Tees Valley Joint Health Scrutiny Committee

Date: **Thursday 19th September 2024**

Time: **10.00 am**

Venue: **Council Chamber, Hartlepool Civic Centre, Victoria Road, Hartlepool TS24 8AY**

Agenda

1. Appointment of Chair for 2024/2025
2. Appointment of Vice Chair for 2024/2025
3. Apologies for Absence
4. Declarations of Interest
5. Minutes of the meeting held 15th March 2024 (to confirm)
6. Minutes of the Tees Valley Area Integrated Care Partnership (ICP) meeting held 2nd February 2024 (to note)
7. Tees Valley Joint Health Scrutiny Committee - Protocol and Terms of Reference – *Statutory Scrutiny Manager*
8. Respite Care/Adult Learning Disability Service Update – Presentation - *Director of Delivery - North East and North Cumbria Integrated Care Board and Director of Operations and Transformation – Tees Esk and Wear Valleys NHS Foundation Trust*

9. Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) Community Mental Health Transformation Update – Presentation – *Representatives from Tees, Esk and Wear Valleys NHS Foundation Trust and Hartlepower*

10. Tees Valley Community Diagnostic Centre Update – Presentation – *Director of Transformation – North Tees and North Hartlepool NHS Foundation Trust*

11. Work Programme for 2024/2025

Meeting Schedule for TVJHSC 2024/25

DATE	VENUE	TIME
Thursday 19th September 2024	Civic Centre, Hartlepool	10.00 – 12.30
Thursday 7th November 2024	Civic Centre, Hartlepool	10.00 – 12.30
Thursday 9th January 2025	Civic Centre, Hartlepool	10.00 – 12.30
Thursday 13th March 2025	Civic Centre, Hartlepool	10.00 – 12.30

Tees Valley Joint Health Scrutiny Committee

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Friday 15 March 2024.

Present: Cllr Marc Besford (SBC) (Chair), Cllr Rachel Creevy (HBC) (Vice-Chair), Cllr Ceri Cawley (R&CBC), Cllr Lynn Hall (SBC), Cllr Mary Layton (DBC), Cllr Paul McInnes (R&CBC), Cllr Vera Rider (R&CBC), Cllr Jan Ryles (MC), Cllr Susan Scott (SBC)

Officers: Michael Conway (DBC); Gemma Jones (HBC); Sarah Connolly (R&CBC); Gary Woods (SBC)

Also in attendance: Dan Jackson (North East and North Cumbria Integrated Care Board); Dominic Gardner, Chris Morton, Beverley Murphy (Tees, Esk and Wear Valleys NHS Foundation Trust); Mark Cotton (North East Ambulance Service NHS Foundation Trust)

Apologies: Cllr Jonathan Brash (HBC), Cllr Christine Cooper (MC), Cllr Brian Cowie (HBC), Cllr Heather Scott (DBC), Cllr Jeanette Walker (MC)

1	**Evacuation Procedure** The evacuation procedure was noted.
2	**Declarations of Interest** There were no interests declared.
3	**Minutes of the Meeting held on 15 December 2023** Consideration was given to the minutes from the Committee meeting held on 15 December 2023. Attention was drawn to the following item that was on the agenda: • Office for Health Improvement & Disparities - Community Water Fluoridation: Clarity was sought on what was agreed at the conclusion of this item, with some Members commenting that they were only in support of the planned consultation process, not necessarily the proposals to expand community

	water fluoridation in the North East of England. Following a brief debate (which included the noting of some new related information that some Members had received from an anti-fluoride group, an entity which, according to other Members, had been previously discredited), it was agreed to amend the minutes to reflect that the Committee agreed to support the consultation process only. AGREED that the minutes of the Committee meeting on 15 December 2023, subject to the identified amendment for the 'Office for Health Improvement & Disparities - Community Water Fluoridation' item be approved as a correct record.
4	**North East and North Cumbria Integrated Care Board - Update on Recent Restructure** The Committee received an update following the recent restructuring of North East and North Cumbria Integrated Care Board (NENC ICB). Led by the NENC ICB Director of Policy, Involvement and Stakeholder Affairs, content included: ➢ ICB 2.0 Organisational Restructure: A new way of working ➢ Significant change ➢ Executive team ➢ The NENC way ➢ Local Delivery Team comparison ➢ Contracting and devolution of budgets ➢ Networks and workstreams ➢ Example - Clinical Networks and ODNs ➢ Initial work - Networks and Alliances ➢ Still work to do… The Committee was informed that the NHS typically went through a period of restructure approximately every decade. However, the formal implementation of the new national Integrated Care System (ICS) less than two years ago (mid-2022) already involved the merging of eight former Clinical Commissioning Groups (CCGs) into one regional organisation – the NENC ICB. In addition, from the onset of these new arrangements, further responsibilities were adopted and other subsequent delegations (i.e. pharmacy / optometry and dental in April 2023) had followed, with more anticipated in relation to specialist commissioning. Despite their relative infancy, ICBs had been instructed to reduce running costs by 30%, a task the NENC ICB was still working through (though around 100 posts had already been lost) – this exercise involved collaboration with each of the 14 Local Authority areas within the NENC footprint, reflecting the ICBs 'place-based' working approach. Moving forward, several key elements would underpin 'the NENC way' – these included a clinically-led (multi-disciplinary) and managerially-enabled focus, a structure involving eight directorates with eight executive directors, and enabling and delivery teams (the latter seeing six teams mapped to the 14 Local Authority

	partners, one of which would be 'Tees Valley' (comprising five Local Authorities)) concentrated on the delivering the vision and constitutional standards. Local committees mapped to each Local Authority area would continue. Networks and workstreams were charted, with some inherited, some developing, and all at different levels of maturity. Clinical networks were either managed by NHS England or were transitioning to the ICB. Operational Delivery Networks (ODNs), managed within acute provider organisations but accountable to NHS England, outlined how pathways needed to work – these were listed along with the NENC clinical networks. Regarding the latter, thematic groupings / alliances were being developed to give a better strategic view of specific health conditions. In terms of work still to do, it was expected that the mapping of system, clinical, corporate and operational delivery networks and workstreams would conclude by April 2024, and that a set of recommendations would then be created which contributed towards a streamlined organisation (reducing duplication), ensured work was aligned to the NENC ICBs *Better Health and Wellbeing for All* strategy, and enabled teams to deliver in accordance with a clear Terms of Reference. Clarity around funding and reporting mechanisms, as well as the provision of effective communication across the wider health and care system, was also envisaged. Thanking the NENC ICB representative for the presentation, the Committee immediately drew attention to the quoted loss of 100 posts (following the request to reduce running costs by 30%) and the potential for significant redundancy costs. In response, Members heard that the ICB inherited all CCG staff when it came into being, some of whom were permanent and others who were on a fixed-term contract. Opportunities to apply for voluntary redundancy / early retirement were offered, and assurance was given that there were no additional costs incurred in relation to this reduction in the workforce. It was noted that the vast majority of ICB expenditure was on its staffing resource. Referencing the 'Initial work – Networks and Alliances' slide, the Committee commented that a number of the nine categories appeared to have some form of crossover with other identified themes listed. Members were informed that the nine groupings merely represented initial thoughts, however, once confirmed, the work of these networks / alliances should benefit from a simpler decision-making process that a single ICB allowed (as opposed to the CCG era where strategic decision-making proved more challenging). The Committee highlighted instances of people across Tees Valley accessing services in North Yorkshire (e.g. Friarage Hospital, Northallerton) and were given subsequent assurance that collaborative arrangements with neighbouring ICBs were in place to address issues that arose. Members welcomed this, though also called for developments which may have an impact on the people of Tees Valley, wherever this may be, to be appropriately scrutinised (the former Durham, Tees Valley and North Yorkshire joint health scrutiny committee was referenced).

	AGREED that the North East and North Cumbria Integrated Care Board restructure information be noted.
5	**Tees, Esk and Wear Valleys NHS Foundation Trust - Quality Account 2023-2024** Representatives of Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) were in attendance to provide their annual presentation to the Committee in relation to the organisation's Quality Account, a document which NHS Trusts had a duty to produce each year. The TEWV Chief Nurse, supported by the TEWV Care Group Director MHSOP / AMH and the TEWV Lived Experience Director for Durham, Tees Valley and Forensics, covered the following elements: ➢ Quality Account Quality Priorities 2023/24 ➢ Priority 1: Care Planning ➢ Priority 2: Feeling Safe ➢ Priority 3: Embed the New Patient Safety Incident Response Framework (PSIRF) ➢ Setting the 2024/25 Quality Priorities ➢ Timeline Agreed by the TEWV Quality Assurance Committee in May 2023, the Trust's quality priorities for 2023-2024 were developed following discussion and review of quality data, risks and future innovations in collaboration with colleagues, patients, families and carers. Delivering on these priorities supported the ongoing mission to ensure that safe, quality care was at the heart of all TEWV did in line with its *Our Journey to Change* initiative and Quality Strategy. • <u>Priority 1: Care Planning</u>: The Trust had identified several aims for completion by 31 March 2024 involving new system developments, measurable goals within care plans, the publication of new policies and procedures, and data collection / monitoring mechanisms to assess the effectiveness of clinical interventions. Whilst it was stated that performance impact was not yet where the Trust would want it, progress during the year was then outlined, a key element of which was the delayed implementation of (and associated training on) the new CITO patient record system which went live on 5 February 2024. Other areas noted included the continuation of region-wide work with relevant stakeholders to move away from the Care Programme Approach (CPA) (the five principles signalling how systems should start to do this were subsequently listed), the now fortnightly meeting of the Personalising Care Planning Oversight Group to provide oversight and assurance to other workstreams / groups, and the continuation of the Care Planning Co-production Group which informed TEWV from a lived experience perspective. In related matters, six priorities for personalised care were highlighted – workforce (job descriptions), workforce (what is our offer?), data (e.g. waiting

time metrics), interoperability (ICBs), managing risk and accountability, and working with partner organisations. Regarding the latter, it was noted that TEWV was often one of a number of entities involved in an individual's care, therefore effective links with partners (including schools) was important. Understanding data around inequalities and how this may help identify different needs (and therefore service requirements) across various geographical areas was also emphasised. From a wider perspective, the seven NENC ICB priorities around care planning were also outlined.

- Priority 2: Feeling Safe: To ascertain a better understanding of why some patients did not feel safe on TEWVs wards, as well as what would help foster a greater sense of safety, the Trust engaged with individuals using its inpatient services. Feedback on both these elements was relayed, with common themes being a lack of / need for appropriate staffing levels, involvement in their own care, opportunities for meaningful activity, access to quiet areas, and support when unwell or when incidents had occurred within their environment. Crucially, reassurance from staff and staff support was a key protective factor in ensuring that patients felt safe on the ward, with patients stating that they valued their relationships with staff.

  It was explained that 'feeling safe' was not a mandated measure nationally and that all Trusts had different ways of determining and presenting this (hence benchmarking was not viable). Also emphasised was the possibility that not feeling safe could be an inherent feature of an individual's condition. To aid its aim of creating a positive relationship in which patients felt safe, TEWV had three key elements to achieve by the fourth quarter of 2023-2024 (January to March 2024), namely the implementation of the range of actions identified from the Feeling Safe Focus Groups with patients and staff, the continuation of the body-worn camera pilot work (and evaluation of impact), and the continued implementation of the *Safewards* initiative (an evidence-based model to support and enable patients to feel safe).

  Progress against these three areas of focus was documented, with dedicated Action Plans being produced and monitored for services where particular concerns had been identified by the Feeling Safe Focus Groups, and a process put in place to develop an overarching rationalised strategic workplan and reporting framework in relation to 'feeling safe' (specific work undertaken within Durham, Tees Valley and Forensics in response to the care group being given a performance improvement notice was also noted). Benefits and challenges associated with the body-worn camera pilot were highlighted (it was also acknowledged that this was a controversial topic, with some (including patients) liking this and others not), with an in-depth review of the pilot now a component of the Trust's Positive and Safe Plan (approved by the Quality Assurance Committee in August 2023). In terms of *Safewards*, the need to refocus the corporate approach to the implementation, monitoring, reporting and assessment of outcomes for these standards had been agreed.

	Developments in relation to TEWVs use of the question, '*During your stay, did you feel safe?*' were outlined. Following review by the Trust's Lived Experience Directors (with support from members of the Involvement Team), it had been agreed that analysis would now reflect a two-answer configuration and include 'yes, always' and 'most of the time'. This change was made following the gathering of significant intelligence through focus groups which indicated that there were genuine reasons why people may not feel safe on an acute admissions ward. Responding to a question on why Trusts were not mandated to track if people felt safe, the Committee was informed that, whilst this was a matter for NHS England, regulators would want to know if TEWV had mechanisms in place to ascertain how safe its service-users felt. Linked to the first priority around care plan personalisation, the Committee asked if there was a way of establishing an agreed baseline measure with an individual where they can agree to feeling safe. A recent TEWV Board of Directors meeting involving a contribution from a care-experienced person who reflected on positive changes whilst using the Trust's services was referenced, and it was also noted that the new CITO patient record system should help support the co-production (between patients and clinicians) of safety plans. Returning to the lack of a standardised national 'feeling safe' metric, the Committee expressed unease that TEWVs decision to change the way it presents feedback on its existing question could be interpreted as a means to merely achieve better-looking outcomes. Hartlepool Borough Council's health scrutiny function was writing to the NENC ICB with the aim of getting clarity around this situation and possibly establishing a baseline measure which could enable benchmarking, an endeavour the Committee agreed to support by sending its own correspondence. The sensitive issue of body-worn camera use was probed, with Members asking if there had been any concerns raised around privacy. TEWV officers stated that employing such technology required careful consideration as there was the potential for misuse. The Trust drafted a policy for this some time ago (something the Lived Experience group had since examined), and, like the principles behind Oxehealth / OxeVision, its use had to be considered on an individual basis. If someone was not comfortable, both patient and staff needed to understand why. The Committee drew attention to the '*How will we know we are making things better?*' table (included alongside the aims for completion by the fourth quarter of 2023-2024), and felt that the lack of change in the percentage of inpatients feeling safe / supported by staff to feel safe throughout 2023-2024 suggested the measures being used to address this quality priority (e.g. body-worn cameras) were not working. TEWV officers reiterated that the wrong question was being asked of people who may not feel safe under any circumstance, and that the Trust

had perhaps not helped itself in using / publishing such a measure when other Trusts asked / reported on this in different ways. It was also highlighted that the previous year (2022-2023) had seen reduced occupancy within TEWV services (possibly as a result of the ongoing impact of the COVID-19 pandemic) which meant staff had more time for patients compared to the 2023-2024 period. Like most Trusts, TEWV was experiencing challenges around demand for its services – this was linked to wider system pressures that were being caused by a number of factors (e.g. cost-of-living).

