Tees Valley Joint Health Scrutiny Committee

Date: **Thursday 7th November 2024**

Time: **10.00 am**

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

Membership

Darlington Borough Council - Cllr Holyroyd, Cllr Layton, Cllr Scott
Hartlepool Borough Council - Cllr Boddy (CH), Cllr Moore, Cllr Roy
Middlesbrough Council – Cllr Cooper, Cllr Morrish, Vacancy
Redcar and Cleveland Borough Council – Cllr Cawley (VC), Cllr Crane, Cllr Kay
Stockton Borough Council - Cllr Besford, Cllr Hall, Vacancy

Agenda

Item No.	Item	Time
1.	**Apologies for Absence**	10:00am
2.	**Declarations of Interest**	
3.	**Minutes of the meeting held 19th September 2024 (to confirm)**	
4.	**North East and North Cumbria Integrated Care Board: Winter Plan Update -** *Director of Delivery [Tees Valley], North East and North Cumbria Integrated Care Board and Chief Operating Officer, North Tees & Hartlepool Foundation NHS Trust*	10:05am
5.	**Opioid Prescribing and Dependency Across the Tees Valley -** *Medicines Optimisation Pharmacist – NHS North Of England Commissioning Support Unit and Tees Esk and Wear Valley NHS Trust*	10:35am

6.	**Tees Suicide Prevention Strategic Plan -** *Preventing Suicide (Tees) - Public Health Practitioner, Middlesbrough Council and Programme Manager Preventing Suicide, Durham Tees Valley and Forensics Tees Esk and Wear Valley NHS Trust*	11:05am
7.	**Health Inequalities in the Tees Valley -** *Consultant in Public Health - Tees Esk and Wear Valleys NHS Foundation Trust*	11:35am
8.	**Work Programme for 2024/2025**	12:05pm

Meeting Schedule for TVJHSC 2024/25

DATE	VENUE	TIME
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

MINUTES AND DECISION RECORD

19 September 2024

The meeting commenced at 10.05 am in the Civic Centre, Hartlepool.

Present:

Responsible Authority Members:
Darlington Borough Council - Cllr Holyroyd, Cllr Layton
Hartlepool Borough Council - Cllr Boddy, Cllr Roy
Middlesbrough Council - Cllr Morrish
Redcar and Cleveland Borough Council – Cllr Cawley, Cllr Crane (substitute for Cllr Curr), Cllr Kay
Stockton Borough Council - Cllr Hall, Cllr Besford

Also Present:

Sarah Paxton - Head of communications, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
Jamie Todd - Director of Operations & Transformation, TEWV
Naomi Lonergan - Interim Managing Director, TEWV
John Savage - TEWV
Kim Lawson, Strategic Head of Commissioning (Tees Valley), North East and North Cumbria Integrated Care Board (NENC ICB)
Ann Bridges - Executive Director of Corporate Affairs and Involvement, TEWV
John Stamp - Associate Director of Partnerships and Strategy, TEWV
Julian Penton – VCSE partner, Hartlepower Community Trust
Michael Houghton - Director of Transformation, North Tees and Hartlepool NHS Foundation Trust (NT&HFT)
Jayne Pailor, NT&HFT
Andrea McLoughlin – Preventing Suicide (Tees) Public Health Practitioner, Middlesbrough Council

Officers:
Gemma Jones, (HBC)
Caroline Leng (R&CBC)
Chris Lunn (MC)
Joan Stevens, (HBC)
Gary Woods (SBC)

1. Appointment of Chair

Nominations for a Chair for this Committee were sought, and Councillor Boddy was nominated and agreed.

Councillor Moss Boddy in the Chair.

2. Appointment of Vice Chair

Nominations for a Vice Chair for this Committee were sought, and Councillor Cawley was nominated and agreed.

3. Apologies for Absence

Cllr Curr, Cllr Cooper, Cllr Moore, Cllr Scott, Karen Hawkins and Hannah Miller.

4. Declarations of Interest

Councillor Boddy declared that he was a Governor at TEWV.

5. Minutes of the meeting held on 15th March 2024

Confirmed.

6. Minutes of the Tees Valley Area Integrated Care Partnership (ICP) meeting held 2nd February 2024

Noted.

7. Tees Valley Joint Health Scrutiny Committee - Protocol and Terms of Reference

Agreed.

8. Respite Care/Adult Learning Disability Service Update

(*Director of Delivery, NENC ICB and Director of Operations and Transformation, TEWV)*

Prior to the item being presented the Chair acknowledged the understandable anxiety around changes to the current respite provision for families and service users, describing this provision as a ‘lifeline’. Emphasis was also placed on the need for improvements in line with the CQC guidelines/recommendations and advised that the purpose of the changes were to ensure that this service could continue albeit in a different format to the one currently in place.

The Committee received an update in relation to the proposed changes to respite care in Teesside. This was led by the Interim Managing Director and the Director of Operations & Transformation for TEWV. A number of factors were highlighted to explain the need for changes to the service. They were to ensure –

- The service continued to provide the highest quality of care for people.
- That the service could support families who may require support in future
- That the buildings were providing the best environment to care.
- They complied 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 that support can be provided to more families.

The Committee was informed that TEWV will submit notice on the current respire provision on the 20th September 2024, giving notice of 12 months. Whilst the 12 months is contractual, TEWV has committed to providing respite service until an alternative provision is developed. The change will affect the properties at Bankfields Court in Middlesbrough and Aysgarth in Stockton. The Trust will continue to work with families and partners affected and provided reassurance that they will continue to deliver the same level of care until an alternative provision is put in place. TEWV and NENC ICB outlined a commitment to regularly working with families, staff and Committees with regards to these changes.

A Representative from the NENC ICB outlined the process for engagement, which they will lead, and gave an overview of the work that had already taken place. A series of engagement events were due to take place between October and December 2024 and two not for profit organisations had been commissioned to carry out this work. This will include looking at what bed based service is required. The events are aimed at trying to engage as many voices as possible, alongside regular communication with service users and families. There is also an opportunity to speak 1:1 with staff members.

It was explained that although notice had been served on the current service, an alternative service would be commissioned. The NENC ICB were committed towards delivering a service that was fit for purpose for people with profound and severely complex needs. Emphasis was placed on honesty and transparency throughout the whole process.

The difficulties and the impact of prolonged hospitals stays were outlined. It was also explained that there was a continuing commitment to supporting people in their own homes.

Members suggested that an update be brought back to the Committee regarding the engagement work with families and service users.

During questions from Members, it was noted that providing respite care is a legal requirement. Reassurance was given that this was not a cost saving exercise and current service users would continue to be given respite care in the new service. This would differ for individuals depending on their level of need and would be determined by a needs assessment involving families and carers.

Previously the CQC had outlined specific challenges with the current respite service including the building structure, restrictions of being able to provide

single sex accommodation, insufficient individual bathrooms and the limited hand washing facilities. It was also noted the complexity of need had changed since the building of the site.

A Member referenced previous reports regarding the underutilisation of Bankfields Court and was pleased to see that occupancy levels had increased. Reference was also made to the fact that the issue of respite care was brought to the Committee some years ago.

In the discussion that followed, Members outlined the importance of this service and welcomed families being involved in the consultation process. A question was raised regarding the issue of staff retention. It was confirmed that the Trust would continue to work closely with staff at Bankfields court and Aysgarth and that they would be involved in the engagement process. They acknowledged there was a pressure on learning disability staff across the country but that both sites were currently fully staffed. Staff were keen to be part of the transition and would continue to support the families involved.

Members emphasised that involving families in this process was essential and reassurance was given by Representatives that this was not a 'hard stop'. Although the notice period was 12 months, support would continue after this date as commissioning a new service would take time.

The Chair requested that the Committee be updated in the future with regards to what is working well and any queries and concerns. Members echoed that familiar faces were key and were pleased to see that the service would not end until an alternative service was put in place.

A query was raised with regards to the respite provision for those with SEND, particularly those aged between 18-25 and asked what was in place to protect those in this transition period. It was explained that this piece of engagement work was around the respite provision at Bankfields court and Aysgarth in particular. A wider piece of work around respite in general was needed to look as this issue as a whole across the Tees Valley. It was acknowledgement there is a lack of resources during this transition period for young people and that any change in provision would take time.

Concerns were raised about the impact on carers and their mental health and reference was made to the most recent CQC report. It was agreed that the CQC report would be circulated to Members.

In response to concerns regarding the current state of respite provision it was explained that due to ongoing challenges and the introduction of new standards there was a need to re-evaluate this service and that keeping families at the heart of this was key. This process was to enable continuous improvement across all areas. The Trust expressed the view that working with families and the voluntary sector was key to getting this right.

The Chair commented that there was a need to move things forward with the consultation and expressed his thanks to the Representatives for the update.

Decision

(i) The content of the presentation was noted as well as the position and rationale for change.
(i) The CQC report from October 2023 be circulated to Members.
(ii) Respite service engagement findings, solutions and outcomes be brought back to the Committee at a later date.

9. TEWV Community Mental Health Transformation Update

(*Representatives from TEWV and Hartlepower Community Trust)*

A presentation was provided to the Committee to outline the Community Transformation Model. Background was provided with regards to the launch of the community mental health framework in 2019, aimed at redesigning services and creating a mental health service aligned with Primary Care Networks, Local Authorities and the Voluntary Care Sector.

The Community Transformation model is designed to remove barriers to people accessing support. Based on the 'I thrive' framework and supported by Care Navigators the model focuses on:

- Getting advice and keeping well through local community support and accessing online support.
- Getting help via GP practices / community hubs and improving physical health.
- Accessing treatment and Intervention Services.

Those accessing help and support can move between services and the guiding principles include 'no wrong door to get help'. This Model has been rolled out across the 5 Tees Valley Local Authorities and reference was made to the different improvement workstreams as detailed in the presentation.

It was highlighted to Members the commitment in ensuring the model responds to what people want and that patient voice was central to designing services. This process had been supported by Healthwatch.

Part of this work included developing roles in Primary Care. It was noted that the Primary Care Network model has been successfully delivered and that only 2% of those accessing the service were stepped up into secondary care services.

A Representative from Hartlepower Community Trust advised they were pleased to be working alongside TEWV to develop new ways of supporting adults experiencing emotional distress. This is a move away from the medical model in understanding mental health and instead focuses on the social issues associated with emotional distress. Investment funding had meant that more people can now get their social, emotional and medical

needs met in the community. This model places an emphasis on partnership working and building collaborative working relationships. The 'weekly huddle' was an example of services coming together.

In the discussion that followed reference was made to the 111 service being utilised for accessing help and support with mental health and a query was raised regarding the number of people accessing the service. It was advised that accessing the 111 service for mental health support had now been rolled out nationally and that further communications would be circulated about this. It was advised the demand for this service was high and that an update with regards to this service could be brought back to a future Committee meeting.

A query was raised in relation to the care navigators and their background. Members were advised that care navigators were recruited from a range of backgrounds and experience, some with lived experience. A peer support service was also identified for development.

