



## Tees Valley Joint Health Scrutiny Committee

**Date:** Thursday 9<sup>th</sup> January 2025

**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, Cllr Miller

### Agenda

Item No.	Item	Time
1.	<b>Apologies for Absence</b>	10:00am
2.	<b>Declarations of Interest</b>	
3.	<b>Minutes of the meeting held 7<sup>th</sup> November 2024 (to confirm)</b>	
4.	<b>Minutes of the Tees Valley Area Integrated Care Partnership (ICP) meeting held 9<sup>th</sup> August 2024 (to note)</b>	
5.	<b>Clinical Services Strategy Update – Group Model - Group Chief Medical Officer and Group Chief Strategy Officer, NHS University Hospitals Tees</b>	10:05am
6.	<b>Improving Palliative and End of Life Care across the Tees Valley - Deputy Director of Delivery and Clinical Lead, Tees Valley Local Delivery Team, North East and North Cumbria Integrated Care Board</b>	10:30am

7.	<b>NEAS: Staff Safety and performance update –</b> <i>Deputy Chief Operating Officer and Assistant Director of Communications and Engagement, North East Ambulance Service NHS Foundation Trust</i>	10:55am
8.	<b>Tees Respite Care/ Short Breaks Service Update –</b> <i>Strategic Head of Commissioning (Tees Valley) - North East and North Cumbria Integrated Care Board</i>	11:20am
9.	<b>Work Programme for 2024/2025 (to note)</b>	11.45am
10.	<b>Any other items which the Chair considers urgent</b>	11.50pm

### Meeting Schedule for TVJHSC 2024/25

DATE	VENUE	TIME
Thursday 13 <sup>th</sup> March 2025	Civic Centre, Hartlepool	10.00 – 12.30

# **Tees Valley Joint Health Scrutiny Committee**

## **MINUTES AND DECISION RECORD**

7 November 2024

The meeting commenced at 10am in the Civic Centre, Hartlepool.

### **Present:**

#### **Responsible Authority Members:**

Darlington Borough Council - Cllr Holroyd  
Hartlepool Borough Council - Cllr Boddy, Cllr Roy  
Middlesbrough Council - Cllr Cooper  
Redcar and Cleveland Borough Council – Cllr Cawley, Cllr Crane, Cllr Kay  
Stockton Borough Council - Cllr Hall, Cllr Besford

### **Also Present:**

Rowena Dean, Chief Operating Officer, North Tees & Hartlepool Foundation NHS Trust (NTHFT)  
Karen Hawkins, Director of Delivery [Tees Valley], North East and North Cumbria Integrated Care Board (NENC ICB)  
Alistair Monk – Medicines Optimisation Pharmacist, NHS North of England Commissioning Support Unit  
Angela Dixon – Head of Medicines (Tees Valley), (NENC ICB)  
Andrea McLoughlin – Preventing Suicide (Tees) Public Health Practitioner, Middlesbrough Council  
Jo Cook – Programme Manager Preventing Suicide, Durham Tees Valley and Forensics, Tees Esk and Wear Valleys NHS Trust (TEWV).  
Sarah Paxton - Head of communications, TEWV  
Catherine Parker – Public Health Lead, TEWV

#### **Officers:**

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

### **13. Apologies for Absence**

Cllr Layton, Cllr Moorish, Cllr Moore, Cllr Scott and Hannah Miller.

### **14. Declarations of Interest**

Cllr Boddy declared an interest as a Governor of TEWV during the discussions relating to item 19.

**15. Minutes of the meeting held on 19<sup>th</sup> September 2024**

Confirmed.

**16. North East and North Cumbria Integrated Care Board:  
Winter Plan Update - *Director of Delivery [Tees Valley], NENC ICB and  
Chief Operating Officer, NTHFT***

The Committee received its annual winter planning update. Provided by the (NENC ICB) Director of Delivery [Tees Valley], key aspects included:

- System approach to winter planning
- Assurance process
- System Priorities
- Local Priorities
- Public Messaging

As with previous years, the NENC ICB has developed its Integrated Care System (ICS) level winter plan. Supported by local plans, this outlined the steps taken to deliver on respective actions, retain resilience and manage anticipated winter pressures. The presentation contained a summary of the NHS England letter and focused on key priority areas of providing safe care over winter, supporting people to stay well and maintaining patient safety and experience. It also outlined the asks of NHS England, the Integrated Care Board (ICB) and the Foundation Trusts.

It was explained that there was a need to ensure that a robust winter plan is in place. The plan should include surge plans, and co-ordinate actions across all system partners. It should also ensure long patient delays and patient safety issues are reported. The plan builds upon the work of the local A&E delivery board at a local level and winter plans are tested throughout the winter period. These documents are live and can change if any gaps in service are identified. The North East and North Cumbria Urgent and Emergency Care Network priorities were also outlined as well as the key actions.

Further information was also provided in relation to the commissioning of specialist sites in each locality to manage acute respiratory illnesses throughout the winter period. This will free up capacity in urgent treatment centres to deal with those that need that level of support. There is also a digital pool of staff to cover winter periods.

In terms of local priorities, the Tees Valley Local A&E delivery board assured areas were outlined including the co-located urgent treatment centres now in place at 3 Foundation Trusts. Members were informed of the capacity of the Same Day Emergency Care wards, Health at Home and Virtual wards.

Information was also provided to Members with regards to the publicity campaigns being launched over the winter period to inform the public of where to get help and support with their health. These included 'Here to Help', a region wide umbrella campaign providing the platform for joined-up campaigns. Other campaigns included Winter Vaccines, 'Head to your local pharmacy', advice on keeping well/self-care and accessing Primary Care services. It was advised that local trusts would amplify wider system messages.

In the questions that followed Members ascertained the following information –

- The recent change in government had not impacted the winter plan.
- It was not known if the recent changes to the winter fuel allowance would have a detrimental impact on the NHS.
- In terms of vaccine hesitancy, work is carried out with partner agencies to understand the reasons behind this. Work would continue in certain areas to promote and educate around vaccines.
- Pharmacists are health professionals, qualified and skilled to take some demand from GP services. They are well placed to see and treat common conditions.
- The remodeling of the Urgent Treatment Centre at James Cook University Hospital continues. Once complete adults and children will be streamed for treatment.
- The process for ordering prescriptions was outlined.
- A Member expressed disappointment that there was a lack of focus on prevention work around fuel poverty and the impact this may have on a person's health. It was explained that partnership work is ongoing to support those who need it.
- The importance of referring people to Citizens Advice Bureau for support with fuel poverty was highlighted.
- Members emphasised the importance of patients being discharged from hospital to homes that were warm and safe to return to.
- Infection prevention and control is managed on a daily basis.
- Due to a broken MRI scanner at North Tees Hospital, a mobile unit was put in place. The scanner has now been repaired. The opening of the new Community Diagnostics Centre would give more capacity to manage issues like this going forward.
- Building work will continue on the new robotic and maternity theatres with a view of them being ready in February/March 2025.
- Contingency plans were in place to manage the temporary closure of wards or loss of beds.
- Medical engineers look at the life span of equipment and prioritise the items that need replacing on a regular basis.

Members thanked Representatives for their attendance and presentation.

**Decision**

- (i) The content of the presentation was noted.

**17. Opioid Prescribing and Dependency Across the Tees Valley**

*- Medicines Optimisation Pharmacist – NHS North Of England  
Commissioning Support Unit and Head of Medicines (Tees Valley),  
Medicines Optimisation Team (NENC ICB)*

Members were presented with information relating to opioid prescribing in the Tees Valley. It was explained that information relating to opioid dependency would be an item scheduled for a later date.

The Medicines Optimisation Pharmacist outlined data relating to opioid prescribing volume, opioid dosages and prescribing trends across the Tees Valley. In 2021/22, due to a focus on education sessions in GP practices and teams working with specialist services, the trend had started to decrease however, this had now plateaued.

Representatives outlined how they are supporting prescribers to reduce opioid prescribing. This included developing close links with Foundation Trust pain specialists and an opioid reduction clinic based within James Cook University Hospital. Replicating this at North Tees had also been considered. Other aspects included the use of specialist pharmacists and targeted support visits to higher prescribing practices.

Publicity Campaigns were also in circulation such as 'Painkillers don't exist' which combines awareness raising with educational resources to support people with alternative pain management. Referrals to Social Prescribers were also discussed, as was looking at different ways of managing pain such as being more active, exercise and art therapy.

Members expressed concern about the data relating to prescribing rates across the Tees Valley. A Member commented that patients attending their GP Practice may see different GP's each time, who may not know the patient. Whilst consideration must be given to the reduction of opioid use, Members were mindful of those that need this for short term use such as those waiting for surgery and that the balance must be right. The Representative explained that key to this was appropriate prescribing. There was a place for opioid prescribing but this should not be the crux of a patient's care, alternative methods need to be explored with other health professionals such as Physiotherapists. It was highlighted that the role of Social Prescribing should not be overlooked as well as community Pharmacists.

A member queried comparison rates across the country and asked why prescribing rates were high in the Tees Valley. It was suggested that the demographic of the area could play a part in this, examples of which were given. There were also health inequalities in the area compared to other

parts of the country. There was also a role for some collaboration work with substance misuse services.

When discussing the impact of potential fuel poverty in relation to health, the importance of getting the right help and support was outlined as well as accessing support from services such as Social Prescribers.

Members thanked Representatives for their attendance and presentation.

### **Decision**

- (i) The content of the presentation was noted.
- (ii) That opioid dependency be a future item brought to this Committee.

### **18. Tees Suicide Prevention Strategic Plan - Preventing Suicide (Tees) - Public Health Practitioner, Middlesbrough Council and Programme Manager Preventing Suicide, Durham Tees Valley and Forensics, TEWV**

The purpose of the item was to provide Members with an overview of the Tees Suicide Prevention Strategic Plan. Prior to the start of the presentation, it was explained by the Public Health Practitioner that Darlington did not form part of this strategy as they were aligned to Durham. The strategy related to the 4 local authorities of Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton.

The presentation provided data relating to deaths by suicide by years, broken down by LA. Representatives explained that real time surveillance data was used to help prevent future suicides and that this data informs support, suicide prevention activity and national real time data. This includes joint working with the Police and Public Health to look at ways of reducing deaths by suicide. It was highlighted that data from 2018 to 2023 had not changed dramatically but there had been a change in the demographic. Members noted an increase in female suicide, although suicide amongst males remains high. There was also an increase in people aged under 30 and over 65 dying by suicide compared to previous data.

The Tees Suicide Prevention Strategic Plan sets out key areas for action with the aim of achieving the 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 and supporting vulnerable groups. The 8 key areas for action were discussed, as detailed in the presentation.

In the discussion that followed Members expressed concern about the impact of social media and young people. Representatives explained that the Samaritans work with young people regarding this issue, including involving colleges and schools in educating young people and ensuring those affected can be signposted to sources of support.

Media awareness campaigns were also discussed including those with a male focus. The importance of partnership working was also highlighted

and that agencies such as the Department for Work and Pensions, GP practices and Social Prescribers were aware of risk factors and vulnerable groups.

Members enquired about how much data is gathered about a person's circumstances in each case of suicide. It was explained this information is gathered and sent to the Integrated Care Board who undertake a full health audit. Issues such as Domestic Abuse are also investigated. Representatives outlined how they work alongside colleagues from TEWV in terms of gathering information when a loss of life is the result of suicide.

Accessing mental health support through 111 was also discussed. Whilst this is in the early stages it was explained that patients can ring 111 and be directed to sources of support and help.

The Chair commented that this was a very complex issue, Representatives echoed this and advised that early intervention and prevention work was key. Members welcomed the new strategy and the holistic approach taken.

Representatives were thanked for their presentations.

#### **Decision**

- (i) The content of the presentation was noted.

### **19. Health Inequalities in the Tees Valley - Consultant in Public Health - Tees Esk and Wear Valleys NHS Foundation Trust**

The purpose of the report was to provide Members with information relating to health inequalities across the Tees Valley. The presentation, delivered by the Consultant in Public Health (TEWV), outlined that some of the most deprived neighbourhoods in England were in the Tees Valley. Context was provided in terms of the impact of health inequalities such as -

- poorest social, physical and mental health outcomes
- poverty and financial exclusion
- drug and alcohol related harm

Some people also face multiple challenges and are not able to afford transport to access health services.

The approach TEWV has taken to address the health inequalities was outlined in the presentation as well as how this would be implemented. A number of initiatives were also being piloted including health inequality workshops and widening the availability of naloxone (a medicine that rapidly reverses opioid use). The Trust is also using lived experience to drive the work on inequality via visual learning aids, examples of which were detailed in the presentation. Areas of learning and development were also highlighted as well as challenges and levers.

Following the presentation, a query was raised in relation to what support is offered to those that do not attend appointments. It was explained that the policy on non-attenders had been refreshed. Those that do not attend



warrant individual responses to understand why that person did not attend their appointment, including social and economic barriers. This also forms part of the work of the Community Mental Health Transformation programme, to focus on care and support in the community. Work continues with Directors of Public Health around a 1-year plan to be taken to Health and Well Being Boards.

A Member queried if some appointments could be made more available in the community if patients were unable to travel to hospital. Members were advised that investigations into why people could not attend appointments is ongoing. As well as understanding the demographics of the patients and the accessibility of the appointments.

A question was asked in terms of staffing levels at TEWV as there seemed to be a number of mental health professional vacancies. The Head of Communications for TEWV commented that the Trust always works to safe staffing but that permanent roles had been advertised as the Trust moves away from using agency staff. The Chair commented that a number of roles have been recruited to with a view of this continuing to rise.

The discussion concluded with a Member commenting on the importance of having the data to be able to evidence that the new models were working. It was also emphasised that quality of service was paramount and the importance of continued scrutiny to ensure better provision of service was reiterated.

The Consultant in Public Health was thanked for their presentation.

### **Decision**

- (i) The content of the presentation was noted.

## **20. Work Programme for 2024/2025**

The work programme for 2024/25 was discussed following updates from the previous meeting.

A Member suggested that the health impact of incinerators be added to the work programme as a future item. The Chair advised that the work programme for the remainder of this municipal year was particularly large, but this could be added to the list of future items to be considered.

- (i) The amended work programme for 2024/25 was agreed.
- (ii) The impact of incinerators on health be added as an item to be considered for the work programme for 2025/26.
- (iii) Opioid dependency be added to the work programme as a future item for 2025/26.