- Priority 3: Embed the New Patient Safety Incident Response Framework (PSIRF): By the fourth quarter of 2023-2024 (January – March 2024), TEWV aimed to achieve five elements within this priority, including compliance with the national PSIRF requirements, increasing staff completion of national Patient Safety Syllabus training (level 1 and 2), introducing an annual patient safety summit and the role of patient safety partners, and completing focused work on Duty of Candour through the delivery of an improvement plan.

  A summary of the implementation of PSIRF noted significant preparatory work undertaken over the past two years which ultimately led to the process going 'live' on 29 January 2024. A multi-disciplinary team (MDT) thematic review of serious incidents was undertaken in early-November 2023 and future quarterly reviews would be scheduled in collaboration with key specialty / directorate colleagues to review quarterly themes and to ensure learning was identified and embedded in workstreams and / or monitored.

  Other achievements were relayed in relation to Patient Safety Syllabus training (89% staff compliance for level 1; 66% for level 2), secured monies to fund two part-time Patient Safety Partner (PSP) posts (though a recent development meant this was now in doubt), and the ongoing delivery of the Duty of Candour improvement plan which would include a forthcoming independent audit to check progress. Once PSIRF was embedded, the annual Patient Safety Summit would be held.

The Committee asked if the Trust was meeting its deadlines with regards PSIRF. Assurance was given that these were being met and that this ensured that immediate learning was established.

The presentation concluded with details on the process for setting the TEWV quality priorities for 2024-2025 (the importance of these being co-created with service-users and carers was emphasised), and the remaining timeline for the consultation period and publication of the Trust's Quality Account 2023-2024 document.

Members probed the recruitment of Lived Experience staff, with TEWV highlighting the benefits of peer support and the important role of Lived Experience Forums within the community which allowed wider engagement and a potential pathway for future use of care-experienced individuals to help shape

	service delivery. Whilst pleased that the Lived Experience work had become more established, the Committee commented that TEWV had been on its 'journey to change' for some time now and queried how far along it felt it was. In response, the anticipated benefits of the new CITO system were reiterated, the routine checking of whether carers were being identified and engaged / involved was highlighted, as was the mandated monthly Quality Board where TEWV had an agenda set for them. From a regulatory perspective, the last CQC inspection saw the Trust's three 'inadequate' domains improve, though it was acknowledged that the focus needed to be on patient safety (the historical backlog of serious incidents to report on were noted). Some staffing issues had also been identified, but these had since been addressed – Members felt it would have been helpful to have more detail on this latter statement, and also drew attention to the very limited statistics / data within the presentation, something which made it very difficult to determine performance / progress. Continuing the workforce theme, the Committee asked about the results of the recent staff survey. TEWV officers stated that this was a mandated survey, and that feedback was reflecting positive strides over the last year (data would be published nationally in the near future). Reflecting on the content of the presentation, Members felt there was little mention of 18-25-year-old provision and the challenges around transitioning from children's to adult services – assurance was given that development work was ongoing in relation to this demographic. In other matters, it was acknowledged that neurodiverse individuals had been poorly served for years, and that TEWV was trying to understand how it might work differently for this particular cohort. AGREED that: 1) the Quality Account-related update on Tees, Esk and Wear Valleys NHS Foundation Trust performance in 2023-2024, and the process for setting the 2024-2025 quality priorities, be noted. 2) a statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Chair and Vice-Chair. 3) a letter be sent to the North East and North Cumbria Integrated Care Board (NENC ICB) supporting Hartlepool Borough Council's health scrutiny function in requesting clarity around how mental health Trusts ascertain patients sense of 'feeling safe' and the potential establishment of a baseline measure.
6	**North East Ambulance Service NHS Foundation Trust - Quality Account 2023-2024** A representative of North East Ambulance Service NHS Foundation Trust (NEAS)

	was in attendance to provide a presentation to the Committee in relation to the organisation's Quality Account, a document which NHS Trusts had a duty to produce each year. The NEAS Assistant Director – Communications and Engagement (who relayed apologies from the NEAS Deputy Director of Quality and Safety (Deputy Lead Nurse)) covered the following elements: ➢ Overview of quality report requirements ➢ 2023/24 performance (1 April – 31 December 2023) o Patient safety o Patient experience and feedback o 999 incident volumes o Category 1 response performance (including benchmarking) o Category 2 response performance (including benchmarking) o Category 3 & 4 response performance (including benchmarking) o Hospital handover performance ➢ Update 2023/24 quality priorities Following a brief overview of the process requirements (consultation / publication) relating to the annual Quality Account (including that there was no obligation to obtain external auditor assurance this year), details were outlined on NEAS performance during the first three-quarters of 2023-2024 (April to December 2023). Regarding patient safety, the number of recorded serious incidents (140) was significantly higher than for the whole of 2022-2023 (61), though the criteria for what constituted a 'serious incident' had changed to a case where the required response time had been exceeded by more than one hour (it was noted that the recording of serious incidents was not consistent across the country, so benchmarking against other Trusts was not possible). For the 'proportion of safety incidents per 1,000 calls' measure, whilst the April to December 2023 figure (2.2%) was also up on the 2022-2023 data (1.8%), the final quarter for this year (January to March 2024) would likely reduce the overall rate for 2023-2024. In terms of patient experience and feedback, it was pointed out that the top three themes for complaints (staff attitude, timeliness of response, and quality of care) also appeared as themes for appreciations / compliments that NEAS received. Complaint numbers had been reducing since 2019-2020, and the number of appreciations for April to December 2023 (922) had already exceeded the number for the whole of 2022-2023 (812) and had surpassed the previous record (914) set in 2019-2020. 999 incident volumes between February 2023 and January 2024 (inclusive) had followed a similar trend for both the Tees Valley and Trust-wide footprint, with a broadly consistent number from March to November 2023, and a predictable increase in December 2023 and January 2024. For the most serious 'category 1' incidents (cardiac / respiratory arrest), Tees Valley performance compared favourably with the data for the entire NEAS patch, with mean response times consistently below the Trust-wide average for all

	months from February 2023 to January 2024. Whilst June 2023 and December 2023 saw NEAS go slightly above the average mean target response time (seven minutes) for category 1 cases, it was the only ambulance Trust in the country to be below this target in January 2024, something it was very proud of, and which reflected the significant amount of work which had been done around this measure. 'Category 2' incidents (including strokes and heart attacks) comprised a large number of the overall contacts made to NEAS (around 70% of all calls) and, like all other ambulance Trusts across the country, mean response times were significantly above the target (18 minutes) for every month from February 2023 to January 2024 despite improvements compared to the previous year. Tees Valley mean response times were consistently worse than for the whole NEAS footprint (aside from January 2024) during the same period. Guidance around this measure was issued last year, with proposals to amend the target time from 18 minutes to 30 minutes. NEAS work around the provision of vehicle hours was outlined, with more crews put on the road than what the Trust had modelled (involving more vehicles / staff being taken on, including the recruitment of short-term assistance to aid response). A graphic demonstrated the actual number of vehicle hours compared to the Trust's operational plan (initiated in April 2023), with the impact on mean response times for category 2 cases against the revised 30-minute target shown. Whilst this presented a more positive picture, NEAS acknowledged that there was a clinical reason why the target was 18 minutes, something the Trust should not lose sight of. The average number of face-to-face incidents involving NEAS was charted, with these far exceeding planned numbers for every month from April 2023 onwards (including an all-time high in January 2024) – this raised the question of how the Trust managed such levels of demand without increased resources. It was noted that NEAS also operated patient transport crews which could be deployed to lower-level incidents where possible to free up paramedic crews. February 2023 to January 2024 performance for 'category 3' and 'category 4' (both urgent and non-urgent) cases was documented. Broadly speaking, Tees Valley response times (90th centile) were well above the targets for both (less so for the whole NEAS area, though still above target), results which were partially due to inefficiencies within the wider health system (i.e. delayed handovers at hospitals) and challenges in deploying staff with the right skills. To address the latter, NEAS was trying to develop / use Advanced Paramedic Practitioners (giving them more skills than standard ambulance crews) which aimed to benefit both patients (providing quicker care) and the whole 'system' (avoiding the need to take some individuals to hospital). Hospital handover data was included which illustrated the specific pressures at the James Cook University Hospital, Middlesbrough (a site which took in more

	patients due to having more speciality services). A rapid process improvement workshop was conducted to improve patient flow, and the Hospital Ambulance Liaison Officer (HALO) role had been re-introduced – such measures were working well and had been expanded across other areas of the NEAS footprint. Elsewhere, data showed rising handover delays towards the end of 2023 / start of 2024 at both the North Tees and Darlington hospitals (the latter seeing a marked increase in delays over two hours). The presentation concluded with commentary around what had been achieved, and what was still to do, in relation to the Trust's 2023-2024 quality priorities: • <u>To continue working with system partners to reduce handover delays (*Patient Safety*)</u>: Thematic analysis of handover delays undertaken, with particular focus on cases of moderate harm or below (had previously focused on more serious cases). Work with partners to improve data-sharing and standardise reporting (improving whole 'system' effectiveness) also completed. To begin addressing the need to understand the impact of handover delays on patients, an ambulance dataset had been introduced to start establishing outcomes for patients after handing them over (unaware of what happens to them currently) and ascertain the impact of hospital / ambulance interventions. This priority would not be carried forward to 2024-2025 but would instead become business-as-usual. • <u>Respond to patient safety incidents in a way that leads to service improvements and safer care for all our patients (*Patient Safety*)</u>: Several achievements noted, including a quality and safety profile review to inform local safety priorities, further development of governance procedures, transition to and training on PSIRF (Patient Safety Incident Response Framework), and the introduction of three patient safety partners. With regards work still to do, the Trust was on track to complete all serious incidents and actions by the end of March 2024. This priority would not be carried forward to 2024-2025 but assurance was given that NEAS would continue to focus on patient safety matters. • <u>Implementation of clinical supervision (*Clinical Effectiveness*)</u>: Policies and procedures had been developed, with an audit roadmap for Clinical Team Leaders (CTLs) introduced to understand individual clinical performance. Protected time for discussions was provided (particularly relevant for those crews / staff who were often working in isolation), with clinical staff also given five hours to support any development needs identified through supervision. Looking ahead, an electronic audit tool and dashboards were to be developed, as well as a bespoke university module to help ensure all CTLs have the appropriate skills, knowledge and experience (to be completed in 2024). This priority would not be carried forward to 2024-2025 but clinical

effectiveness considerations would continue around 'Martha's Rule' (prompt access to a second opinion of an individual's condition).

- <u>To increase service-user and colleagues' involvement in our patient safety and patient satisfaction activities (*Patient Experience*)</u>: NEAS Board, Trust partner, and stakeholder involvement in developments around this priority were highlighted, including the introduction of patient safety partners and the establishment of multi-disciplinary working groups for PSIRF implementation and patient safety improvement activities. A patient feedback group still needed to be created, along with a patient and carer feedback survey (post-investigations), with wider involvement from patients and colleagues to be sought in relation to recruitment activities.

  This priority would not be carried forward to 2024-2025 – NEAS would instead be focusing on the triangulation of data and making sense of the information it collected.

The Committee opened its reply to the presentation by probing those instances where patients were having to wait a significant time (beyond the target) for a response. NEAS stated that much of this had been as a result of staff capacity (the Trust had filled the roles for which it was funded for), though some could also be attributed to demand pressures and handover delays at hospitals. In terms of the latter, 30 minutes was the expected time for handover (15 minutes to pass the patient into the care of the hospital, and 15 minutes to re-stock) – the average for NEAS was 23 minutes, though this can increase during certain points of the year. It was noted that once handover delays begin, they can be very difficult to rein in.

Reflecting upon public awareness of the challenges in relation to ambulance response times / handover delays, Members asked if there was any evidence of people preferring not to make contact with NEAS and instead making their own way to hospital for treatment. The Committee was informed that the North East had benefitted from relatively stable relationships between health bodies which helped tackle pressure points more effectively than in other parts of the country.

Attention was drawn to the NHS 111 phoneline service, with the Committee querying if advice was consistent between that and the 999 number around who to contact in an emergency / non-emergency. NEAS advised that call-handlers across the region were dual-trained and that the same operators would answer whether 111 or 999 was used – the amount and order of questions may, however, be different depending on which number was dialled.