Members asked about the data in relation to only 2% of people being stepped up to secondary care services. It was advised that all other service users had their needs met through other routes such as accessing talking therapies. Members went on to ask about the data relating to footfall and improvement to patient flow. The TEWV Representative commented that previously it had taken a long time to wait for specific assessments and that this had now changed because of this service. People were now being filtered to the best service to meet their needs and this was not always mental health services. Access to help and support was now much quicker.

A Member asked why GP services were not included in the 'Getting advice and keeping well section' of the Model. It was agreed that GP services were an essential part of this process. Mental health services were now in GP practices and all reception staff had been trained on this system wide offer.

Members welcomed the Model and thanked Representatives for their presentation.

Decision

(i) The content of the presentation was noted.
(ii) An update would be provided to the Committee at later date with regards the pilot for use of the 111 service to access mental health support.

10. Community Diagnostics Centre – Update (*Director of Transformation – NT&HFT)*

An update was provided to the Committee in relation to the progress of the Community Diagnostic Centre (CDC) Hub being built on the Stockton site, and the Spoke sites at Hartlepool Hospital, Friaridge Hospital and Redcar Primary Care Hospital. The aims and the objectives of the CDC Hub and Spoke Sites were detailed within the presentation.

In the discussion that followed the issue of staffing and IT systems were explored. It was noted that staff have taken part in visits to the site in Stockton and being involved in the development of this site. The aim was to also attract people who want a career in diagnostics. Members queried the key risks associated with the work force and it was highlighted that some service areas were difficult to recruit to. Measures being taken to manage this included the use of apprenticeships to 'grow our own' workforce and that further recruitment and training was underway. A key development of the CDC Hub was working towards the use of one IT system. It was anticipated that within the coming months the IT system will be a 'cross over system' between sites. The CDC Hub at the Stockton site was waiting on an electricity supply and then the installation of equipment could begin. A possible site visit by Committee Members was discussed.

Improvements to cancer pathways were also discussed and examples were given with regards to this. There was limited capacity to have outpatient services working from the Stockton site however, moving some services out of the acute hospitals would free up space.

Questions arose from the presentation including the provision of children's services. It was advised that children services would remain unchanged and that not every service would be transferred to the CDC Hub site.

A question was raised with regards to the use of Artificial Intelligence (AI) and Members were advised that this was largely used as a reporting tool and not a diagnostic tool however, some AI packages were being trialled across the region.

Further queries were raised regarding IT packages. Information was provided in terms of the end goal to have 1 integrated IT system and that steps to complete this would take place over the coming months.

The issue of renewable energy was also highlighted, and it was advised that this site would be taking green energy into account.

A question was raised about whether there were plans for a CDC Hub in Darlington. Representatives advised that this site was unable to be replicated everywhere but that patient flow across the Tees Valley had been explored as well as travel issues. Colleagues in Country Durham had enhanced their diagnostic service and also invested in the Bishop Auckland site.

Members thanks Representatives for their update and welcomed the changes to the diagnostics process for the Tees Valley.

Decision

i) The presentation was noted.
ii) That a CDC Hub site visit be considered by the Committee.

11. Work Programme for 2024/2025

The Work programme for 2024/25 was discussed and further items were identified for inclusion including –

- Hospital Discharge services and unhealthy home environments.
- Feedback from the use of 111 service for support with mental health.
- Respite engagement findings, solutions and outcomes.
- An update from CAMHS with regards to waiting times for assessment and diagnosis including ADHD and Autism.
- Vaping in young people.
- Social Prescribing.
- New Home builds and the stretch on health services.

Decision

(i) Further items identified to be considered for the work programme for 2024/25 and discussed at the next Committee.
(ii) Information be circulated with regards to Stockton Borough Council's Scrutiny Review of Hospital Discharge.

12. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 12.50pm.

CHAIR

Tees Valley Joint Health Scrutiny Committee

7th November 2024

North East and North Cumbria Integrated Care Board: Winter Plan Update

1. PURPOSE OF THE REPORT

1.1 The Committee will receive its annual winter planning update from representatives of the North East and North Cumbria Integrated Care Board (NENC ICB).

2. SUMMARY

2.1 The NENC ICB Director of Delivery [Tees Valley] is scheduled to be in attendance to provide the latest update and will be accompanied by the Chief Operating Officer, North Tees & Hartlepool Foundation NHS Trust. A presentation has been prepared and can be found at **Appendix A**.

2.2 Members are reminded of the previous update which was considered by the Committee in December 2023. Key information and discussion points can be found within the minutes please see - Agenda for Tees Valley Joint Health Scrutiny Committee on Friday 15th December, 2023, 10.00 am - Stockton-on-Tees Borough Council

3. RECOMMENDATION

3.1 It is recommended that Members note the latest winter planning update.

BACKGROUND PAPERS

Background papers used in the preparation of this report were Agenda for Tees Valley Joint Health Scrutiny Committee on Friday 15th December, 2023, 10.00 am - Stockton-on-Tees Borough Council

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Winter Plan 2024/25: Tees Valley

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

Partnership working

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

This is the Tees Valley system plan for winter 24/25 co-ordinated through the Local A&E Delivery Board

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

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System approach to winter planning

Winter planning 24/25

While systems and providers are undertaking significant programmes of work to recover, deliver elective catch up programmes, and improve services, there is a collective responsibility to ensure we have plans in place to remain as resilient as possible and respond to operational pressures.

In line with previous years, NENC ICB will develop an ICS-level winter plan, supported by local plans which outline the steps that will be taken to deliver on respective actions, retain resilience, and manage anticipated winter pressures.

The Oct-24 UECN Strategic Board was used to review system level plans including system wide transformation for ambulance handovers, which includes the quality and patient safety impact of excessive waits.

These plans are in line with the **Urgent and Emergency Care recovery plan year 2: Building on learning from 2023/24** and the **Winter and H2 priorities** letter from NHS England published on 16 September.

Summary of NHSE letter

- **Providing safe care over winter**:
  - the delivery priorities for this winter **remain unchanged** from those agreed in system plans
- **Supporting people to stay well**:
  - important to maximise the **winter vaccination campaign**.
  - as well as eligible population groups, it is imperative that employers make every possible effort to **maximise uptake in patient-facing staff**
- **Maintaining patient safety and experience**:
  - ensure **basic standards** are in place in all care settings and patients are treated with **kindness, dignity and respect**
  - a **whole-system approach** to managing winter demand and a shared understanding of risk across different health and care settings
  - evidence and experience shows the measures set out in the UEC Recovery Plan are the right ones
  - systems and providers should continue to make progress on them in line with their local plans

The ask of ICBs and Foundation Trusts

NHS England will:

- stand-up the winter operating function from 1 Nov
- complete a GIRFT data-led review of support needs of all acute sites
- convene risk-focused meetings with systems
- expand the OPEL framework to MH, 111, and Community services
- re-confirm capacity plans for this winter, which will be regularly monitored
- run an exercise (Sept) to test the preparedness of SCCs
- continue the UEC tiering programme
- review updated maturity scores for UEC high-impact interventions

ICBs are asked to:

- ensure the proactive identification and management of people with complex needs and LTCs
- provide alternatives to hospital attendance and admission, especially for those who are better served with a community response outside of a hospital setting
- this should include ensuring all available MH response vehicles are staffed and on the road ahead of winter
- work with community partners, LA and social care services to ensure patients can be discharged in a timely manner
- assure at board level that a robust winter plan is in place

FTs are asked to:

- review general and acute core and escalation bed capacity plans with board assurance on delivery by the peak winter period
- review and test full capacity plans in advance of winter
- ensure the fundamental standards of care are in place in all settings at all times
- ensure appropriate senior clinical decision-makers are able to make decisions in live time to manage flow
- ensure plans are in place to maximise patient flow throughout the hospital, 7/7 with appropriate front door streaming, senior decision-making, regular board and ward rounds throughout the day, and timely discharge.

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Assurance process

ICP Assurance

- Assure at board level that a **robust winter plan** is in place:
  - the plan should include **surge plans**, and co-ordinate actions across all system partners in real time, both in and out of hours
  - it should also **ensure long patient delays and patient safety issues are reported**, including to board level, and actions are taken appropriately, including involving senior clinical decision makers
- The plan will build upon the work LAEDBs are already doing to develop winter plans at a local level, to pull together the NENC winter plan
- An extended session of the UECN Strategic Board was held on **17 October** to present the consolidated plan, address any risks & issues, and identify areas for further action
- Submissions to NHSE are anticipated, to **re-confirm previously submitted capacity plans** with a heavy focus on beds (acute & community), A&E, virtual wards, and NCtR.
- A narrative focusing on **KLOEs** may be required, which ICB colleagues will produce from the consolidated plans.
- **Board self-certification exercise** also likely across all FTs, NEAS, and ICB

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System priorities

NENC UECN system-wide priorities

Delivering Safer Emergency Care - Right Place, First Time

	Enhancing navigation capacity & processes	Maximising alternatives to ED	Enhancing capacity to support winter pressures
UEC	Enhance clinical decision making and validation (111/999/CAS) Remodelling Hospital Front Doors	Maximise access to SDEC	Winter respiratory surge LADB winter plans
LAWP	111/999/CAS push + pulls into SPOAs for Cat 3, 4, 5 calls ICC principles for SPOAs	Supporting flow and capacity into UCR and H@H Agreeing Acute Frailty principles & interface with SDEC	ICC principles for capacity and demand in urgent responsive care

Performance overview - Urgent & Emergency Care Winter Plan – key actions

Priority	What will we do	Reported via	Contributing to
Enhance clinical decision making (999/111/CAS)	**NEAS Clinical Validation Hub Implementation** • Clinical validation of all 999 category 3 and 4 dispositions • Clinical triage and validation of HCP generated calls • Acceleration and extension of hear and treat plan	NEAS	C2 mean Hear & Treat
Remodelling Hospital Front Doors	**Ambulance Handover** • Facilitated system approach (AQUA) • Ambulance Handover Working Group • LADB action plan / system trajectories	SCC/LADB	Ambulance Handover Times
Remodelling Hospital Front Doors	**System Principles – in line with Year 2 recovery plan** • SDEC / Acute Frailty Unit • Redirection to alternative services	CAG	A&E 4 Hour
Remodelling Hospital Front Doors	**Communication/Visibility** • DOS – alignment of available services • Redirection options per Trust	Trusts/ LADBs	A&E 4 Hour
Remodelling Hospital Front Doors	**System support** • Mechanism to review progress & evaluate effectiveness	ICB Transformation Team	A&E 4 Hour

Performance overview - Urgent & Emergency Care Winter Plan – key actions

Priority	What will we do	Reported via	Contributing to
Maximising Alternatives to ED	**Maximise access to SDEC – pull model/direct access** • SDEC Community of Practice event • Agree SDEC principles for improved paramedic access • Greater understanding of the factors that affect surgical SDEC (capacity building, maximise use of provision away from ED) • Agreed principles for approach to acute Frailty and interface with SDEC • Report and recommendations to UECN	SDEC Steering Group	Ambulance Handover Times A&E 4 Hour Attendances streamed to SDEC
Enhancing capacity to support winter pressures	**Winter Respiratory Surge** • Funding request for ICB Investment Panel • Finalise Specification / Minimum Dataset usage • Consolidate approach taken at local system level (LADB/BCF)	ICB Transformation Team	A&E Attendance GP Appointments
Enhancing capacity to support winter pressures	**LADB winter plans** • Template to be circulated to LADBs • Gaps/opportunities consolidated – focus of UECN Oct Board	SCC/LADB	