## **21. Any Other Items which the Chairman Considers are Urgent**

None.

The meeting concluded at 13.15pm.

CHAIR

# North East North Cumbria Health & Care Partnership



## CONFIRMED MINUTES

### Tees Valley Area Integrated Care Partnership (ICP) Meeting

Meeting held on: 9<sup>th</sup> August 2024, 12pm – 2pm

Held at: Boardroom, NENC ICB, Trinity Mews, NOHV, Middlesbrough, TS3 6AL

Item No:	Meeting Notes	Action
TVICP/24/01	<b>Welcome and Introductions</b>  Councillor Cook, as Chair, welcomed colleagues to the Tees Valley Area Integrated Care Partnership (ICP) Meeting.  <u><b>Present:</b></u> <ul style="list-style-type: none"> <li>• Councillor Bob Cook (Chair) – Health and Well-being Board Chair &amp; Leader of Stockton Borough Council</li> <li>• David Gallagher – Chief Contracting and Procurement Officer</li> <li>• Martin Short - Director of Delivery, NENC ICB</li> <li>• Karen Hawkins – Director of Delivery, NENC ICB</li> <li>• Mark Adams, Joint Director Public Health Middlesbrough, Redcar &amp; Cleveland</li> <li>• Christopher Akers-Belcher, Regional Co-ordinator, NENC Healthwatch Network</li> <li>• Craig Blundred – Director of Public Health, Hartlepool Borough Council</li> <li>• Geraldine Brown, Head of Policy Development and Public Affairs, Stockton Council</li> <li>• Dominic Gardner, Care Group Director of AMH/MHSOP, Tees Esk and Wear Valleys NHS FT</li> <li>• Stacey Hunter – Group Chief Executive Officer (Joint North and South Tees), North Tees &amp; Hartlepool NHS Foundation Trust &amp; South Tees Hospital Foundation Trust</li> <li>• Brent Kilmurray – Chief Executive of Tees, Esk and Wear Valleys NHS FT</li> <li>• Majella McCarthy, Director of Children's Services, Stockton Council</li> <li>• Richard Morris, Associate Director of Operations, County Durham &amp; Darlington NHS FT</li> <li>• Carolyn Nice – Director of Adult Services, Stockton Council</li> <li>• Julian Penton - Voluntary Sector Lead/3rd Sector, Hartlepower (Hartlepool)</li> <li>• John Sampson – Managing Director and Chief Executive – Redcar and Cleveland Council</li> </ul>	

	<ul style="list-style-type: none"> <li>Ken Ross – Public Health Principal, Darlington Borough Council</li> <li>Patrick Scott, Managing Director for Durah, Tees Valley and Forensics, Tees, Esk and Wear Valleys NHS FT</li> <li>Professor Natasha Vall, Dean – School of Social Sciences, Humanities &amp; Law, Teesside University</li> </ul> <p><b><u>In Attendance:</u></b></p> <ul style="list-style-type: none"> <li>Rachael Long – Governance Lead, NENC ICB</li> <li>Jane Smailes (Note Taker) – PA, NENC ICB</li> <li>Avril Rennard – Corporate Business Assistant, NENC ICB</li> </ul>	
TVICP/24/02	<b>Apologies for Absence</b>	
	<ul style="list-style-type: none"> <li>Dr Naveed Azam, PCN/CD Representative, Middlesbrough PCN</li> <li>Professor Derek Bell – Chair, North Tees &amp; Hartlepool NHS Foundation Trust / South Tees Hospitals NHS FT</li> <li>Sarah Bowman-Abouna – Director of Public Health, Stockton Council</li> <li>Sandra Britten – Chief Executive (Operational) Alice House Hospice</li> <li>Cllr Alec Brown, Joint HWWB Chair, Redcar &amp; Cleveland Council</li> <li>Mayor Chris Cooke – Joint HWBB Chair Live Well South Tees Board – Middlesbrough Council</li> <li>Deb Cornell, Director of Corporate Governance and Board Secretary, NENC ICB</li> <li>Mark Davis, Voluntary Sector Lead, Middlesbrough Voluntary Development Agency (MVDA)</li> <li>Dr Deepak Dwarakanath, Medical Director, North Tees &amp; Hartlepool NHS FT</li> <li>Dr Dharendra Garg – Stockton PCN Representative</li> <li>Dr Teik Goh - PCN/CD Representative, Redcar and Cleveland PCN</li> <li>Mike Greene – Chief Executive – Stockton Borough Council</li> <li>Lorraine Hughes, Director of Public Health, Darlington Council</li> <li>Sue Jacques – Chief Executive, County Durham and Darlington NHS FT</li> <li>Denise McGuckin – Managing Director of Hartlepool Borough Council</li> <li>Jill Harrison - Director of Adult &amp; Community Based Services, Hartlepool Borough Council</li> <li>David Jennings, Chair, Tees Esk and Wear Valleys NHS FT</li> <li>Dr Helen McLeish – PCN Clinical Director, Darlington PCN</li> <li>Dr Jackie McKenzie - PCN/CD Representative, Hartlepool PCN</li> <li>Kerry McQuade – Director of Strategy Planning and Transformation, North East Ambulance Service</li> <li>Rebecca Morgan (RM) – Project Development Manager / Healthwatch Sub-Regional Co-ordinator, Healthwatch</li> </ul>	

	<ul style="list-style-type: none"> <li>• Peter Neal – Voluntary Sector Lead, Redcar &amp; Cleveland Voluntary Development Agency (RCVDA)</li> <li>• Lisa Oldroyd – Chief Executive &amp; Monitoring Officer, Office of the Police and Crime Commissioner for Cleveland</li> <li>• Chris Piercy, Director of Nursing, NENC ICB</li> <li>• Helen Ray – Chief Executive, North East Ambulance Service</li> <li>• Sally Robinson, Director of Children's Services, Hartlepool Council</li> <li>• Richard Scothon, Chair, County Durham &amp; Darlington NHS FT</li> <li>• Jeanette Scott, Director of Nursing, NENC ICB</li> <li>• James Stroyan – Director of People (Children &amp; Adult), Darlington Council</li> <li>• Wade Tovey, Redcar &amp; Cleveland Voluntary Development Agency</li> <li>• Chris Zarraga – Director, Schools North East</li> </ul>	
TVICP/24/03	<b>Declarations of Interest</b>	
	<p>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.</p>	
TVICP/24/04	<b>Minutes from previous meeting held 2<sup>nd</sup> February 2024</b>	
	<p>The minutes of the meeting, held 2<sup>nd</sup> February 2024, had previously been circulated to members for comment. There were no amendments requested and therefore the minutes were <b>AGREED</b> as an accurate record. Confirmed minutes have also been shared with Health and Wellbeing Boards for information.</p>	
TVICP/24/05	<b>Matters Arising &amp; Action Log</b>	
	<p><b>Action Log</b></p> <p>Actions were noted as complete</p> <p><b>Matters Arising</b></p> <p><u>Water Fluoridation</u></p> <p>David Gallagher (DG) advised the national consultation on water fluoridation for the North East had been extended due to the General Election in June. Generally there had been a good response from the North East and</p>	

	<p>he thanked all those who had responded. DG explained that the outcome of the consultation was pending with any next steps and timescales.</p> <p>There were no other matters arising to note.</p>	
TVICP/24/06	<b>Healthwatch Update</b>	
	<p>The Healthwatch quarterly update (Jan – Mar 2024) had been circulated to members before the meeting.</p> <p>Christopher Akers-Belcher (CAB) highlighted the following key points from the report.</p> <p>Healthwatch held a listening event on 6<sup>th</sup> June 2024 to engage with patients, carers and local communities in respect of the Hospitals Trusts Group Model for North Tees &amp; Hartlepool, and South Tees Hospitals NHS Foundation Trusts. The event was well attended and a report from Healthwatch will be provided to the Hospital Group to aid in its development.</p> <p>The North of England Commissioning Support Unit (NECSU) commissioned a project which sought the views and needs of older adults with Learning Disabilities to help inform future planning to meet their needs as they age and are no longer able to be supported by family. The final report, Growing Older Tees Valley Report, has been sent to NECSU and copied to the NENC ICB. Healthwatch is awaiting feedback regarding the report's recommendations, particularly in relation to housing and communications.</p> <p>Healthwatch were invited by the ICB to review the ICB's Involvement Strategy - 'Communities and People Involvement and Engagement Framework 2022-23'.</p> <p>There have been over 3,500 responses to the region wide surveys regarding provision of NHS dentistry services. Healthwatch County Durham are leading on the data analysis and the report is expected to be available in quarter two.</p> <p>Noting the "access to primary care services" concerns in the report Stacey Hunter (SH) highlighted the collective action that GPs may be undertaking following the recent BMA ballot. This may have a greater impact on access to GP services, though it was too soon to tell what the impact may be locally. SH advised that the hospitals would be monitoring the situation to see if this had an impact on attendance at A&amp;E.</p>	

	<p>Following a query regarding how patients were accessing primary care services CAB confirmed that Healthwatch had been promoting the use of NHS111 for example, however there was inconsistency across the Tees Valley with availability of services.</p> <p>Karen Hawkins (KH) highlighted the work around the Primary Care Access and Recovery Plan including total triage and understanding the routes of access for patients through online or e-booking.</p> <p>David Gallagher (DG) explained there were daily meetings taking place with Primary Care leads, within the ICB, to discuss the impact of the GP collective action. The ICB will share intelligence as and when it becomes available, noting that the collective action began on 1<sup>st</sup> August.</p> <p>Regarding NHS Dentistry services, DG noted that the work done by Healthwatch was helping to inform the work of the ICB, for example, by focussing on urgent treatment rather than routine access. The first urgent dental access centre in NENC has opened in Tees Valley, in Darlington, based in a community centre. This service is accessed through NHS111 or self-referral.</p>	
TVICP/24/07	<b>Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) Transformation- Our Journey to Change</b>	
	<p>The presentation had been circulated to members prior to the meeting. Brent Kilmurray (BK), Patrick Scott (PS) and Dominic Gardner (DG) highlighted the following key areas;</p> <ul style="list-style-type: none"> <li>• What is transformation</li> <li>• A reflection on the TEWV journey so far</li> <li>• Transforming Community Services Adult Planned Care</li> <li>• Urgent Care Transformation</li> <li>• Mental Health Services for Older People</li> <li>• Adult Learning Disabilities Transformation</li> <li>• Children &amp; Young People Transformation – I-Thrive</li> <li>• Areas of Risk and Challenge.</li> </ul> <p>Martin Short (MS) noted that TEWV had been at the forefront of co-creation of services and that there had been an increasing fourfold demand. This necessitated transformation within the system and a Children and Young Peoples whole system approach to reduce demand into specialist services.</p>	

	<p>Further to a comment from Chris Cooke (CC) regarding some of the downgrading of CQC inspection ratings BK advised the one of main areas of focus for TEWV was around improvement in areas of safety and do service users feel safe in the service. TEWV had invested in the service environment with assisted technology and part of the mix to address key safety issues. In relation to staffing significant progress had been made in the last 6 months in filling key staffing roles and looking to convert agency staff to core roles within teams, with a concerted focus on quality and safety. BK noted, in relation to CQC Safe Standard, the TEWV ambition to have all columns be marked 'good'.</p> <p>Stacey Hunter (SH) explained the need to have a realistic discussion regarding staff vacancies. She noted that filling of vacancies was not always about funding and, depending on the role, it could take over 3½ years to have a registered practitioner available. Acknowledging the need for pipeline trainees BK highlighted the work being undertaken at Teesside University who are looking to have a single entry intake.</p> <p>There was a discussion regarding the sustainability and quality of services and that bilateral conversations would reduce the risk of any potential unintended consequence during service changes.</p> <p>There was a discussion regarding the timelines for improving Children's and Young People's services and applying learning from Adults' services for a standard service across the Tees Valley.</p> <p>DG highlighted key areas</p> <ul style="list-style-type: none"> <li>• The need for timelines to help patients gain access to services</li> <li>• Access to core community CAMHS, with TEWV agreeing to share figures for individual area</li> <li>• ADHD services not having the capacity to meet the demand.</li> </ul> <p>KH noted that the TEWV Transformation Journey to Change project had been a significant undertaking and she thanked colleagues for the work to date and their engagement with partners, including 14 Primary Care Network (PCN) organisations. She advised that the other parts of the country had now been in contact about this partnership way of working.</p>	
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TVICP/24/08	Teesside Health innovation Zone	
	<p>The presentation was circulated to members before the meeting.</p> <p>Geraldine Brown (GB) delivered the presentation noting this was a high level introduction to the project and may be brought back to the meeting at a future date. The vision of the project included</p> <ul style="list-style-type: none"> <li>• To breathe new life into Teesdale Business Park and ensure all 50 hectares are fully utilised.</li> <li>• To bring forward the holistic regeneration of the 60 hectares Tees Marshalling Yards site for both employment and housing and other ancillary uses.</li> <li>• To grow all aspects of the health, public-health and social care sector, and their supply chains, on Teesdale Business Park and the Marshalling Yards and make us a recognised UK cluster.</li> <li>• To link the new Care and Health Innovation Zone with Stockton Town Centre, to unlock the potential of the scheme and boost connectivity through transport and active travel links.</li> </ul> <p>The presentation also outlined the potential impact of the development and the high level view of how the vision could be delivered.</p> <p>There was a discussion regarding how this potential development would affect delivery of services, noting that there would be an opportunity to look at current estate configuration and identify what would be needed in the future. Some services would need to be delivered at scale but hub and spoke models would work for some services.</p> <p>SH noted that the Hospitals Trust Group for NTHFT and STHFT was working together to produce a joint strategy that could be used to inform the development of secondary care provision locally. In the meantime the rebuild of the North Tees hospital was in abeyance.</p> <p>The discussions also included the need to think about specialist housing provision across the Tees Valley that created natural communities and the current shortage in children's accommodation. It was noted that children were sometimes needing to be placed in other parts of the country away from family and their community.</p> <p>DG acknowledged that the potential development had challenges but there was also a significant opportunity to</p>	

	look at what would be needed in the next 10 – 25 years' time.	
TVICP/24/09	<b>Tees Valley Anchor Network</b>	
	<p>The presentation was circulated to members before the meeting.</p> <p>Mark Adams (MA) delivered the presentation which included the following</p> <ul style="list-style-type: none"> <li>• Overview</li> <li>• Background</li> <li>• Purpose of a Tees Valley Anchor Network</li> <li>• Results of Mapping</li> <li>• Education / Employment</li> <li>• Procurement</li> <li>• Sustainability</li> <li>• Proposed areas of focus</li> <li>• Next Steps</li> </ul> <p>Julian Penton (JP) stated that the VCS organisations across the Tees Valley would be interested to contribute to the work of the Network, noting that there were between 4 and 5 thousand contacts across the VCS and they could offer a bridge to civil engagement.</p> <p>There was a discussion regarding food providers to local anchor organisations. JP explained that the Hartlepool food partnership had an interactive map which provided details of food providers within 100 miles and this would be available to the Network. MA highlighted the work of FROG (Future Regeneration of Grangetown) who were a trusted VCS organisation and their connection into the community.</p> <p>MA highlighted the different approaches used within the local Anchor organisations, especially in procurement.</p> <p>It was acknowledged that there was a need for local procurement for inward investment across the Tees Valley.</p> <p>It was acknowledged that any public communications regarding the Tees Valley Anchor Network needed to be mindful of the language used, recognising that parts of the area had an average reading age of 10 years old.</p>	
TVICP/24/10	<b>Right Care Right Person</b>	
	This item was deferred to the next meeting.	