The Committee expressed concern that the positive developments around hospital handovers may slip if this was no longer an explicit priority for 2024-2025. NEAS gave assurance that the focus on ensuring timely handovers would not be lost (particularly since the issue had received national media interest) and that this was linked to the Trust's overriding commitment to patient safety. Members were also informed that the Secretary of State now received weekly briefings around

	this topic. A question was raised about whether the Fire Brigade still acted as responders to 'category 3' incidents. NEAS stated that the Fire Brigade did not act as paramedics but did have a role as community first responders – as such, they will be dispatched to certain cases if available. The Committee also noted local schemes where different personnel were responding to certain incidents / environments (e.g. falls within care homes) – NEAS requested further details around these reported schemes if clarity was required. With reference to the use of additional staff, the Committee asked if NEAS had been supported with extra finance for recruitment. The Trust confirmed that commissioners had recognised the need for further resourcing and had provided significant additional funding to meet demand for services. The Committee concluded the session by emphasising that caution would be needed that the move to increasing the category 2 target response time to 30 minutes (instead of the previous 18-minute aim) did not negatively impact patient outcomes – Members were advised that this would be fed back to the relevant NEAS personnel to see if both targets could be monitored in the future (which may also aid national benchmarking), and that the Trust was trying to be smarter about how it categorised calls (this used to be done by clinicians but, following a pilot, was now classified at the point of the call being made by the call-handler (with clinical input if required)). Improved categorisation of incidents should help patients to receive better response times depending on their need. AGREED that… 1) the Quality Account-related update on North East Ambulance Service NHS Foundation Trust Quality Account performance in 2023-2024 be noted. 2) a statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Chair and Vice-Chair.
7	**Work Programme 2023-2024** Consideration was given to the Committee's work programme for 2023-2024. Since this was the final meeting scheduled for the current municipal year, the Chair thanked Members for their contribution to the items which were considered during 2023-2024. As per the established rotational arrangements, support of the Committee would pass onto Hartlepool Borough Council for the 2024-2025 municipal year. AGREED that the Committee's work programme for 2023-2024 be noted.

North East North Cumbria Health & Care Partnership

Unconfirmed MINUTES

Tees Valley Area Integrated Care Partnership (ICP) Meeting

Meeting held on: 2nd February 2024, 12pm – 2pm
Held at: Pease Suite, Dolphin Centre, Darlington, DL1 5RP

Item No:	Meeting Notes	Action
TVICP/23/47	**Welcome and Introductions**	
	Councillor Cook, as Chair, welcomed colleagues to the fourth Tees Valley Area Integrated Care Partnership (ICP) Meeting. **Present**: • Councillor Bob Cook (Chair) – Health and Well-being Board Chair & Leader of Stockton Borough Council • David Gallagher – Executive Area Director (South), NENC ICB • Craig Blair - ICB Director of Place, Middlesbrough / Redcar & Cleveland, NENC ICB • Jean Golightly - Director of Nursing (South), NENC ICB • Jon Carling – Voluntary Sector Lead / 3rd Sector, Catalyst Stockton • Josh Harbron – Assistant Director of Adult Social Care, Darlington Council *(attending for James Stroyan)* • Michelle Stamp – Consultant in Public Health, South Tees Hospital FT, and Public Health South Tees (*attending on behalf of Mark Adams)* • Martin Short (MS) - ICB Director of Place (Darlington), NENC ICB • Rebecca Morgan (RM) – Project Development Manager / Healthwatch Sub-Regional Co-ordinator, Healthwatch • Professor Derek Bell – Chair, North Tees & Hartlepool NHS Foundation Trust / South Tees Hospitals NHS FT	

	• Jane Smith – Service Lead Strategy Quality & Improvement – Children's Service, Stockton Borough Council • Alex Sinclair – ICB Director of Place (Stockton), NENC ICB • Dr Helen McLeish – PCN Clinical Director, Darlington PCN • Dr Jackie McKenzie - PCN/CD Representative, Hartlepool PCN • Sandra Britten – Chief Executive (Operational) Alice House Hospice • Stacey Hunter – Group Chief Executive Officer (Joint North and South Tees), North Tees & Hartlepool NHS Foundation Trust & South Tees Hospital Foundation Trust • Brent Kilmurray – Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust • Councillor Mary Layton – Darlington Borough Council • Ken Ross – Public Health Principal, Darlington Borough Council • Craig Blundred – Director of Public Health, Hartlepool Borough Council • Mark Adams – Director of Public Health, Middlesbrough Council / Redcar & Cleveland Council • Sarah Bowman-Abouna – Director of Public Health, Stockton Council • Anne Richards – Partnership Officer, RCVDA • Lisa Oldroyd – Chief Executive & Monitoring Officer, Office of the Police and Crime Commissioner for Cleveland • Dr Catherine Monaghan – Medical Director, NENC ICB • Seth Pearson • Dr Teik Goh • Professor Richard Scothon - Chairman County Durham and Darlington Trust **In Attendance:** • Kathryn Warnock - South Tees Integration Programme Manager / Head of Commissioning & Strategy, NENC ICB • Cath Martin - South Tees Strategic System Lead - Transfer of Care, South Tees Hospital Foundation Trust • Rebecca Herron – Governance Lead, NENC ICB • Lynne Pearson (Note Taker) – Corporate Secretary, NENC ICB • Claire Attey – Corporate Secretary, NENC ICB	
TVICP/23/48	**Apologies for Absence**	

	• Dr Bharat Kandikonda - PCN/CD Representative – Middlesbrough PCN • Clive Heaphy – Interim Chief Executive, Middlesbrough Council • Cllr Matthew Roche – Councillor, Darlington Borough Council *(Councillor Mary Layton attended)* • Mayor Chris Cooke – Joint HWBB Chair Live Well South Tees Board – Middlesbrough Council • Denise McGuckin – Managing Director of Hartlepool Borough Council • Elaine Redding – Director of Childrens Services, Stockton Borough Council • Dr Dhirendra Garg – Stockton PCN Representative • Helen Ray – Chief Executive, North East Ambulance Service • James Stroyan – Director of People (Children & Adult), Darlington Council • Ian Williams – Chief Executive, Darlington Council • Jill Harrison - Director of Adult & Community Based Services, Hartlepool Borough Council • Julian Penton - Voluntary Sector Lead/3rd Sector, Hartlepower (Hartlepool) • Lynne Walton – Director of Finance (South), NENC ICB • Mike Greene – Chief Executive – Stockton Borough Council • Miriam Davidson – Interim Director of Public Health, Darlington Borough Council *(Ken Ross attended)* • Peter Neal – Voluntary Sector Lead, Redcar & Cleveland Voluntary Development Agency (RCVDA) • Sue Jacques – Chief Executive, County Durham and Darlington NHS FT • Dr Teik Goh - PCN/CD Representative, Redcar and Cleveland PCN • Kathryn Boulton, Director of Children's Services, Redcar & Cleveland Council • Kerry McQuade – Director of Strategy Planning and Transformation, North East Ambulance Service • Chris Zarraga – Director, Schools North East • Paul Smithurst – Regional Fundraising Manager, SSAFA • John Sampson – Managing Director and Chief Executive – Redcar and Cleveland Council • Councillor Shane Moore – Middlesbrough Council • Erik Scollay (ES) – Director of Adult Services, Middlesbrough Council • Patrick Rice – Director of Adults and Communities, Redcar & Cleveland Council	

	• Carolyn Nice – Director of Adult Services, Stockton Council	
TVICP/23/49	**Declarations of Interest**	
	Councillor Bob Cook (BC) reminded colleagues of the importance of the robust management of conflicts of interest and asked individuals to raise any potential conflicts of interest as the meeting progressed. No conflicts of interest were raised.	
TVICP/23/50	**Minutes from previous meeting held 24th November 2023**	
	The minutes of the meeting, held 24th November 2023, had previously been circulated to members for comment. There were no amendments requested and therefore the minutes were **AGREED** as an accurate record. Confirmed minutes have also been shared with Health and Wellbeing Boards for information.	
TVICP/23/51	**Matters Arising & Action Log**	
	Action Log <u>TVICP/23/32 – Items for Future Meetings:</u> Martin Short (MS) advised that the development of the work programme for the Tees Valley Area ICP meeting was on the agenda for discussion at this meeting. <u>TVICP/23/34 – Overview of SSAFA, the Armed Forces Charity:</u> RH advised that the action log had been updated to outline the information received from Paul Smithurst (PS) regarding the 13 'medical' queries received by the North East SSAFA (Armed Forces Charity). She advised that colleagues could obtain further information from PS if required. **Matters Arising** There were no matters arising to note.	
TVICP/23/52	**Healthwatch Update**	
	The report had been circulated to members prior to the meeting. Rebecca Morgan (RM) provided the key highlights of the Healthwatch Quarterly report, including the work of Healthwatch organisations in Darlington, Hartlepool, Stockton, and South Tees. Common themes and areas of work noted were:	

	'Growing Older / Planning Ahead' project, which involved working with adults living with Learning Disabilities to understand any gaps in support and services, and to make recommendations for future commissioning. The data for this project is currently in the process of being collated to provide both a local and Tees Valley-wide profile. RM confirmed that this information should be ready to be shared at the next Tees Valley Area ICP meeting. It was noted that a review of the ICB's Involvement Strategy has been undertaken. Healthwatch Darlington have coordinated this project, which included focus groups and engagement in a range of areas across the Tees Valley and the wider NENC region. In addition, it was noted that alongside general population engagement, Healthwatch were holding a series of workshops to include representation of the voices from communities including LGBTQ+ and BAME. RM highlighted that this was a very positive piece of work. The significance of Healthwatch's dentistry review was also highlighted. RM advised that there were three key elements which would be provided by Healthwatch to ensure support to the ICB's engagement and review of people's experience of dentistry across the NENC region: • Service user experience; • Reviewing variance of information and messaging; • General population survey – experiences and perceptions of NHS dentistry from those who have utilised this within the past year. RM outlined the regional and national issues currently being monitored by Healthwatch, including GP access, women's health, migrant health (within established migrant communities) and Mental Health access. It was highlighted that Healthwatch South Tees were currently promoting the STAR Awards 2024, which honours health and social care champions. RM advised that Healthwatch South Tees had received a query in relation to the Shingles vaccine roll-out, from a patient who had met the eligibility criteria but was unable to find a practice who could provide the vaccination. Craig Blair (CB) assured the group that this could be discussed further outside of the meeting; and highlighted the importance of ensuring that patients were signposted correctly. He noted that there were complexities in relation to the roll-out and access to the vaccine, with discussions continuing at Scrutiny Committee. CB advised that he would contact Lisa Bosomworth (LB) to discuss further. Councillor	

	Bob Cook (BC) highlighted that these discussions had also taken place at the Health and Wellbeing Board. ACTION: David Gallagher (DG) requested CB circulate the Shingles vaccine guidance to colleagues to ensure that they had sight of this. ACTION: CB confirmed that he and LB would work on identifying the correct route for this individual to access the vaccination. *RM left the meeting – 12.11pm*	DG CB
TVICP/23/53	**Dentistry & Oral Health Update**	
	DG provided a presentation and overview of Primary Care dental access recovery; and the development of an oral health strategy in the North East and North Cumbria. He also highlighted the support and input provided by Healthwatch towards identifying the current challenges with dentistry access and the potential solutions. The presentation included information on the following: • Current challenges for dentistry provision and how these would be tackled. • The progress made so far in terms of recovering dental access. • The importance of building Practice / workforce resilience, • Impact on children's oral health • Ways of improving oral health; and the role of Local Authorities in achieving this. • Importance of water fluoridation as an effective public health intervention for improving oral health. • How a consensus could be built across the North East and North Cumbria. DG highlighted that the current challenges were attributable to the NHS dental contract remaining unchanged since 2006; and the impact of the Covid-19 pandemic and the risks of transmission. He advised that it was anticipated that the dental contract will be reviewed in light of the current dentistry provision and access issues. It was noted that the North East and North Cumbria was not an outlier in terms of dentistry provision but must still strive to make improvements. The ICB has responsibility for the commissioning of all Primary Care services, including dentistry. DG advised that the Primary Care Team were therefore working hard to address the challenges around dentistry access and provision.	