Performance overview - Urgent & Emergency Care Winter Plan – key actions

Priority	What will we do	Reported via	Contributing to
Enhance clinical decision making (999/111/CAS)	**111/999/CAS push + pulls into SPOAs for Cat 3, 4, 5 calls** • Insight of current delivery models - care coordination hubs (SPoAs) and Clinical Assessment Service (CAS), front door ED • Support plans for expansion/improvement at local place level and in ambulance services	ICC Working Group	National C3 /4 %
Enhance clinical decision making (999/111/CAS)	**ICC principles for SPOAs** • Establish care co-ordination hub design principles and establish metrics for outputs, outcomes and evaluation	ICC Working Group	
Remodelling Hospital Front Doors	**Supporting flow and capacity into UCR and H@H** • Current capacity, access, visibility and referability to alternatives services to ED and hospital admissions through scoping and place-based 1:1s • Support plans for expansion/improvement	Urgent Responsive Care Group	National UCR %
Remodelling Hospital Front Doors	**Agreeing Acute Frailty principles & interface with SDEC** • Principles set via SDEC steering group to be disseminated across system and enacted into BAU	ICC Working Group	A&E 4 Hour
Enhancing capacity to support winter pressures	**ICC principles for capacity and demand in urgent responsive care** • Enable 'testing and evaluation' of impact of key principles for delivery in identified local-places e.g. shared risk, senior decision making, MDT working, digital infrastructure	Urgent Responsive Care Group	

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Local priorities

TV LAEDB assured areas

- BCP for all organisations reviewed and system wide escalation plans are in place with agreed local multi-agency triggers for both escalation and de-escalation
- Capacity and demand modelling continually reviewed within FTs – for bed capacity, urgent and emergency care activity and staffing models
- Co-located UTCs now in place at all 3 FTs, supporting front door ED streaming low acuity patients to UTC
- All FTs operate a surgical and medical SDEC for 84hrs a week and frailty SDEC services for 70hrs a week
- H@H/VW capacity in place - NTHFT have 110 virtual beds (40 Respiratory, 30 Frailty and 40 Care Home); STHFT have 80 virtual beds (50 Respiratory and 30 Frailty)
- UCR services in Tees consistently exceed the national target of 70% for delivering a 2hr UCR for patients in their place of residence
- Multi agency iSPAs well established operating 24/7 with direct referral pathways in place to UCR, H@H/VW, SDEC and UTCs

TV LAEDB assured areas cont.

- 111/999 have access, via the Directory of Service (DoS) to directly refer to community and primary care services, UTC's, SDEC and H@H/VW
- Urgent Mental Health support is universally accessible by using NHS 111 and selecting 'option 2'
- Mental health assessment pathways in place in ED for patients experiencing mental health concerns, including 24/7 Psych Liaison teams in place in all FTs
- Established discharge processes in place with a 'Home first' ethos of care and default position across all partners D2A model
- Discharge teams available 7 days a week, including Local Authority partners via iSPA, all using 'Criteria to Reside' model to facilitate timely discharge
- Mature ToC hubs in place across all FTs multidisciplinary, multi-agency team approach within the hub
- Additional capacity in place via UTC for 22nd - 31st December 2024 and 1st - 3rd January 2025 for 8hrs per day

TV LAEDB focus areas

- Continued development of H@H/VW referral pathways to support a ‘step down’ approach from hospital
- Further development of the ToC hubs
- Collaborative working with NEAS for iSPAs to have remote access to the Ambulance Stack to ‘pull’ out category 3 & 4 patients whose clinical needs could be met via UCR within 2hrs of referral
- Tees Valley CDC (on Stockton High Street) is due to be operational from January 2025
- CDDFT Frailty Assessment Unit planned for February 2025
- 10 weeks of additional ARI capacity is being mobilised to commence 11 November 2024 through to 19 January 2025 via the 3 GP Federations
- CDDFT H@H/VW will be operational in the new year
- Local systems are reviewing intermediate care provision with a focus on home first and increasing reablement at home capacity. This will not be completed ahead of winter, however the available intermediate care facilities are able to flex their capacity depending on complexity of need and provide a daily capacity update into the ToC hub
- H&SH are re-launching their digital staffing pool for general practices in Hartlepool and Stockton to increase the staffing pool, offering practices the ability to cover sickness etc over winter

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Public messaging

Comms campaign – Here to Help

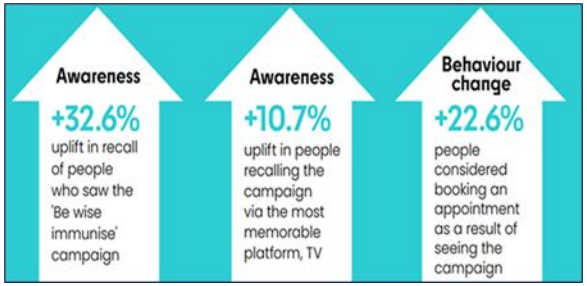
- Our region-wide umbrella campaign - Here to Help – provides the platform for joined-up campaigns
- Focusing on supporting health and wellbeing (keeping people well) and signposting people to the right service for their needs
- Looking at various evaluations - we know that video content performs better
- Joined-up approach to managing media – proactive
- Toolkits available on ICB website: https://northeastnorthcumbria.nhs.uk/here-to-help-winter/

Winter vaccines – overview

- The 24/25 COVID-19 and flu campaign builds on our *Be wise, Immunise campaign* from last year - which evaluated well

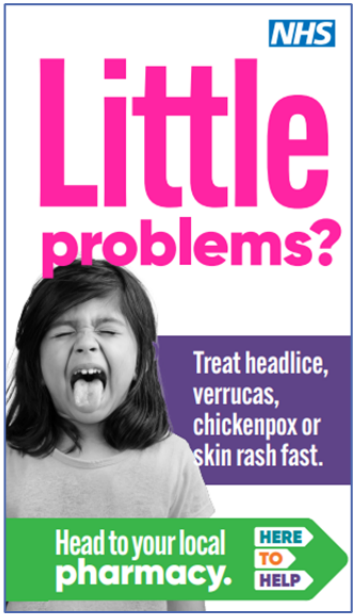
- Focus on cohorts where uptake is continuously lower than national targets, both in terms of eligible groups but also geography (inc. Tees Valley), for:
  - Pregnancy
  - 2-3 years
  - Clinical high-risk groups
  - Faith/ethnic minority communities
  - Social care workers

- Trusted voices campaign - case study videos are live on the toolkit which can be viewed here.



Head to your local pharmacy

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



Keeping well – self care

- Signposting people to online healthcare advice such as the healthier together website for parents of under 5s
- Self-care
- Support to quit smoking
- Sign up to energy supplier's priority services register – stay warm

Primary Care

- Key component of Here to Help
- Highlight NHS App
- Primary Care Access Recovery Programme and additional roles in practice team
- Dental recovery programme and access

Local trust messages

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

Surge

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

Glossary

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

Tees Valley Joint Health Scrutiny Committee

7th November 2024

Opioid Prescribing and Dependency across the Tees Valley

1. PURPOSE OF THE REPORT

1.1 To provide the Committee with an update in relation to opioid prescribing and dependency across the Tees Valley.

2. SUMMARY

2.1 Members are reminded of the previous update in relation to Opioid prescribing which was considered by the Committee in March 2022. Key information and discussion points can be found within the minutes below.

2.2 To facilitate further discussions on the issue, evidence is to be provided by as detailed below:

- Opioid prescribing (NHS North Of England Commissioning Support Unit Medicines Optimisation Pharmacist); and
- Opioid dependency (Tees, Esk and Wear Valleys NHS Foundation Trust).

2.3 In addition to the presentation attached at **Appendix A**, Members will have to opportunity to comment and seek clarification where required.

3. RECOMMENDATION

3.1 It is recommended that Members note content of the presentation.

BACKGROUND PAPERS

Background papers used in the preparation of this report:

Minutes from the Tees Valley Joint Health Scrutiny Committee Agenda for Tees Valley Health Scrutiny Joint Committee on Friday 18th March, 2022, 10.30 am | Middlesbrough Council

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NHS
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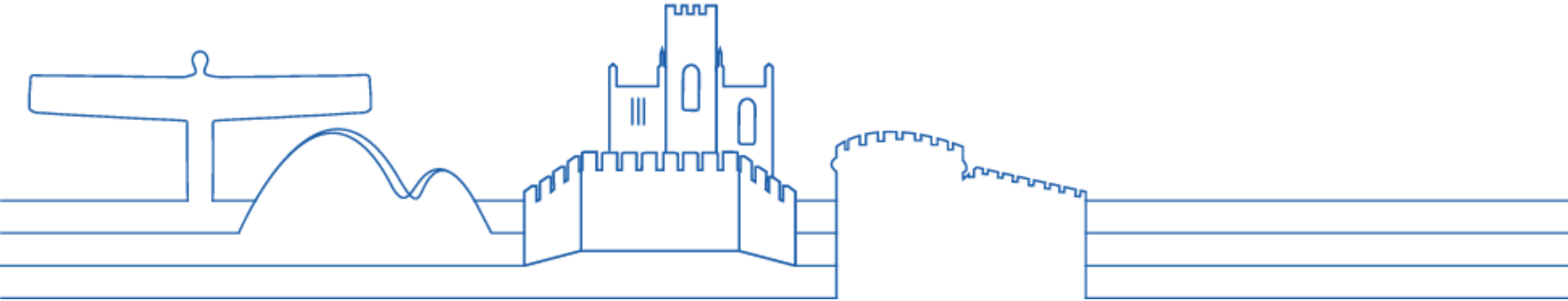
Tees Valley Joint Health Scrutiny Committee

