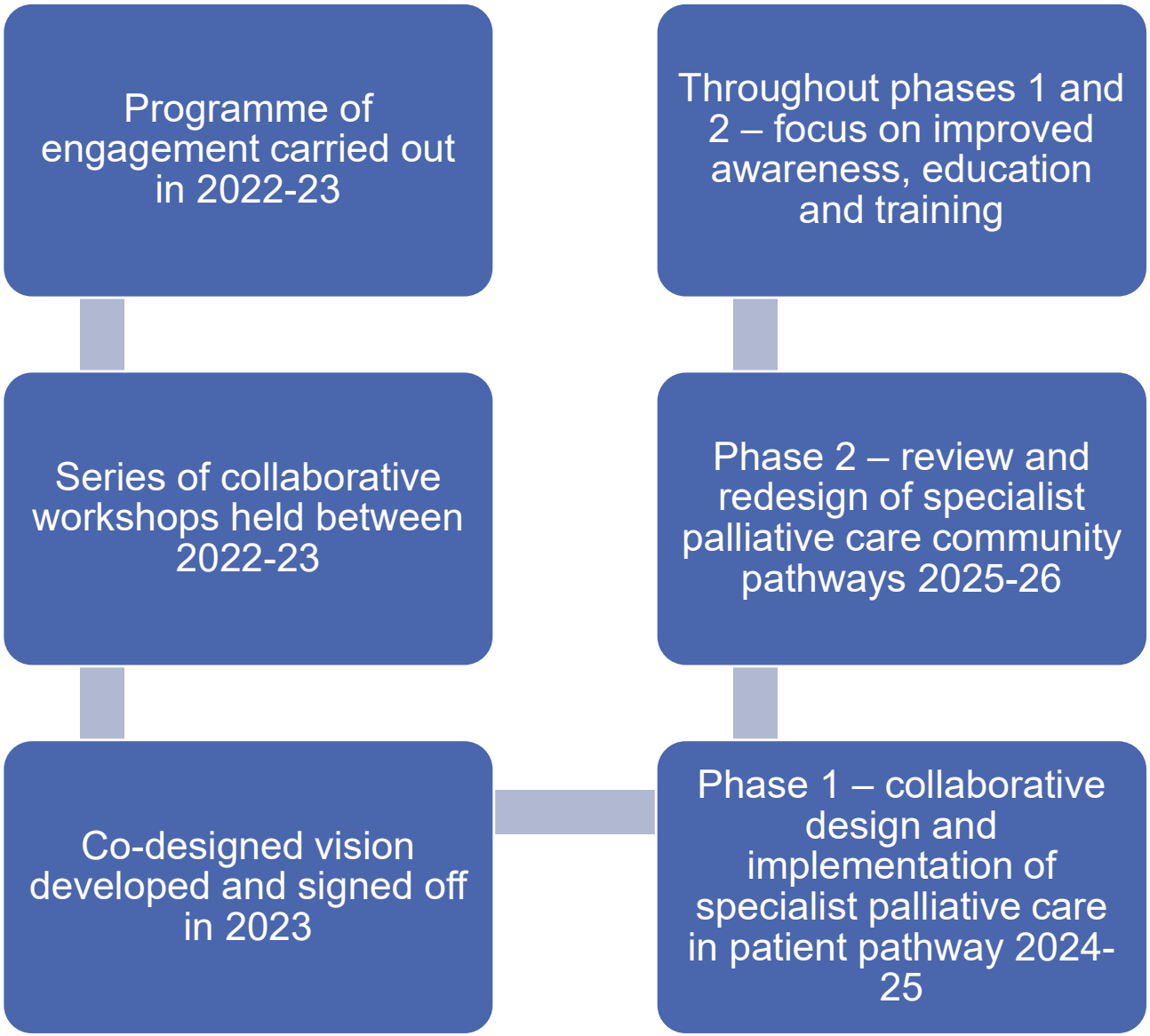
NHS
North East and North Cumbria

Improving Palliative and End of Life Care across the Tees Valley

Tees Valley Scrutiny progress report
December 2025

Katie McLeod – Deputy Director of Commissioning, Tees Valley Local Delivery Team

Recap since last update…



Adult Palliative and End of Life Care: Strategy for Change…

Funding and contract mechanisms	Improved system interoperability	Resilience and sustainability	Education and Training	Co-ordinated Care