	In terms of improving oral health, DG explained that all Tees Valley Local Authority organisations – and the associated Health & Wellbeing Boards – were responsible for their oral health strategy. DG highlighted the evidence-based interventions to improve oral health, including fluoride varnish application and water fluoridation. DG explained that the Government was aiming to expand water fluoridation to areas across the North East, to reach an additional 1.6M people. It was noted that a public consultation had been due to begin in early 2024 but was still awaiting release. It was noted that parts of the North East, such as Hartlepool, already had water fluoridation in place, and this area performed better in terms of population oral health. DG advised that any consultations that would take place, via Local Authorities, would provide the public with the opportunity to respond to the proposal to implement a fluoridated water system in areas of the North East that did not currently have this in place. It was noted that Northumbria Water had indicated that they would be able to implement this relatively quickly; and funding would be provided at national government level, rather than local. It was highlighted that there was a need for a consensus across the North East system, and an awareness from system partners of the importance of supporting this, if possible. Brent Kilmurray (BK) advised that it would be helpful for potential contracting models to have a focus on vulnerable patient cohorts, to ensure that those most in need would be given priority. DG acknowledged the importance of this consideration; and advised that work would need to be undertaken with system partners, such as TEWVFT, to achieve this. A query was raised in relation to the retention of dentists; particularly the potential lack of professional development for NHS dentists and how to mitigate this. It was suggested that linking in with Teesside University and Newcastle University could help to increase career development and skill diversity. DG advised that discussions were currently taking place with Teesside University. He also highlighted the importance of NHS dentists focusing on addressing the current needs, such as access and prevention of tooth decay. Professor Derek Bell (DB) suggested a collective review of tooth decay prevention, including preventative measures such as the removal of carbonated drinks in schools and hospitals. DG noted that this would facilitate collaborative	

	working; and also incorporate the broader health improvement agenda, as there was currently ongoing regional work on this taking place via the DPH network. Craig Blundred (CBl) highlighted that it would be key to consider and review the policies for all system partners; and this area of work would provide significant opportunities to work collectively. John Carling (JC) advised that it was positive to hear of the investment being made towards addressing this issue, but noted it was disappointing that this was non-recurrent funding. DG explained that the funding was non-recurrent for 2023/24, but it was hoped that the funding would be ring-fenced in future years. JC highlighted that Catalyst Stockton would welcome involvement in the messaging to communities regarding fluoridation. DG confirmed that there was a heatmap in place to help the targeting of the strategy to the areas of greatest need.	
TVICP/23/54	**South Tees Integrated Working**	
	Kathryn Warnock (KW) and Carol Martin (CM) provided a presentation and overview of South Tees system working across health and social care. The presentation included information on the following: • The joint working of the South Tees Integration Programme Board, noting its vision to maximise healthy life expectancy and independent living in the South Tees community, by establishing innovative and integrated health and social care services which promote prevention. • The agreed principles for senior leadership and collaborative working across hospital Trusts and Local Authority organisations. • The establishment of the Better Care Fund (BCF), including joint work programme, governance, plans, services and schemes. This includes the establishment of the iSPA. • The work undertaken to improve the transfer of care and discharge for patients. • The implementation of the Improving Transfers of Care and Discharge process, which was implemented following the identification of South Tees as an outlier for DTOC. Stacey Hunter (SH) noted that this was positive to note; and highlighted the importance of ensuring that this was	

	available at a systemic level so that all patients received this. CM advised that discussions were ongoing to understand how this could be implemented in the most effective way, in addition to the funding considerations. She explained that additional investment had been put into reablement and discharge services. KW highlighted the importance of wider integration and proactively bringing the appropriate colleagues together for risk stratification. She noted that the focus on transfers of care should continue, with the community element to facilitate bringing system partners together. CB explained that the South Tees system had been at crisis point before the implementation of the transfer of care process. He advised that, now there was a joined-up system approach to supporting patients discharged from hospital, the focus should be on prevention and achieving a reduction in bed base pressures. Jean Golightly (JG) welcomed the clarity of the presentation in setting out the improvements made. She advised that consideration should subsequently be given to how patient experience would be captured. She reiterated that the pressure on the system prior to the implementation of this process was significant; and had resulted in huge improvements. CM agreed that capturing patient experience was important; and confirmed that a meeting had taken place with Healthwatch to progress this. CM advised that support to carers was also being considered; and JG acknowledged the importance support and communications with carers. DG thanked CM and KW for their hard work and leadership around the transfers of care process. He highlighted that there was significant learning and best practice to be taken forward in terms of addressing other system challenges. DB highlighted the importance of utilising the data to guide what the next steps would be, particularly in terms of how to add value to patient experience and maintain their independence. Mary Latham (ML) highlighted the importance of communication with patients and families / carers, as they were often unaware of how to access the services available to them upon discharge from hospital.	
TVICP/23/55	**Tees Valley Anchor Network**	
	The report had been circulated to members prior to the meeting.	

	Mark Adams (MA) presented and provided an overview of the Tees Valley Anchor Network. The report outlined the following information: • The definition of an anchor institution as being large, public-sector organisations that were unlikely to relocate, and have a significant stake in a geographical area. • The mapping exercise undertaken to identify the baseline 'anchor' activity within NTHFT and STHFT, following the completion of a questionnaire by both Trusts. • The proposal that, as there were several anchor institutions across the Tees Valley, this could collectively create a Tees Valley Anchor Network for the local system. MA explained that the purpose of the anchor network would be to bring together anchor organisations across the Tees Valley to maximise their impact in enabling sustainable, prosperous, and healthy communities. He highlighted that anchor networks were based around prevention, and the retention of wealth within communities wherever possible. The specific challenges across the Tees Valley which could be tackled by the anchor network were outlined. This included employment issues (particularly in relation to zero hours contracts), building utilisation and contracting. BC explained that Stockton was also aiming to implement a similar approach, as per the Social Value Act (2012), via work with procurement partners. He suggested that a Tees-wide body, as a social value entity, would be advantageous for all local organisations; and would ensure that procurement-spending would be used for local areas. SH confirmed that she would support the implementation of a Tees Valley anchor network, as this would provide an opportunity to change the experiences of the local populations for the better. JC queried how an anchor institution would link into the voluntary and community sector; and whether there would be membership available for these organisations. MA explained that this sector would have an important role to play within the anchor institution, particularly in terms of ensuring more inclusive employment. BK advised that a terms of reference would be required to ensure that the anchor institution could hold itself to account.	

	Dr Teik Goh (TG) queried how an anchor network would ensure longevity and implement outcomes that would have a lasting impact. He suggested that linking in with schools and employment colleagues would help to achieve this. MA advised that an increased spend and metrics towards inclusive employment, particularly for BAME communities, should result in a diversity of employment population within sectors where there was currently a lack of representation. BC highlighted the importance of recruiting younger people into local government careers. DG advised that, if there was a full commitment to this approach, there would need to be an establishment of the next steps and clarity around the actions and implementation requirements. The Tees Valley Area ICP discussed this at length; and agreed that this should be brought back to the next meeting – following the establishment of the metrics. ACTION: Tees Valley Anchor Institution to be brought back to the next TV Area ICP meeting for further discussion. As per the recommendation of the report, it was also agreed that a task and finish working group would be initiated to support the development of an anchor institutions network for Tees Valley, as per the recommendation of the report. MA advised that the leads from each of the Tees Valley Area ICP organisations would be contacted to confirm/nominate the lead. DG emphasised the importance of ensuring that all system partners within the Area ICP were involved in this. ACTION: MA to contact the lead for each organisation within the TV Area ICP, to confirm the lead for anchor institution lead for each organisation.	RH MA
TVICP/23/56	**Tees Valley ICP Workplan Proposal**	
	The report had been circulated to members prior to the meeting. Sarah Bowman-Abouna (SBA) and Martin Short (MS) presented an update on the workplan for the Directors of Public Health; proposed some key areas of collective work for the Tees Valley ICP. It was noted that there was now an ask for these meetings to address some of the challenges identified for the Tees Valley. SBA highlighted the importance of establishing a clear action plan, outcomes, and timescales for delivery, which linked back to a refresh of the ICP Tees Valley places plan and local Health and Wellbeing Strategies in order to reduce any duplication and to ensure impact can be monitored. She advised that it was proposed that the	

	following four themes could be focused on four socio-economic determinants, as follows: • Transport • Work and health • Care and health workforce • Anchor institutions; which would link into the previous anchor institutions network discussions. It was proposed that the Tees Valley Area ICP meeting could be utilised as way of holding themed workshops to facilitate discussions around these areas. The Tees Valley Area ICP discussed the proposals in relation to work areas for the Tees Valley ICP work programme. The importance of establishing concrete outputs from these meetings was highlighted. The group agreed that a workshop format for future meetings would be welcomed; and it was suggested that the anchor institutions network could be topic for one of the workshops. ACTION: Following agreement from BC and DG, it was agreed that workshop sessions should be incorporated into the Tees Valley Area ICP meetings going forward.	RH
TVICP/23/57	**Suggested Items for Next Meeting**	
	DG advised that the intention of this item was to ensure that the group considered how to move forward with meaningful discussions and avoid any duplication of work. He suggested a programme that would require colleagues to report back on any areas of work they had been tasked with. BC advised that colleagues that any additional items suggested for the next meeting should be sent to DG.	
TVICP/23/58	**Any Other Business**	
	The Chair noted there were no further items of business advised and thanked members for their attendance and contributions to the meeting. *The meeting closed at 2.02pm*	
	<u>Next Meeting</u> Date: Friday, 7th June 2024 Time: 12-2pm Venue: **TBC**	

Signed: …… Date: ……...

Cllr Bob Cook (Chair)

Tees Valley Joint Health Scrutiny Committee

19 September 2024

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

PROTOCOL FOR THE TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

1. PURPOSE OF THE REPORT

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

2. SUMMARY

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

2.2 The Committee is asked to consider if any changes, or amendments, are required to the Protocol or Terms of Reference prior to its adoption for the 2024/25 municipal year.

3. RECOMMENDATION

3.1 That Members agree and adopt the Protocol and Terms of Reference for the Tees Valley Joint Health Scrutiny Committee for the 2024/25 municipal year.

BACKGROUND PAPERS

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

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Protocol for the Tees Valley Health Scrutiny Joint Committee

1. This protocol provides a framework for carrying out scrutiny of regional and specialist health services that impact upon residents of the Tees Valley under powers for local authorities to scrutinise the NHS outlined in the NHS Act 2006, as amended by the Health and Social Care Act 2012, and related regulations.

2. The protocol will be reviewed as soon as is reasonably practicable, at the start of each new Municipal year. Minor amendments to the protocol that do not impact on the constitutions of the constituent Tees Valley Authorities will be determined by the Joint Committee at the first meeting in each Municipal year. An amended protocol, following agreement from the Tees Valley Health Scrutiny Joint Committee will be circulated for information to:-

Tees Valley Local Authorities

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

NHS England Area Teams

4. Durham, Darlington and Tees Area Team.

NHS Foundation Trusts

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

Integrated Care Board

6. North East and North Cumbria ICB.

Tees Valley Health Scrutiny Joint Committee

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

Membership

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

9. The terms of office for representatives will be one year from the date of their Authority's annual council meeting. If a representative ceases to be a Councillor, or wishes to resign from the Joint Committee, the relevant council shall inform the Joint Committee secretariat and a replacement representative will be nominated and shall serve for the remainder of the original representative's term of office.

10. To ensure that the operation of the Joint Committee is consistent with the Constitutions of all Tees Valley Authorities, those Authorities operating a substitution system shall be entitled to nominate substitutes. Substitutes (when not attending in place of the relevant Joint Committee member, and exercising the voting rights of that member) shall be entitled to attend general or review meetings of the Joint Committee as non-voting observers in order to familiarise themselves with the issues being considered.

11. The Joint Committee may ask individuals to assist it on a review by review basis (in a non-voting capacity) and may ask independent professionals to advise it during a review.

12. The quorum for general meetings of the Joint Committee shall be 6, provided that 3 out of 5 authorities are represented at general meetings. The quorum for Tees-wide review meetings, in cases where some Authorities have chosen not to be involved, shall be one third of those entitled to be present, provided that a majority of remaining participating authorities are represented. Where only 2 authorities are participating both authorities must be represented.

13. The Joint Committee will conduct health reviews which impact upon residents of the whole of the Tees Valley. If however one or more of the Councils decide that they do not wish to take part in such Tees-wide reviews, the Joint Committee will consist of representatives from the remaining Councils, subject to the quorum requirements in paragraph 12.

14. Where a review of a 'substantial development or variation' will only affect the residents of part of the Tees Valley, Councils where residents will not be affected will not take part in any such review. In such cases, the Joint Committee will liaise with the Councils where residents will be affected, in order to assist in establishing a separate joint body (committee) to undertake the review concerned. The composition of the committee concerned may include representatives from other Local Authorities outside the Tees Valley, where the residents of those Authorities will also be affected by the proposed review. The chairmanship, terms of reference, member composition, procedures and any other arrangements which will facilitate the conducting of the review in question will be matters for the joint body itself to determine.

15. It is accepted, however, that in relation to such reviews, the relevant constituent authorities of the committee concerned may also undertake their own health scrutiny reviews and that the outcome of any such reviews will inform the final report and formal consultation response of the committee.

Chair and Vice-Chair

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

    - Stockton-on-Tees
    - Hartlepool
    - Redcar & Cleveland
    - Middlesbrough
    - Darlington

17. The Joint Committee shall have a Vice-Chair from the Authority next in rotation for the Chair. At the first meeting of each municipal year, the Joint Committee shall appoint as Chair and Vice-Chair the Councillors nominated by the relevant Councils. If the Chair and Vice-Chair are absent from a meeting, the Joint Committee shall appoint a member to act as Chair for that meeting. The Chair will not have a second or casting vote.

18. Where the Authority holding the Chair or Vice-Chair has chosen not to be involved in a Tees-wide review, the Chair and Vice-Chair of the Joint Committee for the duration of that review will be appointed at a general meeting of the Joint Committee.

Co-option of other Local Authorities

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

Terms of Reference

20. The Joint Committee shall have general meetings involving all the Tees Valley authorities:-

    - To facilitate the exchange of information about planned health scrutiny work and to share information and outcomes from local health scrutiny reviews;

    - To consider proposals for scrutiny of regional or specialist health services in order to ensure that the value of proposed health scrutiny exercises is not compromised by lack of input from appropriate sources and that the NHS is not over-burdened by similar reviews taking place in a short space of time.

21. The Joint Committee will consider any proposals to review regional or specialist services that impact on the residents of the whole Tees Valley area. The aim will be for the Joint Committee to reach a consensus on the issues to be subject to joint scrutiny, but this may not always be possible. In these circumstances it is recognised that each council can conduct its own health scrutiny reviews when they consider this to be in the best interests of their residents.

22. In respect of Tees Valley-wide reviews (including consideration of substantial developments or variations), the arrangements for carrying out the review (eg whether by the Joint Committee or a Sub-Committee), terms of reference, timescale, outline of

how the review will progress and reporting procedures will be agreed at a general meeting of the Joint Committee at which all Tees Valley Authorities are represented.

23. The Joint Committee may also wish to scrutinise services provided for Tees Valley residents outside the Tees Valley. The Joint Committee will liaise with relevant providers to determine the best way of achieving this.