Opioid prescribing across the Tees Valley

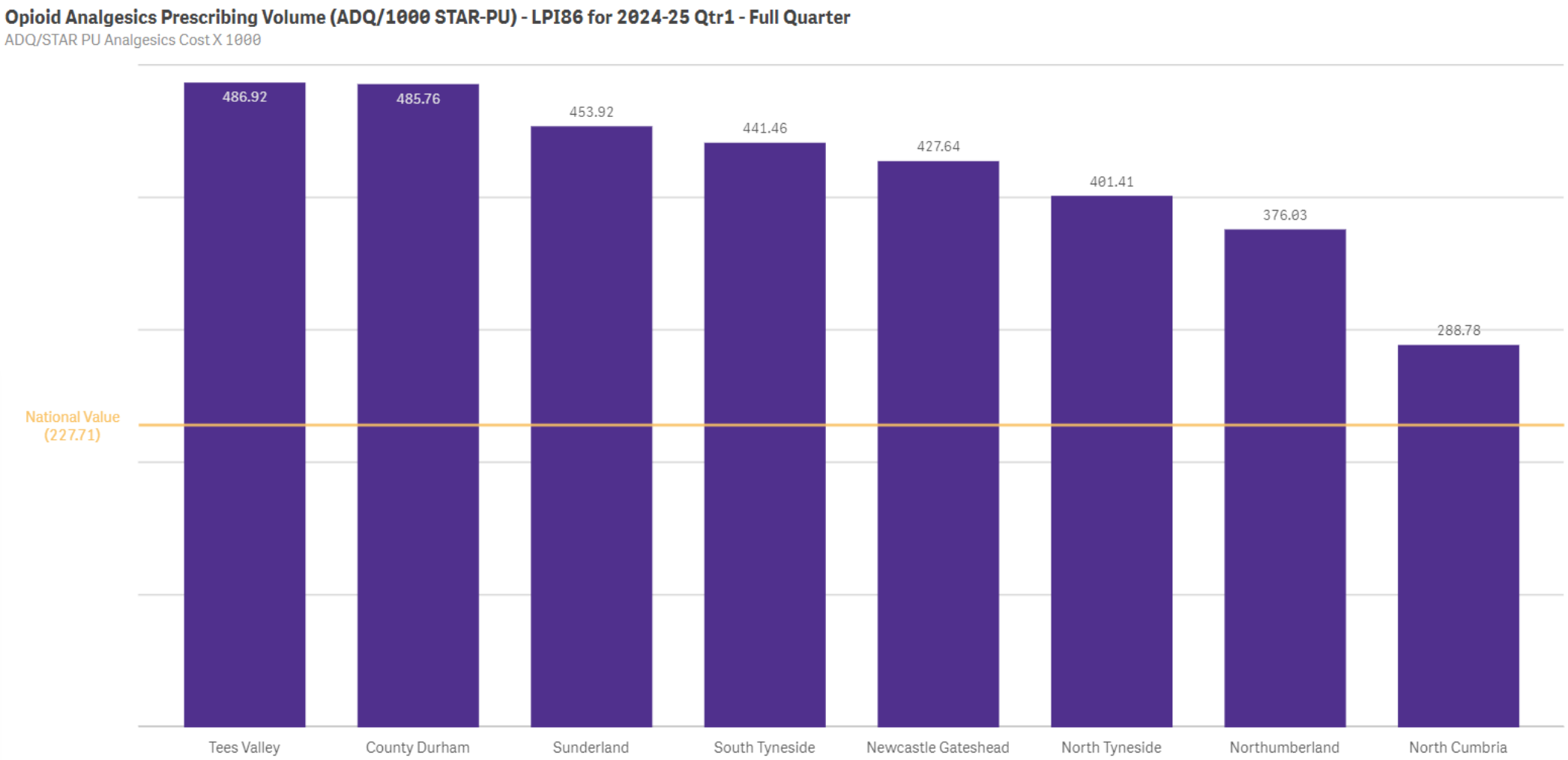
Alastair Monk

Medicines Optimisation Pharmacist, TVICB

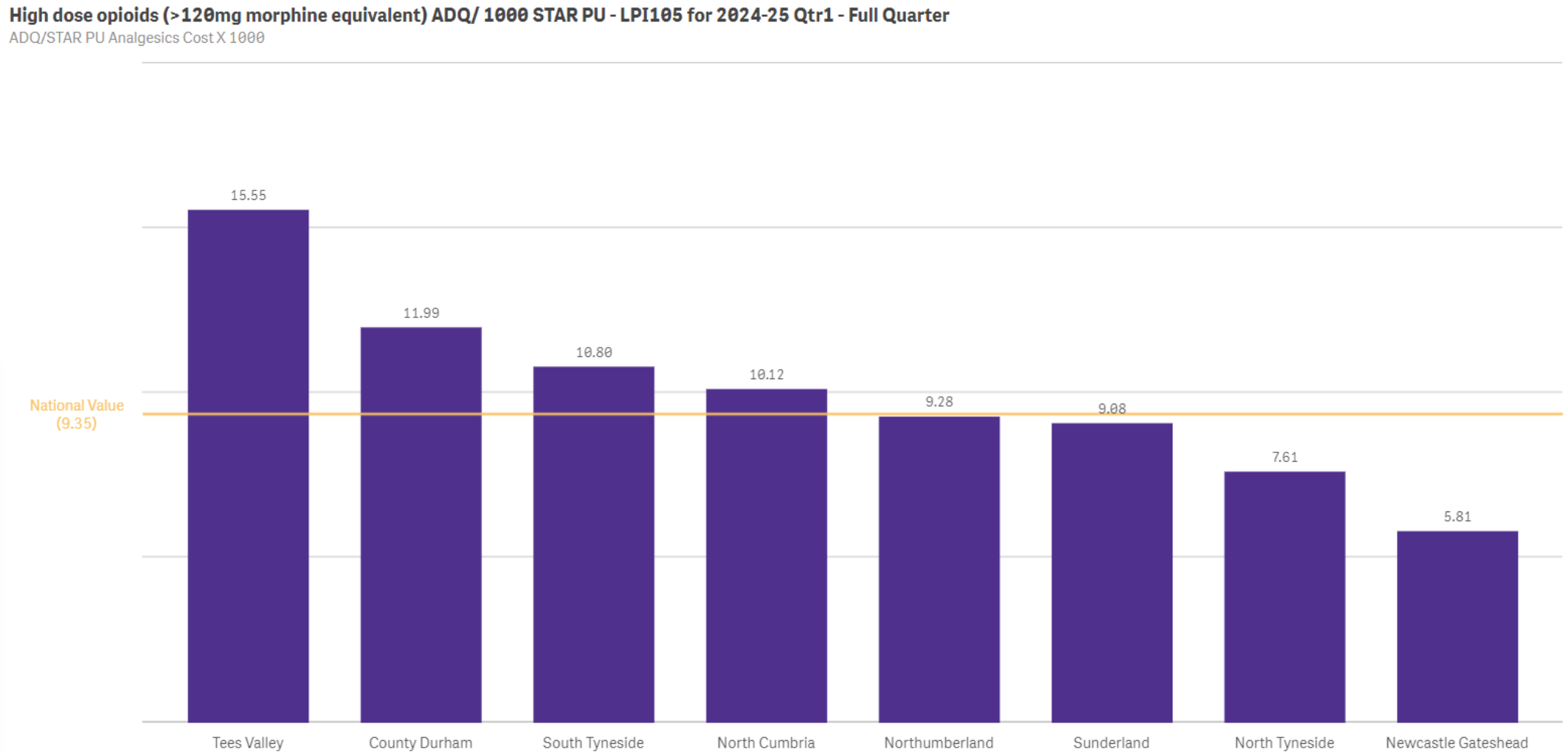


What does opioid prescribing look like across Tees Valley

NHS
North East and North Cumbria



High dose opioids (>120mg morphine equiv)

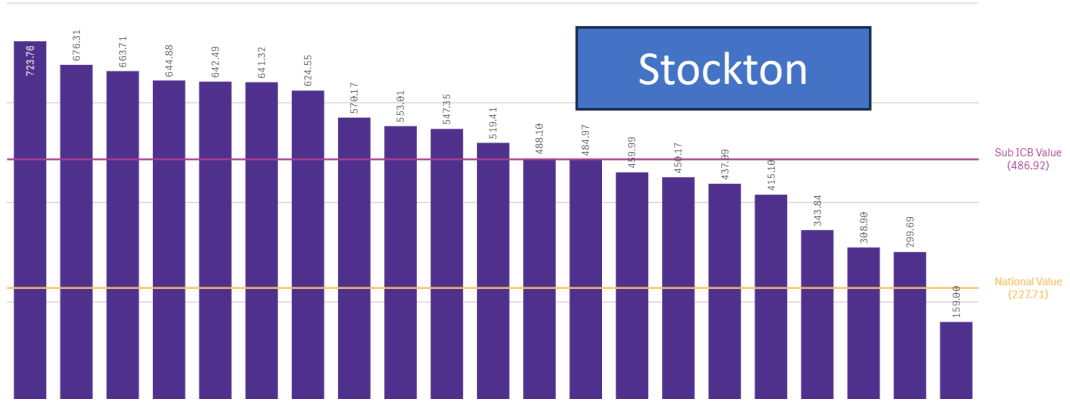


NHS
North East and North Cumbria

Opioid Analgesics Prescribing Volume (ADQ/1000 STAR-PU) - LPI86 - 2024-25 Qtr1 - Full Quarter

ADQ/STAR PU Analgesics Cost X 1000

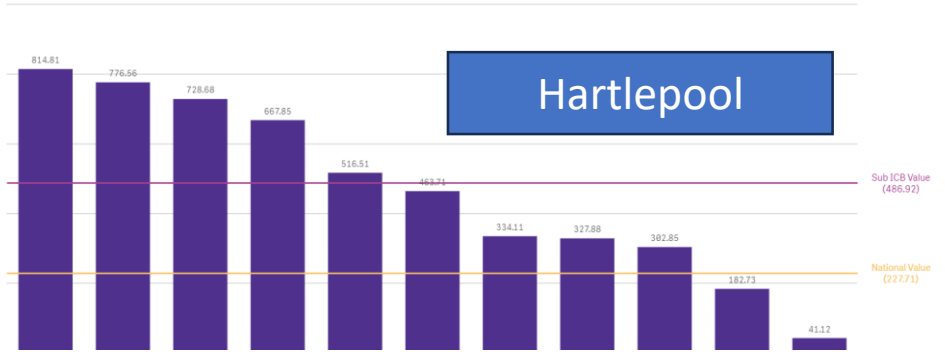
Stockton



Opioid Analgesics Prescribing Volume (ADQ/1000 STAR-PU) - LPI86 - 2024-25 Qtr1 - Full Quarter

ADQ/STAR PU Analgesics Cost X 1000

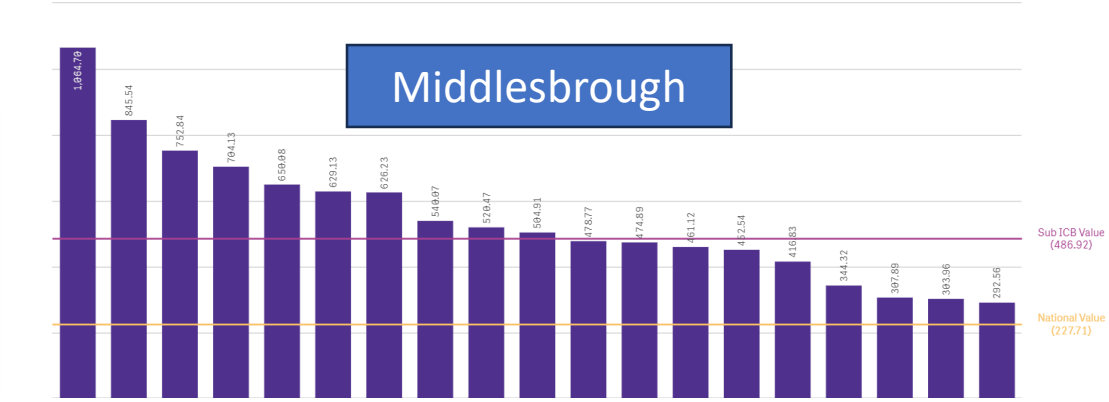
Hartlepool



Opioid Analgesics Prescribing Volume (ADQ/1000 STAR-PU) - LPI86 - 2024-25 Qtr1 - Full Quarter