- Developed robust governance arrangements to implement actions associated with each theme
- Agreed a series of Task and Finish Groups with partners
- Important that each group felt collaborative and that actions are driven by all partners
- Regular updates provided into ICB local Director/Executive arrangements plus via partner organisations where required

Progress to date...

Funding and Contracting…

- Moved all PEOL commissioned providers onto NHS Standard Contract for consistency and equity
- Agreed and implemented a 2 year investment programme into specialist palliative care inpatient services
- Rolled out consistent specialist palliative care inpatient assessment criteria across all providers
- Developed and agreed a single specialist palliative care inpatient model

Specialist palliative care in the community…

- Mapped all specialist palliative care in communities across Tees Valley and agreed a consistent model with providers
- Exploring consistent admission criteria as part of model
- Supported an improved use of single point of access frameworks across Tees for PEOL assessments in the community

Awareness, education and training…

- Secured provision of gold standards framework events across Tees Valley for all providers and VCSE partners – focussing on awareness raising of advance care planning (delivered in 2025)
- Worked with NHS England to review current education and training requirements for PEOL
- Secured additional access to new PEOL modules for non-specialist staff to improve education
- Developed a suite of training resources for all providers to support ease of access and improvement in generalist staff training

Ambitions Framework…

Six Ambitions for Palliative & End of Life Care:

- **Each person is seen as an individual**
- **Each person gets fair access to care**
- **Maximising comfort and wellbeing**
- **Care is coordinated**
- **All staff are prepared to care**
- **Each community is prepared to help**

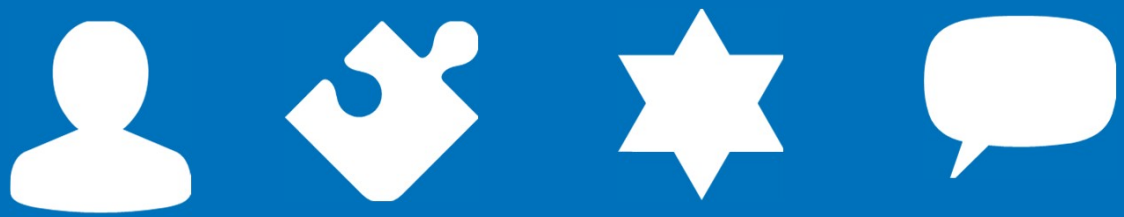
Self-assessment tool has been completed twice in the Tees Valley, and evidences significant improvements in all areas based on work to date.

Ambitions Framework examples…

Ambition categories (and sub-category examples)	2023 system self assessment	2025 system self assessment
Ambition 1: Each Person Seen as an Individual. *The locality has a training strategy for developing communication skills which covers all health and social care staff and includes skills in meaningful PCSP conversations.*	Level 2	Level 4
Ambition 1: Each Person Seen as an Individual. *The locality has a strategy to reduce traditional barriers between care providers and provide seamless transfers of care including Pooled CCG budgets across footprints for high cost, low activity services.*	Level 0	Level 4
Ambition 2: Each person gets fair access to care. *The locality can demonstrate how end of life care services has been influenced by local population-based needs assessments.*	Level 3	Level 4
Ambition 3: Maximising comfort and wellbeing. *The workforce has central access to all locally supported symptom management guidelines.*	Level 3	Level 5
Ambition 4: Care is coordinated. *EPaCCs information is being shared with a range of services (ambulance, District Nurses etc)*	Level 1	Level 3
Ambition 5: All staff are prepared to care. The workforce has access to a diverse range of education and training opportunities within the locality provided by credible trainers.	Level 3	Level 4
Ambition 6: Each community is prepared to help. *The locality can evidence within strategy how they intend to support the promotion of the public discussion around death, dying and bereavement.*	Level 2	Level 3