24. The basis of joint health scrutiny will be co-operation and partnership within mutual understanding of the following aims:-

- to improve the health of local people and to tackle health inequalities;
- ensuring that people's views and wishes about health and health services are identified and integrated into plans and services that achieve local health improvements;
- scrutinising whether all parts of the community are able to access health services and whether the outcomes of health services are equally good for all sections of the community.

25. Each Local Authority will plan its own programme of health scrutiny reviews to be carried out locally or in conjunction with neighbouring authorities when issues under consideration are relevant only to their residents. This programme will be presented to the Joint Committee for information.

26. Health scrutiny will focus on improving health services and the health of Tees Valley residents. Individual complaints about health services will not be considered. However, the Joint Committee may scrutinise trends in complaints where these are felt to be a cause for concern.

Administration

27. The Joint Committee will hold quarterly meetings. Additional meetings may be held in agreement with the Chair and Vice-Chair, or where at least 6 Members request a meeting. Agendas for meetings shall be determined by the secretariat in consultation with the Chair.

28. Notice of meetings of the Joint Committee will be sent to each member of the Joint Committee five clear working days before the date of the meeting and also to the Chair of the constituent authorities' relevant overview and scrutiny committees (for information). Notices of meetings will include the agenda and papers for meetings. Papers "to follow" will not be permitted except in exceptional circumstances and as agreed with the Chair.

29. Minutes of meetings will be supplied to each member of the Joint Committee and to the Chairs of the constituent authorities' relevant overview and scrutiny committees (for information) and shall be confirmed at the next meeting of the Joint Committee.

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

Final Reports and Recommendations

31. The Joint Committee is independent of its constituent Councils, Executives and political groups and this independence should not be compromised by any member, officer or NHS body. The Joint Committee will send copies of its final reports to the bodies that are able to implement its recommendations (including the constituent authorities). This will include the NHS and local authority Executives.

32. The primary objective is to reach consensus, but where there are any matters as regards which there is no consensus, the Joint Committee's final report and formal consultation response will include, in full, the views of all constituent councils, with the specific reasons for those views, regarding those matters where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.

33. The Joint Committee will act as a forum for sharing the outcomes and recommendations of reviews with the NHS body being reviewed. NHS bodies will prepare Action Plans that will be used to monitor progress of recommendations.

Substantial Developments or Variations to Health Services

34. The Joint Committee will act as a depository for the views of its constituent authorities when consultation by local NHS bodies has under consideration any proposal for a substantial development of, or variation in, the provision of the health service across the Tees Valley, where that proposal will impact upon residents of each of the Tees Valley Local Authorities.

35. In such cases the Joint Committee will seek the views of its constituent authorities as to whether they consider the proposed change to represent a significant variation to health provision, specifically taking into account:-

    - changes in accessibility of services
    - impact of proposal on the wider community
    - patients affected
    - methods of service delivery

36. Provided that the proposal will impact upon residents of the whole of the Tees Valley, the Joint Committee will undertake the statutory review as required under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013. Neighbouring authorities not normally part of the Joint Committee, may be included where it is considered appropriate to do so by the Joint Committee. In accordance with paragraph 22, the Joint Committee will agree the arrangements for carrying out the Review.

37. Where a review does not affect the residents of the whole of the Tees Valley the provisions of paragraphs 14 and 15 will apply and the statutory review will be conducted accordingly.

38. In all cases due regard will be taken of the NHS Act 2006 as amended by the Health and Social Care Act 2012, and the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013.

Principles for Joint Health Scrutiny

39. The health of Tees Valley residents is dependent on a number of factors including the quality of services provided by the NHS, the local authorities and local partnerships. The success of joint health scrutiny is dependent on the members of the Joint Committee as well as the NHS.

40. The local authorities and NHS bodies will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial and/or disclosable pecuniary interests will be declared in all cases in accordance with the code of conduct and Localism Act 2011.

41. The scrutiny process will be open and transparent in accordance with the Local Government Act 1972 and the Access to information Act 1985 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be considered in private and only if the Joint Committee so decide. Papers of the Joints Committee can be posted on the websites of the constituent authorities as determined by each authority.

42. Different approaches to scrutiny reviews may be taken in each case. The Joint Committee will seek to act as inclusively as possible and will take evidence from a wide range of opinion including patients, carers, the voluntary sector, NHS regulatory bodies and staff associations. Attempts will be made to ascertain the views of hard-to-reach groups, young people and the general public.

43. The Joint Committee will work to continually strengthen links with the other public and patient involvement bodies such as local Healthwatch.

44. The regulations covering health scrutiny require any officer of an NHS body to attend meetings of health scrutiny committees. However, the Joint Committee recognises that Chief Executives and Chairs of NHS bodies may wish to attend with other appropriate officers, depending on the matter under review. Reasonable time will be given for the provision of information by those asked to provide evidence.

45. Evidence and final reports will be written in plain English ensuring that acronyms and technical terms are explained.

46. The Joint Committee will work towards developing an annual work programme in consultation with the NHS and will endeavour to develop an indicative programme for a further 2 years. The NHS will inform the secretariat at an early stage on any likely proposals for substantial variations and developments in services that will impact on the Joint Committee's work programme. Each of the Tees Valley authorities will have regular dialogue with their local NHS bodies. NHS bodies that cover a wide geographic area (e.g. mental health and ambulance services) will be invited to attend meetings of the Joint Committee on a regular basis.

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

Tees Valley Joint Health Scrutiny Committee

19 September 2024

Respite Care and Adult Learning Disability Service - Update

1. PURPOSE OF THE REPORT

1.1 To provide the Committee with an update in relation to the provision of Respite Care and the Adult Learning Disability Service.

2. SUMMARY

Respite Care

The Tees Valley Joint Health Scrutiny Committee has a long-standing interest in the provision of respite care and has previously considered the issue at its meeting on the 6th October 2023. A further update is being presented at the Committee today by representatives from Tees Esk and Wear Valley NHS Foundation Trust and the NENC Integrated Care Board on the current position of the provisions of respite care across the Tees Valley.

Adult Learning Disability Service

An overview of the Intensive Support Team will be provided to the Committee.

A presentation on both items is attached at **Appendix A.**

3. RECOMMENDATION

3.1 It is recommended that Members note the position and rationale for change, including the approach being taken to engagement, inclusion and development of future models of care.

BACKGROUND PAPERS

Background papers used in the preparation of this report were minutes from the TVJHSC meeting held on the 6th October 2024 and can be found here.

Contact Officers:-

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Tees, Esk and Wear Valleys
NHS Foundation Trust

An update on respite care

About today

Tees, Esk and Wear Valleys NHS Foundation Trust

Update from Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) on:

- Why things need to change
- What's already happened
- What happens next

Update from North East North Cumbria Integrated Care Board (NENC ICB) on:

- Next steps
- Working with you

An opportunity to ask any questions

Introduction

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

- Thank you so much for joining us today.
- We wanted to share an important update for our partners on the future of respite service within Teesside.
- The service provides support to people with a learning disability with complex needs from Bankfields in Middlesbrough and Aysgarth in Stockton.

Why do things need to change?

Tees, Esk and Wear Valleys NHS Foundation Trust

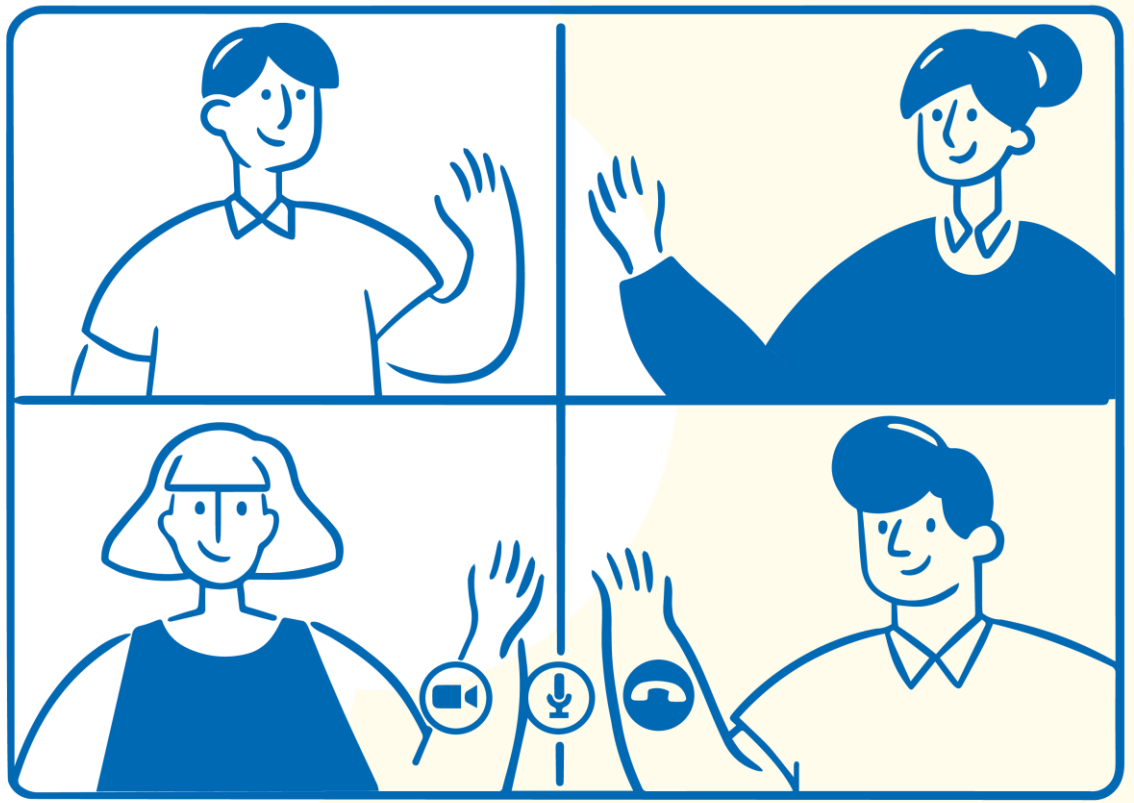
Most importantly, we need to ensure that the service continues to provide the highest quality of care for people.

We also need to make sure:

- Our buildings are providing the best environment to care.
- We comply with regulations set out by the Care Quality Commission (CQC).
- There is enough staff to provide safe and kind care.
- The service offers value for money so we can support more families that need this service.

What's already happened?

- A project group was established and looked at options on the potential future for the respite service.
- Unfortunately, none of these options were considered viable.
- We are not able to make changes on our own.
- The ambition is to create something better working together with our partners.



What happens next …

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

- Our trust will submit notice on current respite provision – 20 September 2024.
- We will keep working with families and our partners to provide the highest quality of care.
- Committed to provide respite over the next 12 months and aim to be part of the future model.
- Our ICB colleagues will lead on the next steps. They will work with families to develop a service that supports you and your loved ones needs.
- We will continue to communicate with families, staff, people in the health and social care sector and MPs.

NHS
North East and North Cumbria

What happens next

Respite Care, next steps – NENC ICB

Next Steps…Planned Timeline

September 2024

- Meet the Commissioning Team Events
- Survey launched by Inclusion North (IN) and Skills for People (SfP)

October 2024

- Listening starts by SfP and IN – Commissioners present and available

November 2024

- Data collated
- Draft report to be shared

December 2024

- Feedback to people/ families
- Final report to be produced

January 2025

- Finalised report to ICB from IN and SfP
- Development sessions to start
- Co-production of future provision

February 2025

- Possible market engagement

April 2025

- Possible procurement

Introduction meeting with the ICB team

Meet the ICB Commissioning Team events held

- Face to Face: 11th Sept - Stockton, 12th Sept - Middlesbrough, 13th Sept - Redcar and Cleveland
- Online Event 16th Sept
- We have also offered 1:1 sessions with families who can't make the sessions either by phone or face to face
- Email and Telephone numbers of commissioners provided to all families

Informal Sessions in the community held to:

- Introduce the ICB commissioning Team
- Provide an overview of the ICB role and responsibilities
- Find out how families want to be part of developing future respite plans, communicated with and updated
- Introduce the Independent Listeners Skills for People and Inclusion North and their role
- Leaflet about IN and SfP shared in letter and at events
- Set out timelines for families and what happens next
- Questions and Answers – Recorded and FAQ to be developed from this to share with people who didn't attend

Listening Engagement Events
Independent providers facilitating the events

- **Inclusion North (IN) and Skills for People (SfP) have been commissioned to jointly carry out an independent listening exercise**
  - IN and SfP are 2 not for profit organisations, whose work includes providing information, guidance, advocacy, awareness raising, support people to influence health and care services.