ADQ/STAR PU Analgesics Cost X 1000

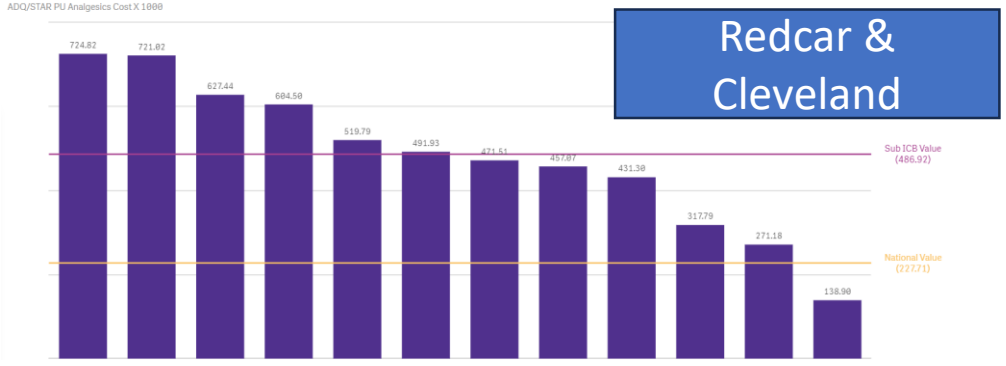
Middlesbrough



Opioid Analgesics Prescribing Volume (ADQ/1000 STAR-PU) - LPI86 - 2024-25 Qtr1 - Full Quarter

ADQ/STAR PU Analgesics Cost X 1000

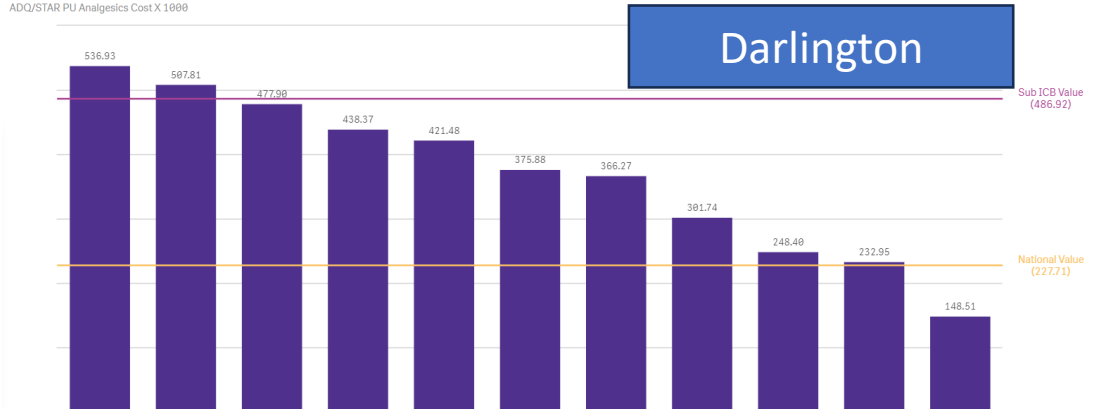
Redcar & Cleveland



Opioid Analgesics Prescribing Volume (ADQ/1000 STAR-PU) - LPI86 - 2024-25 Qtr1 - Full Quarter

ADQ/STAR PU Analgesics Cost X 1000

Darlington

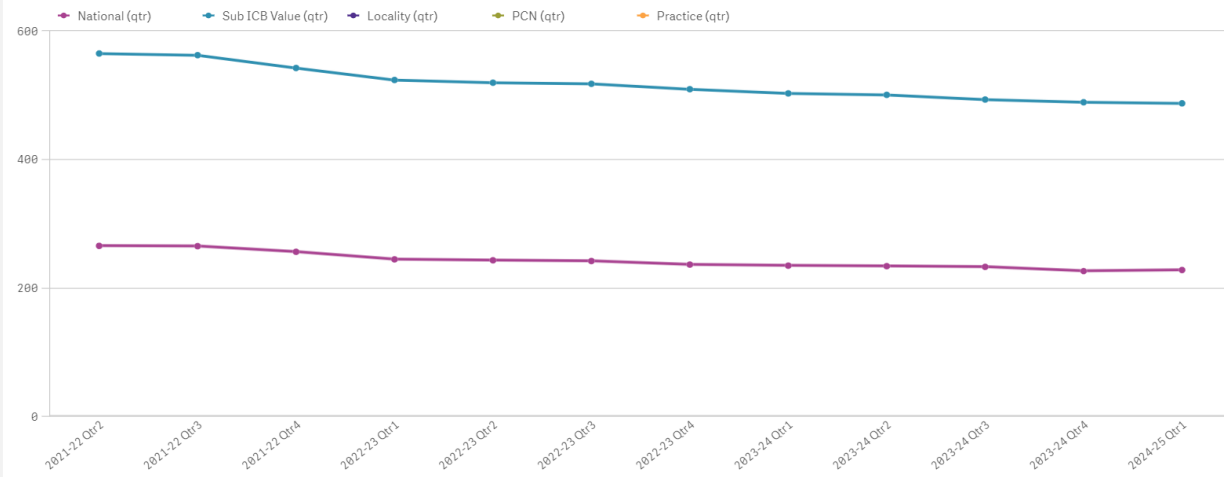


Prescribing trends

North East and North Cumbria

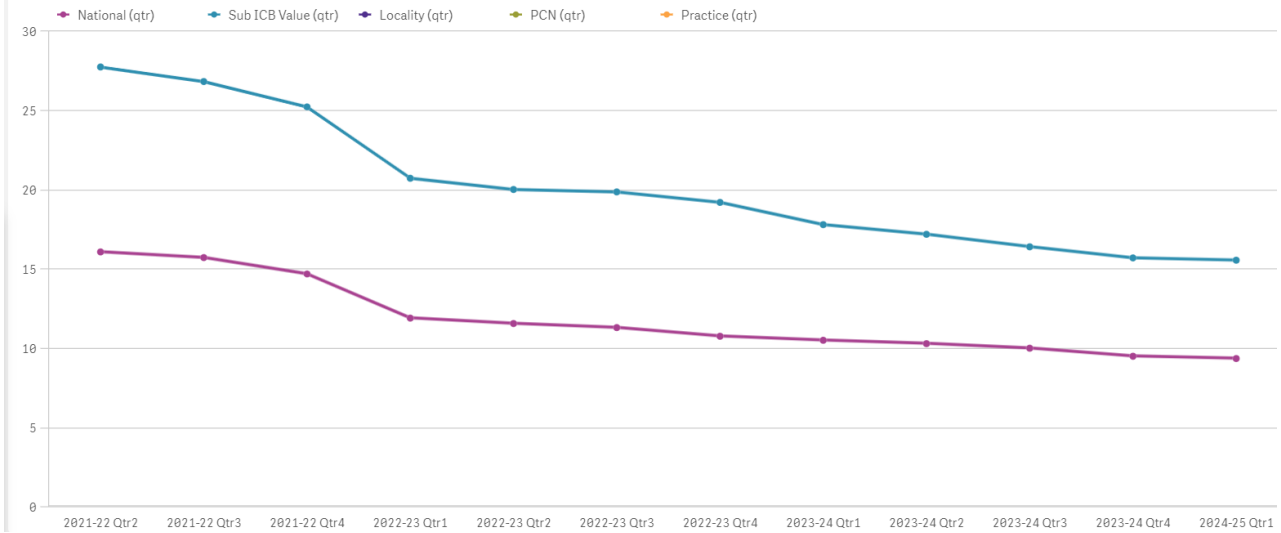
Tees Valley - Indicator Trend - Opioid Analgesics Prescribing Volume (ADQ/1000 STAR-PU) - LPI86

Select a Locality, Primary Care Network or Practice to show trend lines



Tees Valley - Indicator Trend - High dose opioids (>120mg morphine equivalent) ADQ/ 1000 STAR PU - LPI105

Select a Locality, Primary Care Network or Practice to show trend lines



How are we supporting prescribers

- Previous education events for clinical staff; November 20, October 22, supported by STHFT
- Close links developing with FT pain specialists
- Opioid reduction clinic at JCUH; hoping to replicate at North Tees
- Targeted support visits to higher prescribing practices; ICB prescribing lead and pain specialist nurse
- High dose opioid prescribing features in the Tees Valley Local Improvement Scheme

NENC ICB Campaign Hub

Tackling the spectrum of opioid use – from low-level use to addiction – the ‘Painkillers Don’t Exist’ campaign combines awareness raising with educational resources to support people with alternative pain management. The campaign supports patients and their families and includes resources to help GPs, Practice Managers, Pharmacists, and Physiotherapists to have conversations and advise people on pain management techniques.

NHS
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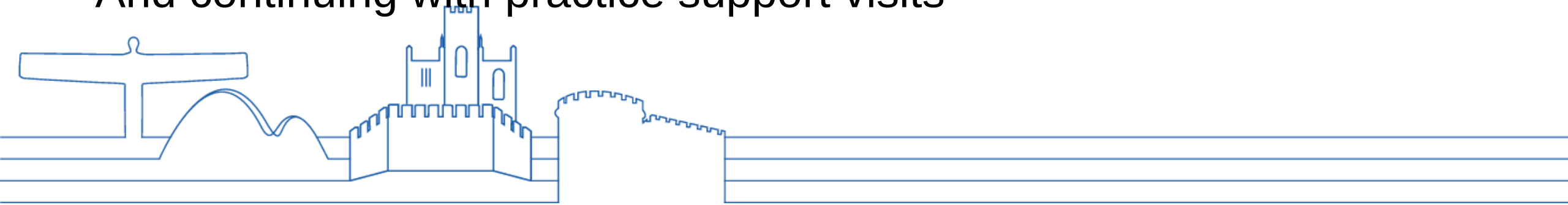
North Cumbria

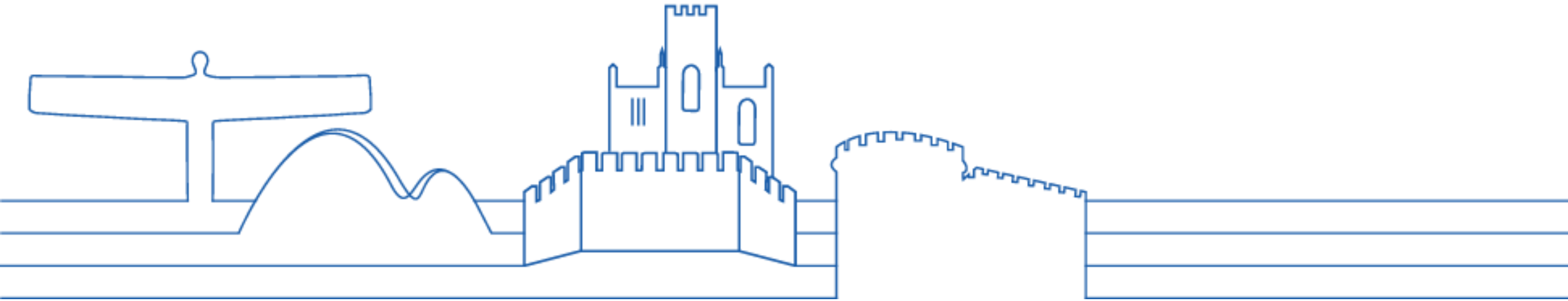
Going forward

- Working with PCN social prescribers – sign posting to non-medical support for patients experiencing pain, and prescribed opioids
- The Waiting Well programme for patients
- The TAPER project; bringing together Waiting Well and the Deep End project – with a focus on managing opioid use in patients
- And continuing with practice support visits



NHS
North East and
North Cumbria

Thank you



Tees Valley Joint Health Scrutiny Committee

7th November 2024

Tees Suicide Prevention Strategic Plan

1. PURPOSE OF THE REPORT

1.1 To provide the Committee with an overview of the Tees Suicide Prevention strategic plan.

2. SUMMARY

2.1 The Preventing Suicide (Tees) Public Health Practitioner accompanied by the Programme Manager Preventing Suicide, Durham Tees Valley and Forensics Tees Esk and Wear Valley NHS Trust is scheduled to attend the meeting to provide an overview of the Tees Suicide Prevention strategic plan. A presentation has been prepared and can be found at **Appendix A**.