Next Steps…

- Continue to drive forward partnership forums across Tees Valley
- Working across the region to implement best practice as it emerges
- Further self assessment against the ambitions framework in the future



Thank you for listening

Member Report
Health Inequalities

Report to: Tees Valley Joint Health Scrutiny Committee
Report from: Senior Democratic Services Officer
Portfolio: Adults and Health, Welfare and Housing
Report Date: 11 December 2025
Decision Type: Committee
Council Priority: All

HEADLINE POSITION

1.0 Summary of report

The Committee will receive an update with regards to health inequalities in the Tees Valley region and the approaches being taken to address this.

2.0 Recommendation

It is recommended that Members note the information presented. A presentation has been prepared and can be found at Appendix A.

3.0 Background Papers

3.1 There were no background papers used in the preparation of this report.

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4.0 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, Esk and Wear Valleys
NHS Foundation Trust

Health inequalities in our region

Presentation by Catherine Parker, Consultant in Public Health

Tees Valley and Joint Health Scrutiny Committee - December 2025

Respect Compassion Responsibility

journey to change

Setting the scene…

Tees, Esk and Wear Valleys NHS Foundation Trust

- The communities we serve are diverse and we support some of the most deprived neighbourhoods in England.
- This contributes to some of the country's poorest social, physical, and mental health outcomes.
- Deprivation creates additional stress and exacerbates any health condition (mental and physical).
- Our services need to meet increased and more complex demand.
- People often face multiple challenges at one time across mental health, learning disability, neurodiversity, physical health, and social and economic circumstances.
- Three of the major drivers of inequality and health harms in our patient population include:
  - Physical ill health
  - Poverty and financial exclusion
  - Drug and alcohol related harm
- Rurality and isolation also contribute significantly for some of our communities.

Our approach to health inequalities

Tees, Esk and Wear Valleys
NHS Foundation Trust

Our leadership vision and strategy

Tees, Esk and Wear Valleys NHS Foundation Trust

Five commitment approach to addressing health inequalities

Draft strategic plans in development aligned to 10-year health plan

Executive lead for health inequalities (our chief nurse and deputy CEO)

Consultant in public health accountable to our executive medical director

National health inequalities benchmarking undertaken and reported to our executive team