TVICP/24/11	<b>Suggested Items for Next Meeting</b>	
	<p>Suggestions for discussion at future meetings included,</p> <ul style="list-style-type: none"> <li>• Primary Care Access including GP access</li> <li>• Right Care / Right Person – deferred from this meeting</li> <li>• Anchor Network</li> <li>• Further Development of the Hospital Group Model, as appropriate</li> <li>• Health Innovation Zone with Tees Valley Combined Authority input</li> <li>• Details on the provision of services for children with neurodiversity (CAB)</li> <li>• Oversight of the vision for Health and Social Care Estate across the 5 local authority areas and possible sharing of buildings / estate</li> </ul> <p>DG noted that future meetings could be a mix of business and workshops and he asked that members continue to bring items to the meeting for discussion and input.</p>	
TVICP/24/12	<b>Any Other Business</b>	
	<p>The Chair noted there were no further items of business advised and thanked members for their attendance and contributions to the meeting.</p> <p><i>The meeting closed at 2pm</i></p>	
	<p><u>Next Meeting</u>  Date: Friday, 8<sup>th</sup> November 2024  Time: 12-2pm  Venue: Dolphin Centre, Darlington</p>	

**Cllr Bob Cook (Chair)**

## **Tees Valley Joint Health Scrutiny Committee**

9<sup>th</sup> January 2025

### **Clinical Services Strategy Update – Group Model**

#### **1. PURPOSE OF THE REPORT**

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

#### **2. SUMMARY**

- 2.1 The Chief Medical Officer, University Hospitals Tees and the Chief Strategy Officer, University Hospitals Tees will present an overview of work to date to develop the clinical strategy and the wider strategy for the University Hospitals Tees Group. This will summarise progress to date and will include:

- the development of joint working between the two trusts under a “group” model;
- the development of a future strategy for clinical services;
- emerging ambition for enabling services including digital, estates and workforce;
- how the Group is aiming to ensure that future services meet the needs of the local population, address the commissioning intentions of the ICB and are co-developed with partner organisations, patients, carers and families to design high quality, integrated care.

This item is of interest to the Committee and was previously discussed in 2023/2024, therefore an update on this issue is timely.

#### **3. RECOMMENDATION**

- 3.1 The Committee will be asked to comment on future plans as the Group looks to develop the strategy over the coming months.
- 3.2 The Committee’s comments will be sought with regards to the outline approach and timetable for public and partner engagement in the design and implementation of future service change, including potential requirements for formal consultation.

#### **BACKGROUND PAPERS**

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

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**Tees Valley Joint Health Scrutiny Committee**

9<sup>th</sup> January 2025

**Improving Palliative and End of Life Care across the Tees Valley**

**1. PURPOSE OF THE REPORT**

- 1.1 Representatives from the North East and North Cumbria Integrated Care Board will be in attendance to provide Members of the Committee with an overview of the development and implementation of the Palliative and End of Life Care Strategy. The presentation is attached at **appendix 1**.

**2. BACKGROUND**

This item was suggested for the work programme for 2022/23.

**3. RECOMMENDATION**

- 3.1 It is recommended that Members note the content of the Palliative and End of Life Care presentation.

**BACKGROUND PAPERS**

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

Contact Officers:-

Joan Stevens – Statutory Scrutiny Manager  
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# Improving Palliative and End of Life Care across the Tees Valley

## *Tees Valley Scrutiny Update*

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

Dr Nicky Miller – Clinical Lead, Tees Valley Local Delivery  
Team

# Our Opportunity

Learning  
from our  
partners

Learning  
from carers,  
our public

Development  
of vision

Create  
cohesive  
pathways

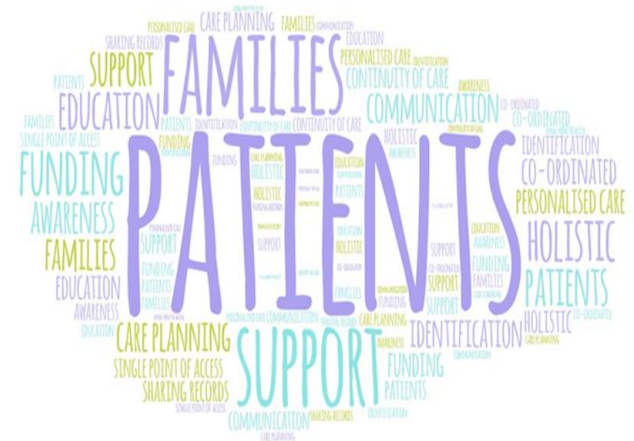


# Listening to our communities

## Public engagement plus 1:1 interview processes

### We learnt:

- We can improve how we communicate with patients, families and carers, both at diagnosis, during the provision of care and at the end of life
- We can improve ways for patients, families and carers to make contact with services
- There are opportunities to reflect on the way care is provided to patients, increasing continuity where this is possible and, in some cases, increasing the compassion provided to patients, families and carers.



# Listening to our system

Held 3 workshops with representatives from providers across Tees Valley

Focussed discussions on:

- System reflection, hopes and fears
- Navigating care in the Tees Valley
- Opportunities for change in the future



# Key themes important to our providers

Be willing to explore new funding models and provide parity of services

Focus any change around the principles of personalised, holistic care

Work collaboratively

Act to support strategic change to help the system go further faster

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

Funding and  
contract  
mechanisms

Improved  
system  
interoperability

Resilience  
and  
sustainability

Education and  
Training

Co-ordinated  
Care

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

# Progress to date

Developed and agreed a Specialist Palliative Care In Patient Pathway

Agreed mechanisms to move all commissioned providers onto NHS Standard Contract

Agreed a consistent funding approach to SPC IP care and agreed an investment plan to achieve this approach

Assessed provider competencies and agreed focus areas for training programmes to be rolled out in 24/25

Secured Gold Standards Framework input into a series of awareness raising events linked to Advance Care Planning

Mapped current IT systems and identified gaps, plus bid for additional investment to support pump priming providers

Rolled out consistent SPC inpatient assessment criteria

Supported improved use of SPA frameworks across Tees

Worked nationally to review education and training opportunities and working with our system to scope mandating access as part of MT

# Progress...

- Developed and maintained trusted working relationships
- Grateful to our system partners who have come on this journey with us and continue to support this into 24-25 and beyond
- Important to reflect where we have come from, what we have learnt and continue to build on this



A large, white, rounded speech bubble with a small tail pointing towards the bottom-left corner, set against a solid blue background.

**Thank you for listening**

**Tees Valley Joint Health Scrutiny Committee**

9<sup>th</sup> January 2025

**North East Ambulance Service: Staff safety and performance update**

**1. PURPOSE OF THE REPORT**

A Representative of the North East Ambulance Service NHS Foundation Trust (NEAS) will be in attendance to provide a presentation to the Committee in relation to staff safety and performance update (attached at **Appendix 1**).

**2. SUMMARY**

The Tees Valley Joint Health Scrutiny Committee received a NEAS performance update on the 16<sup>th</sup> December 2022, key information and discussion points can be found within the minutes below. During the meeting Members of the Committee expressed concerns in relation to the information presented on abuse and violence towards staff and requested that further information be provided regarding this at a future meeting.

**3. RECOMMENDATION**

- 3.1** It is recommended that Members note the staff safety and performance update.

**BACKGROUND PAPERS**

Background papers used in the preparation of this report were [Agenda for Tees Valley Joint Health Scrutiny Committee on Friday, 16th December, 2022, 10.00 am Darlington Borough Council](#)

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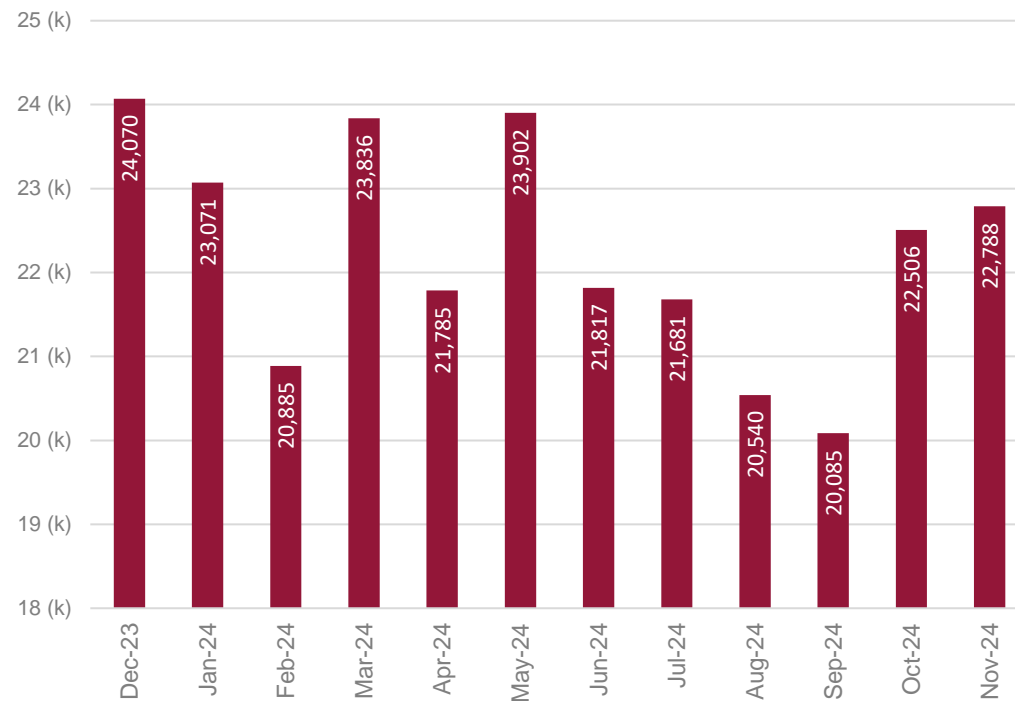


# Performance Review

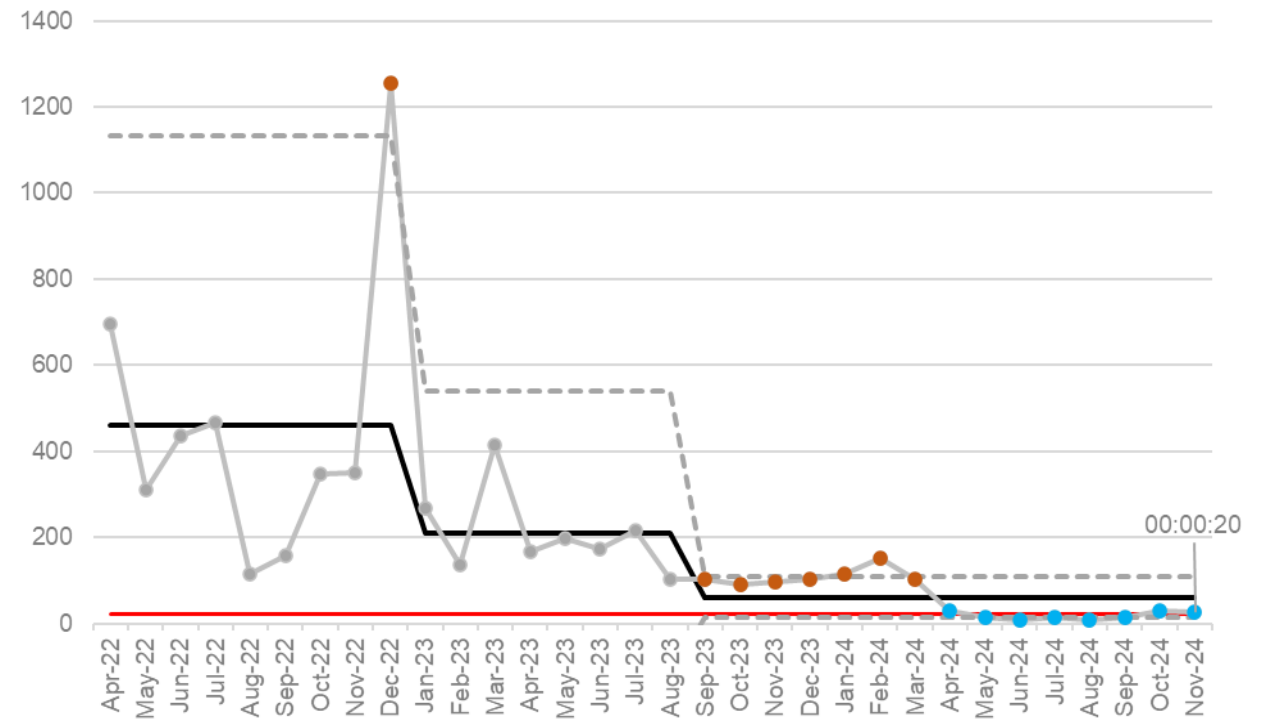
Vicky Court - Deputy Chief Operating Officer  
Mark Cotton - Assistant Director of Communications and Engagement