2.2 Members are reminded that this item was suggested and agreed in 2022/23 as a topic to be included in the work programme for future years.

3. RECOMMENDATION

3.1 It is recommended that Members note the plan.

BACKGROUND PAPERS

Background papers used in the preparation of this report were –

Agenda for Tees Valley Joint Health Scrutiny Committee on Friday, 23rd September, 2022, 10.00 am Darlington Borough Council

Agenda for Tees Valley Joint Health Scrutiny Committee on Friday, 17th March, 2023, 10.00 am Darlington Borough Council

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Tees Suicide Prevention; a thematic overview and new strategy presentation

Andrea McLoughlin – Preventing Suicide Tees Public Health Practitioner.

Jo Cook – Programme Manager Preventing Suicide, Durham Tees Valley and Forensics Tees Esk and Wear Valley NHS Trust.

Darlington And Durham

North East and North Cumbria
Suicide Prevention Network
Regional Multi-Agency Plan
2019/24 September 2020

Darlington is aligned to Durham as they both sit within the administrative boundaries of County Durham Constabulary and Coroner. Therefore, they are not part of the Tees Valley Suicide Prevention Strategic plan.

This presentation refers to the four Local Authorities of Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton on Tees

Regional Office of National Statistics (ONS) data – deaths by suicide by year

2018 – 2020

England: 10.3

North East: 12.6

Middlesbrough: 15.6

Redcar and Cleveland: 17.6

Stockton on Tees: 11

Hartlepool: 13

2019 – 2021

England: 10.4

North East: 13.1

Middlesbrough: 14.5

Redcar and Cleveland: 20

Stockton on Tees: 10.2

Hartlepool: 15

2020 – 2022

England: 10.3

North East: 13.5

Middlesbrough: 16.5

Redcar and Cleveland: 18.3

Stockton on Tees: 12.5

Hartlepool: 14.9

2021 – 2023

England: 11.4

North East: 14.5

Middlesbrough: 17.2

Redcar and Cleveland: 18.2

Stockton on Tees: 11.9

Hartlepool: 15.5

All figures are per 100,000 populations. Figures are for deaths registered, not deaths occurring in each calendar year. Because of the time taken to complete an inquest, it can take months or even years for a suicide to be registered.

Real Time Surveillance Teesside

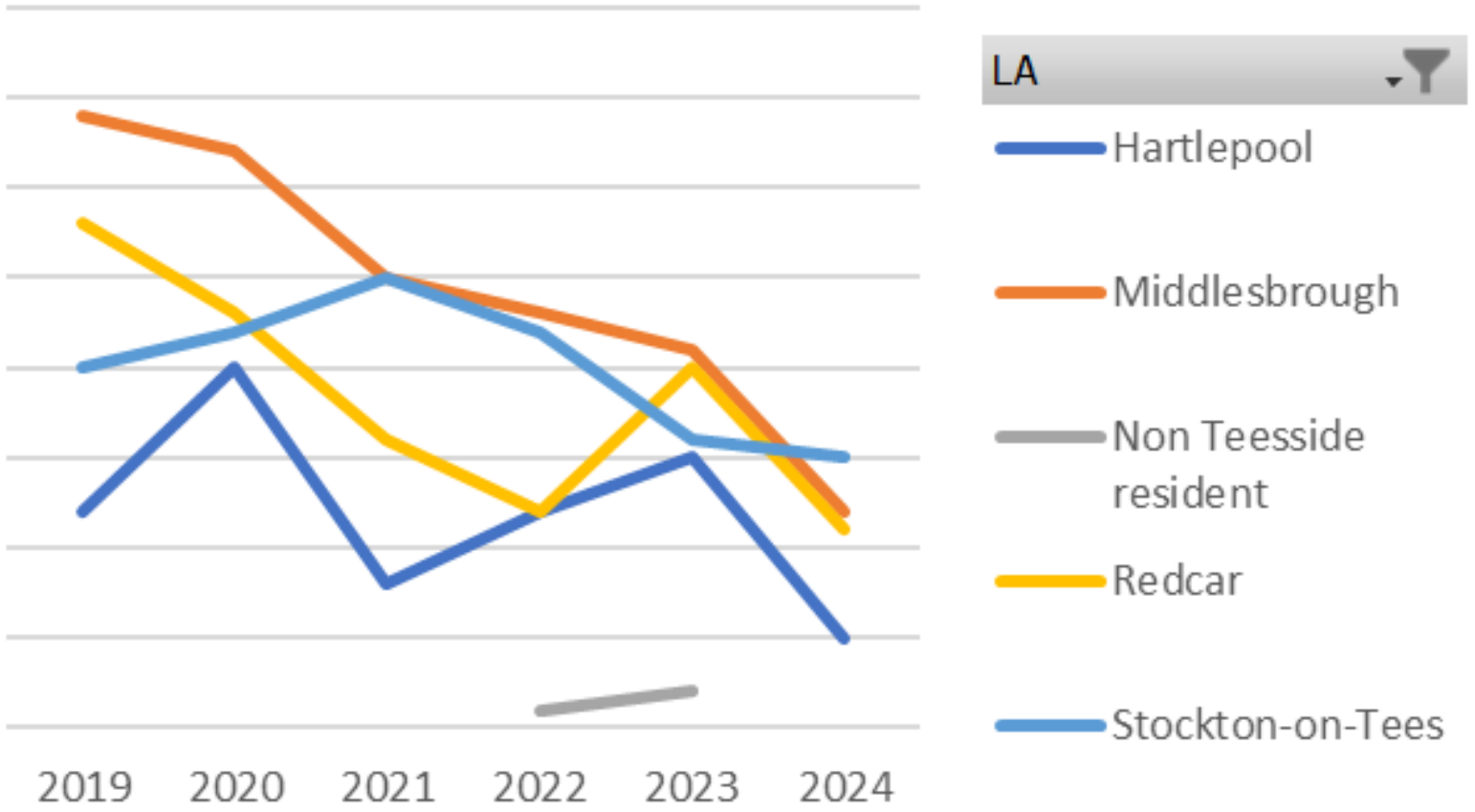
Real Time Surveillance data

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

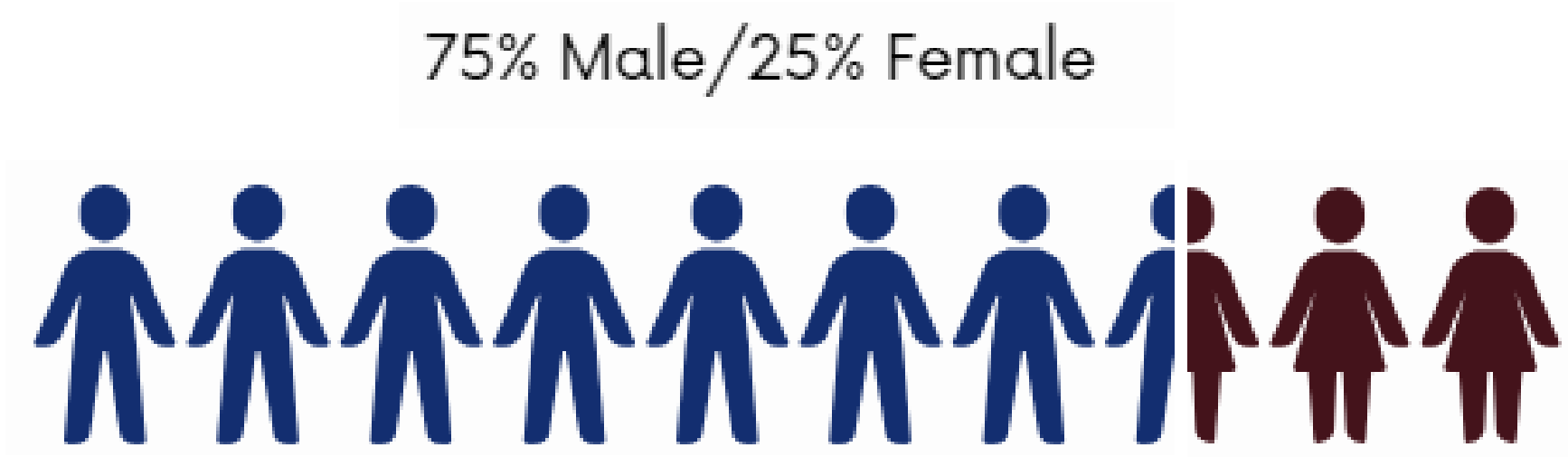
Following scene attendance Public Health and TEWV are informed of basic details of the death of any suspected suicide (Suspected as cases have not been to coroners' court and ruled suicide)