- **IN and SfP are planning**
  - 6 events all face to face 3 hrs each, 2 in each area Stockton, Middlesbrough and Redcar and Cleveland
  - 3 Online sessions to be held in the evenings

- **Content will include:**
  - Brief information sharing
  - Group discussion
  - Face to face - Chance to speak to ICB commissioning team or IN/SfP rep on a 1:1 basis
  - Online – Opportunity to ask questions and discuss as a group

- **A survey both online and paper**

- **An opportunity to speak 1:1 to a member of staff from SfP or IN by phone or by zoom**

Development session in the New year

- Feedback from the listening engagement report
- Set out how we will co-produce respite support
- Service user representatives in project group to support design and specification of any service we may need to procure
- Consider the need for market engagement for future support dependent on feedback

On-going engagement with commissioning team via a Project Group

- **Set up a service users, families and carers project group to enable a collaborative approach to developing future respite provision**

- **The families project group will meet regularly (minimum once a month)**

- **We will feedback to families via their preferred route**

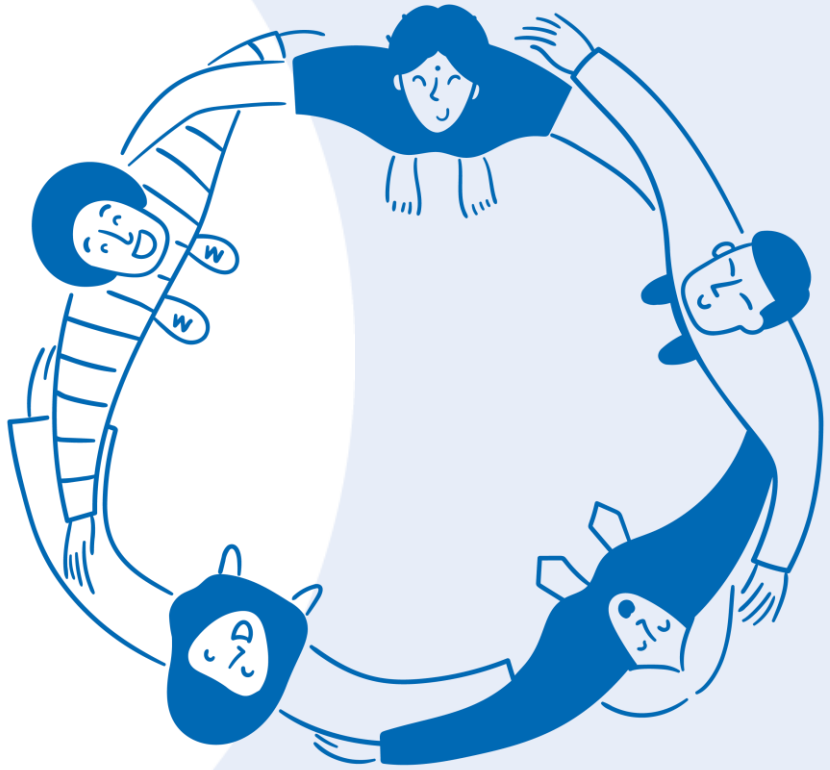
- **Joint Tees Valley Health Scrutiny Committee (All TBC)**
  - January following engagement to update on the findings
  - April with identified solutions and possible Market Engagement outcomes
  - July with potential procurement scenarios

In summary

- These changes are about making sure that the service continues to provide the highest quality of care for people.

- TEWV is committed to providing respite over the next 12 months.

- Developing a future service that provides families with the highest quality of care needs a system-wide approach – involving families, colleagues and partners.



Ask of the Committee

Tees, Esk and Wear Valleys NHS Foundation Trust

To note the position and rationale for change, including the approach being taken to engagement, inclusion and development of future models of care.

- If we are to achieve the improvements and sustainability of services required we will need the support of all authorities, elected members and partners.

- To work closely with the ICB and our Trust as we navigate the next steps and work with families to develop a service that supports future needs.

Tees, Esk and Wear Valleys
NHS Foundation Trust

Adult Learning Disability service update

Respect Compassion Responsibility

journey to change

Intensive Support Team

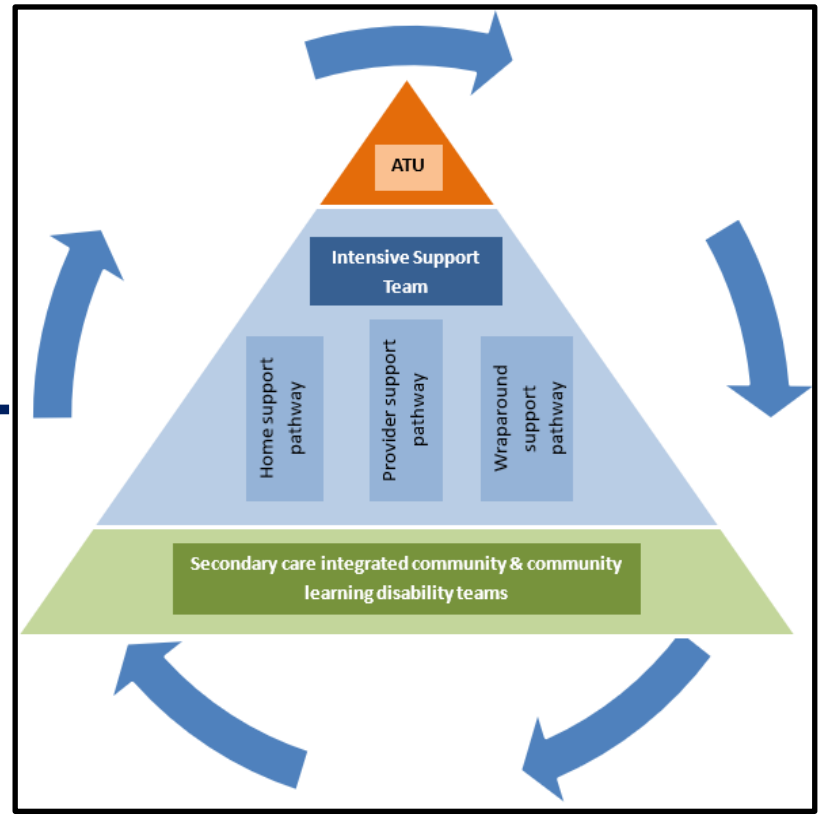
Drivers for Change

- Changing needs for people living in the community.
- Changing needs for community infrastructure that supports people to live in there own homes.
- Greater risk of admission to hospital.
- Impact of hospital admission is significant, leaving those most vulnerable at risk.

Current DTV provision – three Teams

- Proactive Provider Liaison Team – Teesside only
- Specialist Health Team – Durham and Darlington only
- Enhanced Care Team – DTV wide as part of permitted overspend

Intensive support Team



Physical health / health facilitation

Tees, Esk and Wear Valleys NHS Foundation Trust

- Two teams across DTV who provide health facilitation. Each team offer different services. Team manager in each team was providing both operational and clinical leadership.
- Due to changes in team managers - opportunity to align teams across DTV with a single line management and recruitment of a clinical specialist nurse.
- Will develop parity of service across local area.
- Increased support to staff.
- Dedicated operational and clinical roles.
- Will allow for an increased focus on physical health for people with a learning disability to enable continued community placements.
- Increase and improved networks with primary and acute services.

Intensive Support Team Development

Tees, Esk and Wear Valleys NHS Foundation Trust

- Supported staff through organisational change.
- Held pathway development sessions.
- Commenced transitional period of becoming an IST.
- Stakeholder engagement session booked – 26 September.
- Submission of pathways through governance – October.
- Go-live date – 1 October.

DTV STOMP

Tees, Esk and Wear Valleys NHS Foundation Trust

- Dedicated staff driving forward project to stop over medication of people (STOMP) with a learning disability, autism or both, providing:
  - Education to professionals about effects of over-prescribing antipsychotic medication
  - Training on how these medications can affect the working of the brain, impact this might have on mood, thoughts and behaviours
  - Support to carry out robust structured medication reviews within primary care working alongside GPs and Pharmacists.
  - Support to reduce and stop medications if safe to do so
- Met Oliver McGowan's mum, Paula McGowen, who is overwhelmed at the work and support STOMP has had. Further work with Cornwall Intellectual Disability Equitable Research team to discuss STOMP data being part of research.
- STOMP to be included in junior doctor training programme on 27 September 2024.
- Semi structured interview to be held with researcher for NHSE about psychotropic usage in learning disabilities.
- Co-created a STOMP video and information leaflets, meeting with independent voices (local learning disability group).
- STOMP journey to be presented at Drug & Therapy Committee on 26 September and at the Medicine Management group on 15 October
- Teesside University to look at curriculum for pharmacists and student nurses.
- Application made to present stomp at Learning Disability Sharing Innovation and Learning conference December 2024.
- Staff won South Tees Healthwatch award for Excelling in support to others and received national recognition 2024 Learning Disability and Autism Awards.
- Shortlisted for Nursing Times awards and for TEWV star awards which are due to take place in October.

Thank you and any questions?

Tees Valley Joint Health Scrutiny Committee

19 September 2024

TEES ESK AND WEAR VALLEYS NHS FOUNDATION TRUST (TEWV) COMMUNITY MENTAL HEALTH TRANSFORMATION - UPDATE

1. PURPOSE OF THE REPORT

1.1 To provide Members of the Committee with an update on the continuing development of Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) Community Mental Health Transformation.

2. SUMMARY

2.1 The Community Mental Health Framework, launched in 2019, recognised the need for models of care to be revised and modernised across the mental health system. The aims of the framework being to:

- Redesign and reorganise core community mental health teams which are place based.
- Create a core mental health service which is aligned with Primary Care Networks, Local Authority and Voluntary Care Sector organisations whereby dedicated services and functions will plug

2.2 In recognition of the national focus on provision of community mental health services, and significant interest in how this is to be delivered across all five Tees Valley Local Authorities, TEWV welcomed an opportunity to update Members on the development, and implementation, of the Tees Valley community transformation model.

2.3 A copy of the presentation to be given at the meeting is attached at **Appendix A**.

3. RECOMMENDATION

3.1 That Members note the presentation and seek clarification, as and where required.

BACKGROUND PAPERS

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

Contact Officers:-

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Tees, Esk and Wear Valleys
NHS Foundation Trust

Community Transformation

Improving community mental health systems across Tees Valley

Respect Compassion Responsibility

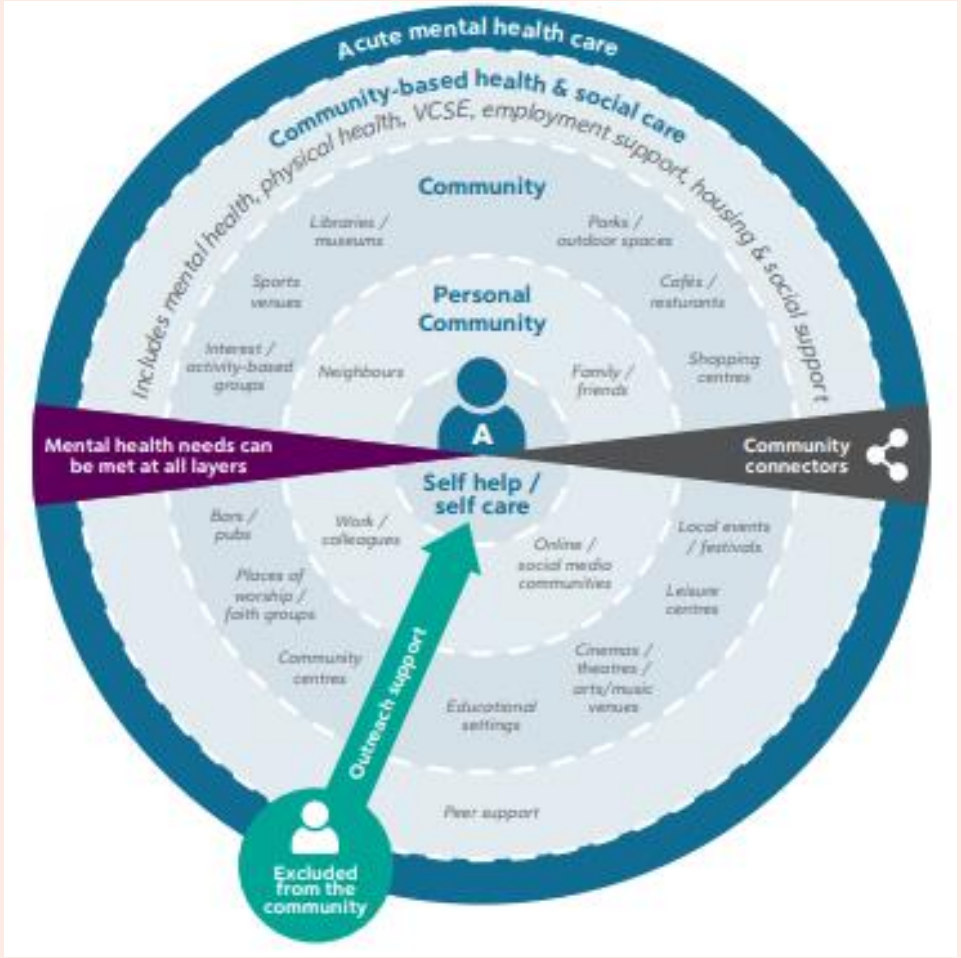
journey to change

Community Transformation

NHS England launched the Community Mental Health Framework in 2019. It recognised the need for models of care to be revised and modernised across the mental health system. It gave a call to action supported by significant funding to move towards integrated, joined up care to improve care for those experiencing severe mental illness.