# 111 Call Performance

Calls Triaged Tees Valley

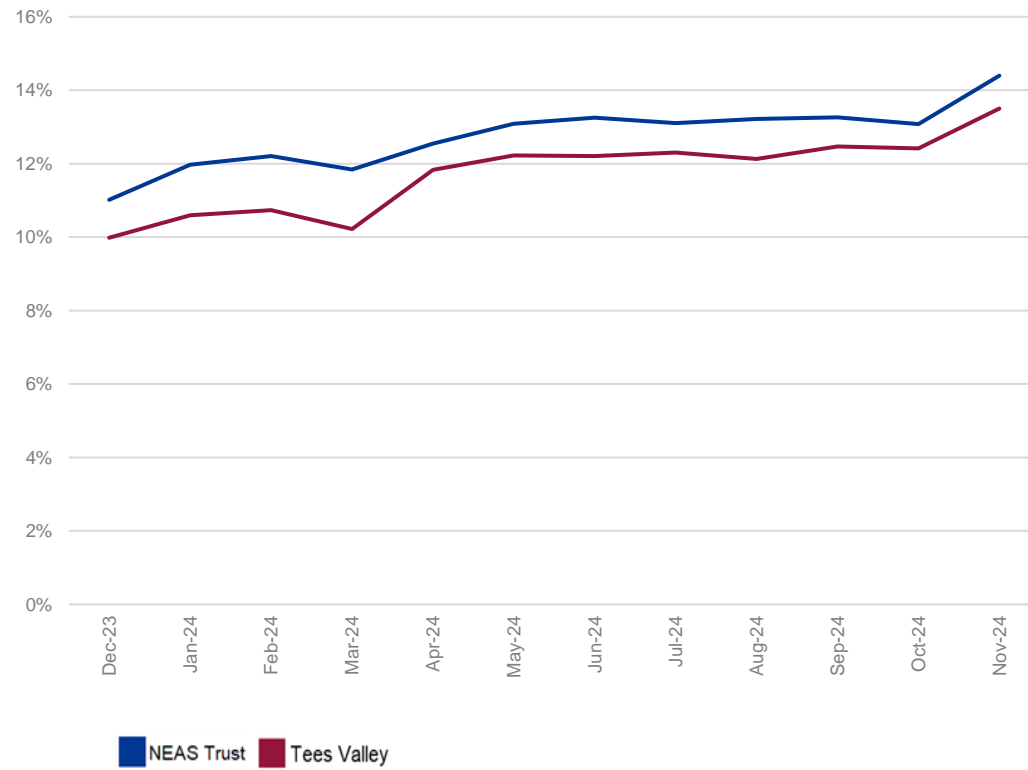


111 Mean call answer (secs)

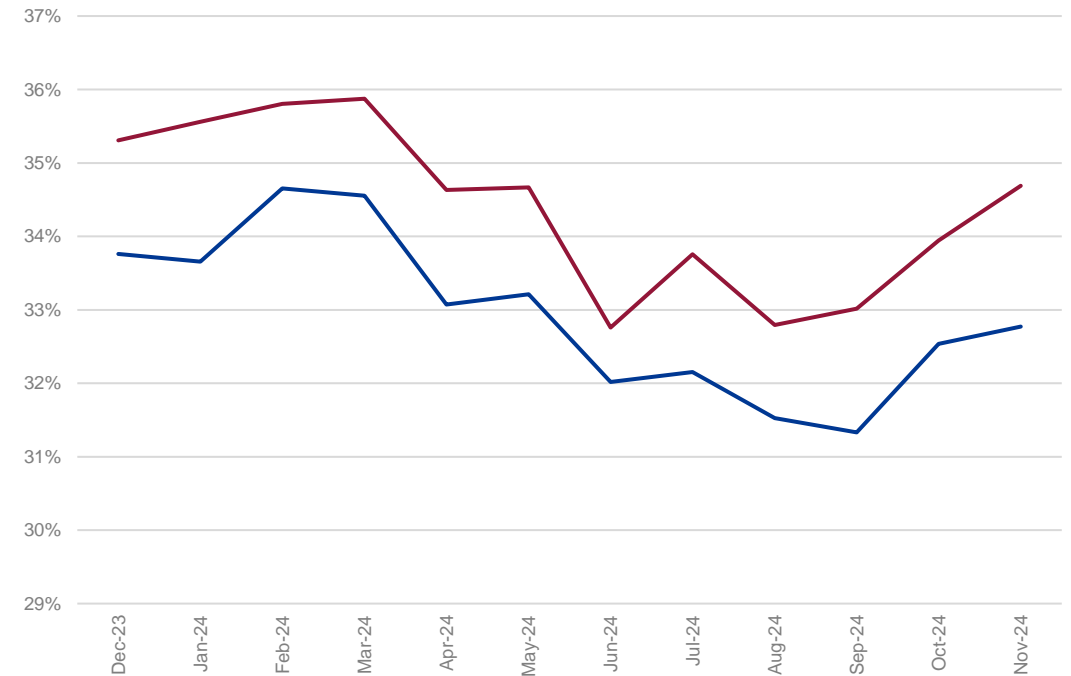


# 111 Call Outcomes

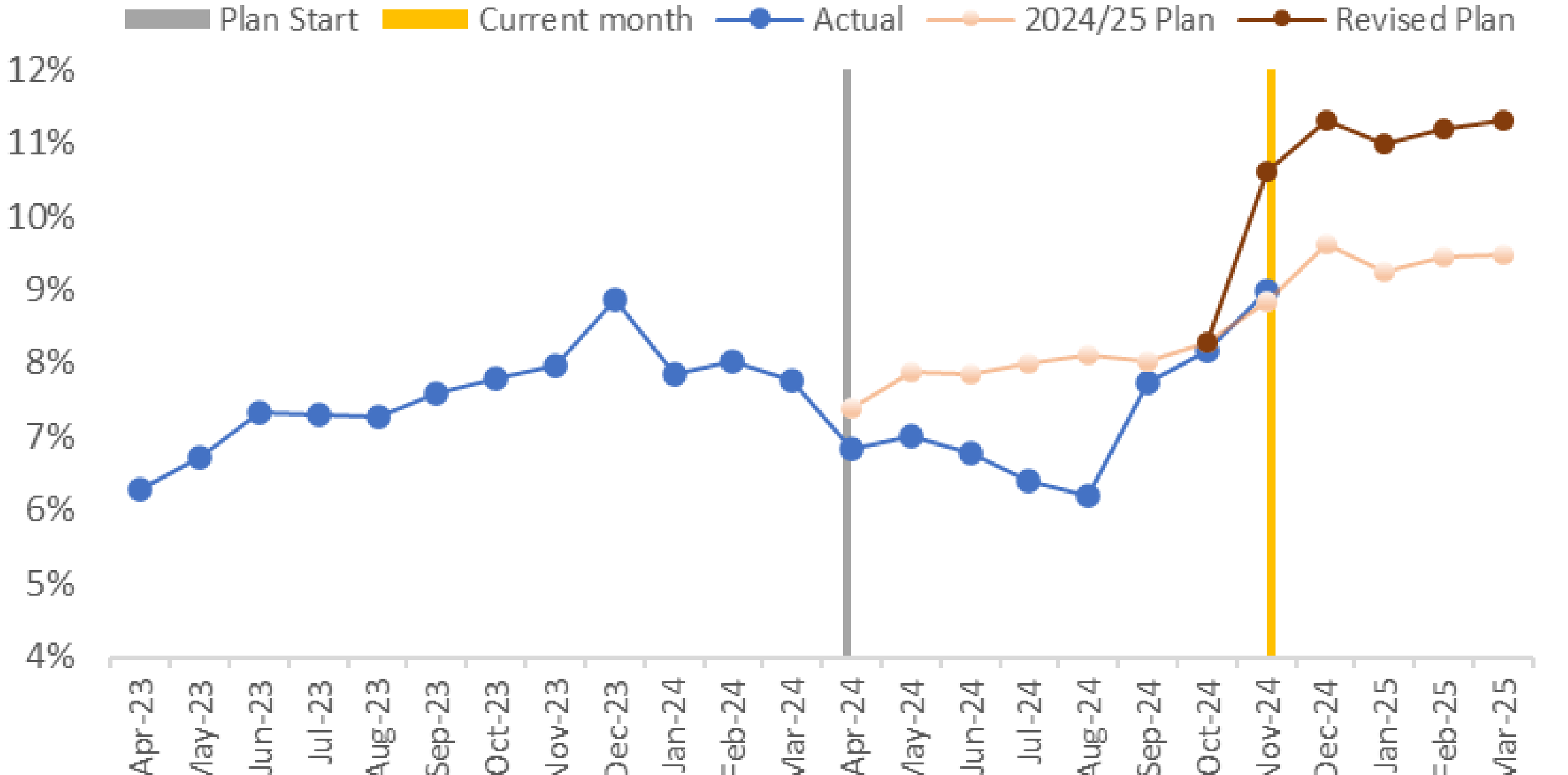
Attend ETC



Contact Primary Care



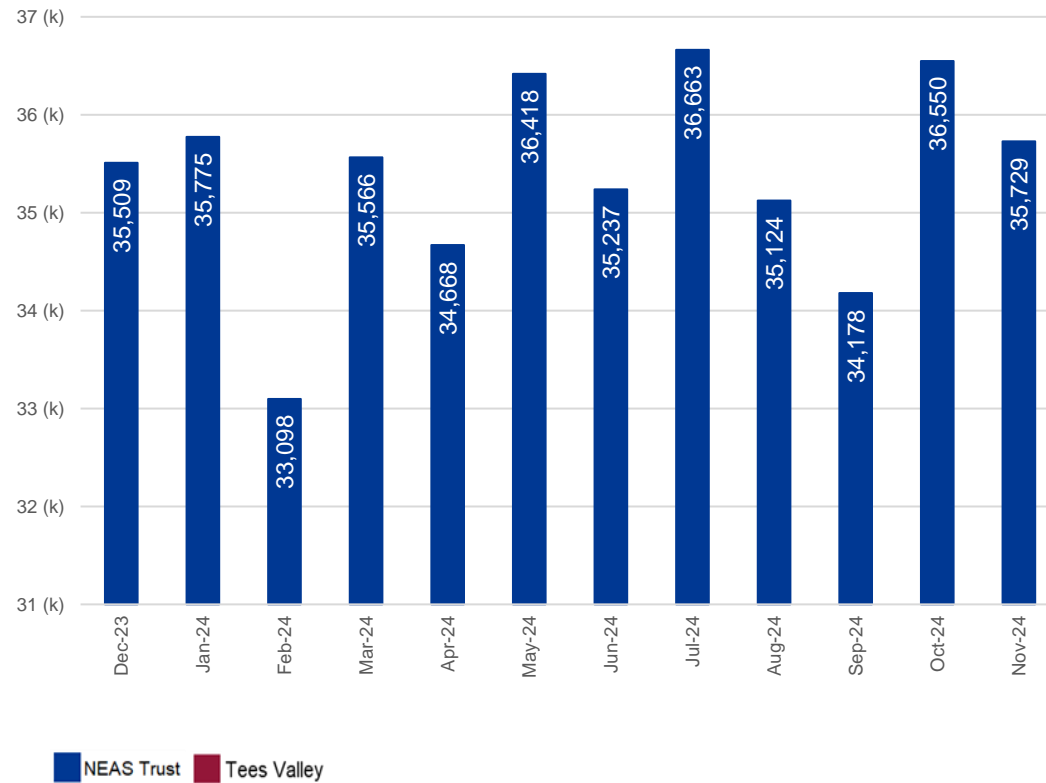