Tees Overview

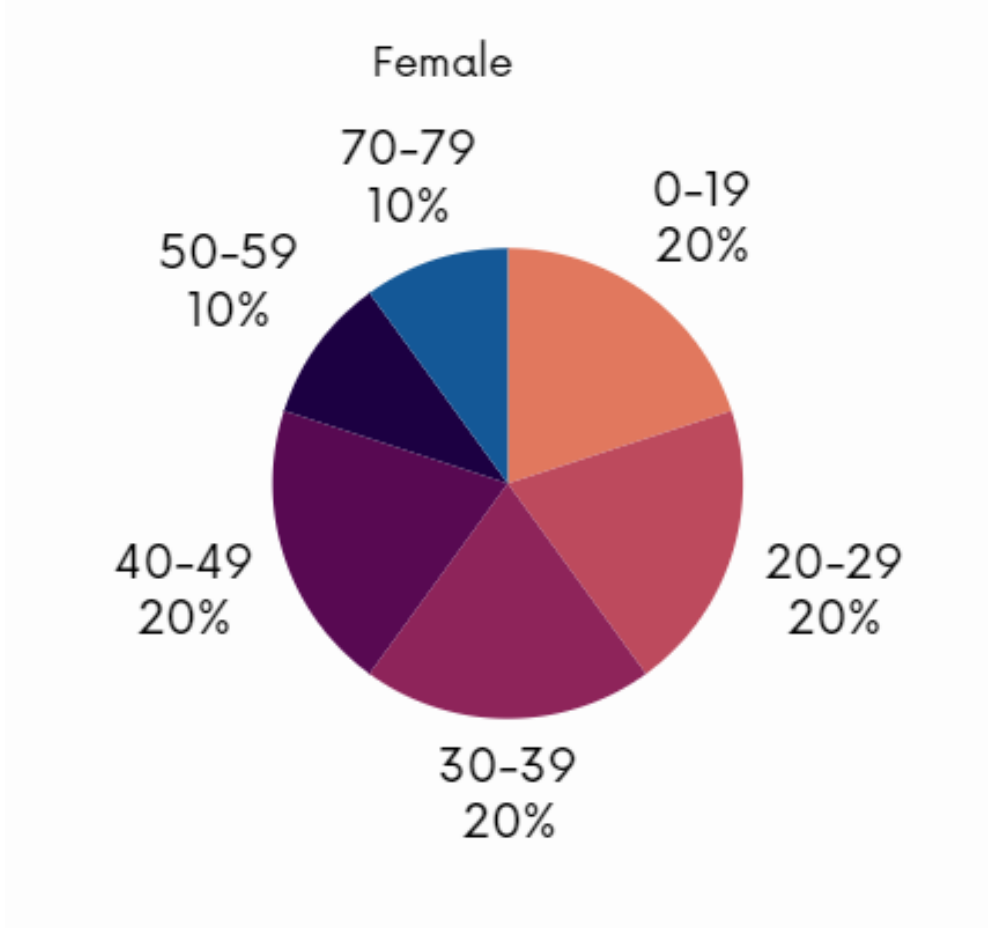
Deaths by suspected suicide 2019-2024 (current)

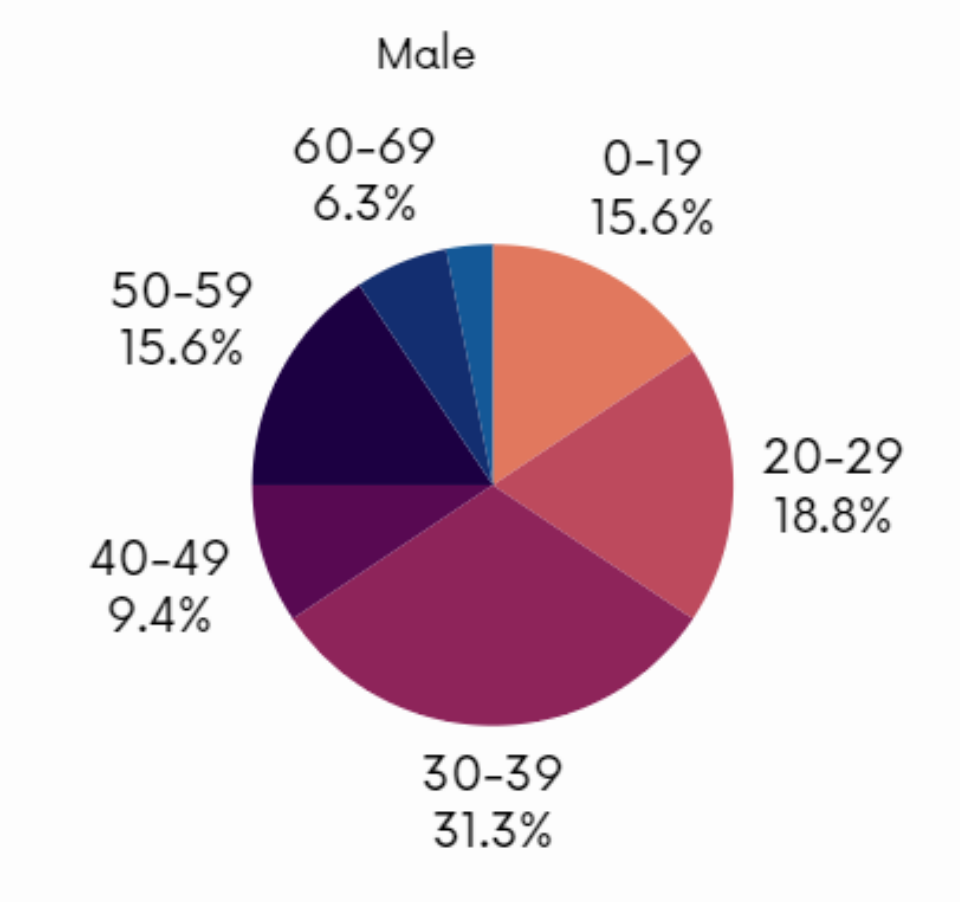


Tees Overview – Gender (as an approx. percentage)



Tees Overview – Age (2024)

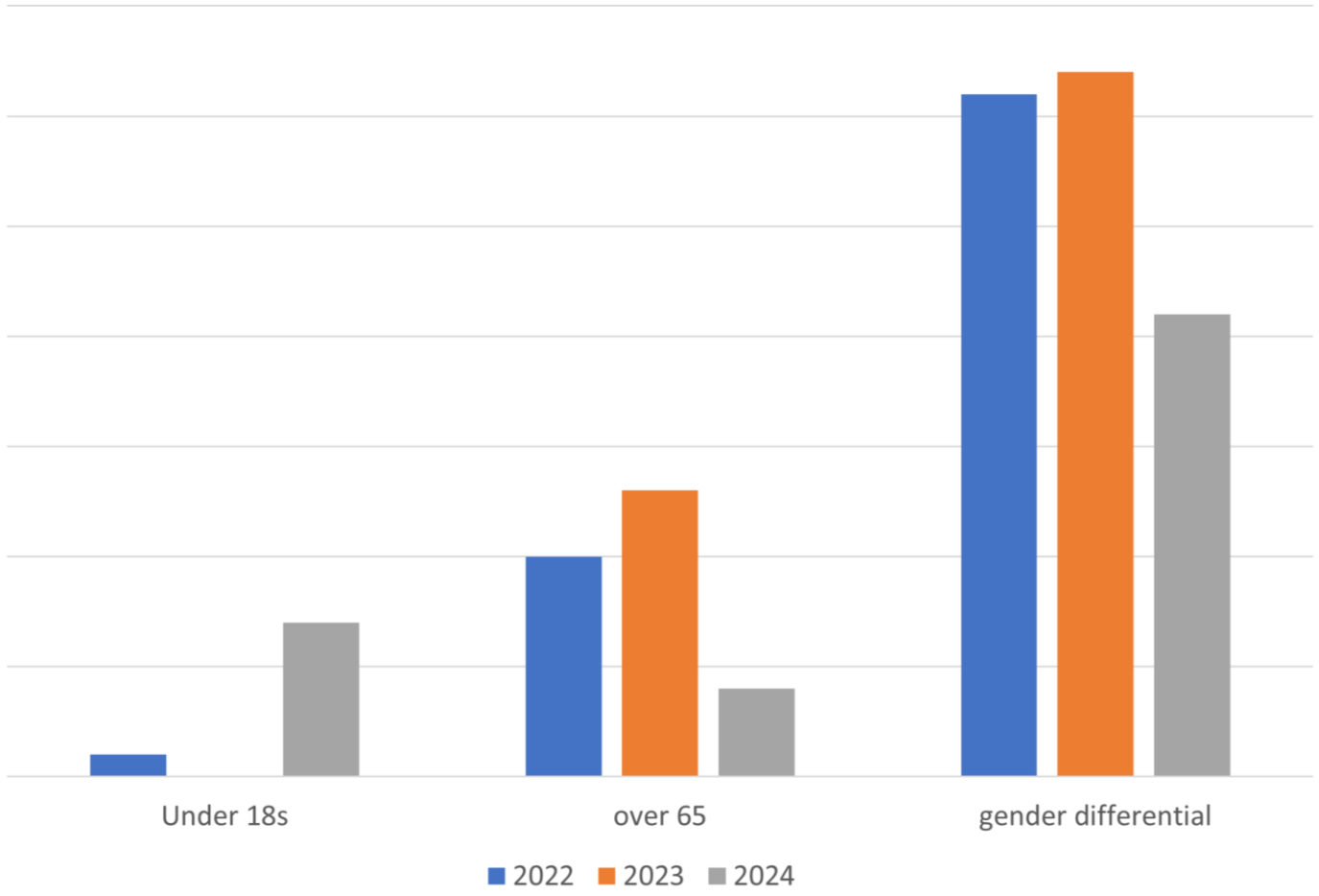




Tees Overview – Employment

Tees Overview

Key demographic changes 2022 to 2024 (current)



Tees Suicide Prevention Strategic Plan 2024 - 2029

How we have developed this strategy in Teesside.

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

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

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

Key area for action 1

Supporting practice through local data collection, research, and intelligence

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

Key area for action 2

Provide tailored, targeted support to key priority groups




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

Key area for action 2

Provide tailored, targeted support to key priority groups




Through real time surveillance demographic and needs analysis, in Teesside we have identified the need for a more focused support approach for the following key priority groups;

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

Key area for action 3

Identifying and addressing common risk factors linked to suicide

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

Key area for action 3

Identifying and addressing common risk factors linked to suicide

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

These are;