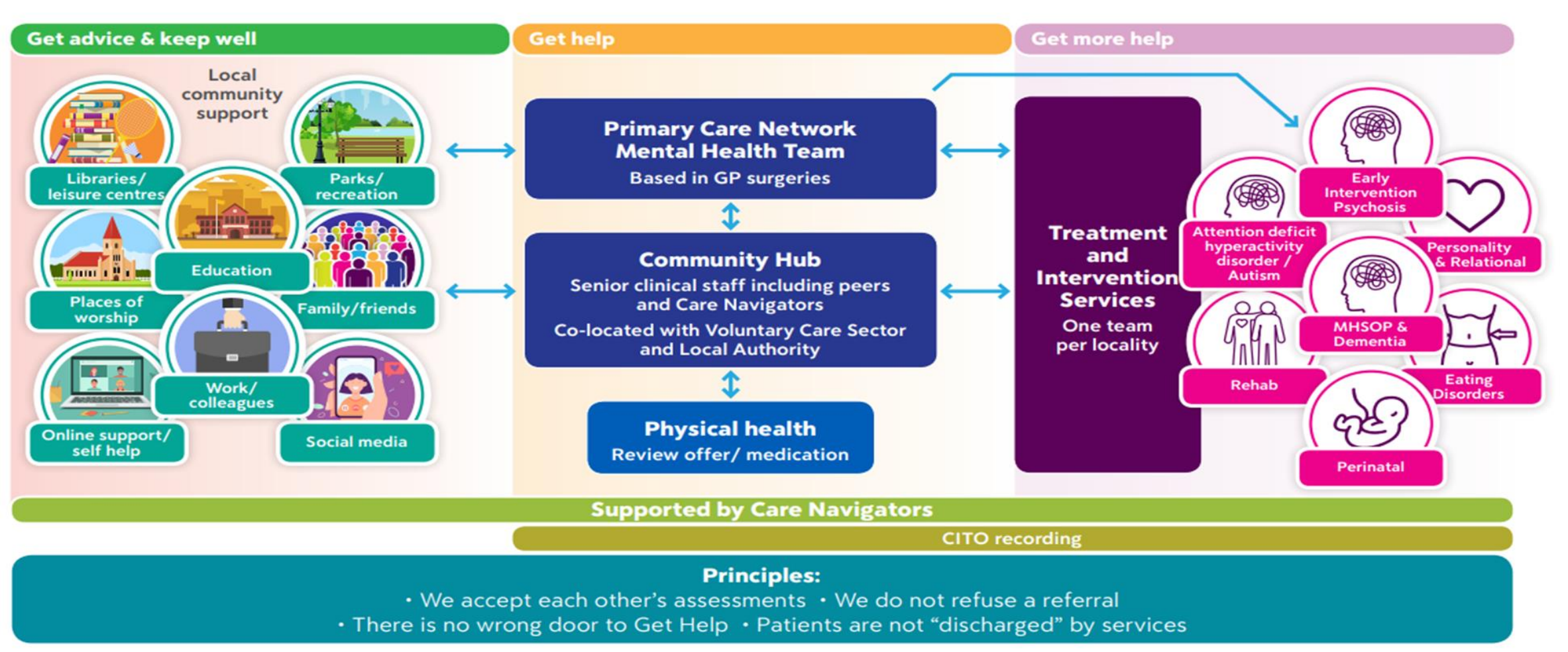
Aims of Community Mental Health Transformation Framework NHS England 2019 were to:

- Redesign and reorganise core community mental health teams which are place based.
- Create a core mental health service which is aligned with Primary Care Networks, Local Authority and Voluntary Care Sector organisations whereby dedicated services and functions will plug



Community Transformation – Tees Valley

The Model



Community Transformation – Tees Valley

Tees, Esk and Wear Valleys NHS Foundation Trust

- 10 Improvement workstreams: Infrastructure and patient voice, primary care, care navigators, restructuring adult mental health planned care teams, physical health care, personality and relational, rehab, psychology, dual diagnosis and lived experience and peer support.

- 5 Place based system delivery workstreams across the Tees Valley representative of the local authorities: Hartlepool, Stockton, Middlesbrough, Redcar and Cleveland, and Darlington.

Community Transformation – Tees Valley Improvement Workstreams

Tees, Esk and Wear Valleys NHS Foundation Trust

- Patient voice central to designing services – supported by Healthwatch.
- Partnerships key to unlocking system integration and accountability.
- PCN Model successfully delivered – Only 2% of all patients are stepped up into secondary care services.
- 10 care navigators employed to support warm ToC between services.
- Remodelled Planned Care services - Hub and Treatment and Intervention.
- New ways of working supporting joined up approach across system.
- Initial Needs Reviews implementation reduces waiting times for patients.
- Assertive outreach model implemented for physical health checks designed to improve life expectancy for people with SMI.

Community Transformation – Tees Valley Improvement Workstreams

Tees, Esk and Wear Valleys NHS Foundation Trust

- Increased workforce in Personality and Relational Service to better meet the need of people with Complex Emotional Needs (CEN).
- Rehab Services model refreshed – improvement in patient flow.
- Increased Psychology workforce delivering 26.23% increase in interventions at AMH since ’21 and 23% within MHSOP.
- Building Recovery Interventions in Complex Cases (Dual Diagnosis) Pilot - £145k to support 3WTE deliver joined up work with substance misuse teams. June ’23 to April ’24 data:
  - 206 referrals
  - 185 service users engaged in interventions outside of TEWV services who otherwise wouldn’t meet criteria for assessment of mental state and risks
  - 21 service users assisted to access treatment within TEWV services due to level of need.
- Lived experience and peer support – additional workforce to support creation of peer support network of partners and place-based Lived Experience Forum.

Community Transformation – Tees Valley Place Based Workstreams

Tees, Esk and Wear Valleys NHS Foundation Trust

- We understand that our communities across Tees Valley have different needs and different systems.
- In October 2021, a visioning event with partners, staff and Lived Experience members was held to create a new vision for how mental health services would work.
- The next slides are the results of delivering unique opportunities at place and the outcomes of a truly co-produced vision of what community services can provide.

Community Transformation – Middlesbrough

- A partnership of nine organisations, supported by funding to increase capacity across seven delivery partners.
- Embedding relationships through huddles, networking and information sharing.
- Joined-up pathway.
- Collective forward planning.
- Measuring learning and impact.
- Creation of co-production group.
- Multi-Agency Community Hub to open soon in Berwick Hills.
- Collaborative upskilling VCSE partners through ‘learning together’ sessions. Recent sessions include: Suicide Awareness, Managing Distress, Understanding SMI, Understanding BPD, Asylum Seekers and Refugees – understanding the process and Managing domestic violence.

Community Transformation – Hartlepool

Tees, Esk and Wear Valleys NHS Foundation Trust

- Funding hosted by PFC Trust and delivery coordinated by Hartlepower.
- New membership structure in place with representation from VCS, LA and NHS services.
- Delivery group of service providers in place to develop and deliver the model.
- A Lived Experience Forum established - Facilitated and supported by Red Balloons and Starfish Health & Wellbeing.
- Weekly service provider huddles.
- Monthly “Community Connector Hub”.
- Funding distributed to services reducing social isolation and providing peer support, as an alternative to crisis.
- Future plans in place for patients experiencing emotional distress.
- Face to Face service provider event planned to embed and grow network’s knowledge of services.

Community Transformation – Stockton

Tees, Esk and Wear Valleys NHS Foundation Trust

- Funding hosted by Catalyst – Stockton-on-Tees VCSE agency.
- New project manager employed to map resource, embed community first approach, and coordinate the increased capacity in VCSE sector.
- New community hub opened in 2024 in the heart of redeveloped Stockton Town Centre.
- 5 delivery partners: Lakota Hib CIC, Moses Project, Bridges, Thornaby Methodist Church and Starfish Services. Projects include:
  - Emotional support and reducing barriers for the deaf community.
  - Drug and alcohol interventions for adult males aged 25+. Majority are homeless and accessing other services.
  - Client centred addiction support services.
  - Hub wellness project in Thornaby delivering access support, peer support groups, and support for mums and carers.
  - Safe space for those close to crisis.

New Stockton Hub opening in Wellington Square

Community Transformation – Darlington

- Funding hosted by the 700 club.
- Created a community hub known as Darlington Connect.
- Funding covers the building, lease and project management costs for day-to-day coordination and delivery.
- The interventions offered are both preventative and proactive, designed to avert crisis, and as a result reducing pressure on both primary and secondary care.
- Service is accessible by self-referral, is non-discriminatory, and all appointments are held in a confidential space.
- The Government's Household Support Fund is also being delivered from Darlington Connect.
- Successful in a funding bid to the National Lottery for a second manager showing impact as a cornerstone in community.

Community Transformation – Redcar and Cleveland

- Funding hosted by Footprints in the Community.
- New coordinator employed to support and embed network and promote delivery.
- 6 delivery partners working collaboratively.
- Introduction of single agreed pathway to streamline process.
- Virtual huddles established and embedded.

Case Study 1	A case was brought to the huddle around a lady who was struggling with her mental health which was exacerbated by an infestation of rats - eating her food and even through the tupperware containers she was having to store her food in. The worker had been unable to get support via the council. Footprints in the Community were able to offer support to pay for a pest control company to support whilst NHS services could focus upon supporting with the individuals mental health.

Community Transformation – Tees Valley

Tees, Esk and Wear Valleys NHS Foundation Trust

Patient Stories

- Client was referred to Dual Diagnosis Team for support regarding mental health and associated risks. Client engaging in daily cocaine and alcohol use and of NFA. Client had taken an overdose in month prior to Dual Diagnosis referral. Client had previously been advised to access support from primary care services and his recovery team regarding addiction.
- Client was of military background.
- Initial Dual Diagnosis case discussion meeting was arranged to provide joint care planning and following this a joint review was offered to client with Alcohol case worker and Dual Diagnosis Nurse.
- Client presented with low mood, suicidal ideation, sofa surfing and low self-worth. Client was keen to engage with support and further appointments were provided with Dual Diagnosis team.
- Prior to Dual Diagnosis intervention Client wasn't prescribed any medication for mental health therefore advice was sought from Parkside medics and information relayed with GP.

South Tees BRICC
(Building Recovery Interventions in Complex Cases)

Community Transformation – Tees Valley

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

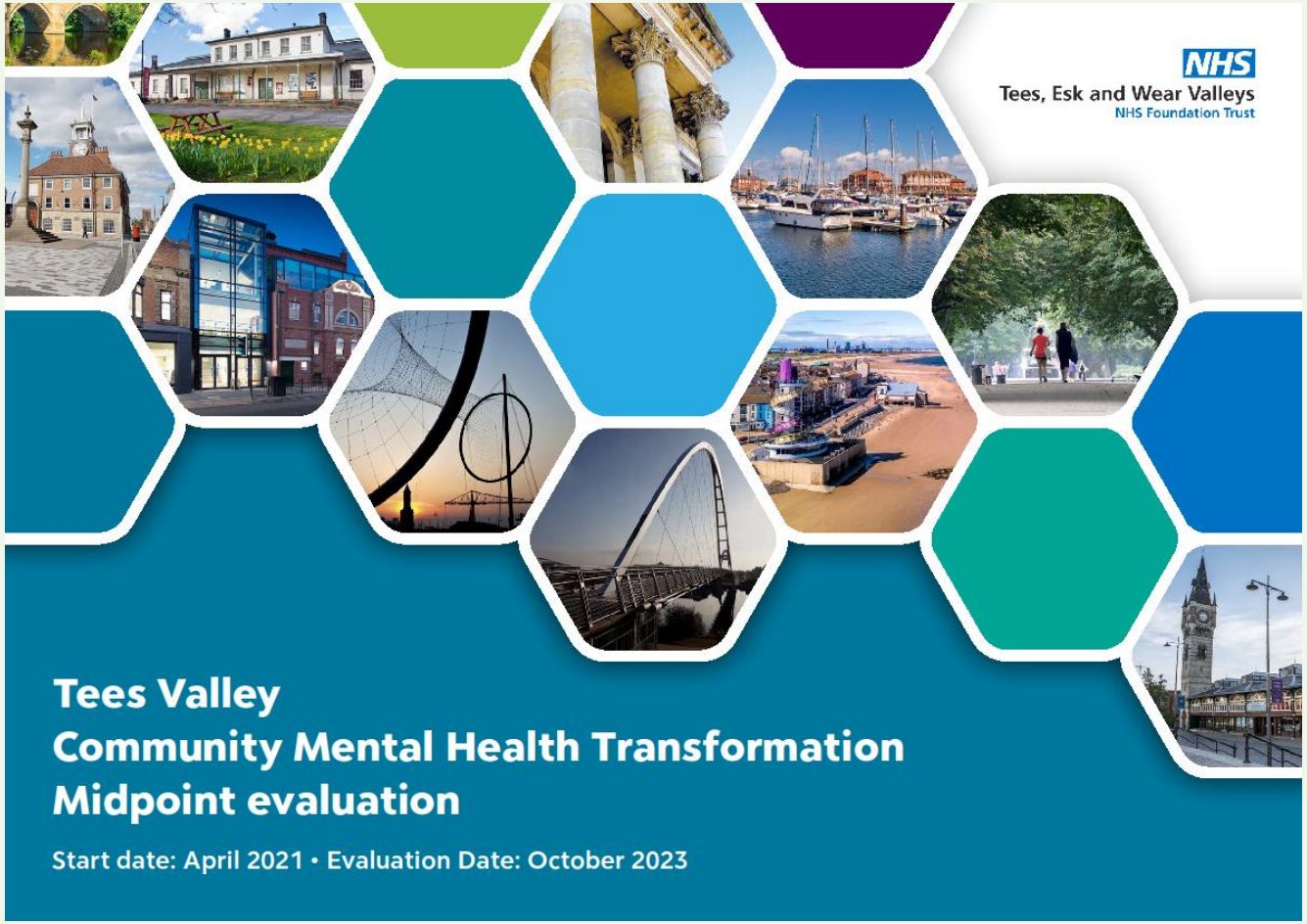
Patient Stories

- Client commenced anti-depressant with noted benefit and improvement in mood. Reduced cocaine and alcohol consumption over time with positive goal setting.
- Referrals were placed to veteran's services and housing options explored with client.
- Appointments arranged with Citizens Advice for support particularly around benefits and debts.
- Client's mental health and addiction improved; sourcing employment and housing and subsequently discharged from Dual Diagnosis Team and recovery team due to treatment complete.
- Client expressed gratitude to Dual Diagnosis Team stating: 'I can't thank you enough for your support.'

South Tees BRICC
(Building Recovery Interventions in Complex Cases)

Annex

Read the full evaluations by clicking on the images below.