Equality Diversity and Human Rights groups at care group and trust level

Our executives developed health inequalities objectives

We have a board assurance framework risk on health inequalities

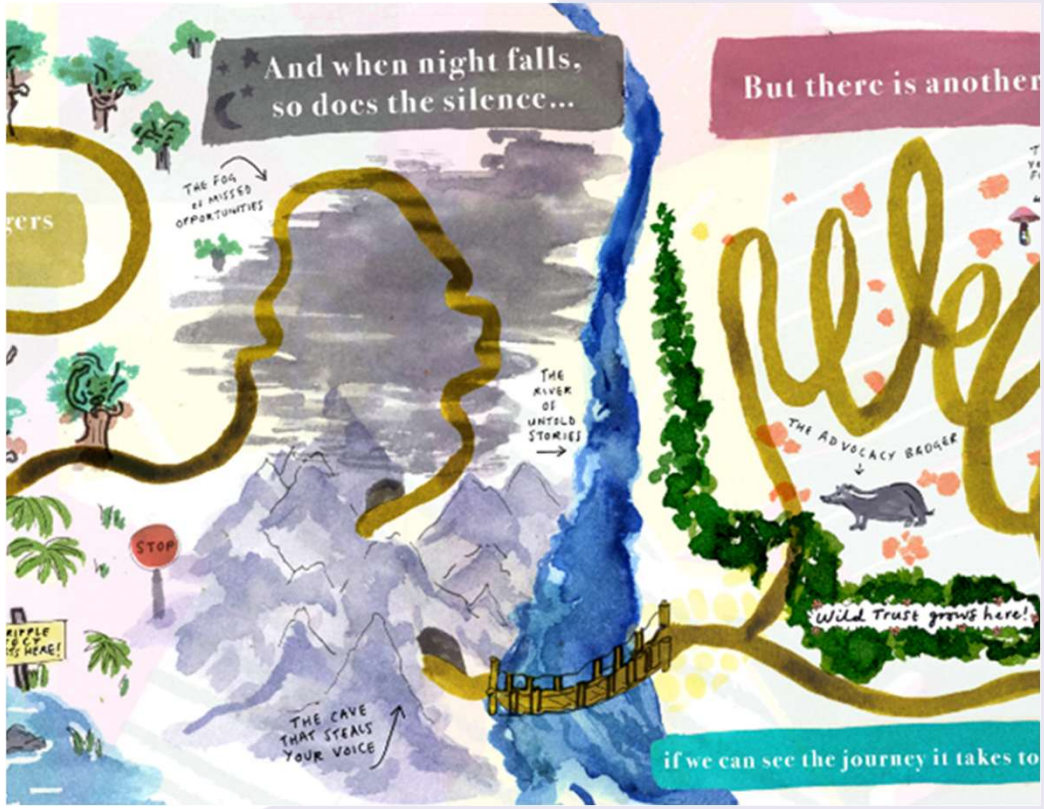
Both ICB contracts have a health inequalities improvement plan embedded from 2025/26

Health inequalities was a key focus of our Annual General Meeting in 2024

Progress: data, insights, evidence and evaluation

Tees, Esk and Wear Valleys NHS Foundation Trust

- Initial Patient and carers race equality data produced
- “Statement of information on health inequalities” published and being refreshed
- Equality and diversity dashboard prototype
- Gypsy and Traveller communities' equality objective
- Lived experience engagement group “sharing the pen”
- VCS engagement
- Research partnerships



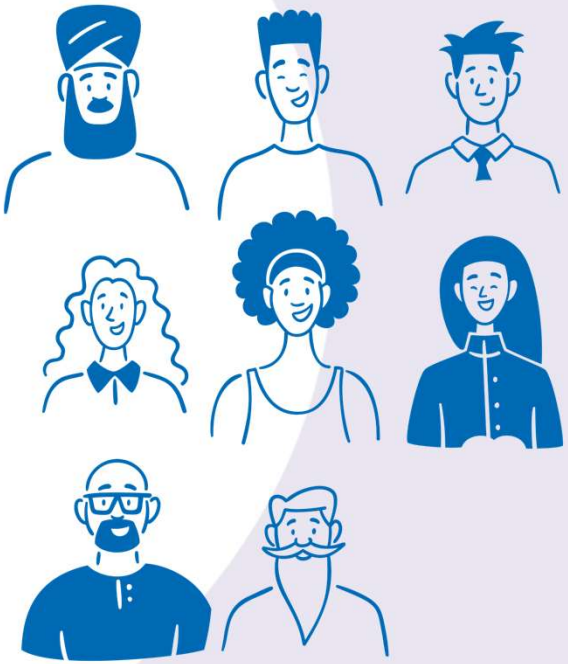
Progress: building public health capability and capacity

- Health inequalities training and continuing professional development (CPD) offer
- Making every contact count
- Health inequalities showcase
- “Sharing the pen” lived experience engagement group on health inequalities “leader’s lunch” for executives and trust chair