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

Key area for action 4

Promoting online safety and responsible media content




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

Key area for action 5

Identifying and supporting crisis pathways across sectors

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

Key area for action 6

Reducing access to the means and methods of suicide

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

Key area for action 7

Providing effective bereavement support to those affected by suicide




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

Key area for action 8

Making suicide everybody's business

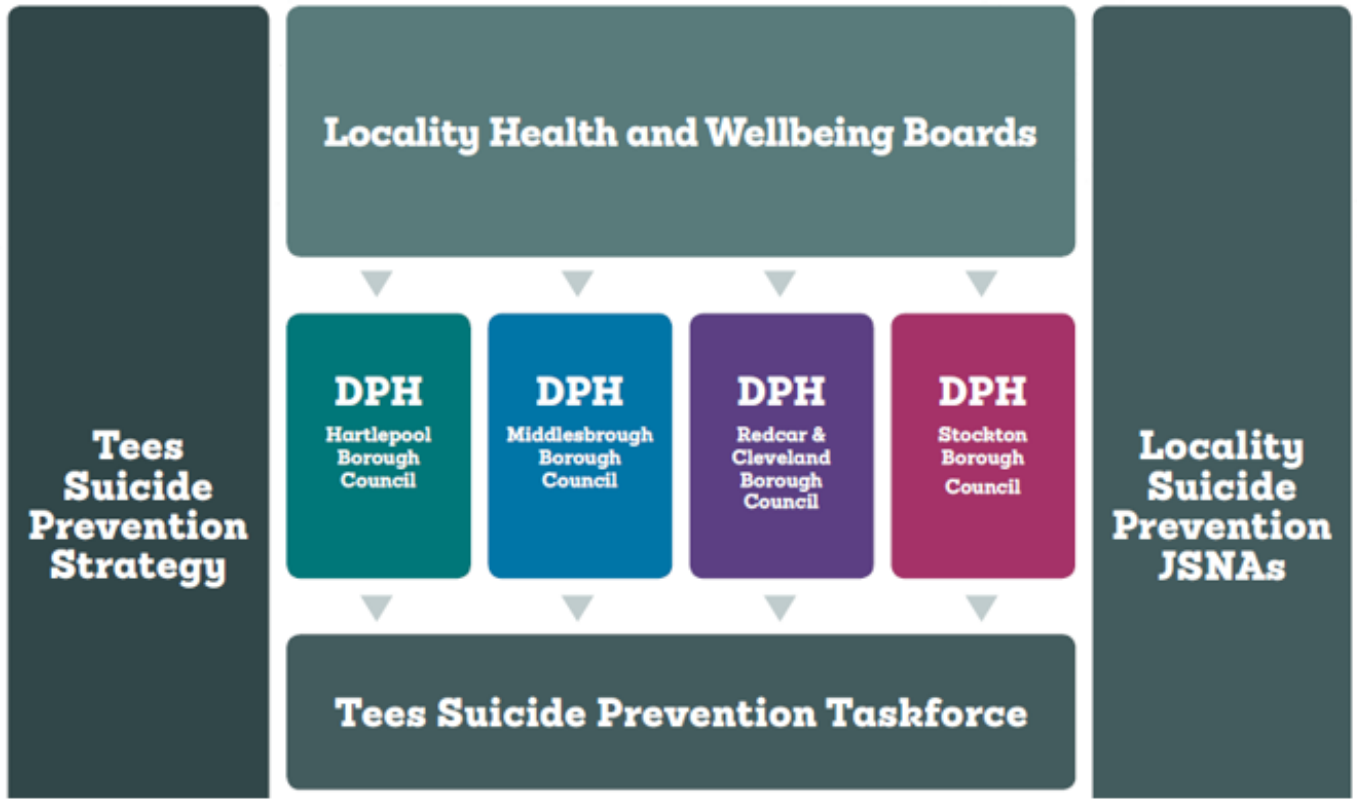



- Improving skills and knowledge by encouraging training such as ASK, ASSIST and Mental Health first aid through the Tees training hub and via our VCSE organisation and online training provided by Samaritans, zero suicide alliance and papyrus.
- Encourage and enable conversation around suicide and mental health to help reduce the stigma around the subjects
- Engage with workplaces, social groups, vcse organisations and others to facilitate constructive conversations and empower people to check in on their friends, colleagues, and those around them.
- Work with the regions large employers to raise awareness of suicide in sectors such as routine and manual workers, health care staff and agricultural workers

The strategic plan includes;

- Children and young people appendix inc. School support offer
- Public health high frequency location guidance
- Multiple or linked suspected suicide guidance

The governance structure that supports this strategy is;



2024

- Development Tees Suicide Prevention Strategy
- Development of multiple or linked suspected suicide guidance
- School postvention support review
- Network Rail SP working group rolled out across Teesside
- Supporting regional ICB work including attempted suicide work
- CDOP awareness events delivered in May and June
- Research collaboration with Teesside University psychology students
- The big Meno menopause conference Oct
- Working with Samaritans re signage
- James Cook World suicide prevention day event
- South Tees Safeguarding Education Workshop delivery in event Oct 24
- Project with post 16 education providers and operation encompass
- Steering group involvement for loneliness and isolation conference in March 2025
- Steering group involvement in SJOG autism and suicide project

Tees Suicide Prevention; a thematic overview and new strategy presentation

Questions?

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Jo Cook – Joanne.Cook30@nhs.net

Tees Valley Joint Health Scrutiny Committee

7th November 2024

Health Inequalities in the Tees Valley

1. SUMMARY

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

2. RECOMMENDATION

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

BACKGROUND PAPERS

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

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Tees, Esk and Wear Valleys
NHS Foundation Trust

Health inequalities in our region

Catherine Parker, Consultant in Public Health

Respect Compassion Responsibility

journey to change

Our context

NHS
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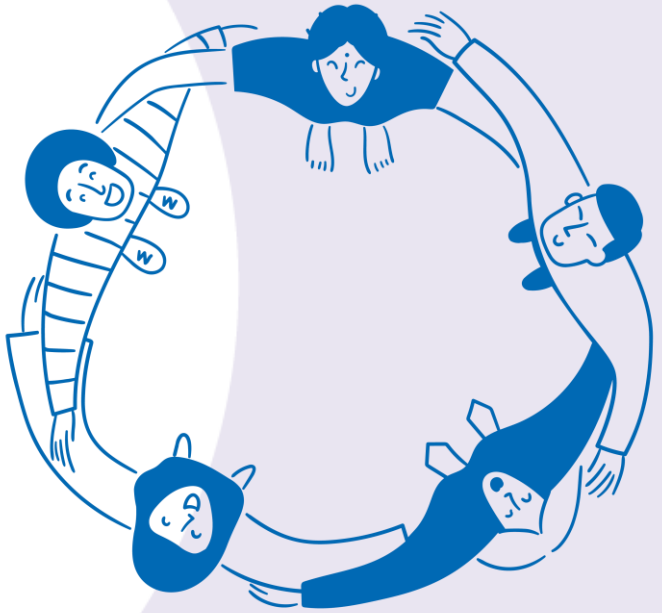
- Population of two million people.
- Some of the most deprived neighbourhoods in England, some of the country's poorest social, physical, and mental health outcomes; physical ill health; poverty and financial exclusion; drug and alcohol related harm.
- People face multiple challenges at one time.
- Rurality and isolation also contribute significantly for some of our communities.

Creating a justice-based approach to care and support

Tees, Esk and Wear Valleys NHS Foundation Trust

Implementing our approach

- **A collaboration between public health and Equality, Diversity and Inclusion**
  - Aligning national asks/requirement
  - Aligning data
  - Care group level equality diversity and human rights groups
  - Use of Public Sector Equality Duties
  - Patient Carer and Race Equality Framework



Some examples of the model coming to life in TEWV

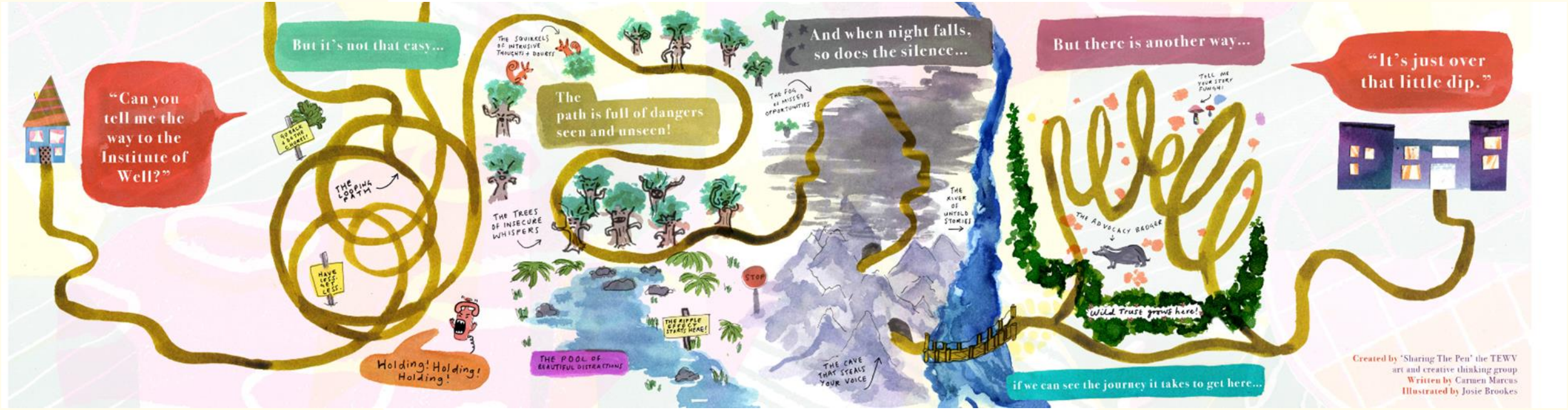
Tees, Esk and Wear Valleys NHS Foundation Trust

- Lived experience voice driving our work on inequality
- Telling the story (and how we can respond) through creative approaches
- Research partnerships
- Working in partnership to address drug and alcohol related harm
- Poverty proofing © (Children's North East) our service pathways
- Summit "Statistics and stories- why inequality matters for patient safety"
- TEWV inequalities team challenge
- Development of physical health plan

Visual telling the unseen story of inequality that sits outside of formal services

Visual telling the unseen story of inequality that sits outside of formal services

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust



"…The path is full of dangers, seen and unseen…"

A poem on how the NHS can respond to inequality

Health inequalities co-created video

Tees, Esk and Wear Valleys NHS Foundation Trust

Some learning

Tees, Esk and Wear Valleys NHS Foundation Trust

- Carving out time – in teams, in communities, in exec meetings
- Senior leadership and exec sponsorship – supported by dedicated consultant capacity

Finding a balance between

- A focus on the major drivers of inequality across our Trust and making spaces to respond to team to specific place/speciality-based issues
- Keeping up momentum
- Engaging with the early adopters and raising awareness
- Chunky projects and the everyday small changes
- Internal change and external partnerships
- Being data rich to intelligence led

Areas for development

- Share and spread good best practice
- Enhance system working
- Anchor organisation
- Data and metrics
- Workforce skill and capacity
- Co-creation

Challenges and levers

Tees, Esk and Wear Valleys NHS Foundation Trust

Challenges

- Social and economic context
- Complexity of system
- Challenging financial landscape

Levers

- Our relationships
- Our major transformation programmes
- Growing approach to lived experience engagement
- Existing and new research partnerships
- Our Journey to Change


THANK YOU!

Tees Valley Joint Health Scrutiny Committee

7 November 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.

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 TEWV Community Mental Health Transformation - update Community Diagnostic Centres - Update	 Martin Short / Jamie Todd Sarah Paxton / Ann Bridges Michael Houghton / Jayne Pailor
7th November 2024	North East and North Cumbria Integrated Care Board: Winter Plan Update Opioid prescribing and dependency across the Tees Valley Suicide Prevention Strategy Health Inequalities	Karen Hawkins / Rowena Dean Alistair Monk Andrea McLoughlin/Jo Cook Catherine Parker / Sarah Paxton
9th January 2025	Tees Respite Care - Update Clinical Services Strategy Update – Group Model Palliative and End-of-Life Care Strategy – Development / Implementation NEAS: Staff Safety, Financial and performance update	Sarah Paxton Mike Stewart / Matt Neligan Katie McLeod / Nicky Miller Mark Cotton
13th March 2025	Urgent care / 111/ mental health crisis line update CAMHS update Quality Accounts - NEAS / NHS FT / TEWV	Sarah Paxton TBC TBC

Items for 2025/26 work programme

- Vaping in young people – Mark Adams – Director of Public Health – R&CBC
- CDC Hub – Site visit

Written Updates

- Recruitment & Retention Planning (ICB) Julie Bailey
- Chronic Pain Services Paula Swindale -
- North East and North Cumbria Integrated Care Board: NHS Dentistry Update - David Gallagher / Pauline Fletcher
- TEWV Trends for Quality Matrix - Sarah Paxton