# Hear and Treat %



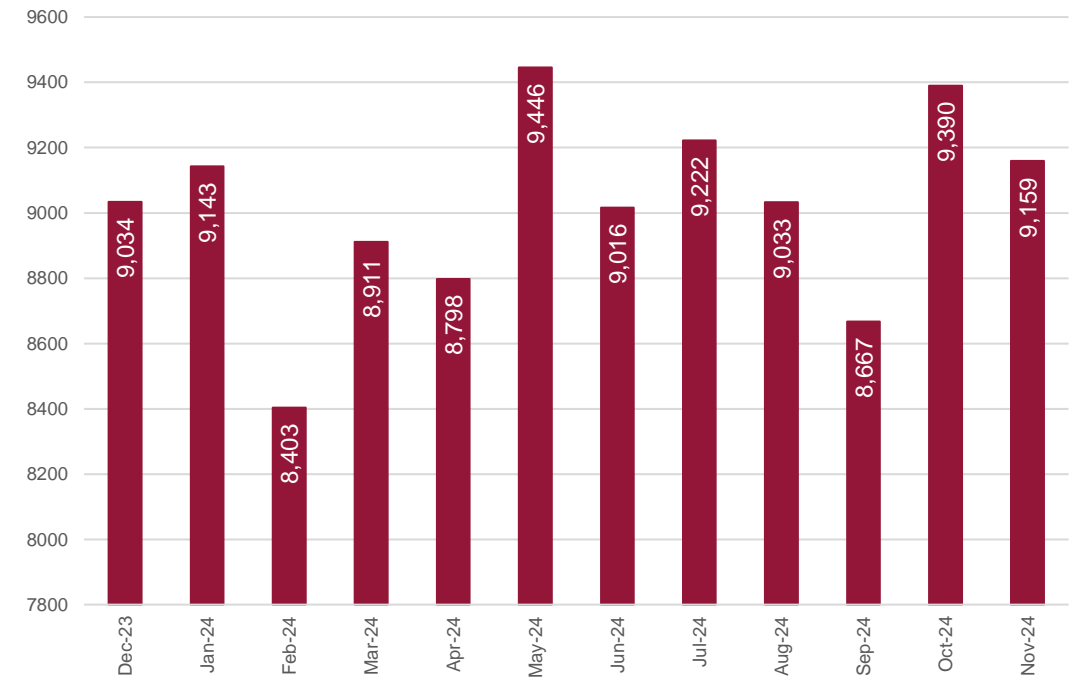


# 999 Incident Volumes

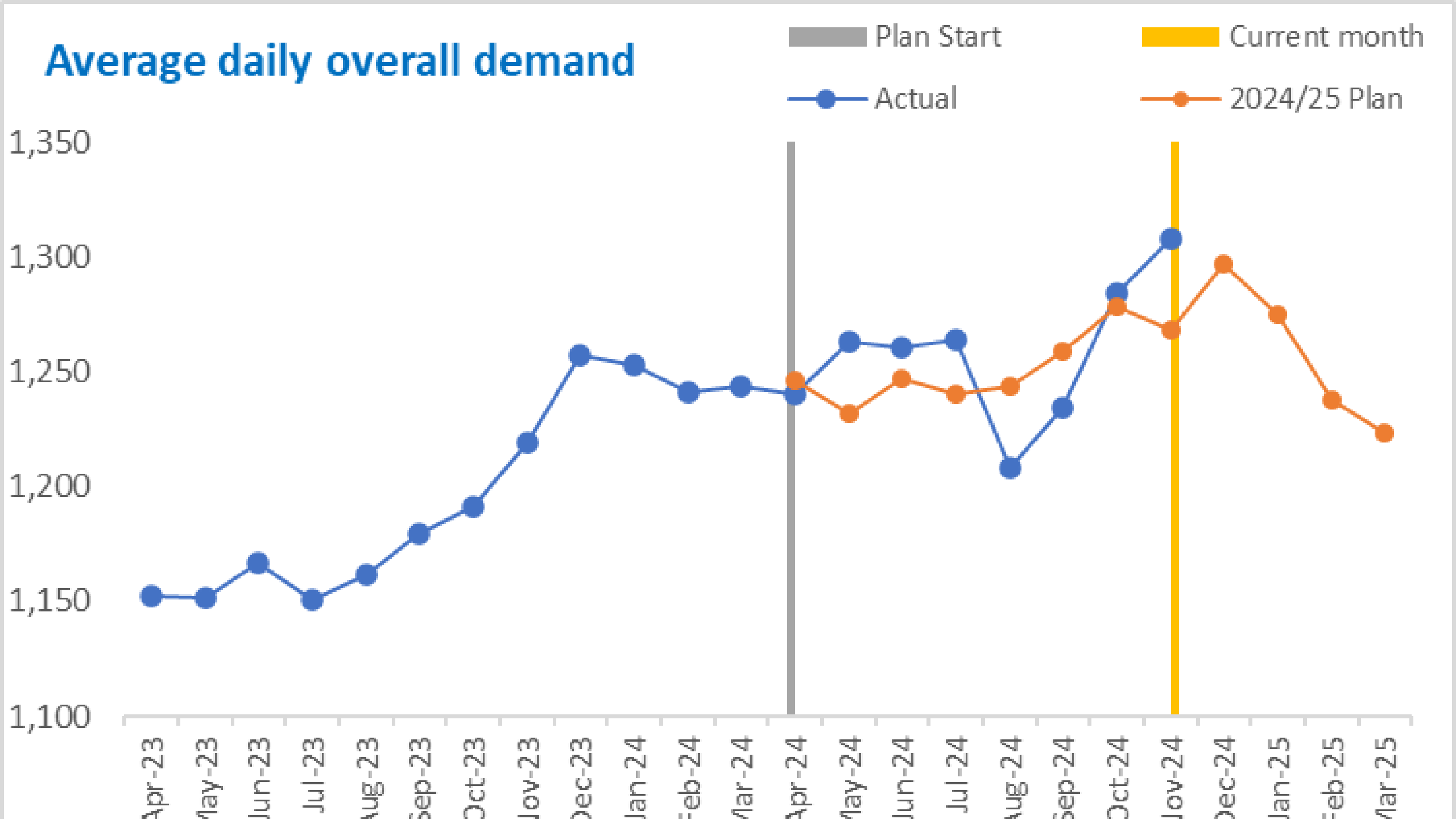
Incident volumes Trustwide



Incident volumes Tees Valley

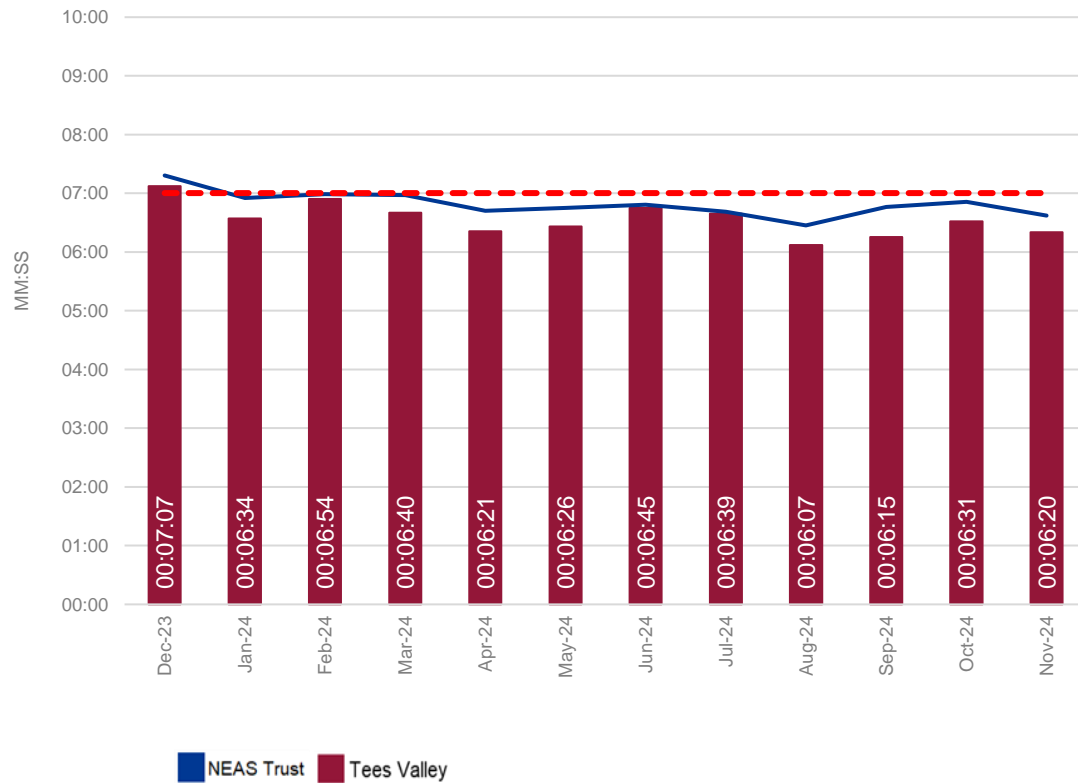


# Average daily overall demand

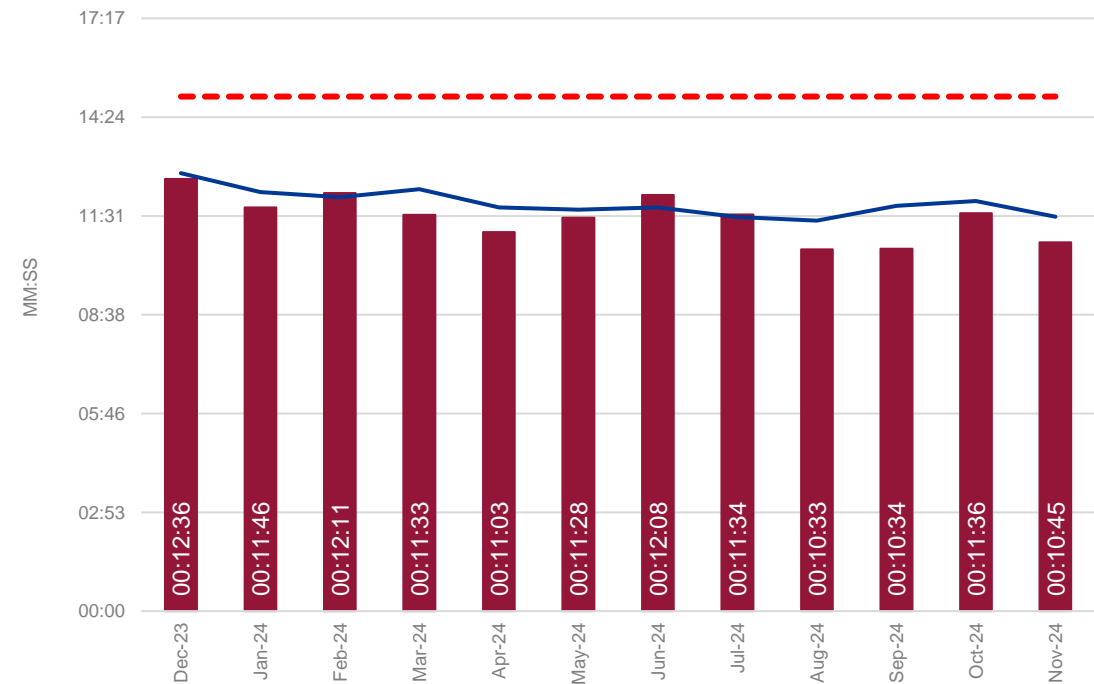


# Category 1 Response Performance

Category 1 Mean