Tees Valley Joint Health Scrutiny Committee

19 September 2024

TEES VALLEY COMMUNITY DIAGNOSTIC CENTRE (CDC)

1. PURPOSE OF THE REPORT

1.1 To provide Members of the Committee with an update on the continuing developments in relation to Community Diagnostic Centres across the Tees Valley footprint.

2. SUMMARY

2.1 In October 2021, the Government announced its intention to open 40 new Community Diagnostic Centres (CDCs). The purpose of these centres being to aid:

- earlier diagnoses for patients through easier, faster, and more direct access to the full range of diagnostic tests needed to understand patients' symptoms including breathlessness, cancer, ophthalmology.

- a reduction in hospital visits which will help to reduce the risk of COVID-19 transmission.

- a reduction in waits by diverting patients away from hospitals, allowing them to treat urgent patients, while the community diagnostic centres focus on tackling the backlog.

- a contribution to the NHS's net zero ambitions by providing multiple tests at one visit, reducing the number of patient journeys and helping to cut carbon emissions and air pollution.

2.2 Since this initial press release, further commitments have seen the growth of this provision across the country and from a sub-regional perspective, the CDC offer has been operational across the Tees Valley footprint. Alongside the development of the wider Tees Valley Care and Health Innovation Zone.

2.3 The Tees Valley Joint Health Scrutiny Committee received an update on the development of Community Diagnostic Centres across the Tees Valley on the 28th July 2023 (link to the agenda papers - https://moderngov.stockton.gov.uk/ieListDocuments.aspx?CId=1154&MId=1238&Ver=4) and committed to provide a further update in due course.

Representatives from the North Tees and Hartlepool NHS Foundation Trust will be present at today's meeting to provide the requested update and a copy of the presentation to be given is attached at **Appendix A**.

3. RECOMMENDATION

3.1 That Members note the presentation and seek clarification, as and where required.

BACKGROUND PAPERS

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

Contact Officers:-

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Tees Valley Community Diagnostic Centre (CDC)

Michael Houghton (Programme SRO)

Jayne Pailor (CDC Implementation Lead)

19 September 2024

Context

The Sir Mike Richard's report which was published in 2020 concluded that a new diagnostics model is urgently needed, with the CDCs to play a key role in reducing access time and time delays associated with hospital visits and supporting reductions in health inequalities.

Adopting a Hub & Spoke Site Model, a central Hub is to be built on Castlegate Campus, Stockton (due to open late Autumn 2024), with Spoke Sites developed at;

- Hartlepool Hospital (already operating)
- Friarage Hospital (already operating)
- Redcar Primary Care Hospital (due for completion January 2025)

The aim for the CDC Hub and Spoke Sites is to:

- Improve Population Health Outcomes
- Increase diagnostic capacity
- Improving productivity and efficiency of diagnostic activity
- Contributing to reducing health inequalities
- Delivering a better, more personalised, diagnostic experience for patients, supporting integration of care across primary, secondary and community care

The objectives for the above will be measured by monitoring activity through increased capacity and volume through the build of the CDC in the next 5 years and beyond. The aims and objectives of the CDC are to:

- Reduce waiting times by 20% from current average waiting times
- Reduce average patient travel time to hub/spokes by 25% from current average travel times
- Patients have greater choice about appointment times and locations compared to the current model
- Improve patient satisfaction scores by 20% for diagnostics in Tees Valley compared to pre-CDC.
- Survey CDC patients on a yearly basis to further improve the patient experience at the CDC hub and spokes

The Hub Expectations

The new Hub located on Stockton high street will be able to deliver up 104,000 potential lifesaving tests annually when fully operational providing diagnostic testing for the following:

- MRI scans
- CT scans
- Ultrasound scans
- Cardiology (Electrocardiogram (ECG) / Echocardiology / Blood Pressure)
- X-rays
- Blood tests
- Respiratory tests

Staff from North Tees & South Tees Hospital Trusts will work collaboratively alongside each other in the CDC hub to treat patients across the Tees Valley. The Hospital base and staff management will remain the same for staff with the expectation of rotation to the hub when required to meet the needs of the service.

Digital interoperability is one of the key enablers to this project, ensuring staff can work with all systems that will be used in the Hub, with training and SOPs to be provided as necessary.

Workforce is the other key enabler and also a key risk to the success of the project.

Tees Valley

Community Diagnostics Centre (Stockton Hub)

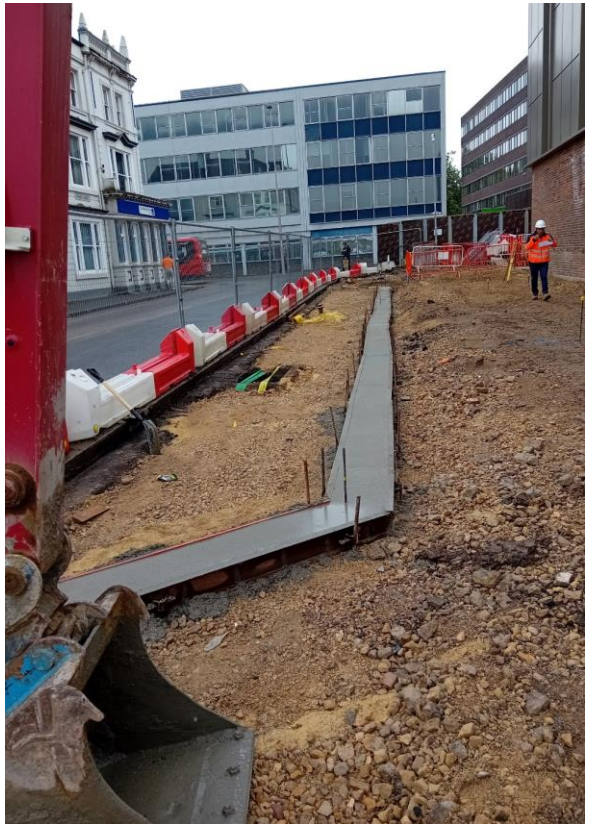
Artists Impression

- Following on from a special ground-breaking ceremony to mark the first spade in the ground in the building, work has continued to develop and push forward at pace. Monthly site visits started in July enabling staff who will be working in the CDC Hub the opportunity to take a closer look at the premises. These site visits will continue until the Programme Is complete (with the next one due to be held in September)

Tees Valley

Community Diagnostics Centre Progress Pictures

(as of August 22nd, 2024)



Comms & Engagement Plan 24/25

- Hoardings are in place and feedback has been positive
- Regular social media and press releases are circulated on both Trusts social media page
- Ensure that patients are engaged in the development of the CDC services
- To keep the population informed about how they will access the services (transport links, parking facilities etc.)
- Use the CDC as a showcase to help attract people into the healthcare professions
- Diagnostics to be delivered as standard to encourage aspirant population health.
- Website needs further development – but is up and running: https://www.nth.nhs.uk/services/tees-valley-diagnostic-centre/
- Stockton Borough Council have included mentions in their staff briefings and we have appeared in their update on a recent business newsletter about the whole Waterfront development

Workforce Plans for 23/24 & 24/25

- Recruitment and workforce education and training are being implemented in line with plans.
- Responses to recruitment adverts is positive for a number of roles.
- Opportunities for existing staff to train and develop into roles.
- Collaboration with Teesside University, Newcastle University and Further Education Colleges.

Department	Roles	Band	Total WTE	Update
Cardiology	Echocardiographer	Band 7	3.6	1 recruited. 1 in training
	Trainee Echo	Band 5	1	Recruited
	Clinic Support Worker	Band 2	2.2	out to advert
	Cardiographer Asst	Band 3	1.2	1WTE recruited
	Physiologist	Band 5	1.2	
	Admin Assistant	Band 2	1.2	Out to advert
Respiratory	Assistant Practitioner - Respiratory	Band 6	2.4	1 in training
	Clinical Support Worker	Band 2	2.4	recruited / blended role as below
	Apprentice Lung Physiologist	Band 5	2	1 recruited
	Lung Physiologist	Band 5	2	Blended role as alternative workforce
	Admin Assistant	Band 2	2.4	out to advert
Radiology	Radiographer - X Ray	Band 5	1.2	Recruited
	Radiographer - X Ray	Band 6	1.2	Recruited
	Radiographer - MRI	Band 6	4.8	Out to Advert
	Health Care Assistant - Radiology – MRI	Band 3	2.4	Interview being scheduled
	Radiographer – CT	Band 6	7.2	shortlisting
	Health Care Assistant – CT	Band 3	3.6	recruiting
	Sonographer – Ultrasound	Band 7	4.8	3 recruited, 2 in training
	Health Care Assistant – Ultrasound	Band 2	4.8	Recruiting
	Admin Assistant	Band 2	6	Out to advert
Sleep	Healthcare Science Assistant	Band 3	2	Recruiting / blended role as above
Phlebotomy	Phlebotomist	Band 3	2	Recruited

Activity – 24/25 expectation

The attached shows the total number of tests we are planning to deliver in the first year from go-live in each area

Investigation	Total
Plain Film X-Ray	3810
Ultrasound (NOUS) without Contrast	4720
CT with Contrast	2700
CT without Contrast	300
MRI with Contrast	508
MRI without Contrast	3302
Full lung function tests	726
Ambulatory BP monitoring	83
12 lead ECG	232
Trans Thoracic Echocardiogram	1838
Ambulatory Electrocardiography	502
Sleep Studies	1716
Spirometry	208

Key Milestones

- Progress on site continues to develop at pace, air handling equipment has been delivered, ventilation duct installation and mechanical pipework to the plant room is ongoing as is the first fix electrical containment partition walls on the ground and first floor
- The equipment list (C-sheets) have been worked through thoroughly with clinical teams in readiness for ordering, with procurement providing a detailed version inclusive of supplier, size, description, product code and lead times for each item.
- IT systems are ordered, with colleagues holding regular meetings to ensure that the functional capability of systems of both North and South Tees systems will be built onto each computer. This will provide extra assurance that all patients referred from anywhere is Teesside will receive the same level of service whilst attending the Hub.
- Commissioning and testing of diagnostic equipment and operational systems is planned in as part of the facility handover process and the facility nears completion.

Work in the Hub is due to be complete in readiness for opening late Autumn 2024 - whilst this work in ongoing, a number of diagnostic tests are currently being delivered from Lawson Street to help with activity and patient accessibility until the opening of the hub.

Pathway Work

Initial meetings were held several months ago between programme management and clinical colleagues to discuss and agree ways that the CDC can support reviewing and developing pathways which are already established in the Foundation Trusts.

We have liaised with both North and South Tees Cancer Services teams to obtain and analyse data to see where we can support with diagnostic capacity in the Hub.

Workshops were held with clinical teams on Friday 6th and Tuesday 10th September, where current pathways will be discussed in detail to understand each element of the patient pathway, and where best we support improvements (if needed).

The aim and benefit to doing this is:

- Offering more opportunities for non-urgent diagnostics within the hub,
  - This frees up time for services to focus on urgent patients and pathways
- Tackling areas of Population Health Management through discussions and intervention,
  - Providing opportunities for delivering clinics from the hub will support services reducing long wait times
- Discussing high pressure areas in the Acute Trusts to look at opportunities to support,
- Meeting with business intelligence and Cancer Service colleagues to understand the current waiting list times:
  - Understanding these figures helps services address underlying causes of delay, helping to reduce these times at source

Questions?

Tees Valley Joint Health Scrutiny Committee

19 September 2024

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME 2024-2025

1. PURPOSE OF THE REPORT

1.1 The Committee is required to consider and agree its work programme for 2024-2025. Members may also like to consider adding any additional items to the work programme.

2. SUMMARY

2.1 Members are requested to consider the attached work programme (**Appendix A**) for the 2024-25 Municipal year. The work programme includes standing items as well as those that have been prepared based on Officer recommendations and recommendations previously agreed by this Joint Committee.

3. RECOMMENDATION

3.1 It is recommended that Members consider and agree the contents of the work programme and consider any additional areas of work they may wish to include.

BACKGROUND PAPERS

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

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Meeting Date	Topic	Attendance
19th September 2024	TVJHSC: Appointment of Chair & Vice-Chair TVJHSC: Protocol / Terms of Reference TVJHSC: Work Programme Timetable Tees Respite care /Adult Learning Disability update TEWV Community Mental Health Transformation - update Community Diagnostic Centres - Update	 Martin Short / Jamie Todd Naomi Lonergan Michael Houghton / Jayne Pailor
7th November 2024	Health Inequalities TEWV – Male Suicide North East and North Cumbria Integrated Care Board: Winter Plan Update	Sarah Paxton / Ann Bridges Sarah Paxton / Ann Bridges Craig Blair
9th January 2025	Opioid prescribing and dependency across the Tees Valley Clinical Services Strategy Update – Group Model Palliative and End-of-Life Care Strategy – Development / Implementation	Alistair Monk TBC Katie McLeod / Nicky Miller
13th March 2025	Recruitment & Retention Planning (ICB) Chronic Pain Services TEWV Trends for Quality Matrix North East and North Cumbria Integrated Care Board: NHS Dentistry Update	Julie Bailey Paula Swindale Sarah Paxton / Ann Bridges David Gallagher / Pauline Fletcher

To be scheduled

- Vaping in young people – Mark Adams – Director of Public Health - RCBC
- Tees, Esk and Wear Valleys NHS Foundation Trust: Quality Account 2023-2024 (to include performance updates)
- North East Ambulance Service: Quality Account 2023-2024 (to include performance updates)

- North Tees and Hartlepool Foundation Trust Quality Account 2023-2024

Awaiting confirmation

- NHS England: CQC: Update
- NEAS: Staff Safety & Financial update