Progress: inclusive access and experience

Tees, Esk and Wear Valleys NHS Foundation Trust

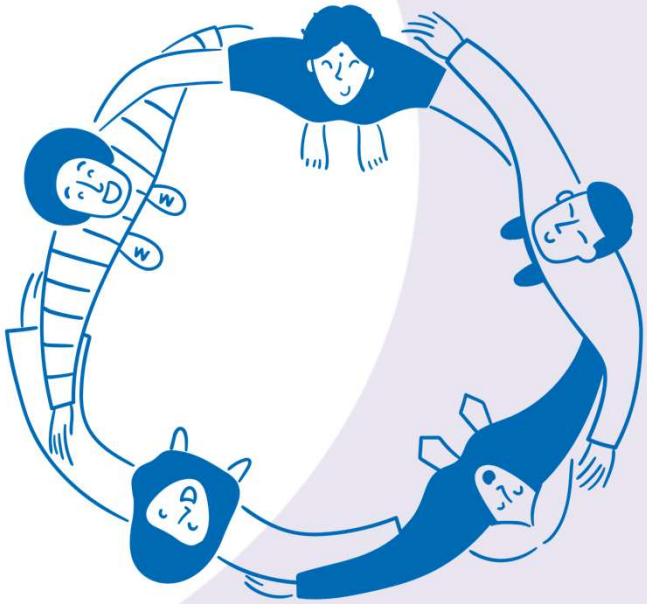
- Dual diagnosis partnerships and roles
- Poverty proofing roll out
- Physical health plan
- Community transformation
- Emerging neighbourhood pilots
- Link worker for asylum seeker and refugee communities
- Health inequalities team challenge



Progress: prevention and partnerships

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

- Trust-wide Physical Health Plan
- A weight off your mind
- Preventing suicide approach
- Dual diagnosis partnerships
- Neighbourhood health
- Community transformation



Priorities for the next two years

Tees, Esk and Wear Valleys NHS Foundation Trust

- Agree the strategic framework and governance for health inequalities and prevention aligned to the 10 Year Plan
- Strengthen and embed our approach to use of data and improve accessibility and use of population health data at team level
- Build workforce capability and capacity
- Culture of Care
- Patient and Carer Race Equality Framework delivery
- Anchor role - Tees Valley Network member
- A weight off your mind delivery
- Contribution to community neighbourhood developments
- Continued focus on dual diagnosis partnership working, suicide prevention plan delivery and physical health inequalities

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

	Community Mental Health Transformation Vaping / Nitrous Oxide – Public Health North East and North Cumbria Integrated Care Board: Winter Plan Update	John Stamp - Associate Director of Partnerships and Strategy, TEWV Rebecca Scott, Public Health Principal, Public Health South Tees John Stephenson, Strategic Manager for Health Improvement Services- Public Health South Tees 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)
25th October 2025	Visit to Community Diagnostic Centre (Tees Valley Community Diagnostic Centre, Stockton)	Gail Griffiths, Diagnostic Services Lead, (North Tees & Hartlepool NHS Foundation Trust)
11th December 2025	Clinical Services Strategy Update – Group Model Tees Respite Care / Short Breaks Service – Update Palliative and End-of-Life Care Strategy – Development / Implementation Health Inequalities	Matt Neligan, Chief Strategy Officer, University Hospitals Tees (UHT) James Bromiley, Assistant Director Group Development, University Hospitals Tees (UHT) 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) Katie McLeod, Deputy Director of Delivery, (NENC ICB) Catherine Parker – Public Health Lead, TEWV Sarah Paxton - Head of communications, TEWV
12th March 2026	North East Ambulance Service: Quality Account 2025-2026 (to include staff safety and performance updates)	Rachel Lucas, Assistant Director of Quality & Safety (NEAS) Mark Cotton, Assistant Director of Communications and Engagement (NEAS). Victoria Court, Deputy Chief Operating Officer, NEAS

	Tees, Esk and Wear Valleys NHS Foundation Trust: Quality Account 2025-2026 (to include performance updates) Urgent care / NHS111 / mental health crisis line update Opioid prescribing and dependency across the Tees Valley	Beverley Murphy, Chief Nurse, Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) Shaun McKenna, General Manager, Adult Mental Health – Urgent Care, TEWV Alistair Monk – Medicines Optimisation Pharmacist, NHS North of England Commissioning Support Unit Angela Dixon – Head of Medicines (Tees Valley), (NENC ICB)

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