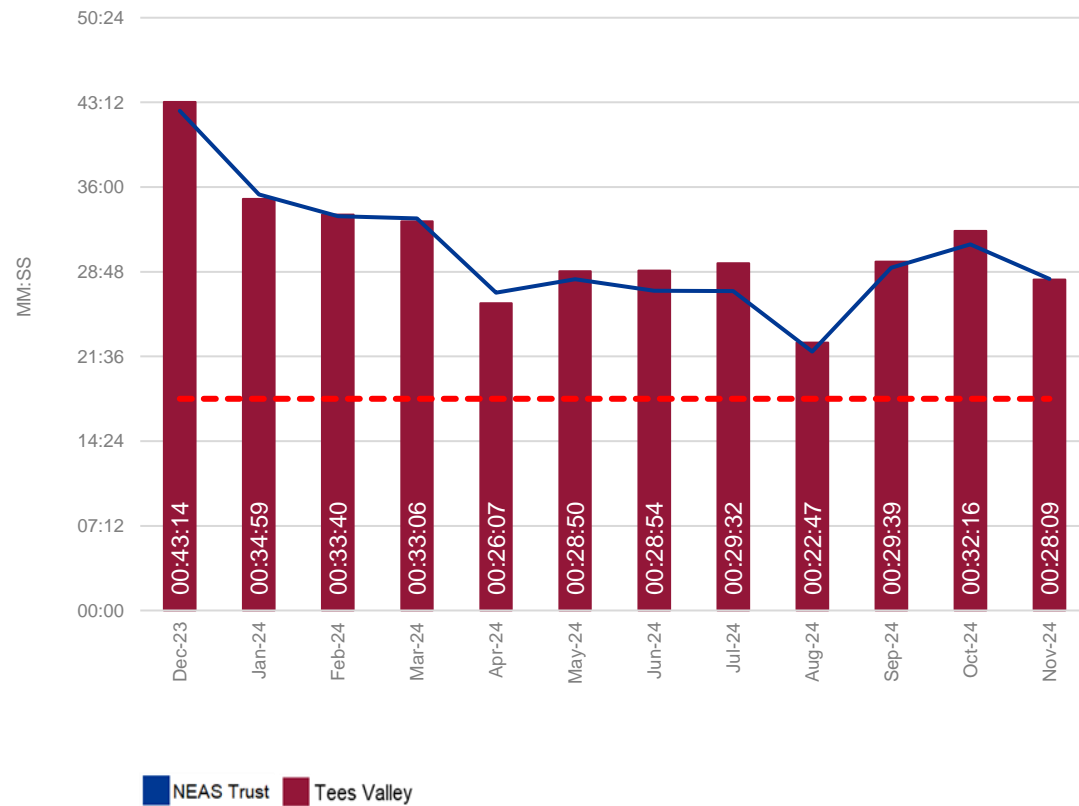


Category 1 90th centile

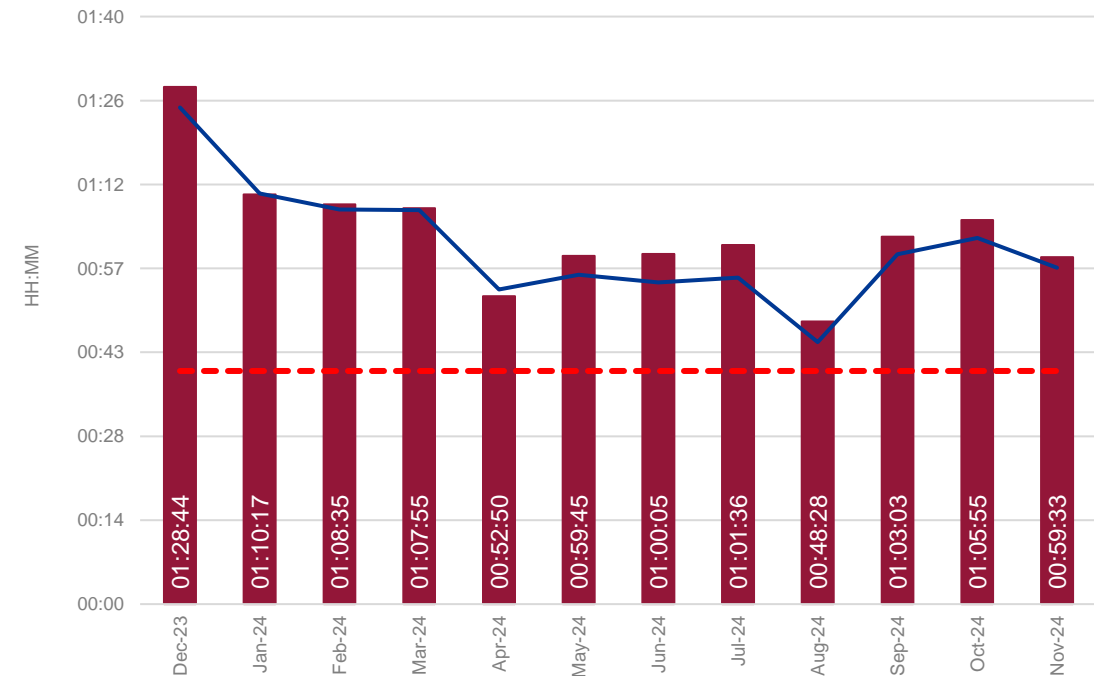


# Category 2 Response Performance

Category 2 Mean



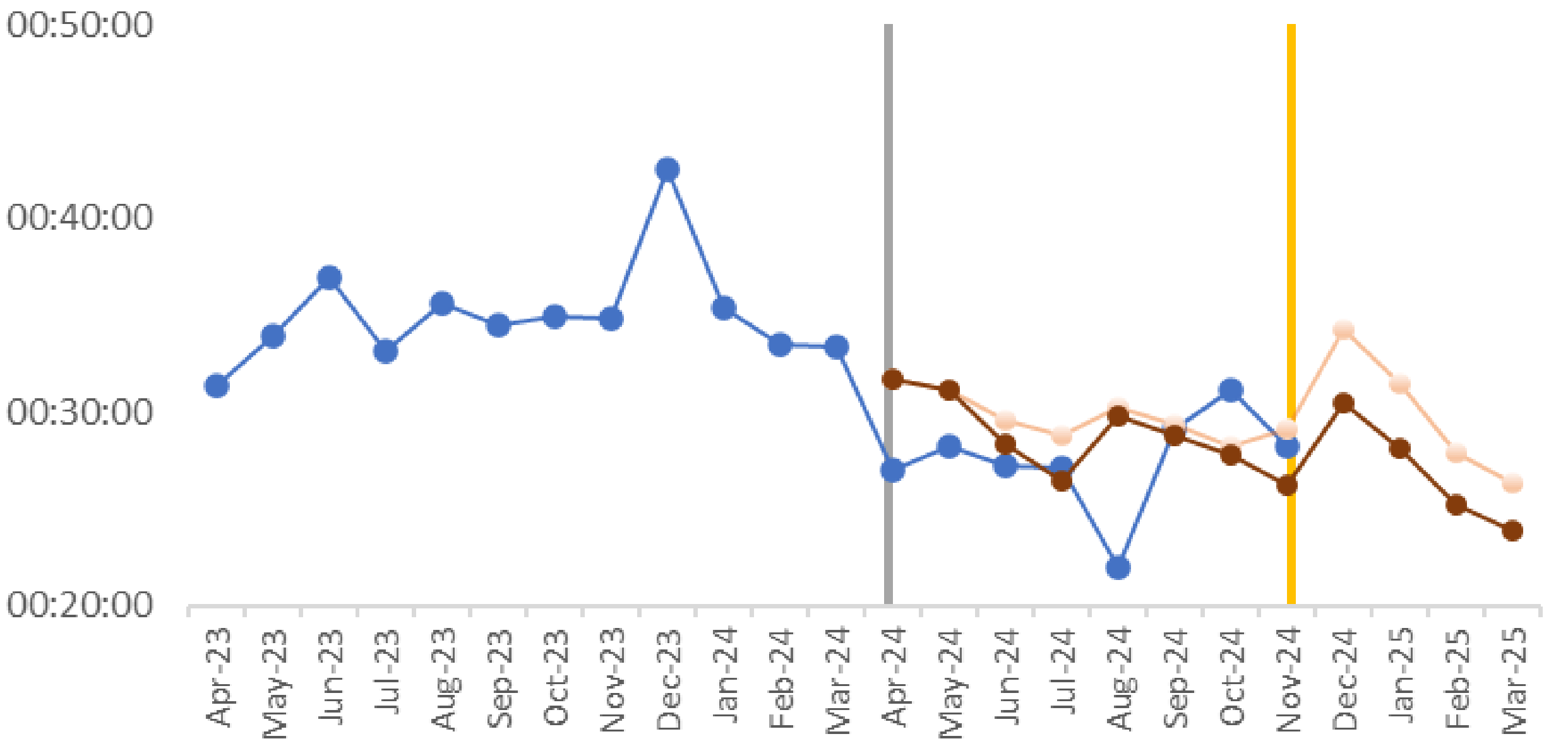
Category 2 90th centile



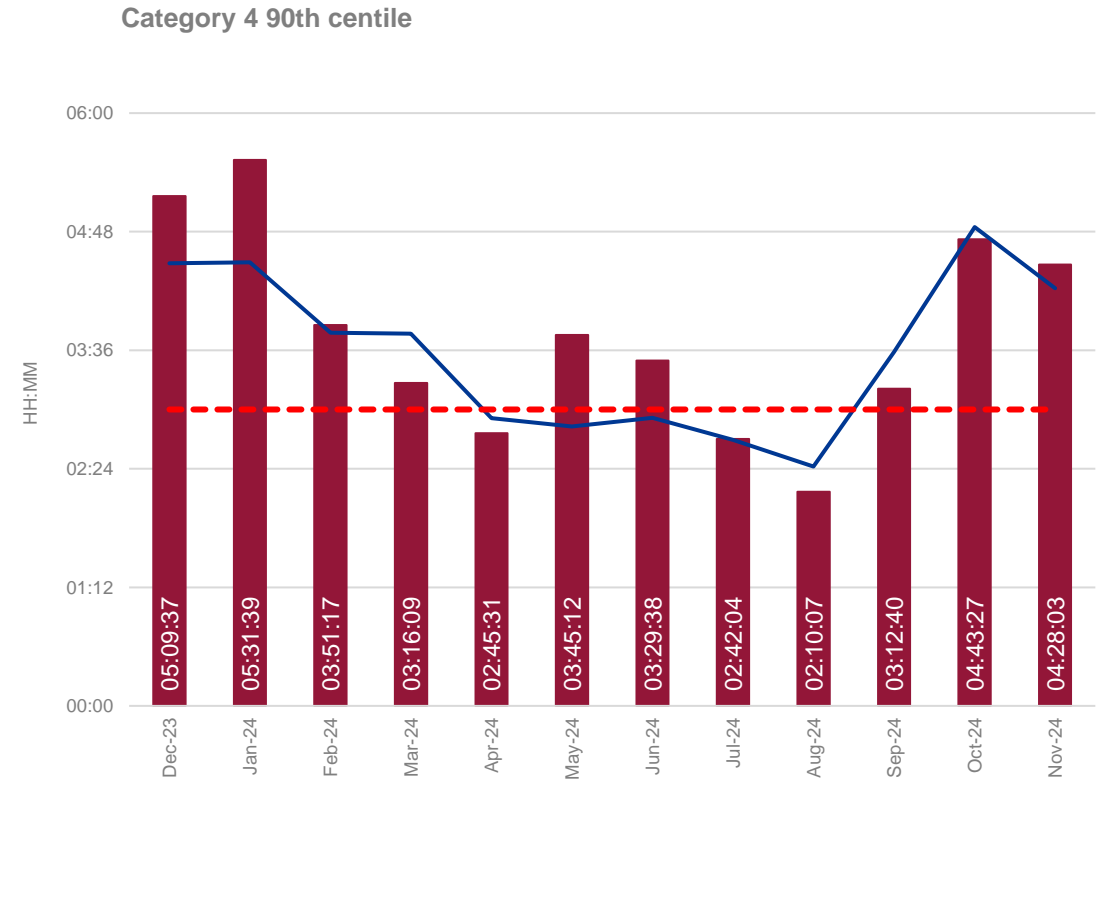
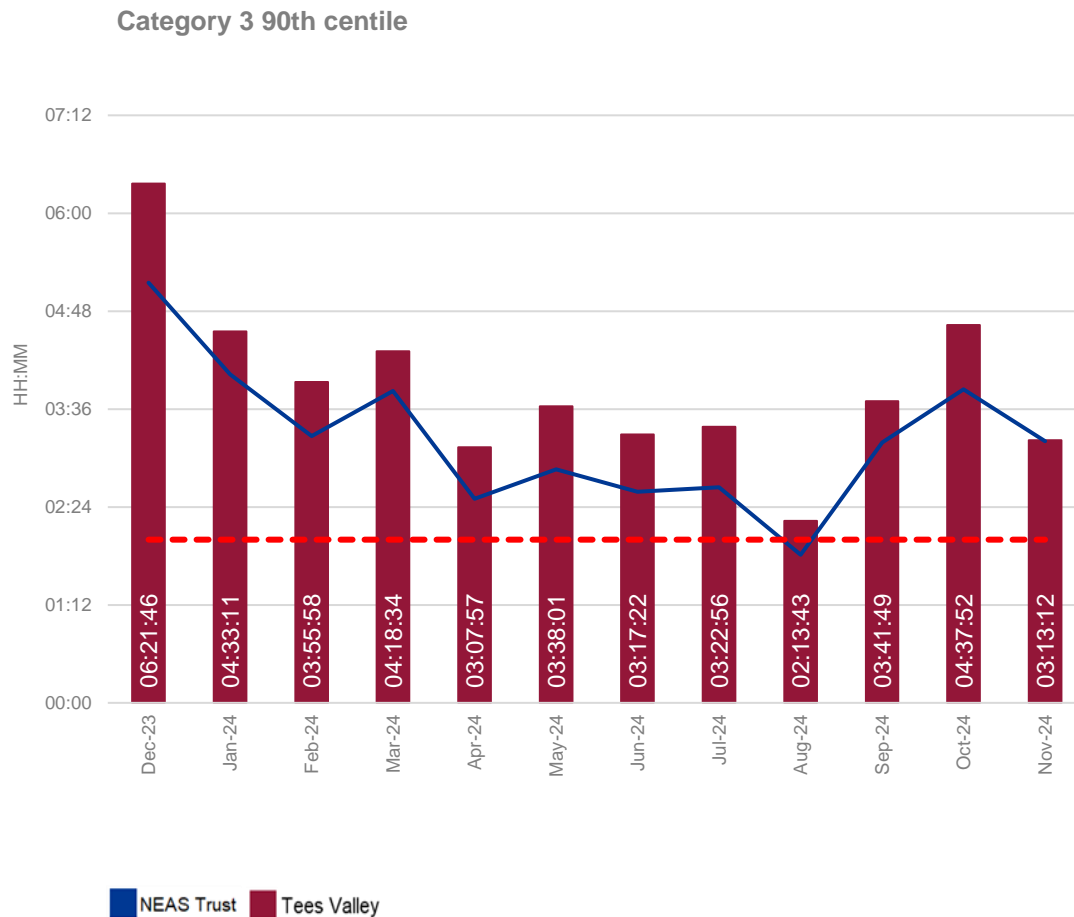


# C2 Mean

Plan Start    Current month    Actual    2024/25 Plan    Revised Plan

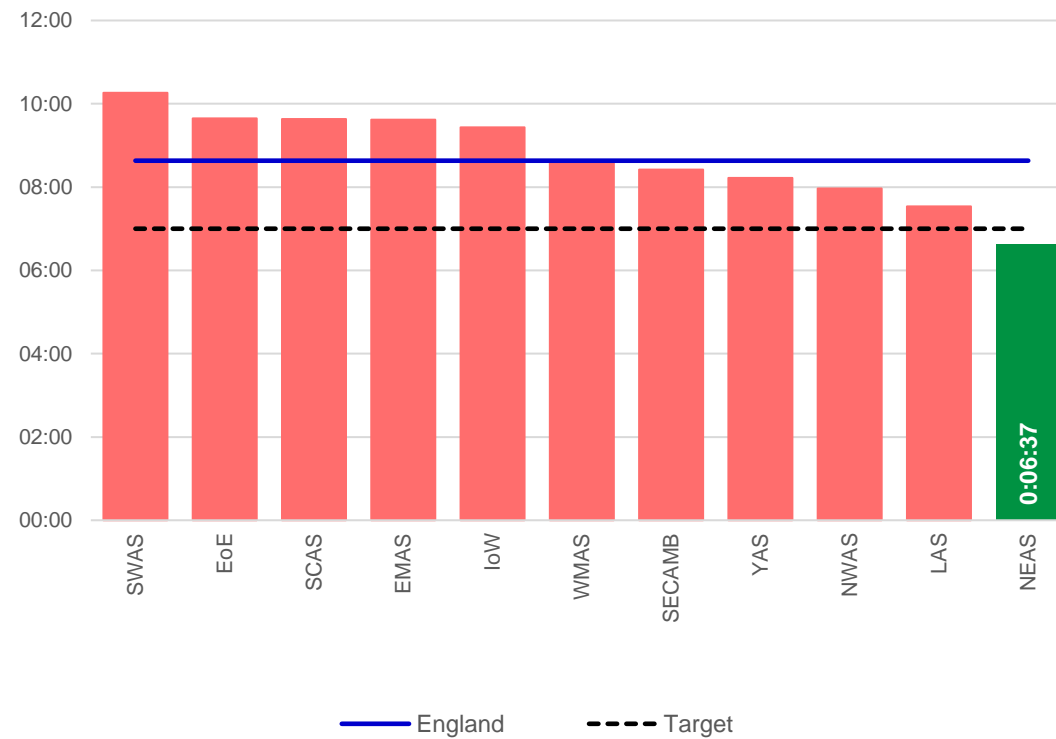


# Category 3 & 4 Response Performance

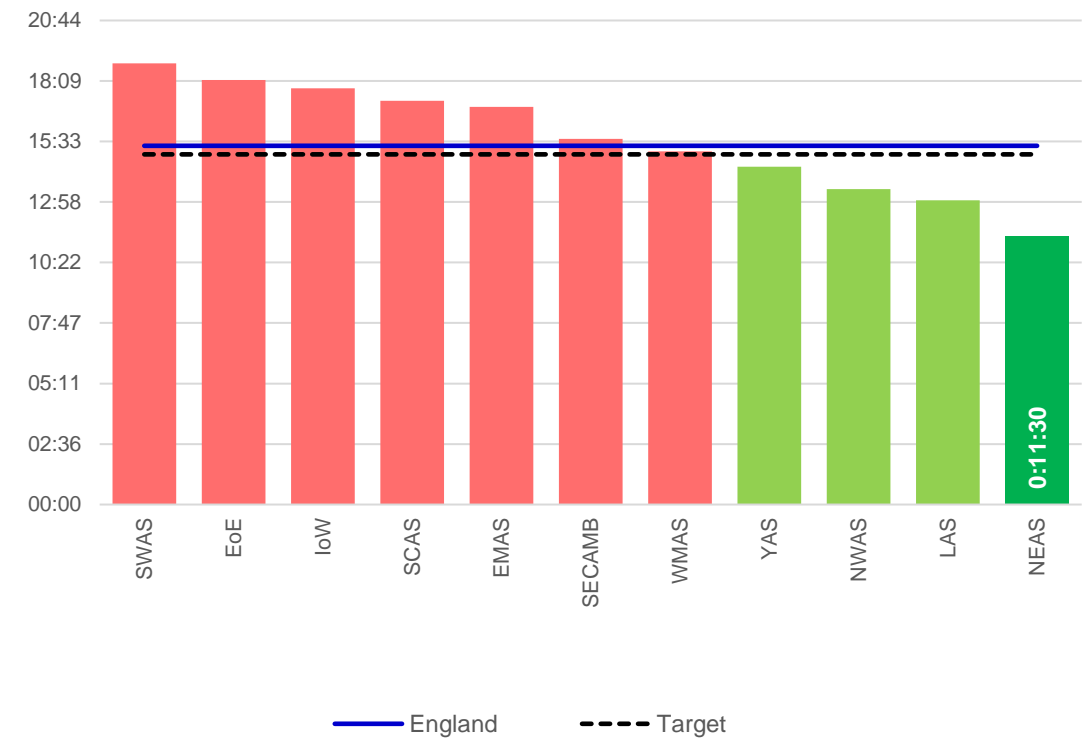


# NEAS Benchmark Performance – C1

Category 1 Response Times - Mean response (min:sec) - (MTD)  
November 2024-25

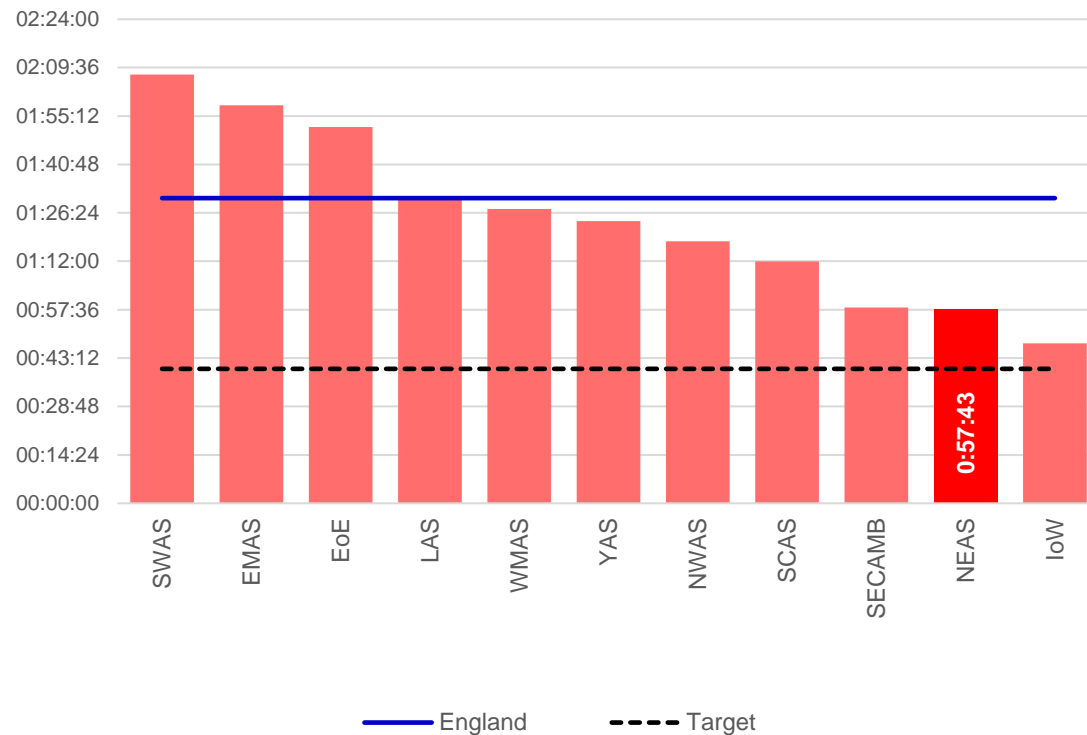


Category 1 Response Times - 90th centile response (min:sec) - (MTD)  
November 2024-25

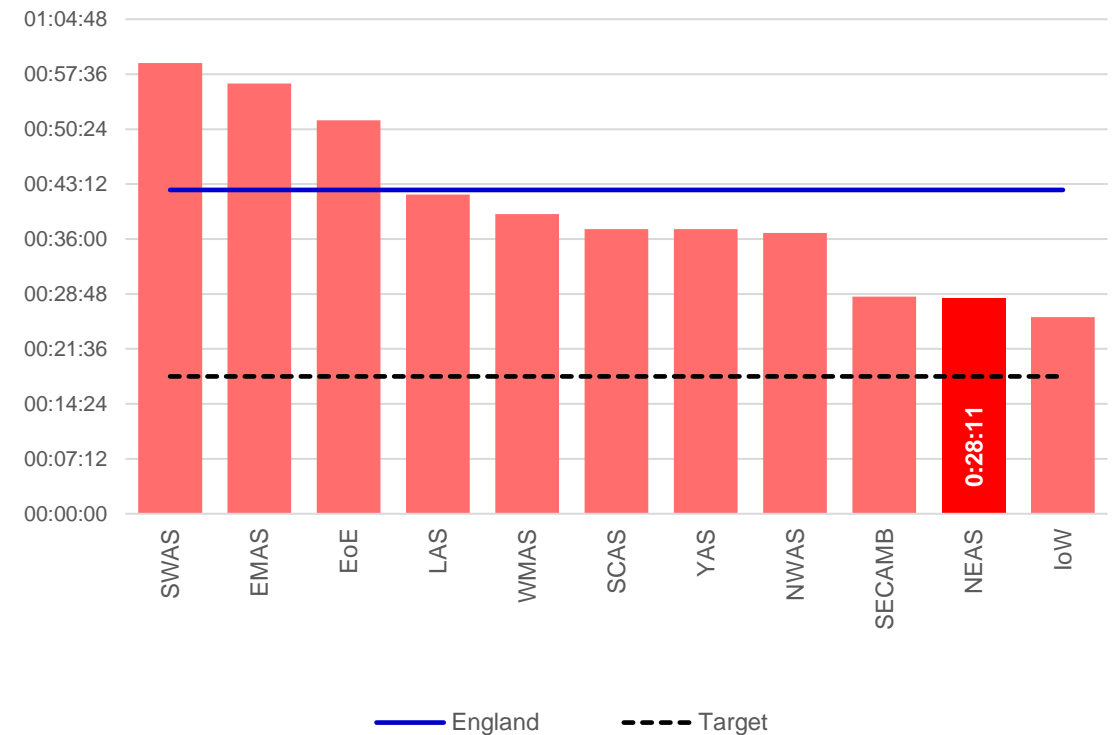


# NEAS Benchmark Performance – C2

Category 2 Response Times - 90th centile response (hour:min:sec) - (MTD) November 2024-25

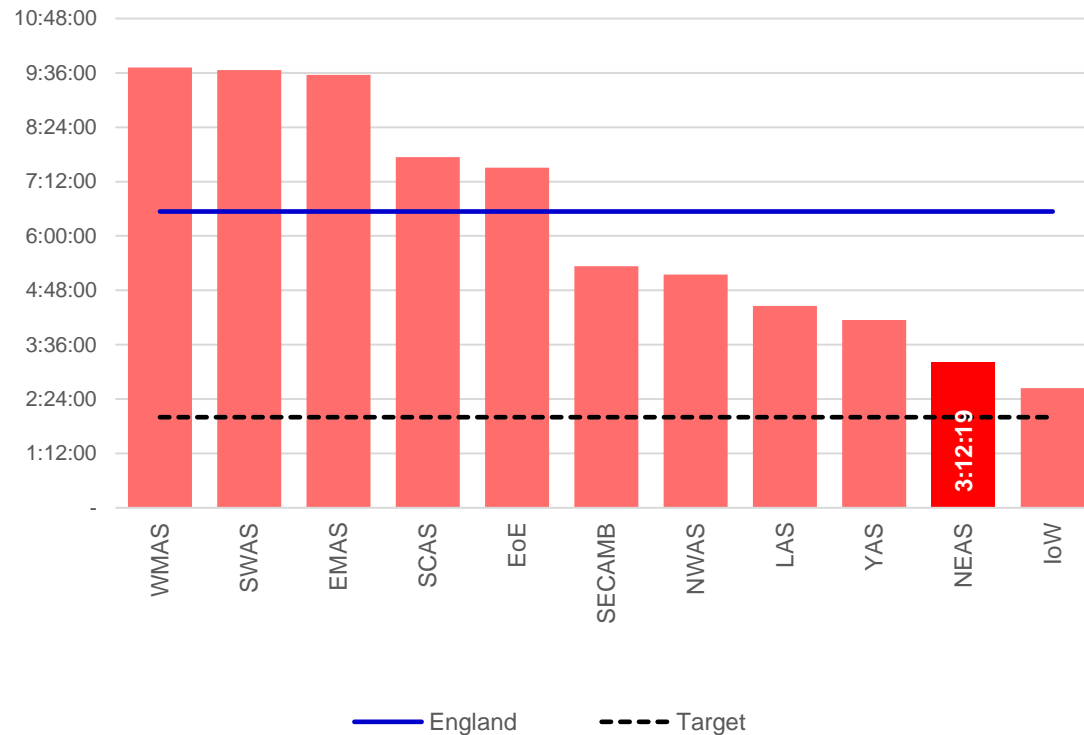


Category 2 Response Times - Mean response (hour:min:sec) - (MTD) November 2024-25

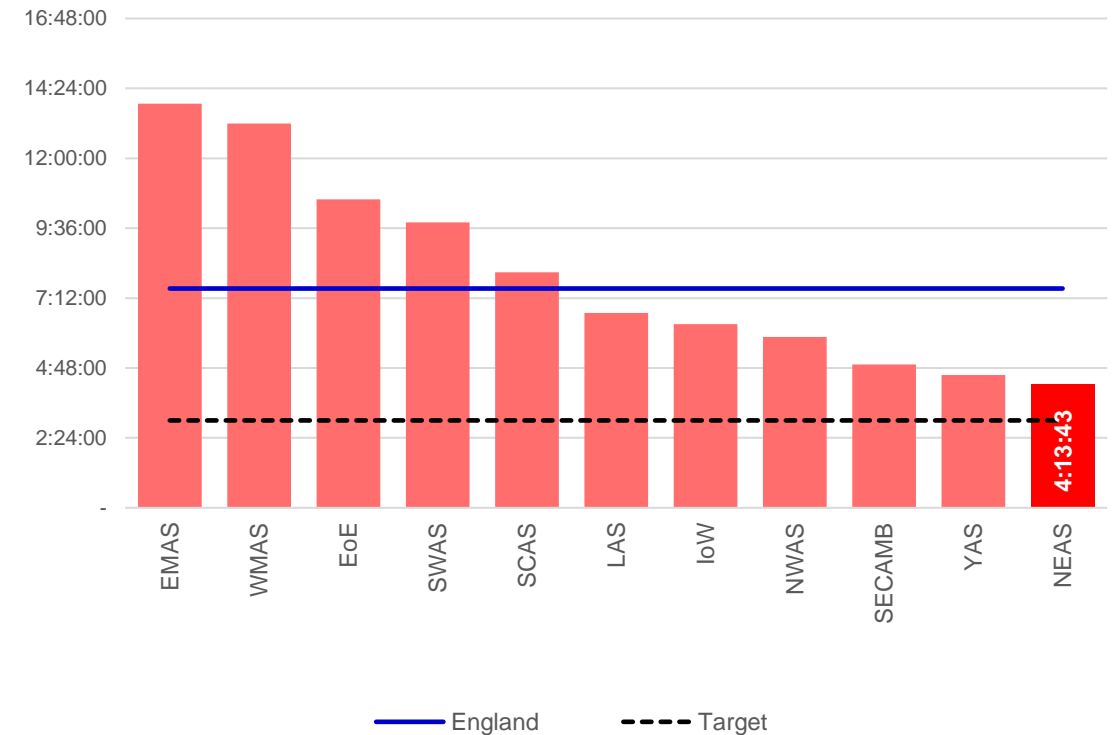


# NEAS Benchmark Performance – C3 & C4

Category 3 Response Times - 90th centile response (hour:min:sec) -  
(MTD) November 2024-25

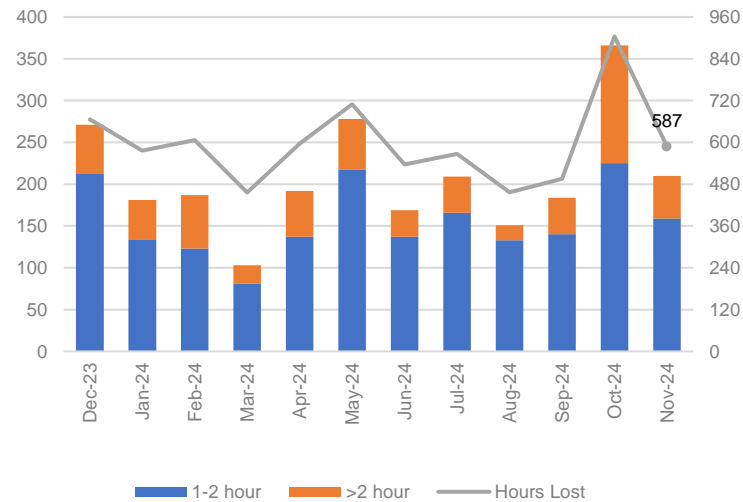


Category 4 Response Times - 90th centile response (hour:min:sec) -  
(MTD) November 2024-25

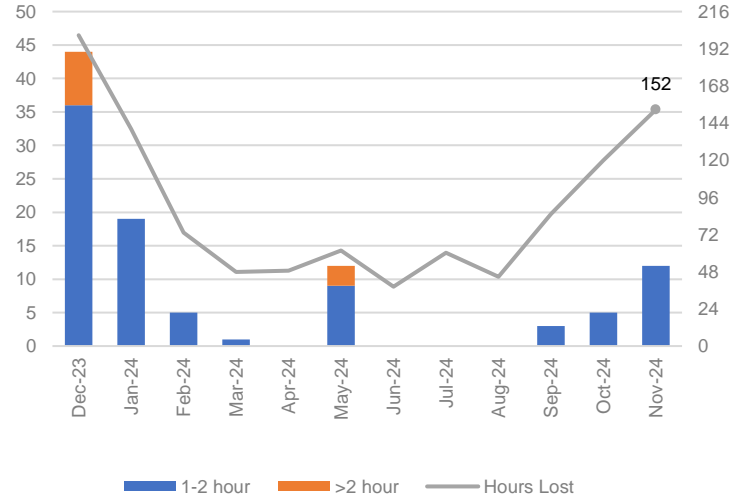


# Hospital Handover Performance

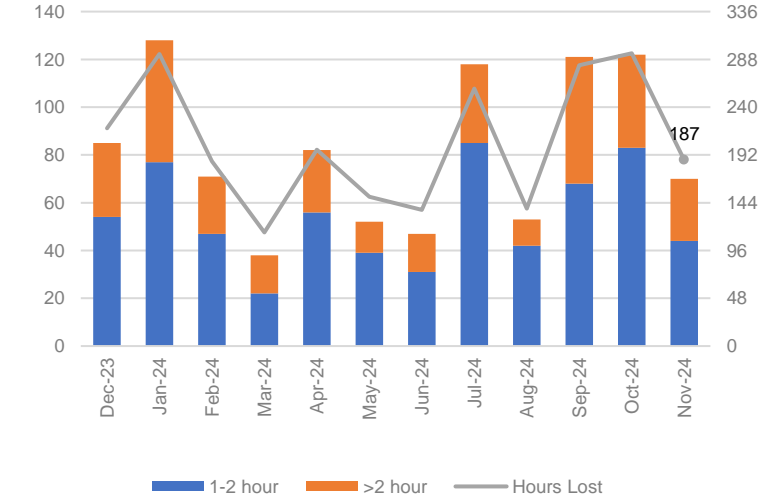
Handover Delays - James Cook



Handover Delays - UHNT

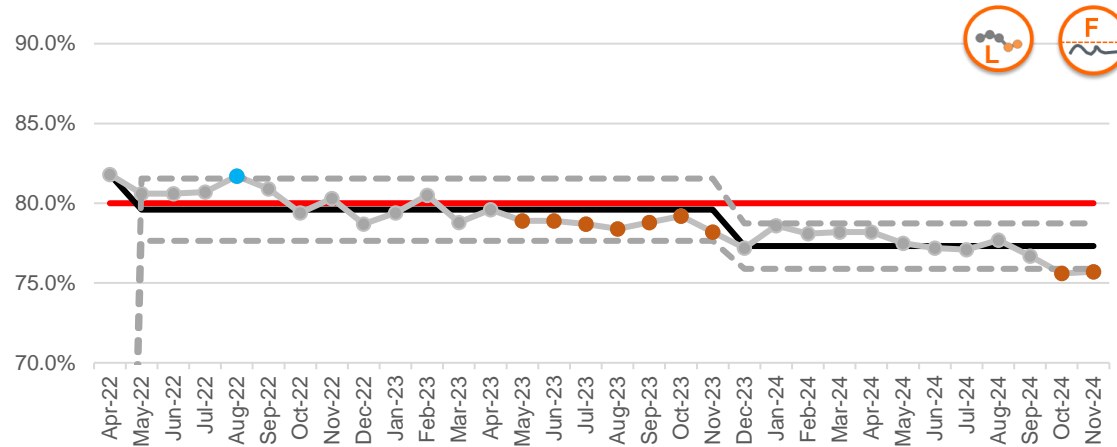


Handover Delays - Darlington

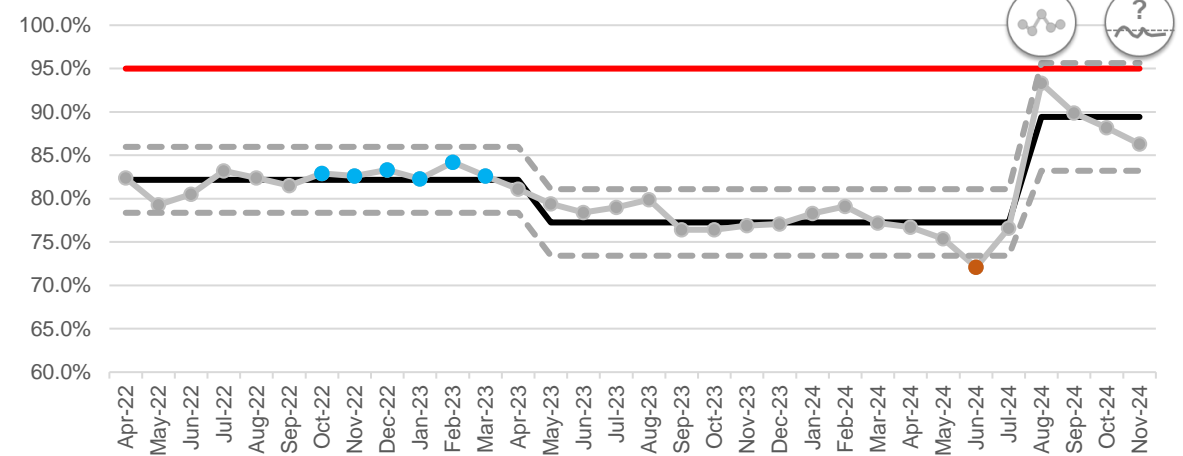


# Patient Transport Performance

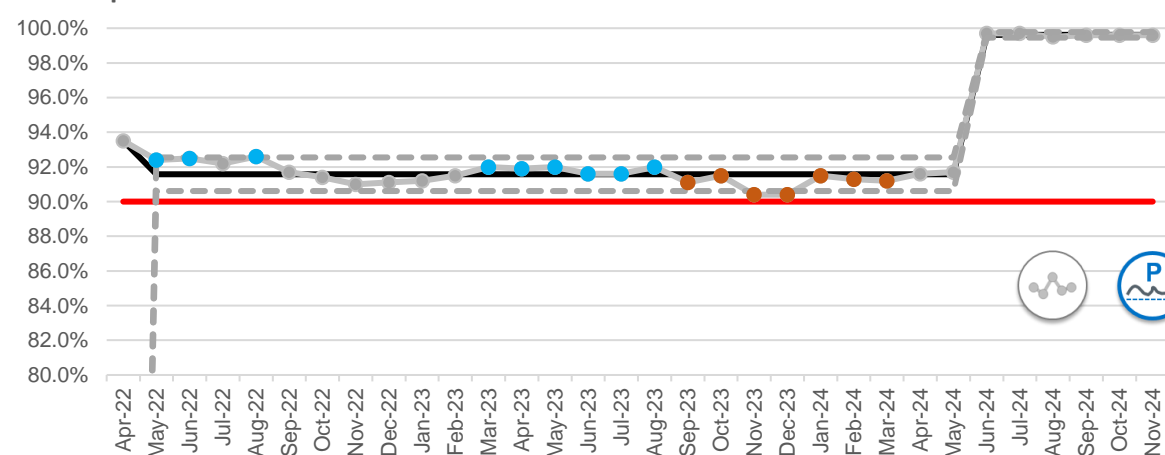
On Time Arrival %



Collection within 90 mins %



Time spent on Vehicle Overall



# Assaults against staff

Type of Incident	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	Grand Total
Intimidating/Disruptive Behaviour	177	151	186	248	248	383	297	1690
Verbal Abuse	188	191	176	166	165	236	226	1348
Physical Abuse	154	146	169	145	109	149	154	1026
Patient Lashing Out	59	58	75	41	43	35	31	342
Sexual Abuse	26	26	40	27	29	48	49	245
Hate Related Incident	12	9	8	5	6	24	34	98
Grand Total	616	581	654	632	600	875	791	4749



## Contributory factors to assaults

Contributory Factors	Totals
Patient Factors - Alcohol Involved	163
Patient Factors - Mental Health	150
Patient Factors - Drugs Involved	73
Medical History	35
Racial	25
Sexual	23
Weapons	23
Medication Factors	10

# Location of incidents

	Patients Property	Rear of Ambulance	EOC	Public Place	Hospital	Care Home	Retail/Food Premises	Public House	Ambulance HQ	GP Practice	Out of Hours Centre	Prison	Grand Total
Intimidating/Disruptive Behaviour	181	63	8	24	11	5		2	1	1	1		297
Verbal Abuse	114	39	45	14	7	3	3		1				226
Physical Abuse	66	41	1	25	16	1	2	1				1	154
Sexual Abuse	22	15	1	4	5	1	1						49
Patient Lashing Out	15	6		2	3	3	1	1					31
Hate Related Incident	7	8	18			1							34
Grand Total	405	172	73	69	42	14	7	4	2	1	1	1	791



## North East Ambulance Service

Bernicia House  
Goldcrest Way  
Newburn Riverside  
Newcastle upon Tyne  
NE15 8NY

**Tees Valley Joint Health Scrutiny Committee**

9 January 2025

**Tees Respite Care/Short Breaks Service Update**

**1. PURPOSE OF THE REPORT**

- 1.1 To provide the Committee with an update in relation to the Tees Valley Respite Care service consultation/engagement findings, solutions and outcomes.

**2. SUMMARY**

**Respite Care provision in the Tees Valley.**

This item was presented to the Committee on 19<sup>th</sup> September 2024 by Representatives of Tees Esk and Wear Valleys NHS Foundation Trust and the NENC Integrated Care Board and focused on the current position of the provision of respite care across the Tees Valley. Members requested that this item be brought back to the Committee at a future date to allow for the findings of the consultation and engagement exercise to be presented. A presentation on this item is attached at **Appendix 1**.

**3. RECOMMENDATION**

- 3.1 It is recommended that Members note the position and approach taken to engagement, co-production and development of future models of care.

**BACKGROUND PAPERS**

Background papers used in the preparation of this report were minutes from the Tees Valley Joint Health Scrutiny Committee meeting held on the 19<sup>th</sup> September 2024 and can be accessed via the below link.

[https://www.hartlepool.gov.uk/meetings/meeting/4617/tees\\_valley\\_joint\\_health\\_scrutiny\\_committee](https://www.hartlepool.gov.uk/meetings/meeting/4617/tees_valley_joint_health_scrutiny_committee)

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# **Update on Respite/Short Breaks Service**

# Background

---

The Respite/Short Breaks service provides support to people with a learning disability with complex needs at Bankfields in Middlesbrough and Aysgarth in Stockton

---

Following discussions with service users and stakeholders, the current provider of Respite services; Tees Esk, and Wear Valley NHS FT (TEWV) issued 12 months contractual notice to the ICB.

---

TEWV have provided reassurances to families and users that the service will continue to be provided (beyond 12 months if necessary) while a new provision is developed.

# What have we done so far...



ICB Introductory  
meetings



Listening events



Partnership  
Project Group



Next steps

# ICB Introductory Meetings



4 meetings held offering the opportunity to meet the commissioners. These were held in 3 local authority areas and 1 online



3 meetings with Aysgarth and Bankfields staff



Notes were taken at these meetings and shared with all families who use the current service and TEWV staff to keep everyone updated



# Listening Events

Undertaken by Skills for People and Inclusion North (independent organisations)

Both face to face and online meetings held

Commissioners present for all meetings

Surveys undertaken

Initial family/carers feedback from the events has been shared with ICB and stakeholders

Final report to be shared January 2025

# Feedback

---

Families have not always felt heard

---

There was mistrust, and fear of a money-saving exercise

---

Families said they found the meetings helpful – time to be heard, understood and to understand

---

# Why respite is important

---

Families can feel exhausted and isolated, some feel desperate.

---

Respite services are essential for mental and physical health

---

Helps to reduce isolation, other family members benefit too

---

Support in an emergency

# Key Themes

---

Families have said they want a very similar service to what they receive now

---

Families can feel exhausted and isolated, some feel desperate

---

Respite services are essential for mental and physical health

---

Helps to reduce isolation, other family members benefit too

---

Support in an emergency

---

Safety, security and comfort

---

Flexibility of booking

---

A high proportion have concerns for the future, particularly as parent/carers get older

---

# Next Steps

# Partnership Project Group (Monthly)

1<sup>st</sup> Partnership Project group was held face to face 10<sup>th</sup> Dec

## Stakeholders in attendance

- Parent/Carers representatives
- Local Authority Commissioners
- Local Authority Social Care
- TEWV
- Comms and engagement
- ICB Commissioners
- Skills for People
- Procurement

# Development sessions to start January



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

# Planned Timeline

## **December 2024**

- Feedback to people/ families from the listening/engagement sessions
- Final report to be produced
- Develop Newsletter and send monthly to families – to be publish on ICB website
- 1<sup>st</sup> Partnership working group – to be held monthly

## **January 2025**

- Finalised report to ICB from Inclusion and Skills for People
- Identify alternative options
- Task and Finish Groups set up
- Co-production of future provision

## **February 2025**

- Consider market engagement following finalised report and the development of options

## **April 2025**

- Possible procurement



# Communication with Stakeholders

- We will feedback to families via their preferred route
  - Most families have identified this is via letter and email
- Continue to encourage families who have not engaged yet to share their views with us
- Joint Tees Valley Health Scrutiny Committee (All TBC)
  - April with potential options and any market engagement outcomes
  - July with potential procurement scenarios

# Ask of the Committee

- To note the position and approach being taken to engagement, co-production 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 VALLEY JOINT HEALTH SCRUTINY COMMITTEE****WORK PROGRAMME 2024-2025**

<b>Meeting Date</b>	<b>Topic</b>	<b>Attendance</b>
19 <sup>th</sup> 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
7 <sup>th</sup> November 2024	North East and North Cumbria Integrated Care Board: Winter Plan Update Opioid prescribing across the Tees Valley Suicide Prevention Strategy Health Inequalities	Karen Hawkins / Rowena Dean Alistair Monk Andrea McLoughlin/Jo Cook Catherine Parker / Sarah Paxton
9 <sup>th</sup> January 2025	Tees Respite Care - Update Clinical Services Strategy Update – Group Model Palliative and End-of-Life Care Strategy – Development / Implementation NEAS: Staff Safety and performance update.	Sarah Paxton Mike Stewart / Matt Neligan Katie McLeod / Nicky Miller Mark Cotton
13 <sup>th</sup> March 2025	Urgent care / 111/ mental health crisis line update CAMHS update Quality Accounts - NEAS / NHS FT / TEWV	Sarah Paxton TBC TBC

**Items to be discussed for 2025/26 work programme**

- Vaping in young people – Mark Adams – Director of Public Health – R&CBC
- Opioid Dependency
- CDC Hub – Site visit
- The impact of waste incinerators on health

**Written Updates**

- Recruitment & Retention Planning (ICB)
- Chronic Pain Services
- North East and North Cumbria Integrated Care Board: NHS Dentistry Update
- TEWV Trends for Quality Matrix